Jessica Gormley, M.A., CCC-SLP,
Savanna Brittlebank-Douglas, B.S.,
& Janice Light, Ph.D.
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CHILD-PARENT-PROVIDER COMMUNICATION ON AN INPATIENT UNIT: A CASE STUDY

DISCLOSURES

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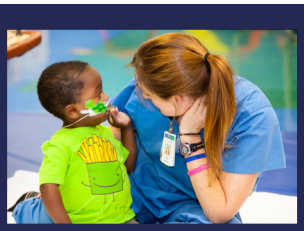
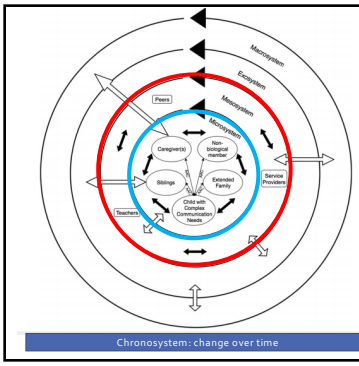
WHY STUDY CHILD-PARENT-PROVIDER COMMUNICATION?



"Communication is the most common 'procedure' in medicine."

(Levetown & the Committee on Bioethics, 2008, p. e1441)



WHAT ARE UNDERLYING FACTORS AFFECTING A CHILD WITH COMPLEX COMMUNICATION NEEDS?

(Bronfenbrenner, 2004; Mandak, O'Neill, Light, & Fosco, 2017)

CHILDREN WITH COMPLEX COMMUNICATION NEEDS IN THE HOSPITAL:

- Rely on AAC strategies to communicate
- Experience multiple challenges communicating with staff (Shilling et al., 2012)
- Children with complex communication needs have been reported to:
  - Play passive roles during interactions (Hemsley et al., 2013)
  - Express a desire to more actively participate in interactions (Hemsley et al., 2013)

PARENTS OF CHILDREN WITH DISABILITIES:

- Report higher perceived levels of stress and lower satisfaction with hospital services relative parents of children without disabilities (Phua et al., 2005)
- Parents of children with complex communication needs report:
  - Feelings of reluctance or stress when leaving their child in the hospital for fear of communication breakdowns (Hemsley et al., 2013)
  - Feelings of comfort when staff talk directly to child, use the child's AAC system, assign professionals that are familiar with the child (Hemsley et al., 2013; Sharkey et al., 2016)

HOSPITAL PROVIDERS WHO SERVE CHILDREN WITH DISABILITIES REPORT:

- Time constraints as a critical barrier to effective communication (e.g., Gormley & Light, 2018; Hemsley & Balandin, 2014)
- Limited training to effectively communicate with individuals with complex communication needs (e.g., Finke et al., 2008)
- Supporting the child's communication in hospitals is not part of their roles on the interdisciplinary team (Sharkey et al., 2016)
- Prioritizing other aspects of care (e.g., feeding) above communication (Hemsley et al., 2014)

PURPOSE

To describe the child-parent-provider communication patterns of a young child with complex medical and communication needs in an inpatient rehabilitation unit during day shift hours

RESEARCH QUESTIONS

Mesosystem

- How many unique communication partners does the child interact with during day shift hours?
- Where, when, and during what activities do child-parent-provider interactions occur?
- What percentage of conversational turns is taken by each partner? Who are these turns directed to?

Microsystem

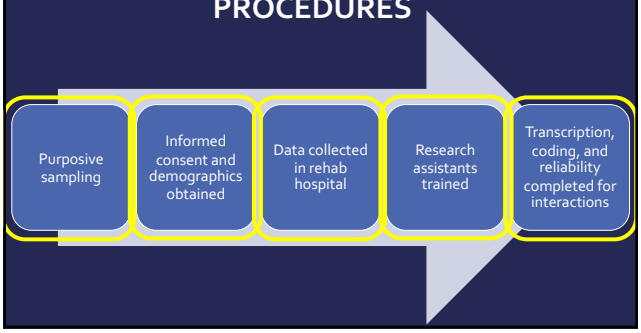
- What communicative purposes are directed to the child by adults?
- What communication modes are used by the child during interactions?

