



# The Speech and Language Therapy Pillar:

A supplementary resource of the Allied Health Professionals (AHP) Critical Care Professional Development Framework (CCPDF)

# Professional Endorsements



## The Speech and Language Therapy Pillar:

A supplementary resource of the Allied Health Professionals (AHP) Critical Care Professional Development Framework (CCPDF)

|  |    |
|--|----|
| Introduction                                       | 4  |
| Acknowledgments                                    | 5  |
| Pillar One - Clinical Practice                     |    |
| 1.1 Safe, effective, patient centred care          | 6  |
| Pillar One - Clinical Practice                     |    |
| 1.2 Judgement and decision making                  | 10 |
| Pillar Two - Leadership                            | 12 |
| Pillar Three - Facilitation of Learning            | 13 |
| Pillar Four - Research, evidence and improvement   | 14 |
| Self-assessment grading tool                       | 15 |
| Clinical Practice suggested evidence and resources | 16 |
| Types/examples of evidence                         | 17 |
| Glossary   | 18 |

Publication Date: August 2021

Review Date: August 2024

## Introduction

Welcome to **THE SPEECH AND LANGUAGE THERAPY (SLT) PILLAR** of the Allied Health Professionals (AHP) Critical Care Professional Development Framework (CCPDF). It has been designed as a profession specific document that is a supplementary guide which must be used in conjunction with the full AHP CCPDF document  
[https://www.ics.ac.uk/Society/Guidance/PDFs/AHP\\_Framework](https://www.ics.ac.uk/Society/Guidance/PDFs/AHP_Framework).

You will need to use both the AHP CCPDF and the SLT Pillar to benchmark yourself and to set personal development plans. It is not intended that the SLT pillar should be used in isolation, and it is imperative that these documents are considered side by side. There are similar headings in both to help you do this. The AHP CCPDF gives generic AHP examples of knowledge and skills with relation to professional development for any AHP working in critical care, and the SLT Pillar has sought to provide further SLT specific examples of the unique skill set which can inform learning and professional development in critical care. The information in the AHP CCPDF has not been duplicated in the SLT Pillar unless to identify a specific SLT application. When benchmarking yourself against the AHP CCPDF pillars and levels, it is likely you will use SLT examples as evidence for your current level of practice. Both documents will yield information to feed into personal development plans, and their use will be determined by your local setting, clinical complexity and be overseen by your clinical supervisor.

In addition, RCSLT competency documents for Tracheostomy, Dysphagia, FEES and Videofluoroscopy will also need to be accessed by the critical care SLT when setting personal development plans. The SLT Pillar is intended to add to these by specifying the critical care context, and also reflects some changes in clinical practice since some of the competency documents were written. One example is from the critical care section (Section 5) of the RCSLT Tracheostomy Competency - where "ventilation" is mentioned, more detail on the different modes of ventilation are covered in the SLT Pillar.

The SLT Pillar focuses on 4 key areas, (also called pillars) that are integral to working in critical care:

- Clinical Practice
- Leadership
- Facilitation of learning
- Research, evidence and improvement

This SLT pillar will focus on the specific domains that are fundamental to being a critical care SLT (setting us apart from other AHPs) and highlight the skills and knowledge needed to work and progress as a SLT in critical care.

Within each domain, four levels of knowledge/skill are identified. For ease and consistency, we have used the same 4 levels as the AHP CCPDF:

- Foundation
- Specialist
- Advanced
- Expert

These levels do not equate to specific bands of staff or to expected WTE spent on critical care, as you may have specialist skills in one clinical area, but require foundation level skill development in critical care. Expert level assumes acquisition of all knowledge and skills to an advanced level and where appropriate, additional expertise at the expert level is specified. The AHP CCPDF also gives examples of expert knowledge and skills required for the domains.

The self-assessment process assumes that you will need to provide evidence of the level you feel you are performing at, based upon the expected skill set defined at each level. There is a tool on page 15 to facilitate self assessment. You will need to use this along with the AHP self assessment tool. These tools can inform discussions with your supervisor with development through the domains.

