Author’s response to reviews

Title: Flexible endoscopic evaluation of swallowing (FEES) for neurogenic dysphagia: training curriculum of the German Society of Neurology and the German Stroke Society

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Author’s response to reviews:

Dear Mrs. Partridge,

we are pleased to resubmit our manuscript “Flexible endoscopic evaluation of swallowing (FEES) for neurogenic dysphagia: training curriculum of the German Society of Neurology and
the German Stroke Society.” We are grateful to Prof. Susan Langmore for her favourable evaluation of the manuscript and, particularly, for the insightful suggestions to improve it. In this revised version of the manuscript we have addressed all her concerns and added requested information. Please find below the point-by-point answers to Prof. Langmore’s remarks and the detailed account of the resulting modifications in the manuscript.

Ad 1: We are happy to include the key words suggested by the reviewer.

Ad 2: We fully agree with the reviewer that apart from critical-illness neuropathy structural laryngeal alterations may also be related to dysphagia in this patient collective. We added a very recent citation and changed the sentence in question accordingly, which now reads:

“Regardless of the primary illness, 70–80% of patients requiring prolonged artificial respiration present, at least temporarily, with significant swallowing impairment and aspiration after weaning from artificial ventilation, probably due to a critical illness polyneuropathy and structural changes caused by the artificial airway like edema of the arytenoids.”

Ad 3: We agree with the reviewer, the sentence now reads:” In the meantime, numerous studies have shown that FEES is at least as efficient as VFSS, in some studies even superior to VFSS, in terms of detecting critical events, such as penetrations, aspirations and residues”.

Ad 4: We thank the reviewer for this suggestion. The sentence now reads: “In terms of patient safety and invasiveness, FEES is certainly less hazardous and stressful than the insertion of a nasogastric tube and nasotracheal suctioning, in particular.”

Ad 5: We are glad that the reviewer puts this educational initiative into a broader perspective. We added the following sentence to the respective paragraph: “While this curriculum is therefore of interest to all clinicians practicing in Germany, it could also be used by other countries after adapting it to their specific needs.”

Ad 6: With regards to the prerequisites having to be fulfilled before a clinician, either SLT or physician, can apply for a certain certificate, there are minor differences between both professions that relate to their previous education. With regards to the FEES certificate, two years of clinical practice focused on the care of neurological patients is required for SLTs and one year for physicians. This difference takes into account the longer duration of previous training experienced by the physician (in Germany at least 6 years). No major differences are to be found for the FEES instructor certificate. The physician needs to have acquired a specialist title, which takes at least five years in
case of neurology, the SLT should have 5 years of clinical experience in the field of dysphagia.

Ad 7: The workshop consists of lectures and practical training. Part of the training is the evaluation of FEES-sequences that should be done by the participants independently. Afterwards they will discuss their findings with the tutors. This point is now explicitly mentioned in the manuscript. The sentence in question reads: “Participants will analyse at least 25 sequences independently and discuss their findings with the tutors”. Details of the workshop program are also summarized in figure 1.

Ad 8: There are different options for the trainee to collect the required examinations. These can be performed in the candidate’s own institution and/or within the scope of work-shadowing opportunities and workshops in external institutions. Work shadowing is especially meaningful during the initial stage of training, during which the mediation of technical skills, requiring intensive personal supervision, is particularly important. For advanced users, workshops offering discussions on complex cases could be an option, as these are an ideal setting in which to discuss rare, subtle or difficult-to-interpret findings in a focussed manner. This comment can be found at the end of the paragraph “FEES instructor certificate”.

Ad 9: We thank the reviewer for this addition which is now incorporated in table 1. Dementia is indeed an important medical disease causing dysphagia.

Ad 10: We indeed refer to post-radiation pharyngeal stenosis, which is now added in table 1.