



CERTIFICATION PROGRAM & APPLICATION

Certificate H: Communication & Swallowing Assessment & Management for Tracheostomy

APPLICANT INFORMATION [mandatory Full registration status]

Name:		Registration #	
Email or phone:			
Training/employment setting:			
Hospital Outpatient Agency Private Clinic School Other			

I hereby attest that, pursuant to Part 10 of the College Bylaws and as prescribed below, I have successfully completed the certification program requirements for Certificate H within 3 years prior to the date of this application, and that the information in respect of the following knowledge, skills, and competency is accurate and complete.

Applicant Signature	Application Date

SUPERVISOR INFORMATION | Mandatory Full registration status and a holder of Certificate H or other regulated health professional – pre-approval for supervisors outside of BC is required.

1. Name:			
Contact email or phone:		Registration #	
Health Care Professional designation and Certificate H where applicable:			

Supervisor Signature:			
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2. Name:			
Contact email or phone:		Registration #	
Health Care Professional designation and Certificate H where applicable:			

Supervisor Signature:			
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Completed Form & Fee:	<p>\$50.00 per certificate to a maximum of \$100 regardless of the number of certificates held.</p> <p>After completion of the Certification Program, please upload this form and submit the application fee through the Registrant Portal of the CSHBC website.</p>
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I am applying for (check all that apply):

CERTIFICATE H(a): Communication & Swallowing Assessment & Management for Tracheostomy – ADULTS, no speaking valves (NSV)

CERTIFICATE H(b): Communication & Swallowing Assessment & Management for Tracheostomy – PAEDIATRICS, no speaking valves (NSV)

CERTIFICATE H(c): Communication & Swallowing Assessment & Management for Tracheostomy – ADULTS & PAEDIATRICS, no speaking valves (NSV)

CERTIFICATE H(d): Communication & Swallowing Assessment & Management for Tracheostomy – ADULTS, with speaking valves (SV)

CERTIFICATE H(e): Communication & Swallowing Assessment & Management for Tracheostomy – PAEDIATRICS, with speaking valves (SV)

CERTIFICATE H(f): Communication & Swallowing Assessment & Management for Tracheostomy – ADULTS & PAEDIATRICS, with speaking valves (SV)

PRE-REQUISITES: CERTIFICATE H

The following PRE-REQUISITE is required prior to commencement of the CERTIFICATION PROGRAM objectives -- pre-requisite education/courses must have been completed within the past 7 years.

Pre-requisite 1	Full registration status as a Registered Speech-Language Pathologist (RSLP).
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In addition, applicants must:

- ***complete Objectives 1-5 without talking trach tubes and speaking valves; and***
- ***include Objective 6 if they are including talking trach tubes and speaking valves.***

CERTIFICATION PROGRAM: CERTIFICATE H

The CERTIFICATION PROGRAM is a progressive learning process that includes knowledge, clinical judgment, practical application of skills, and demonstrated competencies -- the program must be completed within three years.

Program Objectives	Knowledge, Skills, and Demonstrated Competencies for Certification Program			Supervisor initials
Objective 1	Attain foundational knowledge for working with clients who have a tracheostomy, with or without ventilator dependency			Supervisor initials
1.1	Minimum one-year clinical experience (training on this certificate may commence prior to completion of the one-year experience once the pre-requisites have been met)			
1.2	Training setting allows for hands-on practical experience with the relevant population.			
	Please indicate if you expect to be proficient in care for adults, paediatrics or both:			
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>
			BOTH (NSV):	<input type="checkbox"/>
1.3	Understands the role of SLP in the assessment/diagnosis, treatment/management, follow-up and education of trached or ventilated patients with communication and/or swallowing disorders			
1.4	Understands the roles and responsibilities of team members in the provision of tracheostomy and ventilator care, including but not limited to nursing, medicine, respiratory therapy, physiotherapy and occupational therapy. This must include teams for various populations, including but not limited to head and neck cancer, cardio-respiratory conditions, burns, neurological conditions and acquired injuries.			
1.5	Familiarity with emergency processes in the applicable setting and knowledge of the signs of respiratory distress and airway management techniques. Has basic understanding of management of respiratory emergencies (including accidental dislodgement, oral and tracheal suctioning). Able to recognize ventilator disconnection or failure and understands the process to follow in such a situation.			
Objective 2	Attain the background clinical knowledge for swallowing and communication care in patients with a tracheostomy, with or without ventilator dependency			Supervisor Initials
2.1	Knowledge of the anatomical and physiological changes when a tracheostomy is in place			

