



Faculty of Health Sciences
School of Human Communication Sciences

**CLINICAL EDUCATORS’
TEACHING GUIDE
FOR THE
DISORDERS OF SPEECH AND
SWALLOWING CLINIC
(HCS3DSS)**

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1. BACKGROUND

The School of Human Communication Sciences is committed to providing all 3rd year undergraduate Bachelor of Speech Pathology students with a structured preparatory clinical experience working with clients with acquired speech and swallowing disorders in a health care setting. This is a unique teaching placement in which students will be given the opportunity to develop their perceptual skills. This clinical experience has been designed so that it correlates closely with the material taught within the 2nd year undergraduate Unit HCS2DSS (Disorders of Speech and Swallowing). This clinical experience is to be coordinated by Debbie Phyland, Unit Coordinator. It is anticipated that a number of facilities will be involved across Melbourne and further a field following an invitation to tender.

Following feedback gained from students, supervising Speech Pathologists and La Trobe staff, a proposal was offered for discussion in 2001. Several changes were suggested so that the following aims could be met:

- "All" students should have a preliminary clinical experience in adult dysphasia and motor speech as part of their undergraduate program.
- There should be concordance between the Units HCS2DSS (Disorder of Speech and Swallowing) and HCS3CLI (Third Year Clinic)
- Students need to develop perceptual clinical skills, such as observation, discrimination of responses etc with this population.

2. OUTLINE OF PROCEDURAL RESPONSIBILITIES

- Students will work in pairs and attend 5 clinical sessions (3.5 hours per session) over 5 weeks at a nominated facility.
- Students will work with one supervising speech pathologist/clinical teacher for the duration of the placement.
- Students will attend a mid-placement tutorial during their placement.
- Materials will be coordinated by Debbie Phyland, in collaboration with staff from participating facilities
- Staff from La Trobe University will coordinate administrative tasks.
- Guidelines for clinical supervision and assessment criteria will be detailed within the Clinical Educators' Handbook available from the School of Human Communication Sciences website at <http://www.latrobe.edu.au/hcs/>
- Attendance to all clinical sessions, and the mid-placement tutorial will be a hurdle requirement in order to attain a Pass grade in the clinic. Students must also complete required tasks to the criteria of "minimal guidance", particularly the 'Patient Report' as set out in the Clinical Educators' Handbook as the criteria for 3rd year clinical assessment.
- Students will discuss their progress within the clinic with their supervising speech pathologist during week 3 and will receive a formal written assessment at the conclusion of week 5.

3. STUDENT LEARNING OBJECTIVES

The objectives for the five sessions of clinic will be to develop perceptual and procedural skills in the following areas:

1. Oral Peripheral Examination
2. Speech Assessment
3. Bedside Swallowing Examination
The format of the learning experience offered to students in the above areas will be based on the Action Learning Cycle (ADU 2001)
 - Pre-clinical tutorial to guide students in their revision and preparation for the clinic
 - Planned observation of the clinician performing a task while the students take notes
 - Reflection and discussion
 - Student performs task - observed by the supervising clinician
 - Reflection and discussion and completion of a brief report
4. To use the information from these assessments together with knowledge learnt in HCS2DSS and apply it to clinical cases.

5. Observation of a videofluoroscopic assessment of swallowing (students not expected to perform the procedure)
 - Observation of the clinician performing assessment with structured note taking
 - Observation of analysis of videofluoroscopic recording of swallow with discussion
 - Completion of a brief report

4. CONSULTANCY AGREEMENT

Following agreement on the number of students to be supervised at each participating facility, a Consultancy Agreement will be drafted detailing the terms and conditions of the contract (*Appendix 1*).

5. CONTACT INFORMATION

For information regarding Disorders of Speech and Swallowing Unit, please contact:

Ms Debbie Phyland
Unit Examiner
Ph: 9479 1872
Email: D.Phyland@latrobe.edu.au

For information regarding the consultancy agreement/contract, please contact

Ms Evelyn Bruzzese
External Relations Manager
Ph: 9479 1935
Email: E.Bruzzese@latrobe.edu.au

6. DISORDERS OF SPEECH AND SWALLOWING CLINIC - CLINICAL TIMETABLE

Block 1:#	25 February – 21 March
Block 2:	26 March – 25 April
Block 3:	1 May – 30 May
Block 4: (Intensive)**	30 June – 18 July
Block 5:	22 July – 21 August
Block 6:	26 August – 25 September
Block 7:*	30 September – 23 October

Students in this block will be completing 5 sessions in 4 weeks i.e. an extra session will be required during one of the designated weeks.

Good Friday is on 21st March and falls at the end of Block 1 over 4 weeks and therefore an alternative session will be required during one of the designated weeks.

** To accommodate the large number of 3rd year students requiring DSS placements the School is willing to consider placing students during their semester breaks for an intensive placement. Five ½ days over the break period is the alternative during this period.

7. LEARNING AGREEMENT

In all clinics, an agreement regarding the expectations for the placement should be made between the student and the clinical educators. Due to the short duration, and specific learning objectives of this clinic, a standardized learning agreement has been formulated (*Appendix 2*). The student and the clinical educator should discuss this agreement at the commencement of the clinic. Although this is a standardized agreement, discussion of individual learning and supervisory styles is encouraged. Any relevant notes should then be added wherever appropriate, and the agreement signed by both student and clinical educator.

8. TEACHING GUIDE

8.1 Sessional Teaching Outline

8.1.1 Session 1 (Week 1): Observation

Students engaged in observation of clinical educator/supervisor with a variety of clients. Students are expected to take notes during observation sessions and then engage in active discussion with the clinical educator. Students are encouraged to discuss/express their observations. Students observe the clinical educator writing file entries. The structure used to write file entries is discussed. Students observe the clinical educator liaising with other team members. The learning agreement is discussed and signed.

Learning Objectives:

- To develop observation skills
- To develop skills in communicating observations verbally.

8.1.2 Session 2 (Week 2): Observation and joint sessions

Students plan and participate in part sessions with the clinical educator. Responsibility is given to the student to perform a task/small number of tasks within sessions. Students are required to carefully record observations and any data obtained during sessions. Observations are then discussed with the clinical educator and the student is expected to problem solve any issues using assessment information and knowledge learnt in HCS2DSS. Students are directed to write file entries for clients they have observed/worked with, to be presented for review/feedback the following week. Students observe the clinical educator liaising with other team members.

Learning Objectives:

- To develop basic procedural skills.
- To develop interpersonal communication skills required with adult clients.
- To consolidate theoretical knowledge taught in HCS2DSS by applying it to cases seen.
- To develop skills in communicating observations verbally and in written and format.

