

11-10-2017

Speech-Language Pathologists' Perceptions of Collaborating with Registered Dietitians in the Pediatric Population

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Citation Information

Louw, Brenda; and Lee, Michelle. 2017. Speech-Language Pathologists' Perceptions of Collaborating with Registered Dietitians in the Pediatric Population. Flash Session. *ASHA Annual Convention*, Los Angeles, CA. <https://plan.core-apps.com/asha2017/event/7c7495603c1cece8daef4c59ce3dbef6>

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Speech-Language Pathologists' Perceptions of Collaborating with Registered Dietitians in the Pediatric Population

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Speech-Language Pathologists' Perceptions of Collaborating with Registered Dietitians in the Pediatric Population.

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ASHA Convention November 10, 2017

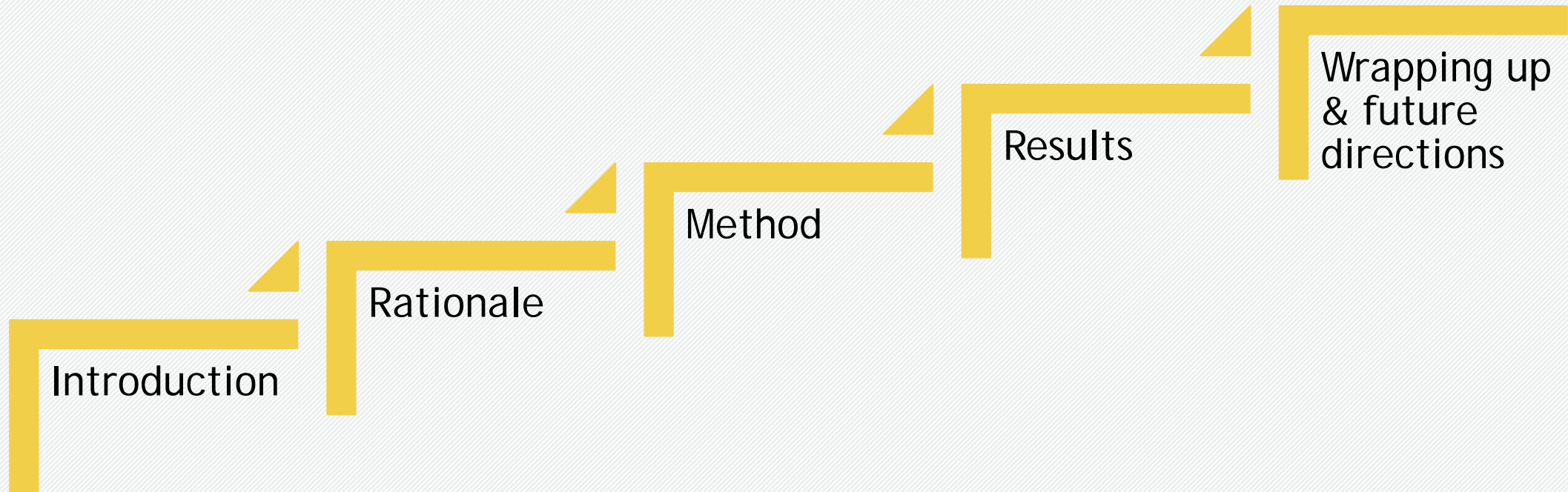


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Disclosures

- Brenda Louw received an ASHA Convention 2017 registration fee waiver for being Topic Co-chair of Global Issues and Practices.
- Both authors are employed by East Tennessee State University (ETSU).
- The project was funded by the ETSU College of Clinical and Rehabilitation Health Sciences (CCRHS) Dean's Research Award.
- The authors have no relevant non-financial relationship in the material presented, reviewed, or evaluated in this presentation.

