

LOOKING TO 2005: THE NEW STANDARDS AND PROFESSIONAL PRACTICE IN HEALTH CARE

Janet Brown, M. A.
ASHA

Dysphagia and Professional Practice

The new certification standards III-C, III-D, and III-E address the need for knowledge outcomes with specific reference to *swallowing and upper aerodigestive functions*. This reflects the substantial percentage of members currently providing dysphagia services and the resulting expectation for students to have proficiency in this area so they are prepared for professional practice. According to ASHA's 2000 Omnibus Survey, 91.5% of members working in hospital and 97.9% in residential health care settings provided dysphagia services. Within recent years, the percentage of members providing these services in school settings has increased to 21.3%, with expectation for continued growth. This increase can be ascribed to the numbers of infants whose lives are saved through advanced medical technology but who require ongoing services; also, under IDEA, these services may now be seen as covered services because they affect children's educational performance.

Teaching Dysphagia in Graduate Programs

Programs can infuse basic anatomy and disorders courses with pertinent information on normal and abnormal swallowing. Many programs currently also offer elective dysphagia courses that address specific issues such as clinical and instrumental evaluation; treatment strategies, including habilitative/rehabilitative and compensatory techniques; and dysphagia signs and symptoms associated with different diseases or conditions. As noted above, it is essential to include developmental aspects of the anatomy and physiology of swallowing to address the pediatric aspect of swallowing disorders, which differs greatly from the approach to evaluation and treatment in adults.

Resources for Programs

ASHA has a number of policy documents on the topic of dysphagia that not only help students learn aspects of practice for which they will be responsible, but also expose them to the notion of using these policy documents as a resource for professional issues they may face in practice. For example, the position statement, *Roles of Speech-Language Pathologist and Otolaryngologist in the Performance and Interpretation of Endoscopic Examinations of Swallowing*, has been used by clinicians to support their reimbursement claims or scope of practice when challenged by payers, licensure boards, or other professionals. Similarly, *Clinical Indicators for Instrumental Assessment of Dysphagia* gives students and clinicians extensive references to support a rationale for when patients should receive instrumental assessments, a judgment about which clinicians may be challenged (particularly in skilled nursing facilities where the equipment is not available and, therefore, costs more to provide).

Other fundamental policy documents on dysphagia include *Knowledge and Skills Needed by SLPs Providing Services to Dysphagic Patients/Clients* and *Instrumental Diagnostic Procedures for Swallowing*. All these documents are available through ASHA's Web site, <http://professional.asha.org>, and students will benefit from learning how to access such information for their current and future use. ASHA documents are updated periodically; an updated position statement, a technical report, and a knowledge and skills document on dysphagia are currently under revision.

One way that students can learn about dysphagia at their own pace and have the opportunity for extensive exposure to instrumental studies for interpretation and treatment planning is for programs to develop videotape and CD-ROM libraries on dysphagia. ASHA has produced a number of self-study videos taught by experts, including *Interpreting X-Ray Swallow Studies and Planning Treatment* (Logemann), *Dysphagia Grand Rounds* (Logemann, Sonies), *Treatment of Dysphagia in Adults: Methods and Effects* (Martin-Harris),

and *Pediatric Dysphagia: Management Challenges* (Arvedson, Rogers).

Although mentored, hands-on practice is essential for professional competency, these materials afford students an invaluable opportunity to learn the anatomical landmarks of modified barium swallows and to recognize different patterns of swallowing disorders before starting their practicum.

Other related topics for which it is extremely useful for students to have a visual, self-paced model include assessment via endoscopy and treating individuals with tracheostomies and ventilators. ASHA also offers video self-studies on *Endoscopic Assessment of Voice, Resonance, and Swallowing Disorders* (Karnell) and *Managing Communication and Swallowing Impairments in Tracheostomized and Ventilator-Dependent Adults* (Kazandjian, Dikeman).

Special Interest Division 13, Swallowing and Swallowing Disorders offers a means for students to gain clinical information and to learn about professional groups that can provide advanced learning and leadership opportunities throughout their career. The quarterly newsletters of Division 13 incorporate a research perspective to their articles on a range of topics pertaining to various aspects of dysphagia. These newsletters also feature a column in which students provide reviews of the literature.

Finally, introducing students to a free government publication, *Diagnosis and Treatment of Swallowing Disorders (Dysphagia) in Acute Care Stroke Patients*, offers a unique opportunity to teach evidence-based practice and use real life examples of how it can lead to development of policy and generate professional advocacy. This evidence-based report, commissioned by the Agency for Health Care Policy and Research (now the Agency for Healthcare Research and Quality), could be studied in a research methods course to demonstrate the criteria used to evaluate research methods. The report excluded consideration of case studies and relied heavily on a small number of group studies to draw conclusions that were questionable to the expert group of

speech-language pathologists who served as advisors to ASHA. In response to the report, ASHA posted a lengthy rebuttal to the methods and conclusions that were drawn, challenging one of the fundamental conclusions of the report: that a clinical bedside dysphagia evaluation was as effective in preventing aspiration pneumonia as was an instrumental assessment. ASHA's response to the report can be found on the ASHA Web site, and serves as an example of the kind of challenge that students may one day have to mount themselves as professionals.

