

**OUTREACH SERVICES OF INDIANA
COMPREHENSIVE DYSPHAGIA Competency-Based Training Checklist**

Staff Name:	Employer:		
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Job Title:	T = Staff Trained C = Demonstrated competency N = Not correct/requires prompting N/A = Not Applicable
Shift (if applicable):	
Trainer:	

T	C	N	N/A	
				1. (a)Staff correctly defines “aspiration”.
				(b)Staff correctly defines “silent aspiration”.
				(c)Staff correctly defines “dysphagia”.
				(d)Staff correctly defines “dysphagia trigger”.
				(e)Staff defines “reflux” or “GERD”
				2. Staff correctly defines the difference between CHOKING and COUGHING .
				3. Staff correctly identifies possible health risks of Aspiration.
				4. Staff correctly identifies Dysphagia Triggers.
				5. Staff identifies the first step to take if a trigger is observed.
				6. Staff correctly defines “corrected trigger”.
				7. Staff correctly defines “non-corrected or uncorrected trigger”.
				8. Staff correctly identifies what additional steps to take if trigger is non-corrected or uncorrected.
				9. Staff identifies when “triggers” need to be documented.
				10. Staff identifies when Dining Plans are required.
				11. Staff identifies when to modify diets.
				12. Staff identifies when “triggers” can occur.
				13. Staff identifies examples of diet textures and consistencies

Comments:	

Staff Signature: _____

Date: _____

Trainer Signature: _____

Date: _____