Queens College
SLP-Nutrition IPE Event
Spring 2022

STUDENT INSTRUCTIONS

This interprofessional experience is an opportunity for students from two health professions, speech language pathology and nutrition, to learn collaboratively about assessment of clients with swallowing impairments (i.e., dysphagia). Students will engage in a discussion about topics including the roles of SLP and nutrition, signs and symptoms of dysphagia and malnutrition, assessment tools used by each profession, when to refer for SLP and/or nutrition consults and recommendations that can stem from a clinical assessment. Students will also discuss the impact of diet recommendations (such as thickened liquids), patient preferences, choices and/or restrictions, as well as ways to work collaboratively to ensure clear communication between SLP, nutrition and other health professionals (e.g., doctors, nurses). In addition, students will participate in simulated experiences including performing clinical assessments on each other with guidance from faculty members and tasting liquids of different consistencies (i.e., thickened liquids) to gain experience from the patient perspective.

Learning Objectives

Following this IPE session, students will be able to

1. Identify one's own role and those of other professions to appropriately assess and address needs of patients who may have swallowing impairments and/or difficulty meeting nutritional needs
2. Describe how individuals of other professions work together to maintain a climate of mutual respect and shared values
3. Explain how to communicate in a responsive and responsible manner that supports a team approach to providing optimal health care
4. Recognize how cultural diversity of the patients may impact food choices and presentation as well as clinical services for swallowing assessment

Professional Roles and Responsibilities

Speech Language Pathology

The role of the speech language pathologist (SLP) is to *evaluate*, *diagnose* and *treat* communication and swallowing disorders. The SLP assesses all areas of communication including speech, language, voice, cognitive-communication skills, nonverbal and social communication to determine strengths and challenges in each skill area. The SLP also evaluates swallow function and safety using a clinical assessment and determines if additional assessments and/or interventions (e.g., instrumental assessment, diet modifications, compensatory strategies) are warranted. The SLP will integrate the results of the assessments with best current evidence, their clinical expertise and the client's goals to develop and implement a treatment plan in collaboration with the other members of the health care team.

Nutrition

The Registered Dietitian-Nutritionist (RDN) applies the Nutrition Care Process, focusing on *assessment,* and *diagnosis* of nutrition problems of appetite, intake and ability to obtain, prepare and consume food, *interventions* with Medical Nutrition Therapy, and *monitoring and evaluating* outcomes. RDNs also use screening tools to assess for nutrition risk. They perform nutrition-focused physical exams and estimate nutrient needs. They refer patients to community programs for nutrition and education. RDNs coordinate with other disciplines such as SLP, PT, OT, MD and RN to provide proper diet prescription and assist the patient's ability to obtain, prepare and consume meals. In the acute and extended care settings, RDNs may provide nutrition support via tube-feeding to patients unable to eat or meet nutrition needs from oral diet alone.

Student Responsibilities

Prior to IPE Session

- Read the professional roles and responsibilities listed above for each discipline.
- Review Oral Mechanism Examination, ADIME note, and Mini-nutritional assessment (Appendices A, B and C)
- Review IPE core competencies in Appendix D.

During the IPE Session

- Faculty members will facilitate a discussion about roles and responsibilities of each profession and demonstrate roles using a case-based scenario.
- Students are expected to actively participate in the group discussion. Students should demonstrate insightful reflection on discussion content by providing relevant, appropriate comments and constructive questioning.

- Simulated experiences

  Oral mechanism evaluation - SLP students will perform an oral mechanism exam with nutrition students as simulated patients. (Appendix A)
  - SLP students: Describe any challenges in performing the oral mechanism exam. Consider types of verbal and visual cues that facilitated the exam.
  - Nutrition students: Provide feedback to SLP students on your thoughts and comfort level during the evaluation.

  Nutrition intake assessment - Nutrition and SLP students will observe a nutrition interview conducted by a registered dietician with students as simulated patients. (Appendices B and C)
  - Nutrition students: Describe possible challenges in gathering the information needed for the comprehensive assessment.
  - SLP students: Does information collected by nutritionist overlap with information collected by an SLP during a clinical swallow evaluation? How is it different? How does information gathered by nutritionist impact your clinical swallow evaluation?

Sampling thickened liquids - All students will taste a variety of thickened liquids.

