



## **ORGANIZATION FOR SPEECH AND SWALLOWING THERAPY CAMBODIA (SSTC)**

### **ANNUAL REPORT**

Reporting period:	January 2018-December 2018
Principal Partner Organization:	Speech Therapy Cambodia (a US nonprofit charity)
Other Partners (MOUs):	Khmer Soviet Friendship Hospital, Calmette Hospital, Kossamak Hospital, OiC Cambodia (a Cambodian NGO)
Partners with MOUs pending:	Technical School for Medical Care/ University of Health Science
Project Start Date:	October 2016
Project End Date:	Ongoing

#### **1. ONGOING PROJECT GOALS:**

- To train Cambodian hospital medical professionals in effective therapeutic techniques to overcome speech, language and swallowing difficulties
- To work with Cambodian universities and the Cambodian government for the education and certification of professional Cambodian speech-language pathologists

#### **2. SUMMARY OF PROGRESS/ ACTIVITIES DURING THE ANNUAL REPORTING PERIOD:**

During the reporting period, there were thirteen (13) major activities contributing to the implementation of our ongoing project goals:

##### **2.1 New speech pathologists and executive program assistant hired**

- **Permanent speech language pathologists:** As per **Planned Priorities** described in the 2017 Annual Report, two permanent western speech pathologists were hired, one in February 2018, and one in October 2018. These speech pathologists oversee practical skill building for Cambodian dysphagia clinicians.
  - **Executive Program Assistant for SSTC:** Khmer national hired in March 2018. Duties include but are not limited to: organizing and attending board meetings, liaising with Cambodian ministries, tracking finances and keeping financial records, writing reports, translating documents as needed, Interpreting when necessary, creating documents for ministries, hospitals, and training courses, participating in recording and organizing data collection for research projects, networking with other Cambodian NGOs working with disability, pursuing fundraising activities related to SSTC.
- 2.2 **Interpreting and Translating:** As per **Planned Priorities** described in the 2017 Annual Report, a Khmer national interpreter was hired in April 2018 to provide Khmer-English interpretation for all swallow screens and assessments supervised by two western speech pathologists, and performed by nine Cambodian clinicians. Adjunct interpreters and translators were hired for **Bridging Program** sessions (see 2.8 below.) Executive program assistant (see 2.1 above) also provides interpretation and translation.
- 2.3 **Ongoing trainings at hospitals:** Nine Cambodian medical professionals across four public hospitals passed basic training competencies in dysphagia management in early 2018. In 2018, these clinicians have been perfecting their skills with the help of two western Speech Pathologist clinical supervisors.
- 2.4 **Data collection:** As per **Planned Priorities** described in the 2017 Annual Report: Data collection, begun in April 2017, has continued in 2018. Doctors and nurses at Kossamak Hospital, and Physical Therapists at Khmer Soviet Friendship Hospital are collecting data on patient outcomes (please see categories under **Resource Development** below.)
- 2.5 **Resource development:** New tracking materials were developed to collect data regarding outcomes related to swallowing evaluation and management. Training materials were developed for **Swallowing Management for Tracheostomy Patients** by British SLP volunteers, were reviewed for content and appropriate level by SSTC SLPs, and were translated and collected into a manual by SSTC.
- 2.6 **Training of ENT doctors at Ang Duong Hospital:** In early January 2018, four ENT doctors were trained using the model for the **Short Intensive Course for Swallowing**.
- 2.7 **University course in Pediatric Speech Pathology:** Introductory course at Paññāsātra University of Cambodia (PUC) in 2017 was successful in providing a good overview of pediatric speech pathology (see Annual Report 2017.) PUC asked SSTC to repeat the

introductory course. However SSTC decided that a more comprehensive university course in pediatric speech pathology would be a better use of resources and give trainees the ability to actually practice. In early 2018, negotiations with PUC to this effect, which included our partner OiC, were not successful.

**2.8 Physiotherapy Bachelor Bridging Program:** As per **Planned Priorities** described in the 2017 Annual Report: in collaboration with the Technical School for Medical Care/ University of Health Sciences in Phnom Penh.

- SSTC developed and executed a 90-hour course in swallowing as part of the Neurology module of the **Physiotherapy Bachelor Bridging** Program, in January and February 2018.
- Five western professors were recruited to lecture, and a Cambodian head instructor was selected.
- Materials and curriculum were developed and practicums were conducted for 18 physiotherapy students.

