

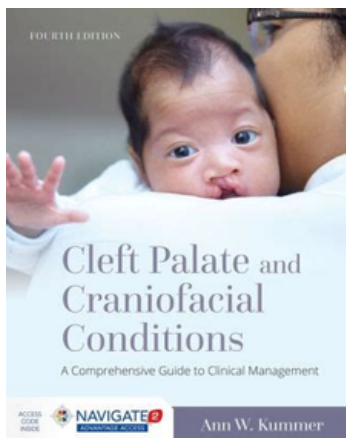
CSD 786 CLEFT PALATE & CRANIOFACIAL DISORDERS SUMMER 2023

COURSE OVERVIEW

When new parents have their baby placed in their arms for the first time, they are expecting the Gerber baby personified—perfect and beautiful. However, when that baby has a craniofacial anomaly or a cleft lip/palate it can be very alarming and bewildering. Fortunately, with incredible advances in surgical techniques, orthodontia, and speech therapy many of these children can have beautiful smiles, clear speech, and bright futures.

Craniofacial Disorders include a variety of syndromes and sequences and often result in clefts of the lip and/or palate. In this course you will learn about the embryological development of the face, head, and mouth and how genetics contribute to the process. You will understand and appreciate the team management of patients with these disorders and learn the timeline for treatment. You will understand how a cleft palate and/or craniofacial disorder can impact feeding, bonding, appearance, self-esteem, hearing, speech/language development, and dentition. Finally, you will be able to evaluate and treat disorders of articulation, language, voice, and resonance related to cleft palate and VPI.

REQUIRED TEXTBOOK



Kummer, A. W., (2020). Cleft palate and craniofacial conditions: A comprehensive guide to clinical management, 4th ed. Burlington, MA: Jones and Bartlett Learning.



COURSE INFO

Thursday and Friday,
June 22–July 14
8:00 am–12:00 pm
CPS 024

INSTRUCTOR INFO

Pamela Terrell, Ph.D., CCC-SLP

CPS 034

pterrell@uwsp.edu

OFFICE HOURS

Thursdays, 12:30–2:00 pm or by appointment

Course Outline

(subject to change as needed)

Dates

Topics & Readings

Week 1: June 22-23
Foundations

Thurs: Syllabus and course overview; A & P review-Ch. 1; Cleft Palate Team-Ch. 20; Clefts of lip and palate-Ch. 3

Fri: Orofacial exam-Ch. 12; Facial, Oral, and Pharyngeal Anomalies-Ch. 5; **CSI 1; orofacial exam**

Week 2: June 29-30
Syndromes & Related Issues

Thurs: Genetics-Ch. 2; Genetics Eval & Dysmorphology, Craniofacial Syndrome-Ch. 4 (pp. 77-82, 100-104 and only these syndromes in the chapter: hemifacial microsomia, Pierre Robin sequence, Stickler, Treacher Collins, Van der Woude, velocardiofacial, Apert, Crouzon); Feeding-Ch. 7; guest speaker--mother of a child with cleft palate; **A & P Quiz**

Fri: Language, Cognition, Phonology-Ch. 8, Psychosocial Issues-Ch. 0; *Every Smile is Perfect* video; guest speaker-SLP cleft lip/palate; **CSI 2**

Week 3: July 6-7
Evaluation and Related Issues

Thurs: Speech/Resonance Disorders and VPD-Ch. 10; *Smile Pinki* movie

Fri: Articulation/Resonance Evaluation-Ch. 11; International Missions-scan Ch. 21; Racial Disparities in Cleft Treatment (readings on Canvas); Guest speaker-plastic surgeon; **CSI 3**

Week 4: July 13-14
Treatment

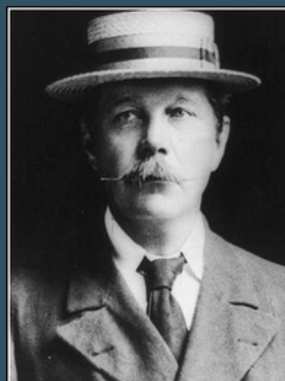
Thurs: Lip, Palate, and VPI Surgery-Ch. 17 (pp. 451-475); Orthognathic Surgery-Ch. 17 (pp. 475-485)

Fri: Prosthetics-Ch. 18 (pp. 500-504); Dental Issues and Orthodontia-Ch. 6 (scan and be familiar with); Speech Therapy-Ch. 19; **CSI 4**

Big Ideas and Learning Outcomes

Think like a detective and a speech-language pathologist!

1. Craniofacial disorders may impact growth and development, bonding, psychological well-being, cognition, hearing, feeding, speech, and language.
 - a. Describe embryological development of the face and mouth.
 - b. Describe characteristics and associated speech, language, feeding, hearing, and cognitive impairments of several more common syndromes.
 - c. Explain common feeding problems and strategies.
 - d. List and describe typical auditory, speech, language, and cognitive problems associated with cleft palate and common craniofacial disorders.
 - e. Appreciate the bonding, psychosocial, and counseling issues associated with these conditions.
2. Craniofacial disorders and clefts of the face, lip, or palate require regular assessment and treatment from a multidisciplinary team of experts.
 - a. Explain the typical timeline of screening, evaluation, and intervention.
 - b. List and describe the composition and roles of a healthy cleft palate team.
3. Cleft palate can result in significant and distinctive articulation errors, voice disorders, and resonance problems.
 - a. Analyze the articulation, voice, and resonance of children with a variety of disorders.
 - b. Compare and contrast anatomical vs. physiological, surgical vs. non-surgical, and compensatory vs. obligatory disorders of speech.



There is nothing more deceptive
than an obvious fact.

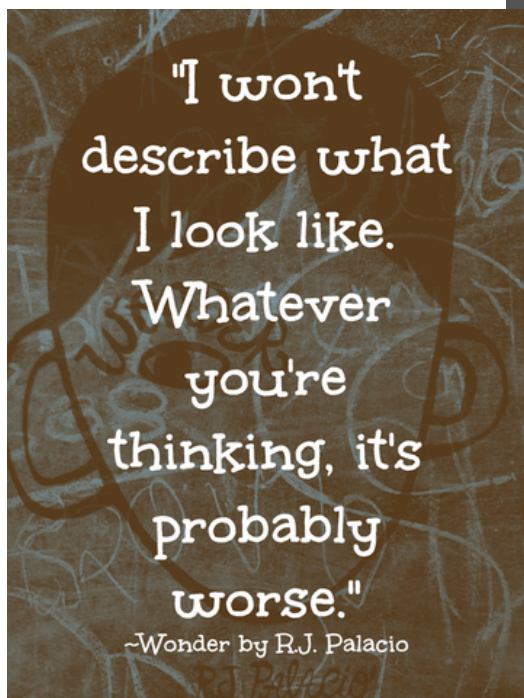
— Arthur Conan Doyle —

Assignments

1. **Cleft/Craniofacial Scenarios and Investigations:** There will be four CSI projects, which will give you an opportunity to practice real-world clinical problem solving. These CSI projects will be specific case studies involving children with clefts, syndromes, and/or VPI due to other issues. These are not exams, rather they are a way to help you understand the material in richer and more meaningful ways as you apply course content to actual clinical scenarios. Some will be completed individually and others in pairs. Each CSI will be followed by metacognitive and reflective activities on learning (1b, 1c, 1d, 2a, 2b, 3a, 3b)

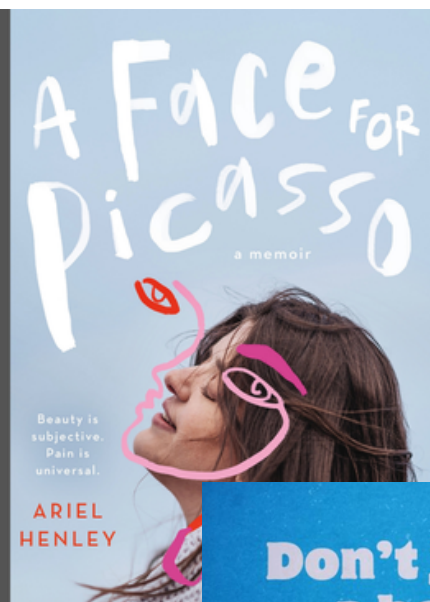
2. **Classwork:**

- There will be opportunities to reflect on the psychosocial implications of looking or sounding different from normative society through exposure to videos, podcasts, guest speakers, and/or writings. (1e)
- There will be quizzes that will cover terminology, types of clefts, genetics, embryology, anatomy/physiology, and syndromes. (1a, 1d, 2a, 2b)
- There will be formative learning opportunities to practice new skills in auditory discrimination, assessment, determining objectives, and transcription. (1b, 1d, 3a, 3b)



“
That was the only thing I wanted: for people like me to be able to walk into a store and say, *There is something here for me. I belong here.*

ARIEL HENLEY,
ON WHY SHE WROTE
HER MEMOIR



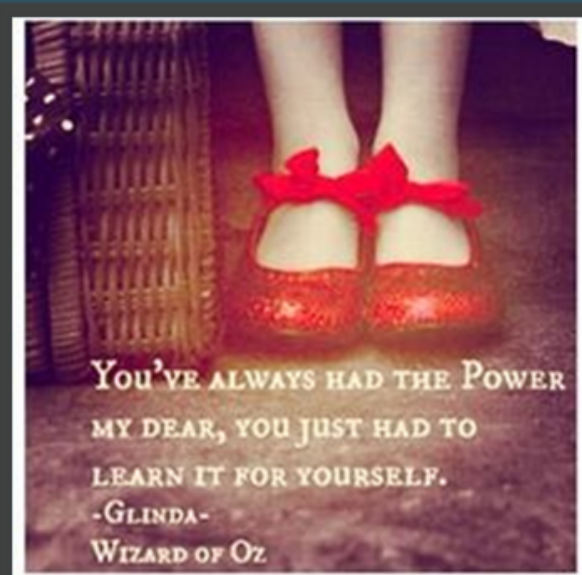
Don't judge a book by its cover
by his face

Grading Scale & Competencies

This course will be modeled on the premises of "competency-based education" (CBE). CBE is an approach:

- in which students advance by achieving competencies at their own pace
- where competencies are based on ASHA standards and measured by course learning outcomes.

In a nutshell, you will have CSI assignments, quizzes, and other coursework with competency rubrics used for assessment. These will be graded as "competent" or "not yet competent." When you meet all of the competencies for that activity you have passed. You can redo the assignment (or portion of the assignment) as many times as it takes. Competencies will include head (knowledge), hand (clinical application), and heart (interaction, counseling) learning. It is my hope that this approach will decrease stress, increase academic "risk-taking," and result in deeper, meaningful, and personalized learning.



Competency across all areas in the course meets ASHA standards IV-C, IV-D, IV-E, IV-F, IV-G, V-A as they relate to voice, resonance, articulation, hearing, cognition, and expressive/receptive language deficits associated with cleft palate and craniofacial disorders.

Course Policies

Disability Accommodations: Students with documentation through disability services will be accommodated. I have worked hard to make all materials accessible to screen-readers and have added closed-captions where possible. I will use automatic subtitles during class. However, I'm only human and may have missed something. If I am not adequately meeting your accommodations, please let me know so I can adjust accordingly. If modifications are required due to a disability, please inform me and contact the Disability Resource Center to complete an Accommodations Request form. Phone: 346-3365 or Room 108 in the Collins Classroom Center.

Attendance: Attending class will likely be the single most important factor in determining your performance and grade in the course, so plan to attend every class. The relationship between attendance and achievement in education has been extensively documented in peer-reviewed research. I would encourage to connect with a classmate early in the semester who can be a resource for you if you are sick or otherwise miss class. A Zoom option will not be provided except in special circumstances.

Emergency life events (family illness, births, transportation problems, etc.) happen. Attending a wedding and going on vacation are not emergencies or excused. If it is an emergency and you cannot notify me prior to class, let me know as soon as possible. If you miss class due to illness, I do not need a doctor's excuse.

Please refer to the "Absences due to Military Service" and "Religious Beliefs Accommodation" here

Academic Integrity: 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. Academic misconduct is unacceptable. It compromises and disrespects the integrity of our university and those who study here. Failure to understand what constitutes academic misconduct does not exempt responsibility from engaging in it.

- (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 instructor to discuss the concerns. If academic misconduct is evident, procedures for determining disciplinary sanctions will be followed as outlined here.

Student Supports

Any student who faces challenges securing their food, housing, safety, healthcare or other crisis and believes this may affect their performance in the course is urged to contact the Dean of Students for support. Furthermore, please notify me if you are comfortable in doing so, so that I can direct you to relevant campus resources (e.g., food pantry, counseling center, etc.). I am also posting resources in a module on Canvas. I am happy to assist you with issues beyond the classroom if I can and will maintain confidentiality. I want you to succeed.

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. You may also contact the Dean of Students office directly at dos@uwsp.edu.

Safety and General Support: Dean of Students Office, 212 Old Main, ext. 2611

Health: Counseling Center, Delzell Hall, ext. 3553

Health Care, Delzell Hall, ext. 4646

EMERGENCIES

- In the event of a medical emergency, call 911 or use red emergency phone located in clinic hallways. Offer assistance if trained and willing to do so. Guide emergency responders to victim.
- In the event of a tornado warning, proceed to CSD Clinic hallways downstairs. Avoid wide-span rooms and buildings.
- In the event of a fire alarm, evacuate the building in a calm manner. Meet in front of HEC building. 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.

Sometimes your joy is the source of your smile,
but sometimes your smile can be the source of
your joy.
Thich Nhat Hanh