



Investigating therapists' experiences and views of delivering LSVT and NHS standard therapy as part of their role in the PD COMM study



Masterson-Algar P¹, Burton CR¹, Brady MC², Nicoll A², Clarke CE³, Rick C⁴, Hughes M⁴, Au P⁴, Smith CH⁵, Sackley CM⁶

¹Bangor University, ²Glasgow Caledonian University, ³Sandwell and West Birmingham Hospitals NHS Trust, ⁴University of Birmingham, ⁵University College London, ⁶King's College London

BACKGROUND

The PD COMM trial¹ is a phase III multi-centre randomised controlled trial that aims to evaluate the effectiveness and cost-effectiveness of two approaches to speech and language therapy (SLT) (LSVT and NHS standard therapy) compared to no SLT intervention (control) for people with Parkinson's disease who have self-reported problems with their speech or voice.

A process evaluation is underway alongside the PD COMM trial which aims to evaluate *what went on* at the time of the delivery of the trial interventions and to provide findings that will assist in the interpretation of the PD COMM trial results².

More specifically, it will investigate therapists':

- Experiences of delivering the PD COMM interventions, identifying the actual practices and likely tailoring that took place within the working context.
- Familiarity with LSVT and NHS standard SLT.
- Learning over time and its potential impact on outcomes.
- Expectations in terms of intervention impacts and their research role.

Table 1. Data collection methods and time points

Data collection method	Time points
<i>Therapist questionnaire (TQ)</i>	<ul style="list-style-type: none"> Prior to start After therapists have treated their last PD COMM participant
<i>Observations of therapists' LSVT training and additional workshops organized by the trial researchers</i>	<ul style="list-style-type: none"> Prior to start Yearly workshops
<i>Semi-structured in depth interviews</i>	<ul style="list-style-type: none"> Midway and at the end of therapists' involvement in the trial
<i>Critical incident reports (CIRs)</i>	<ul style="list-style-type: none"> Throughout therapists' involvement in the trial
<i>SLT Treatment Record Form (SLT TRF)</i>	<ul style="list-style-type: none"> Every therapy session

Table 2. Process evaluation research questions

Research questions	Data source
What were therapists' opinions of the PD COMM interventions?	Therapists' interviews, CIRs, OBS
What experience of delivering the PD COMM interventions did the therapists have prior to the start of the trial?	TQ, Therapists' interviews
What were therapists' motivations for joining the trial?	TQ, Therapists' interviews
To what extent did the training help therapists 'feel ready'?	OBS, Therapists' interviews
How did 'learning time' impact on the way therapists delivered the PD COMM interventions?	TQ, Therapists' interviews, TRF
To what extent did therapists feel supported in their role as research therapists?	TQ, Therapists' interviews, CIRs
How did therapists manage 'challenging situations'?	Therapists' interviews, CIRs
How did therapists feel about the way they recorded content and results from therapy sessions?	Therapists' interviews, TRF
How did therapists work on building rapport with participants?	Therapists' interviews, TRF, CIRs
How did the PD COMM interventions match the therapists' routine way of practicing?	TQ, Therapists' interviews, CIRs
What are the therapists' views regarding the resources allocated to the trial?	TQ, Therapists' interviews
How have therapy outcomes impacted on the therapists' level of motivation/engagement?	Therapists' interviews, CIRs
To what extent did therapists tailor the PD COMM interventions to participants' needs?	TQ, Therapists' interviews, TRF, CIRs
How did therapists feel about their research role versus their client centred approach to practice?	Therapists' interviews, CIRs
To what extent did therapists follow the trial interventions' protocol?	TQ, Therapists' interviews, TRF
To what extent did therapists feel supported by their environment?	TQ, Therapists' interviews, CIRs

Abbreviations: CIR Critical incident report, OBS Observations of LSVT training and trial workshops, TQ Therapist questionnaire, TRF Treatment record form.

METHODS

Drawing from the Normalization Process Theory (NPT)³ a number of data collection mixed methods (Table 1 and 2) will be used. Therapists will be asked to complete an online questionnaire and an interview at two time-points. This will be essential in order to unpick the impact that learning over time might have on therapists' role in delivering the PD COMM interventions. All therapists will be asked to record key reflections in the form of 'Critical Incident Reports'.

Data analysis:

All qualitative data will be coded using a theoretical coding framework underpinned by the PD COMM intervention programme theory and NPT constructs (Fig. 1).

<p>Coherence</p> <p><i>What is the work? Making sense of their role as research therapists and attributing meaningful qualities to the PDCOMM interventions</i></p>	<p>Cognitive Participation</p> <p><i>Who does the work? Who are the actors implicated in implementing the PDCOMM interventions</i></p>
<p>Collective Action</p> <p><i>How does the work get done? Therapists, managers and researchers will need to work as a collective in order to reach a common goal</i></p>	<p>Reflexive Monitoring</p> <p><i>How is the work understood? Therapists will make judgements about the utility of the PDCOMM interventions</i></p>

Figure 1. NPT constructs applied to PD COMM research speech and language therapists

The analysis will follow the phases of thematic analysis described by Braun and Clarke⁴. Themes will then be identified as meaningful patterns across coded data. Questionnaire data will be reported using descriptive statistics.

PROGRESS to date

The PD COMM trial was registered on the 18th of April 2016 (ISRCTN: 12421382). To date 25 sites have opened and 53 participants have been recruited. Process evaluation data collection is underway; out of the current 40 PD COMM therapists, 28 have completed the online questionnaire.

CONCLUSION

This study will provide a valuable insight into how PD COMM speech and language therapists go about their everyday job whilst carrying out their research role. By developing a clear account of the experiences of therapists involved in complex interventions rehabilitation trials, process evaluations can play a vital role in increasing researchers' understanding of why a complex intervention works or fails.

REFERENCES

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CONTACT DETAILS

Patricia Masterson-Algar, School of Healthcare Sciences, Bangor University
Tel. 01248 383129, Email: p.m.algar@bangor.ac.uk
PD COMM Website: www.birmingham.ac.uk/PDCOMM

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