Overview



Introduction

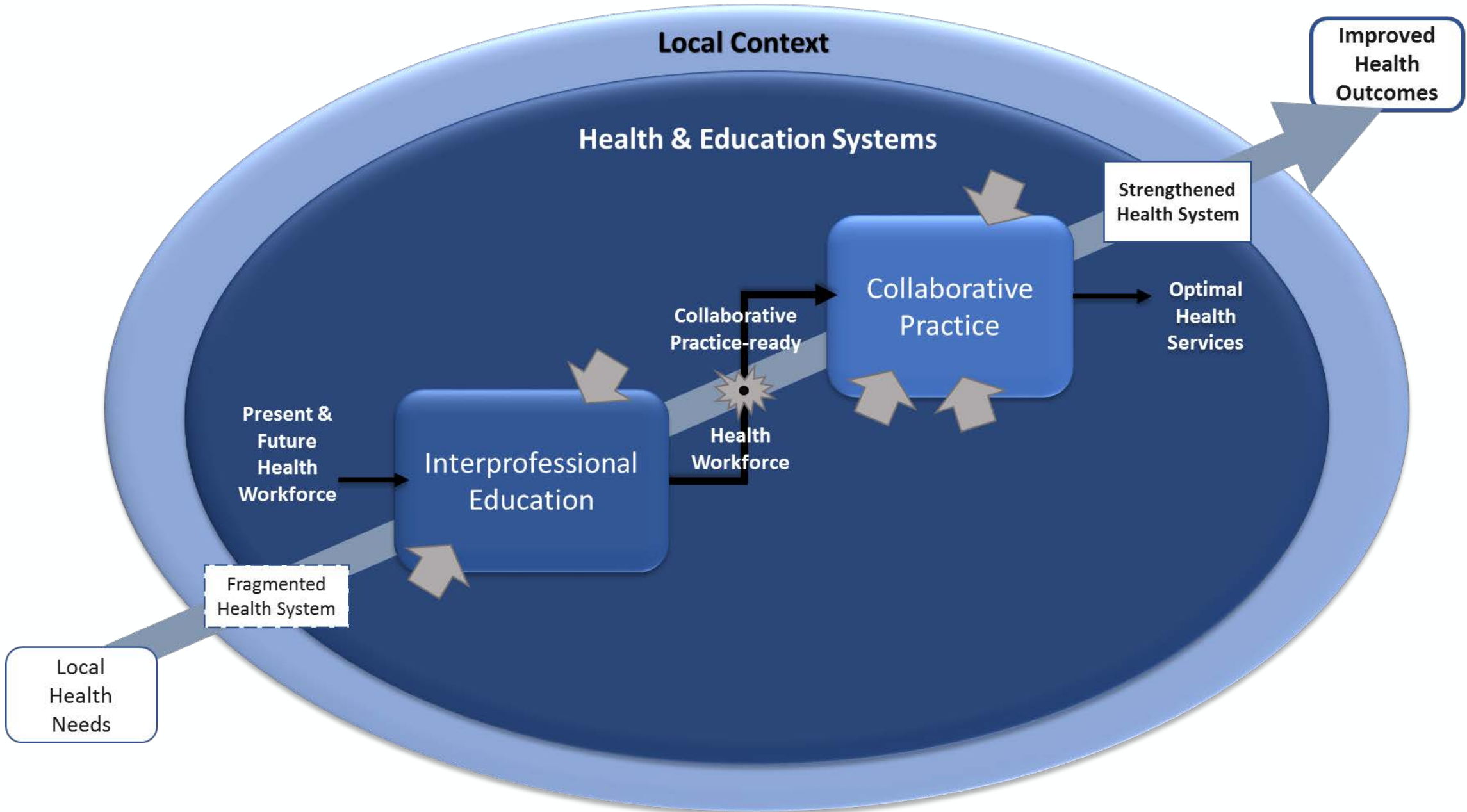
Traditional models of health care: professionals practice in silos which increase patient risk and impacted quality of care (Sargeant, 2009).

The World Health Organization (WHO) linked Interprofessional Collaboration (IPC) with better outcomes for patient care (Green & Johnson, 2015).

The Institute of Medicine (IOM) (2015) provided evidence to support the positive impact of IPC on healthcare organizational practice.

25-45% of typically developing children and 30-80% of children with developmental disorders are estimated to demonstrate feeding and swallowing problems (Arvedson, 2008; ASHA, n.d.).

We need to *Focus on the Big Picture* to broaden our perspectives and focus on creative ways to better meet needs of our pediatric clients with dysphagia.



The model of relating interprofessional education and collaborative practice based on the World Health Organization, *Framework for Action on Interprofessional Education and Collaborative Practice*; 2010: 9, figure 1.

Introduction continued

ASHA adapted the World Health Organization definitions of *interprofessional education* (IPE) and *interprofessional practice* (IPP), also called *interprofessional collaborative practice* (ICP), to reflect audiologists' and speech-language pathologists' (SLPs') engagement in IPP in both health care and education settings.

ASHA's Envisioned Future: 2025 identifies the significance of interprofessional education and collaborative practice models for audiologists and SLPs.

ASHA Strategic Objective #2: To advance IPE and Interprofessional Collaborative Practice.

ASHA Joined Interprofessional Educational Collaborative (IPEC) 2017.

Introduction continued

SLPs and RDs are recognized as important members of interdisciplinary teams but the degree to which they interact varies widely (Heiss, Goldberg & Dzarnoski, 2010).

“Across all work settings (educational, industrial, health care, corporate), data shows that more than 50% of SLPs work with children and/or adults who have swallowing difficulties” (Grantham-McGregor, Fernald & Sethrraman, 1999).

The need for partnerships between SLPs and RDs could facilitate a more comprehensive approach to the care of pediatric patients.

- RDs should have a thorough understanding of swallowing disorders in order to detect swallowing difficulties that need further assessment and intervention by the SLP (Heiss et al., 2010).
- Unclear whether SLPs have a true understanding of the nutritional issues of their patients or are aware of the patient's nutritional status in their diagnostic or therapeutic approaches (Evens, Louw, & Kritzinger, 2004).

Important that SLPs and RDs partner in providing quality patient/client care.

Statement of Problem and Rationale

Even though there are known benefits of IPP, implementation remains a challenge for healthcare professionals and even more so in the academic setting.

Providing IPE and/or experiences can be challenging in most graduate clinical training programs for a variety of reasons. However, the core competencies for IPE, IPC/IPP have been identified by IPEC (2016) and ASHA identifies the role of IPE in a comprehensive, person-centered collaborative practice model (ASHA n.d.).

The more we understand the roles and responsibilities of other professionals, the more effective we can serve patients and provide quality healthcare (Friberg, Ginsberg, Visconti, & Schober-Peterson, 2013).

Purpose of the research project: 1) to expand the knowledge of both the SLPs' and RDs' roles, responsibilities, and collaborations in the pediatric population; 2) to incorporate this knowledge in the education and training of future SLPs and RDs.

