CASE STUDY - Screening for Swallowing Difficulty by RDNs

**Case**: A registered dietitian nutritionist (RDN) wants to obtain approval to perform initial swallowing screening on patients/clients.

**Statement**: The Scope of Practice for the Registered Dietitian Nutritionist (RDN) does not guarantee that a RDN will be able to perform expanded practice skills, but it can guide the RDN to the resources and options that can be used to evaluate whether the RDN can safely and effectively provide an expanded practice skill and advance individual practice.

**Explanation of Case**: In this example, the RDN uses the Scope of Practice for the RD or RDN to determine whether performing initial swallowing screenings on patients is within their individual scope of practice. Although the RDN may seek advice and direction from colleagues, the initial review is the RDN’s responsibility.

**Case Study Resources**:

- Available from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR)
  - Education Core Knowledge and Competencies for the RDN (ACEND): [https://www.eatrightpro.org/acend](https://www.eatrightpro.org/acend)
  - Code of Ethics: [https://www.cdrnet.org/codeofethics](https://www.cdrnet.org/codeofethics)
  - Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians: CDR Webpage [https://www.cdrnet.org/scope](https://www.cdrnet.org/scope) leads to the Journal Website to access the Scope and Standards for RDNs and NDTRs Collection: [https://jandonline.org/content/core](https://jandonline.org/content/core)
  - Essential Practice Competencies: [https://www.cdrnet.org/essential-practice-competencies-information](https://www.cdrnet.org/essential-practice-competencies-information)
  - Focus Area Standards of Practice and Standards of Professional Performance: CDR Webpage: [https://www.cdrnet.org/scope](https://www.cdrnet.org/scope) leads to the Journal Website to access Journal Website Collections Focus Area Standards for CDR Specialist Credential and Focus Area Standards for RDNs: [https://www.jandonline.org/content/credentialed](https://www.jandonline.org/content/credentialed) and [https://www.jandonline.org/content/focus](https://www.jandonline.org/content/focus)
  - Academy Evidence Analysis Library: [https://andeal.org](https://andeal.org)
  - Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support: CDR Webpage [https://www.cdrnet.org/scope](https://www.cdrnet.org/scope) leads to Journal access to Collections: [https://jandonline.org/content/focus](https://jandonline.org/content/focus)
  - Nutrition Care Process Terminology (eNCPT online): [https://www.ncpro.org/](https://www.ncpro.org/)
  - Commission on Dietetic Registration (CDR) Certifications: [https://www.cdrnet.org/certifications/](https://www.cdrnet.org/certifications/)
  - Dietitians in Nutrition Support DPG: [https://www.dnsdpg.org/](https://www.dnsdpg.org/)
  - Dietetics in Health Care Communities DPG: [https://dhcc.eatrightpro.org/home](https://dhcc.eatrightpro.org/home)

➢ Institutional, regulatory, and other resources include:
  - RDN’s Job description
  - Organization policies and procedures
  - In hospital setting with RDN privileging, organization and medical staff process for obtaining clinical privileges for therapeutic diet order writing or expanded role/nutrition-related services, e.g., screenings for swallowing difficulties.
  - Accreditation Standards, if applicable
  - State licensure laws and regulations: [https://www.cdrnet.org/ licensure](https://www.cdrnet.org/ licensure)
  - Academy resources on CMS hospital regulations for RDN order writing privileges: [https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders/hospitals-and-critical-access-hospitals](https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders/hospitals-and-critical-access-hospitals)
  - International Dysphagia Diet Standardization Initiative: [https://iddsi.org/](https://iddsi.org/)

**USING THE SCOPE OF PRACTICE DECISION ALGORITHM:**
[https://www.cdrnet.org/scope](https://www.cdrnet.org/scope)

The Scope of Practice Decision Algorithm is a resource that permits a RDN to answer a series of questions to determine whether a particular activity is within their individual scope of practice. The algorithm is designed to allow a RDN to critically evaluate their knowledge, skills, experience, judgment and demonstrated competence using criteria resources. The algorithm is used by the RDN to evaluate each separate activity.

