Clinicians’ Sense-Making When Working With Patients in Disordered States of Consciousness Following Brain Injury
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Research Question
How do clinicians make sense of neurobehavioral functioning in patients in disordered states of consciousness (DoC) during clinical encounters?

Unique Challenges in DoC
- Patients do not verbally communicate needs
- Non-linear or fluctuating patient recovery trajectory makes it hard to predict and create ambiguity about patient prognosis
- Limited indicators of meaningful neuro-behavioral change [1]
- Clinicians struggle to communicate neuro-behavioral change to each other and family [2]

What is clinical reasoning?
- A way of perceiving & making sense of information in practical settings. It combines past experience and theoretical knowledge
- A largely tacit thought process... that allows therapists to pay attention to relevant cues and unconsciously shift therapeutic interventions in response to them [3]

Study Design & Conceptual Framework
- Qualitative, exploratory design using narrative interviewing methodology [4, 5]
- Systems perspective [2, 6] and Narrative Theory [7]

Methods & Analysis
- 21 rehabilitation clinicians working in acute rehabilitation settings with experience treating adults with DoC due to severe TBI.
- Participants include: Occupational, Physical, Speech, & Recreational Therapists, Nursing, Psychology, Physicians, & Case Managers.
- Thematic analysis is iterative, i.e. ongoing coding develops & adjusts themes using NVivo 11 Plus.
- Thematic & constant comparative analytic tools used to organize and analyze data [5, 6 & 9]
- Disagreements discussed among team to seek consensus & explore variety of interpretations

How do clinicians make sense of neurobehavioral functioning in patients in disordered states of consciousness (DoC) during clinical encounters?

| Clincians Make Sense of Ambiguity: The Art & Science of Clinical Reasoning |
|-----------------|-----------------|-----------------|
| Ambiguity encompasses the everyday experiences of rehabilitation clinicians. |  |
| They make clinical decisions based on patient responses, interactions with team and family, past experience, and personal ethics & values. |  |
| They incorporate patient preferences, use everyday tools and clinical expertise to treat DoC patients. |  |

Take Home Messages
- Fluctuation is the norm
- Maybe something is just off today
- Family is really key

Why is clinical reasoning important?
- Clinicians make judgments about the best treatment plans & assessment tools patients need everyday
- Understanding how clinicians make judgments in their practice settings helps to: ensure they design successful treatment plans, including being person-centered train clinicians to respond to ambiguous clinical settings such as working in the DoC field

What do I do now?
- Clinicians make decisions based on judgments, not exactitudes! Use your clinical judgment tools & seek continuous critical assessment of the information you have. Clinical reasoning depends on marshaling ethics, virtues, experience and insights Reflect on these; Seek mentoring; Challenge your beliefs; Listen to family [11]

Future Directions
- Train clinicians on how to respond to ambiguity in clinical practice
- Currently interviewing caregivers to understand their reasoning tools when interacting with persons in DoC

Motivational Interviewing 
- A counseling approach for lasting change in behavior.

References
11. Walsh PT, DPT, NCS3, Theresa Pape, DrPH, MA, CCC-SLP/L3.