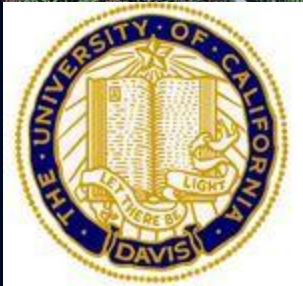




GRADUATE SLP PROGRAMS – GENERALISTS OR SPECIALISTS??



Rebecca Leonard, Ph.D.
Professor, Dept. OTO/HNS
Univ. California, Davis



Center for Voice and Swallowing

UCDAVIS
HEALTH SYSTEM

SPECIALIZATION AT THE M.S. LEVEL IS NECESSARY!!

OPINION BASED ON, BIASED BY --

- EXTENSIVE BACKGROUND IN MEDICAL SETTING**
- MINIMAL EXPERIENCE IN, OR WITH, GRADUATE PROGRAMS IN COMMUNICATION SCIENCES AND DISORDERS**

(BUT....experience with grad., undergrad., fellows, postdocs, SLPs-- foreign and U.S.)

ACADEMIC PROGRAMS' DILEMMA

- **SPECIALIZE IN WHAT AREAS??**
 - **EDUCATIONAL** (i.e. language- literacy, multicultural, 0-3)
 - **MEDICAL** (i.e. dysphagia, neuro, head/neck cancer, voice)
- **FACULTY WHO ARE SKILLED IN PERTINENT AREAS**
- **ASHA REQUIREMENTS**
- **CLINICAL EXPERIENCES**
- **DEGREE COMPLETION IN 2 YEARS**

NOT JUST MY OPINION --

- **OTHER SLPs IN MEDICAL SETTINGS REPORT TRAINING IS INADEQUATE**
- **SOME PROGRAMS ALREADY OFFER SPECIALIZATION**
- **M.D.s QUESTION SLP BACKGROUND, COMPETENCY FOR CERTAIN PRACTICES IN MEDICAL SETTINGS**
 - **CONVINCING CALIFORNIA MEDICAL BOARD THAT SLPs (EVEN WITH SPECIALIZED TRAINING) WERE COMPETENT TO DO ENDOSCOPY WAS NOT EASY**
- **OTHER ALLIED HEALTH PRACTITIONERS QUESTION WHETHER WE SHOULD BE CONSIDERED “DYSPHAGIA SPECIALISTS” (OR ONLY DYSPHAGIA SPECIALISTS)**

