

Using the interprofessional dysphagia framework in undergraduate teaching

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Current RCSLT guidance implies that management of dysphagia by NQTS should be at a basic level, addressing non-complex cases:

'SLT at graduation level will have basic management skills for eating and drinking difficulties but will require supervision and support to develop enhanced specialist knowledge and skills related to certain areas.' (CO3)

To clarify levels of practice the RCSLT published the Interprofessional Dysphagia Framework in 2006. It provides a structure to use when evaluating knowledge and competence in dysphagia practice, and suggests four levels: assistant, foundation, specialist, consultant.

Although there is no firm guidance it is indicated that NQTS should be working at 'foundation level plus a bit' (E Boaden, in presentation at the SW Dysphagia SIG, 2007). Graduates are expected to carry out management of non-complex cases and execute protocol-guided actions.

Once employed, most graduates are expected to undertake a 'post-basic' dysphagia course prior to commencing specialist-level management of dysphagia cases. These have a significant time and resource requirement for SLT departments employing NQTS.

In the South West, the UCP Marjon dysphagia team, in collaboration with local managers, identified a need for a modernised training schema more focused on practical needs, facilitating improved workforce planning; graduates would also benefit, through greater employability and a wider range of professional opportunities.



The Marjon team reformulated the diploma level of the three-year programme to address the requirements of the Specialist level of the Interprofessional Dysphagia Framework.

Content is delivered using an intensive, immersion format; the curriculum addresses the client across the lifespan embracing generic SLT concerns, for example quality-of-life issues, interprofessional working and comprehensive appraisal.

The majority of dysphagia teaching takes place during Year Two. Students acquire the knowledge required at specialist level through lectures, work shops, guided self-study and clinical placement.

The final phase of teaching in Year 3 includes sessions addressing ethical decision-making and end-of-life care.

On placement students must achieve a minimum number of dysphagia-related hours, documented in a reflective log. Developing skills to specialist level was found not to be achievable on the Marjon programme at the time. On a three year course there is considerable pressure to accommodate the full SLT programme and necessary range of clinical experience.

To overcome this potential deficit in training, the Marjon team has used the term Developing Specialists. Graduates are judged to have a specialist level of knowledge, but developing specialist levels of skill. Conversion to a specialist level of practice would be non-compulsory and depend on the graduate achieving relevant employment within a set time.

Qualitative feedback from students has been excellent:

"Absolutely brilliant experience; the presentation was brilliant and tutors exceptionally knowledgeable and enthusiastic."

"Loved the experiential learning integrated with straight lectures and video material of real cases. All out learning could be presented this way, in themes."

Further evaluation of the quality and effectiveness of this approach to dysphagia teaching and ensuring graduates are 'fit for purpose' will be evaluated through further feedback from students, from clinical educators regarding students' competence and from service managers after employment.



Looking ahead

Having established that specialist levels of practice are achievable on a three-year course, the Marjon team plans to allocate more placement hours to dysphagia. Graduates will emerge at specialist level, ready to commence independent practice once employed without requiring a further post-basic course. This is likely to be possible due to a reorganisation of placements and a planned increase in course time, with an additional semester to accommodate further placements.

However, the students will continue to require support and supervision:

"Perhaps the most dangerous assumption in the professions is that being qualified implies one is competent." (Learning In Health and Social Care, 2003, quoted by Boaden 2008).