Appendix 1 – Workshop content with Reflections

Part 1	
Introductions	As the focus of the workshop was on IPE and developing communication between the two student groups the workshop started with an icebreaker activity to encourage students to introduce and share information about themselves. This was immediately followed by an experiential swallowing activity with small group discussion.
The Normal Swallow	Theoretical information relating to the anatomy and physiology of normal swallowing including, Cranial Nerves and Phases of Swallow was presented through a PowerPoint presentation and illustrated with videoclips.
Part 2	Theoretical information relating to dysphagia was presented through a PowerPoint
Dysphagia	presentation and illustrated with patient videos and clinical data. Students were encouraged to ask questions and to share their own experiences of working with dysphagia. Clinical signs/symptoms, consequences and underlying conditions related to dysphagia were discussed. To consolidate the information each group designed a referral card using information from a patient video. The aim was to identify the information required from the perspective of MED and SLT students to facilitate appropriate referral for a patient with dysphagia.
Part 3	Management of dysphagia focused on modified consistencies and its role in
Management	dysphagia management, and the impact on medication administration. Students engaged in an experiential activity where they sampled modified consistently fluids and discussed their impressions of this within the main group both from a personal experience and within the context of quality of life for patients who are recommended a modified consistency diet.
Part 4	Discussion on ethical issues related to patient quality of life, informed consent and
Interdisciplinary Role	end of life care was facilitated through an activity where students had to devise a
roles & Ethical Issues	management plan for simulated patients with complex medical needs, including terminal diagnosis, intellectual disability, and severe dysphagia. The aim of this

activity was to develop decision making within an interdisciplinary team where there was not a clear pathway of care within the context of a complicated patient case history and challenged the students to communicate and negotiate using their professional knowledge base. For this task students had to consider the roles of various interdisciplinary professionals in the care of these stimulated patients.

Facilitator Reflection

Part 3 *activities facilitated movement within the large group and encouraged personal and qualitative feedback which resulted in a lively discussion and better communication within the smaller groups probably related to the fact that this activity was not related to prior knowledge and did not evaluate skills, so students were more confident in giving feedback.*

The strength of the activity in ***Part 4*** *was that it was patient focussed which resulted in more investment in the activity and because of the difficulty of the case there was not necessarily one correct outcome which facilitated discussion between the student groups from each of their clinical perspectives. It would be beneficial to introduce this type of activity earlier on in the workshop as the patient related problem solving in generated better communication within the small groups.*

Appendix 2 Questionnaire *(Q8 &14=pre-workshop only; Q16-18=post-workshop only)*

1 Sex: Female ( ) Male ( )

2 Indicate by ticking the box if you are a
   a. Medical Student ( )
   b. Speech and Language Therapy Student ( )

3 What is the correct sequence of the phases of swallowing?
( ) Oral, oral preparatory, pharyngeal, esophageal
( ) Oral, oral preparatory, esophageal, pharyngeal
( ) Oral preparatory, oral, pharyngeal, esophageal
( ) Oral preparatory, oral, esophageal, pharyngeal
( ) I do not know

4 What is dysphagia? *(please select <u>one</u>)*
( ) Difficulty in transporting food from the mouth to the stomach
( ) Symptom of a disease of the digestive tract
( ) Pain in the digestive tract
( ) I do not know

5 What are some of the complications of dysphagia? *(please select <u>one</u>)*
( ) Malnutrition, dehydration, increased sensitivity of the larynx
( ) Dehydration, malnutrition, aspiration
( ) Malnutrition, aspiration, increased sensitivity of the larynx
( ) I do not know

6 Which of the following symptoms could patients with dysphagia present with? *(please select all relevant symptoms)*
( ) Loss of saliva/food from mouth ( ) Oral Thrush
( ) Difficulty chewing ( ) Chronic cough
( ) Nasal reflux ( ) Absent gag reflex
( ) Difficulty starting a swallow ( ) Choking
( ) Increased feeding time ( ) Loss of appetite
( ) Alteration in vocal quality e.g. wet voice
( ) Indigestion ( ) Breathlessness on exertion e.g. walking
( ) Frequent chest infections

7 Which of the following medical conditions can <u>cause</u> dysphagia?
( ) Parkinson's Disease ( ) Inflammatory bowel disease
( ) Stroke ( ) Head and Neck Cancer
( ) Sinusitis ( ) Hypothyroidism
( ) Diabetes ( ) Cerebral Palsy
( ) Crohn's disease ( ) Motor Neurone Disease
( ) Dyslexia ( ) Multiple Sclerosis
( ) Traumatic Brain Injury ( ) Dementia

8 Have you received guidance/education that focusses on the assessment and management of patients with dysphagia? [PRE-WORKSHOP ONLY]
( ) Yes
( ) No
If yes, briefly describe _____

9 How would you rate your confidence in identifying dysphagia in a patient? *(indicate on the scale below where 10 is fully confident and 0 is no confidence at all.)*

What would help increase your confidence further?
_____

10 List three signs of dysphagia that would lead you to refer a patient for an Eating, Drinking and Swallowing assessment
   (1) _____
   (2) _____
   (3) _____
   (4) I do not know ( )

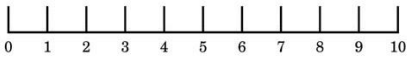
11 How would you administer medication in a patient with dysphagia? *(please select <u>one</u>)*
( ) Cut the medication and offer water
( ) Crush/smash the medication and mix it with yoghurt
( ) Dissolve it with liquid
( ) Seek Pharmacy referral
( ) Other (describe) _____
( ) I do not know

12 What is the main role of the following Professionals in the management of dysphagia? *(briefly list main role for each one. If you don't know write 'DK')*
( ) Dietitian _____
( ) Nurse _____
( ) GP _____
( ) Occupational Therapist _____
( ) Pharmacist _____
( ) Physician _____
( ) Physiotherapist _____
( ) Radiologist _____
( ) Speech & Language Therapist _____

13 Which ONE professional is mainly responsible for assessing and rehabilitating patients with dysphagia? *(please select one)*
( ) Dietitian ( ) Nurse
( ) GP ( ) Occupational Therapist
( ) Pharmacist ( ) Physician
( ) Physiotherapist ( ) Radiologist
( ) Speech & Language Therapist ( ) I do not know

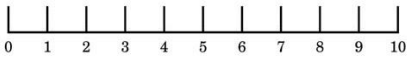
14 Have you encountered a patient presenting with dysphagia during your clinical placement(s)?
( ) Yes
( ) No
If yes, briefly describe how you managed this patient
_____

15 How relevant do you believe dysphagia knowledge is relation to your clinical practice? *(indicate on the scale below where 10 is fully relevant and 0 is not relevant at all.)*



Please comment on the reason behind your score above
_____

16 How beneficial did you find Inter-Professional learning about dysphagia? *(indicate on the scale below where 10 is fully beneficial and 0 is not beneficial at all.)* [POST-WORKSHOP ONLY]



Please comment on the reason behind your score above
_____

17 List three advantages of Inter-Professional learning [POST-WORKSHOP ONLY]
   (1) _____
   (2) _____
   (3) _____

18 List three challenges of Inter-Professional learning [POST-WORKSHOP ONLY]
   (1) _____
   (2) _____
   (3) _____

19 Any other comments? _____