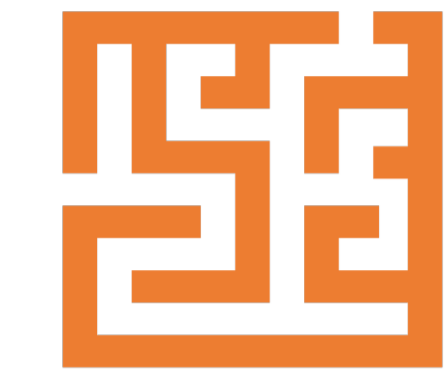


SYNCHING THINKING: AN EXPLORATION OF CLINICAL REASONING IN DYSPHAGIA REHABILITATION

Thiani Pillay* and Mershen Pillay
University of KwaZulu Natal
*thiani.pillay@gmail.com

Introduction

Clinical reasoning is considered the foundation of all clinical practice [1]. It is valuable as it is:



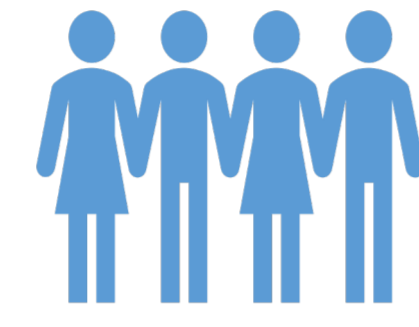
Complex [2]



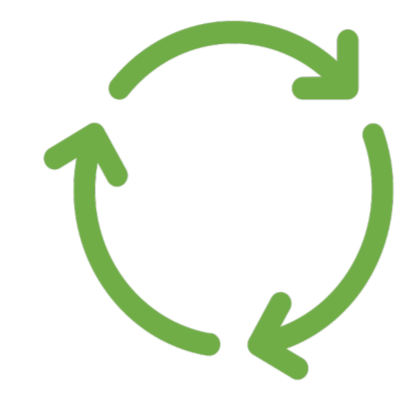
Critical



Flexible



Equitable [3]



Recursive [4]

Clinical reasoning allows healthcare workers to make equitable decisions. Equity in healthcare refers to the provision of universal services to all people without social, political or financial prejudice. However, given the impact of the complex socioeconomic and political histories of the world, are the healthcare models we utilise truly neutral or equitable? According to research they are not [5], with the impact of colonialism and imperialism still being influential in how healthcare practitioners understand and provide healthcare.

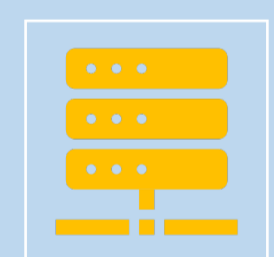
Clinical reasoning in dysphagia assessment and management has traditionally been explained using these a biomedical impairment-based models which presents themselves as neutral in nature. However, several authors ^{6,13-15} have demonstrated the political nature of dysphagia practice given that it subscribes largely to an empirical notion of truth (epistemology) and understanding (ontology) which cannot be considered neutral.

Objectives

Critically evaluate the nature of clinical reasoning in dysphagia rehabilitation from the perspectives of SLTs with regards to i) epistemology, ii) ontology and iii) methodology.

Methods: Exploratory Interviews [6]

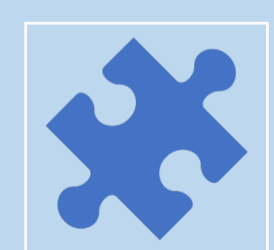
Exploratory interview phases



Data preparation: development of research instruments, call for participation via SASLHA, obtaining informed consent, circulation of pre-interview tasks



Data collection: Interviews carried out using three different interview methodologies. Multiple-stage interviews carried out over a data-encrypted telecommunication platform.



Data analysis: Thematic analysis [7] of transcripts, visual analysis [8] of photographs and graphic content. Additional critical analysis [9] foregrounding intersectionality and feminism.

Inclusion criteria

Registered with HPCSA

Minimum of 1 years experience in dysphagia

Work in healthcare practice, academia or policy

Any race, gender, sexual orientation, age

Interview methodology



Concept mapping [10]

Helps to understand, organise and structure thoughts on an issue using graphic representation.



