(CGT) to Burmese and Malay Speaking Helpers

Singapore Healthcare Management 2021

Tan YN Cora, Sim Wendy Rehabilitation, Speech Therapy

Enhancing the Efficiency of Care Giver Training



SHM_CO012

INTRODUCTION

- Dysphagia is an independent predictor of mortality in stroke patients and is an important risk factor for aspiration pneumonia and malnutrition¹
- Speech Therapists (ST) advise on compensatory swallowing manoeuvres and/or diet or fluid modification which helps to reduce aspiration risk²
- Non-compliance with recommendations is associated with adverse outcomes such as high mortality rates and aspiration pneumonia as a cause of death³
- Based on a pre-intervention questionnaire, 85.7% of ST in the Ng Teng Fong General Hospital often or sometimes require a translator i.e., nursing staff, when conducting



AIM

To significantly reduce reliance on translators.



To develop a standardised way of evaluating these helper's understanding.

caregiver training (CGT) to Burmese and Malay speaking helpers. Within the department, 42.9% of ST felt that the quality of our CGT to helpers with language barrier was poor and it was difficult to find a translator.

PROBLEM

- Nursing staff that can speak Burmese/Malay are not always available resulting in time lost looking for help
- Translators may not translate verbatim which might lead to miscommunication or loss of information
- There is no standardised way of measuring these helpers' understanding post CGT



Pre-intervention, Burmese helpers who underwent traditional CGT obtained 69.6% accuracy on the post-CGT quiz. The aim is to increase the percentage accuracy of quiz post-CGT through use of videos in helpers' native language.



Pre-intervention, Malay helpers who underwent traditional CGT obtained 66.1% accuracy on the post-CGT quiz. The aim is to increase the percentage accuracy of quiz post-CGT through use of videos in helpers' native language.

METHODOLOGY

Materials created in Burmese and Malay languages		Phase 1: Pre-Intervention		
		Subjects• 9 Burmese speaking helpers recruited• 9 Malay speaking helpers recruited	 CGT method Traditional method of CGT e.g., gesturing, translation via nursing staff, 	Evaluation method • Written quiz of 7 questions in helper's native language
CGT videos detailing: Signs of aspiration Diet preparation Fluid preparation Mode of feeding Safe feeding strategies	A written quiz consisting of 7 questions to evaluate helper's understanding post CGT	Phase 2: Post-Intervention		
		Subjects	CGT method	Evaluation method
		 9 Burmese speaking helpers recruited 9 Malay speaking helpers recruited 	 CGT videos in helper's native language 	 Written quiz of 7 questions in helper's native language

RESULTS



In Malay speaking helpers, use of CGT videos resulted in **14.3%** increment of post-CGT accuracy i.e., from 65.1% to 79.4%.

Pre-intervention: Burmese post-CGT scores





In Burmese speaking helpers, use of CGT videos resulted in 3.1% increment of post-CGT accuracy i.e., from 68.3% to 71.4%.



On a post-intervention questionnaire, 50% of ST felt that there was no need to use a translator. This is a significant reduction as 85.7% of ST felt there was a need to use a translator pre-intervention.



Written CGT quiz created in Malay and Burmese served as a standardised method for evaluating these helper's understanding.

FUTURE WORKS

- To obtain larger sample size. Marginal increment seen in post-intervention Burmese scores were possibly due to a small sample size which was further affected by a large drop in the score of 1 helper.
- To improve delivery method of post-CGT quiz to Burmese helpers as reading might not be efficient for those with lower literacy rate. Hence, the marginal increment postintervention for Burmese helpers could be attributed to their poor understanding of the quiz rather than the intervention method.
- There are aims to extend this project into other languages.

CONCLUSION

The use of Burmese and Malay videos improved helpers' overall understanding of CGT, reduced reliance on translators and minimised miscommunication due to language barrier.

Q

REFERENCES

- 1. Perry L, Love CP. Screening for dysphagia and aspiration in acute stroke: a systematic review. *Dysphagia* 2001; 16: 7–18.
- 2. Leslie P, Paul N, Carding PN, Wilson JA. Investigation and management of chronic dysphagia. *BMJ* 2003; 326: 433–6.
- 3. Low J, Wyles C, Wilkinson T, Sainsbury R. The effect of compliance on clinical outcomes for patients with dysphagia on videofluoroscopy. Dysphagia 2001; 16: 123-7.