**Question 1: Has this activity become routine in nutrition or dietetics literature and in nutrition and dietetics practice?**

A literature search on the role of health professionals, including RDNs, performing initial swallowing screenings, a review of current practice in the area, and networking provides information that there is a growing practice of having trained health professionals performing initial swallowing screenings as a means of more rapid identification of patients with potential swallowing disability for referral to the speech-language pathologist.\(^{1,2,3,4}\) The Accreditation Council for Education in Nutrition and Dietetics (ACEND) 2022 Education Standards now includes a new competency:

- CDRN 3.6 Conduct a swallow screen and refer to the appropriate health care professional for full swallow evaluation when needed.\(^5\)

A validated screening questionnaire completed by patients/clients called “EAT-10 A Swallowing Screening Tool” available in 28 languages from Nestle Nutrition is one tool being used by RDNs to alert the physician and/or speech-language pathologist of patients/clients with possible swallowing...
problems. Other validated swallow screening tools are available; each organization’s speech language pathologists and other health care practitioners would determine which tool or process to use according to needs of the patient population.

The members of the Steering Committee of Special Interest Division 13 (Swallowing and Swallowing Disorders) of the American Speech-Language-Hearing Association define ‘swallowing screening’ as follows: “The term swallowing screening is generally used to refer to a minimally invasive evaluation procedure that provides quick determination of: the likelihood that dysphagia exists; whether the patient requires referral for further swallowing assessment; whether it is safe to feed the patient orally (for purposes of nutrition, hydration, and administration of medicine); whether the patient requires referral for nutritional or hydrational support”.

**Question 2: Is this activity consistent with the Academy of Nutrition and Dietetics/CDR Code of Ethics, standards of practice and standards of professional performance, evidence-based practice, nutrition practice guidelines or protocols, other national organization standards of practice, accreditation standards or federal and state regulations, and good business practices?**

A literature review and networking with other RDNs confirms the importance of RDNs being approved to perform initial swallowing screenings. Performing initial screenings along with identification of risk, and referral to a speech-language pathologist greatly improves patient care.

The Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support states that the RDN at proficient or expert level of practice may evaluate need for a modified barium swallow study (SOP 1.3B) and then make a referral to a speech language pathologist following the organization’s process (SOP 3.9B). The RDN collaborates with the interprofessional team members (e.g., physical, occupational, speech therapy; social services; psychology; or dental services) to facilitate referrals to optimize nutrition care as indicated (SOPP 3.2B1). The Revised 2017 Scope of Practice for the RDN supports the RDN’s assessment of a patient’s nutritional status working closely with interprofessional team members (e.g., ability to swallow, in the care of patients with dysphagia with the Speech Language Pathologist).

Information addressing RDNs performing initial swallowing screenings was published in the *Journal of the American Dietetic Association* and *Topics in Clinical Nutrition*. Also, it has been included in dietetic practice group newsletters and presented at regional and national Academy professional meetings.

In reviewing the federal and state regulations, the RDN determines that the federal CMS Conditions of Participation for Hospitals effective July 11, 2014 (no change as of latest revision 200, 02-21-20) now allows a hospital and its medical staff the option of granting clinical privileges to an RD or other clinically qualified nutrition professional to write therapeutic diet orders if consistent with State laws and regulations, and organization policies. A review of the state regulations for hospitals determines that there are no regulations that would prevent a hospital from granting privileges to the RDN. RDN privileging must be ensured through the hospital's medical staff rules, regulations, and bylaws or other facility-specific process.
Each hospital and its medical staff must determine if a specific activity requires privileging. If privileging is required, the medical staff determines the ordering privileges to grant the RDN(s) and specific scope of care services that may be granted, e.g., bedside swallow screening.\(^\text{16}\)

In lieu of privileging for activities not specified in regulations, the administration and medical staff/director of hospitals and other health care settings, e.g., long-term care facilities, medical clinic) may determine specific activities that may be performed by an RDN, e.g., bedside swallow screening with education, specialized training and demonstration and documentation of competence.

