



Alberta College of
Speech-Language Pathologists
and Audiologists

Speech-Language Pathologist Restricted Activities Competency Profiles

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Speech-Language Pathologist Restricted Activities Competency Profiles

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Speech-Language Pathologist Restricted Activities Competency Profiles

1. Introduction/Background

The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) is a regulatory body that carries out its activities in accordance with provincial legislation to protect and serve the public by regulating, supporting and ensuring competent, safe, ethical practice of speech-language pathologists (SLPs) and audiologists in Alberta. SLPs and audiologists have been regulated under the *Health Professions Act* (HPA) since July 1, 2002. The HPA directs the activities of ACSLPA and outlines the regulatory responsibilities of the College that are required to protect and serve the public, which includes providing authorization for the performance of restricted activities (RAs).

Under Alberta legislation, RAs are those procedures or services that pose significant risk and require a high level of professional competence to be performed safely. RAs may only be performed by persons authorized by their regulatory college to do so. Regulated SLPs and audiologists should only perform those RAs that they are competent to perform and that are appropriate to their area of practice. The RAs for SLPs are described in the *Speech-Language Pathologists and Audiologists Profession Regulation* under the HPA as follows.

Table 1. RAs as outlined in <i>Speech-Language Pathologists and Audiologists Profession Regulation</i>	
Speech-Language Pathology A speech-language pathologist who is a regulated member of ACSLPA is authorized to perform the following restricted activities in relation to or as part of providing a health service:	
RA SLP1	To insert air under pressure into the ear canal.
RA SLP2	To insert or remove instruments or devices beyond the point in the nasal passages where they normally narrow.
RA SLP3	To insert or remove instruments, devices or fingers beyond the pharynx.
RA SLP4	To insert or remove instruments or devices into an artificial opening into the body.
RA SLP5	To administer oral diagnostic imaging contrast agents.

Competencies define “the combined knowledge, skills, attitudes and judgment required to provide professional services.”¹ ACSLPA has identified the development of competency profiles with performance indicators for RAs applicable to SLPs in Alberta as a priority. The process used to develop the Competency Profiles can be found in Appendix A. The Competency Profiles for SLPs can be found in the following sections of this document, while the Competency Profiles for audiologists are found in a separate document.

Please note, RAs are typically performed by SLPs as one component of the assessment and/or intervention procedures of their practice. More information related to the scope of practice of SLPs can be found at: www.acslpa.ca

¹ Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen’s Printer.

1.1 Purpose of the Competency Profiles

The key purpose for the RAs Competency Profiles is to provide a description of the minimum competencies of SLPs required for safe and effective practice. This document has primarily been developed for the regulated members of the profession and for the College itself, but will also be of value to educators, managers, and employers.

1.2 Assumptions/Guiding Principles

The Competency Profiles are based on the assumptions that:

- The RAs are outlined in Alberta legislation and these competencies reflect those RAs that SLPs are authorized to perform.
- The RA procedures are within the scope of practice of SLPs.
- The competency profiles describe the minimum competency requirements for a regulated member to ensure safe and effective practice in high risk activities.
- The competency profiles are intended to withstand the test of time (e.g., not be limited to procedures that only exist now and may be included/developed in the future).
- The document is intended as a complementary professional resource to be used in conjunction with other key professional documents to describe and guide practice (e.g., ACSLPA Standards of Practice).
- The document does not duplicate available resources that already exist related to specific procedures.

1.3 How the Competency Profiles are Organized

Each RA Competency Profile includes the following information:

- A description of the RA in plain language.
- Examples of procedures that involve the RA.
- The role of the SLP in performing the RA.
- The prerequisite knowledge required by the SLP to perform the RA.
- The key competencies or “combined knowledge, skills, attitudes and judgment” required to perform the RA.²
- The performance indicators that outline the actions of the SLP in demonstrating each competency.

² Government of Alberta. (2000). *Health Professions Act*. Edmonton: Alberta Queen’s Printer.

2. SLP Restricted Activities (RAs) Competency Profiles

2.1 RA SLP 1

Please note:

- The SLP RAs Competency Profiles are intended to be applied within the context of the *ACSLPA Standards of Practice* available at: www.acslpa.ca/
- The SLP RAs Competency Profiles are applied within a client-centred approach which considers clients' unique values and needs, explains proposed assessment and intervention procedures, and obtains informed consent.

