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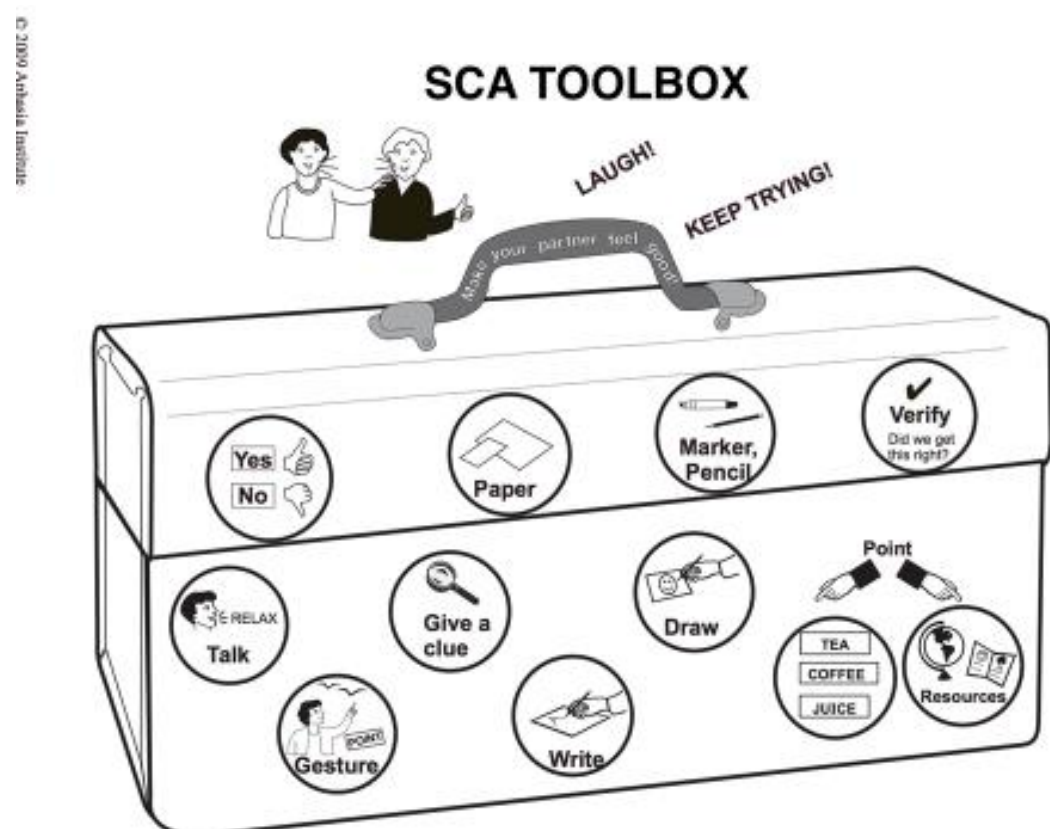
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BACKGROUND

Aphasia affects one-third of individuals with stroke resulting in their exclusion from everyday communication. Canadian stroke best practice guidelines recommend clinicians be capable of supporting communicative access. An approach to training that ensures sustained capacity was identified as a gap in Toronto. The objective of this work was to evaluate the effect of a knowledge translation intervention on increasing capacity of interprofessional (IP) stroke teams to use supported conversation techniques with persons with aphasia (PWA).

METHODOLOGY

- A mixed methods evaluation informed by the Knowledge-to-Action Process was conducted.
- Two speech-language pathologists (S-LPs) (1 from acute care, 1 from inpatient rehabilitation), received 3 days of training in Supported Conversation for Adults with Aphasia (SCA™) provided by the Aphasia Institute following leadership engagement.
- Over a 6-month period, S-LPs adapted plans to meet local needs, assessed and addressed barriers to knowledge use and trained and mentored their teams. The composition of each stroke team involved in training was largely comprised of occupational therapists, physical therapists, and rehabilitation assistants.
- Implementation supports, also provided by the Aphasia Institute, included mentorship, tips and a toolbox of ready-made resources enabling successful knowledge transfer.
- Stroke teams completed the Communicative Access Measures for Stroke (CAMS) assessment to evaluate attitudes, practices, and capacity to deliver SCA™ pre- and post-intervention.
- Each S-LP completed a qualitative report of their experiences.



RESULTS

- The CAMS was completed by 42 individuals pre- and 30 post-intervention.
- The percentage of participants who agreed/strongly agreed they felt confident in communicating with PWA was 37% pre and 65% post. (Table 1)
- The percentage of participants who agreed/strongly agreed they felt effective in communicating with PWA was 37% pre and 78% post. (Table 1)
- Percentage agreement was consistently higher post than pre for both acute and inpatient rehabilitation settings. (Table 1)
- Change strategies to address each perceived barrier were identified in collaboration with local S-LPs. (Table 2)
- S-LPs described an increased use of SCA™ strategies and aphasia-friendly communication toolkits over the course of the intervention.

Table 1: A Comparison of Outcomes in Acute Care and Inpatient Rehabilitation Settings

CAMS Staff Survey Statement	% of team members who agreed / strongly agreed					
	Acute Care		Inpatient Rehabilitation		Combined Results	
	Pre	Post	Pre	Post	Pre	Post
I feel confident when communicating with people with aphasia (PWA).	38	70	36	60	37	65
In general, I am effective at communicating with PWA so that they understand and can respond to me.	36	86	38	70	37	78
I have access to ready-made resources to help me to communicate with PWA.	38	76	8	64	23	70
The management at my organization supports my efforts.	8	28	66	100	37	64

Table 2: Proposed Strategies to Address Perceived Barriers

Perceived Barrier	Example of Proposed Change Strategy
Scheduling training sessions	Adapt training plan to meet local needs
Staff engagement	Recap that supported conversation techniques are cited in Canadian Best Practice Recommendations for Stroke Care
Competing organizational priorities / time	Align with organizational/stroke unit priorities i.e. integrate with existing initiatives

LIMITATIONS

Post-intervention percentages are computed on a smaller base size of participants and may overestimate results.

CONCLUSIONS

The intervention may have contributed to increased confidence and effectiveness of some stroke team members to provide SCA™ with patients post-stroke. Despite contextual differences, including a hospital merger in acute care, progress was observed to be similar across settings. Findings may be transferrable to other organizations.

NEXT STEPS

Co-develop a plan to foster learning among other stroke team professions and further sustainability planning to preserve gains.

REFERENCES

Kagan, A. et al, (2017). Communicative Access Measures for Stroke: Development and Evaluation of a Quality Improvement Tool. Archives of Physical Medicine and Rehabilitation, 98(11), 2228-2236.

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