Complex Communication Needs in Inpatient Rehabilitation: Perspectives from an Online Focus Group of SLPs

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BACKGROUND:

Responsibilities of Rehabilitation Facilities and Speech-Language Pathologists (SLPs):

To design and implement services to meet the unique communication needs of all patients, including those who have a severe communication disability using:

- Patient- and family-centered services
- Interdisciplinary collaboration
- Interprofessional education

(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 complex communication needs (CCN) in medical encounters (Bartlett, 2008; Blackstone, Beukelman, & Yorkston, 2015).
- Many SLPs and health professionals reported minimal pre-service AAC training (Burns et al., 2017; Costigan & Light, 2010)
- Limited information exists about the experiences of SLPs and rehabilitation staff providing services to individuals with complex communication needs.

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 augmentative and alternative communication (AAC) service delivery within this context?
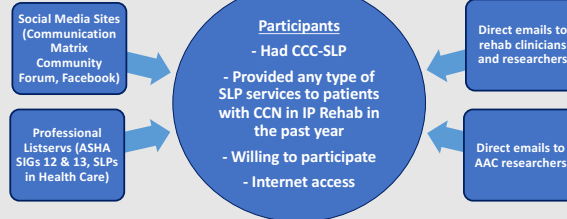
PARTICIPANTS:

- 11 Participants (10 female) Mean age = 36 (25-58)
- Average years as SLP in inpatient setting = 6.6 years (range 1-25 yrs)
- 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)
- Rehabilitation setting: acute rehabilitation (n=7), acute rehabilitation and other setting (n=4), skilled nursing and long term care (n=1)
- Population: adults (n=7), pediatrics (n = 2), both (n=2)

METHODS:

DESIGN

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

Recruitment and Purposive Sampling Strategy:

Social Media Sites (Communication Matrix Community Forum, Facebook)

Professional Listservs (ASHA SIGs 12 & 13, SLPs in Health Care)

Participants
- Had CCC-SLP
- Provided any type of SLP services to patients with CCN in IP Rehab in the past year
- Willing to participate
- Internet access

Direct emails to rehab clinicians and researchers

Direct emails to AAC researchers

MATERIALS/PROCEDURES

- Focus group conducted using private password-protected website through www.blogger.com
- Consenting process completed
- Study procedures adapted from McNaughton, Light, & Groszyk (2001)
- Participants created unique password and de-identified user name
- Virtual introductions completed on website
- Researcher served as moderator and posted 1-3 questions weekly for 6 consecutive weeks using a structured interview guide
- Participants were encouraged to post text responses to each weekly question and at least 1 response to another participant's post

ANALYSIS

- Thematic analysis conducted: (a) unitization, (b) creation of operational definition of units, (c) organization of units into themes, and (d) pattern coding to identify and define subthemes (Miles, Huberman, & Saldana, 2014.)
- Peer review completed (Miles et al., 2014)
- Member check completed to ensure themes represented participant views (Miles et al., 2014),
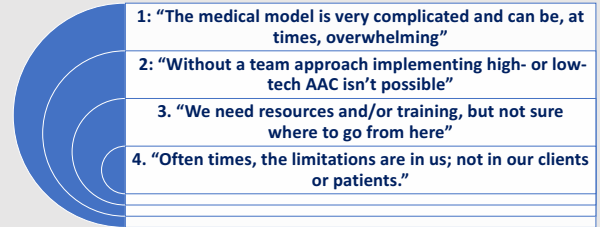- Reliability check was completed (23% thought units were coded with 93% agreement).

Reliability Check / Thematic Analysis / Peer Review / Member Check

RESULTS:

THEMES

1: "The medical model is very complicated and can be, at times, overwhelming"

2: "Without a team approach implementing high- or low-tech AAC isn't possible"

3. "We need resources and/or training, but not sure where to go from here"

4. "Often times, the limitations are in us; not in our clients or patients."

THEME 1: LOGISTICS OF REHAB
- "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."

THEME 2: IMPORTANCE OF TEAM WORK
- "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."

THEME 3: LIMITED AAC TOOLS/TRAININGS FOR REHAB
- "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."

THEME 4: ATTITUDES
- "Sometimes I have to remind myself not to make any assumptions about what the patient can or can't do regarding communication, but to try it all! I think this especially applies for AAC."

DISCUSSION:

- AAC services may be a valuable tool to positively impact the rehabilitation experience of individuals with CCN
- Training is necessary to build communicative competence; however, time and resources may present unique challenges for AAC service delivery in the inpatient rehabilitation setting
  - Potential solutions: Use of electronic orders, bedside postings, and face-to-face communication trainings
- Consistent team collaboration and communication was reported as integral to supporting individuals with CCN with in the inpatient rehabilitation setting
  - Potential techniques: Interdisciplinary co-treatments, family and patient involvement in care, use of self-reflection and active listening techniques, and professionals can increase AAC skills through seeking out training on AAC topics or from AAC specialists, if available
- 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 among rehabilitation professionals

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