	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
2.2	Understands normal and disordered respiratory and phonatory systems, pulmonary functions for respiration, airway protection, swallowing and voice production, including post-tracheostomy anatomy.					
2.3	Knowledge of the physiological changes that occur when a tracheostomy tube is manipulated (e.g., occlusion, cuff deflation)					
2.4	Understands the impact a tracheostomy tube has on respiration function, secretion management and swallowing					
2.5	Knowledge of the reasons why a tracheostomy and/or ventilation are required for a particular patient					
2.6	Knowledge of the risk and benefits of tracheostomy and ventilation (short and long term) and has an awareness of the complications and impact of previous and ongoing airway management					
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
2.7	Awareness of the different methods for tracheostomy insertion and inner cannula changes. Understands local policy on insertion, changes and cleaning.					
2.8	Able to identify type, size and cuff status of tracheostomy tubes					
2.9	Understands a wide range of tube types (i.e., standard and specialized tubes) and their function, rationale for use and contraindications					
2.10	Understands the indications for oral and tracheal suctioning and the considerations for pulse oximetry					
2.11	Knowledge of the different modes of ventilation, their benefits and complications					
2.12	Understands common diseases and conditions affecting respiratory function, including prognosis and viable treatment options					
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
2.13	Understands the various traumas that may occur in specific populations (e.g., burns and laryngeal trauma) and the potential patterns of recovery					
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
2.14	Understands the community resources that may be available for various patient types with long-term tracheostomy or ventilation needs					
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
2.15	Ability to determine cuff inflation vs. deflation and understands the changes in oral feeding in the presence of cuff inflation					

Objective 3	Understand the assessment and diagnostic communication and swallowing parameters for patients with tracheostomy and/or ventilator dependency	Supervisor Initials						
3.1	Understands and describes the physiological effects of cuff inflation on voice, phonation and swallowing (including aspiration risk) and the limitations this may have on clinical assessment results. In addition, understands the cognitive linguistic and behavioural factors that may be involved.							
3.2	Understands the use and timing of instrumental assessments including videofluoroscopy, FEES to assess airway patency, phonation, secretion management and swallowing function. (To practice VFSS or FEES additional advanced certification is required.)							
3.3	Understands the impact of tracheostomy on speech, swallowing, voice production and airway function and the inter-relationship between respiration, swallowing and communication							
3.4	Understands the limitations of cervical auscultation in patients with an inflated cuff and understands sub-glottic air pressures and its role in normal and altered systems.							
3.5	Awareness of patient co-morbidities that may have an impact on weaning							
ADULTS (NSV):		<input type="checkbox"/>	PAEDS (NSV):		<input type="checkbox"/>	BOTH (NSV):		<input type="checkbox"/>
3.6	Understands the psycho-social implications of tracheostomy and ventilator dependency (and speech-language development for children)							
ADULTS (NSV):		<input type="checkbox"/>	PAEDS (NSV):		<input type="checkbox"/>	BOTH (NSV):		<input type="checkbox"/>
3.7	Awareness of outcome measures related to the assessment findings and subsequent intervention recommendations							
3.8	Able to finger occlude to assess voice							
3.9	Able to recognize signs of aspiration in the presence of a trach. Tube and recognize signs of cuff leak in an inflated cuff and able to determine the need for tracheal suctioning during and post swallowing assessment							
3.10	Understands the need for equipment such as cuff pressure manometer, pulse oximeter and who on the team is responsible for what processes							
3.11	Able to identify oxygen needs, type and size of tracheostomy tube, vital signs							
3.12	Identify contraindications for intervention and criteria to objectively assess patient tolerance for the intervention(s)							
3.13	Understands the special considerations in swallowing assessments in tracheotomized individual such as candidacy for oral trials, respiratory needs, secretion management and the weaning process							

	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
3.14	Able to identify and interpret signs and symptoms of aberrant swallowing and communication structures and function					
3.15	To complete 3 observations of initial assessments that include SLP-related diagnoses. To include adults and paediatrics an additional observation in the second population age group is required.					
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
	Observations may be of any qualified registrant and not necessarily the supervisor of the applicant in training. Observations in other modalities (e.g., digital recordings) are acceptable.					
	NOTE: The assessments in 3.16 and 3.17 must be thorough, including identifying pertinent medical information, understanding medical test results, and include physical-motor status evaluation, speech, voice, cognitive-linguistic, behavioural status, swallowing status, food trials, secretion management, and upper airway assessment. Assessments that must be prematurely terminated before you can assess the above cannot be counted for the minimum number.					
3.16	To complete 3 comprehensive initial assessments, including SLP diagnosis under constant supervision. To include adults and paediatrics, an additional assessment in the second population age group is required.					
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
3.17	To complete 2 comprehensive initial assessments including SLP diagnosis under close supervision. To include adults and paediatrics, an additional assessment in the second population age group is required.					
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
3.18	To complete 2 initial or re-assessments under general supervision To include adult and paediatrics, no additional assessments under general supervision are required unless requested under the extension section by the registrant or the supervisor					
	ADULTS (NSV):	<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>	BOTH (NSV):	<input type="checkbox"/>
	NOTE: Assessment and SLP diagnostic proficiency must include aspects of communication and swallowing. For candidates indicating that they are working with adults and paediatrics, proficiency in both areas must be documented. If candidates wish to upgrade after being awarded their certificate, they must have the applicable supervision for the additional practical requirements in the second population age group and submit to CSHBC for their file.					
Objective 4	Understand the management options available for communication and swallowing disorders in a trached or ventilated patient					Supervisor Initials

