

Cognitive Rehabilitation through Speech-Language Pathology: Enhancing Daily Functioning and Independence

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Introduction

Speech-language pathology (SLP) can play a crucial role in improving the quality of life for individuals with communication, swallowing, and cognitive difficulties. Through various interventions, SLPs can help individuals with speech and language disorders to communicate more effectively, which can enhance their social interactions and relationships. SLPs can also help individuals with swallowing difficulties to eat and drink safely, which can improve their overall health and well-being. In addition, SLPs can work with individuals who have cognitive impairments to improve their memory, attention, and problem-solving skills, which can enhance their ability to engage in daily activities and maintain their independence. Overall, SLP services can have a significant positive impact on the quality of life of individuals with communication, swallowing, and cognitive difficulties.

Currently used communication evaluation and management techniques

There is a dearth of research on communication screening in CC, which is reflected in the low percentage of survey respondents who stated that communication screening methods were used for all patients in their CC unit. Given that prompt communication facilitation enhances patient QOL and autonomy [1], this is alarming. Despite the fact that early facilitation of various non-verbal and verbal communication options improve the recovery process, instill a sense of normalcy, and may reduce delirium [2,3], there was some disagreement with the statement “patients who are non-speaking are always referred to SLP.” A combination of SLP input in CC and access to MDT staff training results in improved patient communication [4,5]. It would appear that patient communication tactics need to be better explained and trained to patient families and CC colleagues [6].

Training, skills, and resource usage patterns and viewpoints

The respondents identified gaps in professional needs, a lack of resources, and opportunities for professional development. It should be noted that similar profession-focused survey studies have found that dissatisfaction with staffing levels, time, training, clinical resources, and support is a common result [7-9]. Although attendance at routine MDT CC ward rounds is essential to help review, discuss, and collaboratively plan a coordinated rehabilitation plan and set realistic goals to improve outcomes, the majority of respondents claimed to have “never” participated in the listed non-clinical CC meetings surveyed. A recent international survey of CC doctors revealed that one of their learning objectives was to better educate MDT members on the SLP role [10].

Clinical relevance

In order to support the best delivery of speech-language pathology in CC services, quality improvement efforts should be developed using the increasing role of SLP and the barriers revealed in this survey as a starting point. This study has four major clinical implications, including better funding, acknowledging the function of SLPs, training, and research. First off, this study emphasises the lack of funding for

dedicated CC SLP staffing in all nations, not just Ireland, and the risks this poses for patients' QOL and patient outcomes, as well as for subpar care for swallowing and tracheostomy weaning. This has ramifications for resources, therefore services should be prepared to deal with it through new business cases or skill combinations, hiring enough staff to intensify therapy, and leveraging patient data to spur change and enhance clinical outcomes. Services need to be prepared to deal with the consequences for resources by developing new business cases or skill sets, hiring enough people to intensify therapy, and using patient data to spur change and enhance clinical results. There is a critical requirement for ongoing evaluation of service delivery and quality by assessing unmet needs or gathering data for research. Additionally, commissioners need to make sure that SLP services are included during the planning and development of services.

Second, this study looks at how poorly SLPs are integrated into CC teams throughout the world and the need for a cultural shift to foster collaborative management across disciplines. The team members' understanding of the job and specialised abilities of SLPs, which have been considered to be underdeveloped, needs to be improved. Additionally, SLPs must take part in MDT activities and do more to educate and empower other team members as well as patients' relatives regarding tracheostomy and swallowing. This has ramifications for resources, therefore services should be prepared to deal with it through new business cases or skill combinations, hiring enough staff to intensify therapy, and leveraging patient data to spur change and enhance clinical outcomes. Additionally, the variation in clinical practises demonstrated emphasises the requirement for SLP CC competence frameworks to be established in order to guarantee that staff members are properly trained, qualified, and competent in this specialised domain. A stated shortage of training possibilities highlights the need to enhance professional development in this field and points to a hole in options for focused postgraduate learning.

Finally, it is underlined that more research is required to demonstrate the value of SLP engagement in CC rehabilitation and the necessity for consistent referral criteria and methods. Although there aren't any randomised control trials or meta-analyses in this field, this shouldn't stop the creation of the essential guidelines for efficient clinical decision making [11]. This foundation is essential for guiding

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clinical thinking and reducing needless variance in the practises mentioned in this study [12-15].

Limitations

This study does have some drawbacks. The survey was only available to those who could read and write English since other languages could not be translated into it in time. SLPs who are interested in the subject are more likely to reply, and replies might not accurately represent all SLP opinions, as is the case with any survey methods. Furthermore, it was impossible to estimate the survey's response rate because:

- Since the survey was promoted on SLP social media sites using snowball sampling, it was impossible to know how many SLPs actually clicked on the survey link.
- It was impossible to collect data on the number of SLP members in the various professional organisations and SIGs contacted.
- There are no statistics on the number of SLPs employed in CC contexts in the United States or elsewhere in the world.
- It should be noted that replies are respondents' professional judgements and do not represent clinical best practises.

Additionally, the study team combined data from all nations outside of Ireland as one since there weren't enough respondents from each country to examine disparities between individual nations. Therefore, care must be exercised to avoid overgeneralizing the findings. Given that a small, heterogeneous group of people were included in the survey and that responses may differ from setting to setting rather than nation to country, this is especially pertinent for the inferential statistics. It is necessary to take into account this respondent bias constraint.

Conclusion

In conclusion, this study highlights the need for quality improvement efforts to support the delivery of speech-language pathology in critical care services. The findings reveal the lack of funding for dedicated CC SLP staffing and the poor integration of SLPs into CC teams worldwide. The study also emphasizes the need for ongoing evaluation of service delivery and quality, the development of SLP CC competence frameworks, and more research to demonstrate the value of SLP engagement in CC rehabilitation. These clinical implications call for a cultural shift to foster collaborative management across disciplines, improved training opportunities, and consistent referral criteria and methods. By addressing these barriers, services can enhance clinical outcomes and improve patients' quality of life.

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