**2.9 FEES Training:** As per **Planned Priorities** described in the 2017 Annual Report, a two-week training in **Fiberoptic Endoscopic Evaluation of Swallowing (FEES)** was conducted. Trainees from three public hospitals—Khmer Soviet, Calmette, Kossamak, and the ENTs from Ang Duong Hospital participated.

**2.10 Conference lectures and other presentations:**

- Speech Pathologist from SSTC presented on a panel with two other speech pathologists at an international conference for Speech Pathology (ASHA) in the United States
- Two Speech Pathologists from SSTC presented for **Rotary** and **Kiwanis** clubs in San Francisco

**2.11 Proposals and Planning Meetings for new short trainings:** *Short Intensive Course for Swallowing* was formally proposed to the Military Hospital, Phnom Penh, to Sunrise Japan Hospital, Phnom Penh, and for nursing staff at Khmer Soviet Hospital and Calmette Hospital, Phnom Penh. **Dysphagia Management for Tracheostomy Patients** was planned for the nine dysphagia clinicians at three public hospitals.

**2.12 Physiotherapy Bachelor Bridging Program planning:** Meeting in October 2018 for second round of Bridging students (Batch Two.)

**2.13 Planning for collaboration on University of Health Sciences Speech Therapy Program** (with OiC Cambodia)

### 3. DETAILED SUMMARY OF ACTIVITIES: LAST QUARTER (OCTOBER-DECEMBER 2018)

#### ➤ **New Staff Hired (2.1)**

***The issue:*** Hiring permanent western speech pathologists and a permanent Cambodian program assistant, instead of intermittent volunteer speech pathologists, and inconsistent administrative help, was identified in 2017 as crucial to overseeing practical skill building for our Cambodian hospital dysphagia clinicians, and to the smooth functioning of the organization.

***Positive outcome:*** Our newest permanent western speech pathologist was hired in the last quarter (October 2018.) This speech pathologist, Annie Johnson, assists permanent speech pathologist Paula Espinosa (hired in February 2018) in carrying out program development and planning, and in supervising our nine Cambodian dysphagia clinicians (2.3) Annie and Paula also work well with our executive program assistant, Veasna Leng (hired in March 2018,) who does ongoing reporting and liaising with Cambodian ministries, meets with hospital administrations, and coordinates financial planning and other critical tasks. All activities are ongoing in the last quarter.

#### ➤ **Ongoing trainings at hospitals (2.3):**

***The issue:*** During 2018, nine dysphagia clinicians, all of whom passed basic competencies after the **Short Intensive Course in Swallowing** at the end of 2017, became a stable workforce. In previous years, Cambodian hospital dysphagia clinicians were not supervised regularly enough, and all did not regularly attend training classes. As a result, their skills were not consistent and reliable across trainees, and some trainees were not competent. (See also Annual Report 2017.)

***Positive outcome:*** By the last quarter of 2018, our nine present dysphagia clinicians displayed marked improvement in skills, due to consistency of training (see also **New Staff hired** above (2.1) )

- Guided by their supervisors, by the end of 2018, 70% of the nine clinicians were following all steps required for a complete evaluation: chart review, family consultation, step-by-step evaluation, recording findings in medical chart, discussions with doctors and family, tracking and patient follow-up after discharge.
- Further continued supervision is needed to consolidate skills for all clinicians, to build up skills for weaker clinicians, and for complex cases.

- Monetary incentives were provided by SSTC at Khmer Soviet Hospital and at Kossamak hospital to enable dysphagia clinicians to work overtime outside of their regular duties. Incentives will be taken over by the hospitals in question.
- All activities ongoing in the last quarter.

➤ **Data collection and resource development ( 2.4 and 2.5)**

**The issue:** Before April of 2017, there was no hospital data to track patients discharged with swallowing difficulties. Many patients went home with nasogastric tubes, which were uncomfortable, inefficient, caused infections, and prevented patients from eating normally. In addition, our hospitals and clinicians did not know outcomes of swallowing intervention: were patients better off or not after treatment?

**Positive outcome:**

- In 2017, data was collected only in the following areas: 1) patient diagnosis, 2) rationale for swallowing treatment, 3) treatment provided, and 4) pre-discharge information on outcomes.
- In early 2018, a research study was proposed to study tracking of patient and families in additional areas. Three doctors, one from KSFH and two from Kossamak, agreed to participate in this study. Data now being collected includes: 1) patient/ family compliance in following general rehabilitation recommendations given, including following printed text recommendations, and pictorial materials for those not literate, and video instruction (created by SSTC and available on YouTube) when available to younger family members by phone, 2) ability to remove nasogastric tube after discharge, 3) diet status before and after discharge, including patient ability to improve/ upgrade diet towards a normal diet, and finally, 4) mortality of the patient after discharge.
- This current study is collecting important data and is ongoing as of the last quarter of this report.

