Syllabus
Dysphagia and Aphasia
Spring 2014 6600 and 6650
Angela Burda, Ph.D., and Carlin Hageman, Ph.D.

Quote from Grad Student, Spring 2012: “If all the other classes ahead of us had to do it, why can’t we?”

CAC 212: Thursday 7:30 – 10:00 A.M. and Friday 7:30 to 9:00 A.M.
Office Hours: Best just to email or stop by to set up a time.

Required Items:


Recommended Item:


Resources:

10. Access Panther Prowler at the Rod Library website and choose Communicative Disorders to access the search engines specifically designed for our department.
Why Problem Based Learning (PBL)? Why Evidence Based Practice (EBP)?

ASHA’s current standards require speech-language pathology students to demonstrate both academic and clinical competence across a wide scope of practice and to be able to use literature to support their decisions (EBP). We believe that traditional teaching approaches are less than optimal at meeting those requirements in some areas of study. In order to meet those standards in our topic areas, we have chosen to implement a problem-based learning (PBL) approach. PBL has a solid foundation of theoretical and practical pedagogical research especially in medical schools and prestigious business schools such as Harvard School of Business. Few programs utilize it yet in speech language pathology; however, the speech-language pathology program at LaTrobe University in Australia uses it exclusively at the undergraduate and graduate levels. The speech-language pathology program at the University of Northern Iowa uses it in four classes. Other programs around the country are beginning to test the PBL waters.

Problem Based Learning (PBL) will be new to some of you while some of you have had at least one exposure to the process. Since we continuously evolve in our application of PBL, there will be new aspects for all of you. To learn successfully, PBL requires active participation. This means that YOU cannot come to class and passively absorb some information and regurgitate it on a test. Coming to class and reading the chapters or readings the night before an examination no longer applies. In a PBL course, it is easy to short-change your education. All you have to do is sit back and let the others do the work. It is absolutely essential that you take part in all activities and read all of the information that is discovered by your study groups and assigned to you by the instructors. While study groups tend to distribute some of the discovery tasks, it is a mistake to only learn the part that you personally explore. Putting more effort into this learning process will enable you to become a highly educated clinician and one who would know enough to help his/her own grandmother.

During the class/cohort meetings you will be doing many different things including, but not limited to: (1) problem solving and identification of relevant information; (2) investigating resources for discussion; (3) integrating information that has been discovered; (4) attending resource lectures, attending clinical demonstrations, presenting to your cohort; (5) reading provided or recommended pertinent resources (e.g., peer reviewed journal articles; textbook chapters; internet resources etc.) and (6) being evaluated (e.g., tests, clinical competency demonstrations, etc.).

Formative Student Outcome Assessments:
Students will be asked to demonstrate knowledge and skills involving critical principles related to aphasia and dysphagia. These demonstrations may include performances on selected items on tests, projects, and other activities. Satisfactory performances on these assessments will be necessary to advance to future coursework. In the event that students do not achieve these performances, remedial actions are planned.

Grading: There will be several sources of evaluation to determine your grade.

**Criterion Test (100 points)**. The criterion test may be taken up to 3 times. To pass you must score 85% correct. Since the criterion test is worth 100 points, passing the 1st time = 100 pts; the 2nd time = 90; and the 3rd time = 75. The criterion test will address the material (primarily undergraduate neuroanatomy and neurophysiology) utilized in the triggers starting with Trigger 1. The examination will be available through UNI eLearning by Friday, January 24th. You will receive immediate feedback regarding your score and you will be able to look at the test for a short period of time after you take it. **You must have the test passed by Friday, February 7th, 2014.**

**Evidence-based practice (EBP) paper (100 points).** This is a three page paper concerning diagnostic, therapeutic, or ethical issue in dysphagia. THREE pages is the MAXIMUM of text allowed including EBP charts (if you choose to include one; see below). Your references are considered outside of the three page maximum (thus, your entire paper may be four pages total because your narrative is three pages and your references are on one page).
The general intent is that the paper is to be written in a manner that summarizes the results of your literature search succinctly, evaluates the data obtained, interprets and applies the data relative to your decision. Include key words or phrases you used for your search, how you revised your search (e.g., new terms), search engines you used, results of your initial findings and subsequent searches, and how you decided which sources to use. A POOR example of describing your literature search is: “I typed in apraxia into Pubmed and got 8 million hits so I then changed my terms and ended up with less articles.”

