



SPARCSdm Updates

Standardized Process Assessment of Relationship-Centered Shared Decision-Making



American Congress of Rehabilitation Medicine Conference



Pictured left to right: Christina Papadimitriou, Trudy Mallinson, Ann Guernon, Alison Cogan

Several team members traveled to Atlanta, Georgia at the end of October to attend the **2023 American Congress of Rehabilitation Medicine Conference (ACRM)**.

Here is who attended from our team:

- Trudy Mallinson, GWU, PI
- Christina Papadimitriou, OU, PI
- Jen Weaver, CSU, Co-I
- Patricia Grady- Dominguez, CSU, post-doc
- Ann Guernon, Lewis U, Co- I
- Ellen Schultz, Advisory Board Member
- Trisha Kot, Care Partner Researcher

Team members Trudy Mallinson, Patricia Grady-Dominguez, and Jen Weaver along with Katie O'Brien of TIRR and Allison Cogan of USC, presented **“The Coma Recovery Scale-Revised: Indices of Responsiveness, Applications for Clinical Practice”** at the 2023 American Congress of Rehabilitation Medicine.



Pictured left to right: Bob Kot, Trisha Kot, Ellen Schultz, Jen Weaver, Ann Guernon, Theresa Bender Pape

Research team member Trisha Kot led a special symposium titled: **Person-Centered Measurement: Engaging Patient and Caregiver Partners for Better Measurement and Better Care.**

We congratulate Trudy Mallinson on receiving the **2023 Edward Lowman Award** at the American Congress of Rehabilitation Medicine.

Trudy is an occupational therapist and researcher, and PI of SPARCSdm.



Trudy established the Advanced Metrics Lab (AML) in 2016 to support her primary research idea that better outcomes measurement can improve health care and inform health care policy.

The SPARCSdm team is grateful to be under her, and Christina's, leadership!



Making the visible seen: The interactional competence of a person in a disordered state of consciousness

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ABSTRACT

We examine a 12-min video-recorded interaction among a patient (KN) in a disordered state of consciousness (DOC) and a speech language pathologist clinician (CL) that takes place in a medical rehabilitation setting. The video is a demonstration of how caregivers could use a clinical assessment to observe their loved one's behavior to communicate potential behavioral changes to healthcare professionals. The purpose of this paper is to make visible the communication practices used by participants that may not be obvious to researchers, medical rehabilitation practitioners, and clinical assessment developers. We use phenomenological, linguistic and conversation analytic approaches to analyze the interaction. We found that KN demonstrates multiple conversational competencies, some (but not all) of which are acknowledged by CL, and most of which are not directly addressed by the assessment scoring criteria. For example, KN demonstrates conversational competency by responding non-verbally to CL's prompts from the assessment protocol and following along with the unspoken rules of discourse. He does this primarily through gaze, which broadcasts the focus of his attention and actively signals his participation in the conversation. Though KN does not always respond correctly to CL's questions, he nevertheless demonstrates implicit conversational competencies during turns of talk such as returning to 'neutral' position which signals the completion of a turn of talk. KN's conversational competencies may be missed by CL and the assessment protocol but we argue that they are important in understanding KN's capacity. Our analyses show that competency is not simply a performance by one person who appropriately and correctly responds to a series of questions in a prescribed time frame. Competence is a collaborative achievement among participants, co-produced in situ, and influenced by linguistic and cultural habits of talk and epistemic norms that privilege clinical knowledge and expertise.

Please [click here](#) to read Christina Papadimitriou (PI), Luke Lindemann (post-doc, RA), and Jay Meehan (consultant), recently published an article!

Please [click here](#) to read Jen Weaver, CSU co-I, recently published article on disordered states of consciousness!

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BRIEF REPORT

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Comparing indices of responsiveness for the Coma Near-Coma Scale with and without pain items: An Exploratory study

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Abstract

Introduction: This study aimed to establish the indices of responsiveness for the Coma/Near-Coma (CNC) scale without (8 items) and with (10 items) pain test stimuli. A secondary purpose was to examine whether the CNC 8 items and 10 items differ when detecting change in neurobehavioral function.

Methods: We analyzed CNC data from three studies of participants with disorders of consciousness: one observational study and two intervention studies. We generated Rasch person measures using the CNC 8 items and CNC 10 items for each participant at two time points 14 ± 2 days apart using Rasch Measurement Theory. We calculated the distribution based minimal clinically important difference (MCID) and minimal detectable change using 95% confidence intervals (MDC₉₅).

Results: We used the Rasch transformed equal-interval scale person measures in logits. For the CNC 8 items: Distribution based MCID 0.33 SD = 0.41 logits and MDC₉₅ = 1.25 logits. For the CNC 10 items: Distribution based MCID 0.33 SD = 0.37 logits and MDC₉₅ = 1.03 logits. Twelve and 13 participants made a change beyond measurement error (MDC₉₅) using the CNC 8 items and 10-item scales, respectively. **Conclusion:** Our preliminary evidence supports the clinical and research utility of the CNC 8-item scale for measuring the responsiveness of neurobehavioral function, and that it demonstrates comparable responsiveness to the CNC 10-item scale without administering the two pain items. The distribution based MCID can be used to evaluate group level changes while the MDC₉₅ can support clinical, data-driven decisions about an individual patient.

KEYWORDS

brain injuries, consciousness disorders, pain, rehabilitation

Project Updates



- Four new research assistants have joined our team. One from George Washington and three from Oakland.
- Two more patient families have been successfully enrolled into our SPARCSdm study.
- New content on our social media pages will be uploaded soon. You can follow us using the links below.



[aml_metrics](#)



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Presentations

Marla Clayman, SPARCSdm co-I from Bedford, VA in MA, recently gave a presentation titled "Proposing a Relationship-Centered SDM process conceptual model for chronic disability"



[Click here](#) to read more about her presentation.

Abbreviation Key:

- GWU: The George Washington University
- OU: Oakland University
- CSU: Colorado State University
- PI: Principal Investigator
- RA: Research Assistant
- Co-I: Co-investigator