C3Framework – Pilot Version – SLT only PDF

Critical Care Novice Dietitian, Occupational Therapist, Physiotherapist or **Speech and Language Therapist**

This framework is being piloted across London through December '21 and January '22. We ask pilot users to provide feedback before 28th January 2022 via this Microsoft Form or scanning this QR code

Commissioned by NHS England NHS Improvement + Health Education England (London Region)

Introduction

Welcome to the CapitalAHP C3Competency Framework. It is the first time that the London region has created a shared standard of competence for critical care AHP novices (AHPs who are new to critical care). It sets out agreed standards applicable to the following roles: dietitians, occupational therapists, physiotherapists and speech and language therapists. It is a tool to support delivery of equitable care for patient's admitted to critical care, streamline education and training and improve workforce mobility and planning.

IMPORTANT:

- **Feedback is needed:** this is a pilot version of the C3Framework and there will be teething issues. Please provide your feedback, whether you're a critical care novice or very experienced. There is a QR code on the front page
- **A new concept to some:** the C3Framework draws on a new methodology for translating competencies to clinical: Entrustable Professional Activities[1] (EPA). It is new to many AHPs but has been tried and tested by other healthcare professions. The rationale for using EPAs is elaborated within the C3Framework Overview
- **A new arrangement not a new composition:** the C3Framework does not represent a change in scope or practice but it provides a shared baseline level of competence critical care AHPs within the London region. It is mapped to existing competency frameworks and was created through a regional consultation period. More feedback is needed
- **It is not mandatory:** the C3Framework should not be a barrier to practice but its implementation over this winter period will aid the agility and mobility of the AHP workforce

[1] Ten Cate O. Nuts and bolts of entrustable professional activities. *J Grad Med Educ*. 2013;5(1):157-158. doi:10.4300/JGME-D-12-00380.1

Guide for the AHP working towards novice competence

You can expand or collapse sections within the document to assist with navigation.

1. Locate the relevant section of the framework for your profession. Within that section, you will find:
    a. Profession Specific Entrustable Professional Activities, descriptions and sign off forms
    b. Shared AHP Competencies
    c. Profession Specific Competencies

    At present the framework can be used either in hard or soft copy (ie printed or as computer file)
2. Read through the first EPA, identify the necessary competencies – self assess yourself against these competencies (either "competent" or "not competent")
3. Meet with a supervisor to plan learning activities to help achieve sign off of the competencies and progression towards unsupervised practice of the first EPA. Discuss what level of supervision you require for all EPAs (see appendix 1). Consider:
    a. Observation and supervised practice
    b. Peer learning and self-directed learning
    c. Group tutorials and 1:1 sessions
    d. MDT shadowing activities (see appendix 2)
4. An entrustment decision is made when a supervisor is happy to sign off an EPA at Supervision Level 4 (ie unsupervised practice).
5. Continue to progress to other EPAs by working through the competency frameworks and work placed based learning opportunities.

Contents

Speech and Language Therapy

The following describes the skills-required for a novice speech and language therapists to be able to work competently and confidently in critical care. Workforce planning should ensure that the below are included in the training and development of staff to ensure we have the necessary skills and knowledge amongst speech and language therapists to provide safe and high-quality patient care.

Attainment of the Shared AHP Competencies, Speech and Language Therapy Core Competencies and EPA sign off will ensure the clinical caseload is managed by a sufficiently skilled therapist who can work independently.

It is recommended that critical care speech and language therapists (especially those working in isolation) consider membership to intensive care societies such as the RCSLT critical care specialist group.

The competency domain headings are shared with those of the Intensive Care Society Speech and Language Pillar, indicative of the mapping and alignment of the C3Framework to the Intensive Care Society pillar. Completion of EPAs 3 and 4 is underpinned by the RCSLT Tracheostomy Competencies.

Some of the domains within this document can be better understood by engaging with those outside your profession (ie asking a bedside nurse to explain the lines and wires, learning from the medical team regarding shift handovers, discussing with the nurse in charge which MDT meetings are most relevant for your role and contribution). See Appendix 2 for suggested MDT shadowing experiences which will aid the completion of both shared and speech and language therapy domains of the C3Framework.

Speech and Language Therapy EPAs

Speech and Language Therapy EPA 1 Assesses and manages communication disorders in critical care

Title	**Assesses and manages communication disorders in critical care**
Specifications and Limitations	This EPA includes: ▪ Determines patient's suitability for communication assessment considering clinical presentation, personal factors and wider treatment plan. ▪ Uses appropriate communication assessment tools ▪ Diagnoses communication deficits and disorders and develops an appropriate management plan. Context: ▪ Adult patients in the critical care setting.

