

## **Erlanger Hospital Adult Speech Language Pathology**

### **Acute care clinical rotation and objectives**

**What:** An acute care rotation for a speech therapy student refers to a clinical placement within a hospital setting, where the student clinician will primarily work with patients experiencing acute medical conditions focusing on assessing and treating swallowing difficulties (dysphagia), communication impairments, and cognitive challenges that arise from these conditions.

**Who:** Patients with a wide range of medical conditions such as stroke, traumatic brain injury, head and neck cancer, neurological and neuromuscular disorders, or severe respiratory issues, that may impact their communication, cognition and swallowing abilities, often in critical or unstable medical states.

**When:** Speech pathology may be consulted on patient admission or anytime throughout the admission. SLPs are often consulted post-surgical procedures, post-extubation or when a patient has a diagnosis of pneumonia from an unknown source.

#### **Types of assessments:**

- Swallowing evaluations: Clinical bedside swallow evaluation including the Yale Swallow Protocol, Video-fluoroscopic Swallow Study, also known as the Modified Barium Swallow Study (VFSS/MBSS), and the Flexible Endoscopic Evaluation of Swallowing (FEES) to identify swallowing impairments and recommend appropriate dietary modifications.
- Cognitive-communication assessments: Evaluating language comprehension and expression, attention, memory, and executive function to identify communication deficits.
- Speech assessments: Assessing intelligibility of speech, articulation, voice quality, and fluency issues.

#### **Types of treatments:**

- Swallowing therapy: Oropharyngeal exercises, diet modifications, compensatory strategies, respiratory strength training, and techniques to improve swallowing safety.
- Cognitive-communication therapy: Strategies to improve language comprehension, expression, memory, and attention, executive functioning, etc.
- Speech therapy: Articulation drills, compensatory strategies, initiating voice therapy, and fluency management techniques.

**Collaboration with medical team:**

Frequent interaction with physicians, nurses, physical therapists, occupational therapists, respiratory therapists, case managers and other healthcare professionals to coordinate patient care and ensure optimal treatment plans and discharge recommendations.

**What a student might learn during an acute care rotation:**

- Medical terminology related to neurological and systemic conditions impacting communication and swallowing
- Develop clinical skills with assessments to identify critical swallowing and communication needs in acutely ill patients
- How to adapt therapy techniques to patients with complex medical needs and fluctuating conditions
- Importance of documentation and communication within a multidisciplinary team
- Ethical considerations when working with patients in critical situations

**Important considerations for an acute care rotation:**

- Stressful environment: Students may encounter patients in critical condition requiring quick decision-making and adaptation.
- Medical knowledge needed: A strong understanding of basic medical concepts is essential for effective patient assessment and treatment planning.
- Supervision and support: Close guidance from a supervising clinician experienced in acute care practice is crucial.

**Week 1 Objectives:**

- Meet with the supervisor on your first day.
- Discuss work hours, days, and exchange contact information.
- Discuss desire for any personal objectives you would like to achieve.
- Begin reviewing orientation and clinical information packets.
- Tour of the facility (familiarize with floors, elevators, and room layout).
- Set up and familiarize yourself with EPIC (Erlanger's electronic medical record).
- Learn template for chart review and begin to complete chart review in shared team sticky note.
- Begin to learn applicable medical abbreviations, diagnoses, and terminology.
- Observe your supervisor completing patient care/instrumentals and begin to participate in evaluations and treatment as appropriate.
- Review and begin to learn steps for oral motor exam.

- Review and begin to learn steps and stimuli for cognitive evaluation and cognitive case history questions.
- Review and begin to learn steps, PO trial administration, and s/s of aspiration for clinical bedside swallow evaluation and swallow case history questions.
- Review and begin to learn steps for speech and swallow treatments.
- Familiarize yourself with flowsheets, documentation templates, and SmartPhrases.

**Week 2 Objectives:**

- Begin to independently complete chart review in shared team sticky note and compare to supervisor's chart review.
- Begin to discuss triaging patients and observe supervisor's triage.
- Continue increasing participation in speech/swallow evaluations and treatment (asking case history questions, conducting oral motor exam, administering speech/cog tasks and PO trials).
- Begin to learn about making recommendations for next level of care
- Accurately recording time in and time out of room
- Discuss IDDSI levels and learn how to appropriately thicken liquids.
- Discuss alternative means of nutrition/hydration and appropriate clinical scenarios for recommending each (DHT/NGT, TPN, PEG).
- Begin observing VFSS and participating in preparation/administration of PO trials as appropriate.
- Discuss with supervisor and begin learning how to identify penetration/aspiration while reviewing VFSS on TIMS.
- Review MBSImP course, begin learning how to score MBSImP impairment profile with supervisor, and begin learning how to implement and score Penetration-Aspiration Scale.
- Begin completing evaluation/treatment notes with supervisor, applying supervisor edits/feedback, and pending notes for supervisor signature.
- Discuss learning opportunities to observe physical therapy, occupational therapy, respiratory therapy, inpatient rehabilitation, Children's speech therapy, Huntington's Disease clinic, ALS clinic, MDR rounds, and trauma rounds.

**Week 3 Objectives:**

- Continue to triage and discuss documentation for missed visits, intubation/hold notes, etc.
- Continue learning and discussing patient populations as encountered clinically (ACDF, Alzheimer's/dementia, TBI, stroke, cardiac, head/neck cancer, etc.)

