

**COURSE DATA****Data Subject**

<b>Code</b>	35304
<b>Name</b>	Speech Therapy Intervention in Sudden Brain Damage
<b>Cycle</b>	Grade
<b>ECTS Credits</b>	4.5
<b>Academic year</b>	2021 - 2022

**Study (s)**

<b>Degree</b>	<b>Center</b>	<b>Acad. year</b>	<b>Period</b>
1203 - Degree in Speech Therapy	Faculty of Psychology and Speech Therapy	3	Second term

**Subject-matter**

<b>Degree</b>	<b>Subject-matter</b>	<b>Character</b>
1203 - Degree in Speech Therapy	27 - Speech therapy intervention in sudden brain damage	Obligatory

**Coordination**

<b>Name</b>	<b>Department</b>
BRINES BENLLIURE, LOURDES	268 - Psychobiology

**SUMMARY**

Acquired Brain Injury (ABI) is an injury that occurs in brain structures suddenly in people who were born without any brain damage, suffer at a later stage of life, injury to the same result an accident or illness. Among the main causes of ABI are Traumatic Brain Injuries (TBI) and Stroke. The first mainly affect young people, mostly men and the most important causes are traffic accidents and workplace accidents. Strokes affect an older population in which women predominate. As a result, affected individuals show deficits and disabilities that compromise the proper functioning independently in society. Physical deficits involve decreased grip or fine motor skills, limitations in walking, reduced vision or hearing, serious problems with speech or language or swallowing problems. However, cognitive-behavioral disorders and psychosocial follow the DCA tend to be undervalued, even when difficult and successful reintegration into society and make it impossible in many cases the purchase and maintenance of long-term employment. Among the most common cognitive deficits after brain damage are failures in language, memory, reduced attention and concentration, visuospatial problems, reduced reasoning skills and poor planning and organizational skills, deficits that significantly influence the communication skills and in rehabilitating them. So it's urgent that a speech therapist work in this area given its importance to social status (130,000 stroke/year and 30,000 TBI/year).



## PREVIOUS KNOWLEDGE

### Relationship to other subjects of the same degree

#### 1203 - Degree in Speech Therapy :

R4-OBLIGATION TO HAVE SUCCESSFULLY COMPLETED THE COURSE

35272 - Anatomy of Language and Hearing Organs

35273 - Physiology of Language and Hearing Organs

### Other requirements

We find a relationship of this subject and others taught in the 1st year: Neurology and General and Language Neuropsychology. It is important and recommended for students to recover what they have learned in these subjects to activate previous knowledge and reflect on the impact of neurological pathologies on communication.

## OUTCOMES

### 1203 - Degree in Speech Therapy

- Students must be able to apply their knowledge to their work or vocation in a professional manner and have acquired the competences required for the preparation and defence of arguments and for problem solving in their field of study.
- Students must have the ability to gather and interpret relevant data (usually in their field of study) to make judgements that take relevant social, scientific or ethical issues into consideration.
- Students must be able to communicate information, ideas, problems and solutions to both expert and lay audiences.
- Students must have developed the learning skills needed to undertake further study with a high degree of autonomy.
- Design and conduct speech therapy treatments, both individual and collective, by setting targets and stages, with the most effective and adequate methods, techniques and resources, and bearing in mind the different life developmental stages as well as gender perspective.
- Have an adequate speech production, language structure and voice quality.
- Know the different techniques of intervention in brain injury.
- Be able to plan an intervention in a clinical case of brain injury.



## LEARNING OUTCOMES

- To design rehabilitation programs tailored to brain damage.
- Designing interventions with patients in coma stimulation and minimally responsive state.
- Apply and adapt the techniques and strategies of speech therapy in cases of brain damage.

## DESCRIPTION OF CONTENTS

### 1. The Brain Injury.

Conceptual delimitation. Diagnostic criteria. Types of brain injury and classification criteria. Etiologies of brain injury.

### 2. Brain Injury: Role and functionality.

Model of the three functional units of the brain of R.A. Luria. Phases of attention to the brain damage: acute, subacute and chronic. Etiologic diagnosis and speech therapy. Role and functionality. International Classification of Functioning, Disability and Health (ICF). Functional Assessment Measure (FIM+FAM).

### 3. Speech therapy interventions in the neurogenic dysphagia

Neural Control of swallowing, phases and deglutitive times. Prevalence and etiology of oropharyngeal dysphagia is neurological in origin. Rehabilitative approach of neurogenic dysphagia.

