

"TO GET OUR PATIENTS THE COMMUNICATION SYSTEM THEY NEED AT THE EXACT LEVEL THEY ARE IN THE REHABILITATION PROCESS":

An Online Focus Group of Speech-Language Pathologists

Jessica Gormley, M.A., CCC-SLP

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RESPONSIBILITIES OF REHABILITATION FACILITIES AND SLPs

- To design and implement services to meet the unique communication needs of all patients, including those who have a severe communication disability
- Patient- and family-centered services
- Interdisciplinary collaboration
- Interprofessional education

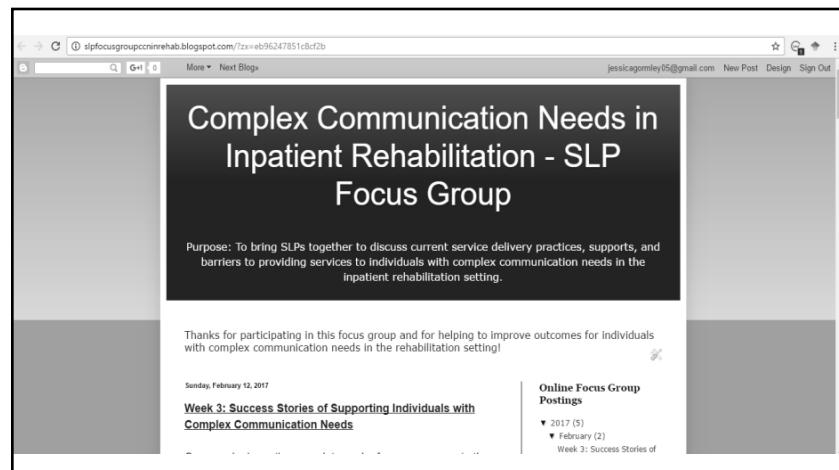
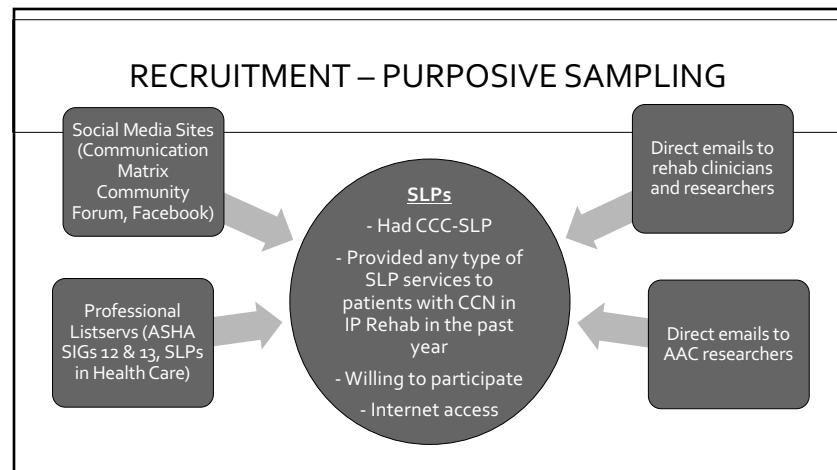
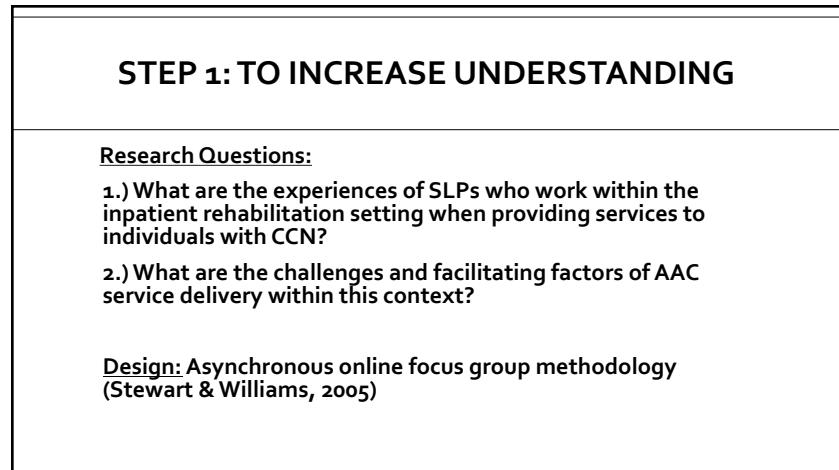
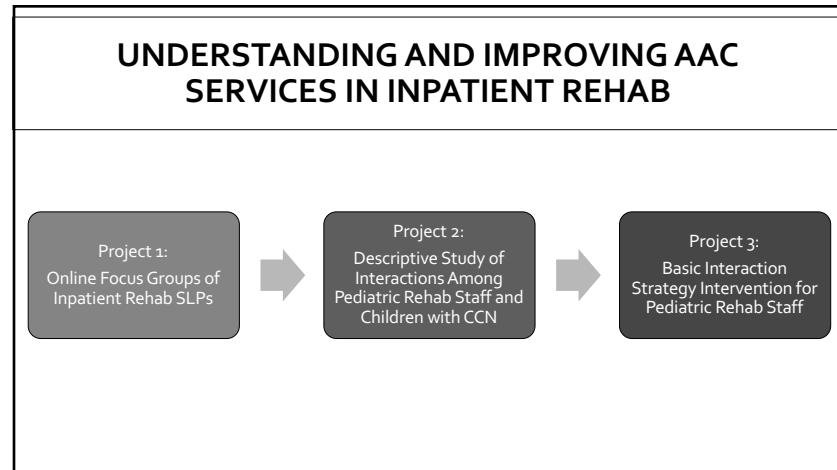
(Commission of Accreditation of Rehabilitation Facilities, 2016; The Joint Commission, 2010; World Health Organization, 2010)