It is our hope that the SLT Pillar is used to support career development, service planning, and help to plan topics for supervision whilst ensuring the SLT remains embedded in a multidisciplinary critical care delivery model. It is our expectation that supervisors should be familiar with this document so that it can be used collaboratively to inform appraisals.

## Acknowledgements

The following SLTs were involved in a series of virtual meetings to write the SLT Pillar, and with access to the Dietetics Pillar and AHP CCPDF.

- Gemma Jones – Clinical Lead Speech and Language Therapist, University Hospital of Wales, Cardiff & Vale University Health Board
- Rachel Jones – Highly Specialist Speech and Language Therapist, Critical Care, Grange University Hospital, Aneurin Bevan University Health Board
- Jackie McRae – Consultant Speech and Language Therapist, University College London Hospitals NHS Foundation Trust and Associate Professor/Director of Research, Centre for Allied Health, Kingston University and St George's University of London.
- Sue McGowan – Principal Speech and Language Therapist, National Hospital for Neurology and Neurosurgery, London
- Helen Newman – Clinical Specialist Speech and Language Therapist - Critical Care, Royal Free London NHS Foundation Trust (RFL); NIHR Clinical Doctoral Research Fellow, RFL & University College London
- Sarah Wallace – Consultant Speech and Language Therapist - Critical Care and Dysphagia; National Tracheostomy Safety Project SLT lead, Wythenshawe Hospital, Manchester University NHS Foundation Trust, Manchester'

# Professional Practice related to critical care Speech and Language Therapy

## Pillar One - Clinical Practice

### 1.1 Safe, effective, patient centred care

| Domain   | Foundation  | Specialist   | Advanced  | Expert   |
|--|---|--|---|--|
| <b>Knowledge of critical illness:</b> (this will vary dependent upon the type of ICU and patient population) |   |  |   |  |
| <b>Critical illness equipment and pathophysiology</b>  | <p>Is familiar with and understands key common equipment in the critical care environment</p> <p>Has a basic knowledge of the impact of common critical care illnesses, interventions and medications on general function, outcomes and patient experience e.g sedation, secretions, fatigue and weakness, sepsis, infections, Ventilator Acquired Pneumonia (VAP)</p> <p>Within a specific ITU setting, has a basic knowledge of the principles of critical illness that affect the physiology of the major organs of the body and their impact on swallowing and communication status (some examples are haemofiltration, ECMO)</p> | <p>Demonstrates a broad understanding of the specific impact of critical care illnesses, interventions and medications which may impact on secretions, swallowing, tracheostomy and speech</p> | <p>Able to analyse and interpret knowledge of critical illness pathophysiology and its impact on swallowing and communication status, and apply to novel or complex cases, whilst utilising up to date knowledge of effects of new critical care treatments on communication and swallowing</p> | <p>Recognised as an expert on swallowing and communication related pathophysiology associated with critical illness</p>  |
| <b>Intubation</b>  | <p>Understand the basic effects of intubation:</p> <ul style="list-style-type: none"> <li>• laryngeal injuries</li> <li>• tongue weakness</li> <li>• post extubation dysphonia</li> <li>• post extubation dysphagia</li> </ul>  | <p>Demonstrates a broad knowledge of intubation and an understanding of the pathology associated with the local population</p>   | <p>Demonstrates an advanced broad evidence based knowledge of the impact on intubation on swallowing, laryngeal functions, voice and airway and options for intervention</p>  | <p>Demonstrates an advanced breadth of evidence-based expert knowledge of the impact on intubation on swallowing, laryngeal functions, voice and airway and options for intervention</p> |

