



Parent Perspectives on Multidisciplinary Care

Ursula M. Findlen, Ph.D._{1.2}, Prashant S. Malhotra_{2.3}, M.D., Oliver F. Adunka, M.D._{2.3}

¹Division of Clinical Therapies- Audiology Department, Nationwide Children's Hospital; ²Department of Otolaryngology Head & Neck Surgery, The Ohio State University Wexner Medical Center; ³Pediatric Otology & Hearing Program, Nationwide Children's Hospital

background

..... Healthcare for children with developmental disabilities can be provided through different team approaches [1, 2]



with the team coming together to formulate a cohesive treatment plan

disciplines to formulate a their own disciplines to work toward formulating a care plan through shared novel solution (not responsibility and a highly common in healthcare) interactive process

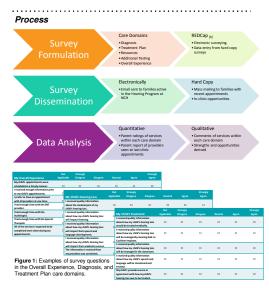
- Figure 1: Team approaches for healthcare provision
- · A multidisciplinary team model has been advocated for, and endorsed by, stakeholders in pediatric hearing healthcare [3, 4, 5].
- Family-centered healthcare demands that families provide input regarding the care of their children [4]; however, very little is known about how families perceive their experience in multidisciplinary team models for hearing healthcare.

Research Questions

1. Does a multidisciplinary team clinic appointment meet the needs of families of children with hearing loss?

2. Are families processing all the information provided during a multidisciplinary team appointment?

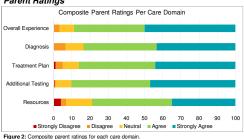
methods



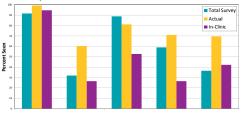
results

Survey Dissemination	Date(s)	Number Distributed	Number Responded	Response Rate
In-person Hearing Clinic	November to December 2016	89	19	21%
REDCap Survey (Electronic)	December 2016	350	38	11%
Mailing	January to February 2017	500	53	10.8%
Totals		939	110	11.7%

Parent Ratings



Parent Report of Providers Seen in Clinic



ENT Doctor Nurse Practitioner Speech Pathologist Audiologist Figure 3: Parental report of providers seen at last appointment (N= 110), Actual average derived by a random sample of clinic visits over a one year period (N = 138), and parental report parsed by in clinic responses (N = 19)

Qualitative Data Themes Strenaths

 Enough time with providers Gained good information regarding diagnosis and treatment of their child's hearing loss

appointment

the past 5-10 years

revolving door- would prefer meeting with the entire team · Wanted to be able to have at once Too much information shared

information shared

· Overwhelmed by amount of

Too many providers with a

services completed in one too early in the process Services had improved over Lack of school resource

Opportunities

information No need to meet with all providers at every appointment

discussion

- Parent satisfaction for each care domain was very high. Qualitative data defining strengths was consistent with quantitative data.
- · Many families did not realize or did not remember which provider evaluated their child during their last clinic visit.
 - This may reflect a memory effect; however, results of in-clinic surveys revealed worse recall of providers despite the recency of the clinic appointment.
 - This is consistent with counseling literature suggesting families are limited in their capacity to retain information provided during medical appointments. [7]
- Despite high family satisfaction, a multidisciplinary team clinic appointment may not provide families with the experience professionals intend for them to have.
- · Future work could focus on investigating modern models for multidisciplinary or interdisciplinary care that provide an integrated experience with less information loss to families.

references

- 1. Choi, B.C.K., & Pak, A.W.P. (2006). Multidisciplinarity, interdisciplinarity, and transdisciplinarity in health research, services, education, and policy; 1, Definitions, objectives, and evidence of effectiveness. Clin Invest Med, 29, 351-64.
- 2. Patel, D.R., and Pratt, H.D. (2008). Team processes and team care for children with developmental disabilities. Pediatr Clin N Am. 55, 1375-90.
- 3. Joint Commission on Infant Hearing. (2007). Position Statement: Principles and guidelines for early hearing detection and intervention programs. Pediatrics, 120, 898-921.
- 4. Yoshinaga-Itano, C. (2014). Principles and guidelines for early intervention after confirmation that a child is deaf or hard of hearing. J. Deaf Studies and Deaf Ed. 19, 143-75.
- 5. Sirimanna, K. S. (2001). Management of the hearing impaired infant. Semin Neonatol, 6, 511-19.
- 6. Harris, P.A., Taylor, R., Thielke, R., et al. (2009). Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support. J Biomed Inform. 42, 377-81.
- 7. Kroth, R. L. (1987). Mixed or missed messages between parents and professionals. The Volta Review, 89, 1-10.

acknowledgements

Our program would like to thank the families who took the time to complete surveys for this project.