THE PROBLEM

- A severe communication disability can negatively impact the quality of life, health outcomes, and participation of individuals with CCN in medical encounters
- They experience three times more preventable adverse medical events (Bartlett, 2008)
- Reducing communication barriers of individuals with CCN in acute care facilities could prevent 547,906 adverse events annually (projected savings of \$5.7 billion) (Hurtig & Alper, 2016)
- Rehabilitation setting is complex and dynamic which impacts service delivery

THE PROBLEM

- Staff training can be limited:
 - Many SLPs and health professionals reported minimal pre-service AAC training (Burns et al., 2017; Costigan & Light, 2010; Ratcliff et al., 2008)
- Limited information exists about the experiences of these individuals or rehabilitation staff



MATERIALS

Interview Guide:

- Week 1: Your Role in Current Service Delivery
- Week 2: Team Service Delivery
- Week 3: Success Stories of Supporting Individuals with CCN
- Week 4: Challenges to Supporting Individuals with CCN
- Week 5: Current Training Within the Inpatient Rehabilitation Setting
- Week 6: Open-Ended Discussion About Providing Services to Individuals with CCN and Their Families
 - Attempts made to minimize researcher bias

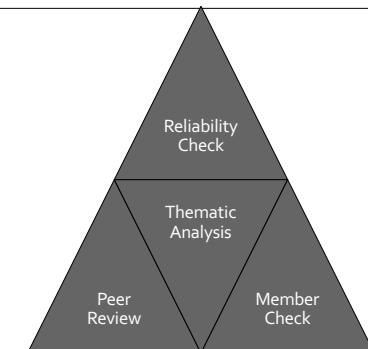
PARTICIPANTS

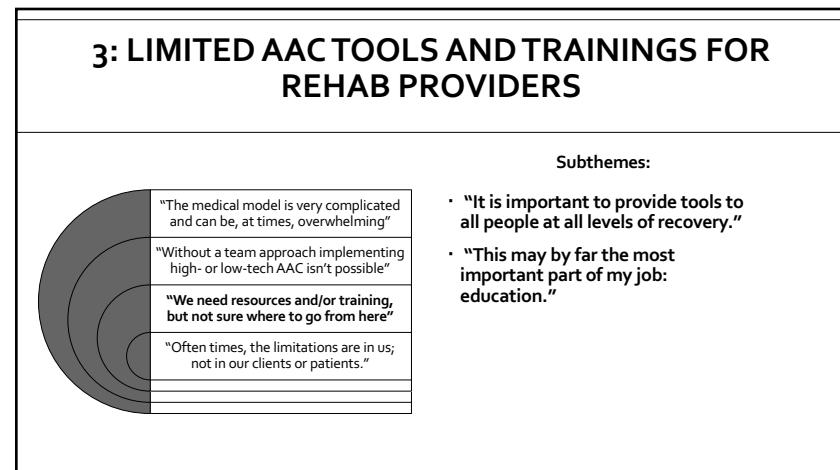
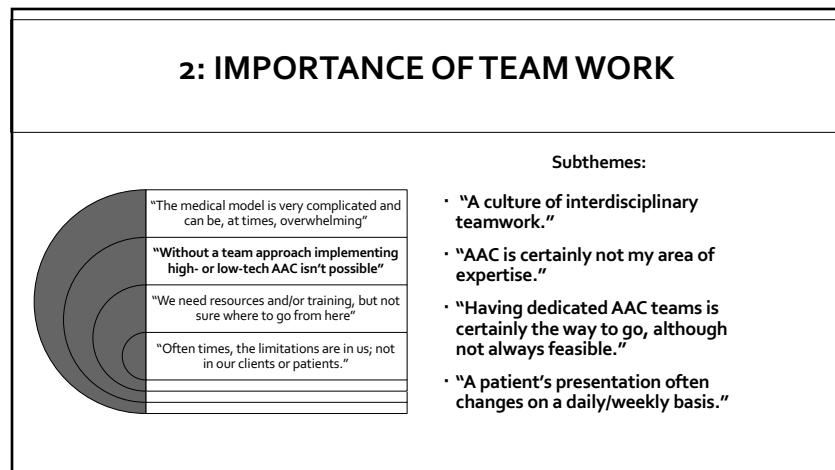
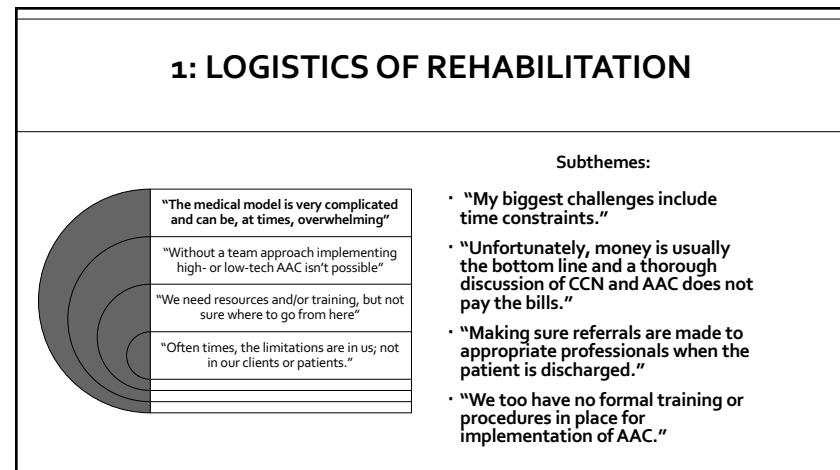
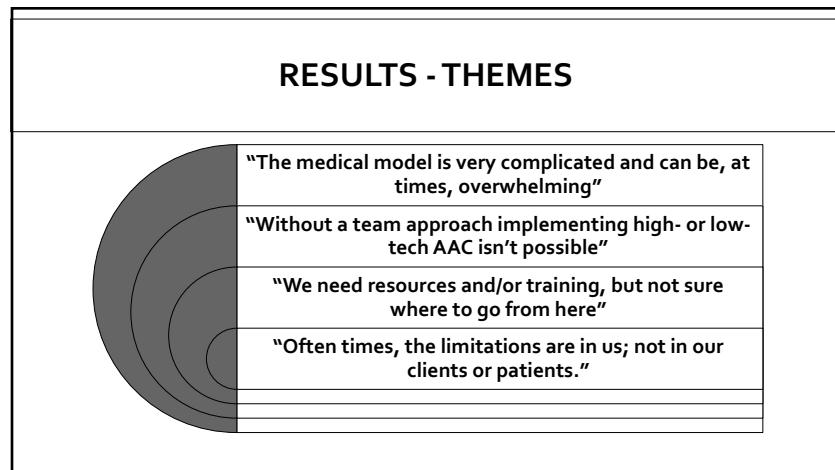
- **11 Participants (10 female, 1 male)**
- Average years working as SLP in inpatient rehabilitation = 6.6 years (range 1-25 years)
- Average age of SLP = 36 years (range 25-58 years)
- Ethnicity: Caucasian (n = 5), Hispanic (n = 1), Chinese (n = 1), undisclosed (n = 1)
- Region: Northeast (n = 4), Southeast (n = 2), Midwest (n = 3), Western (n = 2)

