

iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	Flinders Medical Centre, rehabilitation, Aged and Palliative Care (RAPC)
JC Facilitator	Pamela Hewavasam
JC Discipline	Speech Pathology

Question

N/A

Review Question/PICO/PACO

P: Australian speech-language pathologists (SLPs)

I: N/A

C: N/A

O: SLP treatment practices in the management of dysphagia post-stroke

Article/Paper

Jones, O, Cartwright, J, Whitworth, A & Cocks, N 2018 'Dysphagia therapy post stroke: An exploration of the practices and clinical decision-making of speech-language pathologists in Australia', *International journal of speech-language pathology*, vol. 20, no. 2, pp.226-237.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology: Survey (Cross-sectional study)



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Ques No.	Yes	Can't Tell	No	Comments
1	✓			Did the study address a clearly focused question/issue? “The aim of this study was to investigate, through an online survey, the treatment practices of SLPs in Australia for the treatment of dysphagia post-stroke and identify the factors influencing treatment decisions.”
2	✓			Is the research method (study design) appropriate for answering the research question? An online survey of SLPs appears appropriate. The survey was piloted by two SLPs and accordingly revised to assure appropriateness. “The survey comprised a variety of response formats including dichotomous choice (yes/no), multiple-choice, ordinal scale (rank) and open ended questions. Mandatory responses and automatic filtering/redirection were assigned where appropriate to maximize the information gained and reduce time and effort for completion.”
3	✓			Is the method of selection of the subjects (employees, teams, divisions, organizations) clearly described? “All respondents were recruited via the DIGs around Australia, suggesting possible membership bias associated with the sample. The sampling frame did not include SLPs from QLD, NT or TAS, such that it was not representative of all SLPs in Australia working with dysphagia post-stroke. Other methods of recruitment, besides DIGs, are needed to ensure all SLPs working with dysphagia following stroke are included in the sampling frame. This study was further restricted to SLPs working with dysphagia following stroke, such that the results cannot be generalised to other patient populations.”
4	✓			Could the way the sample was obtained introduce (selection) bias? Membership was required and the sample did not include SLPs from Queensland, Northern territory and Tasmania (see above).
5			✓	Was the sample of subjects representative with regard to the population to which the findings will be referred? Refer to answer to question 4.
6			✓	Was the sample size based on pre-study considerations of statistical power? Previous survey studies of the same subject material are referred to in the introduction of the study, but there is no reference to the sample size of this study having been calculated from the size of previous studies.
7			✓	Was a satisfactory response rate achieved? 538 SLPs were invited to complete the survey, 118 SLPs completed the online survey (22% survey response rate).

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8	✓		<p>Are the measurements (questionnaires) likely to be valid and reliable?</p> <p>“The survey was piloted with two qualified SLPs who reviewed and provided feedback on the survey content, wording, format and length. Items in the survey that gave rise to ambiguity were re-written and/or re-formatted. Test–retest reliability of the survey was then assessed with an additional two qualified SLPs with a 7-day gap between responses. With the exception of question 21, which required respondents to rank their choice of top 10 factors (n¼30) influencing their treatment recommendations, intra-rater reliability was acceptable (480% agreement). This question was re-worded, re-formatted and piloted again with two different SLPs. Following continued low intra-rater reliability (580% agreement), question 21 was re-formatted into two open-choice questions (questions 21 and 22), with examples provided. This process resulted in a 26-item online survey covering four domains including (a) demographic information, (b) content and format of dysphagia therapy, (c) factors influencing therapy decisions and recommendations and (d) therapy assessment and outcomes measures (see Appendix A, supplementary information available online). Questions related to both compensatory and rehabilitative approaches to dysphagia treatment were drawn from a review of the literature, clinical experiences and feedback received during the piloting stage.”</p>
9	✓		<p>Was the statistical significance assessed?</p> <p>Statistical significance was set at 0.05. Analysis included p-values to assess the statistical significance of survey response trends.</p>
10		✓	<p>Are confidence intervals given for the main results?</p>
11	✓		<p>Could there be confounding factors that haven’t been accounted for?</p> <p>Difficult to assess. The methods have been described in detail and the authors have acknowledged limitations in their sampling and selection techniques, so the reader should have confidence that the results are assessed in light of their limitations.</p>
12		Journal Club to discuss	<p>Can the results be applied to the local population?</p> <p>CONTEXT ASSESSMENT (please refer to attached document)</p> <ul style="list-style-type: none"> – Infrastructure – Available workforce (? Need for substitute workforce?) – Patient characteristics – Training and upskilling, accreditation, recognition – Ready access to information sources – Legislative, financial & systems support – Health service system, referral processes and decision-makers – Communication – Best ways of presenting information to different end-users – Availability of relevant equipment – Cultural acceptability of recommendations <p>Others</p>

13	Were all important outcomes considered?
14	Are the benefits worth the harms and costs?
15	What do the study findings mean to practice (i.e. clinical practice, systems or processes)?
16	<p>What are your next steps?</p> <p>ADOPT, CONTEXTUALISE, ADAPT</p> <p>And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)</p>
17	What is required to implement these next steps?

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