Oral History [11]

Encourages reflection on experiences and its effect on identity and individual reasoning.

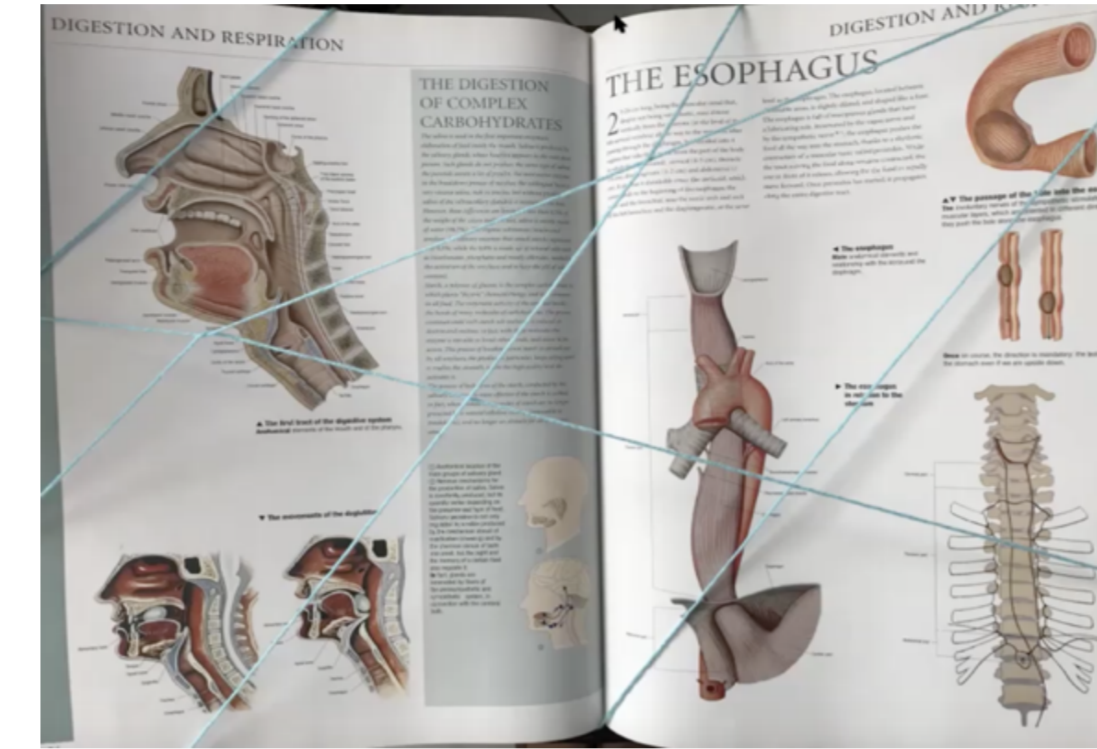


Photo Voice [12]

Allows for the expression of thoughts and opinions which are ineffable in nature.

Results

The results of the study revealed the political nature of clinical reasoning which often marginalizes certain populations and contexts.. Below we briefly outline four main themes identified in the study.