**GIVEN EXPANSION OF SCOPE OF
PRACTICE IN LAST 20 YEARS --**

**-- WHY SPECIALIZATION IN MEDICAL
SPEECH PATHOLOGY?**

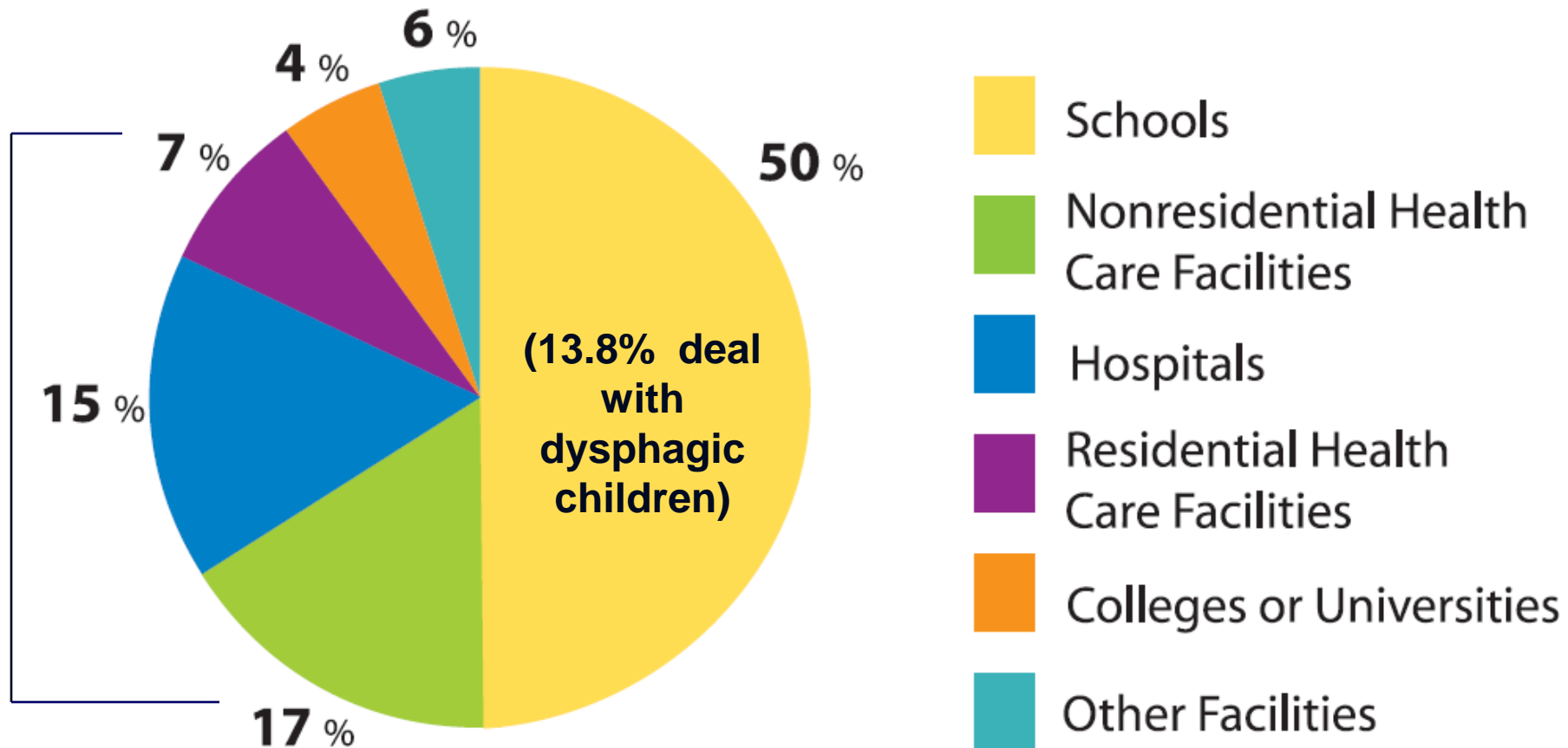
ASHA 2008 – 35% C.C.C. SLPs IN HEALTH CARE SETTINGS

Setting	% Certified SLPs (rounded to nearest %)	# Certified SLPs
Hospitals	14%	12,203
Skilled Nursing Facilities	7%	6,101
Home health	5%	4,127
SLP office	4%	3,409
Speech & Hearing Center	2%	1,974
Other nonresidential	3%	2,602
Other residential	1%	987

-- MANY UNFILLED POSITIONS AVAILABLE

ASHA Members and Affiliates by Their Primary Employment Facility

(ASHA, 2006)



IF JUST CONSIDER “DYSPHAGIA” IN MEDICAL SETTINGS --

- **DYSPHAGIA IS LARGEST PRACTICE AREA IN MEDICAL SETTINGS – AS MUCH AS 60-80% IN SOME (ASHA, 2007)**
- **S.I.D. 13 -- SPECIAL INTEREST GROUP IN ASHA**
- **DYSPHAGIA RESEARCH SOCIETY (DRS) COMPRISED LARGELY OF SLPs**

SURVEY OF 11 CSU PROGRAMS' COURSE OFFERINGS--

“DYSPHAGIA” IN TITLE, COURSE DESCRIPTION--

- **RANGED FROM 1-2 (1 PROGRAM OFFERED 2)**
- **SOME APPEARED TO BE ELECTIVES, NOT REQUIRED**
- **COMBINED WITH OTHER DISORDER, I.E. TBI, MOTOR SPEECH**
- **ANATOMY AND PHYSIOLOGY COURSES MENTIONED ONLY “SPEECH AND HEARING,” NOT DEGLUTITION**