RA SLP1: To insert air under pressure into the ear canal.
RA Description: A probe-type device is inserted into the ear canal to direct air under pressure to assess the physical characteristics of the ear such as ear canal volume, tympanic membrane compliance, and middle ear pressure.
Example of procedures involving the RA include: <ul style="list-style-type: none"> • Screening tympanometry
Role of the SLP includes screening to determine if the tympanic membrane compliance is within normal parameters in conjunction with hearing screening. N.B. If any or all components of the procedure are assigned to support personnel, the supervising regulated member must adhere to the supervision requirements outlined in ACSLPA documents. ³
Prerequisite knowledge to perform the RA includes: <ul style="list-style-type: none"> • Normal anatomy and physiology of the outer and middle ear. • Appropriate levels of personal protective equipment (PPE), infection prevention and control techniques (IPC) related to the procedure.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
1. Assess the client's ⁴ candidacy for the procedure.	1.1 Recognize indications and contraindications for the procedure. 1.2 Demonstrate proficiency in client selection and candidacy for the procedure. 1.3 Confer with other health care professionals e.g., audiologists, physicians as required.
2. Prepare the client for the procedure.	2.1 Explain the procedure including the risks and benefits in a manner that allows the client, family or substitute decision maker to provide informed consent.

³ ACSLPA Standards of Practice Standard 4.4 (2015)

⁴ **Client** refers to "a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient".

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
	2.2 Apply appropriate positioning for the comfort of the client, optimal visualization, and effectiveness of the procedure.
3. Conduct the procedure.	3.1 Apply the techniques related to the procedure i.e. application of the probe-type device for middle ear screening while minimizing client discomfort. 3.2 Follow established protocols for the procedure. 3.3 Assess the effectiveness of the procedure and make adjustments as required. 3.4 Monitor the client’s tolerance, discontinuing the procedure as indicated.
4. Use the equipment effectively.	4.1 Ensure all equipment, instruments, and/or devices are assembled according to manufacturers’ and IPC standards. 4.2 Calibrate the equipment, instruments, and/or devices to required standards. 4.3 Demonstrate skill in the appropriate use of equipment, instruments, and/or devices.
5. State the findings.	5.1 State the results of the procedure accurately (i.e. pass or fail). 5.2 Determine the need for referral/follow-up with the appropriate health care provider (e.g., audiologist) as required.
6. Apply risk management, appropriate precautions, and infection control measures as required.	6.1 Demonstrate understanding of the risks and complications associated with the procedure and take appropriate measures to mitigate them. 6.2 Refer the client for treatment and/ or other interventions as a result of any adverse events during the procedure. 6.3 Follow protocols/standards for effective cleaning/sterilization of equipment, instruments, and/or devices. 6.4 Dispose of single-use instruments, devices, and biohazardous materials as per established protocols.
7. Establish plans for the management of client care within the service context.	7.1 Communicate with the client, family or substitute decision maker, and other health care providers regarding appropriate follow-up after the procedure.

Resources:

- College of Audiologists and Speech Language Pathologists of Manitoba. (2014). *Advanced Competency Certification Program*. Winnipeg: Author.
- College of Speech and Hearing Health Professionals of British Columbia. (2013). *Advanced Competency Certification*. Vancouver: Author.

2.2 RA SLP 2

Please note:

- The SLP RAs Competency Profiles are intended to be applied within the context of the ACSLPA Standards of Practice available at: www.acslpa.ca/.
- The SLP RAs Competency Profiles are applied within a client-centred approach which considers clients' unique values and needs, explains proposed assessment and intervention procedures, and obtains informed consent.