➤ **Conference lectures and other presentations (2.10)**

**The issue:** 1) To attract attention to our field of speech therapy in Cambodia, where the speech therapy field is not well known to Cambodians, and is not well known to the Ministry of Health, nor to health care administrators. 2) To attract attention to speech therapy activities in Cambodia for our professional organizations in the western world, where Cambodian needs are not known at all.

- SSTC speech pathologist presented on the field of speech pathology at the Second Cambodia National Rehabilitation Conference at National Pediatric Hospital, Phnom Penh.
- SSTC speech pathologist presented at the American Speech-Language Hearing Association (ASHA) Convention, United States, November 2018. The topic: “*Global Work: Collaborative*

*Projects for the Underserved and Unserved*” described the current SSTC collaboration with government hospitals in Phnom Penh.

- SSTC speech Pathologist presented for **Rotary** and **Kiwanis** clubs in San Francisco in September and in November 2018. The topic, “Speech Therapy in Cambodia,” described our SSTC programs.

**Positive outcome:** Increased international contact with influential persons in the field of speech pathology. Fundraising efforts begun with **Rotary International**, and with the Phnom Penh **Rotary Club**.

➤ **Proposals and Planning Meetings for new short intensive trainings (2.11)**

**The issue:** Expansion of trainings is desirable to provide more life-saving services to Cambodian patients with neurological impairments, to increase the number of Cambodian dysphagia clinicians available and to account for attrition, and to form alliances with potential profit-sharing partners.

**Short Intensive Course for Swallowing** was formally proposed to the following:

- **Military Hospital**, Phnom Penh. Awaiting approval by the President of the hospital. Course planned to begin in early 2019.
- **Sunrise Japan Hospital**, Phnom Penh. As Sunrise Japan Hospital is a for-profit hospital, a fee-schedule was suggested as part of a social enterprise profit-sharing scheme, with course fees donated to SSTC nonprofit operations.
- **Khmer Soviet** and **Calmette Hospitals** for nursing staff. Purpose is to increase number of dysphagia clinicians able to practice from two to four at each hospital, and to increase variety of practitioners beyond physical therapists. (**Kossamak Hospital** dysphagia clinicians already include nurses and doctors.)

**Dysphagia Management for Tracheostomy Patients** was planned for SSTC by three speech pathologists from England in collaboration with SSTC speech pathologists. Course designed for current nine Cambodian dysphagia clinicians at three public hospitals. Course to take place in February 2019.

➤ **Physiotherapy Bachelor Bridging Program planning (2.12)**

**The issue:** Based on outcomes reported for Batch One of Bridging Program students (January 2018,) swallowing module will be revised for Batch Two.

- Meeting in October 2018 attended by Paula Espinosa, speech pathologist for SSTC and by Veasna Leng, Executive Assistant for SSTC.

- First of several meetings planned for Batch Two Bridging students. Next Dysphagia module to take place in February 2020.

**Positive outcome:** Meetings are essential to recruitment of western speech pathology professors and to revisions of curriculum, lectures, and plan for practicum sessions.

### ➤ **Planning for collaboration on University of Health Sciences Speech Therapy**

#### **Program (2.13)**

**The issue:** Establishing the university education in speech pathology for Cambodians is essential to fulfilling the SSTC mission to create sustainable speech pathology programs run by Cambodians.

- OiC Cambodia is a Cambodian NGO that has been developing programs for pediatric speech pathology in Cambodia. OiC has been discussing a possible 4-year program with the Cambodian Ministry of Health and with the University of Health Sciences to create a university certified profession of speech pathology in Cambodia.
- Program is to start between 2021 and 2016. SSTC will collaborate on this effort, contributing our expertise in adult speech pathology impairments.

