Dysphagia & Capacity: designing accessible information

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Aim
To support and assess service user capacity to understand and make decisions regarding their eating and drinking

Project
To make an accessible information resource for clinicians to use during the dysphagia assessment process

Outcome measure
Qualitative feedback collated from a trial of the resource by clinicians working with dysphagia

The Mental Capacity Act (2005) states that a person has capacity unless it is established that they lack it. In order to determine capacity, a person must understand, retain, weigh up, and communicate a decision.

Every practicable step must be taken to help somebody make a decision.

Basics of the Mental Capacity Act

Understand
Communicate
Decision
Retain
Weigh Up

As a Speech and Language Therapist I am aware of the barriers that verbal communication can present to our client group. Presenting information in picture format can help people to understand.

Why dysphagia?
Dysphagia is a problem with swallowing. It is serious: it increases the risk of long term health problems such as respiratory illness, and can increase the risk of choking and death (Hampshire Safeguarding Adults Board, 2012)

Dysphagia directly affects quality of life:
• Causes anxiety
• Can lead to avoidance of food and drink
• Can lead to distress if people do not have their favourite food (Vesey, 2013)

Southern Health Dysphagia Policy states that any disagreement between clients, family, and clinicians, should be resolved with discussion. Dysphagia is complex. How can we support people to understand it?

The project:
I have collated a set of picture resources, representing various issues that someone can experience when eating and drinking. These range from choking, to using a knife and fork.
The pictures are presented to the service user during a dysphagia assessment to discuss results. This contributes towards assessment of a person’s understanding and capacity to make decisions around dysphagia.

Outcome measures
The Speech and Language Therapy team will trial this resource with 100 service users. At the end of the trial, feedback will be collected in a short questionnaire from both clinicians and service users. Likert scales and open questions will be used to collate themes, measure use of the resource, and as evidence to implement recommended improvements.

Lessons learned
• To ensure service-user involvement from the beginning of the project, to ensure that it is truly accessible
• The importance of collating feedback to measure success and improve the project

The future: This format could be trialled with other professions and topics

References:

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