



Background

Cleft lip and palate are among the most common congenital craniofacial anomalies and require longitudinal, multispecialty care. Multidisciplinary cleft and craniofacial clinics are considered the gold standard, as they improve coordination across surgical, speech, and psychosocial services, while reducing patient burden (Hoffman et al, 2020). Prior studies emphasize that successful clinics depend on seamless provider communication, family-centered education, and co-located visits, which reduce fragmentation and enhance satisfaction. However, barriers such as clinic logistics and inconsistent educational resources remain challenges (Alleyne et al., 2017, Myhre et al., 2019). Our study evaluates patient satisfaction in an academic cleft program, aiming to identify clinic structures that are optimal for patient experience and outcomes.

Methods

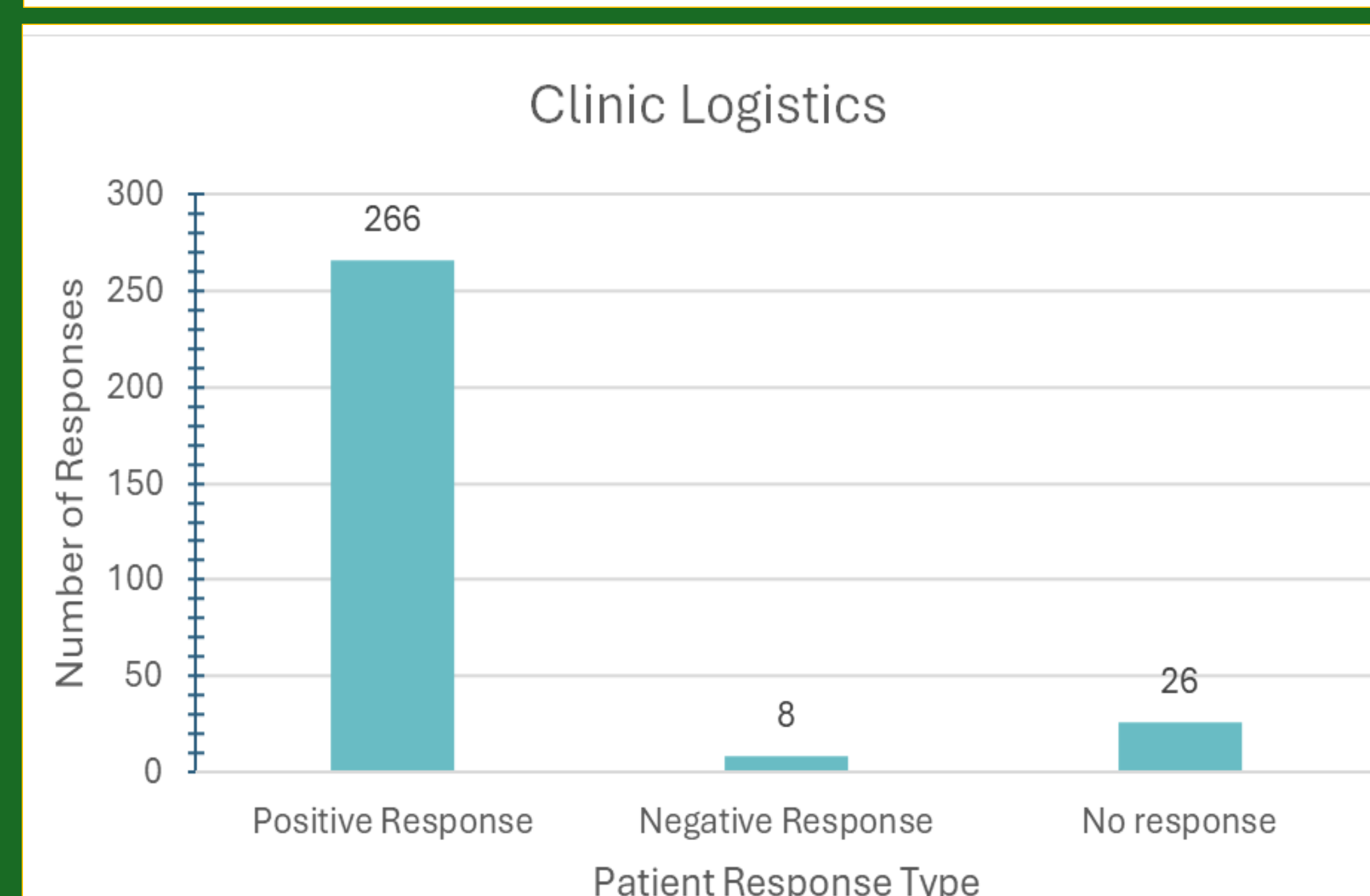
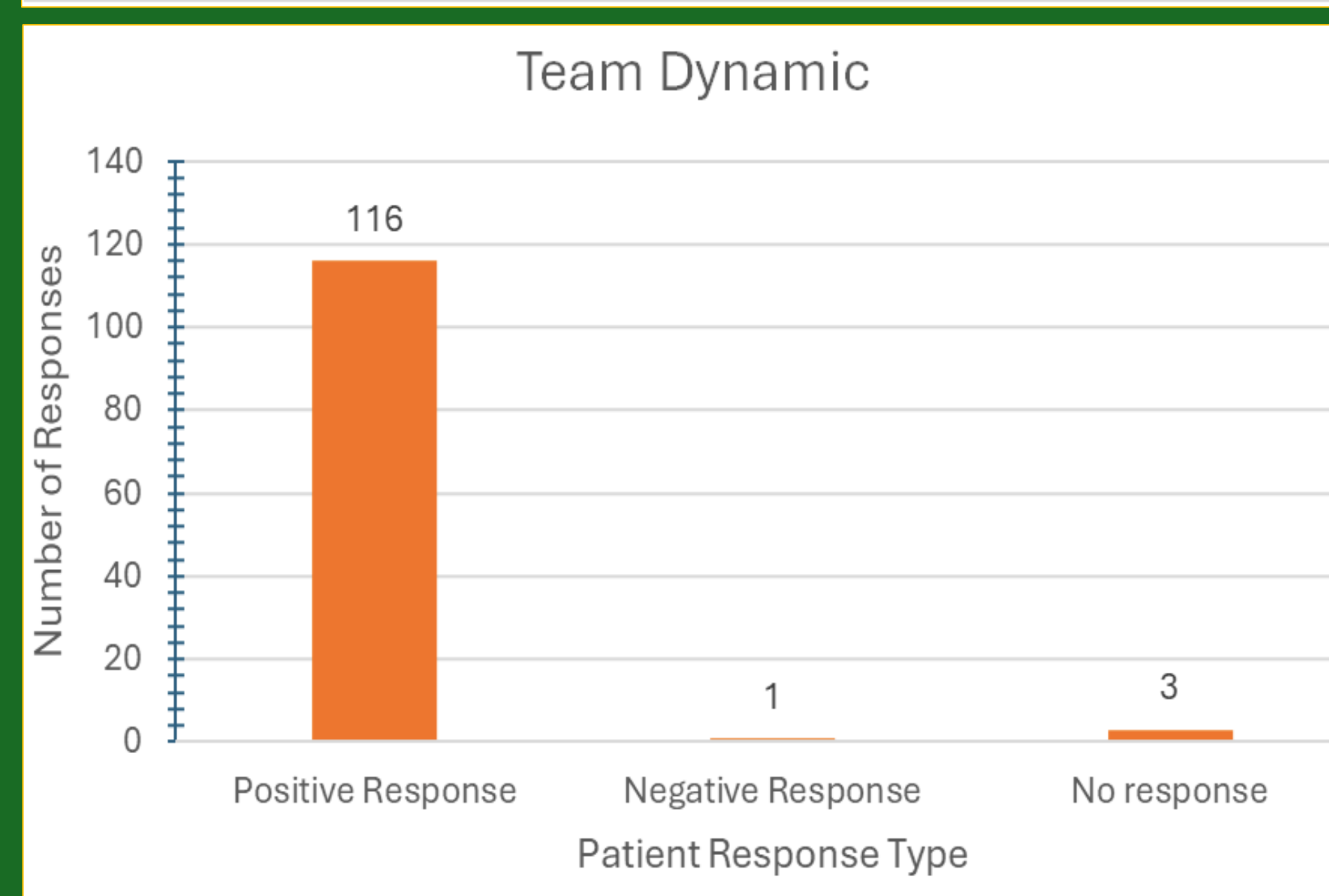
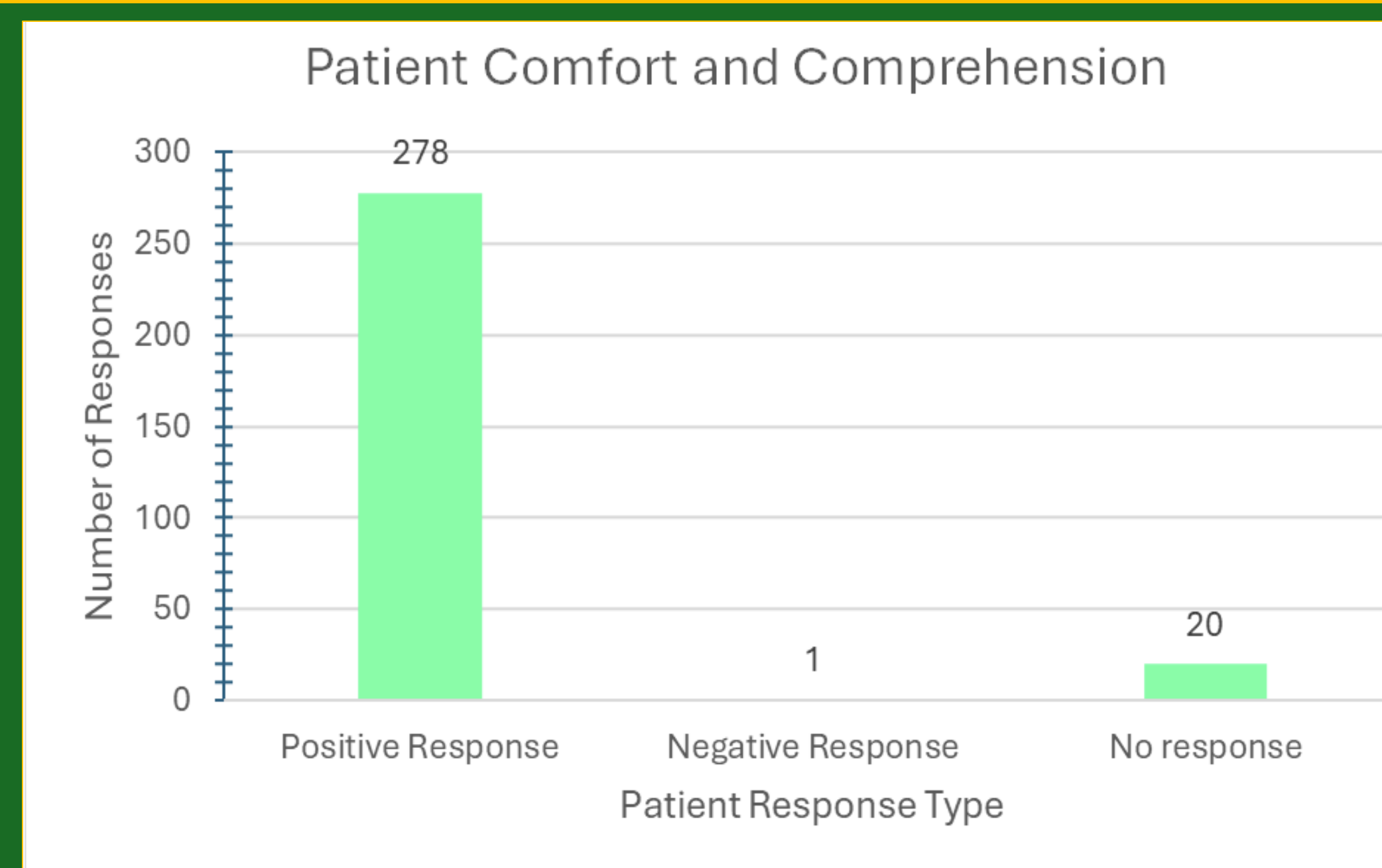
A survey was administered to patients and families who attend an academic Cleft Program, whose team consists of otolaryngologists, plastic surgeons, geneticists, speech-language pathologists, child life specialists, and social workers, over an eight-month period. The survey consisted of thirteen questions, organized into three themes: Clinic Logistics, Team Dynamics, and Patient Comfort and Comprehension. Positive, negative, and no responses were recorded and analyzed using a bivariate analysis.