	Limitations: ▪ Patients may have a tracheostomy but this EPA does not address manipulation of the tracheostomy to facilitate communication. ▪ Refer to Speech and Language Therapy EPAs 3 and 4 for tracheostomy specific skills. ▪ Specialist assessment with high-tech AAC devices is not covered in this EPA.
Required knowledge and skills	1. C3Framework Shared AHP Competencies 2. C3Framework Speech and Language Therapy Domains: ▪ Critical Illness Equipment and Pathophysiology: Communication ▪ Intubation ▪ Medications ▪ Delirium ▪ PICS ▪ Tools for Assessment: Communication ▪ Communication ▪ Critical Thinking and Clinical Reasoning ▪ Working With Others: Communication ▪ Evidence Based Practice
Assessment to measure progress	▪ Anonymised patient records of complex patients and reflection pertaining to the Speech and Language Therapy management of the patient ▪ Supervision documentation Reflective reports
Basis for formal entrustment decisions	▪ An entrustment decision should be made by an experienced critical care SLT after observing this EPA completed on more than one patient ▪ Use EPA completion template for this

Speech and Language Therapy EPA 2 Assesses and manages swallowing disorders in critical care

Title	**Assesses and manages swallowing disorders in critical care**
Specifications and Limitations	This EPA includes:

	▪ Determines suitability for swallowing assessment, considering clinical presentation, personal factors and wider treatment plan. ▪ Uses appropriate swallow assessment tools ▪ Diagnoses dysphagia and develops an appropriate management plan. Context: ▪ Adult patients in critical care cleared for oral intake by the critical care and/or surgical team. Limitations: ▪ This EPA does not include patients with a tracheostomy, refer to Speech and Language Therapy EPA 3 and 4 for tracheostomy specific skills. ▪ This EPA does not address FEES and videofluoroscopy skills and competencies.
Required knowledge and skills	1. C3Framework Shared AHP Competencies 2. Speech and Language Therapy EPA 1: Assesses and manages communication disorders in critical care 3. C3Framework Speech and Language Therapy Domains: ▪ Critical Illness Equipment and Pathophysiology ▪ Tools for Assessment: Swallowing ▪ Critical Thinking and Clinical Reasoning: Swallowing ▪ Working With Others: Swallowing
Assessment to measure progress	▪ Anonymised patient records of complex patients and reflection pertaining to the Speech and Language Therapy management of the patient ▪ Supervision documentation Reflective reports
Basis for formal entrustment decisions	▪ An entrustment decision should be made by an experienced critical care SLT after observing this EPA completed on more than one patient ▪ Use EPA completion template for this

Speech and Language Therapy EPA 3 Assesses and manages the non-ventilated tracheostomised patient

Title	**Assesses and manages the non-ventilated tracheostomised patient**
Specifications and Limitations	This EPA includes: ▪ Determines suitability for Speech and Language Therapy input for tracheostomy weaning. ▪ Integrates tracheostomy presentation with wider clinical presentation to develop a tracheostomy weaning plan in collaboration with MDT colleagues. ▪ Uses knowledge of dysphagia and communication assessment and intervention and applies this to patients with a tracheostomy to make safe and appropriate recommendations. Context: ▪ Adult patients in the critical care setting with a tracheostomy on room air or supplementary oxygen only. Limitations: ▪ This EPA does not apply to patients on ventilator support at the time of Speech & Language Therapy intervention Speech and Language Therapy EPA 1 and 2 must be completed prior to undertaking EPA 3.
Required knowledge and skills	1. C3Framework Shared AHP Competencies 2. Speech and Language Therapy EPA 1: Assesses and manages communication disorders in critical care 3. Speech and Language Therapy EPA 2: Assesses and manages swallowing disorders in critical care 4. Clinicians must be either fully competent or undertaking competencies with supervision as per local trust policy and either: a. The Royal College of Speech and Language Therapists Tracheostomy Competency Framework b. Local Speech and Language Therapy tracheostomy competency documents 5. Additional C3Framework Speech and Language Therapy Domains: ▪ Critical Illness Equipment and pathophysiology: Tracheostomy ▪ Tracheostomy ▪ Working with Others: Tracheostomy ▪ Evidence Based Practice: Tracheostomy
Assessment to measure progress	▪ Anonymised patient records of complex patients and reflection pertaining to the Speech and Language Therapy management of the patient. ▪ Supervision documentation. ▪ Reflective reports.
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care SLT after observing this EPA completed on more than one patient Use EPA completion template for this

