



**Australian Government**

**Department of Education, Employment and Workplace Relations**

# **HLTAH411B Provide support in dysphagia management**

**Release: 1**

## **HLTAH411B Provide support in dysphagia management**

### **Modification History**

Not Applicable

### **Unit Descriptor**

#### **Descriptor**

This unit of competency describes the skills and knowledge required to assist a speech pathologist to support clients participating in therapy programs to improve swallowing and/or to maintain independence in the management of dysphagia

### **Application of the Unit**

#### **Application**

Work performed requires a range of well developed skills where some discretion and judgment is required and individuals will take responsibility for their own outputs

Allied Health Assistants operate within the scope of their defined roles and responsibilities and under supervision of an Allied Health Professional

For training and assessment pathways, experience in workplace application of the skills and knowledge identified in this competency unit should be provided as required to support allied health professions

### **Licensing/Regulatory Information**

Not Applicable

## Pre-Requisites

### Pre-requisite units

This unit must be assessed after successful achievement of pre-requisite units:

- HLTAH301B Assist with an allied health program
- HLTAH410B Support the development of speech and communication skills

## Employability Skills Information

### Employability Skills

This unit contains Employability Skills

## Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in *italics* are elaborated in the Range Statement.

## Elements and Performance Criteria

### ELEMENT

1. Prepare for support of treatment and monitoring programs to promote safe swallowing and eating

### PERFORMANCE CRITERIA

- 1.1 Obtain *information* about requirements from the speech pathologist
- 1.2 Determine need for interpreter where the client has English as a second language
- 1.3 Confer with speech pathologist about any ambiguities or requirements outside scope of role and responsibilities as defined by the organisation

**ELEMENT**

2. Deliver therapeutic program under *supervision* of speech pathologist

**PERFORMANCE CRITERIA**

- 2.1 Obtain informed consent from the individual *client*, or a third party where the individual is not in a position to provide this consent independently, before commencing the *program*
- 2.2 Confirm client/carer's understanding of requirements of the therapeutic program
- 2.3 Provide mealtime assistance to client, under instruction of speech pathologist, including the reinforcement of positioning and strategies to support safe swallowing and maximum level of independence of eating and drinking
- 2.4 Prepare texture modified foods and fluids, as determined by speech pathologist, for assessment purposes and for mealtimes for purposes of checking correctness of modified foods and fluids
- 2.5 Provide the client with relevant *information and advice*, as instructed by the speech pathologist, at a level and pace appropriate to the client's level of understanding, culture and background, preferred way of communication and need
- 2.6 Refer questions outside scope of role and responsibilities as defined by the organisation to speech pathologist and/or relevant member of *care team*
- 2.7 Provide client with sufficient time, opportunity and encouragement to practise existing and newly developed skills
- 2.8 Provide set up and support of the client during videofluoroscopy assessment of swallowing, performed by speech pathologist
- 2.9 Carry out supplementary treatment programs (e.g. oro-motor exercises), as instructed by the speech pathologist
- 2.10 Identify adverse reactions/events associated with dysphagia and respond according to the detailed risk management framework

**ELEMENT****PERFORMANCE CRITERIA**

- |   |   |
|---|---|
| 3. Monitor client's management of dysphagia in consultation with speech pathologist and care team | <p>3.1 Work with the speech pathologist, care team and the individual to identify and record areas of positive progress and success and specific difficulties arising</p> <p>3.2 Reinforce constructive feedback and advice provided by the care team about the client's approach and ability to manage their dysphagia</p> <p>3.3 <i>Support</i> and encourage client to maintain and enhance their efforts to manage dysphagia</p> <p>3.4 Reinforce the benefits of continuing to practice and develop skills and knowledge for dysphagia management</p> <p>3.5 Identify adverse reactions/events associated with dysphagia and respond according to the detailed risk management framework</p> <p>3.6 Refer to speech pathologist when additional input from health professional is required</p> |
| 4. Document client information  | <p>4.1 Use accepted protocols to document information relating to the treatment program in line with organisation requirements</p> <p>4.2 Provide accurate and prompt feedback to the speech pathologist and client's care team to support future planning</p> <p>4.3 Use appropriate terminology to document symptomatic expression of identified problems related to the therapeutic exercise program</p>   |

**Required Skills and Knowledge****REQUIRED SKILLS AND KNOWLEDGE**

This describes the essential skills and knowledge and their level required for this unit.

