# Community Engagement Tracking Form Please complete 6 activities by the end of your graduate program Leadership roles will count as 2

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### Student Name:

Date	Event	Role (Attendee, Speaker, Author, Lead)	Proof of Attendance (registration, course agenda/handouts, and/or signature) Please submit a course evaluation.	Approved by Committee?
5/16/2024	DIG-PO Meeting	Attendee		
12/5/2024	"Laryngeal Manual Therapy: An Overview for Voice Rehabilitation" - ASHA Convention	Attendee	ASHA CEU transcript	
12/5/2024	"Clinical Vignettes in Head and Neck Cancer: Exploring Subsite-Specific Considerations" - ASHA Convention	Attendee	ASHA CEU transcript	
12/6/2024	"Clinical Assessment and Behavioral Management of Vocal Tremor and Laryngeal Dystonia" - ASHA Convention, 12/6/24	Attendee	ASHA CEU transcript	
12/6/2024	"Applied Improvisation for People with Acquired Neurogenic Communication Challenges" - ASHA Convention	Attendee	ASHA CEU transcript	
12/6/2024	"Elevating the SLP Role in the Journey to Tracheostomy	Attendee	ASHA CEU transcript	

Decannulation" - ASHA Convention		

Please verify eligibility of events with the Med SLP Concentration Committee **prior to completing them**. Email this completed form to: Cassie Quinn @ <a href="mailto:cquinn@pdx.edu">cquinn@pdx.edu</a>

Student Name: Lydia Hiller Course Name: DIG-PO

Date: 5/16/2024

- 1. A lack of swallowing training in graduate programs has lead many SLPs to use outdated or ineffective treatments for dysphagia.
- 2. There is a lack of high-quality research into the efficacy of swallowing interventions such as exercises over the long term.
- 3. There is often a disconnect between SLPs who focus on research and those who are practicing in the field. Having researchers who continue to practice clinically can help bridge this gap and improve the adoption of new techniques and best practices in the field.

Student Name: Lydia Hiller

Course Name: "Laryngeal Manual Therapy: An Overview for Voice Rehabilitation" - ASHA Convention

Date: 12/5/2024

- 1. Evidence suggests that laryngeal massage can measurably reduce symptoms of laryngeal tension
- 2. Laryngeal massage deals with sensitive tissues, and should only be done with adequate training and informed consent from the client
- 3. Clients can be trained in massage techniques so they may perform laryngeal massage on themselves

Student Name: Lydia Hiller

Course Name: "Clinical Vignettes in Head and Neck Cancer: Exploring Subsite-Specific Considerations" - ASHA Convention

Date: 12/5/2024

- 1. Nasopharyngeal cancer is most prevalent in China & indonesia and is frequently caused by the Epstein Barr virus
- 2. One study trialed EMST in patients with NPC found improvements in MEPS, a reduction in pharyngeal residue, and an improvement on the PAS
- 3. 71% of Oropharyngeal cancers are caused by HPV

Student Name: Lydia Hiller

Course Name: "Clinical Assessment and Behavioral Management of Vocal Tremor and Laryngeal Dystonia" - ASHA Convention

Date: 12/6/2024

- 1. Laryngeal Dystonia (formerly called spasmodic dysphonia) is task specific, only occurring during speech.
- 2. Laryngeal Tremor is rhythmic, and involves a continuous vocal tremor regardless of task
- 3. 55% of those with Laryngeal Dystonia report improvement after drinking alcohol

Student Name: Lydia Hiller

Course Name: "Applied Improvisation for People with Acquired Neurogenic Communication Challenges" - ASHA Convention

Date: 12/6/2024

- 1. Improvisational theatre for persons with aphasia takes a holistic approach to treatment, and may improve social, emtional, and communication metrics
- 2. While objective assessment can be difficult in a collaborative and creative group setting, using a pre/post survey outcome measure asking participants to mark agreement or disagreement on a line with statements is one way to see if this approach is beneficial for participants
- 3. Adequate training in supported communication strategies can improve the experience of both participants and teaching artists, particularly those with limited experience with this population.

Student Name: Lydia Hiller

Course Name: "Elevating the SLP Role in the Journey to Tracheostomy Decannulation" - ASHA Convention

Date: 12/6/2024

Please list three things that you learned from this event:

1. A-F bundle:

- a. Assess, prevent and manage pain
- b. Both spontaneous & awakening trials
- c. Choice of analgesia or sedation
- d. Delerium assess, prevent, and manage
- e. Early Mobility
- f. Family Engagement
- 2. Lower ration of inner and outer diameter of cannula can improve rates of decannulation
- 3. >160L/min peak cough flow indicates a patient is a good candidate for decannulation