

## Research Report

# ‘I’ve got to get something out of it. And so do they’: experiences of people with aphasia and university students participating in a communication partner training programme for healthcare professionals

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(Received February 2018; accepted May 2018)

### Abstract

*Background:* Communication partner training (CPT) has been used to support communication partners to interact successfully with people with aphasia (PWA). Through successful CPT interaction PWA's accessibility to healthcare is notably improved. The present study sought to build on prior studies by investigating the experiences of individuals with aphasia and healthcare providers to ascertain what they deemed to be beneficial from CPT and what could be refined or improved, dependent on the setting and skill set of those participating.

*Aims:* To gain an understanding of the experiences of PWA involved in the provision of CPT to health professional (HP) students. Also to investigate the experiences of HP students who participated in the CPT programme.

*Methods & Procedures:* Eight PWA and 77 HP students who had completed a CPT programme participated in a focus group/semi-structured interview (PWA) and feedback session (HP students) moderated by two speech-language pathologists (SLPs). These sessions were recorded (audio and video), transcribed verbatim, including non-verbal communication, and analyzed using qualitative content analysis.

*Outcomes & Results:* Overall, the study sought to understand experiences of the training. Both the PWA and HP students reported positive experiences of CPT. PWA discussed their perception that CPT improved HPs and HP students' understanding and interactions conversing with them and emphasized the need for training and education for all health related professions. HP students enjoyed the opportunity to experience interacting with PWA, without being 'assessed' and felt it consolidated their learning based on lecture content.

*Conclusions & Implications:* Inclusive and accessible healthcare is paramount to ensure the engagement of patients and providers. Based on the experiences and feedback of the participants in this current study, CPT offers a salient and practical training method with potential to improve practice. Participants perceived CPT to be beneficial and validated the need for the training to support PWA accessing healthcare.

*Keywords:* aphasia, communication partner training, students, experiences, feedback.

**What this paper adds***What is already known on the subject*

It is already well researched in the literature that CPT provides an effective way to train communication partners on the best way to interact with PWA.

*What this paper adds to existing knowledge*

This study highlights the positive experiences reported by PWA and trained communication partners. It provides specific examples related to the content of the training, the related benefits in interactions across healthcare settings as well as providing information about improvements to the programme. This is very important, as what researchers may deem to be crucial components of CPT and what the PWA and participants see as the most important elements need not necessarily correspond.

*What are the potential or actual clinical implications of this work?*

The implications of this study are further evidence from a first-hand perspective about the benefits and limitations of CPT. This, in turn, allows for collaborations between researchers and volunteers to develop and provide a tailored CPT programme.

**Introduction**

Interactions between patient and provider in healthcare are dependent on communication accessibility (O'Halloran *et al.* 2012). Without this, patient outcomes are significantly limited and, moreover, providers cannot meet a basic standard of care (O'Halloran *et al.* 2012). It has been documented in the aphasia literature that people with aphasia (PWA) have reduced health-related quality of life (QoL) outcomes compared with their likely health-related QoL outcomes without aphasia (Hilari *et al.* 2012). Areas that are likely to be impacted include emotional, medical and social domains. Despite the known prevalence and substantial impact of aphasia on the lives of PWA, a study conducted by Hilari *et al.* (2015) into speech–language pathologists' (SLPs) perspectives of QoL for PWA across 16 countries found that QoL outcomes measures are not routinely used in clinical practice. The main recommendation from this study was that health professionals (HPs) need education and training to ensure consideration of such measures for use with PWA. By HPs assessing health-related QoL using outcome measures, they can understand the facets of health-related QoL that PWA are most concerned about in order to include these aspects in clinical interventions. In doing so, it is hoped that PWA will continue to live successfully with aphasia as the perceived health-related QoL outcomes impacted by aphasia can be addressed (Hilari *et al.* 2012, 2015).