- All students consider the following questions:
  - What was your acceptance of each thickened liquid?
  - How would you help your patient understand the importance of thickened liquids if they were recommended as part of the patient's care?

- Throughout the session, students should consider the following questions:

  How does role of SLPs and dietitians overlap when caring for patients who may have swallowing disorders?

  What signs or symptoms observed during an assessment should prompt a referral to the other health professional (i.e., when should SLP refer to nutrition and vice versa)?

  How can dietitians and SLPs can work collaboratively to ensure clear communication between their professions, as well as with others (e.g., doctors, nurses), about their recommendations?

Appendix A: Oral Mechanism Examination

Name: _____

Age: _____ DOB: _____

Date of Exam: _____ Examiner: _____

I. FACIAL STATUS

overall at rest: symmetrical asymmetric

	symmetrical	asymmetrical	challenged	no movement
eyebrow				
eye lid				
cheek				
upper lip				
lower lip				

II. LIP FUNCTIONING

overall: typical no lip movement

oral containment: typical challenged poor

	symmetrical	asymmetrical	slow	dysrhythmic	imprecise	C/P
lip-rounding						
retraction/spreading						
closure						
pursing						

C/P = cannot perform movement

III. JAW FUNCTIONING

overall: typical yawn - voluntary/reflexive TJM noises no jaw movement

	symmetrical	asymmetrical	C/P
open			
close			

IV. VELOPHARYNGEAL FUCNTIONING

overall: typical hypernasal hyponasal

V. TONGUE FUNCTIONING

overall: typical no tongue movement

other: atrophy tremor tongue thrust hypotonic fasciculation

	symmetrical	asymmetrical	slow	dysrhythmic	imprecise	C/P
elevate						
lower						
extend						
lateralize						

VI. DENTITION

overall: typical edentulous

appliances attached to teeth: braces permanent retainer other: _____

upper teeth	incomplete	diseased	misaligned
lower teeth	incomplete	diseased	misaligned
gingiva	typical	diseased	
implants			
dentures			
bridge			

VII. MOTOR SPEECH PROGRAMING ABILITIES

dysarthria articulatory groping whole/part word transposition of sequence

VIII. VOCAL QUALITY

overall: typical anarthric

low slow breathy harsh wet

IX. **SWALLOW** present challenged absent

current diet: liquids _____ solids _____

strategy usage: chin tuck narrow straw other: _____

X. **COUGH** strong challenged absent

XI. RESPIRATION

Typical supported

Bi-Pap supplemental O2 trach

Appendix B: Nutrition ADIME note

A - Assessment					
S - Subjective					
Chief Complaint:					
UBW: Weight change: gain / loss Appetite: Chewing / swallowing problem / sore mouth Nausea / vomiting / diarrhea / constipation Food intolerance / allergies: Diet prior to admit:			Nutritional supplement: Vitamins / herbs: Food preparation: Factors affecting food intake: Social / cultural / religious / financial Other:		
O - Objective					
Current Diet Order:					
Medical Diagnosis:			Pertinent Medical History:		
Nutrition Focused Physical Assessment – General (Appendix 11 Krause text)					
Age:	Gender: Male ☐ Female ☐	Ht:	Wt: Admit ☐ Current ☐	DBW:	BMI:
% UBW:	% wt Δ:		% DBW:	Other:	
Nutritionally Relevant Laboratory Data:					
Drug Nutrient Interaction:					
Estimated Energy Need: _____ kcal / day Based on:		Estimated Protein Need: _____ g/day Based on:		Estimated Fluid Need: _____ ml / day Based on:	

A - Assessment (A)

Nutrition Focused Physical Assessment – to support dx of malnutrition (see Appendix 11 Krause text)

1) % of estimated energy intake: < 75% < 50% other
2) Weight loss interpretation: % Time

Physical findings: for each below, choose Mild, Moderate or Severe (based on text description) or None

3) Body fat:
4) Muscle mass:
5) Fluid accumulation:
6) Reduced grip strength:

Malnutrition Assessment: Minimum of 2 of the 6 characteristics above is indicative of

_____Severe OR _____Non-severe Malnutrition of _____Social/Environmental OR _____Chronic Illness OR _____Acute Illness or Injury

Nutrition Diagnosis (D)

State no more than 2 priority Nutrition Diagnosis statements in PES Format. Use Nutrition Diagnosis Terminology sheet

ND Term (Problem) related to (Etiology) as evidenced by (Signs and Symptoms). **State diagnosis status and etiology category**:

1.