### 4. Speech therapy in language and communication disorders in brain injury.

Plans and criteria for action on brain damage. Linguistic and communicative stimulation programs in acquired brain damage.

### 5. Child brain damage

Conceptualizations on child brain damage. Logopedic approach of communicative and oral nonverbal alterations secondary to brain damage in infancy.

### 6. Context and meaning in intervention in acquired brain damage: family, environment and communication.

The contents of this topic, due to its transversal character, will be treated throughout the development of the subject.

**WORKLOAD**

ACTIVITY	Hours	% To be attended
Theory classes	30,00	100
Laboratory practices	15,00	100
Study and independent work	67,50	0
<b>TOTAL</b>	<b>112,50</b>	

**TEACHING METHODOLOGY**

Lectures by power-point presentations and videos about intervention in brain damage.

Practices about how intervention programs in clinical cases with brain damage and videos of actual cases of patients on various interventions in brain damage.

Scheduled individual and group tutorials.

Supervision of practical work, guidance and resolution of doubts.

Seminars by prestigious guests in Brain Injury speech therapists.

Autonomous work / student: Build job, a review of clinical cases, intervention design, reporting. Study of student, preparation and conduct of the evaluation tests.

**EVALUATION**

The performance test on the level of knowledge acquired by the student in the theoretical and practical sessions will be carried out in the form of an exam with multiple choice multiple choice questions with 3 alternatives and five short questions. The exam may include one or more practical cases. It will be necessary to obtain a grade of 5 in this test to pass the course. In any case, the maximum mark in the test will be 60% of the overall mark. The remaining 40% will be obtained in the form of works whose characteristics will be detailed at the beginning of the teaching period of the practical sessions: preparation of speech therapy reports, management and interpretation of evaluation tests, development of speech therapy treatments in cases of brain damage, sessions of intervention.

The grades obtained in the work carried out will be saved for the June call. The task that are not submitted in the required time and form will not be recoverable.

Given the characteristics of the subject and the degree, a high command of written language will be required.

The teacher may require individual or small group interviews to verify the degree of participation and the achievement of the objectives pursued in any task carried out. Not accepting this verification will mean not passing the task / activity in question.



The manifest "copy" of any test, task, activity or report, whether individual or group, that serves for evaluation purposes in the subject, will make it impossible to pass the subject matter.

Honours degree will be awarded to those students whose grade in a subject is equal to or greater than 9 and the highest in their group. Obtaining honours is subject to taking an extraordinary oral exam in the event that two students have the same grade and it is only possible to award an honour degree. In no case will note subtract.

## REFERENCES

### Basic

- Luria, A.R. (1984). Conciencia y lenguaje. Madrid: Visor.
- Ardila, A. (2005). Las afasias. Guadalajara: Universidad de Guadalajara.
- Terradillos, E., y López-Higes, R, (2016). Guía de intervención logopédica en las afasias. Madrid: Síntesis.

### Additional

- Melle, N. (2007). Guía de intervención logopédica en disartria. Madrid: Síntesis.
- Duffy, J.R. (2013). Motor Speech Disorders: substrates, differential diagnosis, and management. St Louis, Missouri: Mosby.
- Gallardo, B., y Hernández, C. (2013). Lingüística clínica. Arco Libros: Madrid.
- Gallardo, B. (2005). Afasia y conversación: Las habilidades comunicativas del interlocutor-clave. Valencia: Tirant lo Blanch.
- Basso, A. (2012). La afasia: conocer para rehabilitar. Akadia
- : Clavé, P., y García, P. (Ed). (2011). Guía de diagnóstico y tratamiento nutricional y rehabilitador de la disfagia orofaríngea. Barcelona: Glosa.
- Diéguez-Vide, F. (2011). Cerebro y lenguaje. Madrid: Panamericana.
- Varios autores (2007). Logopedia y daño cerebral adquirido. Cuadernos FEDACE
- Benson, F., y Ardila, A. (1996). Aphasia. A Clinical Perspective. New York: Oxford University Press.

## ADDENDUM COVID-19

**This addendum will only be activated if the health situation requires so and with the prior agreement of the Governing Council**





TEACHING GUIDE ADDENDUM FILE	
Name of the subject	Speech Therapy Intervention in Sudden Brain Injury
DEGREE	SPEECH THERAPY DEGREE

### 1. CONTENTS

All the contents initially programmed in the guide are kept teaching, both for the theoretical sessions and for the practical sessions.

