

Background

In an article on the humanities' place in medical education, Michael Baum, M.D. (2002) wrote, "Central to the humanitarian practice of medicine is the development of good communication skills. Central to the development of good communication skills is the development of empathy" (p. 248). Empathy and good communication skills should be fundamental in doctor-patient relations. Aphasia can cause a severe language breakdown, throwing a wrench in doctor-patient communication.

Anecdotal reports from people with aphasia (PWA) at a community-based aphasia center suggest that PWA do not receive the same access to medical professionals as people without language disorders. Reports indicate that doctors did not discuss their medical condition with them; that many were never told they had aphasia; that aphasia was never explained to them or their caregivers in the hospital; that they were not told about resources, services, or outcomes; and finally, many were told that they had reached a plateau in their recovery and should not look forward to future improvements.

Further, lack of awareness about aphasia in the general public (Simmons-Mackie, Code, Armstrong, Stiegler, & Elman, 2002) and among patients in a neurology practice (Mavis, 2007) indicates that healthcare providers are doing an inadequate job with patient and public education about aphasia. Additionally, research suggests that doctors often overestimate the language abilities of their patients with aphasia (McClenahan, Johnston, & Densham, 1990). It is evident that further training for healthcare professionals in general aphasia information, sensitivity toward patients with aphasia, and communication strategies is warranted.

Aphasia clinicians and centers across the world have begun training programs for health and human service practitioners to increase access to quality healthcare for PWA (Parr, Pound, & Hewitt, 2006; Legg, Young, & Bryer, 2005; Kagan & Schumway, 2007; Simmons-Mackie, Kagan, Christie, Huijbregts, McEwen, & Williams, 2007). At our community-based aphasia center, we have developed a training program for medical residents to increase sensitivity, awareness, empathy, and communication between them and their patients with aphasia. Consistent with the goals of the Life Participation Approach to Aphasia (LPAA) (LPAA Project Group, 2001), PWA are an integral part of this training. This program is a partnership between the weekly Aphasia Advocacy group at the Center and two area hospitals. This pilot study looks at learning outcomes and further educational needs of medical residents.

Methods

Each month, three to eight medical residents in acute care and geriatrics rotations attend a two-hour training session at the Center. Program goals are to (a) sensitize healthcare professionals to the impact of aphasia, (b) improve communication between healthcare professionals and PWA, (c) demonstrate that long-term rehabilitation and recovery occurs over a lifetime, and (d) raise awareness about aphasia and its psychosocial impact. In the session, the medical residents receive a tour and observe programs at the aphasia center, participate in an hour-long conversation with PWA about living with aphasia and discuss strategies for communicating with PWA. Participants also receive the books *Talking to Your Doctor* (Kagan & Shumway, 2003) and *The*

Aphasia Handbook (Sarno & Peters, Eds., 2004). All medical residents who attend the program complete a pre-and post-session informational survey and an overall program evaluation.

The ratio of PWA to residents varies each month, but is at least 1:1 and sometimes as high as 2:1. The PWA, who serve as trainers, share their experiences from acute care, rehabilitation, and community settings. They discuss past experiences with doctors, communication strategies, life with aphasia, and hopes for the future. At the conclusion of the program, medical residents complete a program evaluation.

This is an ongoing project with 26 resident participants to date. If accepted for presentation, data from all participants through April 2009, reflections from the PWA who conduct the session, and videotaped samples from the sessions will be included.

Findings

The authors conducted qualitative analysis of the residents' responses to two open-ended write-in items from the program evaluation regarding what they learned and what they were interested in learning more about. Responses to items asking about the most beneficial aspect of the training program and ways to improve the training were also considered.

Learning Outcomes

Write-in responses from the medical residents to the item, "One thing I learned from this training" were analyzed. Five major themes were identified: (a) sensitivity (e.g., "Talk to a patient with aphasia first before talking to family"), (b) communication strategies (e.g., "Take my time with patients w/ aphasia"), (c) about the center (e.g., "How the center has helped people w/Aphasia [*sic*]"), (d) aphasia information, knowledge, and resources (e.g., "Aphasia affects more than just the ability to speak"), and (e) hope (e.g., "optimistic view about aphasia or stroke recovery") (See Table 1). Six responses were dually-categorized as comprising two themes. One response, "the importance of group dynamics," was an outlier, did not fit in the identified themes, and is not included in Table 1.