| Domain               | Foundation   | Specialist  | Advanced  | Expert   |
|----------------------|--|---|---|--|
| Ventilation          | Has a basic understanding of the different modes of noninvasive and invasive ventilation including controlled ventilation (pressure or volume) or spontaneous modes such as pressure support e.g CPAP, HFNC, PSV, SIMV, AVAPS, NAVA, according to local practice   | Understands the impact of mechanical ventilation on swallowing and communication<br><br>Has a broad knowledge of the indications and complications of different modes of non-invasive and invasive ventilation  | Demonstrates an advanced broad evidence based knowledge of complex ventilatory weaning processes and practices  | Demonstrates an advanced breadth of evidence-based expert knowledge of assessment and management of ventilated patients in the critically ill              |
| Tracheostomy         | Understands the effect of manipulation of a tracheostomy on communication and swallowing e.g. cuff deflation, Above Cuff Vocalisation (ACV), leak speech, one way valve and other new or evolving techniques   | Demonstrates a broad knowledge of the effects of short term and long-term tracheostomy on communication, swallowing and airway<br><br>Demonstrates a broad knowledge of the risk and benefits of tracheostomy manipulation for communication, swallowing and tracheostomy weaning | Demonstrates an advanced broad evidence based knowledge of the options for tracheostomy tubes selection for patients with complex anatomy or difficult airway<br><br>Demonstrates an advanced broad evidence based knowledge of complex weaning factors affecting communication and swallowing and other decisions associated with long-term tracheostomy | Demonstrates an advanced breadth of evidence-based expert knowledge of assessment and management of all patients with a tracheostomy in the critically ill |
| Tools for assessment | Has a basic understanding of the screening and assessment tools for diagnosis of laryngeal pathology, communication and swallowing:<br><br><ul style="list-style-type: none"> <li>• Swallowing screens</li> <li>• FEES (RCSLT level 1 competent)</li> <li>• FNE</li> <li>• VFS</li> <li>• Respiratory measures eg: Peak flow, vital capacity</li> <li>• CT</li> <li>• CXR</li> </ul> | Demonstrates broad knowledge of the screening and assessment tools and an understanding of the underlying pathologies<br><br>RCSLT Level 2A or 2B<br>FEES competent in critical care  | Demonstrates an advanced evidence based knowledge of these tools and their utility in the context of multiple underlying pathologies and novel complex cases.<br><br>RCSLT Level 3 FEES competent in critical care  | Demonstrates an advanced breadth of evidence-based expert knowledge of these tools and their utility   |

| Domain        | Foundation   | Specialist   | Advanced   | Expert   |
|---------------|--|--|--|--|
| Medications   | Has a basic understanding of the potential effects and benefits of medications on swallowing, cognition and state of mind (e.g. delirium)  | Demonstrates a knowledge of the indications and contraindications of specific medications relating to secretion management, reflux and laryngeal structural dysfunction or abnormalities   | Has an advanced broad evidence based knowledge of the indications and contraindications of specific medications relating to secretion management, reflux and laryngeal structural dysfunction or abnormalities, in new or novel complex cases  | Demonstrates an advanced breadth of evidence-based expert knowledge of specific medications and their impact.  |
| Delirium      | Has a basic knowledge of prevalence and causal factors of delirium in critical care patients and of the impact delirium can have on assessment and management of swallowing and communication  | Has a broad understanding of the theoretical underpinnings of delirium, the environmental and pharmacological modifications which impact on delirium, and MDT tools of assessment  | Able to apply knowledge of delirium to novel or complex cases and advise the MDT on unit approaches to delirium management to optimise patient outcomes  | Able to appraise the evidence base on delirium management, translating expert knowledge into network-wide or national guidelines   |
| PICS          | Has a basic understanding of Post Intensive Care syndrome (PICS) and impact of critical care weakness  | Has a broad knowledge of the impact of PICS on recovery trajectory   | Able to apply knowledge of PICS to novel or complex cases  | Able to appraise the evidence base on PICS, translating expert knowledge into network-wide or national guidelines  |
| Communication | <p>Able to circumvent barriers to effective communication by:</p> <p>i) identifying appropriate alternative methods of communication for patients who are unable to communicate verbally or who have a voice disorder (e.g. due to severe weakness, tracheostomy or ETT)</p> <p>ii) giving appropriate communication support and strategies to patients and staff to facilitate communication with the patient</p> | <p>Able to differentially diagnose delirium from cognitive communication disorder</p> <p>Able to assess, educate and evaluate the use of a wide range of bespoke high and low technology options to facilitate patients' communication ability</p> <p>Able to facilitate communication for capacity assessment and informed decision making for patients</p> | <p>Advocates for the communication needs of patients in critical care at senior management/Trust level</p> <p>Has an advanced knowledge of low and high technology options encompassing a range of different patients groups and complexities</p> <p>Able to advise other SLTs and critical care units regarding the selection and use of technology to aid communication in patients with complex needs</p> | <p>Influence the agenda of Critical Care bodies and highlighting the communication needs of patients in critical care</p> <p>Champions patient engagement for those with communication impairment eg. through patient/carer forums, social media</p> |



