Creating Competent Clinical Fellows in Medical Speech-Language Pathology

Silbergleit AK, Peacock J, Isabell K, Puzio A.

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)
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)
**SLP Clinical Fellow’s Name**: (please print)

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**Section 6. SLPF Skills Rating Chart Instructions for the SLPF 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 15 skills, using the AHA (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.*

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**Section 7. SLPF Mentor’s Recommendations and Verification of Information**

- Yes □ No □ I recommend that this SLPF experience be accepted by the CFCC as meeting the requirements for the CFCC-SLP.
- Yes □ No □ I affirm that we have at least 12 supervisory activities during each segment of the SLPF, including 6 hours of direct client care and 6 hours of observation of observation/mentoring activities, involved in alternative methods of observation/mentoring activities were not used. Prior approval was obtained from the CFCC before using those alternative methods.

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**Section 8. Signatures of SLPF Mentor and SLP Clinical Fellow**

The SLPF 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 to any examiner.

**Signature of SLPF Mentor**: Date

**Signature of SLP Clinical Fellow**: Date

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

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

**Clinician Name:**

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

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

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

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

**Comments:**

Clinician meets or exceeds requirements for all areas: **YES** **NO** **CURRENT WEAK**

**Evaluating Clinician:**

**Evaluation Date:**

**SPEECH**

**January 26, 2011**
### FEES Competency Checklist

**Division of Speech-Language Sciences and Disorders**

**Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Skills Competency**

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

**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
- Disassemble 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 %

**Evaluating Clinician:**

**Evaluation Date:**

**Updated:** 3/1/2016
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 tracheostomy 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.
9. What is breath-stacking and why is it dangerous?
10. When would you consider a request to downsize the trach tube?
11. Should Peak Inspiratory Pressure (PIP) with a deflated cuff exceed pre-cuff definition 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, is it best to use the PMV with inline suction column in place or switch to trach shield? Why?
15. Why will the enhanced volume alarm on a ventilator sound when a PMV is in place?
16. Is 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 BiPAP 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 48 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).
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)
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*
HENRY FORD HOSPITAL
DIVISION OF SPEECH-LANGUAGE SCIENCES & DISORDERS
POSITION ANNOUNCEMENT

2019-2020 CLINICAL FELLOWSHIP PROGRAM

Starting Date: Tentatively June 1, 2019
Specialty Area: 2 adult emphasis positions

Clinical Fellowship 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 area (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: https://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 (e.g., aphasia and outpatients), 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 – 313.916.4012
jpeacock@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-mailed 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 to determine if 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

<table>
<thead>
<tr>
<th>Setting</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>54%</td>
</tr>
<tr>
<td>SNF</td>
<td>4%</td>
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<tr>
<td>Outpatient</td>
<td>29%</td>
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<tr>
<td>University</td>
<td>6%</td>
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<tr>
<td>School</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>

## Notable Accomplishments

<table>
<thead>
<tr>
<th>Accomplishment</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Have presented at conferences</td>
<td>58%</td>
</tr>
<tr>
<td>Have published research</td>
<td>19%</td>
</tr>
<tr>
<td>Have or are working toward Ph.D.</td>
<td>19%</td>
</tr>
</tbody>
</table>
GRADUATION!