

Medical Speech-Language Pathology – Best Practice and Resources

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Outline

- Defining ‘Medical speech-language pathology’
- Scope of practice
- Competency-based medical speech-language pathology practice
- Training students
- Collaboration
- Challenges and opportunities

Where do you work?

SNF

Adult Hospital

Subacute

LTAC

Home Health

Outpatient Clinic

Pediatric Hospital

Schools

Inpatient Rehabilitation

Vanderbilt Bill Wilkerson Center

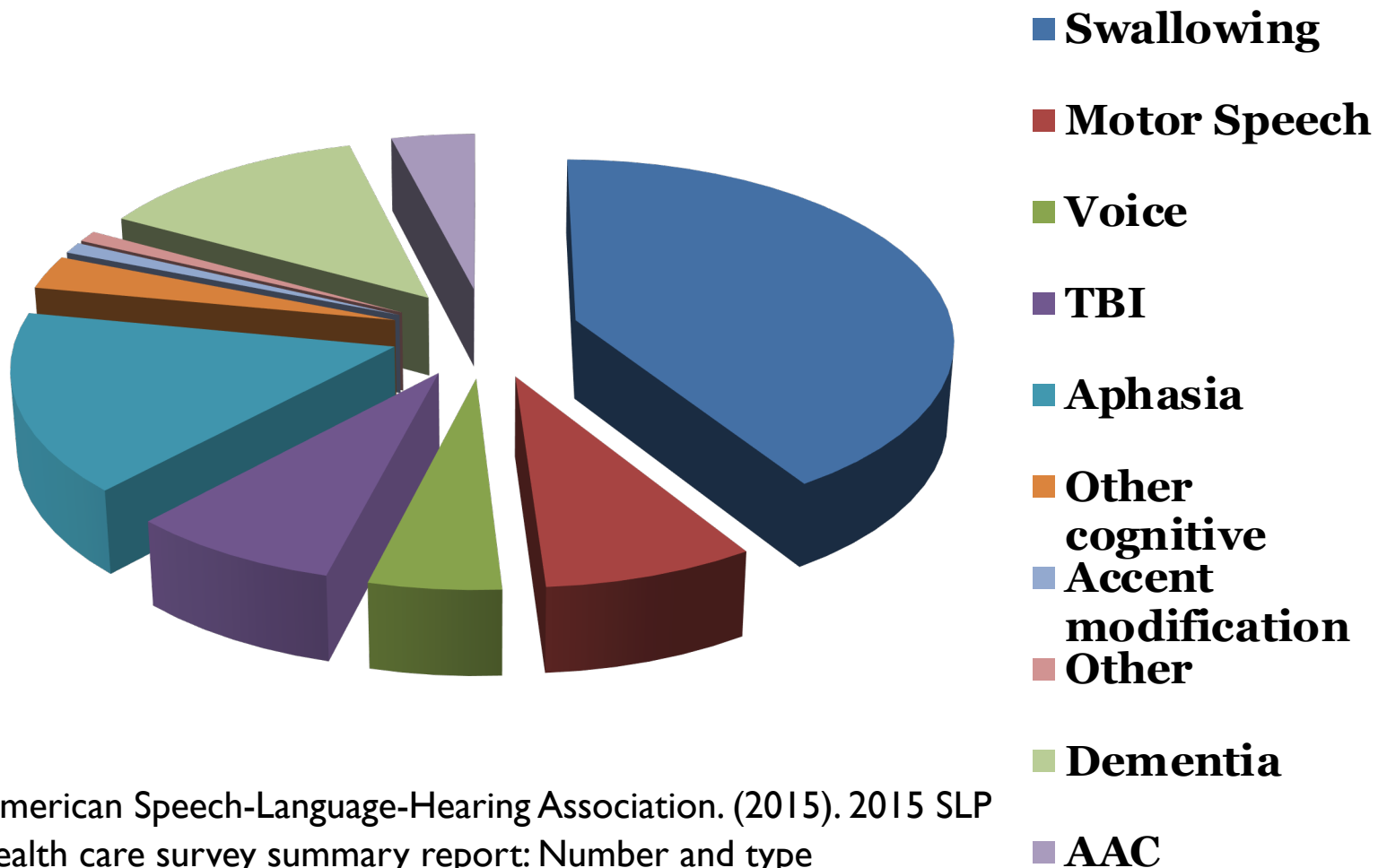
- Acute Care Division ★
- Pi Beta Phi Rehabilitation Institute ★
- Pediatric Speech-Language Pathology ★
- Mama Lere Hearing School (NCCD) ★
- Preschool for Children with Autism (PCA) ★
- Audiology ★
 - CI program, Balance Center, Hearing aids, Hearing assessment, Newborn hearing screening
- Vanderbilt Voice Center
- Monroe Carell Jr. Children's Hospital at Vanderbilt
- Vanderbilt Stallworth Rehabilitation Hospital
- Vanderbilt Home Health Care