| Domain   | Foundation  | Specialist   | Advanced   | Expert  |
|--|---|--|--|---|
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Patient safety, clinical governance and national guidance</p> | <p>Is aware of risks of dysphagia and airway management in the critically ill patient and is able to apply the key principles of the critical care SLT guidelines and protocols</p> <p>Awareness of the use of bedside equipment for tracheostomy emergencies (according to local policy, NTSP)</p> <p>Able to describe signs of upper airway obstruction and awareness of the NTSP tracheostomy emergency algorithm and appropriate response</p> | <p>Able to monitor vital signs during assessment and intervene accordingly</p> <p>Recognises and troubleshoots problems with obstructed or partially obstructed upper airway airflow e.g. capnography trace, utilising the % leak shown by ventilator, failure on PMV trial</p> <p>Contributes to patient-level MDT decisions regarding risks of interventions in relation to communication, swallowing and upper airway</p> | <p>Contributes to unit level MDT decisions regarding risks, pathways and clinical governance in relation to communication, swallowing and upper airway</p> | <p>Leads and champions patient safety guidance in relation to communication, swallowing and upper airway management at a local, regional and national level</p> |

## Pillar One - Clinical Practice

### 1.2 Judgement and decision making

| Domain                                   | Foundation   | Specialist  | Advanced   | Expert   |
|--|--|---|--|--|
| Critical thinking and clinical reasoning | <p>Demonstrates ability to make appropriate clinical decisions re: timing of assessment of a patient on critical care in relation to medical status and interventions</p> <p>Able to identify all relevant clinical information required for a case history in critical care</p> <p>Understands the effects of respiratory support on SLT interventions</p> <p>Can identify where instrumental assessments are indicated or contraindicated to aid diagnosis or management (e.g. Endoscopy, voice or respiratory measures etc) and makes appropriate referrals</p> <p>Able to identify appropriate SLT therapeutic goals, develop and modify a care plan and evaluate SLT intervention in the critically ill, with supervision</p> | <p>Able to synthesise medical and MDT information in order to contribute to differential diagnosis of communication and swallowing impairment</p> <p>Contributes to individualised patient weaning plans and strategies that can include:</p> <ul style="list-style-type: none"> <li>• ACV</li> <li>• secretion management</li> <li>• ventilator manipulation</li> <li>• cuff deflation</li> <li>• one-way valve use</li> <li>• decision to perform tracheostomy</li> <li>• tube type and size including specialist tubes</li> <li>• digital occlusion</li> <li>• decannulation</li> </ul> <p>Forms clinical judgements that balance risk (severity of aspiration, presence of protective factors) and QOL</p> <p>Performs initial ACV assessment and determines safety and programme of intervention</p> <p>Undertakes instrumental assessments at an appropriate time according to patient's overall presentation and applies findings to develop robust management plans for communication, swallowing and weaning</p> | <p>Appraises and applies the evidence base for the assessment and management of communication and swallowing and weaning in the critically ill</p> <p>Demonstrates advanced reasoning and critical thinking of the practice of ACV at a unit level</p> <p>Demonstrates advanced decision making regards instrumental assessment in complex or novel cases</p> <p>Able to independently identify appropriate SLT therapeutic goals, develop and modify a care plan and rehabilitation prescription, and evaluate SLT intervention in complex or novel critically ill patients</p> | <p>Formulates and shares expert opinion on existing and novel tools and techniques to assess and manage swallowing, voice and communication in the critically ill, and appraises their impact</p> <p>Demonstrates visionary thinking in the application of critical care knowledge to the care of patients with SLT needs by influencing within and outside the organisation</p> <p>Explores novel use of instrumental assessment to guide patient centered management plans for communication, swallowing and weaning</p> |

| Domain  | Foundation | Specialist  | Advanced | Expert |
|---|------------|---|----------|--------|
| <b>Critical thinking and clinical reasoning</b> |            | <p>Safely adapting instrumental assessment procedures according to fluctuating patient need e.g. cuff status, use of speaking valve, ACV trial</p> <p>Able to independently identify appropriate SLT therapeutic goals, develop and modify a care plan and rehabilitation prescription, and evaluate SLT intervention in the critically ill</p> |          |        |