RA SLP2: To insert or remove instruments or devices beyond the point in the nasal passages where they normally narrow.
RA Description: An instrument or device is inserted and removed from the client's nose (nares) beyond the point in the nasal passages where they normally narrow to assess, diagnose, and treat voice, resonance, and swallowing disorders.
Examples of procedures involving the RA include: <ul style="list-style-type: none"> • Flexible Endoscopic Evaluation of Swallowing (FEES) • Flexible Endoscopic Evaluation of Voice (FEEV) • Nasolaryngoscopy • Pharyngeal manometry
Role of the SLP includes prevention, assessment, diagnosis, and treatment of voice, resonance and swallowing disorders to optimize communication abilities, nutrition, hydration, respiratory health, and overall well-being.
N.B. If any or all components of the procedure are assigned to support personnel, the supervising regulated member must adhere to the supervision requirements outlined in ACSLPA documents. ⁵
Prerequisite knowledge to perform the RA includes: <ul style="list-style-type: none"> • Normal anatomy and physiology (including developmental and aging characteristics) of the aerodigestive tract for respiration, phonation, airway protection, and swallowing. • Anatomical landmarks of the aerodigestive tract as viewed endoscopically. • Altered anatomy and/or physiology (as it relates to the underlying pathophysiology) in the context of respiration, phonation, airway protection, and swallowing. • Postural changes, compensatory strategies, maneuvers, and treatment to optimize voice, resonance, and swallowing function (includes when to apply). • Appropriate levels of personal protective equipment (PPE), infection prevention and control techniques (IPC) related to the procedure.

Key Competencies The regulated member will:	Performance Indicator The regulated member will:
1. Assess the client's ⁶ candidacy for the procedure.	1.1 Recognize indications and contraindications for the procedure.

⁵ This RA involves elements of assessment, including the interpretation of findings. Support personnel may be involved in certain activities associated with this RA (e.g., set up, clean up) but are not to be involved in the assessment or interpretation of findings components of the RA itself. For more information please consult ACSLPA Standards of Practice Standard 4.4 (2015)

⁶ **Client** refers to "a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient".

Key Competencies The regulated member will:	Performance Indicator The regulated member will:
	1.2 Demonstrate proficiency in client selection and candidacy for the procedure. 1.3 Demonstrate knowledge of the particular client’s medical profile as it pertains to the application of the procedure (e.g., ventilator dependence). 1.4 Confer with other health care providers as required.
2. Prepare the client for the procedure.	2.1 Explain the procedure, including the risks and benefits in a manner that allows the client, family or substitute decision maker to provide informed consent. 2.2 Apply appropriate positioning for the comfort of the client, optimal visualization, and effectiveness of the procedure. 2.3 Understand the indications for the use of topical anesthetics including potential adverse reactions, contraindications, and their application protocol.
3. Conduct the procedure.	3.1 Apply the techniques related to the procedure, inserting the instrument or device transnasally to enable the desired view while minimizing client discomfort. 3.2 Follow established protocols for the procedure. 3.3 Instruct the client through comprehensive evaluation including implementation of appropriate bolus/viscosity presentation, postural changes, compensatory strategies, maneuvers, and treatment techniques where applicable with minimal client discomfort or complications. 3.4 Assess the effectiveness of the procedure and make adjustments as required. 3.5 Monitor the client’s tolerance, discontinuing the procedure as indicated.
4. Use the equipment effectively.	4.1 Ensure all equipment, instruments, and/or devices are assembled according to manufacturers’ and IPC standards. 4.2 Calibrate the equipment, instruments, and/or devices to required standards. 4.3 Demonstrate skill with transnasal insertion and manipulation of equipment, instruments, and/or devices.

