Creating Competent Clinical Fellows in Medical Speech-Language Pathology

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Henry Ford Health System
Division of Speech-Language Sciences and Disorders, Department of Neurology

History

- Newly established SLP program-6 staff
- Acute Care-1000 bed hospital
- Voice
- Swallowing
- Pediatric SLP
- Adult Outpatient SLP

Goals

- Grow the department
- Leader in medical SLP and acute care
- Leaders in SLP clinical education
- Developing a cf program best way to accomplish the goal-understanding that invasive diagnostics in acute care aren’t taught in graduate school

Evolution of CF Program

- Initially a 2 year cf program-First year training, second year research/presentation at conference/junior staff
- Lectures by staff in professional voice, swallowing, cleft palate, Passy-Muir valve
- Passing competencies vfss, videostroboscopy, nasendoscopy/ FEES,

Personalized Attention

- Individual training
- Not expected to begin as staff right away
- No productivity concerns
- Focus on learning
- An extension of graduate school

Current CF Program

- 1 year program past 16 years
- More interest in one year program from applicants
- One year job interview
- Invested in clinician, advantage for fellow if job opening and funding obtained for new SLP position

Value of Medical SLP Internships/Fellowships

- Job candidates apply without any acute care experience
- Not considered for open SLP positions
- No experience in ICU, VFSS, endoscopy
- No time to train new hires in busy acute care environment

Micro Version for Community

- Requests for medical SLP training
- Rural hospitals-forming new programs
- School based SLP-seeking acute care job
- Overseas Requests-new equipment, unsure how to use, bachelor degree as job entry degree in country and seeking specialty training.

Specialty Training

- Certified SLPs or equivalent
- Determine area of training
- Assign supervisor
- Competency process
- SLP or employer pays our dept for the training

Supervision

- One primary supervisor but with rotating supervision amongst certified SLPs (ideally with 3 or more years of experience)
- Fellow should always be aware of agenda (but expect things can change)

Observation only → Co- evaluation/treat → Supervised eval/treat → Meet Competency→ Independence

Feedback

- SMART goals at beginning of Fellowship
  - "By the end of 8 weeks, X will demonstrate understanding of bedside swallowing evaluation findings by independently making appropriate recommendations with 100% accuracy in 5/5 opportunities as evidenced by supervisor agreements"
- Constant verbal and written feedback
- Weekly wrap-up
  - Provide feedback and criticism
  - Review/adjust goals
- Trimester reviews with primary supervisor
  - SLPCF Report and Rating Form (see next slide)

SPEECH-LANGUAGE PATHOLOGY CLINICAL FELLOWSHIP (SLPCF) REPORT AND RATING FORM

INSTRUCTIONS:
- ►An application for Membership and Certification must be submitted at this time if you have not already done so.
- ►A separate SLPCF Report and Rating Form must be submitted for each change in mentor, location, or regularly scheduled hours worked per week.
- ►All blanks and boxes must be filled in. Incomplete Report & Rating forms will be returned and will delay the processing of your application.
- ►A full-time SLPCF consists of a minimum of 35 hours worked per week and equals 1,260 hours throughout the 36-week SLPCF. The SLPCF must consist of at least 36 mentoring activities, including 18 hours of on-site direct client contact observations and 18 other monitoring activities.
- ►Professional experience of less than 5 hours per week **cannot** be used to meet the SLPCF requirement.
- ►Use **black ink only** when completing this form. Print all information clearly.

Section 1. Speech-Language Pathology Clinical Fellow Information

Name ____ ____________________
Last First Middle Maiden/Former

Home Address ____
Street City State Zip Code

Home Phone Number (____) ____________________ Social Security Number _____-____-_____

I understand that it is my responsibility to verify my SLPCF Mentor holds and maintains current ASHA certification in speech-language pathology throughout the CF experience in order for the experience to be accepted as meeting standards.