4.1	Understands the physiological changes when tracheostomy tubes are manipulated (e.g., cuff deflation, occlusion)			
4.2	Able to identify the need for additional investigations including further instrumental assessments.			
4.3	Able to determine when a re-assessment and additional follow-up will be necessary			
4.4	Understands and can describe the communication options available for the patient including augmentative communication devices (low- and high-technology options)			
4.5	Understands the oral communication options including the purpose, effect on respiration, candidacy and function related to each option			
4.6	Provides communication and swallowing recommendations and objectives as part of the overall patient care plan in collaboration with the inter-professional team			
4.7	Understands and considers quality of life and palliative issues that are important to the patient, in developing recommendations			
4.8	To complete 3 observations of management sessions, including patient education, goal setting and patient specific outcome measurement			
4.9	To complete 3 management sessions, including patient education, goal setting and outcome measurement under constant supervision. To include adults and paediatrics, an additional observation in the second population age group is required.			
ADULTS (NSV):		<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>
BOTH (NSV):		<input type="checkbox"/>		
NOTE: These management sessions may be for patients who were assessed in Objective 3.				
4.10	To complete 2 management sessions including patient education, goal setting and outcome measurement under close supervision. To include adults and paediatrics an additional management session in the second population age group is required.			
ADULTS (NSV):		<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>
BOTH (NSV):		<input type="checkbox"/>		
4.11	To perform 2 management sessions, including patient education, goal setting and outcome measurement under general supervision. To include adults and paediatrics, no additional management session is required unless requested by the registrant or the supervisor under the extension clause.			
ADULTS (NSV):		<input type="checkbox"/>	PAEDS (NSV):	<input type="checkbox"/>
BOTH (NSV):		<input type="checkbox"/>		
NOTE: Completion of management proficiency must include aspects of communication and swallowing. For candidates indicating that they are working in adults and paediatrics, both areas must be documented.				

Objective 5	Gain proficiency in documenting assessment and diagnostic results and interventions	Supervisor initials
5.1	<p>Able to accurately document assessment findings and related SLP diagnoses as well as interpretations and recommendations for management, including follow-up. A minimum of 3 reports should be reviewed by the supervisor.</p> <p>NOTE: To include adults and paediatrics, an additional 3 assessment or reassessment reports must be reviewed by the supervisor in the second population age group.</p>	
<p>This concludes the Certification Program for applicants who are NOT seeking proficiency in talking trach tubes or speaking valves</p>		
Objective 6	Understand and be proficient in the use of Talking Trach tubes and/or one-way speaking valves as a communication treatment option	Supervisor initials
6.1	Understands the use of one-way speaking valves, including where and how to attach the valve, signs of intolerance, placement of warning labels, and status of the trach, tube and or ventilator	
6.2	Understands the weaning process and criteria for decannulation, including the role of one-way speaking valves, capping and determining the appropriate timing for intervention.	
6.3	Understands how a ventilator can be manipulated to optimize speech or to troubleshoot non-tolerance of a speaking valve	
6.4	Able to teach the patient (or supervisor if a patient is not available) to phonate with talking tracheostomy tube or one-way speaking valve, including knowledge of the behaviours that facilitate production of sound and behaviours that are counterproductive to sound production	
6.5	<p>Able to teach the patient, significant others and other health professionals the proper maintenance of the talking tracheostomy tube or one-way speaking valve. This includes frequency of cleaning, procedures for cleaning, necessary replacement and manufacturer`s instructions.</p> <p>Ability to resolve problems related to sound production or swallowing and to teach the patient to do the same.</p>	
6.6	Completion of a minimum of 3 observations of placement of a one-way speaking valve performed by a qualified SLP and monitoring patient specific tolerance at the time of SLP intervention. Observations of other qualified health care providers (e.g., physician, respiratory therapist under physician delegation) are acceptable. One of the observations may be in other modalities such as digital or video recordings.	