8.1.3 Session 3 (Week 3): Joint sessions

Students increase their involvement in client sessions; however sessions remain shared with the clinical educator. Students are to be actively involved at some level with every client. Students continue to write detailed notes on observations and data obtained. Students are expected to become more active in initiating/directing discussion based on observations/assessments. As part of this, students are expected to participate in problem solving, with the clinician, issues surrounding the client. Students are directed to write file entries for clients they have observed/worked with, to be presented for review/feedback the following week. Students observe the clinical educator liaising with other team members. A short mid placement discussion is conducted with each student towards the end of the session.

Learning objectives:

- To develop basic procedural skills.
- To develop interpersonal communication skills required with adult clients.
- To consolidate theoretical knowledge taught in HCS2DSS by applying it to cases.
- To develop skills in communicating observations verbally and in written and format.

8.1.4 Session 4 (Week 4): Videofluoroscopy

Where possible, students are to view clients booked in for videofluoroscopy prior to the video, allowing for some observation/assessment and history taking. Students are to watch the video, and participate in tasks relating to rating of the video and planning management. Students may require maximum guidance to participate successfully in this session. Students choose a client with which they have observed/worked with over the previous weeks, to write a report on, and discuss report format and language. Students observe the clinical educator liaising with other team members.

Learning objectives:

- To understand the role of videofluoroscopy in swallowing assessment and management.
- To develop basic procedural skills.
- To develop interpersonal communication skill required with adult clients.
- To consolidate theoretical knowledge taught in HCS2DSS.
- To develop skills in communicating observations verbally and in written and format.

8.1.5 Session 5 (Week 5): Sole sessions (final placement assessment)

Students plan and conduct full assessment/ review sessions under the supervision of the clinical educator. (Please note, therapy is not within the scope of this clinic). Students present a draft of the report discussed in the previous week to their clinical educator for feedback. Students observe the clinical educator liaising with other team members. The Clinical educator must complete the Bachelor of Speech Pathology - Clinical Assessment Form (*Appendix 3*) at the conclusion of the session.

Learning objectives:

- To develop basic procedural skills.
- To develop interpersonal communication skill required with adult clients.
- To consolidate theoretical knowledge taught in HCS2DSS.
- To develop skills in communicating observations verbally and in written and format.

8.2 Complexity of clients

This clinical experience is intended to give students hands on experience with concepts taught in HCS2DSS lectures. Speech Pathologists involved in the clinical education of students in this clinic are requested to concentrate the bulk of teaching around speech and swallowing issues. Many clients will present with complex issues relating to language/communication, and although discussion of such issues is encouraged, students are not to be assessed on this learning. Students should however be actively involved in developing strategies for communicating with people who have complex communication needs.

It is important to note that students completing this clinic in semester one will be attending classes in Aphasia and Augmentative and Alternative Communication concurrently with their attendance in the clinic.

8.3 Client Assessment Procedures and Report Writing

The focus of student learning within this clinic is to centre on the assessment and diagnosis of disorders of speech and swallowing and the formulation of recommendations. In particular, students are encouraged to develop skills in the procedural aspects of speech and swallowing evaluation and to develop basic clinical reasoning and problem-solving skills. To facilitate an understanding of the areas that have been covered the previous year in the HCS2DSS Unit, a copy of the syllabus and reference material is included (*please refer to Appendix 4*). To maximize student learning the following assessments/assessment procedures are recommended and have previously been introduced in lectures or follow principles taught:

- HCS2DSS Disorders of Speech and Swallowing - Oral Peripheral Examination (*Appendices 5&6*)
- Bedside Swallowing Assessment (*Appendix 7*)
- Assessment of Dysarthria - Frenchay Dysarthria Assessment (Pamela. M. Enderby)
- Assessment of Apraxia - no specific assessment is required. Use of that which is considered most appropriate by each facility recommended.

Supervisors may wish to use their own assessment tools in lieu of the above if preferred.

Students will be required to complete two styles of report writing tasks.

1. File entries:

During the placement students should observe their supervisor completing file entries, discuss the format in which this is done, and then have the opportunity to complete file entry exercises. Students should not be required to complete file entries on the day of assessment, but instead be allowed time to reflect at home on the task before submitting file entries for review/feedback.

2. Report:

Students will be required to complete at least one report through the course of their placement. Students are to choose a client which they have seen within the clinic and write a report using the Speech and Swallowing Report Format (*Appendix 8*). This report can be discussed with the supervising clinician and is to be submitted within two weeks of completion of the final session to the Unit Coordinator, Angie Dobbrick.

8.4 HCS2DSS (Disorders of Speech and Swallowing) lecture material

Chief amongst the learning objectives of this clinical Unit, is the consolidation of material taught in 2nd year in the Unit HCS2DSS. Appendix 4 contains the Unit outline with overall learning objectives for the Unit, as well as learning objectives for each lecture, and a reference list. A worksheet for the Dynamic Swallow CD-Rom (*Appendix 9*) is also included.

8.5 Tutorials

Students are required to attend a mid placement tutorial at La Trobe University, as a hurdle requirement. The mid placement tutorial will be conducted in the student’s third week of their clinic. The following questions are used to guide the tutorial discussion:

1. How do we produce speech? Describe the physiological process according to the 5 principle components that contribute to speech production.
2. List the principle classifications of dysarthria, relate each type of dysarthria with the location of damage to the nervous system and describe the cardinal features of the specific dysarthrias.
3. What are the principle differences between dysarthria and apraxia of speech?
4. Describe the perceptual correlates of speech production according to the 5 principle components outlined above. What are the symptoms of breakdown?
5. What is involved in swallowing? Describe the process according to the phases of swallowing. What aspects do we assess to determine whether someone is dysphagic?
6. Work through the factors observed during an Oro-motor Examination. Explain the relevance of each factor to speech and swallowing function. Consider which aspects of motor function are to be assessed during this examination (strength, range of movement, co-ordination etc.). Which tasks test these aspects?

8.6 Student Assessment

Attendance at the five clinical sessions, the tutorial, and satisfactory completion of the written report, are all compulsory hurdle requirements for the successful completion of this clinic. Students must complete an Absentee Form (*See the Appendix section of the Clinical Educators’ Handbook online*) and attach a supporting medical/ or other certificate, and hand

this in to the Clinical Education Coordinator, in the event of an absence from any of the required activities. The course of action will be determined on an individual basis based on the reason for absence, the task(s) missed and the student's ability to complete any supplementary tasks deemed appropriate.