Speech and Language Therapy EPA 4 Assesses and manages the ventilator-dependent tracheostomised patient

Title	**Assesses and manages the ventilator-dependent tracheostomised patient**
Specifications and Limitations	This EPA includes: 1. Determines suitability for Speech and Language Therapy input for ventilator-dependent tracheostomy weaning. 2. Integrates tracheostomy presentation with wider clinical presentation and treatment plan to develop a ventilator-dependent tracheostomy weaning plan in collaboration with MDT colleagues. 3. Uses knowledge of dysphagia and communication assessment and intervention and applies this to patients with a ventilator-dependent tracheostomy to make safe and appropriate recommendations. Context: ▪ Adult patients in critical care with a tracheostomy who are ventilator dependent at the time of Speech & Language Therapy intervention. Limitations: ▪ This EPA does not apply to patients on room air or supplemental oxygen only the time the intervention (see EPA 3) ▪ Speech and Language Therapy EPA 1, EPA 2 and EPA 3 should be completed prior to undertaking EPA 4
Required knowledge and skills	1. C3Framework Shared AHP Competencies 2. Speech and Language Therapy EPA 1: Assesses and manages communication disorders in critical care 3. Speech and Language Therapy EPA 2: Assesses and manages swallowing disorders in critical care 4. Speech and Language Therapy EPA 3: Assesses and manages the non-ventilated tracheostomised patient 5. Additional C3Framework Speech and Language Therapy Domains: ▪ Ventilation
Assessment to measure progress	▪ Anonymised patient records of complex patients and reflection pertaining to the Speech and Language Therapy management of the patient. ▪ Supervision documentation ▪ Reflective reports
Basis for formal entrustment decisions	▪ An entrustment decision should be made by an experienced critical care SLT after observing this EPA completed on more than one patient ▪ Use EPA completion template for this

Shared AHP Competencies

SHARED	Self Assessment	Senior Assessment
Safety		
Infection Prevention and Control:		
Able to demonstrate knowledge of general infection control prevention and control including hand hygiene, aprons, masks and aseptic non-touch technique		
Patient Emergency Management:		
Has completed Basic Life Support Training as per local trust policy		
Describes how they would summon help in an emergency and locate crash bells		
Describes how to call a medical emergency call via switch		
Describes own role and expected contribution in medical emergency eg. Basic Life Support, providing assistance to MDT as able		
Patient ID:		
Demonstrates positive patient identification and awareness of allergies		
Monitoring Vital Signs:		
Demonstrates how to monitor vital signs (Temp, HR, SpO_2, RR, blood pressure, MAP)		
Interprets observations in an ICU setting, considering trends and normal ranges for all (Temp, HR, SpO_2, RR, BP, MAP)		
Able to troubleshoot difficulties with taking vital signs eg. poor trace on pulse oximeter, missing ECG leads, poorly position arterial line		
Awareness of who to escalate concerns to in relation to patient safety with recognition of different level of urgency and reporting to different staff member dependent on situation		

Orientation:		
Can describe the bed numbering, storage location of safety equipment, location of offices and other key areas within of the critical care unit		
Can describe the shift patterns and handover process of other MDT members		
Able to identify key MDT members by their role, including critical care nurses, nurse in charge, consultant oncall		
Demonstrates how to locate the local protocols and guidelines relevant to own role		
Has an awareness of key ICU meetings relevant to role eg. MDT meetings, handovers, safety briefings, teaching sessions.		
Can identify standard ICU bedspace equipment and location of equipment necessary for role		
Communication		
Communication with patient:		
Describe barriers to communication in ICU including those associated with PPE, illness and ICU interventions.		
Awareness of communication aids with patients to overcome communication barriers, ie PPE + oral intubation		
Communication with family + friends:		
Describe the support services available in helping liaise with family including family support nurses, PALS, psychology services as appropriate.		
Describe barriers to communication with family and methods to improve this		
Knows importance of confidentiality and consent to share information with friends and family		
Communication with colleagues:		
Awareness of peer support and psychological support		
Documentation		