Key Competencies The regulated member will:	Performance Indicator The regulated member will:
5. Interpret the findings.	5.1 Interpret the findings from the procedure accurately. 5.2 Describe the clinical significance of the pertinent anatomical and physiological findings 5.3 Describe the effects of postural changes, compensatory strategies, maneuvers, and treatment techniques on airway protection, and swallowing. 5.4 Determine the need for referral/follow-up with the appropriate health care provider as required.
6. Apply risk management, appropriate precautions, and infection control measures as required.	6.1 Demonstrate understanding of the risks and complications associated with the procedure and take appropriate measures to mitigate them. 6.2 Refer the client for appropriate treatment and/or other interventions as a result of any adverse events occurring during the procedure. 6.3 Follow protocols/standards for effective cleaning/sterilization of equipment, instruments, and/or devices. 6.4 Dispose of single-use instruments, devices, and biohazardous materials as per established protocols.
7. Establish plans for the management of client care within the service context.	7.1 Communicate with the client, family or substitute decision maker, and other health care providers regarding appropriate follow-up after the procedure.
Resources: <ul style="list-style-type: none"> • American Speech-Language-Hearing Association. (2002). Knowledge and Skills for SLPs Performing Endoscopic Assessment of Swallowing Functions. Rockville: Author. • College of Audiologists and Speech Language Pathologists of Manitoba. (2013). <i>Advanced Competency Certification Program</i>. Winnipeg: Author. • Farrow, D., Lewkonia, K., & Lindland, K. (2015). <i>Guideline for Fiberoptic Endoscopic Evaluation of Swallowing (FEES) Studies</i>. Adult Speech-Language Pathology, Calgary Zone, Alberta Health Services. • Royal College of Speech Language Therapists. (2007). <i>Fiberoptic Endoscopic Evaluation of Swallowing (FEES): The Role of Speech and Language Therapy</i>. RCSLT Policy Statement. London: Author. • Royal College of Speech Language Therapists. (2008). <i>Speech and Language Therapy and Nasendoscopy for Patients with Velopharyngeal Dysfunction</i>. London: Author. • Royal College of Speech Language Therapists. (2008). <i>Speech and Language Therapy: Endoscopy for Voice Disordered Patients. Position Paper</i>. London: Author. 	

Key Competencies The regulated member will:	Performance Indicator The regulated member will:
<ul style="list-style-type: none"> • Royal College of Speech Language Therapists. (2014). <i>Dysphagia Training and Competency Framework: Recommendations for Knowledge, Skills and Competency Development Across the Speech and Language Therapy Profession</i>. London: Author. • Speech Pathology Australia. (2007). <i>Fibreoptic Endoscopic Evaluation of Swallowing (FEES): An Advanced Practice for Speech Pathologists Position Paper</i>. Melbourne: Author. 	

2.3 RA SLP 3

Please note:

- The SLP RAs Competency Profiles are intended to be applied within the context of the ACSLPA Standards of Practice available at: www.acslpa.ca/
- The SLP RAs Competency Profiles are applied within a client-centred approach which considers clients' unique values and needs, explains proposed assessment and intervention procedures, and obtains informed consent.

RA SLP3: To insert or remove instruments, devices or fingers beyond the pharynx.	
RA Description: An instrument or device is inserted and removed beyond the pharynx to assess, diagnose, and treat voice and swallowing disorders.	
Examples of procedures involving the RA: <ul style="list-style-type: none"> • Sizing of tracheo-esophageal puncture (TEP) • Maintenance and dilation of TEP • Insertion, removal, fitting, cleaning, and maintenance of TE voice prostheses • Tracheal suctioning via stoma or tracheostomy tube • Endoscopy of the trachea • Pharyngeal manometry 	
Role of the SLP includes prevention, assessment, diagnosis, and treatment of voice and swallowing disorders to optimize communication abilities, nutrition, hydration, respiratory health, and overall well-being.	
N.B. If any or all components of the procedure are assigned to support personnel, the supervising regulated member must adhere to the supervision requirements outlined in ACSLPA documents. ⁷	
Prerequisite knowledge to perform the RA includes: <ul style="list-style-type: none"> • Normal anatomy and physiology (including developmental and aging characteristics) of the aerodigestive tract for respiration, phonation, airway protection, and swallowing. • Altered anatomy and/or physiology (as it relates to the underlying pathophysiology), including the effects of head and neck surgery, radiation therapy, and chemotherapy, in the context of respiration, phonation, airway protection, and swallowing. • Post-laryngectomy anatomy and physiology in relation to respiration, swallowing, and production of tracheoesophageal sound and articulating alaryngeal speech. • Understanding of tracheostomized clients with or without ventilator dependency in relation to respiration, phonation, airway protection, and swallowing. • Postural changes, compensatory strategies, maneuvers, and treatment techniques to optimize voice, and swallowing function (includes when to apply). • Appropriate levels of personal protective equipment (PPE) and infection prevention and control techniques (IPC) related to the procedure. 	
Key Competencies The regulated member will:	Performance Indicators The regulated member will:

⁷ This RA involves elements of assessment, including the interpretation of findings. Support personnel may be involved in certain activities associated with this RA (e.g., set up, clean up) but are not to be involved in the assessment or interpretation of findings components of the RA itself. For more information please consult ACSLPA Standards of Practice Standard 4.4 (2015)

<p>1. Assess the client's⁸ candidacy for the procedure.</p>	<p>1.1 Recognize indications and contraindications for the procedure. 1.2 Demonstrate proficiency in client selection and candidacy for the procedure. 1.3 Demonstrate knowledge of the particular client's medical profile as it pertains to the application of the procedure (e.g., ventilator dependence). 1.4 Confer with other health care providers as required.</p>
<p>2. Prepare the client for the procedure.</p>	<p>2.1 Explain the procedure including the risks and benefits in a manner that allows the client, family or substitute decision maker to provide informed consent. 2.2 Apply appropriate positioning for the comfort of the client, optimal visualization, and effectiveness of the procedure. 2.3 Understand indications for the use of topical anesthetics including potential adverse reactions, contraindications, and their application protocol.</p>
<p>3. Conduct the procedure</p>	<p>3.1 Demonstrate proficiency in the selection of the appropriate equipment, instruments, and/or devices for the procedure. 3.2 Demonstrate proficiency in preparing the artificial opening (i.e., stoma or fistula) for insertion of the instrument or device. 3.3 Apply the techniques related to the procedure. 3.4 Follow established protocols for the procedure. 3.5 Instruct the client through comprehensive evaluation including implementation of appropriate postural changes, compensatory strategies, maneuvers, and treatment techniques where applicable with minimal client discomfort or complications. 3.6 Assess the effectiveness of the procedure and make adjustments as required. 3.7 Monitor the client's tolerance, discontinuing the procedure as indicated.</p>
<p>4. Use the equipment effectively.</p>	<p>4.1 Ensure all equipment, instruments, and/or devices are assembled according to manufacturers' and IPC standards. 4.2 Calibrate the equipment, instruments, and/or devices to required standards.</p>

⁸ **Client** refers to “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient”.

	4.3 Demonstrate skill in the appropriate use or equipment, instruments, and/or devices.
5. Interpret the findings.	5.1 Interpret the findings from the procedure accurately. 5.2 Determine the need for referral/follow-up with the appropriate health care provider as required.
6. Apply risk management, appropriate precautions, and infection control measures as required.	6.1 Demonstrate understanding of the risks and complications associated with the procedure and take appropriate measures to mitigate them. 6.2 Refer the client for appropriate treatment and/or other interventions as a result of any adverse events occurring during the procedure. 6.3 Follow protocols/standards for effective cleaning/sterilization of equipment, instruments, and/or devices. 6.4 Dispose of single-use instruments, devices, and biohazardous materials as per established protocols.
7. Establish plans for the management of client care within the service context.	7.1 Communicate with the client, family or substitute decision maker, and other health care providers regarding appropriate follow-up after the procedure.
<p>Resources:</p> <ul style="list-style-type: none"> • College of Audiologists and Speech Language Pathologists of Manitoba. (2013). <i>Advanced Competency Certification Program</i>. Winnipeg: Author. • College of Speech and Hearing Health Professionals of British Columbia. (2014). <i>Advanced Competency Certification</i>. Vancouver: Author. • Royal College of Speech Language Therapists. (2008). <i>Speech and Language Therapy: Endoscopy for Voice Disordered Patients. Position Paper</i>. London: Author. • Royal College of Speech Language Therapists. (2010). <i>Prosthetic Surgical Voice Restoration (SVR) Speech and Language Therapists Recommended Knowledge and Skills</i>. London: Author. • Speech Pathology Australia. (2013). <i>Laryngectomy</i>. Melbourne: Author. • Speech Pathology Australia. (2013). <i>Tracheostomy Management</i>. Melbourne: Author. 	

2.4 RA SLP 4

Please note:

- The SLP RAs Competency Profiles are intended to be applied within the context of the ACSLPA Standards of Practice available at: www.acslpa.ca/
- The SLP RAs Competency Profiles are applied within a client-centred approach which considers clients' unique values and needs, explains proposed assessment and intervention procedures, and obtains informed consent.

