Validation of an Aerodigestive Provider Assessment Survey
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Multidisciplinary aerodigestive programs consisting of providers from otolaryngology, pulmonology, gastroenterology, and speech-language pathology are common in US pediatric settings (Ongkasuwan & Chiou, 2018). These programs have a higher success rate in alleviating symptoms, decreasing hospital admissions, and improving patient and family quality of life compared to several individual specialists (Rotside et al., 2017; Appachi et al., 2017). The Aerodigestive Program at Texas Children’s Hospital (TCH) was started in 2012 and now evaluates roughly 380 patients per year. A team of 9 core physicians, two nurse coordinators, one advanced practice provider, speech language pathologists, and dieticians meet several times a month to discuss patient care. Conversely, the model of multidisciplinary aerodigestive care is less common in adult medicine. When transitioning from pediatric to adult providers, fragmentation of care poses a significant burden for patients and families, worsened health indicators, and can result in loss to follow-up (Cotts, 2018).

Currently, there is no formal pathway to transition pediatric patients from the TCH Aerodigestive Program to specialists for adult patients. Primary care providers or pediatric subspecialists refer patients to adult specialty clinics as needed on an ad hoc basis. From 2019-2020 the Department of Otolaryngology- Head and Neck Surgery at Baylor College of Medicine (BCM) served approximately 28 patients referred through the Transitional Medicine Clinic with pediatric-onset chronic aerodigestive disorders. These patients received otolaryngology care and/or speech-language pathology intervention; however, data on how many of these patients were also seen by pulmonology and gastroenterology is unknown.

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A survey was developed to assess provider knowledge and current practices in the transition of patients with chronic aerodigestive disorders from pediatric to adult care by a multidisciplinary panel of 6 healthcare providers. After the initial question pool was agreed upon, it was then distributed to a 8-person national expert panel for feedback to obtain content validation. An expert panel of 6 clinicians developed the initial survey; content and face validity were evaluated by a 8-person national expert panel. The expert panel was asked to give feedback and rank each question in regards to the validity of the question as it related to the overall survey:

1. The item is not relevant to the survey.
2. The item is somewhat relevant to the survey.
3. The item is quite relevant to the survey.
4. The item is highly relevant to the survey.

Questions were edited to align with feedback from the expert panel and the content validity index (CVI) was calculated.

The content validity index measurements from this newly developed survey suggest that it is a valid tool for assessing current knowledge and practice in care of transitions among patients with complex aerodigestive needs. The survey developed in this project will be utilized to identify knowledge gaps and process issues that can be addressed to ease the transition of adolescents from pediatric specialty care into adult specialty care.

REFERENCEs


CONCLUSION

To create and validate an aerodigestive provider assessment survey.

METHODS

BACKGROUND

The content validity index measurements from this newly developed survey suggest that it is a valid tool for assessing current knowledge and practice in care of transitions among patients with complex aerodigestive needs. The survey developed in this project will be utilized to identify knowledge gaps and process issues that can be addressed to ease the transition of adolescents from pediatric specialty care into adult specialty care.