

VitalStim® Therapy Competency Checklist

Clinician: _____

Supervisor/Mentor: _____

Clinician is able to...	Notes	Action plan	Date
<input type="checkbox"/> Select patients appropriate to receive VitalStim Therapy			
<input type="checkbox"/> Effectively include VitalStim Therapy into dysphagia treatment			
<input type="checkbox"/> Place electrodes accurately to reach dysfunctional muscle groups			
<input type="checkbox"/> Effectively interpret an MBS and other evaluation methods			
<input type="checkbox"/> Challenge a patient and implement a muscle strengthening program			
<input type="checkbox"/> Accurately describe the anatomy and physiology of the swallow mechanism			
<input type="checkbox"/> Document clinical outcomes concisely and accurately			
<input type="checkbox"/> Track clinical outcomes using objective clinical measures			
<input type="checkbox"/> Verbalize indications, precautions and contraindications to use of VitalStim Therapy			
<input type="checkbox"/> Verbalize the neurophysiological basis to the potential benefit of VitalStim Therapy			
<input type="checkbox"/> Handle the equipment and supplies and set up the patient safely and confidently			
<input type="checkbox"/> To increase the intensity to therapeutic intensity accurately and confidently			
<input type="checkbox"/> To identify when current intensity needs to be adjusted based on patient response			

VitalStim® Therapy Champion Program Assessment

Champion Elements	Yes	No	Notes	Action plan	Priority
Is VitalStim Therapy included in my facility's dysphagia protocol?	<input type="checkbox"/>	<input type="checkbox"/>			
Is my staff and management supportive of VitalStim Therapy?	<input type="checkbox"/>	<input type="checkbox"/>			
Does my adherence to the VitalStim Therapy protocol reflect positive outcomes?	<input type="checkbox"/>	<input type="checkbox"/>			
Am I able to effectively interpret an MBS and other evaluation methods?	<input type="checkbox"/>	<input type="checkbox"/>			
Am I confident of my skill level in dysphagia therapy?	<input type="checkbox"/>	<input type="checkbox"/>			
Do I have a good working knowledge of swallow anatomy and physiology?	<input type="checkbox"/>	<input type="checkbox"/>			
Do I understand electrode placements based on anatomy and evaluation?	<input type="checkbox"/>	<input type="checkbox"/>			
Do I track my outcomes?	<input type="checkbox"/>	<input type="checkbox"/>			
Do I have an effective marketing strategy/plan?	<input type="checkbox"/>	<input type="checkbox"/>			
Am I confident in my use of electrotherapy related to dysphagia?	<input type="checkbox"/>	<input type="checkbox"/>			
Do I have a good working relationship with my referring physicians?	<input type="checkbox"/>	<input type="checkbox"/>			