METHODS

RESEARCH DESIGN

- A descriptive, exploratory case study was selected for this investigation.
- Allows for rich, in-depth exploration of a topic using direct observation to provide a detailed description of a phenomenon (Gillham, 2000)
- Can be useful to build theory, generate research hypotheses, and inform future intervention targets (McEwen & Karlan, 1990)

PROCEDURES



ADULT PARTICIPANTS

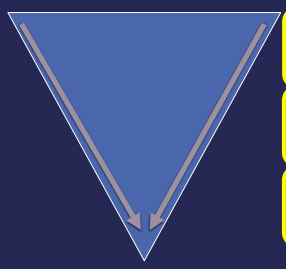
Parents = 2

- Mae's mother
- Mae's father

Total Providers = 26

- 5 registered nurses
- 4 certified nursing assistants
- 1 physician
- 4 physical therapists
- 4 occupational therapists
- 6 speech-language pathologists
- 2 recreational therapists

DATA SAMPLING AND ANALYSIS



Total Observation Period:
10 days (49 interactions, 745 minutes)

2-Days:
weekend: 6 interactions, 108 minutes;
weekday: 8 interactions, 149 minutes)

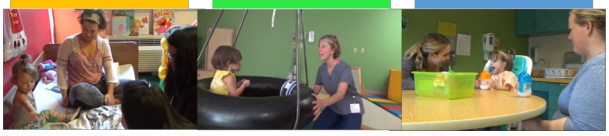
Conversational Turns, Microsystem:
10 minute maximum samples from the 2 days (14 interactions, weekend: 48 minutes; weekday: 71 minutes)

RESULTS

Medical Encounters (n=26)

Therapy Sessions (n=14)

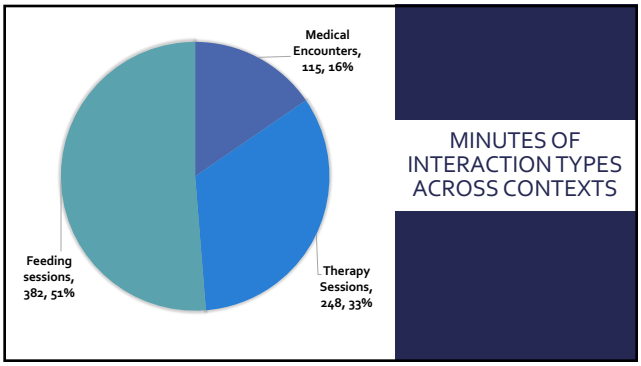
Feeding Sessions (n=9)



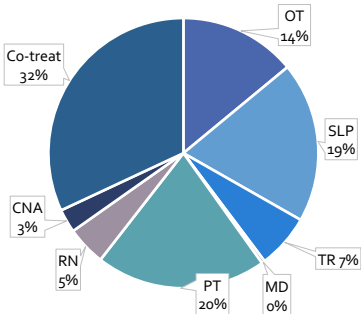
INTERACTION TYPES

VIDEO 1 – MEDICAL ENCOUNTER

VIDEO 2 – FEEDING



MINUTES OF INTERACTION TYPES ACROSS CONTEXTS



MINUTES OF INTERACTION ACROSS PROFESSION

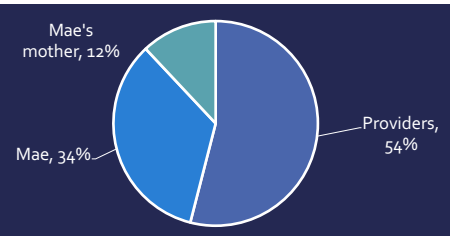
ACTIVITIES OCCURRING DURING INTERACTIONS

Activity	% of sessions
Supervising mobility	47%
Rounding/parent education	41%
Feeding sessions	31%
Medication or formula administration	25%
Physical therapy sessions	16%
Taking vitals	12%
Speech-language sessions	6%
Inserting or removing a feeding tube	4%
Recreational therapy	4%
Occupational therapy (non-feeding)	2%