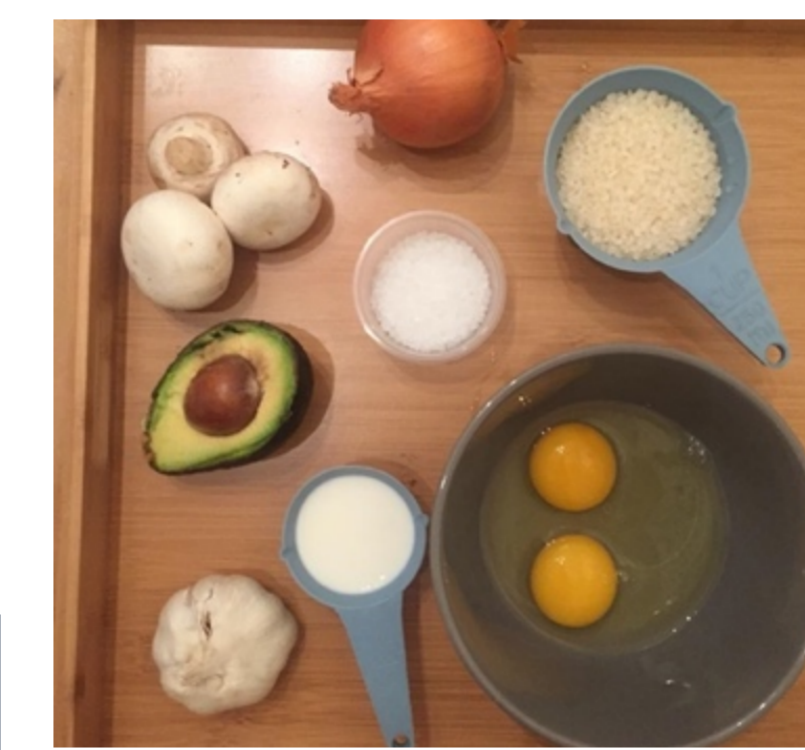
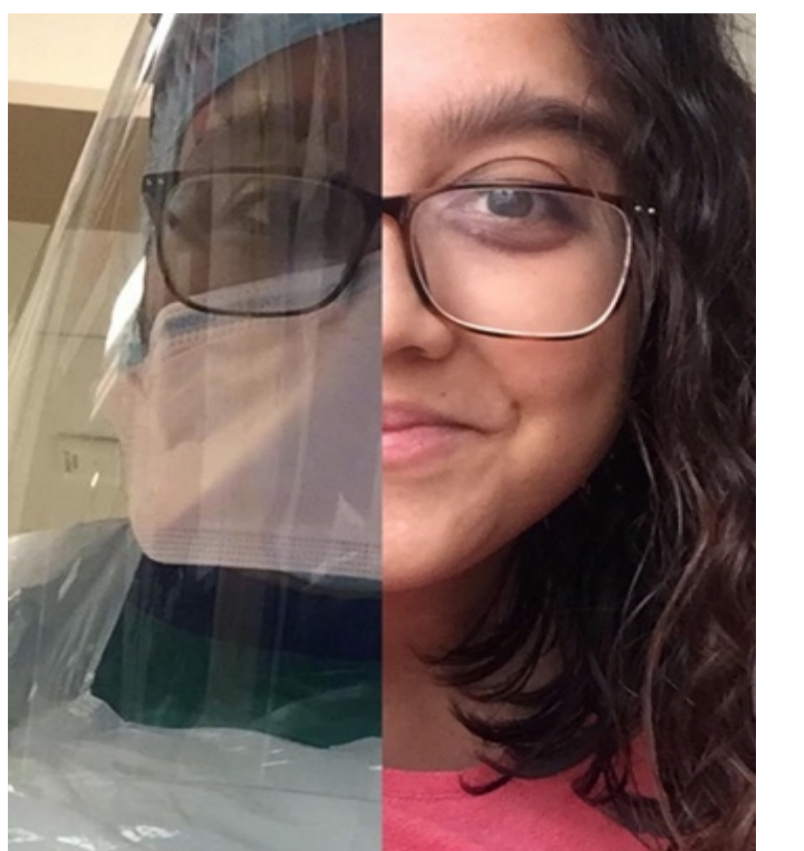


1. "You have to know what the rules are before you can break them." (P1)

The first theme describes how training influences the decision-making. The photograph and quote describe dysphagia education as solely theoretical often at the expense of developing clinical judgement and experience. This approach is harmful within healthcare education as it promotes conformity to established healthcare norms rather than critical thinking. This perpetuates a biomedical model and trivialises the impact of social and political forces on healthcare decisions.

2. "Speech therapists are performing a lot of the time." (P1)

Participants referred to the manner they felt expected 'act' to feel accepted and maintain positive outcomes at work. According to the results this was enacted in relation to others and was guided by societal norms which perpetuate colonial, patriarchal and ableist narratives. Both the quote and the photograph are representations of how the participants felt the need to perform or censor certain aspects of their identities within a professional sphere. The use of the word 'perform(ing)' in the label for this theme shows that therapists are conscious of professional interactions, regarding them as more theatrical than authentic in nature.