Method

An exploratory, descriptive design with quantitative analysis was used to explore SLPs' perceptions and experiences collaborating with RDs in the pediatric population.

A web-based, 21-item survey was created via secure Survey Monkey[©] to address questions in four main areas:

- demographics and caseload, teamwork, challenges in collaborating with RD's, and interest in the topic.

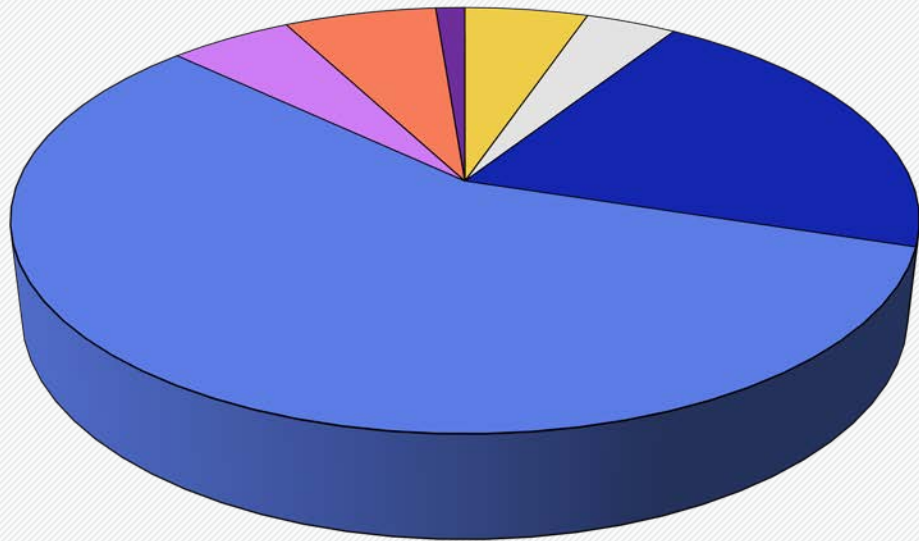
Surveys were posted on ASHA SIG 13 (Swallowing and Swallowing Disorders); Sig 5 (Craniofacial and Velopharyngeal Disorders) and Sig 16 (School-Based Issues).

Data analysis: descriptive and inferential statistics, thematic analysis of open question.

Respondents

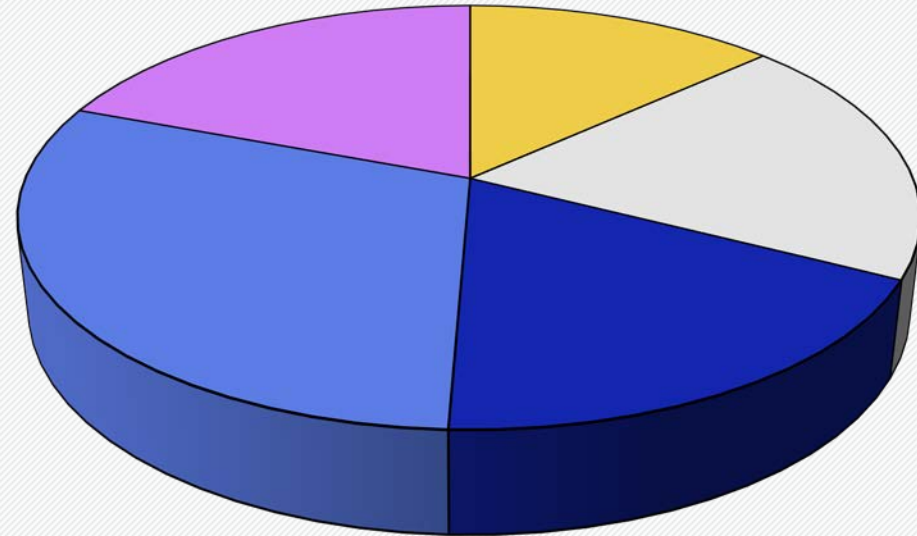
Current Employment (n 86)

Current Employment



Years Experience (n 83)

Years experience



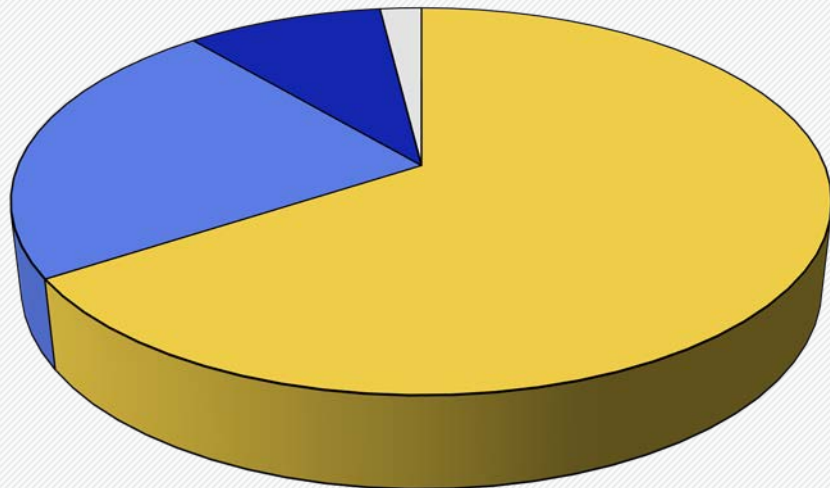
■ Birth-3 Program ■ Preschool ■ School ■ Hospital
■ Private Practice ■ University/College ■ Community Setting ■ Other