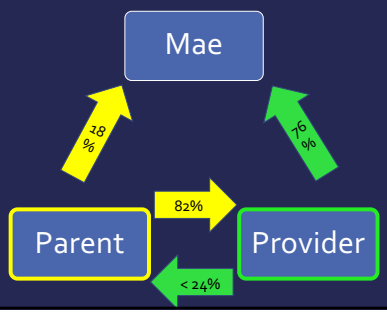
LOCATION OF INTERACTIONS

Activity	% of sessions
Mae's room	63%
Feeding room	16%
Gym	14%
Play room	12%
Cafeteria	8%
Hallway	6%
Outside the unit	6%
Procedure room	2%

PERCENTAGE OF TURNS TAKEN BY EACH PARTNER



DIRECTIONALITY OF TURNS TAKEN BY ADULTS



ADULT COMMUNICATION CONTENT

Communication Purpose	% Total Parent Speech Acts	% Total Provider Speech Acts
Statements*	60% (n=32)	49% (n=572)
Praise*	2% (n=1)	5% (n=58)
Questions*	11% (n=6)	30% (n=347)
Commands	25% (n=13)	15% (n=173)
Negative Talk	2% (n=1)	1% (n=7)
Multiple Categories	7% (n=3)	12% (n=166)

MAE'S COMMUNICATION MODE USE

Communication Mode	% Total of Mae's Conversational Turns
Oral	59% (n=534)
Manual	38% (n=346)
Aided AAC	0% (n=0)
Challenging Behavior	3% (n=29)

27% of Mae's turns contained multiple modes (n = 203)

DISCUSSION

MESOSYSTEM

- During 49 interactions with providers over 10 days → Mae interacted with 28 unique communication partners
  - Low representation of total number of providers who interacted with her
- Variability was observed in Mae's routine (duration of each interaction, activity location, staff member) which could present challenges establishing consistency and support Mae's anticipation of interaction goals and content.
- The focus of interactions was completion of a structured, goal-oriented activity dictated by a provider.

MICROSYSTEM

- Health care providers tended to dominate the interactions by taking the most turns
- Mae was observed to actively participate in each interaction; however, there were instances were she (a) did not interact frequently and (b) adults did not direct many turns towards her.
- Mae's mother was observed to act as an interpreter of Mae's communication attempts
- No aided AAC mode was used in any interaction despite materials being available and Mae possessing the skills to use this mode.

MACROSYSTEM AND EXOSYSTEM

- Approximately 20% of Mae's life was spent in a hospital.
- Mae's mother often described the challenges living within a hospital and her fear and hesitance of leaving Mae with staff due to communication and behavior challenges.
- Only 6% of sessions in the total observation period were dedicated to directly supporting Mae's speech and language skills.
- Although attitudes and beliefs were not directly measured, it is suggested that used of aided AAC tools when interacting with Mae may not be highly valued.

CLINICAL IMPLICATIONS

- Consider efficient and effective methods to train a large number of communication partners, across a variety of settings and locations, for potentially short durations of time.
- Establish parent-provider partnerships to ensure active involvement of the child's parent, the child, and providers during each communication interaction.
- Train health care providers and parents to be responsive to child communication attempts with diverse linguistic input
- Train health care providers to comprehend and model use of aided and unaided AAC strategies to support the child's communication within the hospital.

LIMITATIONS

- Limited generalization due to small sample size and brief observation period
- Limited demographic data was obtained about Mae's adult partners
- Not all interactions were captured:
  - (a) night shift,
  - (b) physician,
  - (c) parent only,
  - (d) interactions in public areas

FUTURE DIRECTIONS

- Development and evaluation of specialized trainings to support AAC use in hospitals
- Use direct observational techniques to rate aspects of family-centeredness between parents of children with complex communication needs and inpatient providers
- Investigations related to environmental factors and participant characteristics on the family-centeredness and communication effectiveness of inpatient interactions with this group

THANK YOU!!!

Contact Info: Jessica Gormley, M.A., CCC-SLP
Email: jeg56@psu.edu
Facebook Page: https://www.facebook.com/InpatientAAC
Twitter: @Inpatient AAC

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