Students are to be assessed using the criteria of "minimal guidance" as set out in the Clinical Educators' Handbook. Clinical Educators will be required to complete the Bachelor of Speech Pathology – Clinical Assessment Form (*Appendix 3*) at the end of the Clinic only. A discussion on progress is recommended at the end of the third session (comments should provide direction to the student about future clinical learning goals for 4th year clinics). Clinical educators are requested to consider the short duration of this clinic when making judgments relating to student assessment.

8.7 Feedback

Feedback will be sought from all students at the conclusion of each block. Similar feedback will be sought on an ongoing basis from clinical educators involved in the program. All feedback obtained will be collated by the clinical education coordinator into a report, and will be made available to staff in the School of Human Communication Sciences and all clinical educators in participating facilities.

CONSULTANCY CONTRACT: TERMS AND CONDITIONS

Qualifications and Experience:

All clinical supervisors will hold a recognized degree in Speech Pathology, and will have at least 2 years clinical experience.

Accountability:

Responsible to the Head of School, School of Human Communication Sciences.

Responsibilities:

1. Clinical teaching in the area of disorders of motor speech and swallowing, to be provided under the direction of Debbie Phyland, Lecturer. This will include clinical teaching sessions, practical demonstrations, discussion, and provision of written and verbal feedback as required.
2. Ongoing consultation with Debbie Phyland, to develop and refine materials required in the delivery of the clinical program for all students.
3. To be aware of and to make the students aware of the current ethical, legal and management issues involved in the provision of services to clients with acquired motor speech and swallowing disorders in a primary health care setting.
4. Be aware of the guidelines for clinical supervision and assessment criteria for 3rd year undergraduate students, as set out in the current Supervisors Clinical Education Handbook.
5. Be involved in the clinical assessment of students.
6. Provide active consultation with students regarding the delivery of service and the practical applications from the undergraduate curriculum.
7. Undertake ongoing liaison with the Clinical Education Coordinator as to the progress of students undertaking clinic.



Faculty of Health Sciences
School of Human Communication Sciences

THE LEARNING AGREEMENT FORM

Surname: _____ First Name: _____
Student Number: _____ Semester: _____ Date: _____
Unit Code: **HCS3DSS** Facility: _____

The following is a suggested format for learning agreements. Please modify it as appropriate to suit individual needs. Any agreement should be seen as a living document and should be reviewed at regular intervals and rewritten when necessary during the placement.

1 WHAT CAN THE CLINIC PROVIDE WITH REGARD TO THE STUDENT’S LEARNING NEEDS?

(a) Learning Needs

Consolidation of material taught in HCS2DSS-Disorders of Speech and Swallowing lectures. Development of; observation skills; communication of observations both verbally and in written format; interpersonal communication skills required with adult clients; basic procedural skills. Opportunities for observation, discussion, reflection, participation and feedback.

(b) Type of cases and service delivery

Assessment of adult client with disorders of speech and swallowing in a health care setting. Case history taking, oral peripheral assessment, dysarthria/apraxia assessment, bedside swallowing assessment, videofluoroscopy.

2. WHAT WILL BE THE STUDENT’S WORKLOAD? PLEASE SPECIFY THE LEVEL OF RESPONSIBILITY OF THE STUDENT CLINICIAN IT IF VARIES ACCORDING TO THE TASK/CASE.

By the end of the placement, students will participate in all aspects of speech and swallowing assessment. File notes will be written for clients seen in weeks 2-5. A full report and on one client. Observation notes to be taken for all clients observed. Active participation in all discussions with the clinical educator. Active participation in tutorials.

3. HOW MUCH OBSERVATION VERSUS PARTICIPATION WILL OCCUR?

Students:

(a) In the early stages of the placement
(Clinical Educators are encouraged where possible to provide at least 2-3 sessions of structured observation in the early stages.)

Observation only in session 1.

- (b) Later in the Placement
(Clinical Educators are encouraged to model new learning experiences and specialised techniques where possible throughout the placement).

Part observation of clinical educator and student pair in weeks 2-5. Observation of videofluoroscopy

4. WHEN WILL THE STUDENT CLINICIAN SUBMIT PLANS AND REPORTS?

Please clarify days and time

- *File notes- due the following week*
- *Report- discussed in week 4, draft due in week 5, final draft to be handed in within two weeks of final session*
- *Session plans prepared/submitted as required by clinical educator.*

5. WHAT WILL BE THE FREQUENCY AND NATURE OF INPUT FROM THE CLINICAL EDUCATOR INCLUDING:

- *feedback and discussion sessions (specify times)*
- *teaching techniques (e.g. demonstrations)*
- *reviewing plans and reports*

Feedback and discussion following each client session as appropriate. Written and verbal feedback of student's performance and written work. All plans to be reviewed prior to client sessions. Teaching to be conducted through demonstrations and discussion and guided study tasks.

6. THE ROLE OF THE LA TROBE CLINICAL EDUCATOR

The La Trobe Clinical Educator will be responsive to requests made by the External Clinical Educator and the student. External Clinical Educator's and students are encouraged to contact the La Trobe Clinical Educator for support, information advice and tutorials. The La Trobe Clinical Educators will contact External Clinical Educators prior to the placement and unless otherwise agreed, will not routinely contact external clinical educators thereafter.

Students have access to La Trobe staff during 3 x tutorials for support and information. All comments/questions to be directed to Debbie Phyland, Unit Coordinator, outside of the tutorial times.

Dates and Signatures:

Date for mid placement feedback: *At the conclusion of Week 3*
Date for final assessment: *At the conclusion of Week 5*
Date for review of this Agreement: *Any comments to be forwarded to Debbie Phyland
La Trobe Uni.*
Other Important Dates: *Students to be aware of tutorial dates*

Signed:

Student: _____ Date: _____

Clinical Educator: _____ Date: _____

BACHELOR OF SPEECH PATHOLOGY
DISORDERS OF SPEECH & SWALLOWING (DSS)
3RD YEAR CLINICAL ASSESSMENT FORM

Student Number: _____

Surname: _____ First Name: _____

Facility/Clinic Name: _____

Commencement Date: _____ Completion Date: _____

LTU Clinical Educator: Debbie Phyland

(The following must be completed by the External Clinical Educator at the completion of the Clinic)

External Clinical Educator: _____

Total Number of Days student attended your Facility: _____

Signature: _____ Date: _____

Please indicate whether the student has reached criterion or not in all 5 areas listed below. Pass Level is defined in the Clinical Educators'/Student Handbook - see criteria for individual Units.