- Continue increasing participation to at least 50% in speech/swallow evaluations and treatment (explaining reason for evaluation/treatment to patients, conducting oral motor exam, administering speech/cog tasks and PO trials, and discussing recommendations with patients).
- Independently gather case history information, including social history, home environment, PLOF, current diet, and history of dysphagia or speech/language/cognitive disorders.
- Continue increasing proficiency in completing evaluation/treatment notes with supervisor, applying supervisor edits/feedback, and pending notes for supervisor signature.
- Begin to identify appropriateness for bedside diet recommendation vs need for instrumental swallow study.
- Begin to discuss and make appropriate diet recommendations for clinical bedside swallow evaluations.
- Begin to discuss and apply GI considerations as encountered clinically (esophageal considerations, ileus, fistulas, trickle tube feeds, etc).
- Discuss student project with clinical supervisor and clinical coordinator/educator.

**Week 4 Objectives:**

- Continue increasing participation to at least 75% in speech/swallow evaluations and treatment (explaining reason for evaluation/treatment to patients, conducting oral motor exam, administering speech/cog tasks and PO trials, and discussing recommendations with patients).
- Begin discussing trach/vent, PMV use/wear instructions, PMV stop criteria, utilize Tracheostomy Tom model, and review PMV protocol.
- Increase proficiency with real-time PO trial administration modifications based on bedside s/s of aspiration, patient performance, etc.
- Increase participation in VFSS and increase proficiency with trial administration based on patient performance.
- Discuss trialing strategies during VFSS (chin tuck, head turn, etc.) and appropriate recommendations.
- Discuss radiology technologist vs SLP role and radiation safety.
- Begin recognizing patient's who are appropriate for FEES.
- Discuss oropharyngeal exercises for applicable swallow treatment and begin to utilize as appropriate.
- Review head/neck cancer handouts, recommendations, and exercises and esophageal/reflux precautions as appropriate.

**Week 5 Objectives:**

- Discuss VFSS positioning considerations (C-arm, AP vs lateral, body habitus, etc.)
- Review DOSS and DIGEST scales, begin to learn how to score with supervisor
- Continue increasing participation to  $\geq 90\%$  in speech/swallow evaluations and treatment (explaining reason for evaluation/treatment to patients, conducting oral motor exam, administering speech/cog tasks and PO trials, and discussing recommendations with patients).
- Increase interdisciplinary communication skills. Begin learning to discuss patient care with RN, MD, RRT, etc.
- Begin understanding administration of FEES.
- Outline student project with clinical supervisor and clinical coordinator/educator.

**Week 6 Objectives:**

- Continue increasing participation to  $\geq 90\%$  in speech/swallow evaluations and treatment (explaining reason for evaluation/treatment to patients, conducting oral motor exam, administering speech/cog tasks and PO trials, and discussing recommendations with patients).
- Increase proficiency with providing education to patients and family (oral care, s/s aspiration, deficits, diet recommendations, strategies, etc.).
- Work with interpreter services as clinically appropriate.
- Increase proficiency with/independently administer MoCA as appropriate
- Familiarize yourself with additional resources (WALC worksheets, etc.).
- Will independently complete and post above bed aspiration precaution signage
- Understand and assign Rancho Lo Amigos Levels as appropriate.
- Begin understanding administration and analysis of FEES.

**Week 7 Objectives:**

- Continue increasing participation to  $\geq 90\%$  in speech/swallow evaluations and treatment (explaining reason for evaluation/treatment to patients, conducting oral motor exam, administering speech/cog tasks and PO trials, and discussing recommendations with patients).
- Discuss comfort care considerations (hospice, appropriateness for SLP sign off).
- Triage patient list independently.
- Provide update and ask any questions about the student project to clinical supervisor and clinical coordinator/educator.

**Week 8 Objectives:**

- Continue increasing participation to  $\geq 90\%$  in speech/swallow evaluations and treatment (explaining reason for evaluation/treatment to patients, conducting oral motor exam, administering speech/cog tasks and PO trials, and discussing recommendations with patients).
- Begin to contribute to the analysis of FEES.
- Increase productivity as semester progresses.
- Complete student project and present as appropriate. This may vary based on the number of weeks of the clinical rotation.

**Week 9 Objectives:**

- Independently triage patient list including managing frequencies, re-evaluations and prioritization of patients with increased concerns for aspiration.
- Complete documentation with  $\geq 90\%$  independence.
- Continue improving time management for increasing productivity.

**Week 10 Objectives:**

- Continue increasing participation to  $\geq 75\%$  of VFSS.
- Recognize and begin to understand SLP's role in end-of-life decisions.
- Practice independently communicating with other members of the medical team. Prior discussion and feedback will be given by the clinical supervisor.

**Week 11 Objectives:**

- Independently complete and document speech/swallow evaluations and treatment in patients who are in stable condition.
- Continue increasing participation to  $\geq 90\%$  of VFSS.

**Week 12 Objectives:**

- Independently complete and document speech/swallow evaluations and treatment in patient's who are medically complex.
- Continue to improve knowledge and analysis of FEES.
- Discuss and understand productivity and the impact on patient care.