■ 0-5 years ■ 6-10 years ■ 11-20 years
■ 21-30 years ■ 30+ years

Respondents

% Pediatric clients with feeding disorders (n 82)

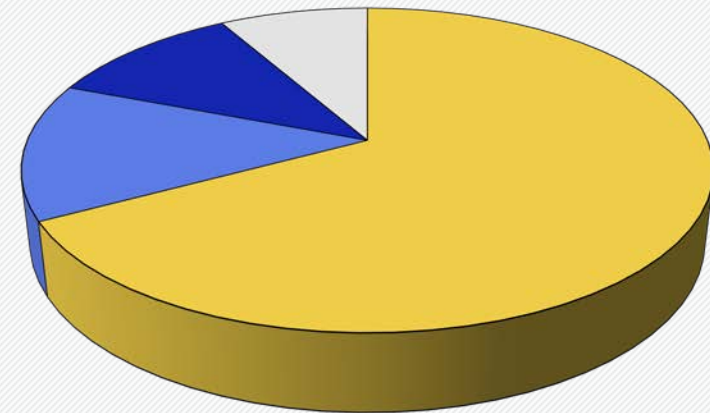
% of Pediatric Clients with Feeding Disorders



0-24% 25-49% 50-74% 75-100%

Age of pediatric clients with feeding disorders (n 73)

Age of Children with Feeding Disorders

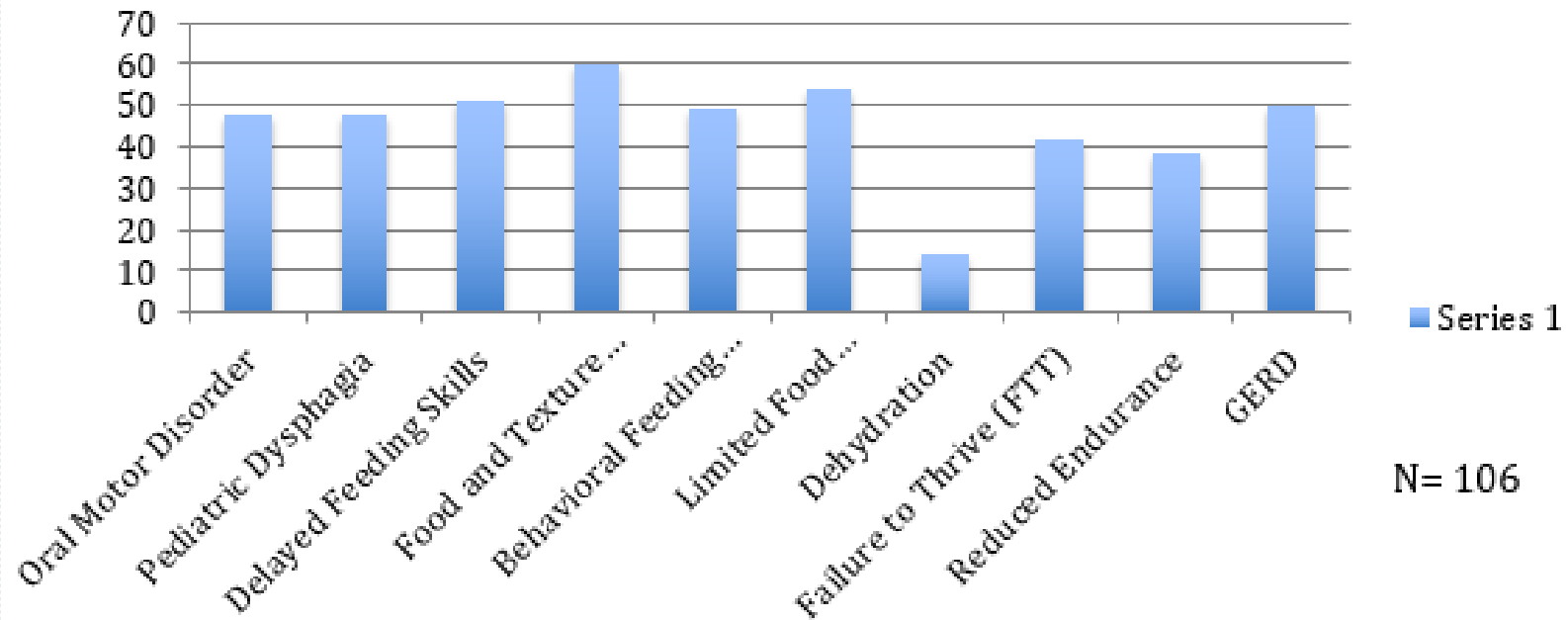


0-3 years 4-6 years 7-10 years 11-18 years

Characteristics of pediatric clients treated by SLPs for feeding disorders

Question 9

Do your clients present with any of the following?



