



LEVEL OF KNOWLEDGE OF MEDICAL PRACTITIONER OF DIAGNOSING AND MANAGING SWALLOWING DIFFICULTIES IN HOSPITALIZED SETTING OF DHAKA CITY

By

Md. Wakil Ahad

4th Year, B.Sc. in Speech & Language Therapy

Department Session: 2015-2016

Supervised by

Nahid Parvez

Assistant Professor

Department of Speech and Language Therapy

BHPI, CRP, Chapain, Savar, Dhaka-1343

Title: “Level of Knowledge of Medical Practitioner of Diagnosing and Managing Swallowing Difficulties in Hospitalized Setting of Dhaka City”

Aim of the study: To determine the level of knowledge of medical practitioner to diagnose and manage patient with swallowing difficulties.

Methodology: This is a quantitative type of cross-sectional survey study where 60 respondents were taken as samples purposively from Dhaka Medical College Hospital, Shaheed Suhrawardy Medical College Hospital, Enam Medical College Hospital, BRB Medical College Hospital. The data was collected from modifying a questionnaire from a thesis paper of Rahayu Mustaffa Kamal of Malaysia and by the help of the supervisor. Data was analyzed by using descriptive statistical analysis (SPSS= Statistical Package for the Social Sciences) method.

Result: The level of knowledge wasn't satisfying as majority of the participant 30 and 15 spent only 2-3 and 3-4 hours on studying dysphagia. 95% (57) didn't attend any workshop or training program regarding swallowing difficulties. A total of 49 participant seldom or never refer to SLT and out of that 61% (30) aren't sure of SLT's role though SLT being the primary treatment provider.

Conclusion: Dysphagia has emerged as a common complication due to stroke. Researcher explored the level of knowledge of medical practitioner on treating patient with swallowing difficulties. In this study, among the 60 participants 67% (40) were male and 33% (20) were female. The result showed that, the highest number of participants 45 participant studied only 2-3 hours and 3-4 hours on dysphagia. 95%(57) out of 60 participants didn't attend any workshop or training program regarding dysphagia. Moreover, 49 out of 60 participants seldom or never refer to SLT though SLT being the primary career. The reason for not referring is not being sure of the role of SLT.

5.1 Limitation

There are some limitations in this study. The lists are as follows:

- The research was done in a short span of time so the data set was limited
- The researcher only took data from established medical facility so the rural area of Dhaka city was not a part of the study
- The researcher used purposive sampling procedure to conduct the theory
- The researcher put a question of accomplishment of any training or workshop or course regarding dysphagia but there was no mention of if the respondent's is attending any course at present.

5.2 Recommendation

As it is the first study in Bangladesh considering the level of knowledge of medical practitioner to diagnose and manage dysphagia, there are some limitations. The recommendations for the further studies are:

- ✓ As the duration of this study is short and within a limited budget, a longer duration and proper funding would result in more fruitful and complete study.
- ✓ The involvement of medical practitioner from rural area would make this study more comprehensive in nature.
- ✓ The researcher had used purposive sampling method. So, the future research can be done with a more reliable sampling procedure.

References:

- Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for a relationally responsive practice. *Family process*, 51(1), 8-24.
- Cooke, M., Irby, D. M., & O'Brien, B. C. (2010). *Educating physicians: a call for reform of medical school and residency* (Vol. 16). John Wiley & Sons.
- Foster, M., & Tilse, C. (2003). Referral to rehabilitation following traumatic brain injury: a model for understanding inequities in access. *Social Science & Medicine*, 56(10), 2201-2210.
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2000). *How to design and evaluate research in education* (Vol. 7). New York: McGraw-Hill.
- Golding, L., & Gray, I. (Eds.). (2008). *Continuing professional development for clinical psychologists: A practical handbook*. John Wiley & Sons.
- Hamidon, B. B., Abdullah, S. A., Zawawi, M. F., Sukumar, N., Aminuddin, A. & Raymond, A. A. 2006. A prospective comparison of percutaneous endoscopic gastrostomy and nasogastric tube feeding in patients with acute dysphagic stroke. *Medical Journal of Malaysia* 61(1): 59-66.
- Hashemian, M., Khorasani, B., Tameshlu, M., Haghani, H., Ghelichi, L., & Ansari, N. N. (2019). Effects of Dysphagia Therapy on Swallowing Dysfunction after Total Thyroidectomy. *Iranian Journal of Otorhinolaryngology*, 31(107), 329.
- Hicks, C. M. (2009). *Research Methods for Clinical Therapists E-Book: Applied Project Design and Analysis*. Elsevier Health Sciences.
- Leow, L. P., Huckabee, M. L., Anderson, T., & Beckert, L. (2010). The impact of dysphagia on quality of life in ageing and Parkinson's disease as measured by the swallowing quality of life (SWAL-QOL) questionnaire. *Dysphagia*, 25(3), 216-220.
- Lin, L. C., Wu, S. C., Chen, H. S., Wang, T. G. & Chen, M. Y. 2002. Prevalence of impaired swallowing in institutionalized older people in Taiwan. *Journal of the American Geriatrics Society* 50(6): 1118-1123.
- Martens, L., Cameron, T. and Simonsen, M., 1990. Effects of a multidisciplinary management program on neurologically impaired patients with dysphagia. *Dysphagia*, 3, pp.147-151.
- Martino, R., Foley, N., Bhogal, S., Diamant, N., Speechley, M., & Teasell, R. (2005).