You need to have a conclusion in which you should address whether the statement you looked up is true, false, or somewhere in between (Think: confirmed, busted, plausible). You will also need to cite the source you use when indicating levels of evidence. Most, not all, students tend to use Metz (2006) and/or the ASHA website to report levels of evidence. Your paper needs to be double spaced (NOT 1 3/4 spaces), in 12pt font (NOT 11 or 10), 1 inch margins all the way around, and use a typically accepted font used in scholarly writing, meaning Arial (not Arial narrow), Times New Roman, or Calibri. Dr. Hageman will likely be more flexible if you do not follow these requirements. Dr. Burda will not. That means, if you do not follow these requirements, you will earn much lower points for this assignment per Dr. Burda’s grading. We always want the Word document so we can edit more easily. The EBP Paper is due by midnight on Friday, February 14th, 2014 with 10 points penalty per day late. We recommend you start NOW.

A Brief List of What We Want (And Don’t Want) With Your Paper:
- Do NOT include a formal title page. It’s unnecessary.
- Do include your Name and EXACT TITLE OF YOUR Topic on the 1st page. You can either do that in the heading or before you start the narrative part of your paper.
- Include page numbers. We don’t care where.
- We’re not flexible in terms of the APA stuff in the narrative part of your paper and in the refs. That all needs to conform to APA standards.
- If using a table for your levels of evidence, items in that table (and only for that table) can be single-spaced. Cite any source you use for EBP levels.
- Submit your paper in Word, rich text, or some other format that we can easily insert comments into. Do not submit your papers in pdf format. We will let you know individually if we want a PDF.

Cranial Nerve Exam (100 points). This will be February 21st and will follow this format:

1. Several names will be drawn from the class to perform the examinations of the cranial nerves.
2. Several names will be drawn from the class to be the subject of the examination.
3. The subjects will endeavor to provide pseudosymptoms for the examiner. (we will supply the general nature of the symptoms, e.g., left side involvement of the 12th cranial nerve).
4. Each examination and pseudosymptom presentation will be scored using:

   100 = accurate in demonstration/explanation/faking, Timely with smooth delivery and few, if any, re-starts and redunancies.
   95 = Minor errors of demonstration or explanation, but smooth.
   90 = Mostly accurate in demo/explanation/faking or accurate but with some delay.
   85 = Some difficulty carrying out demo/explanation/faking
   75 = significant inaccuracies or delays.

5. Each examiner will be allowed one “audience” participation in the form of a yes/no question. If you want assistance, you MUST choose “poll” the audience FIRST. THEN, if you want more help, you can “phone a friend.”
6. Each examiner will be allowed one “phone a friend” (a student in the audience can only be phoned once)
Grading: Each student’s grade/score (for the entire class) will be the mean score of the evaluations of Burda and Hageman across the 12 cranial nerves. Piece of cake! BUT: It will behoove the class to make sure the G1s are as familiar with the examination as are the G2s. In other words, you’re only as good as your weakest member. If you think about it, that is true for our profession in nearly all situations.

IMPORTANT NOTE: There will be problems if we (Burda and Hageman) hear grumbling about the possibility of someone “screwing up” the grade for everyone. We promise you that grumbling to that effect is "less than useless" and in fact, it is harmful to the effort of your colleagues. We feel so strongly about it, that when we hear about it, that person will definitely be chosen to perform as one of the 12 evaluators and then will complete the test in private for all 12 Cranial Nerves. If you are worried about it, then make efforts to help your peers learn it or practice it with them. In our experience, the grumbler is likely to be the one who screws up.