Local IT Training:		
Demonstrates how to access and document in patient records using local IT systems		
Demonstrates how to view results and imaging on local IT systems		
Moving & Handling		
Awareness of Falls prevention, who to escalate to if concerned regarding falls risks		
Compliant with Manual Handling training as per local trust policy.		
Human Factors		
Teamwork:		
Demonstrate working in an MDT by building and maintaining relationships with other professions		
Aware of the roles and responsibilities of other members of the MDT		
Clarifies, accepts and executes tasks delegated by the team leader		
Explains the importance of highlighting safety issues / concerns to a member of your team in a prompt manner		
Uses appropriate level of assertiveness for the clinical situation		
Demonstrates a logical & systematic handover using local format		
Outline how to escalate and to whom if there are patient / safety concerns		
Identify and respond to patient / staff safety issues appropriately		
A+E		
Airway:		
Demonstrate ways to open up airway using simple manoeuvres (inc. repositioning, head tilt chin lift, jaw thrust)		
Demonstrates how to deliver manual ventilation using BVM (bag-valve-mask)		
Recognise and escalate airway compromise in a tracheostomised patient		
Mouth care:		
Demonstrates how to perform and document oral hygiene		

Oxygen:			
Knows the types of oxygen delivery system and their limitations (including reservoir mask, simple face mask, venturi system and nasal cannulae)			
Demonstrates how to deliver oxygen urgently (including reservoir mask, simple face mask, venturi system and nasal cannulae)			
Describe how to escalate or de-escalate oxygen therapy in a step wise manner eg. nasal cannulae to face mask.			
Lines and attachments:			
Recognise different lines and their location relevant to local population (eg arterial lines + central line)			
Nutrition:			
Identify enteral feeding tube in situ, whether it is connected to feed and whether the feed pump is running			
Knows to discuss plans with nursing staff prior to moving or reposition a patient with NG feed running			
Aware of events which can displace feeding tubes and to escalate accordingly			
Describes how to check enteral feeding length and escalates if tube length has changed			
Describe how to recognise dysphagia and an escalation plan including referral to SLT			
Demonstrates how to assist patients with feeding			
Have an awareness of modified diets or thickened fluids in line with SLT recommendations			
Delirium:			
Demonstrate how to categorise neurological status using the AVPU scoring			
Describe factors that may cause or contribute to delirium			
Describes how to recognise delirium			
Demonstrates how to interpret a CAM-ICU score			
Demonstrates an understanding of non-pharmacological management of delirium			

Pain:		
Demonstrates knowledge of the Mental Capacity Act, when capacity assessment is indicated, how to assess capacity and when specialist communication support is required eg. referral to SLT		
Demonstrates how to use pain faces or a similar visual analog scale		
Demonstrates an understanding on the impact of pain on patient presentation eg. agitation		
Demonstrates an understanding of the impact of pain medication on patient presentation eg. sedative effect		
Demonstrates an understanding of RASS (or alternative sedation) scoring system		
Sedation:		
Able to access, read and document using ICU drug charts		
Demonstrates an awareness of common ICU sedative medications		
Demonstrates a basic knowledge of common ICU medications and their role eg. sedatives, vasopressors, inotropes		
Drug chart and prescription protocols:		
Demonstrates response to alarms and escalates to staff trained to troubleshoot		

Speech and Language Therapy Core Competencies

SLT EPA 1 Competencies: Assesses and manages communication disorders in critical care	Date of self-certification	Date of senior certification
Critical Illness Equipment and Pathophysiology: Communication		
Able to identify common equipment in the critical care unit: Ventilators and associated oxygen delivery equipment (e.g. tubing and humidification) Lines and tubes (e.g. cannula, CVC, arterial line, catheter, bowel management system, wound drains, chest drains) Suction equipment		

Filtration equipment Additional equipment specific to local setting (e.g. ECMO) Resources specific to Speech and Language Therapy assessment and intervention		
Able to demonstrate clerking of critical care patient including: Diagnoses and key admission events Past medical history Social History Investigations Vital signs and current status MDT assessments		
Aware of relevant neurological factors that may impact a patient's ability to engage and participate: Neurological diagnoses and terminology relevant to local population (e.g. trauma, neurosurgery, progressive neurological conditions, disorders of consciousness) Neurological assessments used by critical care teams (e.g. GCS, AVPU, RASS) Patient behaviours Presentations and assessment scores that would contraindicate Speech and Language Therapy input.		
Aware of other relevant factors and diagnoses including: Respiratory function Infection and sepsis Renal function and treatment (e.g. filtration) ENT input Other diagnoses and interventions (e.g. cardiac, vascular, spinal)		
Demonstrates relevant respiratory knowledge including: Respiratory anatomy The processes of breathing, ventilation and respiration		

