Using the Delphi method to create an evidence based clinical pathway to manage dysphagia in a small specialised patient group

**Background**

Dysphagia management in spinal cord injury (SCI) patients is not well evidence based, leading to mixed clinical practices. An earlier survey study identified variations in clinical practice in different hospital settings, which had a detrimental effect on patient recovery and experience.

In order to establish a clinical pathway, a Delphi methodology was employed to generate consensus from an international multi-professional clinical expert panel. This would form the basis of best practice recommendations as well as identifying risk factors for a swallow screening tool.

**The Delphi set up**

To set up the Delphi study required three initial steps:

- Identifying and recruiting the expert panel of multi-professional clinicians with a minimum of three years’ experience with SCI and complex dysphagia.
- Consensus statements generated from current literature and survey data on clinical practice, to be rated using a five-point Likert scale.
- A multi-professional steering group to oversee statement development and results from each round to reduce the risk of bias.

**The Delphi Process**

- A two-round electronic Delphi process was employed aiming for >70% consensus
- 7 topic areas were generated from literature and divided into subcategories to form 85 Delphi statements (verified by steering group).
- 27 experts recruited from five countries, to include, SLT, PT, dietitian, doctors and nurses

**The Impact**

Overall, 73% of statements achieved consensus. Statements about screening and clinical management of dysphagia had less consensus amongst the group. Risk factors for dysphagia SCI helped to develop a screening tool for non-SLTs to support early identification and intervention.

A multi-site pilot study is required to evaluate the tool and best practice recommendations.