6.7	Demonstrates proficiency in placements of a one-way speaking valve. Completion of a minimum of 2 placements of a one-way speaking valve, on 2 different and new patients under constant supervision. To include adults and paediatrics an additional 2 placements are required for the second population age group.	
	ADULTS (SV): <input type="checkbox"/> PAEDS (SV): <input type="checkbox"/> BOTH (SV): <input type="checkbox"/>	
6.8	Completion of a minimum of 2 placements of a one-way speaking valve with close supervision. These may be of the same patient on two different occasions but not the same patient(s) as in 6.7 To include adults and paediatrics, an additional 2 placements are required for the second population age group.	
	ADULTS (SV): <input type="checkbox"/> PAEDS (SV): <input type="checkbox"/> BOTH (SV): <input type="checkbox"/>	
6.9	Completion of a minimum of 2 placements of a one-way speaking valve with general supervision. These may be for the same patient on two different occasions but not the same patient(s) as in 5.7 To include adults and paediatrics, no additional placements under general supervision are required unless requested under the extension clause by the registrant or the supervisor.	
	ADULTS (SV): <input type="checkbox"/> PAEDS (SV): <input type="checkbox"/> BOTH (SV): <input type="checkbox"/>	
6.10	Able to teach the patient or significant others to place and remove a one-way speaking valve.	
6.11	Able to identify improvements in voice production, airway protection and swallowing and troubleshooting difficulties encountered.	
Extensions:	By mutual agreement between the supervisor and trainee, any or all objectives may be extended beyond minimum requirements	
Objectives extended?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, which objectives were extended?		



CSHBC RELATED DOCUMENTS

Certified Practice & Above Entry Level Practice (SOP-PROF-06)

Approved Certification Programs (POL-QA-04)

Infection Prevention & Control Guidelines for Audiology (ACPG-08)

Supervision (SOP-PRAC-07)

REFERENCES

Royal College of Speech and Language Therapist Tracheostomy Competencies, 2013 (DRAFT)

APPENDIX A: RECOMMENDED LEARNING RESOURCES FOR CERTIFIED H PROGRAM

GENERAL RESOURCES

- Brady, S. L., et al. (1999). Simultaneous videofluoroscopic swallow study and modified Evan's blue dye procedure: An evaluation of blue dye visualization in cases of known aspiration. *Dysphagia*, 14: 146-149.
- Cichero, J. & Murdoch B. E. (2006). [*Dysphagia: Foundation, Theory and Practice*](#).
- Dettelbach, M., et al. (1995). Effect of the Passy-Muir valve on aspiration in patients with tracheostomy. *Head & Neck*. 17(4):297-302.
- Dikeman, K., & Kazandjian, M. S. (2003). *Communication and swallowing management of tracheostomized and ventilator-dependent adults* (2nd ed.), Chapters 1-9, Delmar Learning, San Diego, CA: Singular Publishing.
- Dikeman, K., & Kazandjian, M. S. (2004, October). [*Managing adults with tracheostomies and ventilator-dependence*](#), ASHA Leader.
- Eibling, D. E., & Diez Gross, R. (1996). Subglottic air pressure: A key component of swallowing efficiency. *Annals of Otolaryngology, Rhinology & Laryngology*. 105(4):253-258.
- Fornataro-Clerici, L., & Roop, T. A. (1997). *Clinical management of adults requiring tracheostomy tubes and ventilators*. Chapters 1, 2, 4, 5. Gaylord, MI: Northern Speech Services.
- Groher, M. E., & Crary, M. A. (2010). *Dysphagia: Clinical management in adults and children*, Chapter 8. Maryland, Missouri: Mosby Inc.
- Gross, R. D., Steinhauer, K. M., Zajac, D. J., & Weissler, M. C. (2006). Direct measurement of subglottic air pressure while swallowing. *The Laryngoscope*, 116:53-761.
- Kaut, K. et al. (1996). Passy-Muir speaking valve. *Dimensions of Critical Care Nursing*. 15(6).
- Kost, K. M. (2008). Tracheostomy in the intensive care setting. In E. Meyers & J. Johnson (Eds.), *Tracheotomy: Airway management, communication, and swallowing* (2nd ed., pp. 83-116). San Diego, CA: Plural.
- Leder, S. B. (1999). Effect of a one-way tracheotomy speaking valve on the incidence of aspiration in previously aspirating patients with tracheotomy. *Dysphagia*, 14:73-77.
- Leder, S. B., & Ross, D. A. (2010). Confirmation of no causal relationship between tracheotomy and aspiration status: A direct replication study. *Dysphagia*, 25:35-39.
- Litchman, S. et al. (1995). Effect of a Tracheostomy Speaking Valve on Secretions, Arterial Oxygenation, and Olfaction: A Quantitative Evaluation. *JSHR*. 38(3):298-306.
- Lucarelli, et al. (2004). Toxicity of food drug and cosmetic blue No. 1 dye in critically ill patients. *Chest*, 125:793-795.