Health Care Survey

Facility Type	Percentage (n=1,829)
General Medical, VAMC, LTAC	15.9
Home Health Agency	19.6
Outpatient Clinic/Office	25.4
Pediatric Hospital	8.4
Rehabilitation Hospital	8.7
Skilled Nursing Facility	21.4
Other	0.5

ASHA. (2017). *2017 SLP health care survey summary report: Number and type of responses*

Service Delivery



American Speech-Language-Hearing Association. (2015). 2015 SLP health care survey summary report: Number and type of responses.



Defining Medical Speech- Language Pathology

Speech-Language Pathology

**PHYSICAL,
ANATOMICAL,
PHYSIOLOGICAL,
PSYCHOLOGICAL,
PROCESSES**

**DISORDERS
DISEASES
SYNDROMES**

**MEDICAL SPEECH-LANGUAGE
PATHOLOGY**

**GENERAL SPEECH-LANGUAGE
PATHOLOGY**

A Venn diagram consisting of two overlapping circles. The left circle is labeled 'MEDICAL SPEECH-LANGUAGE PATHOLOGY' and contains the text 'DIAGNOSTIC PROCESSES', 'CLINICAL DECISION MAKING', 'COLLABORATIVE PRACTICE', and 'CONSULTATIVE PRACTICE'. The right circle is labeled 'GENERAL SPEECH-LANGUAGE PATHOLOGY' and contains the text 'EDUCATIONAL DEVELOPMENTAL' and 'VOCATIONAL'. The overlapping area is shaded in a darker tan color.

**DIAGNOSTIC
PROCESSES**

**CLINICAL DECISION
MAKING**

**COLLABORATIVE
PRACTICE**

**CONSULTATIVE
PRACTICE**

**EDUCATIONAL
DEVELOPMENTAL
VOCATIONAL**

Medical Speech-Language Pathology

- Medical speech-language pathology represents a focus on service delivery in health care settings that includes:
 - Screening
 - Assessment
 - Treatment
 - Consultation

across the continuum of care with an emphasis on collaboration, technical specialties, rapid clinical decision making, and planning for the next phase of clinical care.

Medical Speech-Language Pathology

- Perspective that emphasizes:
 - physical processes
 - causes/etiologies
 - associated signs and symptoms
 - pathophysiology
 - underlying disease processes
- We are applying models and tools developed in the medical sciences to the field of speech-language pathology

Medical Speech-Language Pathology

- Goals of care may change depending on the setting
- Setting = Acute care
 - Communication/swallowing diagnosis
 - Including severity
 - Diagnosis sub-type
 - Monitor changes in status
 - Tentative prognosis
 - Patient/family education
 - Discharge planning/facilitate transition to next phase of care

Medical Speech-Language Pathology

- Setting = Inpatient Rehabilitation
 - Refine communication/swallowing diagnosis
 - Monitor change
 - Focus on intensive treatment
 - Patient and family education with goal toward understanding the evolution and course of communication/swallowing disorders (more definitive prognosis)
 - Planning for transition to the next phase of care with consideration of contextual factors (environment, social, psychological, vocational/avocational)

Medical Speech-Language Pathology

- Setting = SNF
 - Re-assess
 - Develop goals/treatment plan that are relevant to the environment
 - Family/staff education
 - Optimizing communication in an institutional environment
 - Ongoing monitoring of change
 - Adapt to short-term/long-term placement



Medical Speech-Language Pathology

- Setting = Home Health Care
 - Re-assess
 - Develop goals/treatment plan that are family driven
 - Family education
 - Functional implementation
 - Ongoing monitoring of change