#### 4. REVIEW OF KEY ANNUAL ACTIVITIES/ OUTPUT

OUTCOMES PLANNED	RELEVANT INDICATORS	PLANNED IN QUARTER	ACTUAL OUTCOME	VARIATION BETWEEN ACTUAL AND PLANNED OUTCOMES
<b>(2.1) New Staff Hired:</b> a) Two speech pathologists (SLPs) will provide regular clinical supervision to nine Cambodian dysphagia trainees for 60% of therapy sessions. SLPs will engage in program development and planning, meet with hospital administrators, and oversee data collection with demonstrated 80% task completion; b) executive program assistant will perform tasks as stated in job description with demonstrated 80% task completion.	a)Goals were achieved and at times surpassed. Supervision was provided 60% of time by SLPs. Meetings were scheduled and rescheduled if canceled by hospital and other administrators. Three new programs were developed and tracking materials reworked. b) Executive assistant demonstrated 100% completion of some tasks, 80% of others, and initiated tasks on his own.	Ongoing	Due to new staff efforts, program development was advanced 70%, and data collected by trainees was used to record 65% of all patient outcomes after discharge. Executive assistant increased efficiency and outreach of SSTC by at least 75%.	Goals achieved and surpassed. It was predicted that hiring consistent and responsible new staff would result in 1) trainees mastering dysphagia management skills; 2) improvement of the quality of data collection, 3) better planning, and thus, 4) better outreach and better quality and quantity of programs offered.
<b>(2.2) Interpreting and translating:</b> One interpreter intern who was recruited in 2017 for the <b>Short Intensive Training</b> course was hired as a permanent interpreter for 2018. Interpreter shadowed speech pathologists for 90% of sessions with Cambodian dysphagia trainees.	Interpreter, available 90% of the time, greatly enhanced communication between western SLPs and Cambodian trainees.	Ongoing	Compared to some previous sessions without interpreters, communication between limited English speaking Cambodian clinicians and limited Khmer speaking SLPs improved by 60%	It was expected that consistent and accurate interpretation would greatly enhance Cambodian trainee learning. Expectations met.
<b>(2.3) Ongoing trainings at hospitals:</b> Nine trainees at three public hospitals will complete swallow screenings for 100% of adult patients with neurological impairments, will assess swallowing for appropriate patients, will provide appropriate treatment plans and follow up with 60% accuracy.	Trainees performed tasks at 70% accuracy. (As of the end of 2017, <b>Ongoing Trainings at Hospitals</b> had been dropped. <b>Short Intensive Training</b> was implemented instead, after which Clinical Supervision was resumed in early 2018.)	100% of nine trainees who were in place at the beginning of the year continued to perform tasks during the last quarter.	<b>Expectations exceeded.</b> Expectations were for trainees to perform tasks at 60% accuracy. Trainees performed at 70% accuracy.	Trainees worked consistently throughout the year under regular skilled supervision. There was no attrition of trainees. Skill building occurred gradually and had improved considerably by the last quarter.



OUTCOMES PLANNED	RELEVANT INDICATORS	PLANNED IN QUARTER	ACTUAL OUTCOME	VARIATION BETWEEN ACTUAL AND PLANNED OUTCOMES
<b>(2.4) Data Collection:</b> As of the end of 2017, data collection consisted of patient diagnosis, rationale for swallowing treatment, treatment provided. In 2018, patient outcomes will be tracked. Attempts will be made to contact 100% of discharged patients by telephone one week after discharge to determine current status.	New data to be collected includes 1) patient/ family compliance in following recommendations, 2) ability to remove nasogastric tube if present, 3) diet status before and after discharge, 4) patient mortality	Ongoing throughout the year.	60% of patients were contacted although attempts were made to contact 100%. Data was collected and is being consolidated with a view towards writing a paper for international publication.	Incorrect patient phone numbers were given; some patients did not answer phones. Results of study will be collected in early 2019.
<b>(2.5) Resource development:</b> 1) New indicators were added to data tracking instruments; 2) New manual for Swallowing Management for Tracheostomy patients to be developed.	1) New data collection resources will be used for tracking 60% of patients discharged. 2) New tracheostomy manual will become part of permanent teaching materials.	Ongoing.	1) Attempts are being made to track more than 60% of patients discharged but obstacles remain as stated above. 2) New manual has been adopted.	Goals achieved.
<b>(2.6) Training of ENT doctors and Ang Duong Hospital:</b> Four ENTs from Ang Duong Hospital were trained using materials and lectures developed during the 4 <sup>th</sup> quarter of 2017. 100% of attendees passed written and practical competencies in swallow screening and assessment.	Trainees were successful in short course training, and extended clinical supervision was planned with 75% trainee retention expected and increasing independence demonstrated.	Training took place in early 2018.  No activity in last quarter.	Trainees also participated in FEES training (see 2.9). However, trainees did not participate in extended clinical supervision, citing lack of time, and therefore could not complete skill building.	<b>Goal was not achieved.</b>  Ang Duong ENTs were primarily surgeons, and while they appreciated the necessity of swallowing management for their head and neck cancer patients, they were unable to find the time to practice.  <b>Plan was dropped.</b>
<b>(2.7) University Course in Pediatric Speech Pathology:</b> Introductory course at Paññāsātra University of Cambodia (PUC) in 2017 was successful in providing a good overview of pediatric speech pathology. However, SSTC decided that this course was not sufficient to prepare students to practice (see Annual Report 2017.) In early 2018, negotiations with PUC began, in order to pursue a more comprehensive university education.	PUC will work with SSTC and partners to implement a full pediatric speech pathology curriculum into Early Childhood Development curriculum within two years.	Discussions January-March 2018	PUC requested that SSTC repeat the introductory course in 2018.  PUC declined to implement a more comprehensive course in pediatric speech pathology.	<b>Goal was not achieved. Plan was dropped.</b>

