

Dear JACOT Readers,

We are pleased to share three articles that are progressive and unique to occupational therapy (OT) role in acute care. This issue highlights a case study and case series article that describe examples of OT unique role in improve the functional outcomes for clientele having complicated hospitalizations and medical situations. The first case study highlights dysphagia assessment and treatment and OT unique role in advocating and educating the patient and interprofessional health care team. The second article highlights the early intervention and activity for patients having Extracorporeal Membrane Oxygenation (ECMO) intervention related to COVID diagnosis. The third article is educational topic describes a performance improvement project surrounding of training and orientation process for delirium assessment, management, and prevention in the intensive care unit, which also provides an example of an orientation checklist for training on delirium management.

Thank you for your continued readership, support, and submissions.

We are excited to continue highlighting peer-reviewed evidence that highlights OTs unique role and influence on functional outcomes of our patients in acute care.

Best regards,

Hannah Oldenburg, EdD, OTR/L, BCPR – Editor in Chief

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Editorial Below

Editorial

Career in Dysphagia

By: Janelle M. Hatlevig, MA, OTR/L, BCPR

As an occupational therapy practitioner working in acute care for most of my 17 years, I have come to understand and appreciate the culture and workflow across acute care (i.e., intensive care units, progressive care units) with a variety of adult populations and medical procedures. When I was hired at my acute care institution, it was an expectation that all occupational therapists (OTs) would learn to evaluate and treat acute care patients with dysphagia. This included bedside and instrumental evaluations or video fluoroscopic swallow studies. At the time of training, I was skeptical I would enjoy this lesser-known specialty area, however, I loved it and am passionate about advocating for OTs' role with this condition across adult populations. More specifically, in the last 6 years, I have worked exclusively in treating patients with dysphagia in the acute care setting as well as training practitioners in dysphagia prevention, assessment, and management across inpatient and outpatient settings. During this time, I have also been the coordinator of the first and only dysphagia fellowship supported by the American Occupational Therapy Association (AOTA). I collaborate with fellow occupational therapy practitioners to aid two fellows a year in becoming proficient in managing dysphagia in acute care as well as outpatient settings.

Providing occupational therapy services surrounding dysphagia needs in acute care is within occupational therapy profession's scope. There are several considerations therapists should consider to optimize your role as a beginner, intermediate, or advance practitioner in the scope of dysphagia:

- **Advocacy & Education**

Since dysphagia is typically treated by our colleagues in Speech Language Pathology (SLP) there are always opportunities to educate our stakeholders and even our own OTs that dysphagia management is in fact within our scope of practice. As pointed out in this issue, there are multiple documents supporting this as well as providing guidance for how this can be achieved. It is a responsibility of all OTs to promote our profession and recognize why we can be primary dysphagia therapists. A consistent message amongst our professional organization and leaders is essential. To answer this call, amongst other advocacy and education goals, there is a new Community of Practice for Eating, Feeding and Swallowing supported by AOTA.

- **Involvement**

All practitioners should strive for basic levels of involvement and understanding how an OT can contribute to dysphagia management in general while advocating for our professional position. There is a case example in this issue of how therapist can have an active role in managing the dysphagia needs of patients have acute medical or surgical procedures.

- **Training**

When I started training to be competent in dysphagia, I looked back on the patients I had treated before and felt that I had done them a disservice by not incorporating basic dysphagia management techniques and aspiration prevention tactics. From the start of learning about activities of daily living in OT school programs, the activity of eating, feeding and swallowing needs to be incorporated fully. Students and entry-level practitioners need to understand that this is an integral part of addressing patients' basic needs and how to pursue further advanced training. Novice therapists to acute care should be trained on dysphagia management and what this looks like in their specific facility.

- **Evidenced-Based Practice**

As with all treatment areas in OT we need to search out the latest in research and ensure we are advising with the newest information at hand. Not only do we need to be knowledgeable on the current evidence, but also be involved in conducting research and sharing the outcomes surrounding dysphagia topics to health professionals involved in dysphagia management. Now, more than ever, we need to be contributing to research so that our voice is not lost in this specific area.