________________________ ____________ ________________
Signature of SLP Clinical Fellow Date ASHA Account #

Section 2. SLPCF Mentor Information

Name ______________________________ Mentor's ASHA Account Number ____________

I verify that I hold current ASHA certification in speech-language pathology and understand that I must maintain this certification throughout the SLPCF experience in order for the experience to be accepted as meeting standards.

______________________________________ ____________
Signature of SLPCF Mentor Date

Section 3. SLPCF Setting Information

Facility Name ______________________________ Phone Number (____) ____________

Address ____
Street City State Zip Code

Section 4. SLPCF Duration (beginning and ending dates)

- ►The beginning date of this SLPCF is ____/____/____ The ending date of this SLPCF is ____/____/____
- ►Total number of weeks for this SLPCF ________

Section 5. SLPCF Activity Information (How many hours per week did you work in direct clinical contact?)

- ►At least 80% of the SLPCF work week must be in direct clinical contact (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management process of individuals who exhibit communication difficulties.
- ►Do not include travel or lunch hours.
- ►Do not enter percentages or ranges of time.
- ►If the number of hours you work per week varies, you may estimate the number of hours you work in a typical week. Work weeks that consist of less than 5 hours cannot be counted towards the clinical fellowship experience.
- ►Indicate the number of hours per week you spent in each of the following activities:

________ Assessment/diagnosis/evaluation
________ Screening
________ Treatment (direct and indirect services)
________ Activities related to client management (report writing, family/client consultation, and/or counseling, etc.)
________ Other (includes in-service training and presentations)

________ Total hours per week

SLP Clinical Fellow's Name ______________________________ (please print)

Section 6. SLPCF Skills Rating Chart Instructions for the SLPCF Mentor

- ►Circle the rating that corresponds to each skill. See the Clinical Fellowship Skills Inventory for a description of each skill.
- ►Rate the clinical fellow on 18 skills, using the N/A (Not Applicable) rating only for skills 13 and 18.
- ►Discuss the ratings with the SLP Clinical Fellow.
- ►Ensure each segment is equal to one-third of the CF experience. *The core skills for SLP are 2-5, 8-11, and 14-17.

SEGMENT 1		SEGMENT 2		SEGMENT 3	
Beginning date ________ Ending date ________		Beginning date ________ Ending date ________		Beginning date ________ Ending date ________	
SLP Skills	*Ratings*	*SLP Skills*	*Ratings*	*SLP Skills*	*Ratings*
1	5 4 3 2 1	1	5 4 3 2 1	1	5 4 3 2 1
2*	5 4 3 2 1	2*	5 4 3 2 1	2*	5 4 3 2 1
3*	5 4 3 2 1	3*	5 4 3 2 1	3*	5 4 3 2 1
4*	5 4 3 2 1	4*	5 4 3 2 1	4*	5 4 3 2 1
5*	5 4 3 2 1	5*	5 4 3 2 1	5*	5 4 3 2 1
6	5 4 3 2 1	6	5 4 3 2 1	6	5 4 3 2 1
7	5 4 3 2 1	7	5 4 3 2 1	7	5 4 3 2 1
8*	5 4 3 2 1	8*	5 4 3 2 1	8*	5 4 3 2 1
9*	5 4 3 2 1	9*	5 4 3 2 1	9*	5 4 3 2 1
10*	5 4 3 2 1	10*	5 4 3 2 1	10*	5 4 3 2 1
11*	5 4 3 2 1	11*	5 4 3 2 1	11*	5 4 3 2 1
12	5 4 3 2 1	12	5 4 3 2 1	12	5 4 3 2 1
13	5 4 3 2 1 N/A	13	5 4 3 2 1 N/A	13	5 4 3 2 1 N/A
14*	5 4 3 2 1	14*	5 4 3 2 1	14*	5 4 3 2 1
15*	5 4 3 2 1	15*	5 4 3 2 1	15*	5 4 3 2 1
16*	5 4 3 2 1	16*	5 4 3 2 1	16*	5 4 3 2 1
17*	5 4 3 2 1	17*	5 4 3 2 1	17*	5 4 3 2 1
18	5 4 3 2 1 N/A	18	5 4 3 2 1 N/A	18	5 4 3 2 1 N/A
SLPCF Mentor's Signature:		SLPCF Mentor's Signature:		SLPCF Mentor's Signature:	
Clinical Fellow's Signature:		Clinical Fellow's Signature:		Clinical Fellow's Signature:	
Date of Feedback Session:		Date of Feedback Session:		Date of Feedback Session:	