OUTCOMES PLANNED	RELEVANT INDICATORS	PLANNED IN QUARTER	ACTUAL OUTCOME	VARIATION BETWEEN ACTUAL AND PLANNED OUTCOMES
<b>(2.8) Physiotherapy Bachelor Bridging Program:</b> Conduct a 90-hour swallowing course for this program at Technical School for Medical Care: 1) recruit western professors, 2) create and translate materials for course, 3) organize with Khmer principal teacher, 4) conduct practicum sessions	Course conducted with 1) 5 professors, 2) all materials created and translated for 6 lectures; practicum sessions conducted at three public hospitals.	January-March 2018	Goals achieved at 70%--lectures, translations, professors satisfactory, however difficulties with the practicums. Students, did only swallow screens during practicum sessions.	Too many students and not enough hospitals/ hospital hours for swallowing practicums. Information to be used to inform planning for Batch Two (February 2020.)  Practical training in provinces Kampong Cham was postponed due to lack of time at present for trainees in their present physiotherapy jobs.

<b>(2.9) FEES: a one-week Training Course:</b> Selected trainees will be trained in advanced endoscopic instrumental assessment of swallowing disorders, and are subject to further training, in order to reach 90% competency.	13 trainees participated in this advanced course. Half of the participants had previously taken the FEES training (also offered in 2016 and in 2017.) 100% of participants had successfully completed the <b>Short Intensive Dysphagia Course</b> at the end of 2017.  Goal was 80% of participants to be eligible for further practical training.	February 2018	12 of the 13 trainees passed the written exam. Three declined further training. Nine are now receiving additional training in order to reach 90% competency. These are our nine dysphagia clinicians across three public hospitals.  70% of trainees eligible for further practical training.	80% projected, 70% achieved. Two of the participants who declined further training were supervisors in their departments, and were taking the course to further their knowledge of their staff's activities.
<b>(2.10) Conference lectures and other presentations:</b> Goal to attract attention to our field of speech therapy in Cambodia, where the speech therapy field is not well known to Cambodians, and is not well known to the Ministry of Health, nor to health care administrators. 2) To attract attention to speech therapy activities in Cambodia for our professional organizations in the western world, where Cambodian needs are not known at all.	1) SSTC speech pathologist presented on the field of speech pathology at the Second Cambodia National Rehabilitation Conference at National Pediatric Hospital. 2) SSTC speech pathologist presented at the American Speech-Language Hearing Association (ASHA) describing current SSTC collaboration with government hospitals in Phnom Penh. 3) Presentations for <b>Rotary</b> and <b>Kiwanis</b> clubs in San Francisco in September.	Presentation in Cambodia in September. Presentations in the US in September and November 2018.	Three presentations completed.  Contact with Sunrise Japan Hospital made as a result of NPH presentation.  Increased awareness of activities in Cambodia due to presentations in the US.  Possible fundraising scheme as a result of Rotary Club presentation in the US.	Planned outcomes met.

