

# Fiberoptic Endoscopic Evaluation of Swallowing Training Workshop

Part I: February 27, 28, 2009

Part II: Five Day Clinical Practicum - March 2 through March 6, 2009

## Presenters:

An experienced team of speech language pathologists from Swallowing Diagnostics, LLC will be presenting the clinical workshop, including: Laura Hargraves, Judy Rosenfield, Alicia Wisniewski, Cheryl Rowe and Katrina Woodward. SDX provides FEES and temporary speech staffing throughout the State of Connecticut, as well as Massachusetts and Rhode Island.

## Course Description and Objectives:

The course is designed to instruct speech-language pathologists in the fiberoptic endoscopic swallowing exam to evaluate and treat dysphagia. The course objectives are:

- ★ Recognize and interpret endoscopic swallowing exam results
- ★ Demonstrate skill with passage of the naseoendoscope on normal subjects
- ★ Understand criteria for patient selection for the endoscopic exam
- ★ Identify nasal, pharyngeal, and laryngeal structures as seen through the endoscopic image

## PART I - February 27th - Day 1

8:30 - 9:00	<b>Registration</b> and Continental Breakfast
9:00 - 9:15	Course overview
9:15 - 9:45	What is endoscopic swallowing evaluation? Includes history, SLP and ENT roles and ASHA positions and clinical privileging
9:45 - 10:30	Endoscopy of the Hypopharynx: normal anatomy, common pathologies and basic swallow evaluation
10:30 - 10:45	<b>Break</b> - refreshments provided
10:45 - 11:30	Patient considerations for FEES referrals (comparison to MBS) contraindications, safety of procedure
11:30 - 12:00	FEES protocol
12:00 - 12:30	Tapes of exams to introduce test interpretation
12:30 - 12:45	Review and Q and A
12:45 - 2:00	<b>Lunch</b> on your own - a list of local restaurants will be provided
2:00 - 3:00	Continue test interpretations
3:00 - 3:15	<b>Break</b> - refreshments provided
3:15 - 3:30	Live Endoscopic Swallowing Evaluation on human subject
3:30 - 5:30	Supervised passage on course participants
6:00 - 7:00	Cocktail reception - location TBA

## **PART I - February 28th - Day 2**

8:30 - 9:00	<b>Continental Breakfast</b>
9:00 - 10:30	Case Studies: Formulating a RX plan from FEES results
10:30 - 10:45	<b>Break</b> - refreshments provided
10:45 - 11:15	Endoscopic Swallowing - cost / billing considerations, private insurance and Medicare
11:15 - 12:15	FEES report writing workshop
12:15 - 1:30	<b>Lunch</b> on your own - a list of local restaurants will be provided
1:30 - 2:15	Introduction to stroboscopy
2:15 - 4:30	Second practice of passage with course participants. Discussion of pros and cons of various models of equipment.

## **PART II - March 2nd through March 6th - 5 Day Clinical Practicum**

Stay with us following the two day course and spend your Sunday visiting the sites and shops of the Farmington Valley. Then participate in the one week clinical practicum where you will receive more intensive, supervised, bedside endoscopic training with Swallowing Diagnostics' FEES specialists. Work hours will vary according to schedule at healthcare facilities throughout Connecticut. A limited number of moderate to advanced level participants will be accepted into this program.



### **Cost & Inclusions:**

Continental breakfast, refreshments during breaks & a cocktail reception are included.

★ **Part I** (2 days only) \$495.00      ★ **Part II** (five day practicum) \$2400.00

★ **Part I and Part II** (7 days) - \$2495.00

NOTE: We are offering a reduced rate for organizations signing up group of three or more at \$425.00 per person.

### **Location and Accommodations:**

The course will be held at 21 Waterville Road, Avon, CT. Rooms are being held at a reduced rate under AllStar Therapy at The Avon Old Farms Hotel, directly across the street. Be sure to reference group number 6757 when making your reservation. Call (800) 836-4000 OR contact [avonoldfarmshotel.com](http://avonoldfarmshotel.com)

### **Questions:**

Please call Christine Ross at (860) 677-2934 x 223 with any inquires.

# REGISTRATION FORM

SPACE IS LIMITED! The deadline to register is Feb. 20, 2009

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Check One
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Part 1 - February 27, 28 only - \$495.00

Part II - 5 Day Practicum only March 2 through March 6 - \$2400.00

Part 1 and Part II - both - \$2495.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to: Swallowing Diagnostics, LLC

send payment and form to: Swallowing Diagnostics Workshop  
21 Waterville Road  
Avon, CT 06001