RA SLP4: To insert or remove instruments or devices into an artificial opening into the body.
RA Description: An instrument or device is inserted and removed from an artificial opening in the body to assess, diagnose, and treat voice and swallowing disorders.
Examples of procedures involving the RA include: <ul style="list-style-type: none">• Sizing of tracheoesophageal puncture (TEP)• Maintenance and dilation of TEP• Insertion, removal, fitting, cleaning, and maintenance of tracheoesophageal voice prostheses• Tracheal suctioning via stoma or tracheostomy tube• Endoscopy of the trachea
Role of the SLP includes prevention, assessment, diagnosis, and treatment of voice and swallowing disorders to optimize communication abilities, nutrition, hydration, respiratory health, and overall well-being. N.B. If any components of the procedure are assigned to support personnel, the supervising regulated member must adhere to the supervision requirements outlined in ACSLPA documents. ⁹
Prerequisite knowledge to perform the RA includes: <ul style="list-style-type: none">• Normal anatomy and physiology (including developmental and aging characteristics) of the aerodigestive tract for respiration, phonation, airway protection, and swallowing.• Altered anatomy and/or physiology (as it relates to the underlying pathophysiology), including the effects of head and neck surgery, radiation therapy, and chemotherapy, in the context of respiration, phonation, airway protection, and swallowing.• Post-laryngectomy anatomy and physiology in relation to respiration, swallowing, and production of tracheoesophageal sound and articulating alaryngeal speech.• Understanding of tracheostomized clients with or without ventilator dependency in relation to respiration, phonation, airway protection, and swallowing.• Postural changes, compensatory strategies, maneuvers, and treatment techniques (including when to apply) to optimize voice, and swallowing function.• Appropriate levels of personal protective equipment (PPE) and infection prevention and control techniques (IPC) related to the procedure.

⁹ This RA involves elements of assessment, including the interpretation of findings. Support personnel may be involved in certain activities associated with this RA (e.g., set up, clean up) but are not to be involved in the assessment or interpretation of findings components of the RA itself. For more information please consult ACSLPA Standards of Practice Standard 4.4 (2015)

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
1. Assess the client's ¹⁰ candidacy for the procedure.	1.1 Recognize indications and contraindications for the procedure. 1.2 Demonstrate proficiency in client selection and candidacy for the procedure. 1.3 Demonstrate knowledge of the particular client's medical profile as it pertains to the application of the procedure (e.g., ventilator dependence). 1.4 Confer with other health care providers as required.
2. Prepare the client for the procedure.	2.1 Explain the procedure including the risks and benefits in a manner that allows the client, family or substitute decision maker to provide informed consent. 2.2 Apply appropriate positioning for the comfort of the client, optimal visualization, and effectiveness of the procedure. 2.3 Understand the indications for the use of topical anesthetics including potential adverse reactions, contraindications, and their application protocol.
3. Conduct the procedure.	3.1 Demonstrate proficiency in selection of the appropriate equipment, instruments, and/or devices for the procedure. 3.2 Demonstrate proficiency in preparing the artificial opening (i.e., stoma or fistula) for insertion of the instrument or device. 3.3 Apply the techniques related to the procedure. 3.4 Follow established protocols for the procedure. 3.5 Instruct the client through comprehensive evaluation including implementation of appropriate postural changes, compensatory strategies, maneuvers, and treatment techniques where applicable with minimal client discomfort or complications. 3.6 Assess the effectiveness of the procedure and make adjustments as required. 3.7 Monitor the client's tolerance, discontinuing the procedure as indicated.
4. Use the equipment effectively.	4.1 Ensure all equipment, instruments, and/or devices are assembled according to manufacturers' and IPC standards.

¹⁰ **Client** refers to “a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient”.