**“DYSPHAGIA” IS A SYMPTOM OF MANY
DISORDERS, OCCURS IN MANY PT.
POPULATIONS....**

**BUT EVEN ASSUMING SOME COVERAGE OF
DYSPHAGIA (AND NORMAL DEGLUTITION) IN
OTHER SLP COURSES.....**

**ACADEMIC EMPHASIS APPEARS OUT OF
PROPORTION TO PROFESSIONAL EMPHASIS**

**40% SLPs in medical settings, largest number involved in
“dysphagia,” and only 1 course per program mentions it????**

IN THESE SAME PROGRAMS--

- **REQUIRED COURSES INCLUDED**
 - **FLUENCY**
 - **AUDIOLOGY (MULTIPLE)**
 - **CHILD LANGUAGE/PHONOLOGY (MULTIPLE)**
- **STUDENT TEACHING APPEARS TO BE STRONGLY ENCOURAGED**
 - **EDUCATION COURSES??**

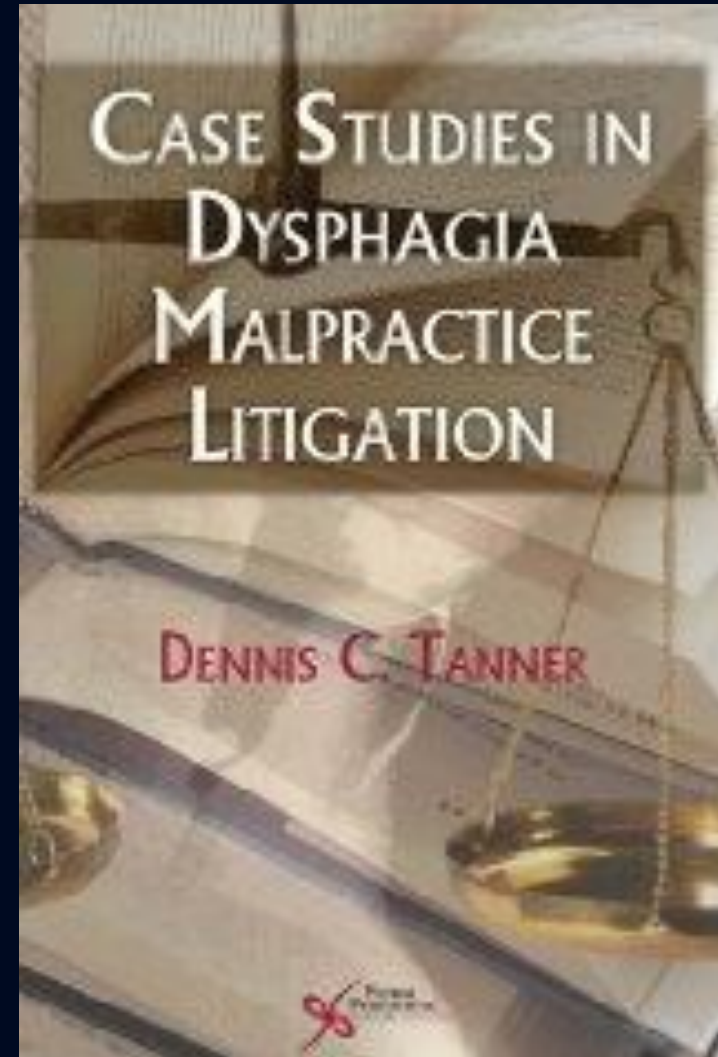
- **EXISTING COURSES ALREADY IN PLACE (VOICE, APHASIA, MOTOR SPEECH, A & P, NEUROCOGNITIVE)**
- **EXPERIENCE HELPS**
- **CONTINUING EDUCATION HELPS**
 - **COURSES**
 - **HANDS-ON EXPERIENCES**
 - **EXTERNSHIPS**

BUT ALL TOO OFTEN, SLPs —

- **INITIALLY, MAY NOT KNOW OR RECOGNIZE WEAKNESSES**
- **AFTER SOME TIME, MAY START TO FEEL OVERWHELMED, DEMORALIZED – SOME QUIT, SOME BECOME MORE COMMITTED AND EVENTUALLY EXCEL**
- **SOME CONTINUE, AND REPRESENT OUR PROFESSION POORLY**

