Program: SPH  Course: 506  Section: 001  Semester: 202020  Instructor: Teresia L. Moore

Instructor: Teresia L. Moore SLP.D.CCC-SLP
Office:                  Course Time & Location: Lecture-On the main campus
Office Phone: 936-468-7109            Office Hours:  By appointment
Other Contact Information:                      Credits: 3
Email: Teresia.Moore@sfasu.edu

Prerequisites: Acceptance into the graduate SLP program and a minimum grade of B in SPH 503; 25 observation hours

I. Course Description:

Study of the nature, etiology, evaluation, and treatment of swallowing disorders.

Credit Hour Justification:
SPHS 5306 “Dysphagia” (3 credits) typically meets one time each week in 150 minute segments for 15 weeks and includes a 2-hour final exam during which students will be assessed on their knowledge of the nature, etiology, and clinical management of swallowing disorders. Students have weekly reading assignments and one clinical observation assignments. In addition, students take 8 quizzes throughout the semester. These activities average at a minimum 6 hours of work each week to prepare outside of classroom hours.

II. Intended Learning Outcomes/Goals/Objectives (Program/Student Learning Outcomes):

This course reflects the following core values of the College of Education:
The mission of the Perkins College of Education is to prepare competent, successful, caring and enthusiastic professionals from diverse backgrounds dedicated to responsible service, leadership, social justice, and continued professional and intellectual development in an interconnected global society. In the Perkins College of Education, we value and are committed to:

- Academic excellence through critical, reflective, and creative thinking
- Life-long learning
- Collaboration and shared decision-making
- Openness to new ideas, to culturally diverse people, and to innovation and change
- Integrity, responsibility, diligence, and ethical behavior
- Service that enriches the community.

This course also supports the mission of the Department of Human Services:
The Department of Human Services prepares undergraduates and graduate students for leadership and service roles in East Texas and the global community. The department is committed to incorporation of community-based, service-learning experiences within its educational programs to maximize the advancement of students’ personal and professional development.

This course also supports the mission of the Speech-Language Pathology Program.
The mission of the Speech-Language Pathology Program is to prepare knowledgeable professionals committed to enhancing the quality of life of persons with communication disorders. To meet this mission, the program emphasizes the importance of scientific study, critical thinking skills, interdisciplinary collaboration, ethical principles, the responsibility to
educate the public about communication disorders, and the importance of continued professional development throughout one’s career.

This course also supports the Core Objectives/Outcomes of the THECB.

Critical thinking skills
- To include creative thinking, innovation, inquiry, and analysis, evaluation and synthesis of information

Communication Skills
- To include effective development, interpretation and expression of ideas through written, oral and visual communication

Empirical and Quantitative Skills
- To include the manipulation and analysis of numerical data or observable facts resulting in informed conclusions.

Teamwork
- To include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal

Personal Responsibility
- To include the ability to connect choices, actions and consequences to ethical decision-making

Social Responsibility
- To include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities

This course addresses the following standard(s) of the Council for Clinical Certification of the American Speech-Language-Hearing Association:

- Standard IV: Knowledge of Outcomes
  - Standard IV-A: The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.
  - Standard IV-B: The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
  - Standard IV-C: The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
    - Articulation
    - Fluency
    - Voice and resonance
    - Receptive and expressive language
    - Hearing, including the impact on speech and language
    - Swallowing
    - Cognitive aspects of communication
    - Social aspects of communication
    - Augmentative and alternative communication modalities
  - Standard IV-D: For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct.

Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues.

Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Standard V-B: The applicant for certification must have completed a program of study that includes experiences sufficient in breadth and depth to achieve the following skills outcomes:

Standard V-C: The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Standard V-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Standard V-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Standard V-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Program Learning Outcomes: This course supports the Speech-Language Pathology and Audiology Program Learning Outcomes (PLOs) I, II, VI, and VII. These competencies are measured by successful completion of all course requirements, including examinations, group discussion and activities, written assignments, and quizzes:

I. The students will apply knowledge of basic human communication and swallowing processes in order to select, administer, and interpret assessment measures appropriate to various types of communication disorders and differences.