## Pillar Two - Leadership

| Domain              | Foundation  | Specialist  | Advanced  | Expert  |
|---------------------|---|---|---|---|
| Working with others | <p>Awareness of the benefits of true MDT working within the critical care setting</p> <p>Understands the specific contribution of MDT colleagues within their critical care roles</p> | <p>Able to work as a fully integrated member of the MDT demonstrating the value of SLT, advocating for the patient and improving clinical outcomes for communication, swallowing and weaning</p> <p>Provides opportunities for other MDT members to shadow SLT in clinical practice</p> <p>Able to advise the MDT of the impact on communication, swallowing and laryngeal complications on the patient pathway</p> <p>Discusses and advises ICU MDT on trache tube selection for optimising communication and swallowing</p> <p>Provides opinion to and collaborates with the MDT on both pharmacological and non-pharmacological interventions that may improve swallowing and communication status</p> | <p>Working with MDT at a Unit level to incorporate the values of SLT and collaborate regarding decisions on approaches to weaning, service and policy development</p> | <p>Proactively engages with and represents the SLT profession at a national level on committees / boards and expert groups (e.g. Intensive Care Society, FICM)</p> <p>Establishes new interdisciplinary networks that foster cross-professional working to improve patient outcomes and experience related to swallowing, weaning and communication' (e.g. links with pharmacy, engineering, radiology, community groups)</p> |

## Pillar Three - Facilitation of learning

| Domain                 | Foundation   | Specialist  | Advanced  | Expert   |
|------------------------|--|---|---|--|
| Learning opportunities | <p>Membership of RCSLT Trache CEN and/ or membership and participation in local / regional SLT and critical care networks</p> <p>Participates in RCSLT professional network forums and study days</p>            | <p>Regularly attends and contributes to meetings, study days or conferences organised by national critical care societies and groups including CENs</p>   | <p>Contributes to national and international critical care study days, conferences and professional networks</p>  | <p>Facilitates and/or chairs sessions at national/ international Critical Care Forums Conferences</p>  |
| Developing others      | <p>Provides training to carers and patients in the basic function and manipulation of tracheostomy tubes</p> <p>Provides training to carers in the use of one-way valves using package devised by senior SLT</p> | <p>Provides training on and oversees critical care and tracheostomy competency development for SLT and the wider MDT on:</p> <ul style="list-style-type: none"> <li>• impact of tracheostomy</li> <li>• ventilation</li> <li>• critical illness</li> <li>• swallowing</li> <li>• communication</li> </ul> | <p>Highly skilled in providing advanced education on communication and swallowing in the critically ill including at a postgraduate level</p> <p>Develops a culture which delivers education to a range of professions with regards to critical illness and the impact it can have on swallowing and communication status and possible management strategies</p> <p>Provides training and education to staff involved in follow up clinics on the swallowing and communication issues that can occur following a critical care stay</p> | <p>Considered an expert nationally and internationally in providing education and driving innovation in the SLT management of patients in critical care.</p> <p>Contributes to local, regional and national competency / career frameworks</p> |