Communicative interactions are one focus of exploration when considering the main QoL themes impacted by aphasia. Communication partner training (CPT) (an environmental intervention that uses communication resources and strategies) offers a possible

solution for supporting QoL for PWA and their communication partners. Training communication partners to use strategies and resources to support conversation can facilitate communicative participation for individuals with aphasia. In turn, this limits the disempowerment and psychosocial impacts often experienced as a direct result of aphasia (McMenamin *et al.* 2015). A systematic review by Simmons-Mackie *et al.* (2010), found that CPT was (1) effective in improving the skills of communication partners to communicate with individuals with aphasia and (2) can be maintained over time. The main purpose of CPT is to increase participation through functional communication and promotion of well-being (Simmons-Mackie *et al.* 2016). Studies have documented positive effects of training for a range of communication partners including family members or caregivers of PWA, volunteers and HPs (Cameron *et al.* 2015, 2017a, 2017b, Finch *et al.* 2013, 2017, Simmons-Mackie *et al.* 2010).

The importance of providing CPT to healthcare providers was evidenced by studies that suggest patients with communication disorders are disadvantaged within the healthcare system, being at greater risk of experiencing adverse events during hospital stays (Bartlett *et al.* 2008, O'Halloran *et al.* 2012) and less satisfied with their healthcare experiences (Hoffman Institute Foundation 2005). A qualitative meta-analysis of three studies on environmental factors influencing communication between patients and healthcare providers in stroke units found that healthcare providers' knowledge of communication disabilities, communication skills and attitudes affected acute stroke inpatients (O'Halloran *et al.* 2012). Additionally, the accessibility of communication impacts on processes that direct healthcare provision.

Horton *et al.* (2016a) conducted a qualitative study investigating the feasibility and clinical efficacy of a CPT programme, particularly looking at its value within a rehabilitation setting for PWA presenting with moderate-to-severe-type aphasia. The HPs who participated in the study were able to recognize and understand the importance of the 'lived experience' for PWA and, by extension, placed value on cultivating quality interactions (Horton *et al.* 2016a). As argued by Byng and Duchan (2005), within the paradigm of a social model, the authentic involvement of PWA in planning, implementing and evaluating services (directed at assisting PWA) is essential. This is because it demonstrates the valuing of the 'lived experience' and acknowledges PWAs' expertise.

McMenamin *et al.* (2015) explored the participant's experience of aphasia and involvement in a CPT programme. A participatory learning and action model was used to support PWA to answer various research questions (O'Reilly-de Brún and de Brún 2011). The model supports dynamic brainstorming through varied materials (e.g., stationery, pictures) to reflect the fluidity of thought. Thematic analysis was used to interpret the data and group the responses into key themes. Interestingly, by the very nature of CPT revealing the competence of PWA and requiring PWA to have conversations with unfamiliar individuals, the participants reported that their feelings of incompetence were reduced (McMenamin *et al.* 2015). Similarly, Pearl *et al.* (2011) identified a number of benefits of volunteering for individuals with aphasia, including an increase in confidence and perceived purpose. Confidence was of particular importance to the PWA as they considered it a significant benefit of volunteering. In addition, enhanced engagement in participatory activities, either alone or with others not necessarily impacted by aphasia, was also identified. This related to the concept of identity and not being 'defined' by an impairment (Pearl *et al.* 2011). However, this study also highlighted the need for ongoing support for individuals with aphasia engaging in volunteer work. This was due to the need for an individual to find relevance in activities and foster meaningful opportunities in order to support engagement.

Another group that is vital to survey regarding their experiences with CPT are HP students. As future HPs, students will likely be expected to interact with PWA in clinical settings. Previous studies have found that HP students report low levels of confidence and knowledge for interacting with PWA before completing a CPT programme (Cameron *et al.* 2015, Finch *et al.* 2013, 2017). While qualitative studies have explored experiences of PWA and HPs participating in CPT programmes, the present paper adds to the literature by also considering the perspectives of HP students.