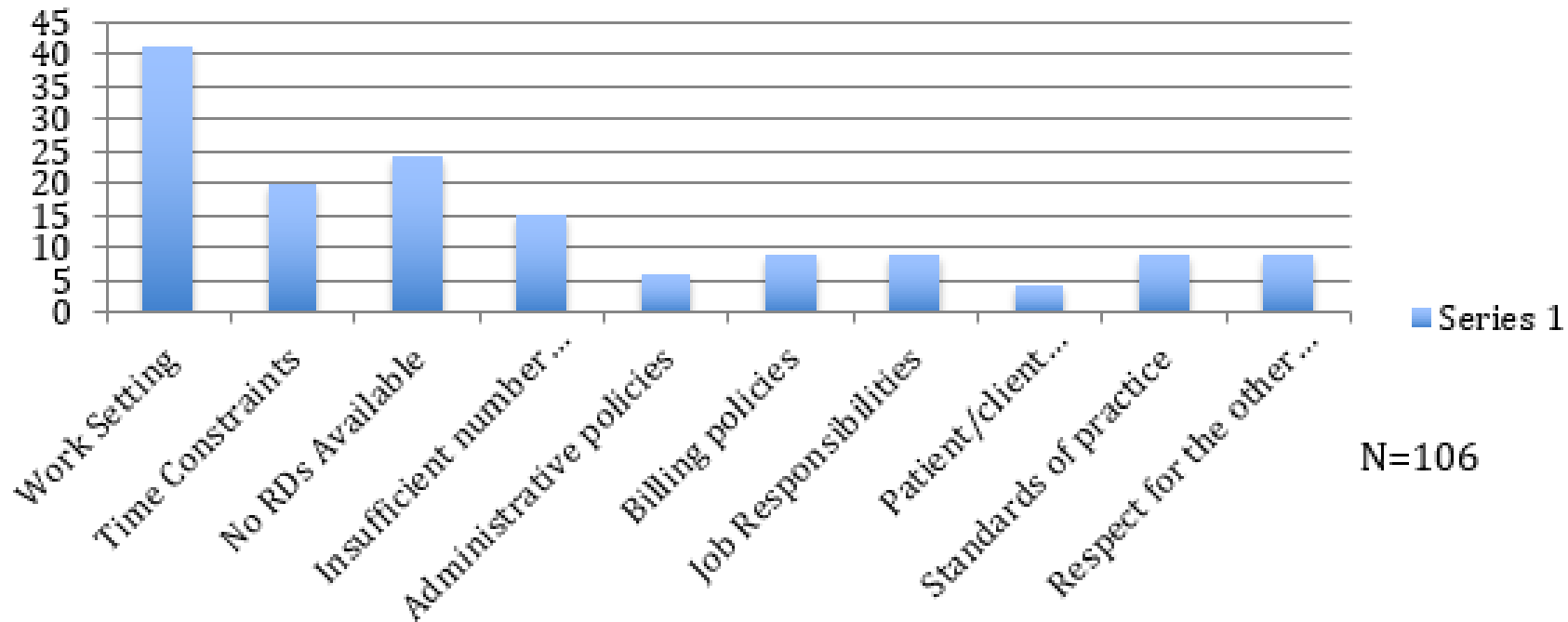
N= 106

Training received

- 77.78% of respondents had *no course work* which addressed aspects of nutrition.
- 47.95% of respondents had exposure to RDs in clinical training.