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
	4.2 Calibrate the equipment, instruments, and/or devices to required standards. 4.3 Demonstrate skill in the appropriate use of equipment, instruments, and/or devices.
5. Interpret the findings.	5.1 Interpret the findings from the procedure accurately. 5.2 Determine the need for referral/follow-up with the appropriate health care provider as required.
6. Apply risk management, appropriate precautions, and infection control measures as required.	6.1 Demonstrate understanding of the risks and complications associated with the procedure and take appropriate measures to mitigate them. 6.2 Refer the client for appropriate treatment and/or interventions as a result of any adverse events occurring during the procedure. 6.3 Follow protocols/standards for effective cleaning/sterilization of equipment, instruments and/or devices. 6.4 Dispose of single-use instruments, devices, and biohazardous materials as per established protocols.
7. Establish plans for client management throughout the continuum of care within the service context.	7.1 Communicate with the client, family or substitute decision maker, and other health care providers regarding appropriate follow-up after the procedure.
Resources: <ul style="list-style-type: none"> • College of Audiologists and Speech Language Pathologists of Manitoba. (2013). <i>Advanced Competency Certification Program</i>. Winnipeg: Author. • College of Speech and Hearing Health Professionals of British Columbia. (2014). <i>Advanced Competency Certification</i>. Vancouver: Author. • Royal College of Speech Language Therapists. (2010). <i>Prosthetic Surgical Voice Restoration (SVR) Speech and Language Therapists Recommended Knowledge and Skills</i>. London: Author. • Speech Pathology Australia. (2013). <i>Laryngectomy</i>. Melbourne: Author. • Speech Pathology Australia. (2013). <i>Tracheostomy Management</i>. Melbourne: Author. 	

2.5 RA SLP 5

Please note:

- The SLP RAs Competency Profiles are intended to be applied within the context of the ACSLPA Standards of Practice available at: www.acslpa.ca/
- The SLP RAs Competency Profiles are applied within a client-centred approach which considers clients' unique values and needs, explains proposed assessment and intervention procedures, and obtains informed consent.

RA SLP5: To administer oral diagnostic imaging contrast agents.
RA Description: Oral imaging contrast agents are administered to assess, diagnose, and treat speech resonance and swallowing disorders.
Example of procedure involving the RA includes: <ul style="list-style-type: none"> • Videofluoroscopic Swallowing Study (VFSS) • Velopharyngograms (VPI)
Role of the SLP includes prevention, assessment, diagnosis, and treatment of speech resonance and swallowing disorders to optimize communication, respiratory health, and overall well-being. N.B. If any or all components of the procedure are assigned to support personnel, the supervising regulated member must adhere to the supervision requirements outlined in ACSLPA documents. ¹¹
Prerequisite knowledge to perform the RA includes: <ul style="list-style-type: none"> • Normal anatomy and physiology (including developmental and aging characteristics) of the aerodigestive tract for respiration, phonation, airway protection, and swallowing. • Anatomical landmarks of the aerodigestive tract as viewed fluoroscopically. • Altered anatomy and/or physiology (as it relates to the underlying pathophysiology) in the context of respiration, phonation, airway protection, and swallowing. • Postural changes, compensatory strategies, maneuvers, and treatment techniques to optimize swallowing function (includes when to apply). • Surgical interventions suggested for velopharyngeal dysfunction. • Appropriate levels of personal protective equipment (PPE) and infection prevention and control techniques (IPC) related to the procedure. • Understanding of fluoroscopic imaging and recording equipment to ensure the study is recorded with adequate resolution, frame rate, and optimal visualization. • Principles of radiation safety for the client and SLP during VFSS. • Understanding of the collaborative roles of those health care providers participating in VFSS (e.g., radiologist, radiology technician, therapist assistant, occupational therapist).

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
1. Assess the client's ¹² candidacy for the procedure.	1.1 Recognize the indications and contraindications for the procedure.

¹¹ This RA involves elements of assessment, including the interpretation of findings. Support personnel may be involved in certain activities associated with this RA (e.g., feeding, set up, clean up) but are not to be involved in directing the assessment or interpretation of findings components of the RA itself. For more information please consult ACSLPA Standards of Practice Standard 4.4 (2015)

¹² **Client** refers to "a recipient of speech-language pathology or audiology services, and may be an individual, family, group, community or population. An individual client may also be referred to as a patient".