Therefore, the intent of the current study was to learn about the perceptions of PWA and HP students regarding their experiences of participating in a CPT programme. Specifically, the first aim was to gain an understanding of the individuals' with aphasia opinions about the CPT programme and provision to HPs and HP students, to inform future implementation. The second aim was to understand SLP, occupational therapy (OT) and physiotherapy (PT) student experiences as recipients of CPT, including their perceptions about the benefits and potential improvements to the programme.

## Materials and methods

### *Overview of the CPT programme and broader study*

The CPT programme was based on Connect's 'Making Communication Access a Reality Program' (Connect—The Communication Disability Network 2007, 2011, 2013). Training included a 60-min lecture about aphasia and strategies for effective communication with individuals with aphasia given by a qualified SLP. Working in pairs, trainees then completed a 15-min conversation with volunteers with aphasia to practise the communication strategies learnt. Volunteers with aphasia provided 'real-time' and reflective feedback to the students regarding the conversational exchange and strategies employed with use of a simple, aphasia friendly, evaluation tool from Connect—The Communication Disability Network's Running a Communication Partner Scheme (2011) programme that consisted of 11 questions related to the conversation interaction and strategies employed (see Connect—The Communication Disability Network 2013 for more information). All individuals with aphasia had completed 12 h of preparatory training over a 6-week period adapted from the Running A Conversation Partner Scheme under the tutelage of an SLP before volunteering in the CPT programme. Volunteers with aphasia elected to complete the conversations with trainees either individually or in a pair, depending on their severity of aphasia and own preference.

The broader study involved HPs from a single-site metropolitan tertiary hospital and HP students at a single-site university, participating in quantitative evaluation of their confidence and knowledge of communication strategies when interacting with PWA (Cameron *et al.* 2015, 2017a, Finch *et al.* 2013, 2017). The evaluation consisted of a self-report questionnaire that asked questions pertaining to (1) demographics and clinical experience; (2) level of confidence for communicating with PWA on a 100 mm visual analogue scale (VAS) from 'Not at all confident' (0) to 'Very confident' (100); and (3) HPs and HP students providing specific strategies that could be used in a clinical context to facilitate interactions between PWA and healthcare providers.

### *Current study*

In this nested study, a subset of PWA and HP students from the broader research series participated in either focus groups/semi-structured interviews (PWA) or a feedback session (HP students) moderated by an SLP. The authors were interested to understand the perception of the participants involved in the training and, as such, decided that a qualitative research design would enable the investigation of these experiences and add to the ongoing data informing future CPT (e.g., content, timing, environment). The Human Research Ethics Committee and the Medical Research Ethics Committee for the respective health service district and university granted ethical approval for the study.

### *Participants*

#### *Individuals with aphasia*

A total of eight individuals with aphasia participated as 'co-researchers' in the current qualitative study. These participants self-selected from a group of 12 individuals with aphasia who were involved in the broader research programme as volunteers providing CPT to HPs and HP students. Seven PWA had an aphasia quotient (AQ) score between 41 (moderately severe) and 82 (mild), with an average of 62 (mild-to-moderate). The remaining person with aphasia had global aphasia with significant verbal dyspraxia and was unable to be assessed via the Western Aphasia Battery (WAB) (Kertesz 1982).

#### *HP students*

There were 49 SLP, seven OT and 21 PT student participants who were enrolled in undergraduate or coursework masters' programmes at the single-site university. Students were at varying time points in their degrees, but were recruited because they were currently undertaking relevant coursework lectures in adult neurogenic disorders and had not yet had clinical placements working with individuals with stroke and aphasia. Students were recruited via a brief presentation by a member of the research team at the conclusion of one of their academic coursework lectures. Student participation in the training programme was voluntary and students were informed that participation or non-participation would not impact on their university assessment.

### *Data collection*

All focus groups/semi-structured interviews and group feedback sessions were audio and video recorded and transcribed verbatim. Video recordings were reviewed to capture non-verbal communication behaviours

(e.g., gestures, nodding, facial expressions) that added meaning to the transcripts.

