Communication Conquests
in the Community

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How the Speech Language Services have grown in the community over the past couple of decades.

- Speech Language Pathologists have seen the signs of times and are the only Health professionals together with GP services and nurses to be widely distributed on a community level.

- Today Speech Language Department has around 65 SLPs and 50 of which are deployed in the community this is a considerable increase over the past 28 years and this has allowed services to develop in the way they have.
The Biopsycosociolinguistic Model

The services have tried to respond to the needs of our client group by:

- Listening to and understanding the needs and rights of each and every individual/carer exhibiting the disorder.
- Assessment becoming a dynamic venture that takes into account the context of the client and the life style that the client is used to.
- Locating the learning potential of the client within the client’s functional needs and abilities.
- Empowering the carers.
- Applying findings reported in the literature and the research that is going on in the area.

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Areas of service delivery

Speech-Language Intervention Services

- Health Centres: 8
- District Clinics: 21
- Mainstream schools: 28
- Special Schools: 5
- Hospitals: 9
- ATCs: 8

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SPECIALIST CLINICS

• Fluency Specialist Clinic
• Parent Training Groups
• Cochlear Implant Specialist Clinic
• Voice
• Communicating through play

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RESEARCH GROUPS

- Linguistics
- Autism
- Literacy
- AAC
- Early intervention play groups
- Dysphagia

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Core Guidelines + Professional standards

- Open referral system
- Admin and discharge at discretion of SLP
- All referrals acknowledged (SUs seen within 15 working days)
- In-patients seen within 1 working day
- No waiting lists
- Appointments offered at nearest clinic
- Involvement of families and/or carers.
- Multidisciplinary approach
- Adoption of collaborative practices
- Home service when individual is immobile

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OUTCOME

- Maintenance of optimal communication and/or swallowing abilities
- Improvement in communication, language and speech abilities
- Reduction of communication anxiety and avoidance
- Improvement of existing functions
- Provision and use of AAC where communication is limited
- Improvement in interaction and effective social communication
- Differential diagnosis

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Outcome cont...

• Increased awareness of others about communication and/or swallowing disorders and management.

• Improved communication environments

• Improvement in the individual ‘s understanding of the disorder and the implications.

• Treatment deferred or transferred to other agency

• Self discharge

• Failure to attend 3 consecutive appointments

• Health deterioration/ death of SU

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Extension of role related skills

• Contribute to CPD – case presentations
• Individual Care Plan
• Supervision
• Lecturing to students and other professionals
• Organization of workshops
• Educating the general public through leaflets, participation in TV and radio programmes
• Counseling

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Client groups

- Learning disability
- Sensory impairment
- Motor disorder
- ADD/ADHD
- Autism
- Cleft lip/palate/velopharyngeal anomalies
- Acquired neuorological disorder.
- Voice problems

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Client groups Cont..

- Mental health
- ENT
- Elderly population
- AAC
- Developmental speech and language difficulties
- Dysphagia
- Literacy difficulties

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# Total attended (as per 2008)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Attended</th>
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<td>Health Centres</td>
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<tr>
<td>District Clinics</td>
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<tr>
<td>Mainstream Schools</td>
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<tr>
<td>Hospitals/SVPR/Elderly Homes</td>
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<td>Special Interest Clinics</td>
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<tr>
<td>ATCs</td>
<td>582</td>
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<tr>
<td>Special Schools</td>
<td>2714</td>
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</table>

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Sessions in SLP clinics vs sessions outside clinics 2008
(January-December)

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## Caseload Adult versus Children

<table>
<thead>
<tr>
<th></th>
<th>Adults</th>
<th>Children</th>
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<tbody>
<tr>
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<tr>
<td>District Clinics</td>
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<td>0</td>
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<tr>
<td>Special Schools</td>
<td>0</td>
<td>197</td>
</tr>
</tbody>
</table>
The SLD works in partnership with people with disabilities to help them achieve full inclusion to the best of their abilities by gaining access to mainstream activities, leading to an independent life.
Sharing of Information

- **Client Detail Form for Filing Purpose**
  - Client Details
  - Summary of Intervention Plan
  - Frequency of Sessions
  - Periodic Review of Progress

- **Referral to other Professionals**
  - Reason of discharge
  - Date of discharge
  - Details of transfer location

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Service Achievements – A current overview

- Proliferated intensely the community
- ATC – evidence of role transition to consultancy/training provider
- Hospitals – role expansion (AAC consultancy/Dysphagia speciality)
- Rehabilitation – specialists, team work
- Schools – direct participation in IEPs, consultation on curriculum planning, peer preparation, ACTU involvement
- Training and consultancy role – Education Division
- Diversity in skills applied – counseling, trainer etc.
- Intervention through other mediums – play etc.

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What service users have to say?