## Pillar Four - Research, evidence and improvement

| Domain  | Foundation  | Specialist   | Advanced   | Expert   |
|---|---|--|--|--|
| Evidence based practice (for audit guidance please refer to the AHP CCPD framework) | <p>Aware of the main points covered in the key national and international guidelines and research including:</p> <ul style="list-style-type: none"> <li>• GPICS</li> <li>• NICE CG83</li> <li>• FICM/ICS Tracheostomy guidance</li> <li>• NTSP</li> <li>• BACCN</li> </ul> <p>Follows local guidelines on communication, swallowing and weaning</p> | <p>Able to describe the principles of the critical care guidelines and key evidence and implements this within SLT practice</p> <p>Appraises the evidence base for tools to assess swallowing and communication in the critically ill</p> <p>Able to benchmark own clinical practice against the evidence based practice guideline</p> <p>Participates in the development of local guidelines on communication, swallowing and weaning</p> | <p>Able to critically appraise the evidence on critical care, tracheostomy and ventilation issues relating to SLT and formulate unit specific SLT guidelines or protocols</p> <p>Leads on developing local guidelines on communication, swallowing and weaning, and participates in working groups sharing evidence, outcomes and research on a regional and national level with other SLT services and healthcare professionals</p> | <p>Demonstrates expert knowledge and skills in SLT in critical care and drives forward regional and national standards and guidelines and innovation</p> <p>Directs and drives the evidence base guiding the profession in innovative practice and patient pathways at a national or international level</p>                           |
| Research  | <p>Carries out data collection to support departmental research projects</p>  | <p>Collaborate in research activity/act as member of research team on project that pertains to SLT and critical care</p> <p>Submitting abstracts/papers to relevant critical care conferences and journals</p> <p>Presents own work at networks e.g. Trache CEN</p>  | <p>Generating and leading investigations in critical care projects and collaborating in these with other ITU professionals</p> <p>Peer reviewing SLT related critical care journal submissions</p> <p>Working towards a masters degree with a critical care dissertation project</p>   | <p>Supervising and mentoring others to foster a research culture within the SLT critical care networks</p> <p>Working towards a PhD where appropriate</p> <p>Engaging in large scale critical care research projects</p> <p>Building a research and publication portfolio within critical care which may include an editorial role</p> |

## The Speech and Language Therapy Pillar: self assessment grading tool

This self assessment grading tool has been provided to allow individuals to mark the grid with a simple “x” for each pillar and subsection when undertaking an appraisal.

Name of Professional: ..... Date of Assessment: .....

|   | Foundation | Specialist | Advanced | Expert |
|---|------------|------------|----------|--------|
| <b>Clinical Practice</b>  |            |            |          |        |
| Safe, effective, patient centred care:<br>Knowledge of critical care and critical illness |            |            |          |        |
| Critical illness equipment and pathophysiology  |            |            |          |        |
| Intubation  |            |            |          |        |
| Ventilation   |            |            |          |        |
| Tracheostomy  |            |            |          |        |
| Tools for assessment  |            |            |          |        |
| Medications   |            |            |          |        |
| Delirium  |            |            |          |        |
| PICS  |            |            |          |        |
| Communication   |            |            |          |        |
| Judgement and decision making   |            |            |          |        |
| Critical thinking and clinical reasoning  |            |            |          |        |
| <b>Leadership</b>   |            |            |          |        |
| Teamwork and team development   |            |            |          |        |
| Working with others   |            |            |          |        |
| <b>Facilitation of learning</b>   |            |            |          |        |
| Learning and developing   |            |            |          |        |
| Learning opportunities  |            |            |          |        |
| Developing others   |            |            |          |        |
| <b>Research, evidence and improvement</b>   |            |            |          |        |
| Evidence into practice  |            |            |          |        |
| Evidence based practice (for audit guidance please refer to the AHP CCPD framework)       |            |            |          |        |
| Research  |            |            |          |        |

## Clinical Practice suggested evidence and resources

RCSLT Critical Care webpages:

<https://www.rcslt.org/members/clinical-guidance/critical-care/critical-care-guidance/>

RCSLT Tracheostomy Clinical Excellence Network:

<https://www.rcslt.org/members/get-involved/clinical-excellence-networks/>

ICS and FICM Guidance on Tracheostomy Care 2020 :

[https://www.ics.ac.uk/Society/Guidance/PDFs/Tracheostomy\\_care\\_guidance](https://www.ics.ac.uk/Society/Guidance/PDFs/Tracheostomy_care_guidance)

RCSLT FEES paper 2020

<https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-guidance/fees>

<http://www.tracheostomy.org.uk/healthcare-staff/vocalisation>

<http://www.tracheostomy.org.uk/healthcare-staff/vocalisation/losing-voice>

[http://www.tracheostomy.org.uk/storage/files/Multidisciplinary%20COVID\\_19%20tracheostomy%20guidance%2030\\_4\\_20.pdf](http://www.tracheostomy.org.uk/storage/files/Multidisciplinary%20COVID_19%20tracheostomy%20guidance%2030_4_20.pdf)