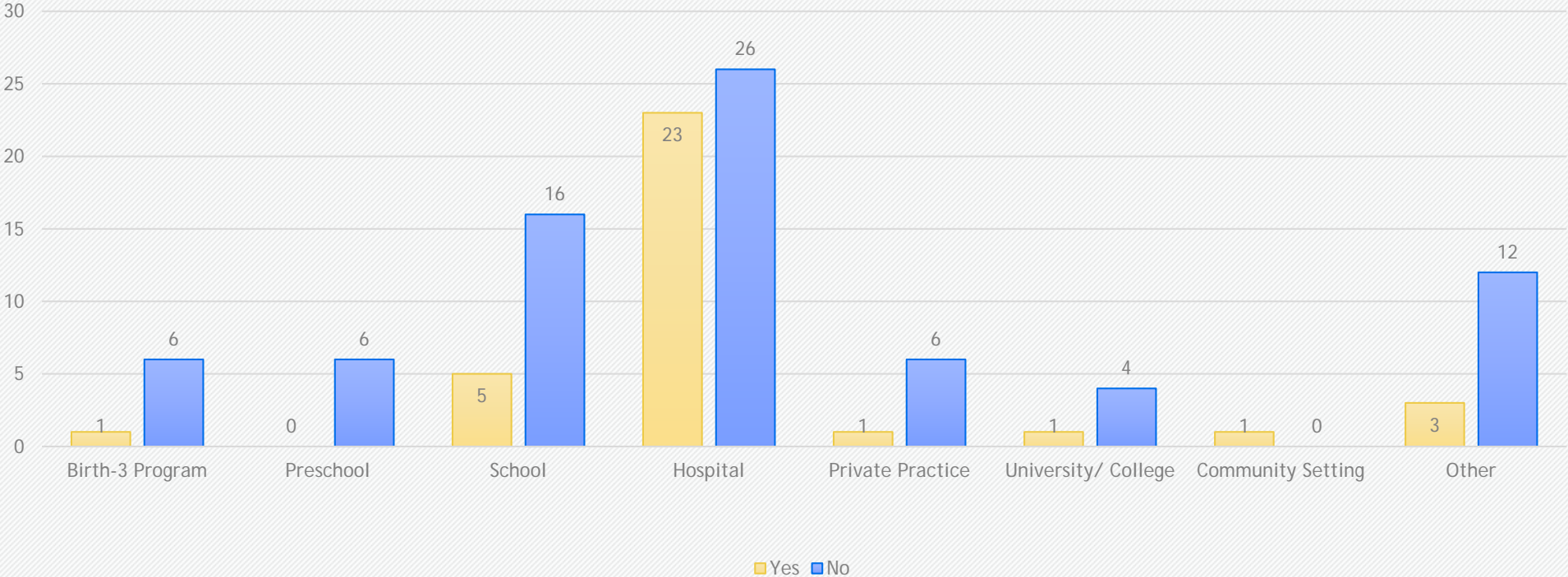
Barriers to IP collaboration with RDs

Question 18 Barriers impacting IP collaboration with RD



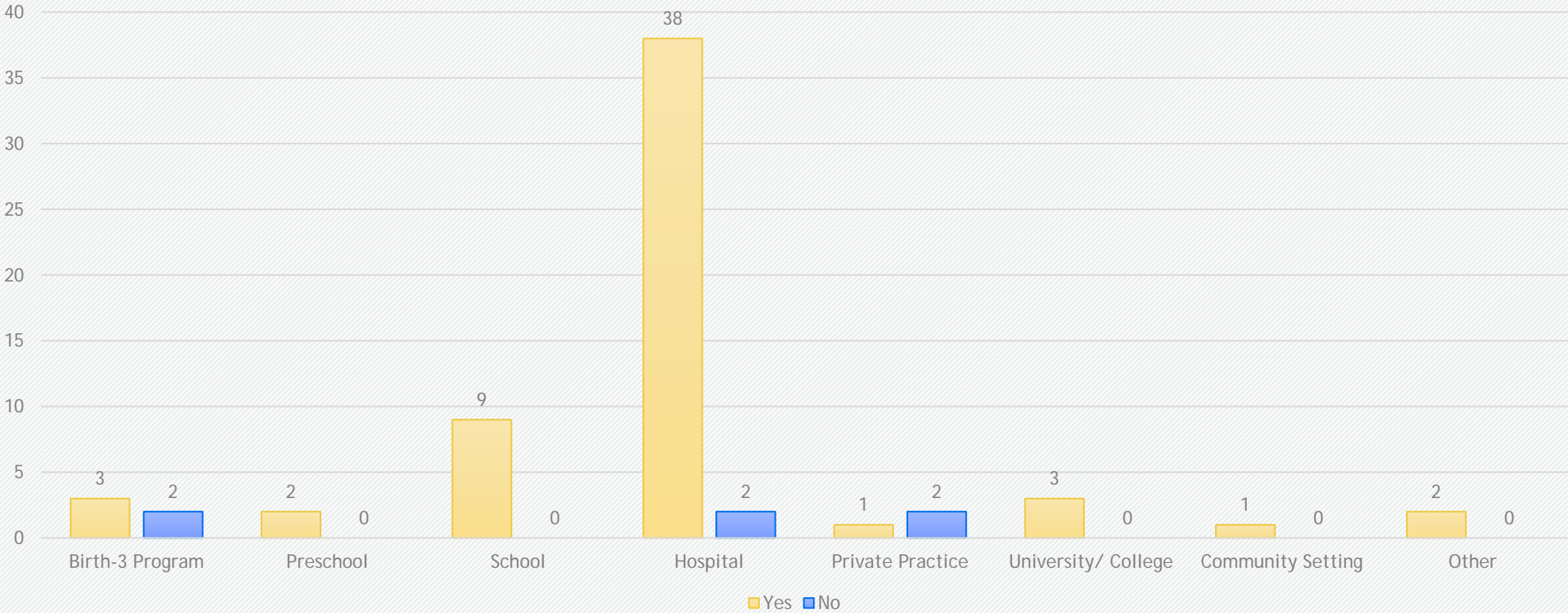
Results Inferential Statistics

Clinical Training including an RD & Current Work Setting



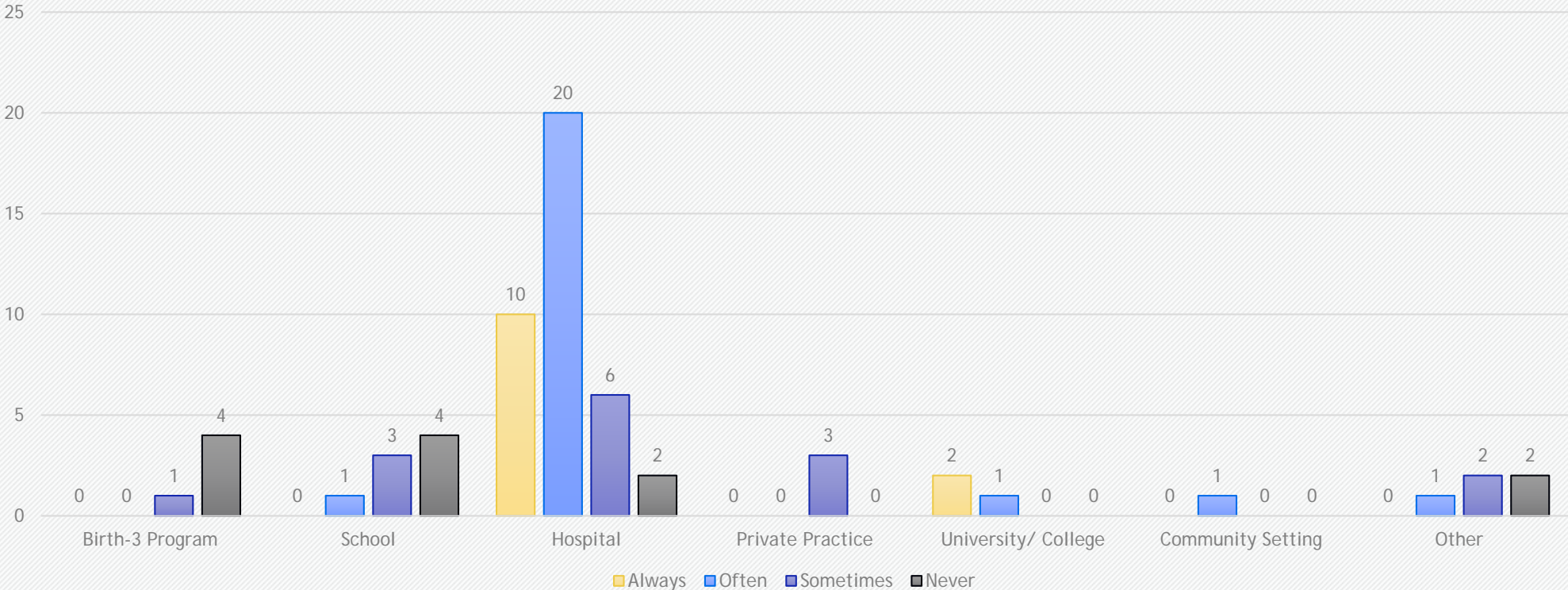
Results Inferential Statistics

Current Practice Setting Incorporating an Interdisciplinary Team Approach



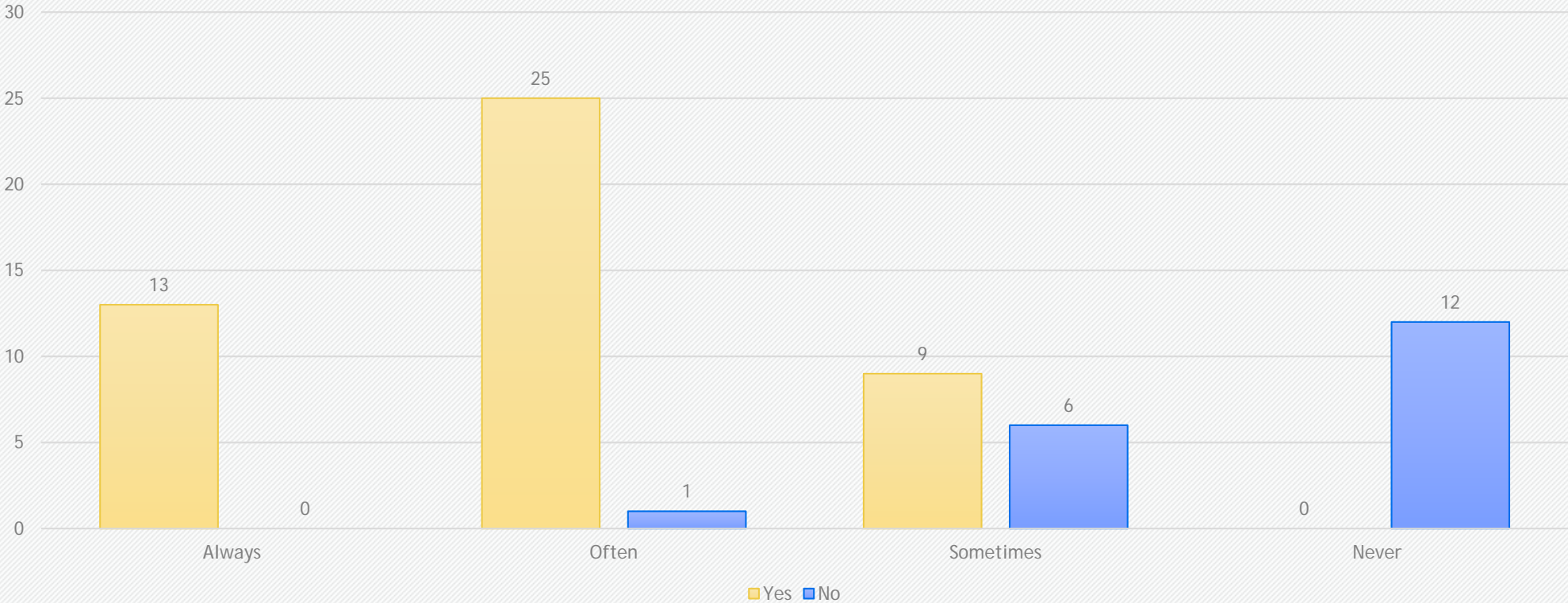
Results Inferential Statistics

Practice Setting Influence Collaboration with an RD



Results Inferential Statistics

How Often Does Team Include a RD



Q 22 : Please share any comments and experiences that you have regarding the topic



- 27 (25%) respondents provided comments in response to the open question.
- Respondents provided 1-4 statements each with a total of 54 statements.
- *The Six Phases of Thematic Analysis* (Braun & Clarke, 2006, 2013) were used to analyze the qualitative data.

Results Qualitative Analysis (n 27)

Themes	Number of comments (54)	% respondents
1 Collaboration-Positive	16	32.07%
2 Collaboration-Negative	5	9.4%
3 Challenges/Barriers	13	24.52 %
4 School/setting	8	14.5 %
5 Clients	6	11.32 %
6 Survey itself	6	7.5 %

Voices of the respondents e.g.