Competency



Rationale for Competencies

- Onboarding/Orientation
- Skilled clinicians
- Best practice
- Consistency/reliability (with current staff)
- Cultural alignment
- Risk management
- Continuous quality/process improvement
- (Mandated by The Joint Commission)

Competency

- Knowledge
 - Current SLP literature
 - Associated literature
 - Evidence-based practice (EBP)
- Skills
 - Technical
 - Safety
- Assessment
- Renewal process

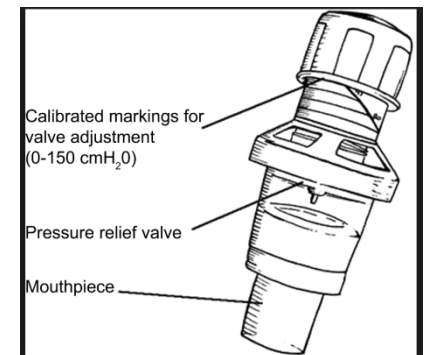
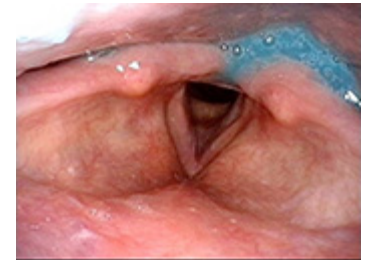
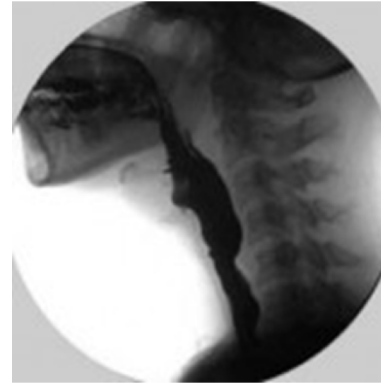


Clinical Competencies – Across Practice Areas

- Deep/thorough knowledge of normal and pathologic anatomy and physiology
- Medical terminology/medical abbreviations
- Navigating the EMR
- Drug classes/drug effects
- Nutrition (hydration, alternative feeding)
- Perceptual skills (audio & visual)
- Differential diagnosis process
- Online processing – clinical decision making
- Psychology/psychosocial factors
- Cultural and linguistic (interpreter services)
- Outcomes assessment (functional & patient-reported)

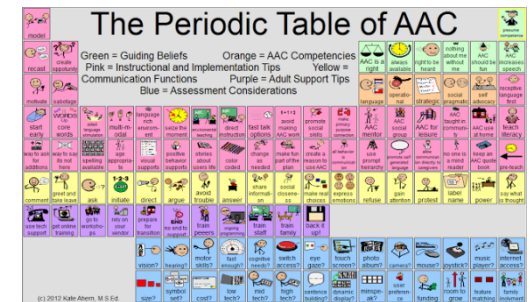
Technical Competencies

- Dysphagia
 - Modified barium swallow
 - FEES/FEEST
 - Trach/vent patients (PMV)
 - Manometry
 - sEMG, IOPI
 - Radiation safety
 - EMST
- Myofascial release/manual therapy



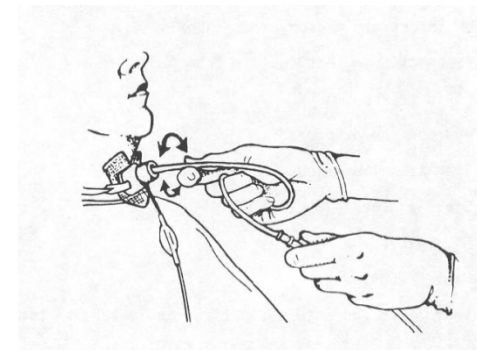
Technical Competencies

- Voice/Resonance Disorders
 - Videostroboscopy
 - High speed imaging
 - Acoustic, aerodynamic, nasometry analysis
 - Nasoendoscopy (VPI)
 - Voice prosthesis, HME, stents (laryngectomy care), AL
 - Anesthetic use
- AAC
 - High/low tech
- High level disinfection (HLD)



