Swallow Screen for Dysphagia Reflection

PROF. Sabrina Murphy

ND602

11/04/2024

Before starting this module, I had some idea of dysphagia, but my understanding was crude, and that understanding was that it involved trouble with swallowing or food going into the windpipe instead of the esophagus. However, at the start of the video they laid out the objectives of the causes, signs, symptoms of dysphagia and this led me to believe I may not fully understand what dysphagia fully encompasses. The first set of skills or knowledge I learned was the idea of trauma and societal isolation that may come with this disorder and while I continued digest the information, I could understand how a patient could succumb to this because of the fear of not being able to eat or swallow properly. As this may not be directly related to the treatment we can offer, to understand these concepts it may give us the tools to properly refer patients to the care teams needed. The 4 phases of swallowing and Dr. B swallowing 7 concepts are one of the most interesting concepts I learned from this module and could help me throughout my future practice while dealing with patients with dysphagia. While thinking about swallowing, many people think about eating/drinking and swallowing and may take it for granted but after this I learned that its very complex and involves 50 pairs of muscles and 6 cranial nerves. I leaned plenty throughout this, but the last thing of the most importance was that the conditions that can lead to dysphagia are stroke, TBI, Dementia, Sarcopenia, CD, and progressive neurodegenerative diseases and these are not all conditions, but they are at least the

ones that stood out to me. To continue with that idea, something I will bring into my practice is the protocol of issuing the screening tools of dysphagia within 24 hours of a patient having a stroke because I would have never of thought of this protocol before this module. I included this topic because I am deeply invested in this field and to be more exact, I have had more than one of those conditions and I want to take the knowledge I have and will obtain to give tools to my patients who might be in the same situation I was in but ensure they have the tools I never had.

Throughout this module, I have gained knowledge and skills that I believe can further advance how I can work with patients and ensure they receive the care they seek. I have discussed some of these in the previous paragraph but as my intended field is acute and long-term care, I believe I will be treating patients who may have these conditions that can lead to dysphagia and while I cannot treat all the aspects, I want to ensure I have all the tools for them. I know I have plenty more to learn throughout this program, the module was just one of the many pillars to build my foundation in treating patients. I would enjoy learning the preventative measures this field is taking to mitigate patients succumbing to the struggles of dysphagia. I will go into in further detail in the next paragraph, but I try to enunciate the need for prevention early on rather than treating as the symptoms arise.

Some challenges I had throughout this module was the overflow of ideas and concepts, but I also had some complications conceptualizing why some percentages of populations have dysphagia and the lack of how we can prevent this from forming. There was plenty of information that was new to me and some I already knew but I had to keep going back and forth from sources to ensure I was interpreting them correctly and I had to look up terms to fully understand the ideas. Although, this was high level learning, I appreciated they idea of giving the students all the information and make us use our own tools to completely understand. On the

topic of prevention, they mention that some 60% of nursing home residents have dysphagia but I would like to introduce my hypothesis on why this may be. I think for some of this population, the develop of dysphagia could be caused by atrophy rather than from their disease states. This is not disregarding he patients that are in a disease state and formed dysphagia from this but for the patients that are "healthy" and still develop dysphagia, I think there could be more to it. When you review the food issued at these homes, it's rare that they are very tough foods, and this could be to prevent future choking hazards, however, it could be increasing the amount of dysphagia but again this is just my hypothesis. I understand that this module was the introduce the idea of how dietitians can join the care team for assessing patients with dysphagia, but I would like to see modules on how we are preventing some of these cases from arising if possible. I think creating a mindset of preventing rather than treating in future graduate students could build a foundation on how we deliver care to our patients.

Overall, this experience was a great foundation that we can build on throughout the course and our careers because this was the very informative on the topic of dysphagia and related topics that may have a direct affect. As I mentioned before, my intended career is ALTC, and with this experience provided to me with certain expectations on the interventions that are needed and how I can use this knowledge to provide the best possible care. I think to improve our experience with this module, could be to include case studies or study assignments to properly assess the correlation versus causation. To bring my experience altogether, the most important aspects I think I have obtained is the high-level aspects of the process physiology, and certain concepts of dysphagia but some of these concepts or ideas have been implanted in my memory. These concepts are the assessments and Dr. B's swallowing seven. Although, I think this module should remain part of this program, I think including the studies they mentioned as

assignments or review could be beneficial and the idea of incorporating the prevention aspect of dysphagia. I have walked away from this experience with a lot of tools that my future patients will be grateful I have learned.

References

"Panopto." *Panopto*, 2015, Murphy, Sabrina kings.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=782e799c-62f2-42ff-8fec-b214000b6d53. Accessed 4 Nov. 2024.