Demonstrates knowledge of pulmonary diagnoses and frequently used terminology including: Pneumonias including CAP, HAP, VAP, aspiration pneumonia Pneumothorax Atelectasis Effusions Oedema Consolidation Pulmonary embolism Chronic obstructive pulmonary disease (COPD) Asthma Acute respiratory distress syndrome (ARDS) Oxygen (concentration and flow) Breathing patterns (e.g. Cheyne-Stokes, abdominal, diaphragmatic breathing) Hyperventilation and hypoventilation Dyspnoea and tachypnoea Inspiratory, expiratory and biphasic stridor Peak flow and vital capacity Demonstrates knowledge of delivery devices and associated oxygen flow and concentration: Nasal cannula High flow nasal cannula/Optiflow Venturi Mask Partial rebreather and non-rebreather Demonstrates knowledge of respiratory failure and associated terminology: Type 1 Respiratory Failure (hypoxemia) Type 2 Respiratory Failure (hypercapnia) Respiratory acidosis and respiratory alkalosis		

Arterial blood gas (ABG) and venous blood gas (VBG) Arterial oxygen (PO_2 or PaO_2) Arterial carbon dioxide (PCO_2 or $PaCO_2$) Arterial oxygen saturation ($Sa0_2$) Describes indications for initiation of CPAP (e.g. T1RF, pulmonary oedema, pneumonia, obstructive sleep apnoea) Describes indications for initiation of NIV (BiPAP) (e.g. T2RF and COPD exacerbation)		
Aware of biochemistry results and able to describe: a) Normal ranges b) Terminology for outside of normal range c) Impact on patient presentation d) Considerations for assessment and management Examples of relevant biochemistry include: Haemoglobin (Hb or Hgb) (anaemia, polycythaemia) Platelets (thrombocytopaenia, thrombocytosis) Iron (Fe) (iron deficiency anaemia) White blood cells count (WBC or WCC) Neutrophils (neutropenia, neutrophilia) C-Reactive Protein (CRP) Sodium (Na) (hyponatraemia, hypernatraemia) Magnesium (Mg) (hypomagnesaemia, hypermagnesaemia) Calcium (Ca) (hypocalcaemia, hypercalcaemia) Potassium (K) (hypokalaemia, hyperkalaemia)		
Intubation		
Aware of the key components of an endotracheal tube		
Aware of common reasons for intubation with specific reference to local population.		
Aware of key terminology and process used by the critical care team in association with intubation (e.g. sedation hold, cuff leak test).		

Demonstrates basic knowledge of airway assessment tools: Mallampati class 1-4 Cormack-Lehane grade 1-4		
Demonstrates an understanding of the impact of extended intubation on whole body systems (e.g. neurological, musculoskeletal, respiratory)		
Demonstrates knowledge of the common complications and laryngeal injuries that result from intubation including: Vocal fold mobility impairment Granulation tissue Ulceration Oedema Stenosis Tracheomalacia Odynophagia Tongue weakness Laryngospasm		
Demonstrates knowledge of alternative causes of laryngeal dysfunction and utilises this knowledge to assist in different diagnosis including: Neurological Surgical Infection		
Medications		
Demonstrates knowledge of the indications and contraindications for common medications that may impact a patient's presentation including: Antibiotics (e.g. Amoxicillan, Clarithromycin, Co-amoxiclav, Levoflaxin, Tazocin) Benzodiazepines (e.g. Diazepam, Lorazepam, Midazolam) Analgesics (e.g. Fentanyl, Morphine, Oxycodone, NSAIDs) Anaesthetics (e.g. Propofol, Ketamine) Antidepressants and anti-anxiety (SSRIs) (e.g. Sertraline, Citalopram, Fluoxetine)		