### 2. WORKLOAD AND TIME PLANNING OF TEACHING

The volume of work foreseen in the teaching guide for the subject is maintained both for the theory classes (30 hours), and for the practices (15 hours). The same volume of study and autonomous work of the student is also maintained (67.50 hours), with a total volume of work of 112.50 hours.

In the event that teaching is developed in a hybrid way, the theory classes will be carried out 100% in a non-presential way but synchronously according to the schedule programmed by the faculty. The practical hours will be carried out 100% in person, as long as the health and university authorities consider it necessary.

The practice sessions will be adapted to the online format and will be extended for the time determined by the Academic Committee of the Degree in accordance with the guidelines received from the Rector's Office. The workload will be adapted to the model in force at any given time.

### 3. TEACHING METHODOLOGY

Substitution of the face-to-face theory classes by synchronous videoconferencing using the Blackboard Collaborate tool on the days and hours corresponding to the theory class schedule. The sessions can be recorded and the students will have the links to the recordings. On the other hand, the practical sessions will be attended by the students. In case of changes that require teaching entirely online, the practical sessions will be adapted to be taught with a combination of synchronous content through Blackboard Collaborate and other activities using the tools of the virtual classroom. In principle, the same materials foreseen in the original guide for face-to-face teaching will be used. Tutoring system: the virtual tutoring program is maintained and synchronous video conferencing tutorials are introduced with face-to-face tutorials.



#### 4. EVALUATION

In the case of a mixed teaching situation (semi-presential) the theoretical and practical contents will be evaluated by means of a classroom test that will contain multiple choice questions with 3 alternatives and five short questions. The test may include one or more practical cases. The percentage of the final score associated with this test will be 40%.

In case a face-to-face exam is not possible, the evaluation will be done through an open written test (which will include clinical cases) defined as "homework" in a virtual classroom and with time restrictions. The student will have all the reference material of the subject to take the test. If a person does not have the means to establish this connection and access the virtual classroom, he/she must contact the teaching staff by e-mail (e-mail account @alumni.uv.es) at the time of publication of this annex in the teaching guide.

In case of connection difficulties on the day of the exam, the student must communicate this to the teacher from his or her email @alumni.uv.es, describing the difficulties, in order to arrange with the teacher to take an oral exam (via Blackboard or telephone) that will be recorded, on the day of the exam.

The anti-plagiarism tool URKUND contracted by the UV will be used to review the Answer Exchange. The percentage of the final grade associated with this test will be 40%. The practical contents will be evaluated continuously and may account for up to 60% of the grade. This percentage includes the development of the different activities, exercises, reports, memories, etc., raised in the practical sessions.

In the case of a teaching situation that is totally online, the final exam will represent 30% of the total grade and will be carried out by means of an open written test (which will include clinical cases) defined as a "task" in a virtual classroom and with time restrictions. The continuous assessment part will represent the remaining 70% and will include the activities proposed in the practical sessions. The final grade of the course is obtained from the weighted sum of the grades of each part of the evaluation, provided that it has been passed with a score of 5 out of 10 each of the parts (the part corresponding to the written test officially called and the practice report).

The variation in the presence of the practical sessions could lead to changes in the weighting of the evaluation systems. If the weighting contemplated in the addendum is modified due to this circumstance, it will be notified by the faculty publicly through the virtual classroom no later than one week after the end of the practical sessions. The final exams will be held in accordance with the regime determined by the agreements of the Governing Council in force at any given time.

Interviews by videoconference may be required to verify participation in the tasks performed, individually or in groups. If the student declines to do so, he/she will not be able to complete the individual or group activity in question.

UV plagiarism detection systems will be used in the evaluation evidence. The manifest copy of any task or activity, whether individual or group, that serves for the purpose of evaluation in the subject, will make it impossible to pass the course.

Honours degree will be awarded to those students whose grade in a subject is equal to or greater than 9 and the highest in their group. Obtaining honours is subject to taking an extraordinary oral exam in the event that two students have the same grade and it is only possible to award an honour degree. In no case will note subtract.



## **5. BIBLIOGRAPHY**

The recommended bibliography in the course guide is maintained as it is not mandatory and is complementary to the presentations and materials uploaded to the virtual classroom. In the case of completely on-line teaching, if some material is not accessible, it can be replaced by content prepared by the teachers and deposited in the virtual classroom.