The clinical assessment form has been designed to facilitate identification and development of student behaviour or skills in clinical placements. The behaviours or skills as they appear on the assessment form (Procedural, Problem Solving, Interpersonal, Self Evaluation and Professional) may be demonstrated across a variety of *tasks*. The Competency Based Occupational Standards (CBOS) provides a comprehensive list of *tasks* that students and Speech Pathologists may undertake in clinical practice. When commenting on a students **behaviour or skills** in one area please make reference to particular *tasks* based on CBOS Units or Elements . For example:

Procedural

The student has demonstrated the ability to accurately ***instruct clients in assessment and therapy sessions (Units 1&4)***. His **feedback** in *individual sessions and education sessions (Units 4 &6)* has been **well timed** and delivered at an **appropriate level of understanding**.

CBOS UNITS

1. Assessment
2. Analysis and Interpretation
3. Planning of Speech Pathology Intervention
4. Speech Pathology Intervention
5. Planning, Maintaining and Delivering Speech Pathology services
6. Professional, group and community education
7. Professional Development

PROCEDURAL:

- Has NOT reached criterion at this point
- Pass Level Achieved

Comments: _____

Comments may address ability to: discriminate responses and give feedback accurately, instruct clients, present work that will motivate clients, use appropriate reinforcing techniques, use appropriate timing and sequencing, use aids and materials appropriately.

PROBLEM SOLVING:

- Has NOT reached criterion at this point
- Pass Level Achieved

Comments: _____

Comments may address ability to: plan long term, short term and individual session goals, interpret diagnostic information, write interpretive reports, evaluate progression within therapy, apply theoretical principles and research to the Clinical Practice, select clients and terminate therapy, demonstrate flexibility within the therapeutic setting.

INTERPERSONAL:

- Has NOT reached criterion at this point
- Pass Level Achieved

Comments: _____

Comments may address ability to: establish a working relationship with clients, understand and respond to client needs, use interviewing skills, give informational counselling, plan affective counselling.

SELF EVALUATION:

- Has NOT reached criterion at this point
- Pass Level Achieved

Comments: _____

Comments may address: critical thinking about what one has learnt, recognition of appropriate standards of performance, accurate reporting of what took place, comparison of own performance to the predetermined standard, identification of strategies for change.

PROFESSIONAL:

- Has NOT reached criterion at this point
- Pass Level Achieved

Comments: _____

Comments may address: ability to relate to other professionals, notions of caseload management, time management and clinical administration, responsibilities, ethical behaviour, use of available referral sources, ability to use different service delivery models as required, notions of ongoing professional development.

SUMMARY:

LA TROBE CLINICAL EDUCATOR'S COMMENTS:

SIGNATURES:

Final Placement

External Clinical Educator: _____ Date: _____

LTU Clinical Educator: _____ Date: _____

Student: _____ Date: _____

UNIT OUTLINE

Week 1

(Class 1)

Monday

Lecture:

The Speech and Swallowing Systems across the lifespan (anatomy and function):

Debbie Phyland

Learning objectives:

- To revise anatomy pertinent to speech/swallowing
- To understand the components of the motor speech/swallowing systems
- To understand the physiology of speech/swallowing

References:

2, 6, 9, 10, 14, 19, 25

(Class 2)

Thursday

Lecture:

The Neurology of Speech: *Debbie Phyland*

Learning objectives:

- To revise neuroanatomy pertaining to speech
- To identify the cranial nerves involved in speech and which functions they subserve
- To understand the importance of the Motor Cortex, Cerebellum, Brainstem, Basal Ganglia and Spinal cord to speech
- To examine the roles of the pyramidal, extra-pyramidal, cerebellar systems in the motor system for both speech and swallowing
- To understand the concepts of cranial nerve, lower motor neuron and final common pathway, pyramidal system, upper motor neuron, cortico-bulbar and cortico-spinal tracts

References:

2, 3, 6, 9, 15, 17, 18, 25

Week 2

(Class 3)

Monday

Lecture: (2hrs)

The Neurology of Speech (continued) and Swallowing *Debbie Phyland*

Learning objectives:

- To revise neuroanatomy pertaining to speech and swallowing
- To identify the cranial nerves involved in speech and which functions they subserve
- To understand the importance of the Motor Cortex, Cerebellum, Brainstem, Basal Ganglia and Spinal cord to swallowing
- To examine the roles of the pyramidal, extra-pyramidal and cerebellar systems in the motor system for both speech and swallowing
- To understand the concepts of cranial nerve, lower motor neuron and final common pathway, pyramidal system, upper motor neuron, cortico-bulbar and cortico-spinal tracts
- To understand the theories of neurological control for swallowing

References:

2, 3, 6, 9, 15, 17, 18, 25

Lecture: (1hr)

The role and significance of the afferent system

Debbie Phyland

Learning Objectives

- To understand the processes of planning, programming and neuromotor execution
- To understand the importance of sensory input and feedback in motor control and function
- To understand the concept of the motor program for speech
- To define dysarthria and dyspraxia as subtypes of motor speech disorders

References:

3, 6, 9, 15, 16*, 18, 25

(Class 4)

Thursday

Lecture: (2 hrs)

Neuropathology: effects on speech and swallowing

Debbie Phyland

Learning Objectives:

- To identify and understand the nature/ profile of specific neurological conditions which impact on speech and swallowing
- To understand the impact of neuropathology on speech and swallowing processes
- To understand the nature of stroke
- To learn the most common lesions resulting in speech and swallowing disorders
- To understand the nature of speech and swallowing disorders following a stroke, including spastic dysarthria, lateral medullary syndrome, unilateral upper motor neuron lesion dysarthria, locked-in syndrome & others

References:

2, 3, 4, 6, 9, 10, 14, 15, 16, 24

(Class 5)

Monday

Lecture:

Epidemiology, prevalence and classification of dysphagia

Debbie Phyland

(Assign tutorial group presentations)

Learning objectives:

- To understand the classification systems used in dysphagia
- To examine the prevalence, impact and clinical context of dysphagia

References:

4, 10, 12, 13, 14, 17, 19, 20

Lecture:

Epidemiology, prevalence and classification of dysarthria

Debbie Phyland

Learning objectives:

- To identify the classification systems used to describe dysarthria
- To describe the salient features of the different categories of dysarthria
- To develop an understanding of the epidemiology particularly the prevalence of dysarthria as part of the communication disorders of Neurological origin
- To understand the impact and clinical context of dysarthria

References:

3, 6, 9, 15, 16, 18, 25

(Class 6)

Thursday

Lecture:

Diagnosis and assessment procedures for swallowing

References:

4, 10, 12, 13, 17, 20

Instrumental evaluation of swallowing

Debbie Phyland

Learning objectives:

- To observe normal structure and function on dynamic radiological imaging
- To practise the skills required to evaluate swallow dysfunction using videofluoroscopic examination

References:

4, 10, 13, 20, 21

Week 4

(Class 7)

Monday

Skill Class: (2 hrs)

VFS- interpreting

Lecture (1 hr)

Motor speech perceptual evaluation

Assessment procedures for speech

Debbie Phyland

Learning objectives:

- To examine the purpose and principles of the assessment of motor speech problems
- To understand the components of the motor speech assessment
- To examine the French dysarthria assessment
- To investigate the role of the clinical assessment of motor speech in planning intervention

References:

6, 7, 9, 16, 18, 25

(Class 8)
Thursday
Lecture:

Speech & swallowing profiles among neurological conditions *Debbie Phyland*
(Group Presentations)

Learning objectives:

- To develop an awareness of the speech and swallowing dysfunction commonly observed among different neurologically-disordered populations
- To identify the main areas of data search required to inform clinical assessment and management for the neurological subgroups.

Week 5

(Class 9)
Monday

Lecture: (3hrs)

Introduction to tracheostomy Tanis Cameron

Learning objectives:

- To observe normal structure and function of the oral cavity
- To identify the patient populations who require tracheostomy
- To outline the anatomy and physiology of tracheostomy
- To identify key components and types of tracheostomy tubes
- To discuss the impact of the tracheostomy tube on speech and swallowing function
- To discuss the communication options for those with tracheostomy

References:

5*, 10, 13, 16

(Class 10)

Thursday

Skill Class:

Oral peripheral, clinical bedside and perceptual examinations- adult

Elizabeth Gibson

Learning objectives:

- To observe normal structure and function of the oral cavity
- To practise the skills required to perform an oral peripheral examination
- To integrate theoretical information about the structures of speech and swallowing with the physical examination of these structures
- To understand the differences in clinical approach and profile between children and adults

Week 6

(Class 11)

Monday

Lecture/Tutorial

Group Presentations & review of clinical assessment of acute vs chronic patients

Debbie Phyland

(Class 12)

Thursday

Self-study (clinical assessment of speech and swallowing)

Week 7

(Class 13)

Monday

Lecture:

Motor Speech Theory & differential diagnosis of dyspraxia/dysarthria

Dr Miranda Rose

(Class 14)

Thursday

Lecture & tutorial:

- A) Perceptual test NB-compulsory attendance
B) Clinical Problem-solving / Case-studies

Week 8
(Class 15)
Monday

Lecture: **Motor speech disorders in children** *Dr Beverley Joffe*

Learning objectives:

- To understand the differential diagnosis/ salient features of Dysarthria and Dyspraxia and recognize differences in acquired versus developmental profiles
- To understand the nature of the breakdown in paediatric motor speech disorders

References: 15 (ch.1)*, 6, 9, 16, 18, TBA * denotes main reference

(Class 16)
Thursday

Lecture: **Assessment & management of speech and swallowing with cerebral palsy**
Gail Porter

Week 9
(Class 17)
Monday

Lecture: (3 hrs) **Effects of cancer and treatment on swallow and speech.** *Louise Dobbie*

Learning Objectives:

- To understand the changes to oropharyngeal swallowing following head and neck cancer and/ or radiotherapy
- To understand which measures of swallowing function are the most appropriate in this clinical population
- To understand effects of both neurological and structural damage on swallowing efficiency in this clinical population
- To understand the key factors in facilitating recovery in this clinical population
- To understand the function and effects of radiotherapy
- To understand the effects of combined surgery and radiotherapy
- To review the management strategies for this clinical population

Reading References: 10, 13, 22

(Class 18)
Thursday

Lecture: **Complex paediatric populations – characteristics of dysphagia and consequences**
Management of swallowing in complex paediatric populations (neonatal & others)
Justine Slattery

Learning Objectives:

- To understand the factors which modify sucking patterns
- To understand the feeding interventions in complex paediatric populations
- To be aware of bio-behavioural interventions in regard to this population
- To understand the internal and external factors that influence outcomes

Reading References: TBA

Week 10 **SEMESTER BREAK**

Week 11
(Class 19)
Monday

Lecture: **Assessment and management of cleft lip and palate** *Dr Julie Reid*

Learning objectives:

- To understand the definition and classification of cleft lip and palate
- To understand the embryogenesis and aetiology of cleft lip and palate
- To understand the management (surgical and team) of cleft lip and palate
- To understand the impact of cleft lip and palate on speech and swallowing.
- To understand diagnostic procedures in the evaluation of velopharyngeal function

References: TBA

(Class 20)

Thursday

Lecture:

Intervention Methods for Adult Dysphagia

Debbie Phyland

Learning Objectives:

- To identify the invasive and non-invasive methods and management options for dysphagia intervention
- To apply an evidence-based approach to intervention planning
- To develop problem-solving skills in dysphagia intervention and planning
- To compare the efficacy of different intervention models

References:

4, 10, 11, 14, 20

Week 12

(Class 21)

Monday

Lecture:

Oral peripheral and perceptual examinations- children

Dr Beverley Joffe

Learning objectives:

- To observe normal structure and function of the oral cavity
- To practise the skills required to perform an oral peripheral examination
- To integrate theoretical information about the structures of speech and swallowing with the physical examination of these structures
- To understand the differences in clinical approach and profile between children and adults

(Class 22)

Thursday

Skill Class:

Paediatric swallowing intervention: Practical Skills and evidence *Justine Slattery*

Week 13

(Class 23)

Monday

Lecture:

Intervention for paediatric motor speech

Dr Beverley Joffe

References:

TBA

(Class 24)

Thursday

Lecture:

Therapy for acquired dysarthria

Debbie Phyland

Learning objectives:

- To study the methods of dysarthria intervention in light of evidence-based practice and underlying physiological dysfunction
- 9. To understand the principles of treatment planning for dysarthric speakers
- 10. To understand the nature and application of impairment- based interventions for the following components of speech:
 11. Respiration
 12. Phonation
 13. Resonance

References:

6, 8, 9, 16, 18, 23, 25

Week 14

(Class 24)

Monday

Lecture:

Outcome measures in dysarthria & dysphagia

Debbie Phyland

Tutorial:

Clinical Problem-solving / Case-studies

Learning Objectives:

- To apply knowledge of dysphagia and dysarthria to clinical context
- To develop skills in devising intervention plans

(Class 25)

Thursday

Lecture/tutorial

Revision & Exam preparation

Debbie Phyland

ASSESSMENT FOR DISORDERS OF SPEECH AND SWALLOWING:

1. Hurdle requirements:

- Participation in Group Tutorial Presentation on the speech and swallowing profile of a designated neurological condition
- Participation in oral peripheral sessions

2. Test - Perceptual Evaluation of Videofluoroscopic Swallow Assessment (20%)

3. Assignment (30%) (Maximum of 800 words)

You will be required to write a speech and swallowing intervention plan from a case provided. This task evaluates application of knowledge to the clinical situation.