Technical Competencies

- Acute care specific -
 - Suctioning/vital signs/transfers/falls prevention
 - Infection control
 - Hand hygiene, contact precautions, N95 respirator use
 - HIPAA
- E-stim modalities
- (ultrasound, scintigraphy)



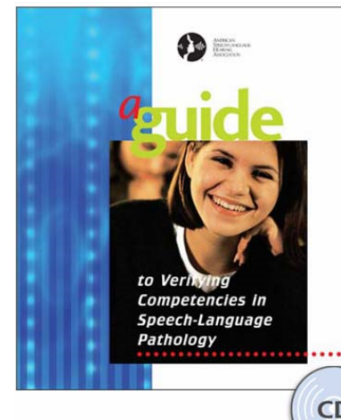
Resources

- Practice Portal
 - Clinical Topics
 - Professional Issues
 - Evidence Maps
 - Handouts
 - Templates
- Guide to Verifying Competencies in Speech-Language Pathology (ASHA, 2009)
- SIG Libraries



SPECIAL INTEREST GROUPS

Practice PORTAL



Resources

- Knowledge and Skills Documents (ASHA)
- Technical reports (ASHA)
 - American Speech-Language-Hearing Association. (2005). The role of the speech-language pathologist in the performance and interpretation of endoscopic evaluation of swallowing: technical report [Technical Report]. Available from www.asha.org/policy.
 - Has sections that reference training, competence, skills



Formats for Verifying Competency

- Observation (live or video)
- Documentation review
- Test
- Checklist
- Demonstration of procedure
 - Patient or volunteer
- Teaching
- Case studies ('standardized patients')
- Continuing education

Verifying Competency

Competency	Does Not Meet	Needs Improvement	Meets Requirements	Exceeds Requirements	Far Exceeds Requirements	Comments
Fiberoptic Endoscopic Evaluation of Swallowing (FEES)						
(Adapted from "Knowledge and Skills for SLPs Performing Endoscopic Assessment of Swallowing Functions", 2002)						
Knowledge required:						
Know normal and abnormal aerodigestive physiology for respiration, airway protection, and swallow.						
Recognize anatomical landmarks as viewed endoscopically.						
Recognize altered anatomy as it relates swallowing function.						
Recognize changes in anatomy and physiology of the swallow over the life span.						
Identify the indications and contraindications for an endoscopic exam.						
Identify the elements of a comprehensive endoscopic swallowing exam.						
Detect and interpret abnormal findings in terms of the underlying anatomy and pathophysiology.						
Apply appropriate treatment interventions, implement postural changes, and alter the bolus or method of delivery to determine the effect on the swallow.						
Use the results of the examination to make appropriate recommendations and to guide treatment of the patient.						
Make appropriate recommendations or referrals for other examinations as needed.						
Know when to re-evaluate swallowing function.						
Use endoscopy as a biofeedback tool and educate patients, family, and staff using the endoscopic images either during or after the examination.						
Skills required:						
Operate, maintain, and disinfect the equipment needed for an endoscopic examination.						
Apply topical anesthetic when clinically appropriate and permitted by the licensing regulations of individual states.						
Insert and manipulate the endoscope in manner that causes minimal discomfort and prevents unpleasant complications.						
Manipulate the endoscope within the hypopharynx to obtain the desired view.						

How Often to Verify?

- Annually
 - Typically for institutionally mandated competencies
- We can argue that you should be checked off more frequently if you perform a certain procedure rarely



Training

Academic – Clinical Interface

- How do we educate students?
- How do we design clinical fellowship experiences?
- How do we prepare clinicians for medical speech-language pathology practice who come from other (non-health care) settings?
- How do we create clinical leaders in medical speech-language pathology?

