

## iCAHE JC Critical Appraisal Summary

### Journal Club Details

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<b>Journal Club location</b>	Flinders Medical Centre
<b>JC Facilitator</b>	Paloma D'Addario
<b>JC Discipline</b>	Speech Pathology

### Background

N/A

### Clinical Scenario

N/A

### Review Question/PICO/PACO

**P:** N/A  
**I:** N/A  
**C:** N/A  
**O:** N/A

### Article/Paper

Chahda L, Mathisen BA, Carey LB. The role of speech-language pathologists in adult palliative care. International journal of speech-language pathology. 2017 Jan 2;19(1):58-68.

*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:** **Scoping Review**

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



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Ques No.	Yes	Can't Tell	No	Comments
1	✓			<p><b>Did the review address a clearly focused question?</b></p> <p>Given minimal studies describing the role and practice of speech-language pathologists (SLPs) in adult palliative care, the aim of this review was to compile a database of research literature, examine the potential research gaps and to consider material that specifically discussed the need for and/or use of procedures and protocols for SLPs working in palliative care that would support the development of SLP palliative care guidelines</p>
2	✓			<p><b>Did the authors look for the appropriate sort of papers?</b></p> <p>The criteria for including studies in this scoping review were that subjects should be</p> <ol style="list-style-type: none"> <li>1. adults aged over 17 years;</li> <li>2. considered “palliative”, “terminal” or “EOL” (irrespective of whether it is immediately after terminal diagnosis, considered pre-active dying or active dying);</li> <li>3. displaying dysphagia, communication or cognition difficulties;</li> <li>4. studies that investigated the role of SLPs in palliative care in the area of dysphagia, communication or cognition and discussed the potential intervention methods/outcomes that related to the development of clinical guidelines; and</li> <li>5. all literature were included irrespective of publication date.</li> </ol> <p>Studies in this research were specifically excluded from the review if:</p> <ol style="list-style-type: none"> <li>1. individuals were aged 0–17 years;</li> <li>2. the role of SLPs in assessment/management was not specifically addressed;</li> <li>3. articles not written in English;</li> <li>4. articles or reviews of articles that solely focussed on particular illnesses (e.g. Huntington’s Disease) and/or already utilised established SLP clinical practice guidelines (e.g. head and neck cancer, dementia etc.);</li> <li>5. research and/or clinical recommendations not specific to palliative care, and</li> <li>6. while many of the concepts discussed in a scoping review could have dual applications for both children and adults, paediatric palliative care was also not included in this review as it is a specialist field and requires a separate detailed exploration in order to provide specific recommendations</li> </ol> <p><b>Is it worth continuing?</b>  <b>YES</b></p>

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3	✓			<p><b>Do you think the important, relevant studies were included?</b></p> <p>A multifaceted search strategy was implemented to identify all studies that met the selection criteria in order to ensure an unbiased evidence base. Electronic searches were conducted using specified keywords of the following databases: Medline (OVID), CINAHL (Ebsco), EMBASE, PsycINFO, Informit Health, Proquest Central, Cochrane Library, Ageline, AMED, Caresearch, Current Contents, ERIC, eTG complete (Therapeutic Guidelines), Linguistics + Language (LLBA), SCOPUS, SpeechBITE, PsychARTICLES, Web of Science (ISI). Additionally, the following journals were electronically and hand searched: American Journal of Speech-Language Pathology; International Journal of Language &amp; Communication Disorders; Journal of Palliative Care; Journal of American Medical Association, American Journal of Hospice &amp; Palliative Medicine; Topics in Language Disorders; European Journal of Palliative Care; American Speech-Language-Hearing Association (ASHA); Speech Pathology Australia (SPA). Abstracts of all studies identified were read to check for compliance with the inclusion/exclusion criteria as previously identified, and full text versions of potentially relevant articles were obtained and examined. All references retrieved were collated using the EndNote X7 referencing program. References from key articles were also analysed and hand searched for additional relevant articles. Where researchers, journals or organisations (e.g. Speech Pathology Australia [SPA], American Speech-Language-Hearing Association [ASHA]), were identified as having a particular interest in speech pathology and palliative care, names of these authors, journals and/or research groups were used in a Google Scholar search to identify any possible additional resources</p>
4			✓	<p><b>Did the review's authors do enough to assess the quality of the included studies?</b></p> <p>No quality assessment was undertaken – however, as this was a scoping review, this is appropriate for that study design. This should be considered within the context of the review type.</p>
5	✓			<p><b>If the results of the review have been combined, was it reasonable to do so?</b></p> <p>Results of the included studies were not combined. This was appropriate for the study design and aims of the study.</p>
6				<p><b>What are the overall results of the reviews?</b></p> <p>Over 1200 articles were initially identified. Of the 1200 articles, 13 academic papers were considered relevant as they recommended, or at least suggested, the need for speech-language pathology therapy guidelines to be implemented within adult palliative care settings. The main focus of these articles was on ethical considerations and clinical recommendations for SLPs. Recommendations arising from this scoping review include providing goals to support current practising SLP clinicians and developing clinical guidelines to manage swallowing and/or communication needs of people receiving palliative care.</p>
7				<p><b>How precise are the results?</b></p> <p>No combinations or reviews of results were utilised, and therefore no 95% confidence intervals were used – this means that there can be no comment on precision.</p>

8	Journal Club to discuss	<p><b>Can the results be applied to the local population?</b></p> <p><b>CONTEXT ASSESSMENT (please refer to attached document)</b></p> <ul style="list-style-type: none"> <li>- Infrastructure</li> <li>- Available workforce (? Need for substitute workforce?)</li> <li>- Patient characteristics</li> <li>- Training and upskilling, accreditation, recognition</li> <li>- Ready access to information sources</li> <li>- Legislative, financial &amp; systems support</li> <li>- Health service system, referral processes and decision-makers</li> <li>- Communication</li> <li>- Best ways of presenting information to different end-users</li> <li>- Availability of relevant equipment</li> <li>- Cultural acceptability of recommendations</li> <li>- Others</li> </ul>
9		<b>Were all important outcomes considered?</b>
10		<b>Are the benefits worth the harms and costs?</b>
11		<b>What do the study findings mean to practice (i.e. clinical practice, systems or processes)?</b>
12		<p><b>What are your next steps?</b></p> <p><b>ADOPT, CONTEXTUALISE, ADAPT</b></p> <p><b>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.)</b></p>
13		<b>What is required to implement these next steps?</b>

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