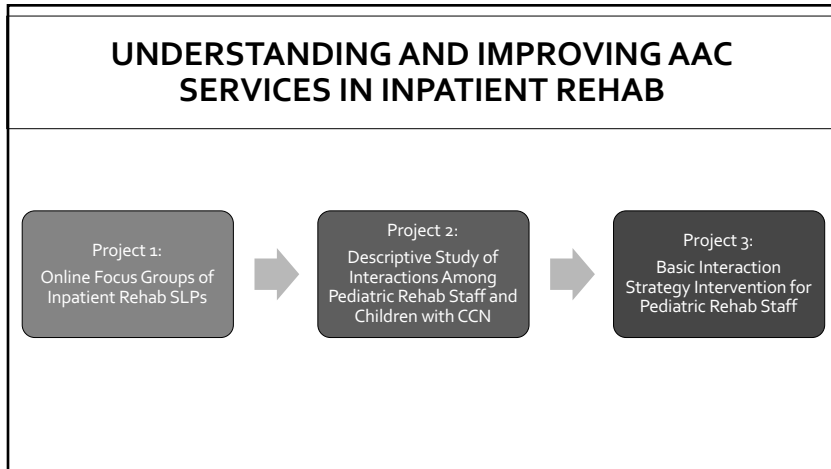


<p>“TO GET OUR PATIENTS THE COMMUNICATION SYSTEM THEY NEED AT THE EXACT LEVEL THEY ARE IN THE REHABILITATION PROCESS”:</p>
<p>An Online Focus Group of Speech-Language Pathologists</p> <p>Jessica Gormley, M.A., CCC-SLP</p> <p>September 6, 2017</p>

<p>RESPONSIBILITIES OF REHABILITATION FACILITIES AND SLPS</p>
<ul style="list-style-type: none"> • 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 <p style="font-size: small;">(Commission of Accreditation of Rehabilitation Facilities, 2016; The Joint Commission, 2010; World Health Organization, 2010)</p>

<p>THE PROBLEM</p>
<ul style="list-style-type: none"> • 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

<p>THE PROBLEM</p>
<ul style="list-style-type: none"> • Staff training can be limited: <ul style="list-style-type: none"> • 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

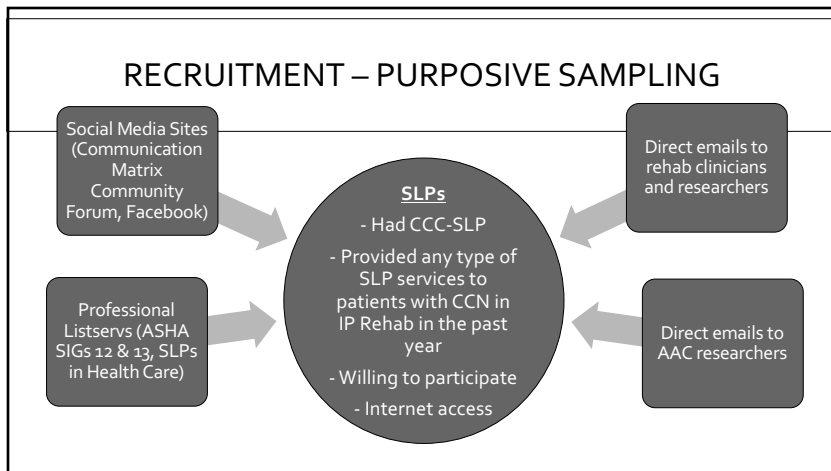


STEP 1: TO INCREASE UNDERSTANDING

Research Questions:

- 1.) What are the experiences of SLPs who work within the inpatient rehabilitation setting when providing services to individuals with CCN?
- 2.) What are the challenges and facilitating factors of AAC service delivery within this context?

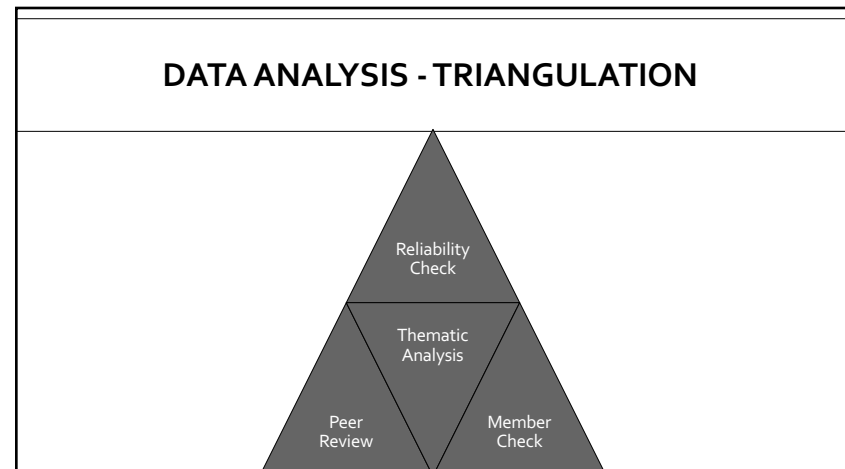
Design: Asynchronous online focus group methodology (Stewart & Williams, 2005)



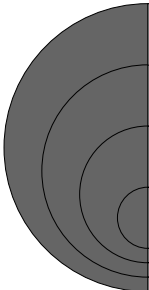
MATERIALS
<p>Interview Guide:</p> <p>Week 1: Your Role in Current Service Delivery</p> <p>Week 2: Team Service Delivery</p> <p>Week 3: Success Stories of Supporting Individuals with CCN</p> <p>Week 4: Challenges to Supporting Individuals with CCN</p> <p>Week 5: Current Training Within the Inpatient Rehabilitation Setting</p> <p>Week 6: Open-Ended Discussion About Providing Services to Individuals with CCN and Their Families</p> <ul style="list-style-type: none"> Attempts made to minimize researcher bias

PARTICIPANTS
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Rehabilitation setting: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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)




RESULTS - THEMES



"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."