4. Exam (50%)

- 1 x two hour examination scheduled during the end of year examination period (combination of Multi-Choice and short answer format). This exam will incorporate all theoretical and clinical areas covered in motor speech and swallowing with a particular emphasis on testing the integration of knowledge and clinical problem-solving.

REFERENCE LIST:

1. #Aevedson, J.C. & Brodsky, L. (2002) *Paediatric swallowing and feeding*. Singular Thompson Learning, San Diego.
2. *Bhatnagar, S.C. (2002) *Neuroscience- For the Study of Communicative Disorders*, 2nd Ed., Lippincott Williams and Wilkins, Philadelphia.
3. *+Brookshire, R.H., (1997) *Introduction to neurogenic communication disorders*, 5th Ed., Mosby. Sydney.
4. #Carrau, R.L. & Murry, T. (1999) *Comprehensive management of swallowing disorders*, Singular, San Diego.
5. ~Dikeman, K.J. (1995) *Communication and swallowing management of tracheostomized and ventilator-dependent adults*, Singular, San Diego.
6. *+Duffy, J.R., (1995) *Motor speech disorders: substrates, differential diagnosis and management*, Mosby, St Louis.
7. ~Enderby, P.M., (1982) *The Frenchay Dysarthria Assessment*, Singular Press.
8. ~Enderby, P.M., (1997) *Therapy outcome measures*, Singular Press.
9. +Freed, D.B. (2000) *Motor speech disorders: diagnosis and treatment*, Singular, San Diego.
10. #Groher, M.E., (1997) *Dysphagia, diagnosis and management*, Butterworth Heinemann.
11. Huckabee, M.L. & Pelletier, C.A (1999) *Management of Adult Neurogenic Dysphagia*, Singular, California
12. ~Johnson, H. & Scott A., (1993) *A practical approach to saliva control*, Pro-ed, Texas.
13. ~Jones, B. & Donner, M. (1990) *Normal and abnormal swallowing: imaging in diagnosis and therapy*
14. #Logemann, J., (1998) *Evaluation and treatment of swallowing disorders (2nd Edition)*, Pro-ed. Texas.
15. *Love, N.R., and Webb W.G., (2001) *Neurology for the Speech-Language Pathologist*, Butterworth-Heinemann, Boston.
16. *+McNeil, M.R. (1997) *Clinical management of sensorimotor speech disorders*, Thieme, New York.
17. *#Miller, A.J. (1999) *The neuroscientific principles of swallowing and dysphagia*, Singular, San Diego.
18. *+Murdoch, B.E (1998) *Dysarthria: a physiological approach to assessment and treatment*, Stanley Thornes, Cheltenham.
19. *Perkins, W.H. & Kent, R.D. (1986) *Textbook of functional anatomy of speech, language and hearing*. Taylor & Francis, Basingstoke.
20. #Perlman, A. & Schultze-Delrieu, K. (1997) *Deglutition and its disorders: anatomy, physiology, clinical diagnosis, and management*, Singular, San Diego.
21. Russell, A., & Scholten, I., (1998) *The Dynamic Swallow (CD-ROM)*.
22. Sullivan, P. Guildford, A. *Swallowing Intervention in Oncology*
23. ~Swigert, N. (1997) *The source for dysarthria*, Linguisystems, East Moline.
24. #Wolf, L.S., & Glass, R.P., (1992) *Feeding and swallowing disorders in infancy: assessment and management*, Therapy skill builders, Tuscon.
25. +Yorkston, K.M., Beukelman, D.R., Strand, E.A. & Bell, K.R., (1999) *Clinical management of motor speech disorders*, Pro-Ed, Texas.

* denotes useful for review of anatomy and neurology

denotes useful for overview on swallowing and dysphagia

+ denotes useful for overview on motor speech disorders

~ denotes specific to one or two lectures

Main texts are available at the bookshop

-Groher (10), Duffy (6), Freed (9) & Murdoch (18)

-All texts are available on counter reserve either for 3 days or 3 hours

Please note that the reference list is a recommended guide only and you are not required to read every all of the above texts. It is recommended that you read text 10 as a primary text for dysphagia.

The internet is also a useful source but please remember that it is not a refereed publication so will not be reliable.

Internet

- <http://www.d.umn.edu/csd/video/swallowing.htm>

The University of Minnesota offers an opportunity for you to practise identification and evaluation of videofluoroscopic swallows. You can download these samples and practise off line.

- <http://user.chollian.net/~rmpyun/apraxia.htm>

An overview of apraxia and dysarthria differential differences

- <http://www.dysphagia.com/>



Faculty of Health Sciences
School of Human Communication Sciences

Bachelor of Speech Pathology
HCS2DSS Disorders of Speech and Swallowing
ORAL PERIPHERAL EXAMINATION

Student Name: _____ Date: _____

Initials: _____ Age: ____ yrs ____ mnths Male Female

1. Structural Assessment

<i>Teeth</i>	Good condition	<input type="checkbox"/>	Poor condition	<input type="checkbox"/>
<i>Dentures</i>	Upper	<input type="checkbox"/>	Lower	<input type="checkbox"/>
	Full	<input type="checkbox"/>	Partial	<input type="checkbox"/>
	<i>Tongue</i>	No abnormality	Fissured	<input type="checkbox"/>
<i>Mucosa</i>	No abnormality	<input type="checkbox"/>	Dry	<input type="checkbox"/>
	Red	<input type="checkbox"/>	Pale	<input type="checkbox"/>

2. Positioning (Complex innervation)

Observe head and trunk position

<i>Head and neck</i>	Upright	<input type="checkbox"/>	Extended	<input type="checkbox"/>
	Flexed	<input type="checkbox"/>	Curved	<input type="checkbox"/>
<i>Sitting</i>	Unsupported	<input type="checkbox"/>	Supported	<input type="checkbox"/>