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
	1.2 Demonstrate proficiency in client selection and candidacy for administration of oral imaging contrast agents. 1.3 Confer with other health care providers as required.
2. Prepare the client for the procedure.	2.1 Explain the procedure including the risks and benefits in a manner that allows the client, family or substitute decision maker to provide informed consent. 2.2 Apply appropriate positioning for the comfort of the client, optimal visualization, and effectiveness of the procedure.
3. Conduct the procedure.	3.1 For VFSS, select appropriate food/fluid trials according to the client's clinical presentation and the goals of assessment. 3.2 For VFSS, prepare standard bolus types/viscosities using the contrast agent according to site specific protocols. 3.3 Follow established protocols for the procedure. 3.4 For VFSS, instruct the client through a comprehensive evaluation including implementation of appropriate bolus/viscosity presentation, postural changes, compensatory strategies, maneuvers, and treatment techniques where applicable with minimal client discomfort or complications. 3.5 For velopharyngograms, instruct the client through a comprehensive evaluation of resonance with speech tasks with minimal client discomfort or complications. 3.6 Assess the effectiveness of the procedure and make adjustments as required. 3.7 Monitor the client's tolerance discontinuing the procedure as indicated.
4. Use the equipment effectively.	4.1 Work with the medical radiation technologists and/or radiologists to ensure adequate information is gained from the procedure in line with the principle of ALARA (as low as reasonably achievable).
5. Interpret the findings.	5.1 Interpret the findings from the procedure accurately. 5.2 Describe the clinical significance of the pertinent anatomical and physiological findings 5.3 Describe the effects of postural changes, compensatory strategies, maneuvers, and

Key Competencies The regulated member will:	Performance Indicators The regulated member will:
	<p>treatment techniques on airway protection, and swallowing.</p> <p>5.4 Determine the need for referral/follow-up with the appropriate health care provider as required.</p>
<p>6. Apply risk management, appropriate precautions, and infection control measures as required.</p>	<p>6.1 Comply with radiation safety procedures.</p> <p>6.2 Demonstrate understanding of the risks and complications associated with the procedures and take appropriate measures to mitigate them.</p> <p>6.3 Refer the client for medical treatment as indicated as a result of any adverse events occurring during the procedure.</p> <p>6.4 Follow protocols/standards for effective cleaning/sterilization of equipment, instruments, and/or devices.</p> <p>6.5 Dispose of single-use instruments, devices, and biohazardous materials as per established protocols.</p>
<p>7. Establish plans for the management of client care management within the service context.</p>	<p>7.1 Communicate with the client, family or substitute decision maker, and other health care providers regarding appropriate follow-up after the procedure.</p>
<p>Resources:</p> <ul style="list-style-type: none"> • Alberta Children’s Hospital Calgary Zone, Alberta Health Services. (2015). <i>Guidelines for Pediatric Videofluoroscopic Swallowing Studies (VFSS)</i>. Calgary: Author. • American Speech-Language-Hearing Association. (2004). <i>Knowledge and Skills Needed by SLPs Performing Videofluoroscopic Swallowing Studies</i>. Rockville: Author. • College of Audiologists and Speech Language Pathologists of Manitoba. (2013). <i>Advanced Competency Certification Program</i>. Winnipeg: Author. • College of Speech and Hearing Health Professionals of British Columbia. (2014). <i>Advanced Competency Certification</i>. Vancouver: Author. • Lindland, K. (2015). <i>Guidelines for Modified Barium Swallowing (MBS) Studies</i>. Adult Speech-Language Pathology Calgary Zone, Alberta Health Services. • Royal College of Speech Language Therapists. (2014). <i>Dysphagia Training and Competency Framework: Recommendations for Knowledge, Skills and Competency Development Across the Speech and Language Therapy Profession</i>. London: Author. • Speech Pathology Australia. (2013). <i>Videofluoroscopic Swallow Study</i>. Melbourne: Author. 	

APPENDIX A

How the Competency Profiles Were Developed

The project took 12 months to complete and involved the following five steps.

1. Preparation of a Background Document that included a focused literature review of best practices and current trends in competency profile development and a review of selected comparator organizations.
2. Development of a draft framework for the RAs competency profiles.
3. Preparation and facilitation of a meeting of the RA Advisory Group to review the draft competency profile framework and develop/enhance the document as required based on members' expertise and relevant practice experience.
4. Validation of the draft RAs competency profiles through an electronic survey.
5. Completion of the final draft of the RAs competency profiles.

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