Section 7. SLPCF Mentor's Recommendations and Verification of Information

☐ Yes ☐ No I recommend that the SLPCF experience documented on this form be accepted by the CFCC as meeting the requirements for the CCC-SLP. (If No, attach a rationale and documentation for your answer.)

☐ Yes ☐ No I affirm that there were at least 12 supervisory activities during each segment of the SLPCF, including 6 hours of on-site observations of direct client contact and 6 other mentoring activities. (If No, attach explanation)

☐ Yes ☐ No I affirm that alternative methods of observation/mentoring activities were not used. (If alternative methods of observation/mentoring activities were used, prior approval was obtained from the CFCC before using those alternative methods.)

Section 8. Signatures of SLPCF Mentor and SLP Clinical Fellow

We, the SLPCF Mentor and the SLP Clinical Fellow, verify that we have discussed this report. We have verified that the mentor's certification was current throughout the CF experience. We verify that we have completed the required evaluations. We further verify that we are not related in any manner.

Signature of SLPCF Mentor ______________________________ Date ____________

Signature of SLP Clinical Fellow ______________________________ Date ____________

NOTE: This report must be signed/submitted AFTER the end date of the experience reported on this form. If it is signed prior to the end date, it will be returned and will delay the processing of your application for certification.

https://www.asha.org/uploadedFiles/SLP-CF-Report-Rating-Form.pdf

Potential for Competency in:

- Dysphagia and clinical swallowing evaluations
- Videofluoroscopic Swallowing Studies (VFSS)
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- Trach/ Vent/ Passy Muir Valve (PMV)
- Neonatal Feeding and VFSS
- Stroboscopy
- Speech and Language evaluation and treatment
- Suction training

Competencies

- Dysphagia
  - Written and clinical practice until deemed competent by supervisor
- VFSS
  - 10 graded VFSSs
- FEES
  - Written test
  - Simulation lab practice
  - 10 successful passes with “normal” subjects
  - 10 graded passes and interpretations with patients

1. What is the most common respiratory pattern surrounding a swallow? (2 points)

Inhalation – swallow – inhalation
Exhalation – swallow - inhalation
Inhalation – swallow - exhalation
Exhalation – swallow - exhalation

Why is this pattern the best/safest?

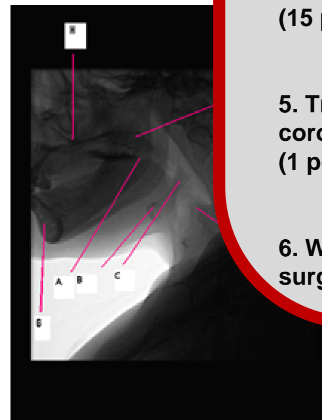
2. How does respiratory function affect swallowing ability? (2 points)

3. Under what circumstances can a patient with a total laryngectomy aspirate? (3 points)

4. List the cranial nerves (names, numbers and functions) involved in swallowing
(15 points)

5. True/False: Vocal fold paralysis can result from a coronary artery bypass graft.
(1 points)

6. Which vocal fold will be paralyzed after a cardiac bypass surgery? Why? (2 points)



Competency Example: Dysphagia

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VFSS Competency Checklist

Clinician Name:_________________________________ Exam # ____ /10

Division of Speech-Language Sciences and Disorders Dynamic Swallow Study (DSS) Skills Competency