3. Respiratory System (Complex innervation)

<i>Observe at rest</i>	No abnormalities	<input type="checkbox"/>	Clavicular	<input type="checkbox"/>
	Diaphragmatic	<input type="checkbox"/>	Thoracic	<input type="checkbox"/>
<i>Ask patient to cough</i>	Effective	<input type="checkbox"/>	Ineffective	<input type="checkbox"/>
	Moist	<input type="checkbox"/>	Dry	<input type="checkbox"/>
<i>Observe during speech</i>	No abnormalities			<input type="checkbox"/>
	Speaking on residual air			<input type="checkbox"/>
	Vocalisation on inspiration			<input type="checkbox"/>
	Incoordination			<input type="checkbox"/>

4. Lip Musculature (Facial Nerve VII)

Observe at rest	No abnormalities	<input type="checkbox"/>	Retracted	<input type="checkbox"/>
	Drooping at angle		Right	<input type="checkbox"/>
10 repetitions of 'oo-ee'	Time	_____	seconds	
	Reduced range		Right	<input type="checkbox"/>
			Left	<input type="checkbox"/>
		Incoordination	<input type="checkbox"/>	

10 repetitions of /p/ /p/ /p/

Reduced strength	Time	_____ seconds	
	right	<input type="checkbox"/>	left <input type="checkbox"/>
	Incoordination	<input type="checkbox"/>	

Maintain puffed up cheeks for 15 seconds

Time	_____ seconds
Nasal escape	<input type="checkbox"/>

5. Jaw Musculature (Trigeminal Nerve V)

Observe at rest

Normal occlusion	<input type="checkbox"/>
Retracted mandible	<input type="checkbox"/>
Prognathic mandible	<input type="checkbox"/>

Jaw opening

No abnormality	<input type="checkbox"/>
Minimal opening	<input type="checkbox"/>
Extended opening	<input type="checkbox"/>
Deviation	Right <input type="checkbox"/> Left <input type="checkbox"/>

10 repetitions of lateral movements

Impaired range	Time	_____ seconds
	Right	<input type="checkbox"/> Left <input type="checkbox"/>

6. Cheek Musculature (Facial Nerve VII)

Resistance

Spasticity	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
Flaccidity	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>

7. Tongue Function (Hypoglossal Nerve XII)

Observe at rest

Wasting	No abnormalities	<input type="checkbox"/>	Fasciculation	<input type="checkbox"/>
	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>

5 protrusions

Time	_____ seconds
No abnormalities	<input type="checkbox"/> Impaired range <input type="checkbox"/>

5 up and down movements

Impaired range	Time	_____ seconds
	Right	<input type="checkbox"/> Left <input type="checkbox"/>

5 lateral movements

Impaired range	Time	_____ seconds
	Right	<input type="checkbox"/> Left <input type="checkbox"/>

10 repetitions of /kala/

Time	_____ seconds
/l/ inaccurate	<input type="checkbox"/> /k/inaccurate <input type="checkbox"/>

8. Soft Palate Function (Vagus Nerve X, Accessory Nerve XI)

Observe at rest

Deviation	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
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Tremor	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
Gag reflex	No abnormality	<input type="checkbox"/>	Hyporeflexive	<input type="checkbox"/>
	Hyperreflexive	<input type="checkbox"/>		
5 repetitions of /a/				
Impaired elevation	No abnormality	<input type="checkbox"/>	Left	<input type="checkbox"/>
	Right	<input type="checkbox"/>		
5 repetitions of <i>may pay</i>				
	No abnormality	<input type="checkbox"/>	Hypernasal	<input type="checkbox"/>
	Hyponasal	<input type="checkbox"/>		

9. Phonation (*Vagus Nerve X*)

15 seconds of /a:/	Time	__	seconds	
Vocal quality	No abnormality	<input type="checkbox"/>	Wet	<input type="checkbox"/>
	Harsh	<input type="checkbox"/>	Breathy	<input type="checkbox"/>
	Strain/strangled	<input type="checkbox"/>	Monoloud	<input type="checkbox"/>
	Monopitch	<input type="checkbox"/>	Stridor	<input type="checkbox"/>
	Tremor	<input type="checkbox"/>	Pitchbreaks	<input type="checkbox"/>

ORAL PERIPHERAL EXAMINATION

Positioning (*Complex innervation including accessory nerve XI*)

Action	Record	Relevance	
		Speech	Swallowing
Observe head and trunk position	<ul style="list-style-type: none"> Note head/neck position: (ie, upright, extended, curved, flexed) Note body position (ie, sitting with/out support) 	Maintenance of respiratory support for speech	Maintenance of pharyngeal lumen Maximises gravity

Respiratory system (*Complex innervation*)

Action	Record	Relevance	
		Speech	Swallowing
Observe respiration at rest	<ul style="list-style-type: none"> Note breathing pattern (ie, no abnormalities, clavicular, diaphragmatic, thoracic,) 	Respiratory support for speech	
Ask patient to cough (this assesses voluntary cough)	<ul style="list-style-type: none"> Note strength of cough (effective, weak) 	Vocal cord adduction	Airway protection during swallowing (cannot be sure about reflexive cough)
Observe breathing during speech	<ul style="list-style-type: none"> Note quality of respiration (ie, abnormalities, speaking on residual air, vocalisation on inspiration, insufficient air for phonation) 	Respiratory support for speech	

Lip musculature (*Facial nerve VII*)

Action	Record	Relevance	
		Speech	Swallowing
Observe lips at rest	<ul style="list-style-type: none"> Note drooping of angle/s of mouth Note presence of drooling 	Ability to produce labial sounds	Oral seal during swallowing

Lip musculature (*Facial nerve VII*) (cont'd)

Action	Record	Relevance	
		Speech	Swallowing
Ask patient to repeat 'oo - ee' 10 times	<ul style="list-style-type: none"> Time taken, in seconds, for 10 repetitions Note range/accuracy of movements 	Ability to produce labial sound, particularly annunciating vowels	Oral seal on a straw
Ask patient to repeat /p/ /p/ /p/ crisply and clearly 10 times	<ul style="list-style-type: none"> Note consistency of seal and clarity of /p/ 	Ability to produce labial sound, particularly articulating consonants	Oral seal during swallowing
Patient fills cheeks with air and maintains this for 15 seconds	<ul style="list-style-type: none"> Note the time that the seal is maintained and whether any air leaks from the lips. Also tests soft palate/pharyngeal closure 	Ability to produce labial sounds	Oral seal during swallowing

Jaw musculature (*Trigeminal nerve V*)

Action	Record	Relevance	
		Speech	Swallowing
Observe jaw at rest	<ul style="list-style-type: none"> Type of occlusion 		Biting, chewing and bolus control
Jaw at rest and then ask patient to open their mouth	<ul style="list-style-type: none"> Note type of occlusion, and whether opening is over extended or minimal 	Ability to project speech	Biting, chewing and holding food in the mouth
Patient moves jaw from side to side 10 times	<ul style="list-style-type: none"> Note rate, direction and range of movement 		Chewing