#### *Individuals with aphasia*

Data were collected from participants with aphasia in two focus groups/semi-structured interview sessions. Focus groups were chosen to allow participants to react to, build on and discuss responses from other group members in order to generate data that might not have emerged through individual interviews and to explore differing opinions within the group (Stewart *et al.* 2007). However, the sessions were also semi-structured interviews as a topic guide was developed and included the following: (1) experiences of participating in the training; (2) elements of the training they liked; (3) elements of the training they felt could be improved; and (4) suggestions for changes to the training. The 1-h-long focus groups/semi-structured interviews, held 2–6 weeks post-involvement in the CPT programme, were conducted at a university and tertiary hospital by two SLPs involved in the study who were well known to the PWA. The SLP facilitators supported the engagement of the participants, as needed, and ensured each participant had an opportunity to express themselves. Visual materials (e.g., written, pictures) and communication aids were also made available to all the participants.

#### *HP students*

At the conclusion of their training students participated in large group feedback sessions in which a moderator (SLP) facilitated discussion about their experiences of participating in the training. The SLP who had provided the lecture content of the training was not present in the room to avoid any bias or censorship. Two groups were held consisting of SLP students in one group and OT and PT students in the other group. Open, non-leading questions were proposed by a moderator and the topics discussed included (1) positive aspects or perceived benefits and (2) negative aspects or ways in which training could be improved. Students were encouraged to speak freely and provide commentary on all aspects of the training, both positive and negative. Both verbal and written feedback (anonymous) options were available as way of response by the students during the 1-h-long feedback session.

Focus group/semi-structured interview and group feedback sessions were audio and video recorded and transcribed verbatim. Video recordings were reviewed to capture non-verbal communication behaviours (e.g., gestures, nodding, facial expressions) that added meaning to the transcripts.

### *Data analysis*

Transcripts were analyzed using qualitative content analysis as outlined by Graneheim and Lundman (2004). This type of analysis was chosen by the authors as it allows the meaning participants brought to their experiences of the CPT were represented in line to be captured from the generated content in line with the naturalistic paradigm (Hsieh and Shannon 2005). Data from the two participant groups (participants with aphasia and students) were analyzed separately. Transcripts for each participant group were first read in their entirety by the second author (K.H.) to gain an overview of the data set as a whole. Content relevant to the purpose of the study was extracted and formed the basis of analysis. Meaning units, defined as 'words, sentences or paragraphs containing aspects related to each other through their content and context' (Graneheim and Lundman 2004, 106) were identified and labelled with a descriptive code that represented a condensed version of the meaning unit. Based on these descriptive codes, meaning units were compared for similarities and differences and sorted into categories. To add rigour, a peer review of the data analysis was completed by the first (A.C.) and third (E.F.) authors through reflection on and discussion about categories identified and classification of descriptive codes.

## **Results**

### *Experiences of individuals with aphasia*

Overall, individuals with aphasia reported positive experiences of providing training to students and HPs and indicated that they would like to be involved in future CPT programmes, or would recommend other PWA to become involved. Four categories were derived from analysis of data to describe participants' perspectives about the CPT. The first two categories were: (1) the need for CPT; and (2) important messages about aphasia to include in training. The final two categories related to the perceived benefits of the training. Participants identified that the training had to be a 'two-way street' with one participant stating, 'I've got to get something out of it. And so do they.' The final two categories reflect this dichotomy, elucidating (3) the participants' perceptions of benefits of the training to others; as well as (4) personal benefits to themselves. The PWA reported nil 'negative aspects' of the CPT programme.

#### *The need for CPT: 'It's good to let everybody know'*

Within both focus groups/semi-structured interviews there was a strong belief among the PWA about the necessity of CPT programmes. Participants described the need for HPs and HP students to be trained, but also advocated for more universal training within the

community: 'Help us. And from a professional people, from tradesmen and from shopping . . . doctors and nurses, the people, the—even the guys that go—you give the car to, to the mechanic working on a car.' Furthermore, participants shared their perception that families of those with aphasia did not receive adequate training: 'At first, the family don't know . . . and that's why it's good to let everybody know.'