Cohort presentations (100 points). You will make presentations to the group on selected topics within each problem. These may be informative presentations or demonstrations of a clinical technique. Each presentation is worth a maximum of 100 points and your overall score will be the mean of the presentations.

Final presentation (100 points). From a list of clinical situations that will be shown to you early in the semester, small groups will present one from the list. Each group will give a professional presentation on May 1st and 2nd, 2014. These presentations are clinical application of the information you will have learned using the PBL format. Since this will be your final presentation and since you will have known about it the entire semester, it is expected that your presentation will be of professional caliber.

Participatory ratings (100 points). Ratings of your participation will be obtained at the end of each problem in two ways: (1) facilitator and instructor ratings of your trigger submissions (in which content of the information, relation of this information to the trigger, type of references and APA format of references are graded) and (2) anonymous peer ratings. You will be rated on a 100 point scale and your final rating is the mean of all ratings for each problem.

ADP Treatment Presentation (100 points). We will watch clips of clinic clients be presented the Aphasia Diagnostic Profile (Helm-Estabrooks, 1992). You will follow along and score them. We will spend time as a class discussing (1) an overview of the client (e.g., past medical history, other pertinent information); (2) the results of the evaluation, and whether or not you agree with their classification and provide your rationale; (3) any challenges in scoring your client’s responses; (4) the strengths and weaknesses of the clients; (5) prognostic indicators and what prognosis you would choose; (6) the test’s strengths and weaknesses. Your groups will submit a SOAP note for the clients watched in class. Your groups will also present appropriate goals for the client to work on and treatment plans you have developed (This means in-depth treatment presentations). SOAP notes due date will be announced in class. Presentations occur March 13th and 14th, 2014.

Aphasia & Dysphagia Notebook (100 points). This project allows you to develop a resource with assessment information needed to evaluate patients you suspect may have aphasia and/or dysphagia. It will allow you to informally evaluate the various areas that can be impaired resulting from either one of these disorders. You will complete this project in the same group as you do your ADP project. Each group will turn in only ONE notebook on a jump drive. Cite your references. Grading will take into consideration the completeness and appropriateness of the information in the notebook, how the material is organized, and the use and types of references. Due Date: Friday, April 18th. Details will be provided in class. This is NOT a project you can put off and end up with a good end product.

Grading. Your final grade will be calculated from your scores on the activities listed above. You will earn a mean score between zero and 100. Letter grades will be determined from the distribution of the mean scores and the standard deviations.
Final Clinical Examination (no points except you have to show up!) Ok, now for something completely different. The final this year will be the 8th Annual Aphasia/Dysphagia Bowl. You need to be in six teams (self-selected; no more and no less than six teams). You will be responsible for your own noise makers which are sure to draw the attraction of the judges. You are also required to have a “catchy name” for your group; however, you cannot pick “tongue jockeys”. Hageman and Burda will buy the pizza for the winning team as we adjourn to an appropriate pizza place. Winners and LOSERS will be responsible for their own liquid refreshments.

Final Events Schedule

Wednesday, May 7, 2014  8:00 to 9:45 Feedback and discussion of the presentations and semester wrap-up
Wednesday, May 7, 2014  10:00 AM to 11:30 AM Annual Aphasia/Dysphagia Bowl
Wednesday, May 7, 2014  11:30 to ?? for pizza at OP on the hill

Triggers

Approximately four (give or take) triggers are planned for the semester. The triggers will lead you through the anatomy, neuroanatomy and neurophysiology of swallowing and aphasia. You will also investigate and learn about the behavioral outcomes of neurological injuries (in terms of aphasia and dysphagia). Finally, assessment, intervention, and ethical considerations of aphasia and dysphagia will be addressed.

NOTE: The University of Northern Iowa is an Affirmative Action Equal Opportunity Institution. Students with disabilities and other special needs should feel free to contact us privately or UNI’s Student Disability Services, at 273-2677, if there are services or adaptations which can be made to accommodate specific needs.

NOTE: Please refer to the following University of Northern Iowa Web sites for information regarding plagiarism and academic misconduct: http://www.uni.edu/president/policies/301.shtml. Academic misconduct is grounds for a failing grade.