II. The students will demonstrate the ability to use assessment data to develop differential diagnoses, prognostic statements, and recommendations.

III. The students will develop and implement culturally sensitive, age-appropriate intervention plans to be implemented in clinical settings.

IV. The students will integrate research principles and processes into evidence-based clinical practice.

V. The students will demonstrate the ability to provide effective counseling/education to clients, caregivers, and other professionals.

VI. The students will identify risk factors associated with various communication disorders and recommend prevention strategies.

VII. The students will demonstrate professional writing skills in the clinical setting.
VIII. The students will apply standards of ethical conduct and professional behavior to clinical practice.

Student Learning Outcomes:
Upon completion of this course, given appropriate level of guidance and supervision for a beginner to intermediate level clinical practicum, students will be able to:

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>DEGREE COMPETENCIES ADDRESSED</th>
<th>DIRECT/INDIRECT ASSESSMENT TOOL</th>
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<tbody>
<tr>
<td>Demonstrate working knowledge of the anatomy and physiology of the adult swallowing mechanism</td>
<td>KASA Standards III-B, III-C</td>
<td>Quizzes, class participation, discussion, self-assessment, and observation assignment</td>
</tr>
<tr>
<td>Demonstrate a working knowledge of screening, assessment, and intervention strategies for adult individuals with dysphagia of varying etiologies</td>
<td>KASA Standard III-D</td>
<td>Quizzes, class participation, discussion, self-assessment, and observation assignments</td>
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<tr>
<td>Demonstrate an ability to integrate and apply the knowledge gained to an observed clinical interaction</td>
<td>KASA Standards III-D, III-E, III-F, III-G</td>
<td>Adult and pediatric observation assignments</td>
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<tr>
<td>Demonstrate working knowledge of the anatomy and physiology of the pediatric swallowing mechanism</td>
<td>KASA Standards III-B, III-C</td>
<td>Quizzes, class participation, discussion, self-assessment, and observation assignment</td>
</tr>
<tr>
<td>Demonstrate a working knowledge of screening, assessment, and intervention strategies for pediatric individuals with dysphagia of varying etiologies</td>
<td>KASA Standard III-D</td>
<td>Quizzes, class participation, discussion, self-assessment, and observation assignments</td>
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III. Evaluation and Assessments (Grading):

8 Quizzes @ (50 points each):
In class/online/open-book completed individually (not via D2L with classmates) on Blackboard

One Bedside swallow assessment (100 pts. ADULT/100 pts PEDIATRIC):
Adult Observation (100 Pts): Please see description of assignment in Appendix A. Submitted online via D2L assignment dropbox. ** Due Date: April 20, 2020

~OR~

Pediatric Observation (100 pts): You will observe a typically developing child (0-6 years old) during a single meal or a child with a feeding/swallowing disorder during a therapy session. Your written assignment will include specific details regarding the observation and a detailed research
section regarding a specific pediatric treatment procedure. The specifics of this assignment will to be provided along with a rubric. ** Due Date: April 20, 2020

<table>
<thead>
<tr>
<th></th>
<th>Total Points</th>
<th>Due Dates</th>
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<tbody>
<tr>
<td>Quizzes - 8@ (50 pts)</td>
<td>400</td>
<td>Weekly</td>
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<tr>
<td>Paper</td>
<td>100</td>
<td>April 20, 2020</td>
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<tr>
<td>Final</td>
<td>100</td>
<td>May 4, 2020</td>
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<td>TOTAL</td>
<td>600</td>
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IV. Tentative Course Outline/Calendar

ADULT DYSPHAGIA EVALUATION AND MANAGEMENT
****** Please note that these are tentative dates and subject to change for guest speakers and other purposes for improve the schedule and learning outcomes.

Section 1

Student Introductions-Quiz grade

Lecture – January 27, 2020 – (Groher & Crary – Chapters 1 & 2)
1. History of dysphagia in speech-language pathology
2. Dysphagia teams – role of the speech-language pathologist and the multidisciplinary team.
   3. Anatomy and Physiology of Normal Swallowing:
      a. Phases of swallow– structure and function
      b. Cranial nerves involved in swallowing.
      c. Central control.
      d. Biomechanics and bolus flow.
      e. Normal aging and the effects on swallowing.