1: LOGISTICS OF REHABILITATION

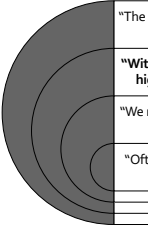
Subthemes:



"The medical model is very complicated and can be, at times, overwhelming"	<ul style="list-style-type: none"> • "My biggest challenges include time constraints." • "Unfortunately, money is usually the bottom line and a thorough discussion of CCN and AAC does not pay the bills." • "Making sure referrals are made to appropriate professionals when the patient is discharged." • "We too have no formal training or procedures in place for implementation of AAC."
"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."	

2: IMPORTANCE OF TEAM WORK

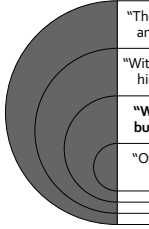
Subthemes:



"The medical model is very complicated and can be, at times, overwhelming"	<ul style="list-style-type: none"> • "A culture of interdisciplinary teamwork." • "AAC is certainly not my area of expertise." • "Having dedicated AAC teams is certainly the way to go, although not always feasible." • "A patient's presentation often changes on a daily/weekly basis."
"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."	

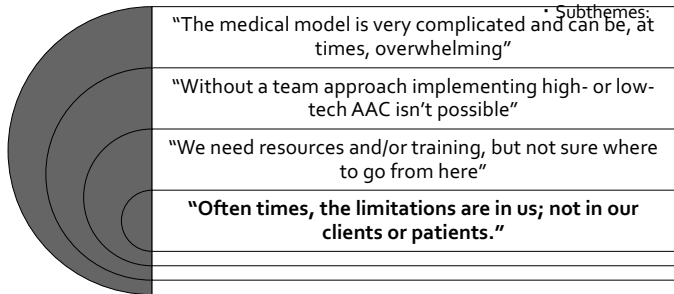
3: LIMITED AAC TOOLS AND TRAININGS FOR REHAB PROVIDERS

Subthemes:



"The medical model is very complicated and can be, at times, overwhelming"	<ul style="list-style-type: none"> • "It is important to provide tools to all people at all levels of recovery." • "This may by far the most important part of my job: education."
"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."	

4: SLP ATTITUDES



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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<pre> graph LR P1[Project 1: Online Focus Groups of Inpatient Rehab SLPs] --> P2[Project 2: Descriptive Study of Interactions Among Pediatric Rehab Staff and Children with CCN] P2 --> P3[Project 3: Basic Interaction Strategy Intervention for Pediatric Rehab Staff] </pre>

THANK YOU!!!

REFERENCES

- Bartlett, G., Blais, R., Tambyn, R., Clermont, R.J., & MacGibbon, B. (2008) Impact of patient communication problems on the risk of preventable adverse events in acute care settings. *Canadian Medical Association Journal*, *179*, 1555-1562. doi:10.1503/cmaj.070690
- Burns, M., Baylor, C., & Yorkston, K. (2017). Patient-provider communication training for dysarthria: Lessons learned from student trainees. *Seminars in Speech & Language Disorders*, *38*, 229-238. doi:10.1055/s-0037-1602842
- Commission of Accreditation of Rehabilitation Facilities. (2016). *2016 medical rehabilitation Program descriptions*. CARF International. Retrieved October 17, 2017, from: <http://www.carf.org/Programs/Medical>
- Costigan, F.A., & Light, J. (2010). A review of preservice training in augmentative and alternative communication for speech-language pathologists, special education teachers, and occupational therapists. *Assistive Technology*, *4*, 200-212. doi:10.1080/10400435.2010.492774
- Health Professions Network Nursing and Midwifery Office. (2010). *Framework for action on interprofessional & collaborative practice*. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/hrh/nursing_midwifery/en
- Hurtig, R.R., & Alper, R.M. (2016, November). *The impact of communication barriers on adverse events in hospitalized patients*. Paper presented at the Annual Conference of the American Speech-Language Hearing Association, Philadelphia, PA.
- The Joint Commission. (2010). *Advancing effective communication, cultural competence, and patient and family centered care: A roadmap for hospitals*. Oakbrook Terrace, IL: The Joint Commission. Retrieved from http://www.jointcommission.org/assets/1/6/A_Roadmap_for_Hospitals_final_version_727.pdf
- Ratcliff, A., Koul, R., & Lloyd, L. (2008). Preparation in augmentative and alternative communication: An update for speech-language pathology training. *American Journal of Speech-Language Pathology*, *17*, 48-59. doi:10.1044/1058-0360(2008)005