KASA: This course contributes towards the following KASA Knowledge and Skills standards III-B (Neurological), III-C: Etiologies and Characteristics and III-D (Prevention, Assessment, Intervention) for Receptive and expressive language; Cognitive aspects of communication; Social aspects of Communication; Communication modalities. For clinic KASA: Receptive and expressive language, cognitive aspects of communication, social aspects of communication and communication: 1. c, e, f; 2. a, c, d; 3. b, d and dysphagia 1. b, c, e; 2. b, c, d, f, 3. a, b, d.

PBL GROUPS:

Group 1
Facilitator: Dripps
Jennifer Akins
Megan Boss
Kayla Chestnut
Abby Golden
Mallory Gould
Kari Lien
Janis Matthys
Cortney Schneiderman
Kaylie Singkofer
Lydia Sink
Kate Thompson
Bailey Wedeking
Meghan Wethington
Nicole Wroe

Group 2
Facilitator: Reindl
Marissa Baskerville
Caitlyn Boldt
Nicole Busta
Leah Cooper
Kori Haburn
Anna Halverson
Leslie Holtkamp
Amber Melchert
Ashley Richardson
Brooke Shively
Nicole Sperfslage
Adam Strausser
Brooke Van Soelen
Katie Youngblut

Group 3
Facilitator: Schulz
Kelli Bean
Kenzy Benton
Laura Carson
Katie Glesne
Lindsey Lang
Megan Marlow
Emily Marx
Alicia Mormann
Kayla Orthmann
Morgan Reiter
Sarah Ryerson
Cheston Stidolph
Mackenzie Stork
Lindsey Strock
Nicole Wroe
Katie Youngblut
EBP Paper Topics: These are set up as myths, meaning they could be true, not true, or are partially correct. Part of your job for this paper is to find pertinent information, come to a conclusion, provide the rationale for your conclusion, and discuss how this information/conclusion could impact your clinical work. Here are the topics:

1. Urinary Tract Infections have no effect on swallowing  
   Akins Boldt Lien Melchert Wedeking

2. The modified barium swallow (MBS) or VFSS shows what happens when the patient eats a meal  
   Baskerville Cooper Reiter Strock VanSoelen

3. The primary purpose of swallowing intervention is to identify aspiration and to prevent aspiration  
   Bean Marlow Schneiderman Thompson

4. All dysphagic stroke patients require therapeutic intervention for swallowing, in particular, the use of temperature-varied stimulation  
   Busta Golden Haburn Sperfslage

5. Laryngeal elevation is the most important aspect of swallowing  
   Glesne Matthys Shively Youngblut

6. Enteral feeding is better than oral feeding and helps to prevent aspiration pneumonia  
   Carson Halverson Marx Stork

7. Silent Aspiration is very common but is not harmful  
   Holtkamp Gould Mormann Stidolph

8. Videofluoroscopic examination of the swallow is essential and this assessment technique may be used with all dysphagic patients  
   Chestnut Boss Lang Strausser

9. Vital Stim is a proven treatment modality for dysphagia  
   Richardson Orthmann Singkofer Wroe

10. All aspiration is harmful  
    Benton Ryerson Sink Wethington

**********Groups are the Same for the ADP, Aphasia-Dysphagia Notebook, and Final Cases**********

**Group 1**
Jennifer Akins  
Nicole Busta  
Mallory Gould  
Megan Marlow  
Morgan Reiter  
Lydia Sink  
Kate Thompson

**Group 2**
Marissa Baskerville  
Laura Carson  
Kori Haburn  
Emily Marx  
Ashley Richardson  
Nicole Sperfslage  
Brooke Van Soelen

**Group 3**
Kelli Bean  
Kayla Chestnut  
Anna Halverson  
Janis Matthys  
Sarah Ryerson  
Cheston Stidolph  
Bailey Wedeking
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<thead>
<tr>
<th>Group 4</th>
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<tr>
<td>Kenzy Benton</td>
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