Cheek musculature (*Facial nerve VII*)

Action	Record	Relevance	
		Speech	Swallowing
Insert spatula or finger inside cheek. Push out and bulge the cheek and ask patient to pull in and flatten the bulge (test stronger side first)	<ul style="list-style-type: none"> Note strength and excursion of cheek. 		Ability to keep food away from the lateral sulci Retention of dentures

Tongue musculature (*Hypoglossal nerve XII*)

Action	Record	Relevance	
		Speech	Swallowing
Observe tongue at rest - flat on the floor of the mouth	<ul style="list-style-type: none"> Note presence of tremor, asymmetry, fasciculations or wasting 	Ability to produce lingual sounds	Ability to control bolus
Ask patient to stick out tongue completely and retract five times. Demonstrate at the speed of five protrusions in 4 seconds	<ul style="list-style-type: none"> Note time to complete task Note range of movement 	Ability to produce lingual sounds	Ability to control bolus
Ask patient to point tongue towards nose and then down towards the chin. Demonstrate five cycles in 6 seconds	<ul style="list-style-type: none"> Note time to complete task Note range of movement 	Ability to produce alveolar sounds	Ability to manipulate and clear bolus
Ask patient to move tongue (outside the lips) from one side to another. Demonstrate five cycles in 4 seconds	<ul style="list-style-type: none"> Note time to complete task Note range of movement 		Ability to manipulate and clear bolus
Ask patient to repeat 'ka la' 10 times. Demonstrate ten cycles in 5 seconds	<ul style="list-style-type: none"> Note time to complete task Note accuracy of production 	Ability to produces anterior and posterior lingual sounds in sequence	Ability to position and control bolus within mouth

Soft palate musculature (*Vagus nerve X, Accessory nerve XI*)

Action	Record	Relevance	
		Speech	Swallowing
Observe palate at rest	<ul style="list-style-type: none"> Note presence of tremor, asymmetry, or wasting 	Soft palate/pharyngeal closure for non nasal sounds	Soft palate/pharyngeal closure during pharyngeal phase
Ask patient to say 'ah-ah-ah-ah'. Demonstrate task with a distinct pause in between each 'ah' to ensure that the palate lowers between each production	<ul style="list-style-type: none"> Note range of elevation Note presence of asymmetry in movement 	Soft palate/pharyngeal closure for non nasal sounds	Soft palate/pharyngeal closure during pharyngeal phase
Ask patient to say /may pay/ five times	<ul style="list-style-type: none"> Note quality of nasal resonance Note presence of nasal emission 	Soft palate/pharyngeal closure for non nasal sounds	Soft palate/pharyngeal closure during pharyngeal phase

Laryngeal musculature *Vagus nerve X (recurrent laryngeal nerve)*

Action	Record	Relevance	
		Speech	Swallowing
Listen to voice in speech	<ul style="list-style-type: none"> Note quality of production - breathy, harsh, stridor or wet etc 	Phonation	
Ask patient to say /ah/ for as long as possible, cease timing after 15 seconds	<ul style="list-style-type: none"> Note time to complete task 	Phonation Respiratory support for speech	Airway protection during pharyngeal phase



Faculty of Health Sciences
School of Human Communication Sciences

BEDSIDE SWALLOWING ASSESSMENT

Initials: _____ Age: _____ Medical Diagnosis: _____

Date of Assessment: _____

BACKGROUND INFORMATION

Description of Swallowing Problem:

Self Report Carer Report)Family member/professional etc.,

Tracheostomy tube: No Yes Cuffed Uncuffed

Sitting balance: _____

Head/neck control: _____

Health Status: (*incl. History of chest infections, weight loss etc..*) _____

Current intake: Oral Enteral

Food: _____

Fluid: _____

ASSESSMENT:

Consistencies trialed:

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Puree | <input type="checkbox"/> Nectar fluid | <input type="checkbox"/> Mashed/minced |
| <input type="checkbox"/> Thin fluid | <input type="checkbox"/> Honey fluid | <input type="checkbox"/> Solid |

Oral preparatory phase:

Chewing: _____

Saliva control: _____

Oral phase:

Lip closure: _____

Tongue function: _____

Jaw stability: _____

Pharyngeal phase:

Laryngeal elevation: _____

Cough: _____

Post swallow voice: _____

Summary:

Recommendations:

SPEECH AND SWALLOWING REPORT FORMAT

This is a recommended report format and should incorporate information gained from history taking, the oral peripheral examination, bedside swallowing assessment, and speech assessment (Frenchay, relevant apraxia assessment etc) .

1. Student Name:

Clinic:

Supervising Clinician:

Date of Report:

2. Patient's Background Information:

Including: Patient's Initials; Age; Occupation; Education; Special Interests; Nationality; Languages Learnt/Used; Handedness; Relevant Family Information, ie, Marital Status, Social Situation

Hearing; Vision; Physical Status; Visuospatial/Perceptual; Emotional Liability

3. Presenting Problems:

- *Referral Source*
- *Medical Diagnosis & Relevant Medical History*
- *Current communication status: eg, no speech, uses an electronic device, dysarthric speech, no past speech pathology involvement.*

4. Observations and Test Results:

(including those made by other team members and referenced as such)

- **Tests used**
- **Consciousness:** *mental status, attention, fatiguability*
- **Speech Assessment:** *Including: Respiratory function; Phonation; Articulation; Resonance; Intelligibility.*
- **Swallowing Assessment:** *Including: Current intake, Oral preparatory phase, Oral phase, Pharyngeal phase*

5. Interpretation and Discussion:

- **Statement of the problem in terms of:** *Classification of dysarthria/ Apraxia of Speech and Summary of speech and swallowing problems – i.e. severity, impact on daily living*
- **Prognosis:** *drawing together all relevant strengths and weaknesses*

6. Recommendations:

Statement in terms of further diagnostic, therapeutic and/or counselling goals.

2. What is the principal difference in oral function during a normal liquid swallow and a normal solid swallow?

3. Describe nasal regurgitation.

4. Describe the sequelae of limited range and coordination of tongue movement for solid bolus swallows.

5. Describe the effect of impaired pharyngeal wall function on swallowing.

6. Describe the function of:

a. The palatine tonsils

b. The lips

c. The vocal folds

d. The epiglottis

7. Define

a. Laryngeal penetration

b. Swallow response

c. Barium

8. List the muscular connections of the hyoid bone

9. Define 4 major components of the neural control of swallowing

10. List 3 basic functions of chewing
