



External Feedback – Case Review – SLP (clinical)

*** My goal for this registration year is:**

Improving my skills in consulting with and referring to other professionals on an ongoing basis to better meet the needs of my clients.

Please ensure you have a discussion with your peer about the case and your request for their input. Please complete all relevant sections.

Note: each text box allows for 4000 characters or about 500 words.

Peer's Name: Terry Colleague

Peer's Occupation: SLP

Peer's Email: address@goes_here.ca

General

- 1. Did you access case history and background information on this client? Did it inform your assessment and/or intervention? (Intervention in this context refers to any dealings with, or on behalf of, the client)**

Yes. I initially met with the client and family in the hospital and then again in the client's locked-down site (for dementia). I reviewed the client chart at "X" Site just after meeting with the family and client. Although I used the information to inform my assessment, the client's chart indicated that she had dementia, so my initial treatment and assessment plan were misguided (client did not have dementia, but rather aphasia – see answers to additional questions).

Patient Assessment/Communication and Interdisciplinary Practice

- 2. a) What was the relevance of the case history information and the impact on the speech-language or audiology care provided?
b) If you gathered information from other members of the professional team involved in the client's care, how did this information impact the care you provided?**

a) case history – incorrect diagnosis of dementia when the client was actually presenting with Wernicke's aphasia.

b) initial information was received from the SLP at the hospital. The staff at the dementia care unit were not prepared to deal with the client. As a result, the client was being medicated in order to better manage his reported behaviours.

Clinical Impressions and Intervention Planning

- 3. Review the subjective and/or objective assessments that were performed. Based on these assessments, what was your clinical impression?**

Many of my clinical observations suggested the absence of dementia and I felt the client presented with aphasia. The client was very frustrated, staff were afraid of his intensity and stated that he was aggressive.

4. Describe how the overall clinical impression you had of this client (both objective and subjective information) related to the treatment plan.

The client was being overmedicated to handle his behaviours in the unit. Therefore he had difficulty concentrating during our session. My focus had to shift to family/staff education regarding his presentation. I attempted to refer him to XYZ to address my concerns regarding the misdiagnosis and medications.

5. a) Describe any discussions you had with the client, their representative, or the team with respect to how the goals and expected outcomes were established.

b) Did you apply a new or different approach to establishing goals and expected outcomes as per the client's needs (e.g., client or family characteristics such as psycho-social issues, compliance, past medical history, cultural considerations, employment)?

a) see above regarding multiple meetings and focus shifting to family/staff education.

b) the immediate goal shifted to advocating for the client to be moved to a more appropriate environment.

Implementation and Evaluation of Speech-Language or Audiology Intervention

6. a) How did you monitor the client's condition?

b) How did you monitor this assigned care?

a) I had a student clinician with me. They were responsible for direct treatment for the aphasia.

b) Too soon to determine the outcomes.

7. a) Did you assign any components of intervention to support personnel? If so, how did you decide what components to assign?

b) How did you monitor this assigned care?

a) the direct treatment for the aphasia was assigned to the student clinician. Other services such as the advocacy for site/environment changes and medication follow up remained with me as the SLP. Although the student sat in on family conversations, I was the lead and maintained responsibility for family discussions and medical chart reviews.

b) Regular checks of the student's charting/documentation. Direct observation at regular intervals.

8. How did you decide how often to see this client and for what duration?

a) How did you communicate plans for completion of the intervention?

b) What steps did you take to assist in community integration or communication with other providers?

Client was seen weekly for aphasia treatment. Lots of effort went into this client and educating staff about his diagnosis (correct). Regular meetings with the family to help them understand the aphasia diagnosis and be prepared to support intervention.

***Reflection and Practice – this section is mandatory**

9. Take a moment to reflect on this client's case.

- a) Knowing what you know now, what could you have done better, if anything?**
- b) Would another discipline have benefited this client (whose needs may not have been met by an SLP or audiologist)?**

a) I don't think there's much I could have done differently. This was a complex case because of the misdiagnosis and medication issues. I probably could have followed up more regularly and assertively with the physician and the site where the client was living.

b) The family and client could have benefitted from psychological services. The site where the client was living could have been more supportive, but they were not very willing to collaborate. This was a big barrier to outcomes for this client.

10. When working with clients with this or a similar condition

- a) Can you describe any issues you have met in practice that have prompted you to consult with peers?**
- b) Did you look up new information to provide a solution for the client's presenting problem?**

a) I consulted with several colleagues about how to handle this situation – particularly related to the advocacy piece (having the client moved to a more appropriate arrangement). Because this was so complex, I found I had to handle the situation with “kid” gloves.

b) I did look up options for living arrangements. I supported the family to look into other arrangements.

To be Completed by Peer

Summary of Strengths Identified Through this Discussion

You showed such a strong client-centred approach in this situation. Although you were met with uncooperative partners, you didn't give up in trying to have them participate. Your regular meetings with this family and client were impactful for them and I think gave them hope. You carefully weighed which portions of care could be delegated to a student – and worked out a way to ensure the services weren't fragmented.

Suggestions to Support Ongoing Learning (provide concrete suggestions)

It might be fruitful to have discussions with colleagues (not only SLP colleagues) about how to approach these types of complex advocacy issues. You might find it helpful to investigate other strategies that might have helped to facilitate a more acceptable outcome in the future. Development of partnerships can take a long time (a luxury you didn't have), but it might be worthwhile to put some effort in now so in the future this agency is more willing to work with you.

Final Reflection on Peer Feedback (to be completed by member) (mandatory) – this section is to be completed AFTER your peer has provided their comments.

Consider the feedback provided by your peer and reflect on it. How will you make use of this information in your work? Please provide examples of how you could apply these suggestions in your practice.

It was helpful to discuss and obtain support from my colleague that acknowledged the challenges one can face when your opinion/clinical impression differs from other long-term members of a team. As a consultant, I don't always have the level of trust or the past experience with some of the team members who work together on a daily basis. The key takeaway messages for me are that sometimes I may need to follow up more directly and quickly with team leaders (i.e., the physician) if I want to effect change on the client's behalf. I need to work on providing more concrete examples of what I'm seeing in terms of client behaviour and communication to support my opinions/clinical judgement.