Graduate Studies

- Medical SLP Tracks
 - University of Washington (some overlap with Core MS-SLP adult track)
 - Medical speech-language pathology
 - AAC in medical settings
 - Assessment & treatment of voice disorders in medical settings
 - Advanced neurological language disorders
 - Evidence-based practice (2 courses)
 - Howard University
 - Communication disorders in aging
 - Medical speech-language pathology

Graduate Studies

- Several programs have ‘medical speech-language pathology’ courses (typically 3 credit hours)
- Clinical doctorate
 - Advanced academic preparation and advanced clinical practice
 - Post-master’s degree
 - University of Pittsburgh (CScD)
 - University of Kansas (SLPD)
 - Nova Southeastern University (SLPD)
 - Valdosta State University (SLPD)
 - Rocky Mountain University of Health Professions (CScD)

Graduate Interns

- Orientation materials
 - Selected literature, policies & procedures, documentation examples
- Problem-based learning
- Clinical experience
 - Rotation among clinicians
- Formal presentation
- Partner with academic program for preparation prior to placement

Clinical Fellowships

- Competency-based
- Didactic experiences
- Rotations among clinicians
 - Other divisions
- Rotations through medical/surgical specialties
- Observations
 - Surgeries
 - Clinics
- Patient advocacy

Changing Practice Emphasis

- Continuing education
 - Conferences
 - Webinars
 - Self-guided study
 - SIGs
- Journal clubs
- PRN work
- ?Observation

Preparing Clinical Leaders

- Career ladder
- Assigning responsibility for departmental functions
 - Clinical specialization/topic expert
 - Administrative
 - Quality/process improvement
 - Continuing education
- Engagement in state and national organizations



Collaboration



Collaborative/Interprofessional Practice

- Enhance patient care
 - Improve outcomes
 - Facilitate transition through the continuum of care
 - Engender appreciation and respect
 - Education
-
- Meharry/Vanderbilt Alliance for Interprofessional Education



Interprofessional Practice (IPP) Core Competencies

- Values/Ethics
- Roles/Responsibilities
- Interprofessional Communication
- Teams & Teamwork

Interprofessional Education Collaborative (May, 2011). Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC Retrieved from:
<https://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf>



IPP General Competency Statements

- Values & Ethics
 - Work with individuals of other professions to maintain a climate of mutual respect & shared values.
- Roles & Responsibilities
 - Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

IPP General Competency Statements

- Interprofessional Communication
 - Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
- Teams & Teamwork
 - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Trends in Medical Speech-Language Pathology

- Consultative practice
- Increased partnership with technology
 - EMR
 - Apps
 - Telepractice/telehealth
- Top of the license practice
- AI
- Alternative reimbursement models

Challenges

Evidence

Documentation

**Health Care
Economics**

Demonstrating Value



Evidence

- Especially lacking for acute care practice
- Assessments
 - Clinical
 - Instrumental
 - Sensitivity & specificity
- Treatment
- What **are** appropriate and reasonable goals for the acute care setting as well as across the continuum?
 - How can we make those goals functionally based rather than impairment based (see Katarina Haley's work at UNC)?

Documentation

- Meeting payer requirements
- Claims-based outcomes reporting
 - G-codes
- Accommodating other health care professionals
 - What do they want to know?
- Communicating with discharge facility
- TIME



Health Care Economics

- DRGs
- Bundled charges
- Alternate payment models (APMs)
- Diminished reimbursement

Demonstrating Value

- We are a **cost** to hospitals
 - For acute care practice
- Competing with other professionals for dollars
- Familiarity with our services
- Familiarity with the SCOPE of our services
- Outcomes data

Will speech-language pathology services help?

- Yes. People who receive SLP services make improvements in all health care settings.
 - ◆ 84% of people with a speech disorder (dysarthria or apraxia) made progress in the hospital or in rehab.
 - ◆ 81% of people with language problems after a stroke make improvements with outpatient services.
 - ◆ Over half of people in the hospital no longer needed a feeding tube after receiving swallowing treatment from an SLP.

Source: ASHA National Outcomes Measurement System (NOMS)



Opportunities



**Demonstrate
Value**

**Expand
Influence**

Educate

Demonstrate Value

- We facilitate discharge
- We decrease length of stay
- We prevent pneumonia
- We prevent re-admission
- Improved quality of care/patient satisfaction
- Align departmental goals with institutional goals – e.g. Patient Harm Index (PHI)

Expand Influence

- Attend huddles
- Join hospital committees
- Participate in Quality Fairs
- Develop projects/initiatives that include other professionals
- Foster practice partners
 - Nurses, nurse practitioners, physician assistants



Educate and Advocate

- Support groups
- Housestaff meetings
- Community physician meetings

- Be a presence

Our Mission



Questions?

