



A SASS MINUTE

First FEES Training in the Middle East



Transnasal endoscopic assessment of oropharyngeal dysphagia is spreading quickly worldwide. In September, SASS was honored with an invitation from the Saudi Society of Speech-Language Pathology and Audiology, Security Forces Hospital in Riyadh and Dar Al-Hekma University in Jeddah to present the first FEES training in the Middle East. Two, 3-day Basic+ FEES courses, sponsored, in part, by Olympus Medical Corp, were presented with forty SLPs and physicians attending from Saudi Arabia, Kuwait, and Abu Dhabi. Michelle, Dr. Karen Brown, and I were instructors. Optim Medical also provided equipment.

Planning began with Dr. Abdulrahman Al-Akeel in December 2014 regarding the plausibility of offering FEES courses in his country. Seldom have I ever worked with any professional as effective and as sincere as my friend, "Akeel." He is among a small group in Saudi Arabia who are driving forces behind educating and implementing high-quality speech pathology services in that country. Other leaders include Mr. Talal Alzurgi, Chairman of SSSPA and Dr. Areej Asseri, Provost at Dar Al- Hekma

University, an all-women's university. These leaders have vision and active plans for the Speech-Language Pathology profession in Saudi Arabia, and their efforts will affect all of the Middle East, as one equipment consultant informed me. After this experience, I must wholeheartedly agree.

Attendees ranged from very recent SLP graduates to seasoned clinicians and physicians. They were well prepared and eager, and, like their US counterparts, they took to scoping readily. But, also like their US colleagues, FEES analysis learning presented challenges. Identifying a problem was easy enough; determining when, where, and why it occurred and how best to treat it presented enlightening moments for some and expressions of frustration for others—reactions we see in every class, regardless of who attends or where they live.

We met new professional colleagues, and we came back with new life-long friends—all of us with a common purpose. Lastly, their dates are wonderful delicacies, and you must try fresh camel's milk! Michelle and Karen really liked it!

If you can't see it (verify aspiration/penetration), you can't really talk about it.

SASS-I-FRAZ!

Incorporating FEES as a standard assessment tool in facilities around the world is an exciting new development, and SASS is proud to play a role. A new 2016 schedule of courses can be found on our website. Plus, we have been invited to provide training courses at the Ocala Regional Medical Center, Ocala, Florida, November 21-22, 2015, and Anchorage, Alaska next Spring, and both are open registrations.

Clinical Note: Follow the “Protocol”:

Why use a FEES administration protocol?

- (1) A preconceived assessment plan insures all food consistencies & volumes are routinely & thoroughly assessed the same way every time with every patient;
- (2) Test procedures must be held constant so patient swallow behaviors are all that vary; if not, what changed? The patient? Or your testing?
- (3) The same standard test protocol improves testing reliability within & across patients.

Equipment Note: Software

When purchasing equipment, check out the software package. Insure it has sound recording/playback capabilities, & easy-to-use movie playback buttons. Slow motion, frame-by-frame, backward & forward play, & temporary archiving are required for good analyses. Some equipment on the market today has very poor software and is inadequate for instrumental dysphagia assessments—FEES or MBS! Prevent headaches later-check NOW before buying!

Oral Infection Control Corner

New perspectives on oral care suggest that oral cleaning should not be viewed as a “comfort” care, but as an “infection control” procedure, similar to cleaning a wound. Evidence suggests the oropharynx is the source of most bacteria-caused pneumonia. Another key factor is the patient’s health status—usually an active, significant illness.

However, not all patients need to be treated the same. Some are not as sick & not at high risk as are others. So, what policies could be established to cover all patients to insure proper oral health treatment?

(1) **Routine Oral Health Treatment:** (Preventative Care-Healthier, stable patients.) Self-administered or assisted; minimum twice daily cleaning; in room or bathroom; 5 to 7 minutes; toothbrush (manual or rotary), toothpaste, mouth rinse, floss, denture cleaner & adhesive.

(2) **Accelerated Oral Health Treatment:** (Treatment Care-Sick & unstable patients, ICU, ventilator-dependent, &/or NPO/tube-fed patients.) Self-administered, assisted, or fully provided; minimum 3 times/day (i.e. after or before meals); at bedside; 5 to 10 minutes; toothbrush (rotary with suction), basin, toothpaste, swabs, suction, mouth rinse, floss; & well-trained staff.

Established facility policy, well-trained staff, continuous staff training, & an “Oral Health Coordinator” are keys to a successful program.



SASS FEES Training Courses: 2016

Basic FEES: Mar 19-20, May 14-15, Aug 20-21, Oct 8-9, Dec 3-4- 1.5 CEs

Advanced FEES: Jun 4-5 & Sep 17-18 - 1.4 CEs

“Top-Quality Training for over 6 years” - See website for more information



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