Competency Dynamic Swallow Study (DSS)	Does Not Meet Requirement	Needs Improvement	Meets Requirements	Exceeds Requirements	Far Exceeds Requirements
Skills Required:					
Verify that an order for DSS is documented in the patient's medical record					
Ensure appropriate functioning of equipment					
Ensure availability and appropriate functioning of suctioning equipment					
Obtain the individual's medical and swallowing history including cultural and/or linguistic factor that may influence the patient's preferences and attitudes toward swallowing/feeding.					
Prepare standard bolus types and viscosities prior to the evaluation according to facility-specific protocol and results of most recent clinical swallowing evaluation					
Appropriately communicate the reason for the exam to the radiologist or other medical staff					
Appropriately educate patients, family and/or staff as to what to expect during a DSS					
Appropriately position the individual for optimal imaging					
Identify anatomical landmarks as viewed fluoroscopically in the lateral and anterior to posterior planes					
Present bolus types in a consistent and logical manner					
Evaluate the integrity of airway protection before, during and after swallowing					
Obtain lateral and anterior-posterior views as appropriate					
Incorporate radiation safety techniques (e.g., time, distance, shielding) for all individuals within the radiology suite during the examination					
Direct the patient through appropriate tasks and maneuvers as required for a comprehensive examination in a timely manner to limit radiation exposure					

Division of Speech-Language Sciences and Disorders Dynamic Swallow Study (DSS) Skill Competency, continued

Competency Dynamic Swallow Study (DSS)	Does Not Meet Requirement	Needs Improvement	Meets Requirements	Exceeds Requirements	Far Exceeds Requirements
Skills Required:					
Direct the patient through appropriate treatment interventions implementing postural changes and maneuvers to determine the effect on the swallow as warranted					
Evaluate the individual's tolerance of and the ability to perform and consistently repeat appropriate therapeutic interventions					
Monitor for possible adverse reactions					
Appropriately use videofluoroscopy as a tool to educate patients, family and staff using images either during or after the examination					
Formulate appropriate recommendations and to guide treatment of the patient					
Make appropriate recommendations for re-evaluation by DSS					
Make appropriate recommendations or referrals for other examinations or services as needed					
Generate a report including appropriate documentation of observed dysfunction, appropriate Impressions and Recommendations					
Discuss results of the DSS and recommendations with the patient and/or family					
Discuss results of the DSS and recommendations with the medical staff					

Comments:				
Clinician meets or exceeds requirements for all areas	**YES**	**NO**	**CURRENT %AGE**	
Evaluating Clinician	Evaluation Date			

FEES Competency Checklist

Clinician Name: ______________________________ Exam # ____ /10

Division of Speech-Language Sciences and Disorders Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Skills Competency

Competency Fiberoptic Endoscopic Evaluation of Swallowing (FEES)	Does Not Meet Requirement	Needs Improvement	Meets Requirements	Exceeds Requirements	Far Exceeds Requirements
Skills Required:					
Identify the parts of the FEES and the FEES cart					
Identify anatomical landmarks as viewed endoscopically					
Recognize altered anatomy as it relates to swallowing function					
Identify the elements of a comprehensive endoscopic swallowing exam					
Identify the characteristic of appropriate and inappropriate candidates for an endoscopic swallowing exam					
Detect and interpret abnormal findings in terms of the underlying anatomy and pathophysiology					
Obtain patient or responsible party's verbal permission to perform an endoscopic evaluation of swallowing					
Verify that an order for FEES is documented in the patient's medical record					
Appropriately educate patients, family and/or staff as to what to expect during the endoscopic evaluation of swallowing					
Operate and maintain the equipment needed for an endoscopic swallowing evaluation					
Apply nasal vasoconstrictor drops when clinically appropriate					
Demonstrate proper technique for preparing the endoscope prior to performing the procedure on a patient					
Insert and manipulate the endoscope in a manner that causes minimal discomfort and prevents unpleasant complications					
Manipulate the endoscope within the hypopharynx to obtain the desired view					
Direct the patient through appropriate tasks and maneuvers as required for a complete and comprehensive examination					
Direct the patient through appropriate treatment interventions implementing postural changes and maneuvers to determine the effect on the swallow as warranted					