Collaboration- Positive

- *“We are privileged to work closely with the Dietary dept. in our hospital -we have a team evaluation performed weekly with SLP, Dietary and psychology which is an amazing service to provide.*
- *“I am lucky to work inpatient at a pediatric hospital-I am able to work with RDs every day.*
- *“I work as part of a CLP feeding team, which is comprised of a SLP, Nurse Practitioner, Nurses , a Social worker and a RD.*

Collaboration-Negative

- *“While I would greatly value the input of an RD, I would very much like RDs to also strive to understand the work we do with children and why texture restrictions are so important to a kid with dysphagia. I would very much like to work WITH RDs to better manage a child's nutrition but often see recommendations that are unsafe to a child's respiratory status.*
- *“Many of our dieticians who work in home health, nursing only manage tube feedings and do not work to wean kids of g-tubes.*

Barriers to collaboration

- *“Insurance coverage seems to be an issue.”*
- *“Nutritionists are difficult to find. Access to RDs is limited in hospital-based outpatient clinic.*

Voices of the respondents e.g.

School-setting

- *“Nice concept but never seen that in a public school setting.”*
- *“Recently I, have been working more with the RD in the school setting*
- *“There are very few children in my school with feeding issues other than behavioral limitations to particular textures.”*

Clients

- *“I work with a lot of G-tube feeding patients transitioning to oral feedings.”*
- *“I work with all pediatric-age groups. I am a dept. manager so, don't see a full caseload, but most of my clients are feeding clients...”*

Survey

- *“I think that is a really important topic, but not one that really impacts SLPs in schools.”*
- *“Very good job Brenda.”*
- *“Thank you for this opportunity.”*

Points of interest open question responses

Role of school-based SLPs in feeding therapy

- The responses highlighted differences across states re feeding intervention in the school systems e.g. “..in TN some schools do not recognize feeding issues as a communication disorder, that it is a medical issue and not an educational issue and no feeding intervention is conducted” whilst “..in MD laws require SLPs in schools to address students’ ability to access adequate nutrition and hydration”.

Reflects ongoing issues and debate re training of SLPs to provide dysphagia therapy in schools, and the availability of school and district supports (Graves et al., 2008; Bailey, et al., 2008).

continued ...

Challenges/barriers were often expressed in the statements as frustrations re:

- RDs understanding of the role of the SLP and SLPs ignorant re RDs roles.
- Lack of RDs in SLPs current work setting.
- Different approaches to clients e.g. number of calories vs quality of feeding.

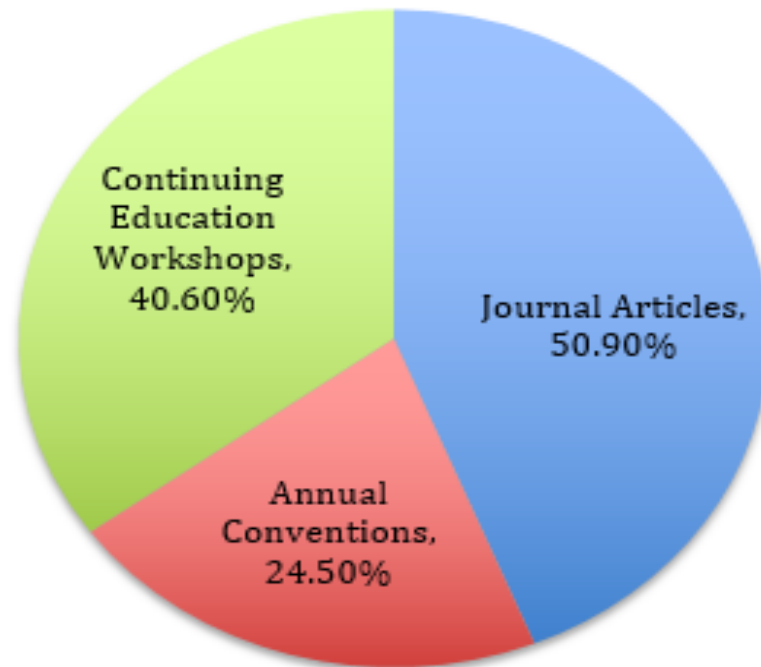
Clear indications for clinical and didactic experiences:

- SLP student training to focus on Interprofessional Education (IPE).
- CE opportunities to improve IPC/IPP.

Preferences regarding Continuing Education

Question 20

If you are interested in learning more about collaborating with RDs please indicate the formats you would be interested in



N=106

Wrapping up!

- ❖ SLPs and RDs appear to be collaborating to various degrees and with various success in a range of work settings and teams, without the majority of the respondents having had didactic or clinical training re IPP/IPC/ICP.
- ❖ Clear need identified regarding didactic and clinical experiences between SLPs and RDs to improve quality of client-centered care for children with feeding disorders.
- ❖ Currently analyzing data of a second study conducted on RDs' perceptions of collaborating with SLPs in the pediatric population.
- ❖ Future research to survey SLP and RD program instructors regarding the inclusion of collaboration between these two disciplines in graduate curricula.
- ❖ Based on the results of the three projects, IPE modules will be developed to address collaboration between SLPs and RDs in the pediatric population to best serve the needs of these children.

Discussion

Questions

&

Answers



Thank You



Contact Us

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