Antipsychotics (e.g. Risperidone, Clozapine, Olanzapine, Haloperidol) Anticonvulsants (e.g. Phenobarbital, Gabapentin) Vasopressors (e.g. Norepinephrine/Noradrenaline, Epinephrine, Dopamine) Inotropes (e.g. Digoxin) Protein Pump Inhibitors (PPIs) (e.g. Omeprazole, Lanzoprazole, Pantoprazole) Antifungals (e.g. Fluconazole, Nystatin) Steroids (e.g. Dexamethasone) Antiemetics (e.g. Odansetron, Metoclopramide, Domperidone) Antimuscarinics (e.g. Hyoscine Hydrobromide, Atropine, Glycopyrrolate) Other (e.g. Clonodine, Furosemide)		
Delirium		
Demonstrates awareness of factors that can cause or contribute to delirium including Environmental Medication Patient specific physiology and diagnoses		
Aware of delirium assessment tools used in critical care (e.g. CAM-ICU) and interpretation of scoring and how communication disorders can impact scoring.		
Demonstrates knowledge of frequent characteristics and behaviours of patients in delirium and can contribute to differential diagnosis of delirium from cognitive communication disorder, with consideration of similarities, differences, and likely course.		
Considers impact of delirium in Speech and Language Therapy assessment, intervention and recommendations.		
PICS		
Demonstrates knowledge of post intensive care syndrome (PICS), the impact of critical care weakness on communication and swallowing function, and an understanding of the impact of PICS on recovery trajectory.		
Tools for Assessment: Communication		
Integrates clerking information, medical investigations and current status to inform selection and application of appropriate communication assessment including:		

Informal and screener assessments Formal language, cognitive communication and motor speech assessments Functional assessments Self-rating scales Perceptual voice assessments e.g. GRBAS scale Assessments of disorders of consciousness e.g. WHIM, CRS Communication history questionnaire Assessment for AAC provision or onward referral		
Liaises appropriately with MDT and advocates for further specialist input or investigation to inform communication diagnosis and management (e.g. ENT, CT neck) as indicated		
Communication		
Able to develop appropriate management plans incorporating individual patient factors (e.g. sourcing AAC, delivering communication therapy, or onward referral to appropriate services)		
Able to provide appropriate strategies and advice to support MDT, family and friends in communicating with patients with communication disorders		
Able to select and source low-tech and high-tech communication aids with consideration of patient preference, cognition, language and physical function including: Picture charts Alphabet charts Visual charts such as pain scales Whiteboard and pen iPads, phones and apps Additional accessibility aids (e.g. switches, call bells)		
Aware of referral criteria and process for local specialist AAC service		
Able to identify when a patient would benefit from Speech and Language Therapy support for capacity assessments and is able to use appropriate verbal, written and picture aids to support as needed.		
Aware of patient centred local initiatives that support communication (e.g. 'This is me' boards, patient journey diary)		

Critical Thinking and Clinical Reasoning: Communication		
Demonstrates ability to use clerking information to determine appropriateness for Speech and Language Therapy input with consideration of diagnosis, medical acuity and trajectory. This could include, but is not limited to: Neurological status Respiratory status Gastrointestinal function Pain management, fatigue, mood and other factors Wider treatment plan (e.g. upcoming surgeries, interventions, active versus palliative treatment goals, discharge plan) Pre-admission presentation		
Demonstrates ability to integrate clinical presentation and individual patient factors to diagnose communication disorders and make safe and appropriate recommendations and treatment plans		
Demonstrates ability to liaise and negotiate with MDT members with different goals and recommendations to achieve optimal patient centred and safe care as required.		
Working with Others: Communication		
Understands the specific contributions of MDT colleagues within their critical care roles and liaises with colleagues as appropriate to optimise communication		
Able to advise the MDT of the impact of communication disorders on the patient pathway		
Provides opinion to and collaborates with the MDT on both pharmacological and non-pharmacological interventions that may improve communication		
Evidence Based Practice		
Aware of the main points covered in key national and international guidelines and can apply them to patients with Speech and Language Therapy needs as appropriate: GPICS NICE CG83		

SLT EPA 2 Competencies: Assesses and manages swallowing disorders in critical care	Date of self-certification	Date of senior certification
Critical Illness Equipment and Pathophysiology: Swallowing		
Aware of Critical Illness Equipment and Pathophysiology as per EPA 1		
Demonstrates knowledge of gastrointestinal function relevant to Speech and Language Therapy including: § Basic understanding of gastrointestinal tract anatomy § Awareness of frequent gastrointestinal terminology relevant to local critical care setting, including but not limited to: § Ileus § Bowel obstruction § Types of hernias § Gastrointestinal bleeding § Haematemesis § Melaena § High aspirates § Malabsorption § Surgical feeding restrictions that may impact Speech and Language Therapy recommendations (e.g. free fluids) § Able to describe the basic function and key differences between feeding/drainage tubes how these tubes may impact Speech and Language Therapy (e.g. NGT, NJT, JEJ, PEG, RIG, Ryles) § Awareness of parenteral nutrition (PN) and factors to consider in dysphagia management for a patient on PN.		
Intubation: EPA 1		
Medications: EPA 1		
Delirium: EPA1		
PICS: EPA 1		
Tools for Assessment: Swallowing		