(Groher & Crary – Chapters 7 & 8)

4. Clinical evaluation of Adults; Assessment of Swallowing
   c. Video fluoroscopic swallow studies (VFSS), radiation safety.
   d. Fiberoptic endoscopic evaluation of swallowing (FEES & FEESST.) Comparison of pros and cons of each test.

Quiz – February 3, 2020 (Groher & Crary – Chapters 1, 2, 7, 8)

Lecture – February 10, 2020 (Groher & Crary – Chapter 3)
5. Assessment of Swallowing (continued)
   a. Less commonly used methods for assessing dysphagia.
b. Screening for dysphagia: 3-ounce water challenge  
c. Blue Dye Test for dysphagia assessment with tracheostomy  
d. Pros and Cons – when to use each test and why.

6 Dysphagia in Specific Patient Populations  
a. CVA (Left hemisphere stroke – right hemiplegia).  
b. CVA (Right hemisphere stroke – left hemiplegia).  
c. CVA (Brain stem stroke.)  

(Groher & Crary – Chapters 5, 6)  
7. Dysphagia in Specific Patient Populations (continued):  
a. Progressive Neurological Diseases: Parkinson’s Disease, Multiple Sclerosis, Huntington’s Disease, Motor Neuron Disease (ALS).  
b. Head and Neck Cancer Patients: laryngectomy, glossectomy, etc.  
d. Laryngeal, esophageal and GI dysfunction (LPR, GERD, dysmotility, etc.).  
e. Introduction to airways: Tracheostomy and ventilator-dependent populations.

Quiz – February 17, 2020 (Groher & Crary – Chapters 3, 4, 5, 6)

Lecture – February 24, 2020 (Groher & Crary – Chapter 9)

8. Introduction to airways: Tracheostomy and ventilator-dependent populations (continued).

9. Treatment of Dysphagia  
a. Meeting nutritional needs.  
   1. Parenteral nutrition.  
   2. Enteral nutrition.  
   3. Diet levels  
   4. Aspiration precautions  
b. Surgical Treatments  
c. Compensatory Techniques:  
   1. Positioning body, head, and bolus.  
   2. Modification of the environment, supervision, and cueing (prompting)  
   4. Alternating solids, liquids, and taking medications.  
d. Thickened liquid demonstration activity using gel thickener: Bring something to try thickened in a sealed container (preferably disposable, i.e. water bottle with 4 oz of any non-carbonated beverage)

(Groher & Crary – Chapter 10)

10. Treatment of Dysphagia (continued)  
A. Rehabilitative techniques:  
   1. Sensorimotor stimulation, oral motor strengthening, and coordination.  
   2. Effortful swallow, supraglottic swallow maneuver, and super-supraglottic swallow maneuver.  
   3. Mendelsohn maneuver  
   4. Masako tongue holding maneuver  
   5. Shaker exercises.  
   6. Chin tuck against resistance (CTAR) exercise
7. Jaw Opening (with or without resistance) exercise.

**B. Biofeedback and other treatment modalities**
1. Surface-electromyography (sEMG)
2. Neuromuscular electrical stimulation (NMES).
3. Progressive lingual resistance exercise (i.e., IOPI, SwallowStrong).

*Quiz – March 2, 2020 (Groher & Crary – Chapters 9, 10)*

***Spring Break !! March 9-14***

Lecture  March 16, 2020 (International Dysphagia Diet Standardization Initiative, Groher & Crary – Chapter 11 )

Quiz~ March 23, 2020 (International Dysphagia Diet Standardization Initiative and Groher & Crary – Chapter 11 )

**PEDiatric DYSphAGia EVALUATION AND MANAGEMENT**
*Please note that there may be changes to the pediatric lectures to allow for additional guest speakers*
**** Please be prepared for flexibility with chapters and quizzes to allow for schedules and improved learning outcomes.

Lecture – March 30, 2020 (Arvedson – Chapter 2, 7)

1. Anatomy and Physiology of Normal Swallowing
   a. Infant anatomy.
   b. Anatomy of the older child.
   c. Phases of the swallow.
   d. Differences in swallowing physiology in infant and older child.
   e. A quick look at developmental anatomy of the brain.