Quotes

“I like it when everyone is in the same room. That way, you see everyone at once.”
“...it was quicker and easier to ask questions with having the whole team in one room.”
“...can be tough with a small child with lapse in time between providers seeing patients.”
“I ask [questions] if I don't understand.”

Results

From the 60 surveys collected, the responses were overwhelmingly positive. 93% (n=56) of respondents felt the clinic was worth their time, and 96% (n=58) felt comfortable asking the team questions. The most requested change (n=7) was having providers (ENT, Plastics, SLP) in the same room at the same time, which patients felt made asking questions easier and prevented lag time between seeing providers. Ten percent (n=6) of respondents were not satisfied with or did not receive printed handouts explaining the condition for which they were seen in the clinic.



Discussion and Conclusions:

Our study demonstrates an overall positive experience in the cleft clinic, and one change to consider would be having patients be seen by all providers at once.. Also, educational resources such as printed handouts and multimedia tools likely enhance comprehension, reducing the risk of misunderstandings that could impact outcomes. Real-time collaboration among specialists enables coordinated care and allows for timely adjustments to individualized treatment plans, while sustained follow-up supports patients with longitudinal care needs. Together, these elements may strengthen the multidisciplinary model. In future studies, we can investigate patient perspectives on efficiency, communication, and engagement, comparing the implementation of the results of this present study.

References

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Acknowledgements

Thank you to the patients and families at the Craniofacial and Cleft Clinic for their participation in this study. Thank you to the University of Vermont Larner College of Medicine for their support. Thank you to Drs. Laub and Gerges for their guidance on this project!



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