

Multidisciplinary management of paediatric dysphagia in government hospitals in Gauteng, South Africa: A pilot study

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To the Editor: Dysphagia is defined as impaired swallowing,¹ including possible impairment of airway protection, posterior bolus transit and relaxation of the upper oesophageal sphincter. In an infant it may manifest as inability to feed or intolerance of foods with a consequent impact on physical and psychosocial wellbeing.¹ For optimal and effective management of swallowing and feeding disorders it is recommended that multidisciplinary experts be involved, both independently and as part of a team.^{1,2} A thorough knowledge of the normal process of swallowing and feeding is a prerequisite for each of these professionals.³

A team approach allows for case co-ordination and gives a holistic view of the patient's difficulties and needs.⁴ Core team members for the investigation and management of paediatric dysphagia include paediatrician, dietician, occupational therapist (OT), nurse, social worker, physiotherapist (PT), speech therapist (ST) and caregiver.¹

A retrospective record review by Barratt and Ogle⁵ revealed a low referral rate for paediatric dysphagia in South Africa when compared with international statistics. While 79% of patients in their study received a form of allied health intervention, gaps in multidisciplinary teamwork, lack of referrals among team members and a general lack of multidisciplinary involvement were evident.⁵

While Modi and Ross found in their study⁶ of STs working in public hospitals in South Africa that STs were very aware of their role and that of allied health professionals (HPs) in dysphagia, we could find no published articles on the insight of other HPs into their role in paediatric dysphagia.

Methodology

We carried out a qualitative survey of a sample of 12 HPs working in paediatric dysphagia in public hospitals in Gauteng (STs, PTs, OTs and dieticians), using semi-structured interviews. Our intention

was to obtain an understanding of paediatric dysphagia and its management through multidisciplinary teamwork, and to determine views on the importance of multidisciplinary teams in paediatric dysphagia, challenges faced in this regard, and the respective roles of the various HPs in such teams.

Participants who had spent a minimum of 3 months working in multidisciplinary teams were purposely selected. The semi-structured face-to-face interview format utilised enabled the researchers to guide the questions and probe where necessary. Open-ended questions were used.

Ethical clearance was obtained from the University of Witwatersrand Human Research and Ethics Committee (Medical), protocol number M10359.

Results

Table I shows that STs were most aware of dysphagia, displaying a good to excellent understanding of terminology related to and theoretical aspects of the disorder. For STs the level of understanding did not reflect years of experience, whereas the understanding of the allied HPs (dieticians, PTs and OTs) was proportional to their years of experience.

While all participants agreed that multidisciplinary teamwork is essential in the management of paediatric dysphagia because of the diversity of possible underlying causes, consequences and management implications, the challenges in providing MDT included: (i) time constraints making it difficult for all professionals to consult the patient at the same time as a team; (ii) a high staff turnover; (iii) poor understanding of roles of all team members; and (iv) lack of objective swallowing measures such as videofluoroscopy making assessment and intervention challenging.

TABLE I. EXPERIENCE IN DYSPHAGIA REFLECTED AS A MEASURE OF THE UNDERSTANDING OF THE DISORDER

		Understanding of dysphagia				
		No understanding	Poor understanding	Average/fair understanding	Good understanding	Excellent understanding
Experience in dysphagia, expressed in years	<2		PT, OT, D	D, OT, PT		ST
	2 - 4				ST, PT	
	4 - 6				D	
	6 - 8					
	8 - 10					OT
>10					ST	

TABLE II. ROLES OF THE DIFFERENT HEALTH PROFESSIONALS IN MANAGING PAEDIATRIC DYSPHAGIA, AS SEEN BY OTHER HEALTH PROFESSIONALS

Speech therapist	Physiotherapist	Occupational therapist	Dietician
Assessment of swallowing and feeding ability Oral motor exercises Recommend NG feeds Safe feeding options Feeding positions Communication	Manage the sensory aspects of feeding Corrective seating Adaptation of feeding utensils	Positioning of child during feeding Postural control Chest physio	Nutritional management Supplementation of feeds

NG = nasogastric.

Members of a multidisciplinary team need to value their own vital contribution in order for professionals from different disciplines to work together effectively and efficiently.⁷ A participant commented: 'It is also important for the other team members to be fully aware of how they can contribute, and sometimes I think therapists aren't fully aware of their role and their importance in paediatric dysphagia.'

The STs displayed a very good understanding of their role in managing paediatric dysphagia. The OTs displayed a fairly good understanding and were also perceived to be vital members of the multidisciplinary team by the other professionals in the study. PTs were involved with the positioning of patients during feeding. None of the PTs elucidated their role in paediatric dysphagia further. Interestingly, STs and OTs were also believed by the other HPs to be involved with patient positioning for feeding. All the dieticians identified their own role as ensuring that the patient's nutritional requirement was met irrespective of the mode of feeding, i.e. orally or non-orally.

Table II reflects the various professionals' differing views of one another's roles in paediatric dysphagia management, some of which were not correct. Nevertheless, there were indications of poor collaboration despite this knowledge.

Discussion

The results of this pilot study indicate that there is a need for an improved understanding of what multidisciplinary teamwork is,

specifically with regard to paediatric dysphagia. Very often the lines delineating multi- versus inter- versus intra- versus trans-disciplinary are blurred, and the HPs we interviewed provided evidence of this. Furthermore, knowledge does not necessarily infer implementation. Despite adequate knowledge of their roles, it was evident that the participants did not make interdisciplinary referrals.

The study participants agreed that STs were best equipped to manage dysphagia, and they were able to identify several areas in which STs would be involved. However, when we analysed where STs received referrals from, surprisingly few came from allied HPs.

We conclude that there is inadequate multidisciplinary teamwork in paediatric dysphagia. Limited interdisciplinary referrals may be attributed to inadequate training at the undergraduate level, with failure to detail the benefits and importance of multidisciplinary therapy in the South African context. While it is acknowledged that HPs working in the state sector face tremendous challenges and obstacles in their path to good patient management, our first step must be to recognise deficiencies and resolve ways to overcome them.

References

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