Division of Speech-Language Sciences and Disorders Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Skills Competency, continued

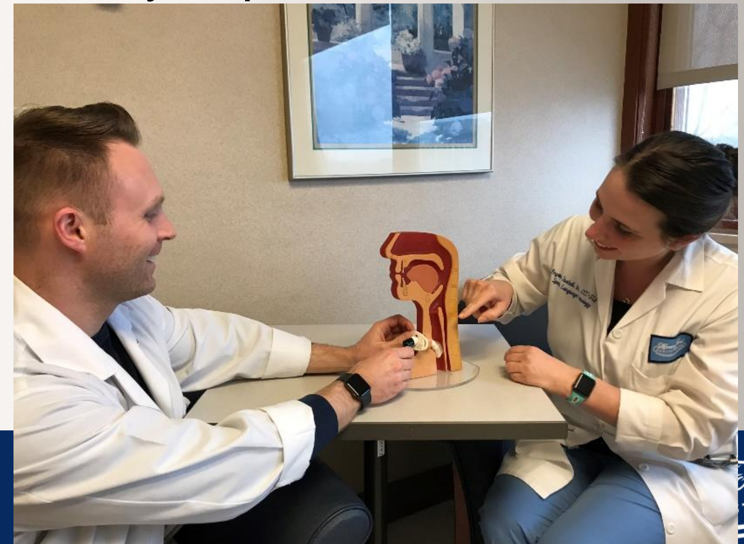
Competency Fiberoptic Endoscopic Evaluation of Swallowing (FEES)	Does Not Meet Requirement	Needs Improvement	Meets Requirements	Exceeds Requirements	Far Exceeds Requirements
Skills Required:					
Withdraw and remove the endoscope in a manner that causes minimal discomfort and prevents unpleasant complications					
Appropriately use endoscopy as a tool to educate patients, family and staff using the endoscopic images either during or after the examination					
Formulate appropriate recommendations and to guide treatment of the patient					
Make appropriate recommendations for re-evaluation by endoscopic swallowing exam					
Make appropriate recommendations or referrals for other examinations or services as needed					
Disinfect and store the equipment needed for an endoscopic swallowing evaluation					
Generate a report including appropriate documentation of observed dysfunction, appropriate Impressions and Recommendations					

Comments:

Pass	YES	NO	CURRENT %AGE	
Evaluating Clinician	Evaluation Date			

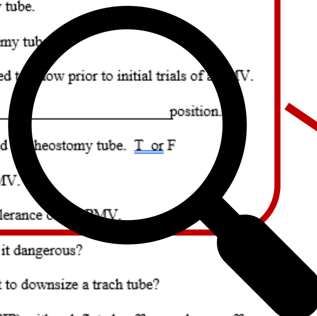
Competencies Cont.

- Trach/PMV
  - Clinical practice until deemed competent by supervisor
  - Free continuing education online for speaking valves
  - Written competency exam
- NICU
  - Separate written competencies for bedside intervention and VFSS
  - Clinical practice until deemed competent by supervisor for bedside intervention
  - 10 graded VFSSs
- Stroboscopy
- Speech and language evaluation and treatment



