



iCAHE JC Critical Appraisal Summary

Journal Club Details

| | |
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| Journal Club location | NALHN |
| JC Facilitator | Felicity Watkins |
| JC Discipline | Speech Pathology |

Question

NA

Review Question/PICO/PACO

P: N/A

I: N/A

C: N/A

O: N/A

Article/Paper

Turkington L, Nund RL, Ward EC, Farrell A. Exploring Current Sensory Enhancement Practices Within Videofluoroscopic Swallow Study (VFSS) Clinics. *Dysphagia*. 2017 Apr 1;32(2):225-35.

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: Qualitative

Click [here](#) to access critical appraisal tool

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| Ques No. | Yes | Can't Tell | No | Comments |
|----------|-----|------------|----|--|
| 1 | ✓ | | | <p>Was there a clear statement of the aims of the research?</p> <p>The aim of the current study was to use a qualitative methodology to explore SLPs' perceptions and experiences using SES in VFSS clinics to identify and understand existing factors and processes which influence its use</p> |
| 2 | ✓ | | | <p>Is a qualitative methodology appropriate?</p> <p>A qualitative descriptive study was conducted to obtain SLPs' descriptions of the use of sensory enhancement strategy testing in the VFSS clinics in which they worked. This type of qualitative methodology was selected due to the exploratory nature of the research question</p> <p>Is it worth continuing? YES</p> |
| 3 | ✓ | | | <p>Was the research design appropriate to address the aims of the research?</p> <p>Given the aims of the research was to explore perceptions and descriptions, semi-structured interviews and utilizing a qualitative descriptive study design is appropriate.</p> |
| 4 | ✓ | | | <p>Was the recruitment strategy appropriate to the aims of the research?</p> <p>SLPs were recruited through advertisements directed at (a) clinicians attending a VFSS professional training and (b) members of the Speech Pathology Australia VFSS working group. Inclusion criteria for suitable participants were SLPs who (a) were currently working in VFSS clinics, (b) had more than 6 months of experience running a VFSS clinic and (c) who were more than 2 years post-graduation. Clinicians who met these criteria were invited to submit an expression of interest (EOI) to participate. Maximum variation sampling, a type of purposeful sampling, was then used to select the final participant cohort to ensure representation from the diverse adult clinical services which offer VFSS clinics in Australia. Maximum variation sampling was applied to ensure diversity in these variables that were reflected in the final sample.</p> |
| 5 | ✓ | | | <p>Were the data collected in a way that addressed the research issue?</p> <p>Semi-structured interviews were conducted using a topic guide to trigger discussion during a teleconference. A teleconference format was selected to enable interaction between geographically dispersed participants as well as being an economical method of data collection. All interviews were conducted by the principal investigator who possesses extensive experience in conducting VFSS clinics in a number of quaternary settings.</p> <p>Given the aims of the study to examine perspectives and descriptions of clinicians, this is an appropriate method of data collection.</p> |
| 6 | | | ✓ | <p>Has the relationship between researcher and participants been adequately considered?</p> <p>This relationship was not considered or discussed in the body of the article.</p> |
| 7 | | ✓ | | <p>Have ethical issues been taken into consideration?</p> <p>Ethical approval was obtained from the relevant ethics committees, and all participants completed a written consent form prior to participating in this study, however potential ethical issues were not discussed in detail.</p> |

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| 8 | ✓ | | <p>Was the data analysis sufficiently rigorous?</p> <p>Qualitative content analysis techniques as described by Graneheim and Lundman were used to analyse the patterns of responses obtained from the interviews. Interviews were read through several times to obtain an overall gestalt of the data. Data were collated into a matrix format to enable visual inspection and identification of patterns across respondents and topic areas. Responses were condensed and categories were identified via latent level analysis to identify the underlying meaning of text via datadriven 'In vivo' coding. Analysis focused on broader around interview question domains. The list of categories developed via an inductive approach with repetition or overlaps in data is identified. Co-investigators reviewed codes, categories and themes at regular research meetings, and consensus was achieved via discussion. Participant checking of themes was completed with a list of themes circulated for comments, corrections or additional information with 11 of the 16 participants providing feedback. All respondents agreed with the investigators' interpretation of their interviews.</p> |
| 9 | ✓ | | <p>Is there a clear statement of findings?</p> <p>Four themes emerging as influencing drivers of SES use, including: Patient factors influence SES use; Clinician factors influence SES use; Trials of SES require planning and organisation, and; Organisational barriers impact on SES use. These four themes were all connected through a single integrative theme: Extensive variations of SES procedures exist across clinical settings. Findings indicate that achieving alignment of clinical purpose and implementation of practices amongst VFSS clinicians will be complex given current diversity in SES use. Organisational issues and clinician training need to be addressed, and more research is needed to provide a stronger evidence base to inform clinical practice in this emerging area of dysphagia management</p> |
| 10 | | | <p>How valuable is the research?</p> |
| 11 | | 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 - Others |
| 12 | | | <p>Were all important outcomes considered?</p> |
| 13 | | | <p>Are the benefits worth the harms and costs?</p> |

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| 14 | What do the study findings mean to practice (i.e. clinical practice, systems or processes)? |
| 15 | <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> |
| 16 | What is required to implement these next steps? |

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