OUTCOMES PLANNED	RELEVANT INDICATORS	PLANNED IN QUARTER	ACTUAL OUTCOME	VARIATION BETWEEN ACTUAL AND PLANNED OUTCOMES
<b>(2.11) Proposals and Planning Meetings for new short trainings:</b> Planning for Short Intensive Courses, and for Swallowing Management for Tracheostomy patients.	1) Proposals to conduct Short Intensive Trainings made to the Military Hospital, and to Sunrise Japan Hospital, and to train nursing staff at Calmette Hospital and Kossamak Hospital 2) Course materials for Swallowing Management for Tracheostomy patients planned with speech pathologists from the UK.	Courses proposed for 2019.  Purpose is to increase number of dysphagia clinicians qualified to practice from 9 to 18.	Awaiting responses.	N/A
<b>(2.12) Physiotherapy Bachelor Bridging Program planning:</b> Meeting to plan Batch Two of the Bridging Program students.	First of a series of meetings to be attended by staff and speech pathologists from SSTC into 2019. Discussion concerned feedback on Batch One Bridging Program, in order to plan Batch Two for 2019-2020	Meeting completed in fourth quarter 2018.	Meeting attended by two SSTC staff.	Planned outcomes met.
<b>(2.13) Planning for collaboration on University of Health Sciences Speech Therapy Degree Program:</b> Meeting with OiC Cambodia Executive Director, and with speech pathologists from OiC and from SSTC.	First in a series of meetings to plan future speech pathology university program at the University of Health Sciences.	Meeting took place in December 2018.	Meeting completed. Next meetings planned for 2019.	Outcomes met.

## **5. FEEDBACK FROM BENEFICIARIES AND OTHER STAKEHOLDERS**

### **5.1 Hospital Trainees in Swallowing Therapy (Khmer)**

- Hospital medical professionals (doctors, nurses, physical therapists) who have completed the program, attaining competency, report high levels of satisfaction with their work doing swallow screenings, assessments, and treatments.
- Trainees report feeling of accomplishment in being provided with specialized courses.
- Trainees would like more time available to do dysphagia management work, and request further specialized training.
- Survey is being developed to measure trainee satisfaction.

### **5.2 Hospital Officials, Heads of Departments, Administrators, Hospital Champions (Khmer)**

- All hospital administrators are very enthusiastic about introducing a new discipline and new skills into their departments.
- At Khmer Soviet Friendship Hospital and at Kossamak Hospital, doctors very engaged preparing a research study based on patient outcome data being collected
- Hospital administrators are implementing new systems in response to the need for swallowing therapy.
- At Khmer Soviet Friendship Hospital and at Kossamak Hospital, departments are requesting that Cambodian dysphagia trainees be paid for their services by the hospital.
- Hospital officials willingly offer conference rooms and other accommodations for specialized courses.
- Permission for Cambodian dysphagia trainees to record findings in medical records and to request assessment orders from doctors has been granted in many cases.
- Administrators of the Bridging Program approved of the SSTC dysphagia program for Batch One, and invited SSTC to conduct the dysphagia module for Batch Two.

### **5.3 Khmer Patients and Families**

- This year, increased follow-up for patients and families show that patients are benefiting from educational materials and recommendations given.

- Data from 2018 is being analyzed to determine patient's outcomes and includes measures of patient and family satisfaction.

#### **5.4 Western speech therapists training Cambodians through SSTC**

- Two western speech therapists have been employed this year and report high job satisfaction.
- Both speech pathologists are dedicated to the program and are enthusiastically working on systems to improve dysphagia programs.
- Both speech pathologists report difficulties with complex hospital administration systems and communication.

#### **5.5 Cambodian Executive Program Assistant**

- Executive Program assistant began working in March 2018 as a half-time employee
- Because the executive assistant believed in the program and enjoyed his job, he sought ways to reorganize and improve systems and records, data collection, ways to liaise with Cambodian ministries, fundraising and more, and so was invited to become a full-time employee at the end of the year.

### **6. LESSONS LEARNED**

1. Permanent speech pathologist clinical supervisors (2.1) (2.3) rather than intermittent volunteer trainers have proved extremely beneficial to the stability and consistency of training. Great gains by Cambodian dysphagia clinician trainees were seen due to this change.
2. High-quality executive program assistant (2.1) has led to consistent and smooth functioning of NGO operations and should be maintained.
3. Skilled interpreter (2.2) available for all supervised trainee sessions results in better communication with supervisors and more consistent skill building for trainees.
4. Expanded data collection parameters (2.4) (2.5) for discharged patients are expected to better inform patient treatment, however, due to factors such as poverty, follow-up with 100% of patients is unrealistic.
5. Specialized course materials (2.5) are expected to contribute to the success of future short courses.