PARTICIPANTS

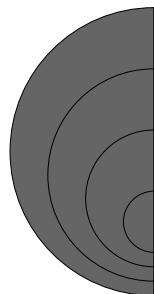
- Rehabilitation setting:
 - acute rehabilitation (n = 7),
 - combination of acute rehabilitation and acute care, long term care, or skilled nursing (n = 4)
 - Skilled nursing and long term care (n = 1)
- Ages served:
 - Adult (n = 7)
 - Pediatrics (n = 2)
 - Adults and pediatrics (n = 2)
- Six SLPs worked on specialized units (e.g., TBI, SCI)
- No "AAC specialists" (one individual helped mentor colleagues in AAC informally)

DATA ANALYSIS - TRIANGULATION





4: SLP ATTITUDES



- Subthemes:
 - "The medical model is very complicated and can be, at times, overwhelming"
 - "Without a team approach implementing high- or low-tech AAC isn't possible"
 - "We need resources and/or training, but not sure where to go from here"
 - "Often times, the limitations are in us; not in our clients or patients."**

DISCUSSION

- No prior study has investigated SLPs' experiences with AAC service delivery in inpatient rehabilitation
- AAC services may be a valuable tool to positively impact the rehabilitation experience of individuals with CCN
- However, many barriers to AAC service delivery were reported by participants in this setting

DISCUSSION - BARRIERS

- Logistics of the rehabilitation setting: time constraints, limited funding, complex coordination of discharge plans, limited AAC protocols
- Personnel factors: limited AAC expertise/leadership, attitudes of staff, challenges with team collaboration, communication, or consistency
- Tools/trainings: limited time to develop/personalize, challenges with high-tech tools, limited opportunities to train or be trained

CLINICAL IMPLICATIONS

- Use of multimodal communication tools in the inpatient setting may be beneficial
- Training is necessary to build communicative competence but time and resources may present unique challenges in the inpatient rehabilitation setting
 - Potential solutions: Use of electronic orders, bedside postings, and face-to-face communication trainings

CLINICAL IMPLICATIONS

- Integration of AAC and inpatient rehabilitation specific topics into pre- and in-service trainings for rehab professionals may help to strengthen skills and empower leadership
 - Potential techniques: Use of guest speakers, video/case examples, interdisciplinary education, and/or hands-on learning

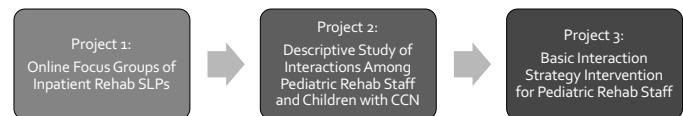
CLINICAL IMPLICATIONS

- Consistent team collaboration and communication was reported as integral to supporting individuals with CCN
 - Potential techniques: Co-treatments, family and patient involvement in care, self-reflection, active listening, and seeking out help from AAC specialists if available

LIMITATIONS

- Issues with self-report
- Occurred at a single point in time, little is known about how these experiences change over time
- Dependent on the topics identified by the interview guide
- Researcher bias
- Issues related to asynchronous focus groups
- Issues related to purposive sampling and participant heterogeneity

LOOKING TO THE FUTURE



THANK YOU!!!

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