In describing the need for more CPT a number of participants highlighted negative experiences in hospital as a result of lack of training about aphasia:

See my experience with, ah, aphasia and that, when I was in hospital I couldn't—couldn't communicate—communicate with the nurses. . . . And that's wrong. Because they don't have enough time. . . . It's just that they didn't have enough time to—for us. . . . And, ah, you can't talk to anyone else . . . Even the doctors, they just say, 'Yeah, no, he's right, you're right.' . . . That's wrong . . . they don't tell you. . . . But we could understand. . . . But they wouldn't tell us. . . . And we can't get it out to tell them.

Sometimes I remember one nurse said to one guy—he's—he had aphasia and you know how sometimes when all you can do is swear. . . . This woman really went—the nurse went really mad to the young guy. And—and I thought, he's aphasia . . . It's so important that staff that work with patients, you have to, like all of us realise [about aphasia].

Participants also discussed the fact that more training was needed because of the prevalence of aphasia ('Because aphasia's a lot more common than people realise it') and the general lack of awareness about aphasia within the community ('There's nothing about it [in the community]').

#### *Important messages about aphasia to include in training: 'Because then they'd be able to understand'*

Participants with aphasia also expressed what they believed were core messages about aphasia that should be incorporated in CPT programmes. These core messages represented both what they hoped HPs or HP students had gained from the existing programme, and more broadly, what they believed everybody in the community should know about aphasia. For HPs and HP students, in addition to basic knowledge of aphasia, the PWA emphasized the need for understanding of the everyday life impacts of aphasia. One participant stated, 'Just not from the stroke . . . just from family stuff . . . because then I think then they can understand.' Another participant commented:

And I was able to tell them how I felt. About everyday life. How my whole life had changed. My work and all of that sort of thing. . . . I'm sure—I think they

were quite surprised how they—it affects people. Your speech, as well as your well-being, how you feel and especially the frustrations. . . . To—yeah, to learn that.

Two other facts that participants with aphasia believed were important for people to know were that everybody with aphasia is different and that aphasia does not affect intelligence:

They said . . . ‘But how come you’re not like him?’ I said, ‘Cause I’m not like him. But this is my case.’ But there’s plenty of cases around . . . different people. [Researcher: So they need to realize that aphasia is different for everybody?] That’s right. And also about it’s about different times of rehabilitation.

And make a point, a few points. One we’re not brain—the mind’s not damaged [intelligence is not damaged] And they’ve got to get that. For me, the—not the—the training changed when I made that point. Because everybody normally has—they all say we damaged somehow . . . . [Researcher: . . . the most important thing for people to realize is that your intelligence is not affected?] Yeah.

Finally, individuals with aphasia discussed information specific to communication that they wanted people interacting with them to learn, including the need for extra time to speak and for other people not to put words into their mouths: ‘I told them, don’t put your—the words to—to my—in my mouth.’

*Benefits of training to others: It helped her a little bit she reckoned’*

When discussing their experiences of providing training, participants with aphasia described how they valued the opportunity to help others and their belief that the training had benefitted HPs and HP students and was therefore worthwhile. A number of participants were motivated to be involved in the training by a desire to assist others. One said, ‘And I’m also of an age, like I’ve had my own life. And so I’m more than interested in making—helping people.’ For some participants there was also a desire to improve services for future stroke survivors with aphasia by providing training to staff and students: ‘Or to help—it could me, my kids, my granddaughters, with stroke, that’s all I wanted to help other people.’

There was a general perception that HPs and HP students were interested in and valued the training participants had provided. ‘Everyone there was really, really glad,’ one participant commented, with another adding: ‘And most—most want to get—they want to see us and meet us, and listen to what they have to—what we have to say.’ Participants also perceived that staff and in particular students had learnt from the training: ‘And I

found the students were great, that was in theory not in practical. And we could bring the practical to them.’