6. Some training courses will not be successful (2.6). Every attempt must be made to account for hospital systems willing and able to accommodate dysphagia treatment, and realistic expectations on the part of trainees in order not to waste resources.
7. Education in dysphagia at a university level is highly desired (2.7) (2.8) (2.12) (2.13), but is a complex process and must be coordinated well in advance. When cycles are repeated, careful planning is also required to ensure that the next cycle of students benefits from program difficulties encountered in the first cycle.
8. Short introductory courses in speech pathology at a university level (2.7) are useful for raising awareness, but more comprehensive courses should be pursued to ensure adequate skill building.
9. Conference presentations (2.10) within Cambodia and internationally attract new contacts, higher visibility for programs, and possibly new funding.
10. New trainings (2.11) must be continually planned in order to expand dysphagia practice in Cambodia and to account for some attrition among current trainees.

## **7. PLANNED PRIORITIES FOR NEXT QUARTER**

(2.1) (2.2) Continue to fund permanent staff: speech pathologists, Cambodian program assistant, interpreter-translators to ensure stability of programs and consistent skill building for trainees.

(2.3) (2.11) Ensure sustainability of ongoing training at three public Phnom Penh hospitals: expand training to other staff (e.g. nursing) at these hospitals to ensure that enough staff have the skills to practice dysphagia management; expand training to other Phnom Penh hospitals.

(2.5) Initiate specialized training short courses (such as Swallowing Management for Tracheostomy Patients) to advance skills of current dysphagia clinician trainees.

(2.4) Continue data collection on current and discharged patients, and seek solutions to increasing the percentage of patients contacted for follow up after discharge.

(2.9) Continue ongoing practical training in FEES so that Cambodian FEES practitioners can reach a standard of excellence.

(2.8) (2.12) (2.13) Continue development of university programs: 1) Bridging Program dysphagia module for 2020; 2) full speech pathology course at Technical School for Medical Care/ University

of Health Sciences in partnership with OiC Cambodia and the Cambodian Ministry of Health, to begin somewhere between 2021 and 2026.

Respectfully submitted,

Dr. Chhour Channara  
Executive Director  
Organization for Speech and Swallowing Therapy Cambodia

## ORGANIZATION FOR SPEECH AND SWALLOWING THERAPY CAMBODIA

Financial information

For year ended 31 December 2018

2018 (USD)	Salary	Hospital subsidy	Office	Taxes/ Registration	Interpretation
Jan			\$151		
Feb	\$500	\$300	\$36	\$386	
Mar	\$340	\$300	\$190	\$248	\$180
Apr	\$340	\$600	\$270	\$112	\$20
May	\$340	\$300	\$195	\$55	\$80
Jun	\$340	\$600	\$255	\$315	\$200
Jul	\$940	\$600	\$257		\$200
Aug	\$1,210	\$600	\$255	\$1,015	\$200
Sep	\$1,010	\$600	\$255	\$171	\$200
Oct	\$1,010	\$600	\$259		\$200
Nov	\$1,976	\$600	\$255		\$200
Dec	\$1,976	\$600	\$297		\$200
<b>GRAND TOTAL</b>	<b>\$9,982</b>	<b>\$5,700</b>	<b>\$2,676</b>	<b>\$2,301</b>	<b>\$1,680</b>



Transportation	Translation	Visa	Supplies	Printing	Software	Phone	Transfer fee
\$73	\$297			\$68			
\$120	\$311		\$26	\$15	\$58		
\$121			\$12	\$5			
				\$6		\$15	
\$55			\$10	\$4		\$4	
\$43			\$5	\$7		\$4	\$2
\$39			\$20	\$1		\$2	\$3
\$59			\$11	\$4			\$3
\$33		\$295	\$12	\$2		\$2	\$5
\$74			\$37	\$9		\$5	\$1
\$37			\$27	\$2		\$4	
<b>\$654</b>	<b>\$608</b>	<b>\$295</b>	<b>\$159</b>	<b>\$121</b>	<b>\$58</b>	<b>\$36</b>	<b>\$13</b>

**GRAND TOTAL**

**\$151**

**\$1,661**

**\$1,787**

**\$1,480**

**\$990**

**\$1,783**

**\$2,058**

**\$3,345**

**\$2,312**

**\$2,417**

**\$3,156**

**\$3,143**

**\$24,282**

# Speech Therapy Cambodia



Dysphagia Clinical Practicum

November- December 2017

## 1. Introduction

The clinical practicum component of the Speech Therapy Cambodia Dysphagia Training Program is designed to provide students the opportunity to demonstrate their ability to apply their theoretical knowledge of dysphagia. Students will be required to demonstrate independent completion of swallow screenings, clinical evaluations, and dysphagia treatment.