- More information
- Participation at IEPs
- Counseling
- Empowered and treated on equal terms
- Relationship centred intervention
- Need to be listened to
- Need SLPs to appreciated how problem effects their life

“it is not what they do but how they do it that counts.... The way they greet you and understand your hurt”

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What ‘allied’ professionals have to say?

- Need more information regard what to expect from the SLP
- Need to familiarize more with what the SLP can offer. “I never knew that the SLP could help my son with his literacy problem"
- “I think as a culture we are not used to working together however, it has become common occurrence that you see an SLP in case conferences”
What SLPs have to say?

• Reports not accepted/not given enough importance
• Involvement in curricular planning
• Not seen as part of an educational service
• “Has the education system prepared the SLP for the workplace?”
  “I have learnt the techniques necessary but dealing with the general public has been a struggle especially in the beginning, but then experience helps”
• “I have had to change and develop other skills such as negotiation skills…”
• CPD - “best learning is on-the-job but use of foreign tutors helps to brush up/top up knowledge”

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SWOT analysis of this development

**Strengths**

- Well trained staff
- Highly accessible
- Infrastructure used well
- Staff personally feel responsible for their clients and

**Weaknesses**

- Staff may feel isolated at times
- Resources need to be split between the various clinics
- Lack of commitment towards service by other agencies

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SWOT analysis of this development

Opportunities

• Growth of service and staff increase in specialisation
• Increase in awareness amongst public and other professionals facilitates timely and early intervention

Threats

• Changes over time may jeopardise some of what has been achieved so far
• Limited resources e.g. In IT limit how much more the service can develop to meet today’s needs and standards

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Client Satisfaction Interviews

• Semi-Structured interviews with 16 clients were carried out.

• These were randomly selected from 333 clients which had received uninterrupted service over 2 years, only from the community clinics. Initially 25 clients were selected but eventually 16 participated in the data collection.
Themes Discussed

Accessibility
how easily it is to get to and use a service, it includes physical availability and cost

Technical management
technical care and technology used in the management of the health problem, considers also the interaction between client and service provider

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Themes Discussed

Interpersonal process

- expectations of service users

Continuity

- the client is followed up by the same health professional from assessment to case management
- includes documentation and record keeping

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Limitations

- Interviewer role and Reflexivity
- Small Sample - poor generalisability
- Interviewee bias - non-respondents bias
- Interpretation bias

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RESULTS

• Clients considered themselves satisfied since services were available by professional staff and their condition improved

'The service is offered close by, on a regular basis, and I have no parking problems. Qualified staff who know what they are doing and are happy doing their job’ (service user)

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RESULTS Accessibility

- Geographic and physical accessibility are of utmost importance - near school and parking problems very important for clients.
- Flexibility of appointments although considering longer hours of service such as after school was suggested. The fact that SLP is just a phone call away was a positive aspect.
- Some clients wanted more frequent appointments.
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RESULTS Accessibility

factors effecting accessibility

- flexible access
- no stairs
- waiting area
- access on foot
- parking facilities
- near school
- open referral
- lifts
- 1 bus
- punctuality
- free of charge

no. of respondents
RESULTS Technical Management

- Small rooms and poor environmental conditions - too hot and noisy in summer with windows kept open, in Winter too stuffy

"The room could be better, more colourful, having pictures on the wall is not enough to make it suitable." (a parent)

"..would do with some more modern furniture instead of heavy metal cabinets. Furniture has to have rounded corners just in case of hyperactive children" (a participant)
RESULTS Technical Management

- Clients trusted staff as since they are employed they are qualified enough although being nice and gentle to children and approachable was considered equally important.

- Need to have more modern resources such as use of IT.

"My child gets distracted easily and using the computer can help him more during a session" (a parent)
RESULTS The management of the interpersonal process

- All participants perceived that staff members treated them courteously during their encounters.
  
  "This is the 3rd or 4th therapist and they 've always been good" (a parent)

- Majority of interviewees were unaware of Quality Service Charter - need to have a feedback system in place.

- Satisfied and refrained from placing complaints.
  
  "I would only make a complaint if I know that the therapist will not get into trouble." (a parent)

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RESULTS Continuity

- Primary Service provider - rotation

- Aware that there is a record keeping system in place but none claimed that they considered the files as their property

- Their role in their progress was considered important:

  "Very important since with 30-45 minutes you won’t get far" (parents & an adult client)
Conclusions

Current Status

- Geographic Access
- Facilities
- Client involvement
- Satisfaction & Dissatisfaction

Important issues to be addressed

- Clinics design and environmental facilities
- Development of a feedback procedure
- Better use of ICT

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Concluding Remarks

- Irrespective of one’s clinical competence, the environment, policies and standards, clinical outcome and client satisfaction are important to be taken into account in the delivery of Speech Language Services.

- Ongoing techniques are changing, culture is changing and people are all the time changing, however if there is true belief that change can be achieved then things can start and results will follow.
Thank you for your attention