Demonstrates knowledge of local swallow screening tools with specific reference to any exclusionary criteria		
Demonstrates knowledge of readiness for Speech and Language Therapy clinical bedside dysphagia assessment and contraindications for assessment including: § Respiratory function § Neurological function § Gastrointestinal function § Secretion management and suctioning requirements § Pre-admission swallow function § Overall medical trajectory and plan (e.g.. active versus palliative management, planned surgeries and interventions)		
Demonstrates ability to integrate investigations and findings into Speech and Language Therapy dysphagia management plans (e.g. CXR, Ba swallow, CT head)		
Refers for or undertakes appropriate instrumental assessments at an appropriate time according to patient's overall presentation		
Liaises appropriately with MDT and advocates for further specialist input or investigation to inform dysphagia diagnosis and management (e.g. ENT, CT neck) as indicated.		
Critical Thinking and Clinical Reasoning: Swallowing		
Demonstrates ability to use clerking information to determine appropriateness for Speech and Language Therapy input for dysphagia with consideration of diagnosis, medical acuity and trajectory. This could include, but is not limited to: § Neurological status § Respiratory status § Gastrointestinal function § Pain management, fatigue, mood and other factors § Wider treatment plan (e.g. upcoming surgeries, interventions, active versus palliative treatment goals, discharge plan) § Pre-admission presentation		
Demonstrates ability to integrate clinical presentation and individual patient factors to diagnose dysphagia and make safe and appropriate recommendations and treatment plans		

Demonstrates ability to liaise and negotiate with MDT members with different goals and recommendations to achieve optimal patient centred and safe care as required.		
Demonstrates ability to form clinical judgements that balance risk (e.g. severity of aspiration, presence of protective factors, medical stability) with quality of life. Decisions are patient centred with consideration of patient preferences and capacity.		
Applies findings from instrumental swallow assessments and other investigations to develop robust Speech and Language Therapy management plans.		
Working With Others: Swallowing		
Understands the specific contributions of MDT colleagues within their critical care roles and liaises with colleagues as appropriate to optimise swallowing function.		
Able to advise the MDT of the impact of dysphagia on the patient pathway.		
Provides opinion to and collaborates with the MDT on both pharmacological and non-pharmacological interventions that may improve swallow function.		
Evidence Based Practice: EPA 1		

SLT EPA 3 Competencies:: Assesses and manages the non-ventilated tracheostomised patient	**Date of self-certification**	**Date of senior certification**
Critical Illness Equipment and Pathophysiology: Tracheostomy		
Refer to Critical Illness Equipment and Pathophysiology EPA 1 and EPA 2		
Aware of location of tracheostomy equipment within local unit (e.g.. spare suction catheters, spare tracheostomy tubes, one way valves, syringes, safety signage and equipment).		
Intubation: Refer to EPA 1		
Medications: Refer to EPA 1		
Delirium: Refer to EPA 1		
PICS: Refer to EPA 1		
Tools for Assessment: Refer to EPA 1 and EPA 2		

Critical Thinking and Clinical Reasoning: Refer to EPA 1 and 2 and Tracheostomy Competency Frameworks		
Tracheostomy		
Clinicians must be either fully competent or undertaking competencies with supervision as per local trust policy and either: a. The Royal College of Speech and Language Therapists Tracheostomy Competency Framework b. Local Speech and Language Therapy tracheostomy competency documents		
Demonstrates a knowledge of the effects of short and long term tracheostomy on communication, swallowing and airway.		
Demonstrates a knowledge of the risk and benefits of tracheostomy manipulation on communication, swallowing and tracheostomy weaning.		
Integrates knowledge of patient's tracheostomy-related presentation with wider clinical presentation including diagnoses, acuity, medical trajectory and wider treatment plan to develop a safe and appropriate tracheostomy weaning plan in collaboration with MDT colleagues.		
Integrates knowledge of communication and swallow assessment and intervention in the critical care setting (obtained in EPA 1 and EPA 2) and can apply this to patients with a tracheostomy to make safe and appropriate recommendations for eating/drinking and communicating.		
Optional if applicable to setting: Demonstrates knowledge of process of Above Cuff Vocalisation (ACV), indications, contraindications and side effects of ACV and local guidelines if applicable		
Working with Others: Tracheostomy		
Aware of key tracheostomy MDT members and their role in tracheostomy management including critical care medical team, nursing staff, physiotherapy and ENT.		
Collaborates with MDT members to develop a tracheostomy weaning plan with consideration of patient's communication, swallow and laryngeal function and is able to advocate for adjustments to optimise weaning based on Speech and Language Therapy findings.		
Provides opinion to and collaborates with the MDT on both pharmacological and non-pharmacological interventions that may improve tracheostomy wean		
Evidence Based Practice: Tracheostomy		
Aware of key national guidance impacting Speech and Language Therapy as per EPA 1.		
Aware of the main points covered in key national and international guidelines that applies to tracheostomy patients including:		