I think, with the training, is really good because when the students start they really want to—they get very—very—their enthusiasm, and the enthusiasm they sometimes put the words in your mouth. So when they do this training and they find out what it’s like to have aphasia, she’s—it’s like the lights come on. They suddenly realise, they step back. Which—and that’s really good for the students.

*Personal benefits to me: ‘Because it helps me . . . ’*

Participants described a wide range of personal benefits from their involvement in the programme. These benefits included:

- The opportunity to meet new people and enjoy conversation: ‘And I had a great—great time with two students. . . . We travelled—I think, spoke about everything. And we got on well at that point.’
- Talking practice: ‘Because, ah, it helps me to, ah, get the words out. . . . Ah, getting myself to talk to other people.’
- Gaining confidence to persevere: ‘I thought I might feel like I’m not stupid but, ah, plastic—plastic—spastic. . . . So I had to get over that and, yeah, slowly got better.’
- Practising skills important for regaining employment: ‘And it helps me with, ah, my work experience and that, so which is good.’

One participant appreciated the opportunity to be involved in the programme at a time that he would have otherwise been discharged from his engagement with the participating hospital’s rehabilitation services, while for others providing training was seen as part of a new life and new challenges post-stroke:

Now this is the next part of life you know. To keep going with it so. So you just got to go back to start again. And it helps. . . . But to teach someone else, then you can see what’s—that you’re getting better too.

A number of participants also valued participating in the training as part of a group with others who had aphasia: ‘But it is a very useful thing to get in and with these people [our aphasia group] and be able to talk to them.’

#### *Experiences of HP students*

HP students discussed positive aspects of the training and how they perceived they had benefitted from it, as well as providing two suggestions for how the training could be improved. The first four categories were: (1) the

learning experience from CPT; (2) useful strategies to facilitate interactions with PWA; (3) the capacity to build confidence through non-assessed learning outcomes; and (4) the identification of future usefulness with the acquisition and progression of career development. The final category related to improvements to the CPT programme and initial presentation to HP students.

*Practical learning experience: 'I have to put something into practice to understand'*

HP students valued the practical learning gained through participating in the training. OT and PT students discussed their perception that previously they had learnt only basic theoretical knowledge about aphasia. They therefore appreciated the opportunity to learn practical strategies to enable communication: 'In the lecture you don't learn strategies, you just learn what it is'; 'We get like a list of words—definitions'; 'We don't really learn much about communicating.' Although SLP students reported prior knowledge of communication strategies, they valued real-life practice applying their knowledge: 'It was good to—like for me to separate the textbook learning from the practical application'; 'It's good to have an opportunity to put those strategies into use.' HP students also emphasized the value of feedback from PWA and the opportunity to learn about individual preferences: 'It was nice to get the feedback from their end too . . . to actually see [what] everyone prefers.'

The experience developed the HP students' understanding of the use of specific strategies. These included the need for patience and giving the person with aphasia time to talk ('how much patience you needed to—listen to the—someone to hear what they wanted to say'); slowing down rate of speech ('it's nice to slow down your speech but also if it's too slow then that's not helpful either'); and the use of alternate methods of communication such as drawing and writing ('there were some times in the conversation that we could use a bit of drawing or bit of writing but it flowed so well').

*Gaining confidence in non-assessed setting: Increase in confidence'*

Another benefit of CPT discussed by HP student participants was the confidence they had gained in communicating with PWA. One student stated, 'It gave you the confidence to know that you're doing the right thing,' with another adding, 'Yeah, [it] makes it a little less scary.' In particular, students perceived they had benefited from the informality of the training and the fact

it was not assessed or part of their formal academic or clinical coursework:

I think the climate that it was done in and like how it's not stressful and like it's just open—takes some of the stress off that you get when you're in prac when you're constantly being sort of assessed for everything, it makes it more comfortable and realistic.

