

University of
Wisconsin –
Stevens Point
CPS 024

Spring 2024

M/W 800 – 915
3 Credits

Instructor

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Professor

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Course Text:

Clinical Management of
Swallowing Disorders, Fifth
Edition. 2022, Plural
Publishing

Office Hours:

Wednesdays: 915-1000
042b

Fridays: 915-1000
CPS Café

Or By Appointment

Dysphagia

A graduate student's preparation in becoming competent in diagnosing and treating disorders of swallowing, dysphagia, is unlike any other aspect of CSD training. This is a single, stand-alone, class. There was no prior Dysphagia 101, there is no subsequent course either.

Course Overview:

“First we eat, then we do everything else.” M.F.K Fisher

May I be so bold to say that eating and drinking is one's paramount skill? Let's for this semester presume it is indeed the most essential human skill. I encourage you to consider your thoughts at this very moment, sitting in this classroom, if you were unable to eat and/or drink. Perhaps your priorities would realign. Somethings wouldn't matter anymore; other new concerns would rapidly take over your thoughts. This is the first step, albeit a small one, in your training.

“Food is our common ground, a universal experience.” James Beard

From the 2-day-old to the 94-year-old, from every culture, every generation, every walk of life, safe and effective swallowing is presumed non-negotiable.

“Coffee is a cup of hope in a world full of chaos and Mondays.” Unknown

Feel free to add Wednesdays to the above quote. Our class is held on Mondays and Wednesdays from 8:00 to 9:15 in room 024. Our first class is 1-22-24 our final is Tuesday, May 14th, from 10:15 to 12:15

“One cannot think well, love well, sleep well, if one has not dined well.” Virginia Woolf

Don't neglect your own dining. And, since this is a class on swallowing and its concerns, you are welcome to bring breakfast to class.

“Laughter is brightest in the place where the food is.” Irish Proverb

We all know this to be true. Carry this with you when you go off to meet your patients.

“A party without cake is just a meeting” Julia Child

Let's not just have 16 weeks of meetings. Any thoughts?



ASHA Standards for CSD 746

Standard IV-C: Communication and Swallowing Disorders and Differences

- The student will demonstrate the ability to analyze, synthesize and evaluate knowledge (including the etiologies, characteristics, and anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates) in the area of swallowing/feeding disorders.

Standard IV-D: Prevention, Assessment, and Intervention for persons with communication and swallowing disorders

- The student will demonstrate the ability to analyze, synthesize, and evaluate knowledge in the principles and methods of prevention, assessment, and intervention in the area of swallowing/feeding disorders.

Standard IV-B: Swallowing Processes

- The student will demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span re: biological bases of swallowing processes.
- The student will demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span re: neurological bases of swallowing processes.
- The student will demonstrate the ability to integrate information pertaining to normal and abnormal human

development across the life span re: psychological bases of swallowing processes.

- The student will demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span re: developmental/lifespan bases of swallowing processes.
- The student will demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span re: cultural bases of human swallowing processes.

Standard V-B 1a. Conduct screening and prevention procedures, including prevention activities

The student will demonstrate the ability to conduct screening and prevention procedures, including prevention activities in the area of swallowing/feeding.

Standard V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals

The student will demonstrate the ability to collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals in the area of swallowing/feeding.

Standard V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures

The student will demonstrate the ability to select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures in the area of swallowing/feeding.

Standard V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services

The student will demonstrate the ability to adapt evaluation procedures to meet the needs of individuals receiving services in the area of swallowing/feeding.

Standard V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention

The student will demonstrate the ability to interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention in the area of swallowing/feeding.

Standard V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process

The student will demonstrate the ability to 1) develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs and 2) collaborate with clients/patients and relevant others in the planning process in the area of swallowing/feeding.

Standard V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention

The student will demonstrate the ability to select or develop and use appropriate materials and instrumentation for prevention and intervention in the area of swallowing/feeding.

Standard V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients

The student will demonstrate the ability to modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients in the area of swallowing/feeding.

Lecture Topics

1. Normal aerodigestive tract

A. Anatomy

1. Oral
2. Pharyngeal
3. Laryngeal
4. Esophageal
5. Respiratory

B. Sensory innervation and motor control

1. Cortical
2. Subcortical
3. Peripheral

C. Biomechanics

1. Bolus preparation
2. Bolus propulsion
3. Airway protection
4. Respiratory-swallow coordination

D. Development and maturation

1. Suckling, sucking, swallowing, and chewing
 - a. Prenatal
 - b. Neonatal
 - c. Infant
 - d. Toddler
 - e. Young child
 - f. Mature sensorimotor system
 - g. Elderly

2. Abnormal swallowing

A. Etiology and conditions

1. Neurogenic
 - a. Stroke
 - b. Dementia
 - c. Neurodegenerative disorders
 - d. Brain tumor
 - e. Spinal cord injuries
 - f. Traumatic brain injury
2. Structural
 - a. Head and neck cancer and treatment effects
 - b. Zenker's diverticulum
 - c. Cervical neck disease
 - d. Cricopharyngeal hypertrophy
3. Iatrogenic
 - a. Tracheostomy and/or ventilator issues
 - b. Drug induced
 - c. Postsurgical
4. Psychiatric or behavioral
 - a. Globus pharyngeus
 - b. Delirium
 - c. ETOH related
5. Systemic
 - a. Myositis
 - b. HIV/AIDS
 - c. Esophageal causes

B. Signs and symptoms observed clinically and instrumentally

1. Protracted mastication
2. Impaired oral sensation
3. Oral incontinence/drooling
4. Nasal regurgitation
5. Uncontrolled bolus flow into pharynx
6. Abnormal swallow onset
7. Laryngeal penetration and laryngeal secretions
8. Aspiration

9. Pharyngeal residue and stasis
 10. Retrograde bolus flow
 11. Esophageal considerations
- C. Areas of impairment in instrumentally measured pathophysiology of swallowing in adults
1. Bolus formation/propulsion
 2. Swallow initiation and coordination
 3. Airway protection
 4. Swallow duration
 5. Respiratory swallow coordination
 6. Pharyngeal clearance
 7. Esophageal components
- D. Consequences of swallowing impairment
1. Aspiration and pneumonia
 2. Malnutrition

3. Assessment

A. History

1. Name, age, sex
2. Referring diagnosis
3. Primary diagnosis/current medical status
4. Past medical history
 - a. Pertinent medical conditions (including any GI issues)
 - b. Pertinent speech, language, cognition
 - c. Pertinent developmental history (pediatric)
 1. Fine and gross motor
 2. Neurodevelopmental milestones
 3. State/organization
 4. Feeding development
5. Pertinent diagnostic examinations
6. Psychosocial history
 - a. Level of independence
 1. Support system
 - b. Cultural issues/special needs
 - c. Education/employment
7. Current diet/nutritional status
 - a. Food texture and liquid consistency

- b. Include dietary restrictions/food allergies
- c. Frequency/duration (pediatric)
- d. Anthropometric measures (pediatric)

B. Noninstrumental examination

- 1. Cognition/state
 - a. Level of alertness
 - b. Readiness for oral intake
 - c. Auditory and visual acuity
- 2. Position/posture
 - a. Seating
 - b. Positioning equipment/adaptive equipment
- 3. Pulmonary/respiratory status
 - a. Auscultation (e.g., cervical/laryngeal/thoracic)
- 4. Multisystem sensorimotor examination (oral mechanism examination)
 - a. Structure/function of:
 - 1. Head/neck
 - 2. Lips/cheeks
 - 3. Tongue
 - 4. Palate/velum
 - 5. Oropharynx/pharynx
 - 6. Larynx
 - 7. Dentition/jaw
 - b. Reflexes
 - c. Sensation (sensory awareness)
- 5. Clinical “hands on” swallowing examination
 - a. Liquids
 - 1. Equipment (bottle, cup, straw, etc.)
 - 2. Oral phase (components)
 - 3. Pharyngeal/laryngeal phase (components)
 - 4. Consistencies administered
 - a. Thin, nectar, honey, pudding
 - b. Purees
 - 1. Oral phase
 - 2. Pharyngeal/laryngeal phase
 - c. Mechanical soft

1. Oral phase
 2. Pharyngeal/laryngeal phase
 - d. Regular solids
 1. Oral phase
 2. Pharyngeal/laryngeal phase
 - e. Observations
 1. Self-feeding/feeding
 - a. Level of assistance
 2. Positioning needs
 3. Clinical signs of dysphagia/aspiration
 4. Patient/caregiver/staff interactions
 5. Compensatory swallowing and/or feeding modifications
 - a. Equipment/utensils
 6. Duration and volume of feeding (pediatric)
 6. Impressions (assessment)
 - a. Diagnostic statement
 - b. Strengths and weaknesses
 - c. Prognosis
 7. Recommendations
 - a. Oral vs. non-oral
 - b. Best textures/consistencies to meet nutritional needs orally (if feasible)
 - c. Further testing or workup indicated
 8. Special considerations indicated for evaluation of tracheostomy and ventilator-dependent patients
 9. Special considerations indicated for evaluation of neonates and infants
- C. Instrumental examination
1. Videofluoroscopy
 - a. Definition and rationale
 - b. Procedure/protocol
 - c. Findings and interpretation
 - d. Advantages and disadvantages
 - e. Radiation safety procedure
 2. Fiberoptic endoscopic evaluation of swallowing (FEES)
 - a. Definition and rationale
 - b. Procedure/protocol
 - c. Findings and interpretation

- d. Advantages and disadvantages
- 3. Other medical diagnostic procedures
 - a. Upper gastrointestinal series (upper GI)
 - b. Esophagram
 - c. Esophageal manometry
 - d. CT
 - e. MRI
 - f. Laryngoscopy
 - 1. Flexible
 - 2. Rigid
 - g. Bronchoscopy
 - h. Esophagoduodenoscopy (EGD)

4. **Management of dysphagia**

- A. Treatment planning
 - 1. Nutrition/hydration status
 - a. Means of nutrition
 - b. Types of nutrition
 - c. Nutritional risk
 - 2. Management strategies
 - 3. Treatment candidacy and prognosis
 - 4. Other referrals
 - 5. Patient/caregiver/team education
 - 6. Discharge planning
- B. Clinical management
 - 1. Swallowing maneuvers
 - 2. Compensatory postures and positioning
 - 3. Bolus modification
 - 4. Adaptive equipment
 - 5. Physiotherapeutic exercises
 - 6. Sensory augmentation
 - 7. Biofeedback
- C. Prosthetic management
- D. Surgical/medical management
- E. Treatment risks, benefits, and complications
- F. Non-oral feeding

G. Counseling families and patients regarding diagnosis and treatment planning

5. Documentation

- A. Assessment
- B. Progress notes and treatment outcomes
- C. Reimbursement eligibility
- D. Discharge summary

6. Ethical Issues

- A. Ethical principles
 - 1. Beneficence
 - 2. Nonmaleficence
 - 3. Autonomy
 - 4. Justice and fidelity
- B. Patient rights
 - 1. Right to predetermine medical treatment limits
 - 2. Right to discontinue or refuse treatment
 - 3. Right to refuse to follow swallowing safety recommendations
- C. SLP responsibilities
 - 1. Determination of efficacious treatment approaches
 - 2. Responsibility to educate/explain potential risks and outcomes
 - 3. Responsibility to accept patient/family decisions
 - 4. Responsibility to advocate for treatment or no treatment
 - 5. Responsibility to continue or discontinue treatment
- D. Family/caregiver rights
 - 1. "Living will"
 - 2. Power of attorney
 - 3. Parental rights
- E. Societal issues
 - 1. "Right to die" and end of life
 - a. Withholding or providing nutrition: moral/ethical/religious concerns
 - b. Legal issues and tube feeding
 - c. Caregiver burden
 - 2. Degenerative and/or terminal diseases and treatment
 - a. Dementia
 - b. Cancer
 - c. Other diseases

3. Economic considerations
 - a. Provider
 - b. Insurer
 - c. Public
 1. Medicare
 2. Medicaid
 - d. Individual

7. Efficacy

- A. Utilizing research to support treatment techniques
- B. “Fads” and trends in treatment approaches
- C. Evidence-based practice
 1. ASHA NOMS
 2. Functional communication measures
 3. Other
- D. Safety
 1. Treatment approaches
 2. Trials of oral feeding with individuals who are “NPO”
 3. “Free water” protocols

8. Models of delivery

- A. Dysphagia program and implementation
- B. Team approach
- C. Family, staff, patient education
- D. Service delivery models
- E. Multidisciplinary interactions (acute care and long-term care)

Attendance

If you are unable to attend a class period, please notify the instructors as soon as possible. You will be provided with replacement resources for the day(s) you were absent from class.

Student Recording and Sharing Class Lecture and Materials

Lecture materials and recordings for CSD 746, are protected intellectual property at UW-Stevens Point. Students in this course may use the materials and recordings for their personal use related to participation in this class. Students may also take notes solely for their personal use. If a lecture is not already recorded, you are not authorized to record lectures without our permission unless you are considered by the university to be a qualified student with a disability requiring accommodation. [Regent Policy Document 4-1 \(Links to an external site.\)](#)

Students may not copy or share lecture materials and recordings outside of class, including posting on internet sites or selling to commercial entities. Students are also prohibited from providing or selling their personal notes to anyone else or being paid for taking notes by any person or commercial firm without the instructors' express written permission. Unauthorized use of these copyrighted lecture materials and recordings constitutes copyright infringement and may be addressed under the university's policies, UWS Chapters 14 and 17, governing student academic and non-academic misconduct.

Inclusivity Statement

It is our intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that students bring to this class be viewed as a resource, strength, and benefit. It is our intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let us know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

If you have experienced a bias incident (an act of conduct, speech, or expression to which a bias motive is evident as a contributing factor regardless of whether the act is criminal) at UWSP, you have the right to report it using this [link \(Links to an external site.\)](#). You may also contact the Dean of Students office directly at dos@uwsp.edu.

Confidentiality

Learning requires risk-taking and sharing ideas. Please keep your classmates' ideas and experiences confidential outside the classroom unless permission has been granted to share them.

Course Format:

CSD746 will be structured as a competency-based course. Course material will be presented in varied formats. Lecture, video, group discussion, and interactive "lab-like" elements will be employed. The student is expected to read the assigned materials prior to class. Given the scope and weight of the subject matter, your attendance, preparation, and engagement are strongly encouraged.

Course Requirements:

- Completion of the twelve assigned competencies in the categories of knowledge, experiential, performance, and application-based competencies.
- Students must pass all twelve competencies.
- All the requirements must be fulfilled to pass each specific competency. 85% accuracy is the minimum standard for passing a competency.
- Please see Canvas for a description of the competencies.

Knowledge-based:

- KB1 Normal Adult Swallow - Neurology
- KB2 Adult Dysphagia
- KB 3Pediatric Swallow

Experiential-based:

- EB1 Observation
- EB2Diet Modification

- EB3 Being Fed

Performance-based:

- PB1 Verbal explanation of normal and abnormal swallow
- PB2 Cranial Nerve Examination, Oral Motor Examination, Consistency trials with complicating factor
- PB3 Documentation of clinical swallow evaluation

Application-based:

- AB1 Ethics – End of Life Care
- AB2 Pediatric Case Study
- AB3 Adult Case Study

Grades:

As a competency-based course, CSD 746 will require students to complete all 12 competencies. Once a competency is completed in its entirety, the student is awarded a “point” and considered to be competent. Competencies are linked to the course progression, therefore there is a scheduling element of the competencies. You are allowed to submit your competency following it being made available on Canvas. Competencies that are incomplete are deemed “in process”. You are allowed to redo each competency without penalty until it has been successfully completed. You have passed this course once you have been deemed competent in the 12 competencies.

Tentative Course Schedule:

Week 1 Introduction to Dysphagia, Chapter 2 of text

Week 2 Normal Swallow

Week 3 Epidemiology Chapter 1

Week 4 Exam 1 Etiologies of Dysphagia,

Week 5 Surgical dysphagia Chapter 4

Week 6 Clinical evaluation, chapter 5

Week 7 Instrumental evaluation, chapter 6,

Week 8 Treatment of Dysphagia, chapter 7, Exam 2

Spring Break

Week 9 Nutrition and Diet, Chapter 8,

Week 10 Swallowing and Aging, Chapter 9

Week 11 Dysphagia and Ethics

Week 12 Pediatric Dysphagia, Normal and Assessment, Chapter 10

Week 13 Pediatric Treatment of Dysphagia, Chapter 11

Week 14 To Be Determined

Week 15 To Be Determined

Week 16 Final

Incomplete Policy

Under emergency/special circumstances, students may petition for an incomplete grade. An incomplete will only be assigned if the student has maintained regular contact with the course instructor about his/her situation. All incomplete course assignments must be completed by the last day of classes of the following semester.

Absences due to Military Service

As stated in the UWSP Catalog, you will not be penalized for class absence due to unavoidable or legitimate required military obligations, or medical appointments at a VA facility, [not to exceed two \(2\) \(Links to an external site.\) weeks \(Links to an external site.\)](#) unless special permission is granted by the instructor. You are responsible for notifying faculty members of such circumstances as far in advance as possible and for providing documentation to the Office of the Dean of Students to verify the reason for the absence. The faculty member is responsible to provide reasonable accommodations or opportunities to make up exams or other course assignments that have an impact on the course grade. For absences due to being deployed for active duty, please refer to the [Military Call-Up Instructions for Students \(Links to an external site.\)](#).

Religious Beliefs Accommodation

It is UW System policy ([UWS 22 \(Links to an external site.\)](#)) to reasonably accommodate your sincerely held religious beliefs with respect to all examinations and other academic requirements.

You will be permitted to make up an exam or other academic requirement at another time or by an alternative method, without any prejudicial effect, if:

- There is a scheduling conflict between your sincerely held religious beliefs and taking the exam or meeting the academic requirements; and
- You have notified your instructor within the first three weeks of the beginning of classes (first week of summer or interim courses) of the specific days or dates that you will request relief from an examination or academic requirement.
- Your instructor will accept the sincerity of your religious beliefs at face value and keep your request confidential.
- Your instructor will schedule a make-up exam or requirement before or after the regularly scheduled exam or requirement.
- You may file any complaints regarding compliance with this policy in the Equity and Affirmative Action Office.

Equal Access for Students with Disabilities*

UW-Stevens Point will modify academic program requirements as necessary to ensure that they do not discriminate against qualified applicants or students with disabilities. The modifications should not affect the substance of educational programs or compromise academic standards; nor should they intrude upon academic freedom. Examinations or other procedures used for evaluating students' academic achievements may be adapted. The results of such evaluation must demonstrate the student's achievement in the academic activity, rather than describe his/her disability.

If modifications are required due to a disability, please inform the instructor and contact the [Disability and Assistive Technology Center \(Links to an external site.\)](#) to complete an Accommodations Request form.

Phone: 346-3365 or Room 609 Albertson Hall.

Help Resources

Tutoring	Advising	Safety and General Support	Health
Tutoring and Learning Center helps with Study Skills, Writing, Technology, Math, & Science. 018 Albertson Hall, 715-346-3568	Academic and Career Advising Center, 320 Albertson Hall, 715-346-3226	Dean of Students Office, 212 Old Main, 715-346-2611	Counseling Center, Delzell Hall, 715-346-3553. Health Care, Delzell Hall, 715-346-4646

UWSP Service Desk

The Office of Information Technology (IT) provides a Service Desk to assist students with connecting to the Campus Network, virus and spyware removal, file recovery, equipment loan, and computer repair. You can contact the Service Desk via email at techhelp@uwsp.edu or at (715) 346-4357 (HELP) or visit this [link for more information. \(Links to an external site.\)](#)

Care Team

The University of Wisconsin-Stevens Point is committed to the safety and success of all students. The Office of the Dean of Students supports the campus community by reaching out and providing resources in areas where a student may be struggling or experiencing barriers to their success. Faculty and staff are asked to be proactive, supportive, and involved in facilitating the success of our students through early detection, reporting, and intervention. As your instructors, we may contact the Office of the Dean of Students if we sense you are in need of additional support which we may not be able to provide. You may also share a concern if you or another member of our campus community needs support, is distressed, or exhibits concerning behavior that is interfering with the academic or personal success or the safety of others, by reporting [here \(Links to an external site.\)](#).

Academic Honesty

Academic Integrity is an expectation of each UW-Stevens Point student. Campus community members are responsible for fostering and upholding an environment in which student learning is fair, just, and honest. Through your studies as a student, it is essential to exhibit the highest level of personal honesty and respect for the intellectual property of others. Academic misconduct is unacceptable. It compromises and disrespects the integrity of our university and those who study here. To maintain academic integrity, a student must only claim work which is the authentic work solely of their own, providing correct citations and credit to others as needed. Cheating, fabrication, plagiarism, unauthorized collaboration, and/or helping others commit these acts are examples of academic misconduct, which can result in disciplinary action. Failure to understand what constitutes academic misconduct does not exempt responsibility from engaging in it.

UWSP 14.03 Academic misconduct subject to disciplinary action.

- (1) Academic misconduct is an act in which a student:
- (a) Seeks to claim credit for the work or efforts of another without authorization or citation;
 - (b) Uses unauthorized materials or fabricated data in any academic exercise;
 - (c) Forges or falsifies academic documents or records;
 - (d) Intentionally impedes or damages the academic work of others;
 - (e) Engages in conduct aimed at making false representation of a student's academic performance; or
 - (f) Assists other students in any of these acts.

(2) Examples of academic misconduct include, but are not limited to:

- Cheating on an examination
- Collaborating with others in work to be presented, contrary to the stated rules of the course
- Submitting a paper or assignment as one's own work when a part or all of the paper or assignment is the work of another
- Submitting a paper or assignment that contains ideas or research of others without appropriately identifying the sources of those ideas
- Stealing examinations or course materials
- Submitting, if contrary to the rules of a course, work previously presented in another course
- Tampering with the laboratory experiment or computer program of another student
- Knowingly and intentionally assisting another student in any of the above, including assistance in an arrangement whereby any work, classroom performance, examination or other activity is submitted or performed by a person other than the student under whose name the work is submitted or performed.

Students suspected of academic misconduct will be asked to meet with the instructors to discuss the concerns. If academic misconduct is evident, procedures for determining disciplinary sanctions will be followed as outlined in the [University System Administrative Code, Chapter 14 \(Links to an external site.\)](#).

Other Campus Policies

FERPA

The [\(Links to an external site.\)Family Educational Rights and Privacy Act \(Links to an external site.\)](#) (FERPA) provides students with a right to protect, review, and correct their student records. Staff of the university with a clear *educational need to know* may also have to access to certain student records. Exceptions to the law include parental notification in cases of alcohol or drug use, and in case of a health or safety concern. FERPA also permits a school to disclose personally identifiable information from a student's education records, without consent, to another school in which the student seeks or intends to enroll.

Title IX

UW-Stevens Point is committed to fostering a safe, productive learning environment. Title IX and institutional policy prohibit discrimination on the basis of sex, which includes harassment, domestic and dating violence, sexual assault, and stalking. In the event that you choose to disclose information

about having survived sexual violence, including harassment, rape, sexual assault, dating violence, domestic violence, or stalking, and specify that this violence occurred while a student at UWSP, federal and state laws mandate that I, as your instructor, notify the Title IX Coordinator/Office of the Dean of Students.

Please see the information on the [Dean of Students webpage \(Links to an external site.\)](#) for information on making confidential reports of misconduct or interpersonal violence, as well as campus and community resources available to students. For more information see the [Title IX page \(Links to an external site.\)](#). [\(Links to an external site.\)](#) [\(Links to an external site.\)](#)

Clery Act

The US Department of Education requires universities to disclose and publish campus crime statistics, security information, and fire safety information annually. Statistics for the three previous calendar years and policy statements are released on or before October 1st in our [\(Links to an external site.\)Annual Security Report \(Links to an external site.\)](#). Another requirement of the Clery Act, is that the campus community must be given timely warnings of ongoing safety threats and immediate/emergency notifications. For more information about when and how these notices will be sent out, please see our [\(Links to an external site.\)Jeanne Clery Act \(Links to an external site.\)](#) page.

Copyright infringement

This is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act. Each year students violate these laws and campus policies, putting themselves at risk of federal prosecution. For more information about what to expect if you are caught, or to take preventive measures to keep your computing device clean, visit our [copyright page \(Links to an external site.\)](#).

In the event of a medical emergency, call 911 or use red emergency phone located in the middle hallway in the department. Offer assistance if trained and willing to do so. Guide emergency responders to victim.

In the event of a tornado warning, proceed to the lowest level interior room without window exposure which is the middle hallway in the department. See www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans [\(Links to an external site.\)](#) for floor plans showing severe weather shelters on campus. Avoid wide-span rooms and buildings.

In the event of a fire alarm, evacuate the building in a calm manner. Meet and the College of Professional Studies sign on Fourth Avenue. Notify instructor or emergency command personnel of any missing individuals.

Active Shooter - Run/Escape, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Follow instructions of emergency responders.

See UW-Stevens Point Emergency Management Plan at www.uwsp.edu/rmgt [\(Links to an external site.\)](#) for details on all emergency response at UW-Stevens Point.