Identified Needs

Themes that emerged from the item asking residents what they would like to learn more about fell into four categories: (a) about the center (e.g., "specific activities at the center"), (b) patient's experiences (e.g., "pts personal experiences"), (c) communication strategies and practice (e.g., "early communication techniques for patients with aphasia"), and (d) aphasia information and resources (e.g., "the different types of aphasia") (see Table 2). Seven residents did not respond to this item. There were two outliers. One dealt with family structure and the other was unclear as to meaning. Outliers are not included in Table 2. Two responses were dually-categorized.

Additional Considerations

Additional consideration was given to the residents' responses to survey items assessing the most beneficial aspects of the program and ways to improve the training. All 26 participants reported that "talking with members in the Aphasia Advocacy group"

was the most beneficial part of the program. In addition to selecting “talking with members in the Aphasia Advocacy group,” one respondent also selected “tour and information provided by staff (SLP).” Of the 15 people who wrote responses to the question, “How could we improve the training?” seven mentioned increasing the length of time allotted to training and six wrote about incorporating more interaction with PWA and/or practice with communication strategies.

Discussion

Preliminary results suggest that medical residents benefit from a training program that aims to improve sensitivity toward PWA and to improve communication between them and their patients with aphasia. Participants reported that they gained sensitivity toward and hope for their patients with aphasia and learned about communication strategies that can improve doctor-patient interactions. We anticipate that this increased awareness and knowledge of communication strategies will translate into improved healthcare services for their future patients with aphasia. Further investigation should look at retention of ideas/knowledge and translation into actual patient interactions. Future training initiatives should address residents’ interest in longer and more in-depth training modules.

Another benefit of this program may be to the PWA who serve as trainers. Anecdotally, PWA who participate in this training program report a sense of pride and empowerment. Results from this project suggest that teaching medical residents about aphasia in a small group format that includes the first-person perspectives from PWA is a viable aphasia training option. This type of training project may easily be conducted through other clinical settings and to audiences of other healthcare professionals.

References

- Baum, M. (2002). Teaching the humanities to medical students. *Clinical Medicine*, 2(3), 246-249.
- Kagan, A., & Schumway, E. (2003). *Talking to Your Doctor*. Toronto: Aphasia Institute.
- Kagan, A., & Schumway, E. (2007, March). *Train the Trainer Workshop*. Workshop conducted at the Aphasia Institute, Toronto, Canada.
- Legg, C., Young, L., & Bryer, A. (2005). Training sixth-year medical students in obtaining case-history information from adults with aphasia. *Aphasiology*, 19(6), 559-575.
- LPAA Project Group. (2001). Life participation approach to aphasia: A statement of values for the future. In R. Chapey (Ed.), *Language intervention strategies in aphasia and related neurogenic communication disorders* (4th ed., pp. 235-245). Baltimore: Lippincott Williams & Wilkins.
- Mavis, I. (2007). Perspectives on public awareness of stroke and aphasia among Turkish patients in a neurology unit. *Clinical Linguistics and Phonetics*, 21(1), 55-70.
- McClenahan, R., Johnston, M., & Densham, Y. (1990). Misperceptions of comprehension difficulties of stroke patients by doctors, nurses and relatives. *Journal of Neurology, Neurosurgery, and Psychiatry*, 53, 700-701.
- National Institute on Deafness and Other Communication Disorders. (2008, April 1). *Statistics on Voice, Speech, and Language*. Retrieved December 29, 2008 from: <http://www.nidcd.nih.gov/health/statistics/vsl.asp>.
- Parr, S., Pound, C., & Hewitt, A. (2006). Communication Access to Health and Social Services. *Topics in Language Disorders*, 26(3), 189-198.
- Sarno, M., & Peters, J., Eds. (2004). *The Aphasia Handbook*. New York: National Aphasia Association.
- Simmons-Mackie, N., Code, C., Armstrong, E., Stiegler, L., Elman, R. (2002). What is aphasia? Results of an international survey. *Aphasiology*, 16(8), 837-848.
- Simmons-Mackie, N., Kagan, A., Christie, C., Huijgrets, M., McEwen, & S., Willems, J. (2007). Communicative access and decision making for people with aphasia: Implementing sustainable healthcare systems change. *Aphasiology*, 21(1), 39-66.

Table 1

Frequency of Themes in Medical Residents' Self-reported Learning Following Training

Theme	No. of responses
Sensitivity	12
Communication strategies	8
About the center	1
Aphasia knowledge, information, and resources	4
Hope	7

Table 2

Identified Informational Needs of Medical Residents after 2-Hour Aphasia Training

Theme	No. of responses
About the center	4
Patient experiences	2
Communication strategies and practice	7
Aphasia information and resources	8
No response	8