## 2. Clinical Placement Schedule

Students will be expected to attend Monday-Friday, from 8:30am to 12pm, for as long as it takes for that student to meet the competency criteria. If they are not feeling well, they should inform the clinical placement coordinators prior to 8am on that day.

Week	Dates	Hours
1	November 27- December 1	8:30am- 12pm
2	December 4- December 8	8:30am- 12pm
3	December 11- December 15	8:30am- 12pm

## 3. Learning Objectives

At the end of clinical placements, students should be able to:

Understands normal anatomy and physiology Measured by written examination
Understand difference between oropharyngeal dysphagia and esophageal dysphagia Measured by written examination
Can identify common diagnosis leading to dysphagia and appropriate referrals Measured by written examination and demonstrated during screening assessments
Demonstrate knowledge of dysphagia diet and fluid modifications Measured by written examination and demonstration, e.g. recommendations made to patients (foods, thick liquids, how to determine if liquid is mildly thick)
Identify methods for nutrition/hydration when patient is NPO (NG tubes, PEG) Measured by written examination
Demonstrate ability to determine if a referral is appropriate (check chart, visualize patient, interview patient and family) Measured by written examination, demonstration
Determine if a patient is appropriate for screening evaluation: levels of alertness, cooperation Measured by written examination, demonstration
Determine if a screen or full evaluation is needed Measured by written examination, demonstration
Demonstrate knowledge of steps in screening procedure Measured by written examination, demonstration
Recognize signs and symptoms of oral dysphagia Measured by written examination, demonstration
Recognize signs and symptoms of pharyngeal dysphagia Measured by written examination, demonstration
Demonstrate knowledge of functional impact of cranial nerve deficits Measured by written examination, demonstration
Identify the difference between compensation and rehabilitation techniques Measured by written examination, demonstration

Identify safe swallow strategies Measured by written examination, demonstration
Demonstrate knowledge of oral hygiene Measured by written examination, demonstration
Demonstrate knowledge of risks of aspiration Measured by written examination, demonstration
Identify when to use various postural techniques appropriately Measured by written examination, demonstration
Identify oral vs pharyngeal bolus clearance techniques Measured by written examination, demonstration
Identify how changing the bolus size can impact swallowing Measured by written examination, demonstration
Demonstrate knowledge of the 10ml syringe test Measured by written examination, demonstration
Demonstrate knowledge of mealtime management strategies Measured by written examination, demonstration
Demonstrate knowledge of oral resistance exercises Measured by written examination, demonstration
Demonstrate knowledge of rehabilitation exercises Measured by written examination, demonstration
Demonstrate knowledge of characteristics of dysphagia related to stroke Measured by written examination, demonstration
Demonstrate knowledge of characteristics of dysphagia related to progressive neurological disorders Measured by written examination, demonstration
Identify when active intervention is inappropriate (when to withdraw treatment) Measured by written examination, demonstration
Demonstrate knowledge of when FEES is appropriate Measured by written examination, demonstration
Demonstrate patient and family education Measured by written examination, demonstration

## 4. Clinical Placement Preparations

Before the clinical placement, students should prepare the following:

1. Review anatomy and physiology for swallowing
2. Review screening and clinical evaluation forms
3. Review screening and clinical evaluation procedures
4. Review treatment methods and corresponding patient education materials
5. Pass the theoretical examination with a score of 80% or higher

## 5. Number of Cases to See

Students will be required to complete **10 swallow screens independently**, and **5 clinical swallow evaluations independently**. Students will see more cases during the practicum if the screens and evaluations are not completed independently. Only screens and evaluations completed independently can be used for completing the clinical practicum.

## 6. Assessment Criteria

Students must demonstrate mastery of skills according to the assessment criteria. Please see attached clinical feedback form and competency criteria forms for details.

## 7. Role of Students

1. Students will only be allowed to participate in the clinical practicum component of the Speech Therapy Cambodia Dysphagia Training Program after they have passed a theoretical examination with a score of 80% or higher

2. Show up on time on the assigned days for clinical practicum.

3. Communicate effectively and appropriately with their patients, caregivers, and other healthcare providers

4. Be receptive to constructive feedback from clinical supervisors and clinical practicum coordinators.

## 8. Role of Clinical Supervisors

1. Provide a learning environment in which students can expand their skills in dysphagia management

2. Observe and provide constructive feedback to the student on their progress

3. Provide feedback to students using the feedback forms

4. Communicate to Speech Therapy Cambodia and the clinical placement coordinator should there be any issues of concern