NEGATIVE CONSEQUENCES OF BAD PRACTICE --

- **PATIENT CARE**
 - WE CAN HARM PATIENTS, AND DO
- **LIABILITY**
 - MALPRACTICE
- **LICENSE JEOPARDY**
 - UNETHICAL, UNPROFESSIONAL CONDUCT
 - INCOMPETENCE



LIABILITY CASES RELATED TO SLPs --

- **FAILURE TO UNDERSTAND ILLNESS, PT. FRAILTY AND RISKS**
- **POOR JUDGMENT, INSUFFICIENT KNOWLEDGE**
- **FAILURE TO UNDERSTAND OR FOLLOW “CURRENT, ACCEPTED STANDARD OF PRACTICE”**
- **FAILURE TO CLEARLY DOCUMENT ACTIONS AND RATIONALE FOR THESE**

--ALL INVOLVED FATALITIES

OTHER NEGATIVE CONSEQUENCES --

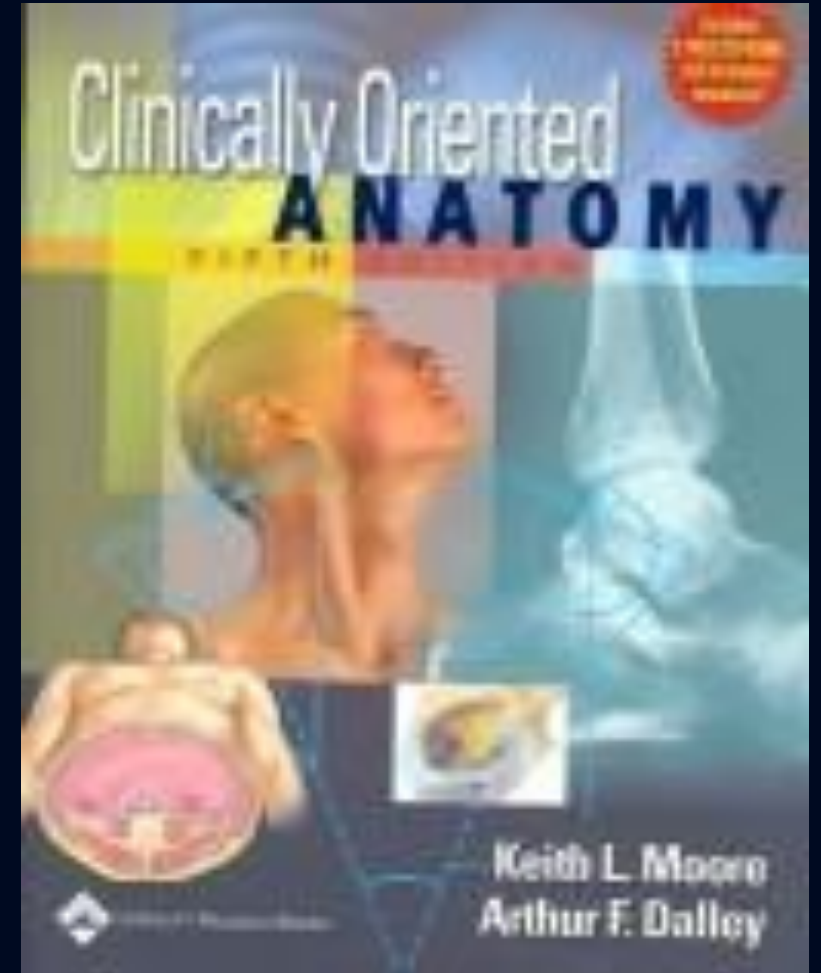
RESPECT FROM OTHER PROFESSIONALS

- **SCOPE OF PRACTICE ISSUES**
 - **M.D.s WHO APPROVE OUR S.O.P**
 - **OTHER ALLIED HEALTH CARE PROFESSIONALS WHOSE S.O.P. MAY OVERLAP**
- **PRACTITIONER VS TECHNICIAN**
 - **VIEW OF SLPs BY OTHER SPECIALISTS (M.D.s, NURSES)**

WHAT WOULD HELP??