Tracheostomy and Passy-Muir Swallowing and Speaking Valve Competency

1. Why is a tracheotomy usually performed?
2. List 3 advantages to a tracheostomy tube.
3. List 3 disadvantages to a tracheostomy tub
4. List 3 pieces of information you need t ow prior to initial trials of a V.
5. The PMV is biased toward the ______________________ position.
6. The PMV may be used with a cuffed heostomy tube. T or F
7. List 3 criteria for placement of a PMV.
8. List 3 methods of monitoring for tolerance PMV.
9. What is breath-stacking and why is it dangerous?
10. When would you consider a request to downsize a trach tube?
11. Should Peak Inspiratory Pressure (PIP) with a deflated cuff exceed pre-cuff deflation levels? Yes or No
12. Should you use the PMV Secure-It on-line with a ventilator? Yes or No
13. If a patient is on CPAP can a PMV be used?
14. If a patient is on 30% FIO2 with inline suction and not on CPAP or ventilator assistance, it best to use the PMV with inline suction catheter inplace or switch to trach shield? Why?
15. Why will the exhaled volume alarm on a ventilator sound when a PMV is in place?
16. In Positive End Expiratory Pressure (PEEP), the alveoli of the lungs are at their most closed or open state?
17. Should a PMV be used on a patient with a Bivona foam cuffed tracheostomy tube? Why or why not?
18. Name 3 pieces of information you must know prior to PMV placement.



19. Is a patient with a unilateral vocal fold paralysis a candidate for a PMV? Yes or No
20. Why is it necessary to educate a patient on a ventilator to fully exhale while speaking with the PMV in place?
21. Is a patient with end stage COPD a candidate for a PMV? Why or why not?
22. Mr. Jones has a #8 FEN trach, on mechanical ventilation with settings of 40% FiO2, PEEP of 2, PSV of 9, with minimal suction requirements (less than twice an hour).

1. Why is a tracheotomy usually performed?
2. List 3 advantages to a tracheostomy tube.
3. List 3 disadvantages to a tracheostomy tube.
4. List 3 pieces of information you need to know prior to initial trials of a PMV.
5. The PMV is biased toward the ______________________________position.
6. The PMV may be used with a cuffed tracheostomy tube. T or F
7. List 3 criteria for placement of a PMV.
8. List 3 methods of monitoring for tolerance of the PMV.

Competency Example: Trach/Vent

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Additional Responsibilities

- Bi-weekly journal club
- Case Studies with supporting research
- Presentations to hospital staff (i.e. Dietetic interns)
- Motor speech review
- Journal presentation to entire speech staff (inpatient, outpatient, Peds, adult, etc.)
- Additional resource development (i.e. Review of trach types, thickened liquid resources, dysphagia diet handouts, etc.)

Breakout Training Opportunities

- ENT/Head and Neck cancer
- Pediatric outpatient
- Adult outpatient
- Voice disorders

Additional Opportunities

- PEG placement
- VENT training
- NICU training
- Shadow ENT

Additional Opportunities (cont.)

- Language mapping during awake craniotomy
- Multidisciplinary clinics (ALS, HD, cleft clinic)
- Observation of ENT surgical intervention (Zenker's diverticulectomy, Vocal fold medialization, botox injection, laryngectomy)
- Community hospital experience (Henry Ford West Bloomfield)

Henry Ford Medical Group
Henry Ford Health System

Recruitment

- Website
- Flyer
- Career Fair with WSU students
- Word of mouth = main marketing
- University Contacts - Students

University Partners - Students

- All MI Universities
- Ohio State
- Miami of Ohio
- IL State
- Purdue
- Vanderbilt
- Armstrong Atlanta State
- Indiana U
- St. Ambrose U
- U of Toledo
- Fort Hayes State U
- Massey U
- Syracuse
- Eastern Illinois U
- Northwestern U
- New Mexico U
- U of TN
- New York U
- U of Arizona
- U of Washington
- Bowling Green State U

Past Fellow's Universities

- EMU*
- WSU*
- CMU*
- MSU*
- WMU*
- U of Houston
- U of Washington*
- Rush
- Boston University
- U of Florida
- U of Pittsburgh
- Bowling Green U*
- Vanderbilt*
- U of Kansas
- Purdue*
- UNC Chapel Hill
- UNC Greensborough
- U Texas – Dallas
- U of Wisconsin
- Memphis State U
- Boston U
- U of Cincinnati
- Northwestern U*