2. Normal Development of Feeding:
   f. Oral reflexes.
   g. Neurodevelopment model (Als article).
   h. Developmental milestones (postural, psychosocial).
   i. Coordination of sucking, swallowing and breathing.
   j. Suckling/sucking.
   k. Transitional feeding.
   l. Feeding/oral sensorimotor milestones.

3. Clinical Assessment of Infants and Children:
   a. Differences in assessing adults vs. children.
   b. Members of pediatric dysphagia team.
   c. Goals of assessment.
4. Evaluation of infants.
   a. Criteria for referral
   b. History/chart review
   c. Safety (vital signs, airway).
   d. Pre-feeding observation (state/behavior, posture/tone, oral peripheral exam, oral sensorimotor assessment).
   e. Feeding observation
   f. Trial of therapeutic techniques.

5. Evaluation of a child
   a. Criteria for referral
   b. History/chart review.
   c. Feeding history.
   d. Pre-feeding observation (global development, posture/tone, self-regulation, oral peripheral assessment, oral sensorimotor assessment).
   e. Feeding observation
   f. Trial of therapy techniques.

Quiz – April 06, 2020 (Arvedson 2, 7 and lecture material)
Lecture – April 13, 2020 (Arvedson – 9, 13)

4. Treatment of Dysphagia and Feeding Disorders - Infants
   a. Treatment goals.
   b. Cue-based feeding.
   c. Direct techniques (sensory stimulation/exploration, check/jaw support).
   d. Indirect techniques (alterations in environment, position, food texture, mode of presentation, communication).

5. Treatment of Dysphagia and Feeding Disorders in Children.
   a. Treatment goals.
   b. A review of essential principles.
   c. Red flags/yellow flags.
   d. Direct techniques (oral motor “exercises” to promote oral sensorimotor awareness and control).
   e. Indirect techniques (modification of environment, position, interaction, food textures, and mode of presentation).
   f. Group exploration of food textures.
   g. Group exploration of feeding utensils, bowls, etc.

6. Feeding the older child
   a. Posture and Feeding
   b. Motor Based vs. Sensory Based
   c. Managing Sensory Based Deficits
   d. Overview of Sensory Based Treatment

Lecture – April 20, 2020 (Catch All and finishing up semester ) ** Turn in clinical assessments**

Quiz – April 27, 2020 (Arvedson – Chapter 9, 13 )

FINAL Quiz – May 4, 2019
V. Tentative Course Outline/Calendar:

VI. Readings (Required and recommended—including texts, websites, articles, etc.):

Required:


VII. Course Evaluations:

Near the conclusion of each semester, students in the College of Education electronically evaluate courses taken within the COE. Evaluation data is used for a variety of important purposes including: (1) Course and program improvement, planning, and accreditation; (2) Instruction evaluation purposes; and (3) Making decisions on faculty tenure, promotion, pay, and retention. As you evaluate this course, please be thoughtful, thorough, and accurate in completing the evaluation. Please know that the COE faculty is committed to excellence in teaching and continued improvement. Therefore, your response is critical!

In the College of Education, the course evaluation process has been simplified and is completed electronically through MySFA. Although the instructor will be able to view the names of students who complete the survey, all ratings and comments are confidential and anonymous, and will not be available to the instructor until after final grades are posted.

VIII. Student Ethics and Other Policy Information:

Class Attendance and Excused Absence: Policy 6.7

Regular, punctual attendance, documented participation, and, if indicated in the syllabus, submission of completed assignments are expected at all classes, laboratories, and other activities for which the student is registered. Based on university policy, failure of students to adhere to these requirements shall influence the course grade, financial assistance, and/or enrollment status. The instructor shall maintain an accurate record of each student’s attendance and participation as well as note this information in required reports and in determining final grades. Students may be excused from attendance for reasons such as health, family emergencies, or student participation in approved university-sponsored events. However, students are responsible for notifying their instructors in advance, when possible, for excusable absences.