*Essential knowledge:*

## REQUIRED SKILLS AND KNOWLEDGE

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes knowledge of:

- A general understanding of the secondary complications of dysphagia and an awareness of risk management protocols in response to adverse reactions/events
- Basic level of understanding of anatomy and physiology of body systems pertaining to structures affecting eating and swallowing
- Basic level of understanding of normal processes of eating and swallowing
- Basic understanding of the normal changes to swallowing that occur over the lifespan
- General understanding of disorders of eating and swallowing that may arise from:
  - acquired injury and disease
  - congenital abnormalities
  - degenerative disease
  - developmental delay
- OHS policies and procedures that relate to the allied health assistant's role in implementing speech pathology programs

### *Essential skills:*

It is critical that the candidate demonstrate the ability to:

- Deliver therapeutic support and skill development for a client with dysphagia under the direction of a speech pathologist

In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

This includes the ability to:

- Work under direct and indirect supervision
- Communicate effectively with clients in a therapeutic/treatment relationship
- Communicate effectively with supervisors and co-workers
- Apply time management, personal organisation skills and establishing priorities

## Evidence Guide

### EVIDENCE GUIDE

## EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

*Critical aspects for assessment and evidence required to demonstrate this competency unit:*

- The individual being assessed must provide evidence of specified essential knowledge as well as skills
- Observation of workplace performance is essential for assessment of this unit
- Consistency of performance should be demonstrated over the required range of situations relevant to the workplace
- Where, for reasons of safety, space, or access to equipment and resources, assessment takes place away from the workplace, the assessment environment should represent workplace conditions as closely as possible

*Access and equity considerations:*

- All workers in the health industry should be aware of access and equity issues in relation to their own area of work
- All workers should develop their ability to work in a culturally diverse environment
- In recognition of particular health issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on health of Aboriginal and Torres Strait Islander people
- Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on health of Aboriginal and/or Torres Strait Islander clients and communities

## EVIDENCE GUIDE

*Context of and specific resources for assessment:*

- Assessment must be completed in the workplace.
- Relevant guidelines, standards and procedures
- Supervision from a speech pathologist
- Resources essential for assessment include:
  - clients
  - information
  - access to oral intake requirements
  - documentation

*Method of assessment*

- Observation of some applications in the work place (as is appropriate/possible)
- Written assignments/projects or questioning should be used to assess knowledge
- Case study and scenario as a basis for discussion of issues and strategies to contribute to best practice.
- Clinical skills involving direct client care are to be assessed initially in a simulated clinical setting (laboratory). If successful, a second assessment is to be conducted during workplace application under direct supervision.

## Range Statement

### RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.



## RANGE STATEMENT

### *Supervision refers to:*

- Instructing, advising, and monitoring another person in order to ensure safe and effective performance in carrying out the duties of their position
- The nature of supervision is flexible and may be conducted by various means including:
  - in person
  - through use of electronic communications media such as telephone or video conferencing, where necessary
- Frequency of supervision will be determined by factors such as:
  - the task maturity of the person in that position or clinical placement
  - the need to review and assess client conditions and progress in order to establish or alter treatment plans in case of students and assistants
  - the need to correct and develop non clinical aspects such as time management, organisation requirements, communication skills, and other factors supporting the provision of clinical care and working within a team
- A person under supervision does not require direct (immediate) and continuous personal interaction, but the method and frequency will be determined by factors outlined above

### *Information may include:*

- Client care plan
- Exercise plan
- Client treatment plan
- Allied health professional instructions
- Client record
- Checklists
- Case notes
- Other forms according to procedures of the organisation

**RANGE STATEMENT**

*Client may include:*

- Adults
- Neonates
- Children and young people
- Older people

*Programs may include:*

- Short term compensatory measures
- Long term rehabilitation programs

*Assessments may include, for example:*

- Clinical assessment
- Videofluoroscopic assessment
- FEES assessment

*Methods may include:*

- Demonstration
- Facilitation
- Observation
- Feedback

*Information and advice may include:*

- Information about change and status or adverse reactions whilst eating/drinking
- Information about dysphagia and its management

*Care team may include:*

- Nurses
- Doctors (including paediatrician, psychiatrist, ENT consultant, gastroenterologist and general practitioner)
- Psychologist
- Dentist
- Speech pathologist
- Dietitian
- Physiotherapist
- Occupational therapist
- Teacher
- Interpreter

## **RANGE STATEMENT**

*Oral intake may involve:*

- Food and fluids (including modified texture food and fluids)
- Medications

## **Unit Sector(s)**

Not Applicable