3. "It's like a puzzle coming together." (P4)

Reductionism is often taught in healthcare practice and attributes all problems to a deficit or malfunction. This results in the erroneous oversimplification of patient health which is not realistic to the manner of practice. The participants opposed reductionism as a principle for diagnosing in dysphagia given that patient complexities are dynamic and cannot be minimised in decision-making. The quote and the photograph represent this through the depiction of clinical encounters as interlinked and dependant (i.e. a puzzle or ingredients) to convey that components are more meaningful when combined together.

4. "I am what speech therapy is." (P1)

The last theme refers to the influence of imperialism, through the metaphoric use of a mountain, as an unsurmountable obstacle which healthcare practitioners must overcome to achieve equitable healthcare. Participants felt the imperialistic policies prevalent in education and practice were inappropriate for their settings and often influenced their decision-making. They stressed the importance of prioritizing de-imperialism and equity in the provision of dysphagia services to allow for equitable healthcare provision and clinical reasoning skills.



Conclusions

The birthplace of healthcare professions and practice is imperial rule. This system has its roots deeply imbedded in the oppression and disenfranchisement of those perceived as 'other' still linger in models of healthcare which favour a minority of the population. Through our exploration of power and the influences of imperialism, it is evident that there are deep biases present within healthcare provision as result of these historical systems. This demonstrates to us that clinical reasoning cannot be seen as a neutral practice. Going forward we need transform our approach to clinical reasoning by acknowledging and valuing differences present in patient and HCP identities to allow for truly equitable healthcare provision.



Clinical reasoning

+



Context

+



Clinician

=



Improved outcomes

References

- [1] Young, M. E., Thomas, A., Lubarsky, S., Gordon, D., Gruppen, L. D., Rencic, J., Ballard, T., Holmboe, E., Da Silva, A., & Ratcliffe, T. (2020). Mapping clinical reasoning literature across the health professions: a scoping review. *BMC medical education*, 20, 1-11.
- [2] Greenhalgh, T., Wherton, J., Shaw, S., & Morrison, C. (2020). Video consultations for covid-19. *British Medical Journal Publishing Group*.
- [3] Saito, E., Gilmour, S., Yoneoka, D., Gautam, G. S., Rahman, M. M., Shrestha, P. K., & Shibuya, K. (2016). Inequality and inequity in healthcare utilization in urban Nepal: a cross-sectional observational study. *Health Policy and Planning*, 31(7), 817-824. <https://doi.org/10.1093/heapol/czy137>
- [4] Doeltgen, S., Attrill, S., & Murray, J. (2019). Supporting the Development of Clinical Reasoning of Preprofessional Novices in Dysphagia Management. (Ed.), (Eds.). *Seminars in speech and language*.
- [5] Pillay M, Kathard H. Renewing our cultural borderlands. *Topics in Language Disorders*. 2018;38(2):143-160.
- [6] Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of basic and clinical pharmacy*, 5(4), 87-88. doi:10.4103/0976-0105.141942
- [7] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- [8] Kearney, K. S., & Hyle, A. E. (2004). Drawing out emotions: The use of participant-produced drawings in qualitative inquiry. *Qualitative research*, 4(3), 361-382.
- [9] Larsson, P. (2010). Reflexive methodology: new vistas for qualitative research, by Mats Alvesson and Kaj Skoldberg. In: Taylor & Francis.
- [10] Conceição SCO, Samuel A, Yelich Biniecki SM. Using concept mapping as a tool for conducting research: An analysis of three approaches. *Cogent Social Sciences*. 2017;3(1).
- [11] Gluck SB, Patai D. *Women's words: The feminist practice of oral history*. Routledge; 2016.
- [12] Sutton-Brown CA. Photovoice: A Methodological Guide. *Photography and Culture*. 2014;7(2):169-185.