2.

Nutrition Intervention (I)

P - Plan

List Nutrition Interventions. Use Nutrition Intervention Terminology sheet. (The intervention(s) must address the problems (diagnoses)**.**

Goal(s) (SMART):

Plan for Monitoring and Evaluation (M E)	
List indicators for monitoring and evaluation. Use Nutrition Assessment and Monitoring & Evaluation sheets. (Upon follow-up, the plan for monitoring would indicate if interventions are addressing the problems).	
Signature:	Date:

Appendix C: Mini-Nutritional Assessment

Nestlé Nutrition INSTITUTE

Mini Nutritional Assessment MNA®

Last name:			First name:	
Sex:	Age:	Weight, kg:	Height, cm:	Date:

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
0 = severe decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake ☐

B Weight loss during the last 3 months
0 = weight loss greater than 3 kg (6.6 lbs)
1 = does not know
2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
3 = no weight loss ☐

C Mobility
0 = bed or chair bound
1 = able to get out of bed / chair but does not go out
2 = goes out ☐

D Has suffered psychological stress or acute disease in the past 3 months?
0 = yes 2 = no ☐

E Neuropsychological problems
0 = severe dementia or depression
1 = mild dementia
2 = no psychological problems ☐

F1 Body Mass Index (BMI) (weight in kg) / (height in m^2)
0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater ☐

IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

F2 Calf circumference (CC) in cm
0 = CC less than 31
3 = CC 31 or greater ☐

Screening score (max. 14 points) ☐☐

12-14 points:	Normal nutritional status
8-11 points:	At risk of malnutrition
0-7 points:	Malnourished

For a more in-depth assessment, complete the full MNA® which is available at **www.mna-elderly.com**

Ref. Vellas B, Villars H, Abellan G, et al. *Overview of the MNA® - Its History and Challenges.* J Nutr Health Aging 2006;10:456-465.
Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. *Screening for Undernutrition in Geriatric Practice: Developing the Short-Form Mini Nutritional Assessment (MNA-SF).* J. Geront 2001;56A: M366-377.
Guigoz Y. *The Mini-Nutritional Assessment (MNA®) Review of the Literature - What does it tell us?* J Nutr Health Aging 2006; 10:466-487.

For more information: www.mna-elderly.com

Appendix D: Core Competencies for Interprofessional Education

Adapted from Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

OPERATIONAL DEFINITIONS

Interprofessional education: "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." (WHO 2010)

Interprofessional collaborative practice: "When multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality of care." (WHO 2010)

Interprofessional teamwork: The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care.

Interprofessional team-based care: Care delivered by intentionally created usually relatively small work groups in health care who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient or group of patients (e.g., rapid response team, palliative care team, primary care team, and operating room team).

Professional competencies in health care: Integrated enactment of knowledge, skills, values, and attitudes that define the areas of work of a particular health profession applied in specific care contexts.

Interprofessional competencies in health care: Integrated enactment of knowledge, skills, values, and attitudes that define working together across the professions, with other health care workers, and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts.

FOUR CORE COMPETENCIES

The core competencies and sub-competencies feature the following desired principles: patient/client and family centered (hereafter termed "patient centered"); community and population oriented; relationship focused; process oriented; linked to learning activities, educational strategies, and behavioral assessments that are developmentally appropriate for the learner; able to be integrated across the learning continuum; sensitive to the systems context and applicable across practice settings; applicable across professions; stated in language common and meaningful across the professions; and outcome driven.

Competency 1

Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

Competency 2

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs **of patients** and **to promote and advance the health of populations.** (Roles/Responsibilities)

Competency 3

Communicate with patients, families, communities, **and professionals in health and other fields** in a responsive and responsible manner that supports a team approach to the **promotion and** maintenance of health and the **prevention and** treatment of disease. (Interprofessional Communication)

Competency 4

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to **plan, deliver, and evaluate** patient/population- centered care **and population health programs and policies** that **are** safe, timely, efficient, effective, and equitable. (Teams and Teamwork)