1) MORE COMPREHENSIVE, SYSTEMS APPROACH TO CLINICAL ANATOMY & PHYSIOLOGY

- NEURO, AIRWAY (RESPIRATION AND PHONATION), DEGLUTITION, DIGESTION
- DISSECTION, PROSECTIONS, HISTOLOGY
- GOOD GRASP OF NORMAL PROCESSES ACROSS THE LIFE SPAN



2) ELIMINATE, COMBINE SOME COURSES

- FEWER CHILD LANGUAGE, AUDIOLOGY COURSES**
- COMBINE (FLUENCY WITH MOTOR SPEECH?), EXPAND SOME COURSES**
- ELIMINATE CREDENTIALING COURSES AND STUDENT TEACHING FOR STUDENTS WHO WANT MEDICAL SLP**

3) SHIFT OR EXPAND FOCUS OF EXISTING COURSES

FOR EXAMPLE, VOICE DISORDERS--

- ADDRESS PHONATION, BUT ALSO AIRWAY PROTECTION, RELATIONSHIP TO ESOPHAGEAL MECHANISMS**
- ADDRESS VOICE DISORDERS, BUT ALSO PULMONARY DISEASES, TRACHS, VENTILATORS**
- ADDRESS AVERSIVE VOCAL PRACTICES, BUT ALSO AVERSIVE STIMULI, I.E., RADIATION, CHEMOTHERAPY, POLLUTANTS**

4) SPECIALTY TRACKS, OR MORE ELECTIVES?

- **NUTRITION**
- **CRITICALLY AND CHRONICALLY ILL PTS.**
 - **EFFECTS OF PHARMACOLOGY ON COGNITION, SWALLOWING**
 - **COMMONLY USED MEDICAL TESTS, PURPOSES**
 - **IMPLICATIONS OF DECONDITIONING, POOR PULMONARY HEALTH**
- **INSTRUMENTATION**
 - **IMAGING IN HOSPITAL, BUT ALSO INSTRUMENTATION SLPs USE, HAVE ACCESS TO**

5) EARLIER, MORE DIRECTED, OBSERVATION --

- IN HOSPITALS, SKILLED NURSING FACILITIES**
- OF SLPs, BUT ALSO DIETICIANS, R.N.s, M.D.s**
- EXPOSURE TO DIFFERENT TREATMENT MODELS**

-- EXPERIENCE IN SAUDIA ARABIA

6) RESOURCES BEYOND SLP PROGRAMS--

- OTHER INTRA-UNIVERSITY PROGRAMS, COURSES**
- SHARED RESOURCES AMONG SLP PROGRAMS**
- SLPs WITH NONTRADITIONAL PH.D.s**
- ADJUNCT FACULTY**
- COLLABORATION WITH MEDICAL SCHOOLS (OR NURSING SCHOOLS)**

AT U.C. DAVIS --

- **FOOD SCIENCE/NUTRITIONAL BIOLOGY/CLINICAL NUTRITION**
- **CHILD DEVELOPMENT, HUMAN DEVELOPMENT, AGING—ADULT DEVELOPMENT**
- **NEUROSCIENCE**
- **EXERCISE PHYSIOLOGY**
- **BIOMEDICAL ENGINEERING**
- **COMPUTER SCIENCES**

+MEDICAL, VETERINARY AND NURSING SCHOOLS & MIND INSTITUTE

IN SUMMARY--

- **IF WE (AND ASHA) ARE GOING TO REPRESENT OURSELVES AS “MEDICAL SPEECH PATHOLOGISTS”, OR “DYSPHAGIA SPECIALISTS,” TO STUDENTS, TO PATIENTS, THE PUBLIC, EMPLOYERS, OTHER SPECIALISTS, THEN WE NEED TO BACK IT UP WITH NECESSARY SKILLS, COMPETENCE**
- **ACADEMIC PROGRAMS ARE THE STARTING POINT – IF THESE CAN’T ACCOMMODATE NEEDS, THEN WHAT DO WE DO??**