2019-2020 CF Flyer

Can be found on the website:

https://www.henryford.com/hcp/med-ed/residencies-fellowships/hfh/speech-language

HENRY FORD HOSPITAL
DIVISION OF SPEECH-LANGUAGE SCIENCES & DISORDERS
POSITION ANNOUNCEMENT

2019-2020 CLINICAL FELLOWSHIP PROGRAM

Starting Date: Tentatively June 3, 2019
Specialty Area: 2 adult emphasis positions

Clinical Fellow Program

The fellowship in the Division of Speech-Language Sciences & Disorders provides for completion of all requirements for the ASHA Certificate of Clinical Competence. It is approximately 12 months in duration. There is the opportunity to participate in other educational experiences available at the hospital in addition to the core curriculum. The program is designed to prepare individuals for eventual independent practice in medical settings.

The CFY program is composed of a series of clinical rotations in the area of emphasis and observation experiences in other areas (e.g. specialty clinics). Clinical fellows will be supervised by a variety of clinicians to expand their repertoire of clinical practice patterns. **For more information about the program, visit:** www.henryford.com/hcp/med-ed/residencies-fellowships/hfh/speech-language

About the Division

Speech-Language Sciences & Disorders was established at Henry Ford Hospital in 1988 as a division of the Department of Neurology. Child areas of excellence include infant and toddler services with consultation and direct treatment models for pediatrics. Adult areas of excellence include neurogenic communication disorders (inpatient and outpatient), voice disorders and pathologies, stuttering, and dysphagia. Clinical programs are offered at the main hospital and in various satellite sites of the Henry Ford Health System.

Requirements

Persons interested in applying for the fellowship program should meet the following requirements:

1. Completion, by May 31, 2019, of all requirements for the master's degree from a graduate program in Speech-Language Pathology;
2. Satisfactory completion of all clinical requirements (except CFY) for ASHA Certification;
3. State of Michigan Speech-Language Pathology Educational Limited License
4. Commitment to professional development;
5. Current work visa for all non-U.S. citizens
6. Passing of a health screening, including a drug and nicotine screening

To Apply:

Forward a cover letter, resume, transcripts, and three letters of recommendation by March 1, 2019 to:

Jennifer Peacock, M.A., CCC-SLP
Division of Speech-Language Sciences & Disorders
Henry Ford Hospital
FAX – 313.916.4730
Phone – 313.916.4612
jpeacoc1@hfhs.org

***Important:** Please do NOT send your information via regular mail. We have had delays up to 6 weeks between when items were post-marked and when we receive them in this office. Please e-mail or fax all information. Letters of recommendation may be e-mailed directly to me from the reference, included as a PDF document or scanned in and sent with the packet.

You will be contacted mid-March as to whether or not we will be extending an invitation to come and interview for the position.

Interviews

- Usually get 30-40 resumes – interview 8
- All interview candidates come the same day
- Interview with selected staff (3-4 staff)
- Staff interview individually
- Are given the opportunity to talk with the current CF(s)
- Given a tour of the facility
- Staff meet at the end of the day to discuss

Past Clinical Fellows Survey

- From 1990 – Present = 51 Fellows
- 39 were contacted
- 29/39 responded
- 85% still practicing
- 28 of the fellows hired on as staff (14 are still serving as HFH staff)
- How well did your CF prepare you for your work as a SLP? = 4.54/5

CF Survey Data

Current Work Setting

Hospital	54%
SNF	4%
Outpatient	29%
University	6%
School	4%
Other	4%

Notable Accomplishments

Have presented at conferences	58%
Have published research	19%
Have or are working toward Ph.D.	19%

GRADUATION!

Henry Ford MEDICAL GROUP INVENIO COMMITTO 1915

Henry Ford HEALTH SYSTEM