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Staff perceptions of a cough reflex testing (CRT) service for patients following stroke

Dysphagia and impaired cough is common post stroke. Clinical swallow examination (CSE) is used to assess dysphagia, but has poor reliability in identifying aspiration. There is increasing evidence supporting the use of Cough Reflex Testing (CRT) in the identification of silent aspiration risk post stroke. However, there is currently an absence of investigation into the experiences of the multi-disciplinary team (MDT) using the CSE.

Participants were recruited from the multi-disciplinary team (MDT) from a stroke unit. All MDT members involved in using CRT were invited to participate in this qualitative study using face-to-face, semi-structured interviews. Five speech and language therapists (SLT), two consultant stroke physicians, two nurses, one dietitian and one pharmacist participated. Interviews were transcribed and analysed thematically.

Thematic analysis revealed three themes: 1) Process of Change; 2) Clinical Decision Making; and 3) Outcomes. CRT was largely considered to be a useful tool in supporting decision making and improving clinical skills, confidence and knowledge. However, the results indicated a limited impact on nurses. The process of full integration of CRT for SLTs involved initial doubt about previous practice and a period of over-reliance. Cough judgement, logistics, reduced knowledge and lack of continuity were considered barriers to the successful integration of CRT. Time, collaborative working, training and use of clear protocols were considered facilitators.

The findings highlight the importance of establishing competency as well as ensuring collaborative working at all stages in the implementation of CRT. Further consideration should be given to how training is provided to nursing staff.

Keywords : Cough Reflex Testing; Citric Acid; Stroke; Dysphagia; Aspiration; Silent Aspiration