Documentation must be provided for any absences. In such instances, it is the responsibility of the clinician to provide documentation as soon as possible. Do not wait for the supervisor/instructor to request such documents. One unexcused absence will result in 20 points being subtracted from your total grade and two unexcused absences will result in the failure of clinic. Late assignments will not be accepted unless permission is granted from instructor. If allowed to submit late work, 10% will be deducted from grade for each day it is late.

Academic Accommodation for Students with Disabilities: Policy 6.1 and 6.6

To obtain disability related accommodations, alternate formats and/or auxiliary aids, students with disabilities must contact the Office of Disability Services (ODS), Human Services Building, and Room 325, 468-3004/468-1004 (TDD) as early as possible in the semester. Once verified, ODS will notify the course instructor and outline the accommodation and/or auxiliary aids to be provided. Failure to request services in a timely manner may delay your accommodations. For additional information, go to http://www.sfasu.edu/disabilityservices/.
Student Academic Dishonesty: Policy 4.1

Abiding by university policy on academic integrity is a responsibility of all university faculty and students. Faculty members promote the components of academic integrity in their instruction, and course syllabi are required to provide information about penalties for cheating and plagiarism, as well as the appeal process.

Definition of Academic Dishonesty

Academic dishonesty includes both cheating and plagiarism. Cheating includes but is not limited to (1) using or attempting to use unauthorized materials to aid in achieving a better grade on a component of a class; (2) the falsification or invention of any information, including citations, on an assigned exercise; and/or (3) helping or attempting to help another in an act of cheating or plagiarism. Plagiarism is presenting the words or ideas of another person as if they were your own. Examples of plagiarism are (1) submitting an assignment as if it were one’s own work that has been purchased or otherwise obtained from an Internet source or another source; and (3) incorporating the words or ideas of an author into one’s paper without giving the author due credit.

Penalties for Academic Dishonesty

Penalties may include, but are not limited to, reprimand, no credit for the assignment or exam, re-submission of the work, make-up exam, failure of the course, or expulsion from the university.

Student Appeals

A student who wishes to appeal decisions related to academic dishonesty should follow procedures outlined in Academic Appeals by Students (6.3).

Withheld Grades: Policy 5.5

At the discretion of the instructor of record and with the approval of the academic unit head, a grade of WH will be assigned only if the student cannot complete the course work because of unavoidable circumstances. Students must complete the work within one calendar year from the end of the semester in which they receive a WH, or the grade automatically becomes an F, except as allowed through policy [i.e., Active Military Service (6.14)]. If students register for the same course in future semesters, the WH will automatically become an F and will be counted as a repeated course for the purpose of computing the grade point average.

Student Code of Conduct: Policy 10.4

Classroom behavior should not interfere with the instructor’s ability to conduct the class or the ability of other students to learn from the instructional program (see the Student Conduct Code, policy D-34.1). Unacceptable or disruptive behavior will not be tolerated. Students who disrupt the learning environment may be asked to leave class and may be subject to judicial, academic or other penalties. This prohibition applies to all instructional forums, including electronic, classroom, labs, discussion groups, field trips, etc. The instructor shall have full discretion over what behavior is appropriate/inappropriate in the classroom. Students who do not attend class regularly or who perform poorly on class projects/exams may be referred to the Early Alert Program. This program provides students with recommendations for resources or other assistance that is available to help SFA students succeed.

Respect for Diversity

The Speech-Language Pathology program embraces a notion that students from all diverse backgrounds and perspectives be well served by this course, that students’ learning needs be addressed both in and out of class, and that the diversity that students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender, sexuality, disability, age, socioeconomic status, ethnicity, race, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally or for other students or student groups. In addition, if any of our class meetings conflict with your religious events, please let me know so that we can make arrangements for you.

Additional Information:

To complete Certification/Licensing Requirements in Texas related to public education and other professional settings, you will be required to:

1. Candidates must undergo a criminal history background check prior to clinical teaching and prior to employment as an educator. The public school campuses are responsible for completing the criminal background check. A person who
is enrolled or planning to enroll in a State Board for Educator Certification-approved educator preparation program or planning to take a certification examination may request a preliminary criminal history evaluation letter regarding the person’s potential ineligibility for certification due to a conviction or deferred adjudication for a felony or misdemeanor offense.