- Maloney, J., et al. (2002). Food dye use in enteral feedings: A review and a call for a moratorium. *Nutrition in Clinical Practise*, 17:169–181.
- McMahon-Lesic, J. (2003). Does the presence of a tracheostomy tube impede swallowing? A critical appraisal of the evidence. *Asia Pacific Journal of Speech, Language, and Hearing*, 8:105-115.
- Murray, J., Langmore, S. E., Ginsberg, S., & Dostie, A. (1996). The significance of accumulated oropharyngeal secretions and swallowing frequency in predicting aspiration. *Dysphagia*, 11:99-103.
- Passy-Muir Inc. (2003). [Passy-Muir tracheostomy and ventilator swallowing and speaking valves: Resource guide](#).
- Passy-Muir Inc. (2013). [Passy-Muir tracheostomy and ventilator swallowing and speaking valves: Instruction booklet](#).
- Passy-Muir Inc. (2013). [Passy-Muir tracheostomy and ventilator swallowing and speaking valves: Patient education handbook](#).
- Speech Pathology Australia. (2005). [Tracheostomy management](#) [Clinical guideline].
- Suiter, D. M., Leder, S. B. (2007). Contribution of tracheostomy tubes and one way speaking valves to swallowing success. *Topics in Geriatric Rehabilitation*, 23(4):341-351
- Suiter, D. M., McCullough, G. H., & Powell, P. W. (2003). Effects of cuff deflation and one-way tracheostomy speaking valve placement on swallow physiology. *Dysphagia*, 18:284-292.
- Swigert, N. B. (2003, March). [Blue dye in evaluation of dysphagia: Is it safe?](#) ASHA Leader.
- Terk, A. R., Leder, S. B., & Burrell, M. I. (2007). Hyoid bone and laryngeal movement dependent upon presence of a tracheotomy tube. *Dysphagia*, 22:89-93.
- Thompson-Henry, S. & Braddock, B. (1995). The modified Evan’s blue dye procedure fails to detect aspiration in tracheostomized patient: Five case reports. *Dysphagia*. 10:172-174.
- Tippett, D. C. et al. (1986). Reconsidering the value of the modified Evan’s blue dye test: A comment on Thompson-Henry and Braddock. *Dysphagia*. 11:78–81.
- Tippett, D. C. (2008). Management of adults with tracheostomy across the continuum of care. *Perspectives*, 18, 56-65
- Ward, E., Morgan, T., McGowan, S., Spurgin, A., & Solley, M. (2012). Preparation, clinical support and confidence of speech-language therapists managing clients with a tracheostomy in the UK. *International Journal of Language & Communication Disorders*, 47(3):322-332.

ADDITIONAL PAEDIATRIC RESOURCES

- Abraham, S., & Wolf, E. (2000). Swallowing physiology of toddlers with long-term tracheostomies. *Dysphagia*, 15:206-212.
- Bleile, K. M. (1993). *The care of children with long-term tracheostomies*. San Diego, CA: Singular Publishing Group.
- Dursun, O., & Ozel, D. (2011). Early and long-term outcome after tracheostomy in children. *Pediatr Int.*, 53:202-206.

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- Hull, E. M., Dumas, H. M., Crowley, R. A., & Kharasch, V. S. (2005). Tracheostomy speaking valves for children: Tolerance and clinical benefits. *Paed Rehab*, 8(3):214-219.
- Leder, S., Baker, K., & Goodman, T. (2010). Dysphagia testing and aspiration status in medically stable infants requiring mechanical ventilation via tracheostomy. *Pediatr Crit Care Med*, 11:484-.
- Norman, V., Louw, B., & Kritzinger, A. (2007). Incidence and description of dysphagia in infants and toddlers with tracheostomies: A retrospective review. *Int J Paed Otorhinolayrngol.* 71: 1087-1092.
- Tweedie, D. J., Skilbeck, C. J., Cochrane, L. A., Cooke, J., & Wyatt, M. E. (2008) Choosing a paediatric tracheostomy tube: An update on current practice. *The Journal of Laryngology & Otology*, 122:161-169.