Dysphagia after stroke: incidence, diagnosis, and pulmonary complications. *stroke*, 36(12), 2756-2763.

Mills, P., Neily, J. and Dunn, E., 2008. Teamwork and communication in surgical teams: implications for patient safety. *Journal of the American College of Surgeons*, 206, pp.107-112.

Mills, P., Neily, J. and Dunn, E., 2008. Teamwork and communication in surgical teams: implications for patient safety. *Journal of the American College of Surgeons*, 206, pp.107-112.

Momosaki, R., Abo, M., Kakuda, W. & Kobayashi, K. 2013. Applicability of the two-step thickened water test in patients with poststroke dysphagia: A novel assessment tool for paste food aspiration. *Journal of Stroke & Cerebrovascular Diseases* 22(6): 817-821.

Mustaffa Kamal, R., Ward, E. & Cornwell, P. 2013. Levels of awareness, involvement and training in dysphagia: Management among other health professionals in Malaysia. *Dysphagie-Forum* 1: 4-15.

Mustaffa Kamal, R., Ward, E. C., & Cornwell, P. (2013). Levels of awareness, involvement and training in dysphagia management among other health professionals in Malaysia. *Dysphagieforum*, 3(1), 4-15.

Park, Y. H., Han, H. R., Oh, B. M., Lee, J., Park, J. A., Yu, S. J. & Chang, H. 2013. Prevalence and associated factors of dysphagia in nursing home residents. *Geriatric Nursing* 34(3): 212-217..

Robertson, A. G. (2009). *The management of dysphagia in neurodegenerative disorders: Hospice caregivers' perceptions and practices* (Doctoral dissertation, University of Pretoria).

Rofes, L., Arreola, V., Almirall, J., Cabré, M., Campins, L., García-Peris, P., & Clavé, P. (2011). Diagnosis and management of oropharyngeal dysphagia and its nutritional and respiratory complications in the elderly. *Gastroenterology research and practice*, 2011.

Rofes, L., Arreola, V., Almirall, J., Cabré, M., Campins, L., García-Peris, P. & Clavé, P. 2010. Diagnosis and management of oropharyngeal dysphagia and its nutritional and respiratory complications in the elderly. *Gastroenterology Research & Practice* 2011: 1-13.

Royal College of Speech and Language Therapists 2006. *Communicating Quality 3: RCSLT's Guidance on Best Practice in Service Organisation and Provision (3rd Ed.)*. London: Royal College of Speech and Language Therapists.

Sharma, S., Harun, H., Kamal, R. M., & Noerdin, S. (2006). Pengendaliandisfagia oleh patologis pertuturan-bahasa di Malaysia. *Jurnal Sains Kesihatan Malaysia (Malaysian Journal of Health Sciences)*, 4(2).

Smithard, D. G., Smeeton, N. C., & Wolfe, C. D. A. (2007). Long-term outcome after stroke: does dysphagia matter? *Age and ageing*, 36(1), 90-94.

Volkert, D., Chourdakis, M., Faxen-Irving, G., Frühwald, T., Landi, F., Suominen, M. H., & Schneider, S. M. (2015). ESPEN guidelines on nutrition in dementia. *Clinical nutrition*, 34(6), 1052-1073.

Walsh, M. E., Brabeck, M. M. & Howard, K. A. 1999. Interprofessional collaboration in children's services: Toward a theoretical framework. *Children's Services: Social Policy, Research & Practice* 2(4): 183-208.

Winchester, C.G., 2003. Effective dysphagia management: understanding the process through the continuum of care. *Advance for Speech-Language Pathologists and Audiologists*, 13(34), p.10.

Xinyi, D. Y., Ahmad, A., & Vesualingam, M. (2018). Medical Officers' Awareness, Involvement and Training in Dysphagia Management. *Jurnal Sains Kesihatan Malaysia (Malaysian Journal of Health Sciences)*, 16(1).

Yolsal, N., Karabey, S., Bulut, A., Topuzoglu, A., Agkoc, S., Onoglu, N. & Neyzi, O. 2004. Courses for medical residents and trainers in Turkey for promotion of quality of reproductive health services: A pilot study. *Reproductive Health Matters* 12(24): 189-199.

Yule, S., Flin, R., Paterson-Brown, S., & Maran, N. (2006). Non-technical skills for surgeons in the operating room: a review of the literature. *Surgery*, 139(2), 140-149.

[N.B. For better understanding of the study, please see hard copy & for any further information please contact: srabonrukaiya@gmail.com]