*Usefulness for future career: 'Ideas of what to use in the future'*

HP students also commented on the applicability of the training and the knowledge and skills they had gained to their future clinical education placements and careers. One PT student stated: 'I think it was certainly an experience that I valued and—that will help me in future pracs.' For one SLP student the training provided validation of her career choice: 'I find that interesting to see that it [SLP] does have an impact and what I'm doing is what I want to do.'

*Suggested improvements: 'Because then I think more people would show up'*

Finally, HP students provided two suggestions for improving the training. First, they reported they would have liked to have a conversation with more than one person with aphasia as part of the training: 'so even though it takes like another hour or an hour and a half longer—I would have preferred to talk to more than one person'. More specifically, they believed it would be beneficial to gain experience speaking with people who have differing severities of aphasia. Second, HP students suggested that more emphasis needed to be placed on the fact that the training involved real-life experience talking with PWA when advertising the programme to future students: 'More people would have come if they realised it was actually like this.'

## Discussion

The aim of this study was to explore the perceptions of individuals with aphasia and HP students about the current CPT programme and their experiences of participating in a CPT programme. Qualitative data from the current study have provided evidence of the perceived benefits of a CPT programme being implemented as part of university coursework for HP students. Further, HP students also reported that using PWA in a 'train the trainer' model added value, contextual relevancy and saliency to the content provided. PWA included in this study described an underlying belief in the programme and highlighted the need for training across a variety of settings (institutional and community). They also had

strong ideas about what should be included in the training programme and the core information that needed to be conveyed to the training participants. The personal benefits of participating in the programme discussed by the PWA in this study were consistent with previously reported benefits of increased confidence and purpose by PWA engaging in volunteer work (Pearl *et al.* 2011). Other benefits reported by Pearl *et al.* (2011) included the need for an individual and activity to have identified relevance in order to be successful, and the need for informed decision-making through presentation of all information and discussion of relevant factors and associated choices (Pearl *et al.* 2011). For student participants, key benefits reported included improved confidence in their ability to communicate with PWA and the opportunity to gain practical learning experience in a non-threatening, non-assessable setting. The increase in confidence reported qualitatively in the present study reflected quantitative confidence ratings that have previously been reported by students before and after the completion of CPT (Cameron *et al.* 2015, Finch *et al.* 2013).

In the current study, HP students reported a change in both their perceptions and their practical application of communication strategies due to increased understanding of aphasia and methods to engage with PWA. Similarly, the perspectives of qualified HPs in a post-acute rehabilitation unit were also investigated in a qualitative study by Horton *et al.* (2016b). Notably, HP clinicians in this study also described being able to change their interactions due to an increased awareness of the communication needs of PWA after completing CPT. There was also a reported increase in confidence by some of the HPs included in the aforementioned study; however, the author could not determine if the awareness of strategies and subsequent improvement of skills was directly related to this perceived increase in confidence (Horton *et al.* 2016b), sentiments shared by the authors. Horton *et al.* identified that the cognitive and emotional challenges of PWA could impede upon HPs' ability to interact and develop rapport. This included the participants' perception that having severe aphasia was a barrier to successfully using CPT strategies, in addition to environmental factors (i.e., noise and time constraints) when engaging with PWA in a ward setting. A systematic review by Simmons-Mackie *et al.* (2010) concluded that CPT provides a cost-effective model of training, resulting in outcomes that are largely generalizable across PWA and different communication partners (e.g., family members, HPs), thus providing foundational support for the implementation of CPT in addition to the opinions and experiences shared by the participants included in this qualitative study. Findings from the present study have added to the current literature by exploring the HP students' perspectives about

the benefits of the training during university training. However, it was also proposed by Simmons-Mackie *et al.* (2010) that future studies could investigate the characteristics of participants and if there is any relationship between participant characteristics and CPT outcomes.