A Preliminary Criminal History Evaluation is a non-mandatory, non-binding evaluation of an individual’s self-reported criminal history. In addition, the agency obtains your name-based Texas criminal history information. The service is provided to the requestor for a non-refundable fee. The requestor will receive an evaluation letter by email from agency staff advising of potential ineligibility for educator certification.

You are eligible to request a Preliminary Criminal History Evaluation if:

- You enrolled or planning to enroll in an educator preparation program or
- You are planning to take a certification exam for initial educator certification, and
- You have reason to believe that you may be ineligible for educator certification due to a conviction or deferred adjudication for a felony or misdemeanor offense.

You are not eligible for a preliminary evaluation of your criminal history if you do not have a conviction or deferred adjudication for a felony or misdemeanor offense.

In addition, you must complete the fingerprinting process when you apply for certification. Participation in the evaluation does not preclude you from submitting to a national criminal history review at the time you apply for your educator certification. Your criminal history will be reviewed and you may be subject to an investigation based on that criminal history, including any information you failed to submit for evaluation.

2. Provide one of the following primary ID documents: passport, driver’s license, state or providence ID cards, a national ID card, or military ID card to take the TExES exams (additional information available at www.texas.ets.org/registrationBulletin/<http://www.texas.ets.org/registrationBulletin>). YOU must provide legal documentation to be allowed to take these mandated examinations that are related to certification/licensing requirements in Texas. If you do not have legal documentation, you may want to reconsider your major while at SFASU.

3. Successfully complete state mandated a fingerprint background check. If you have a history of criminal activity, you may want to reconsider your major while at SFASU.

For further information concerning this matter, contact Katie Snyder Martin at 936-468-1740 or snyderke1@sfasu.edu.

IX. Other Relevant Course Information:

**A response should be expected for emails and phone calls within 24-48 hours from the initial contact effort. A 5 day window should be expected for all inquiries (i.e., Mon-Friday or Sun-Thurs or Tues -Saturday).
APPENDIX A
EVIDENCE BASED OBSERVATION OF ADULT DYSPHAGIA EVALUATION OR THERAPY SESSION
(100 points)

Observe a bedside swallow evaluation, a swallow screening, an instrumental exam, or a complete therapy session with an adult patient. You are the SLP. The patient’s doctor and family is waiting on your recommendation. Prepare a typed summary of the evaluation or treatment session that you observed as though this is your actual patient. Write in report form containing what the evaluation revealed (what you saw) and provide a minimum of five references that give evidence-based support for the evaluation/therapy technique(s) used. Please indicate if your observation is or not supported by the research and why. The paper should be no longer than 5 pages (excluding the Reference page), double-spaced, using Times New Roman, size 12 font, 1” standard margins, and follow APA format for citation of references.

Your summary should include the following:

1. patient’s age, sex, cognitive status, medical diagnosis
2. presenting complaint(s) and symptoms of dysphagia
3. pertinent background history, chart review including medication(s) (if available)
4. caregiver involvement
5. prior swallow evaluation/therapy history (if applicable)
6. speech/articulation/respiratory status/oral motor control
7. current diet level including liquids
8. interventions attempted to reduce or eliminate dysphagia symptoms/effects (adaptive equipment)
   Maroon spoon, nosey cup, weighted spoon, etc.
9. if interventions not conducted, rationale why they could not be attempted
10. anatomic or physiologic reasons for dysphagia per the exam results
11. impressions/severity of dysphagia
12. recommendations (diet, compensatory strategies)
13. procedures for swallowing evaluation or therapy (if recommended)
14. need for further consultations by other professionals
15. your detailed critique of the session
16. research evidence for the type of evaluation or treatment(s) observed

Your grade will be based on your ability with describing the problem, reporting the exam results, and linking the impressions/recommendations to the dysphagia problem. This means that you must be a detective and determine the rationale for use of strategies or interventions using physiology and anatomy to back up your recommendations.

Be sure to attach your document file in Word Document (.doc, .docx) format so that I can add comments when grading.

(Grading Rubric will be provided prior to assignment due date)