**Telepractice Dysphagia Assessment**

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<https://www.speechpathologyaustralia.org.au/SPAweb/Professional_Education/Learning_to_Use_Telepractice/SPAweb/Professional_Development/Telepractice/Service_Delivery_Telepractice.aspx?hkey=20094f96-5204-4ee5-a744-408f77385f6d#pn02>

**Is it Safe?**

* Clinical Swallowing Assessment has known limitations even when done in-person.
* Provides valuable information on the presence of clinical signs of swallowing difficulty
* Cannot diagnose aspiration
* Infers pharyngeal stage deficits
* Cannot detect silent aspiration

Assistant/other person

* Crucial role in being there for safety and assisting client and therapist

Equipment

* Ensure you can see accurately
  + Coloured fluids
  + Different angles
  + Close ups
  + Tape across neck to see laryngeal movement
  + Lapel microphone – closer than computer audio to hear throat clears

Recheck patient suitability prior to conducting assessment

* Any relevant changes (same as face to face)?

Have clearly outlined emergency procedures

* Known by all parties involved
* Who is responsible in an emergency?
* Assistant should know their role
* The process to follow should an issue arise (choking, altered health state of patient)

**Equipment and Set Up**

**Environment and device**

Patient site

* Quiet room close to medical support/equipment if needed
* Adequate lighting
* View of full face, close up of mouth and lateral head
* Patient’s chair or camera device able to be moved for front and side views
* Split screen to view self and clinician (Clinician on patient’s main screen)
* Free field microphone with mute function
* Lapel mic to hear coughing/throat clearing if required

Clinician Site

* Appropriate device
* Client able to see full face and shoulders
* Client on main screen
* Quiet Space
* Adequate lighting so modelling or demonstrations/oro motor assessment can be clearly seen
* Reduce distractions

**Clinical resources**

Patient site

* Torch to view mouth/soft palate (phone light?)
* Tongue depressor
* Pulse oximeter
* White tape to highlight laryngeal movement
* Food/coloured liquids (cordial, juice)
* Clear utensils e.g clear glass/plastic cup (to view food/fluids)
* Information folder incl. assessment information, key contact details and procedures

Clinician Site

* Telepractice assessment proforma/guide
* Information folder with key contact details and procedures for provider and client site

**Conducting the assessment**

* Introduce everyone in the rooms
* Patient identification and consent has been confirmed e.g. DOB. Record verbal consent
* Provide summary of relevant info and reason for assessment
* Brief description of swallowing difficulties from the patient
* Clarify role of the assistant
* Any queries or concerns answered before the assessment
* Summary of tasks provided

Oromotor assessment

* Assistant palces pulse oximeter if used
* Full face view – face and lip movements and jaw strength
* Close up Oral Cavity – oral hygiene, dentition, tongue and soft palate movements
* Tasks can be supported by the assistant (train to do)
  + Anything where you would have touched the patient yourself.
    - Oral cavity hygiene
    - Jaw strength
    - Tongue strength
    - Soft palate movement

Swallowing assessment

* Lateral view – side of patient seen
* View of cup, and white tape to view laryngeal excursion
* Assessment according to usual protocols as directed by clinician
* Assistant support with
  + noticing patient coughing/throat clearing
  + monitoring patient change
  + Demonstrating strategies
* Zoom out to see strategies where needed

Feedback

* Inform patient and assistant of results and recommendations
* Document the outcome
* Send electronic versions of advice/recommendations
* Keep equipment clean and safe if there are likely to be further remote assessments e.g. in a care home.

**Working with assistants**

Pre Session

* Appropriate training
* Prepare the equipment
* Set up the room to enable safe patient transfer and positioning
* Set up equipment and test connection video and audio
* Prepare list of food and fluids (Sent out beforehand)
* Confirms can conduct procedure if emergency medical assistance is required

During the sessions

* Handover of information, support required and overall plan for the session
* Ensure appropriate positioning
* Provide clear instructions
* Ask clarifying questions between assistant and clinician. Confirm instructions are understood, what is seen and heard and how patient responds during assessment
* Assistant monitors patient for safety – changes in discomfort or changes in status and communicates these to the clinician
* Helps communicate the management plan, diet/fluid recommended and any swallowing exercises

After session

* Ensure patient is transferred safely from the room
* Assistant may help communicate outcome to e.g. nursing team
* Cleans and stores equipment for next session
* Training is essential

**Patient Factors**

* Medically stable and clinically appropriate for swallowing assessment
* Able to be positioned adequately in front of camera
* Adequately alert to participate
* Any cultural/linguistic factors to be considered e.g. interpreter or family member
* Attention, concentration and cognition
  + Use assistant to provide support – repeat and model instructions
  + Use short and basic instructions
  + Assistant can provide appropriate physical assistance and support to patient as needed
  + Modify tasks to optimise safety e.g. amount of liquid in a cup/rate of intake
* Communication skills
  + Use gesturing, short basic verbal and written instructions as needed
  + Assistant can provide support by repeating/modelling instructions
* Hearing and vision
  + Increase volume on speakers
  + Maximise screen at patient end
  + Assistant can repeat instructions