As previously mentioned, the PWA who participated in the present study were provided with visual material (e.g., written, pictures), communication aids and skilled SLP facilitators to support their engagement in the focus group/semi-structured interview. Interestingly, McMenamin *et al.* (2015) found that PWA involved in CPT and a subsequent focus group session (as 'co-researchers') reported the participatory learning and action model to be beneficial. It enabled peer support and acknowledgement, more in-depth understanding of communicating in various contexts and highlighted the need for perseverance to change communication styles. Further, the empowerment and validation of the PWA included as 'co-researchers' in this study should not to be underestimated and highlights the possibility for consideration of similar dynamics in future research to capture the emic experience of living with aphasia. Simmons-Mackie *et al.* (2010) also discussed the implication from existing literature that CPT improves more than just communication participation, highlighting that effects on PWA can be noted in QoL and overall well-being. Preliminary data on the positive effects of participating in the CPT programme for PWA's communication and the impact on broader participation and QoL through the use of quantitative measures in the form of questionnaires and scales have been reported (Simmons-Mackie *et al.* 2010). However, more in depth research is needed in this area.

### *Recommendations*

Based on the results, some recommendations for setting up the CPT programme with HPs and HP students in other departments/sites would include identifying PWA to participate and involving them in a 'co-researcher' type role to enhance learning and engagement outcomes. Allowing sufficient time and offer flexible delivery methods to support uptake by HPs and HP students. Also, making explicit to the HPs and HP students the involvement of PWA and the opportunity for real-time practise of strategies outside of a clinical exchange. Finally, it would be important to ensure communication supports are provided for both the training and any post-training debriefing sessions.

### *Strengths, limitations and future research*

It is important to acknowledge that this study had several methodological strengths and limitations. First, a limitation was that the sample was self-selected and may



not have been entirely representative of the student population. Second, with regards to HP student feedback, the large number of the participants precluded extensive in-depth discussion, limiting the depth of information obtained. Therefore, rich, descriptive data are somewhat lacking in the present study's findings for HP students. Originally, the feedback component for HP students was intended for internal use by the research team as a quality improvement process for improving the training programme. However, given the lack of qualitative data in this area of research, the valuable comments received from the HP students necessitated further analysis and reporting in an accessible way for others working in field. These preliminary findings indicate that a more in-depth study of the student experience would be warranted.

The authors also acknowledge the challenges in conducting a focus group with PWA. As the PWA who participated in the focus group/semi-structured interview all knew each other and the experienced SLP mediators well, they were supportive of one another and had all received training in supportive conversation. Further, care was taken by the SLP mediators to address each participant and provide them an opportunity to express themselves. This history of mutual respect between the PWA participants and the SLP mediators was considered to be beneficial for engagement and open expression of ideas and beliefs within the focus group context.

With respect to the training programme, it is acknowledged that HP students may have had somewhat heterogeneous experiences because the level of aphasia severity varied across each PWA. Hence, for HP students, the level of skill or, moreover, the use of strategies varied for each interaction depending on which PWA HP students conversed with. Therefore, it may be of interest to consider HP student participants engaging in multiple conversations with PWA of varying levels of severity not only to broaden their experience but also to allow for the adaptation and application of the strategies taught. Correspondingly, the findings of Simmons-Mackie *et al.* (2016) updated systematic review emphasized the need for more high-quality clinical trials to be conducted in the healthcare setting to expand upon the current evidence and further examine implementation of CPT in these settings. To this end, it may be beneficial for future research also to consider potential 'dosage' effects related to the number and duration of opportunities for students to converse with PWA before, during or after CPT training.

## Conclusions

Active participation, through the inclusive and accessible environment created by CPT may be considered the ultimate outcome for PWA within a healthcare set-

ting (Horton *et al.* 2016b, McMenamin *et al.* 2015). Both the PWA and HP students involved in this study reported perceived benefits from CPT and described a range of advantages after participating in CPT within a healthcare setting.

## Acknowledgements

**Declaration of interest:** The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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