National Tracheostomy Safety Project - Benefits of FEES

<https://www.youtube.com/watch?v=uSDm1CH3N2c>

National tracheostomy Safety Project - speaking valve trials

<https://www.youtube.com/watch?v=hwIZnJHVUgA>

Enderby P, John A. Therapy outcome measures for rehabilitation professionals, Third Edition. Guildford: J&R Press Ltd, 2015

Enderby P, John A. Therapy Outcome Measure User Guide. Croydon: J&R Press Ltd, 2019

RCSLT Data tool: <https://www.rcslt.org/wp-content/uploads/media/Project/critical-care-tracheostomy-data-comparison-tool.pdf>

RCSLT Eating, Drinking & Swallowing framework (EDSCF):

[https://www.rcslt.org/wp-content/uploads/media/docs/EDSCF\\_UPDATED\\_FINAL.pdf](https://www.rcslt.org/wp-content/uploads/media/docs/EDSCF_UPDATED_FINAL.pdf)

<https://onlinelibrary.wiley.com/doi/full/10.1111/anae.15092>



## Types/examples of evidence

- Journal club reflection / evidence of critical appraisal
- Morbidity and mortality reviews, witness statements
- Annual appraisal with objectives and personal development plan (PDP) set and ultimately PDP and objectives completed in line with SLT pillar
- Evidence of teaching / training sessions delivered with completed evaluation feedback forms
- Evidence of developing educational programmes for critical care teams
- Contribution to critical care strategies and initiatives
- Evidence of reviewing local / national / international guidelines in relation to local practice, quality improvement and service evaluation
- Evidence of contributing or leading on the writing of guidelines locally or nationally or internationally
- Audit reports such as reviewing national and international guidelines standards versus own practice
- Evidence of contributing to or leading regional or national critical care working groups, committees or organisations
- Study day / conferences attendance / evidence of CPD and course certificates / reflective reports
- Completion of higher education courses, course certificates
- Research project involvement / proposals
- Poster and / or journal publications of own work
- Evidence of coaching and mentoring staff
- Membership of specialist interest group / professional society

## Glossary

ACV - Above Cuff Vocalisation  
AHP - Allied Health Professional  
AVAPS - Average Volume-Assured Pressure Support  
BACCN - British Association of Critical Care Nurses  
CEN - Clinical Excellence Network  
CMV - Controlled Mode Ventilation  
CPD - Continuous Professional Development  
CPAP - Continuous Positive Airway Pressure  
CT - Computerized Tomography  
CXR - Chest XRay  
ECMO - Extracorporeal Membrane Oxygenation  
ETT - EndoTracheal Tube  
FEES - Fibreoptic Endoscopic Evaluation of Swallowing  
FICM - Faculty for Intensive Care Medicine  
FNE - Fibreoptic Nasendoscopy  
GPICS - Guidelines for the Provision of Intensive Care Services  
HFNC - High Flow Nasal Cannula  
ICU/ITU - Intensive Care unit/Intensive Treatment Unit  
MDT - Multidisciplinary Team  
NAVA - Neurally Adjusted Ventilatory Assist  
NICE - National Institute for Clinical Effectiveness  
NTSP - National Tracheostomy Safety Project  
OWV - One way valve  
PICS - Post Intensive Care Syndrome  
PMV - Passy Muir Valve  
PSV - Pressure Support Ventilation  
QOL - Quality of Life  
RCSLT - Royal College of Speech and Language Therapy  
SIMV - Synchronised Intermittent Mandatory Ventilation  
SLT - Speech and Language Therapist  
VFS - Videofluoroscopy  
WTE - Whole Time Equivalent





**Intensive Care Society** | Churchill House | 35 Red Lion Square | London | WC1R 4SG  
T: +44 (0)20 7280 4350 E: [info@ics.ac.uk](mailto:info@ics.ac.uk) W: [www.ics.ac.uk](http://www.ics.ac.uk)

Registered as a Company limited by Guarantee  
Registered No: 2940178 (England) Registered Office as above  
Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052  
©Intensive Care Society