Ethics and Professional Practice

Standard III-F includes an expectation that students must demonstrate knowledge of standards of ethical conduct. Ethical issues are prevalent and complex in health care settings, and beginning clinicians must be made aware early in their student career that they must evaluate certain job expectations from their employers in light of the Code of Ethics. A current example of an ethical challenge in health care settings surrounds the issue of competency, particularly due to the downsizing of health care staff and resulting efforts to incorporate multiskilling across professions and to increase the use of paraprofessionals. Students should be prepared to find relevant ASHA policy documents, such as position statements and knowledge and skills statements, to support their evaluation of their own competency or that of another professional, particularly in technical, high-risk areas such as dysphagia assessment and treatment.

Students working in medical settings need to understand the significance of a patient's decision-making capability and the patient's or family member's right to make decisions that conflict with a clinician's treatment recommendations. One example is when a patient decides to eat a diet or drink liquids that place him or her at higher risk for aspiration. In schools, an ethical dilemma can occur if a school administrator instructs the SLP not to request a physician examination for a child with a voice problem, when ASHA's Preferred

Practice Patterns indicate that such an examination should take place before beginning treatment.

Students would benefit from role-playing scenarios in which an employer expects them to perform an activity that conflicts with the Code of Ethics, such as signing paperwork for SLP assistants without having provided the appropriate amount of supervision stipulated in ASHA guidelines.

Graduate programs can incorporate ethical issues into courses on disorders as well as in a separate course on professional issues. The critical knowledge for students to acquire is to be familiar with ASHA's Code of Ethics and Issues in Ethics Statements, and to gain practice in problem solving ethical situations. Examples of real life clinical situations can be found in the Ethics Roundtable feature articles that appeared in *Asha* and are reprinted on ASHA's Web site. For examples of ethical dilemmas pertaining to dysphagia specifically, the Special Interest Division 13 newsletters have highlighted case studies with different types of ethical issues. Also, inviting a speaker from a local hospital's ethics committee would be another method of applying information about the role of ethics in professional settings.

Graduate Programs and Contemporary Professional Issues

Students must recognize and learn to manage an ever-increasing and changing array of professional issues in preparation for their future careers. Although it would be unreasonable to expect mastery of these issues, it is essential that students learn how to obtain resources and guidance. Fundamental to these issues is understanding the role of their professional association in providing information and advocacy on behalf of the membership, and the students' role as members and future leaders of the association. They also need to understand the difference between professional certification and licensure within their state.

Another critical professional issue surrounds reimbursement, including private insurance and federal and state programs such as Medicare and Medicaid. In the current health care climate, reimbursement policies set by federal agencies such as HCFA and private insurance companies have a significant impact on clinical practice, resulting in shrinking lengths of treatment, abbreviated evaluation periods, and pressure for group versus individual treatment regardless of clinical appropriateness. Students need to have a basic familiarity with the Prospective Payment Systems implemented for Medicare patients in all health care settings, as well as the Medicare Fee Schedule. They will also need to know about the coding systems used for reimbursement by insurance: ICD-9 (International Classification of Disease) and CPT (Common Procedural Terminology). Students must learn that they will have to appeal reimbursement denials with good documentation and published evidence supporting the efficacy of their treatment.

Another result of changes in the health care arena is that professionals are less likely to hold a full-time salaried position in a health care setting. They may find employment in one or more models of private practice, either providing per diem services to health care institutions or working for a contractor to the institution. Such arrangements place an increased demand on professionals to protect themselves professionally and financially by becoming aware of business issues such as billing, malpractice insurance, taxes, marketing, and maintaining patient records that are in compliance with privacy regulations under the Health Information Portability and Accountability Act (HIPAA). The primary focus of students is their earnest desire to master the clinical content of their future profession; the challenge of academic programs is to convey the full experience of employment and provide them with resources to find the information they need and problem-solving skills to resolve their professional challenges.

A Checklist for Clinical Training

To ensure that students are prepared to meet the challenges of professional practice in health care settings, they must be able to apply their knowledge and skills in clinical situations. First, students must graduate with an understanding of how to achieve efficiency in their assessments and documentation. They will naturally require more information and processing time to arrive at the conclusions of an experienced clinician, and they need to see examples of current assessment and treatment reports at different types of health care institutions and learn how to distill their clinical information into brief and meaningful forms of documentation.

Second, students should demonstrate the ability to justify and advocate for their treatment plan in both written and verbal forms, citing relevant research and outcome measurement tools, such as ASHA's Functional Communication Measures. Finally, students need to demonstrate the ability to analyze real-life professional issues and identify them as ethical, legal, scope of practice, reimbursement, and so forth, and know where to find the resources to resolve them.

Guide to Resources

AHCPR report:

ECRI. (1999). *Diagnosis and Treatment of Swallowing Disorders (Dysphagia) in Acute-Care Stroke Patients*. Agency for Health Care Policy and Research: Rockville, MD. (To obtain a copy, phone 800-358-9295 and ask for AHCPR publication No. 99-E024.)

ASHA educational self-study videos

Product Sales
888-498-6699

ASHA policy documents

<http://professional.asha.org>

American Speech-Language-Hearing Association. (1997). *ASHA Desk Reference*. Rockville, MD: Author.

ASHA standards for certification

American Speech-Language-Hearing Association. (2000). *Standards and implementations for the CCC in SLP*. Rockville, MD: Author.