**Question 3: Do you have the necessary knowledge, skills and demonstrated competence in practice to perform this activity?**

Reviewing education and training, the RDN notes extensive training in medical nutrition therapy, which includes the ability to assess the need for modified diet consistencies or NPO status. While the RDN performs nutrition-focused physical exams, experience specific to independently performing physical assessment skills required for initial swallowing screenings is limited. Subsequently, the RDN collaborated with the Speech Language Pathology (SLP) professionals to identify a swallow screening tool that could be used by the nurses and the RDN for approval by the medical staff; reviewed the tool’s instructions and supporting references; and arranged with SLPs to receive training. The SLPs provided RDN with training opportunities via videos and supervised hands-on instruction.

All education, training and competence assessments are documented in the RDN’s personnel file and Professional Development Portfolio.

**Question 4: Did you use the Standards of Practice and Standards of Professional Performance to determine your competence? Did you demonstrate your competence to an individual with the knowledge and skills to appropriately assess your ability to perform the activity? Is your competence documented in your personnel record?**

The RDN reviews the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists\(^\text{17}\) and the Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient and Expert) in Nutrition Support\(^\text{10}\) to determine education, skills and training needed to practice competently in the area of swallowing screening and advance their level of practice.

The RDN demonstrates competence in performing initial swallowing screenings. The RDN’s competence is monitored and documented on a yearly basis by the Speech Language Pathologist per the organization’s policies and procedures. The RDN’s personnel file contains documentation to support this yearly assessment of competence.
Question 5: If the state(s) where you work license RDNs, is there any language that prohibits this activity? Are there provisions within the scope of practice of any other professions that would limit performing this activity?

Researching the applicable state licensure/state practice act, the occupational practice acts for other disciplines (i.e., Speech-Language Pathologists), and federal regulations applicable for the specified facility, the RDN finds that initial swallowing screenings are not explicitly permitted or restricted. The RDN determines performing initial swallowing screening meets the requirements of the state licensure act because it is a step in assessing nutrition needs.

The scope of practice for a speech-language pathologist (SLP) describes “the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders.” This implies that swallowing evaluations are to be done by speech-language pathologists only.

Question 6: Are there any additional credentials (i.e., CSO, CSG, CSP, CDCES, CNSC) or training (i.e., residency/fellowship, certificate of training in obesity interventions for adults or in pediatrics) described in published practice guidelines that would be expected of a health professional performing this activity?

No additional credentials are described in published practice guidelines that are required of RDNs to complete initial swallowing screenings on patients/clients. The RDN has been adequately trained by Speech Language Pathologists in conducting initial swallowing screenings with competency assessments documented in personnel file.

Question 7: Does your employer/organization, in its policies and procedures or medical staff bylaws, rules and regulations recognize the RDN as qualified to perform the activity?

The RDN knows that privileging to write orders for diet or nutrition-related services is not currently an option for RDNs in this hospital. In reviewing the resources, the RDN determines this is not a barrier to RDNs performing swallowing screenings as privileging is not a requirement. Administration, physician leaders, and the Speech Language Pathologists are supportive as RDNs performing initial swallow screening offers another option for identifying patients with potential swallowing risks and contributes to decreased length of stay, medical costs, and improvement in quality of care. With training and initial and annual competence assessment, an RDN can screen patients for swallowing problems as part of nutrition screening or assessment.

Once the RDN has acquired the needed education, demonstrated the needed skill and competence, the RDN’s job description and policies and procedures for the organization are then amended to support the ability of the RDN to perform initial swallowing screenings.
Before performing the activity:

- Ensure that the activity is included in your job description, in granted privileges if working in a hospital-based facility where privileging is required, and in applicable policies and procedures.
- Ensure that your personnel file contains documentation of education, training, credentials, if applicable, and competence in performing the activity.
- Investigate your organization’s liability coverage and need for personal professional liability insurance.
- For billable services, investigate whether this activity, as performed by an RDN, will be reimbursed by health plan insurers, including Medicare.

Disclaimer: The Case Studies are intended solely as models to assist practitioners in using the Standards of Practice in Nutrition Care, Standards of Professional Performance, and the Scope of Practice Decision Algorithm and in determining their individual scope of practice. They should not be viewed as determinative of any particular inquiry or outcome. The results of an actual inquiry may differ according to the specific factual circumstances and state laws applicable to the specific situation.

In this Case Study, CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

REFERENCES