§ FICM/ICS Tracheostomy Guidance § NTSP		
Demonstrates knowledge of local tracheostomy guidelines or policies pertaining to tracheostomies and how to locate on local systems.		
Able to describe how local guidelines impact may impact Speech and Language Therapy management of a tracheostomised patient		

SLT EPA 4 Competencies:: Assesses and manages the ventilated tracheostomised patient		
Critical Illness Equipment and Pathophysiology: Refer to EPA 1, EPA 2 and EPA 3		
Intubation: Refer to EPA 1		
Medications: Refer to EPA 1		
Delirium: Refer to EPA 1		
PICS: Refer to EPA 1		
Tools for Assessment: Refer to EPA 1 and EPA 2		
Critical Thinking and Clinical Reasoning: Refer to EPA 1, EPA 2 and EPA 3		
Tracheostomy: Refer to EPA 3		
Ventilation		
Able to describe the key physiological indicators for mechanical ventilation.		
Able to describe the impact of mechanical ventilation on swallowing and communication in both the short and long term.		
Aware of key terminology used in relation to ventilation including: Pressure support Peak airway pressure (PIP) Inspiratory plateau pressure Mean airway pressure Positive end-expiratory pressure (PEEP) Inspiratory time (Ti)		

Expiratory time (Te) Tidal volume (VT) I:E ratio Expiratory tidal volume (VTE) Inspiratory tidal volume (VTI)		
Aware of the modes of invasive ventilation determined by respiratory function and medical acuity, with reference to locally used terminology (may vary by ventilator brand) including: Continuous mandatory ventilation (CMV) Assist/control ventilation (AC) Synchronized intermittent mandatory ventilation (SIMV) Pressure control (PC) Pressure regulated volume control (PRVC) Pressure support ventilation (PSV) Airway pressure release ventilation (APRV)		
Able to identify necessary information regarding mode type and settings on local ventilators and on local notes system.		
Aware of ventilator weaning protocols used locally (e.g. spinal cord injury weaning protocols), and impact on Speech and Language Therapy assessment and management and MDT weaning plans.		
Able to identify key ventilator parameters that indicate readiness for trial of cuff deflation and Passy Muir Valve (PMV) with specific reference to: Ventilator mode FiO_2 Pressure support Positive end-expiratory pressure (PEEP)		
Aware of need to override ventilator alarms to allow for air leak for PMV trials.		

Able to use ventilator parameters to assess for adequate upper airway with cuff deflation (in addition to other observations and parameters used with all tracheostomy patients and covered in tracheostomy competency documents). Specific reference should be made to: Expiratory tidal volume changes (VTE) Peak airway pressure changes (PIP) Capnography trace		
Able to advise MDT on appropriate management if inadequate upper airway is suspected (e.g visualisation of upper airway, tracheostomy downsize, timing of further cuff down trials).		
Aware of ventilator adjustments that may increase patient comfort with cuff deflation and PMV trials with consideration of FiO_2, PEEP and tidal volume (V_T).		
Refers for or undertakes instrumental swallowing assessments at an appropriate time and is able to integrate of assessments to contribute to robust tracheostomy weaning plans or dysphagia management plans.		
Integrates learning from EPAs 1, 2 and 3 and patient's clinical presentation, diagnoses, acuity and trajectory to provide a robust ventilator and tracheostomy weaning plan in collaboration with MDT colleagues that optimises a patient's communication and swallow function.		
Working with Others: Refer to EPA 1, EPA 2 and EPA 3		
Evidence Based Practice: Refer to EPA 1 and EPA 3		

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Entrustable Professional Activity Completion Template

Fill out and sign off as a record of EPA progress and competency

EPA Number
(*eg Dietetics EPA 1*)**:**

This is to certify that (name):

HCPC number:

Employing organisation:

Has presented evidence that demonstrates that they have reached the required level of supervision (level 4) for this entrustable professional activity

Final signoff must be by one experienced critical care AHP of the relevant profession

Assessor name and employing organisation:

Assessor signature:

HCPC number:

Employing organisation:

Date: