

**Critical Review:**



thickened liquid diet (2016). Researchers gathered a total of 151 participants for this blocked group randomization trial. One group was comprised of 76 patients with stable health who did not have a diagnosis of dysphagia, and the other group was comprised of 75 healthcare professionals. These groups were then divided in half once more, with one group given Grade

One of the limitations of this study is that only eight

but emerging. Research into creating more palatable modified diets, as well as integrated online charting systems, might help to find solutions for such problems as dissatisfaction with food products and omissions of recommendations from discharge reports.

Kaizer, F., Spiridigliozzi, A-M., & Hunt, M. R. (2012).

As mentioned previously, some patients will choose non-compliance in order to maintain their quality of life. If the patient is capable of providing informed consent, and is aware of all of the possible risks and outcomes of their behaviour, their choice to remain non-compliant is their right. This is a crucial point for clinicians to remember in order to provide all patients with the highest level of care possible.

Colodny, N. (2005). Dysphagic independent feeders' justifications for noncompliance with recommendations by a speech-language pathologist, *American Journal of Speech-Language Pathology*, 14, 61-70.

Irish Nutrition and Dietetic Institute. (2009). Irish consistency descriptors for modified fluids and food: Consensus document, pdf provided by Irish Association of Speech and Language Therapists.

Jackson, L. D., Little, J., Kung, E., Williams, E. M., Siemiatkowska, K., & Plowman, S. (2008). Safe medication swallowing in dysphagia: A collaborative improvement project, *Improving Care at the Front Lines, Healthcare Quarterly (Special Issue)*, 11, 110-116.