



**Training Con-tAct, a  
communication partner  
training for healthcare  
professionals working with  
people with aphasia**

# Training Con-tAct, a communication partner training for healthcare professionals working with people with aphasia

This brief note provides an overview of the background and content of Training Con-tAct, a Communication Partner Training program for healthcare professionals who work with individuals with aphasia. We used the TIDieR checklist (Hoffmann et al., 2014) as a framework for this description.

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## Background and Purpose

The Dutch evidence based guideline 'Diagnosis and Treatment of Aphasia' (Berns et al., 2015) recommended that speech-language pathologists, working in healthcare facilities where individuals with aphasia reside, provide communication skills training to their fellow healthcare professionals, such as physiotherapists, occupational therapists, physicians, and nurses. To provide Dutch speech-language pathologists with a Communication Partner Training program for this purpose, Judith Oostveen (Radboud University Medical Center, Nijmegen), Nicole Jünger (OLVG Hospital, Amsterdam), and Philine Berns (Rotterdam University of Applied Sciences) developed Training Con-tAct.

Training Con-tAct is a Communication Partner Training program for healthcare professionals. The goal of the training is to improve the communication skills of healthcare professionals in relation to individuals with aphasia and to recognize and reduce communicative barriers in the organization, so that individuals with aphasia can participate better in and benefit from the care process. The ultimate goal is for individuals with aphasia to experience the same quality of care as individuals without aphasia. Research has shown that the care provided to individuals with aphasia or those who are otherwise communicatively vulnerable differs from the care provided to individuals without aphasia. For example, caregivers fear and avoid conversations with clients with aphasia (Carragher et al., 2020), healthcare professionals spend less time providing information on care-related topics to individuals with aphasia compared to those without aphasia (Knight et al., 2006), individuals with aphasia are at a higher risk of receiving incorrect treatment (Hemsley et al., 2013), and they are less involved in therapy decisions (Leach et al., 2010). Individuals with aphasia experience inadequate information provision, inadequate use of supportive communication techniques, and limited involvement in decision-making (Van Rijssen et al., 2021a).

Communication training programs for healthcare professionals have been shown to improve communication with individuals with aphasia (Simmons-Mackie et al., 2016).

## Development

The developers of the training are experienced speech-language pathologists. They are experienced in diagnosing and treating people with aphasia and their environment, with a particular interest in communication partner training. The developers were inspired by SCA (Kagan et al., 2001); some aspects of Training Con-tAct are based on SCA, such as the emphasis on the importance of 'acknowledgment'. The participation of people with aphasia as 'practice conversation partners' in the training has been described by Horton et al. (2015), as

well as the use of observation checklists during practice sessions. The Dutch context has been the starting point for the development of the form and content of the training. Involvement of the environment of the person with aphasia (PWA) to improve communication between the client and the environment, as well as attention to the use of aids and supportive techniques, is a well-known and important part of the tasks of speech- language therapists working with persons with aphasia and has been described in Dutch textbooks on aphasia (see for example Heintjes, 2003; Jansen, 2003; Otterspeer & Verschaeve, 2014). The instructional videos have been developed for Training Con-tAct and show conversations between people with aphasia and experienced speech-language therapists. The 'Taalzakboek' [language pocket book] (De Vries et al., 1982, 1997, 2001), the principles of 'Totale Communicatie' [Total Communication] (De Vries, 1989), the 'Gespreksboek' [conversation book] (Verschaeve, 1992; 2012), and 'het schrijfgesprek' [conversation with written key words] (Verschaeve, 1994) are some well-known aids and supportive techniques used by Dutch speech-language therapists in their contact with people with aphasia. These aids and techniques are used in the instructional videos. The design of Model Con-tAct, a model for communicating with a person with aphasia, has emerged from the knowledge and experience of the developers.

### Course Con-tAct - 'train the trainer'

Training Con-tAct is taught to experienced speech-language pathologists in a train-the-trainers course called Course Con-tAct. Course Con-tAct is a two-day education course, lasting 15 study hours, in which the content and background of the training are taught. This course has been offered since 2018 through AfasieNet (afasienet.com), a national platform for anyone professionally or personally involved with aphasia, such as speech-language pathologists, referrers, people with aphasia, and their environment. As of 2018 until now, April 2023, 175 speech-language pathologists have completed Course Con-tAct. These speech-language pathologists, who work in hospitals, rehabilitation centers, residential care centers, and aphasia centers, train their fellow healthcare professionals with Training Con-tAct.

### Research

The effectiveness of Training Con-tAct in a rehabilitation center has been investigated (Berns et al., 2019). For this research, Measurement Con-tAct has been developed (Nikkels, 2019), an assessment tool to evaluate the communication skills of healthcare professionals in conversations with people with aphasia.

Measurement Con-tAct can be requested from Alissa Nikkels (a.m.nikkels@hr.nl) or Karin Neijenhuis (c.a.m.neijenhuis@hr.nl). Training Con-tAct is currently being

implemented in the curriculum of the speech–language pathology program at Rotterdam University of Applied Sciences. Its effect on the communication skills of speech–language pathology students and students of other healthcare programs is being investigated (Nikkels et al., submitted; Cazemier et al., in preparation). In 2024, an evaluation study will be conducted on the implementation of Training Con-tAct in various healthcare organizations (Neijenhuis et al., in preparation).

## Training Con-tAct

### Form

Training Con-tAct is offered in a face-to-face format by a speech-language therapist to a group of (healthcare) professionals (such as doctors, physiotherapists, nurses, nutrition assistants, receptionists, and facility service employees) who work in the same healthcare organization. Preferably, it is a multidisciplinary group. The healthcare professionals are experienced in working with clients with aphasia.

Training Con-tAct consists of two sessions: the first session lasts for 3 hours, and the second session lasts for 2 hours. In between is a period of 3 weeks. Assignments are carried out in between sessions. The study load per participant is 6 hours.

### Structure

The training incorporates elements identified by Cruice et al. (2018) in various communication partner trainings, including:

- Education (e.g., about the impact of aphasia on healthcare situations)
- Awareness (e.g., of one's own behavior during conversations with people with aphasia)
- Recognition of specific communication-supporting strategies (e.g., through observation of videos in which people with aphasia engage in conversations with non-aphasic partners)
- Practice (e.g., applying supportive communication in role-plays and conversations with people with aphasia)

### Learning Strategies

The different components of Training Con-tAct facilitate the learning of new behaviors. The development takes into account:

- Kolb's (1984) learning cycle: gaining concrete experiences, observing and reflecting, formulating abstract concepts, experimenting, and actively testing;
- Miller's (1990) pyramid: knows, knows how, shows how, does;
- Learning principles as described by Sorin-Peters (2004): learning assumes motivation and action from the learner, learning is a result of learning experience and leads to restructuring of previous knowledge and

experience, adults learn best when tasks, problems, and topics are relevant to their own situations, learning involves emotions, relationships, intellect, and intuition;

- Research findings from Dunst et al. (2010) on the effect of learning methods for adults: active participation of the learner at as many moments as possible, providing opportunities for students to assess their own progress in learning and mastery of knowledge and skills, training in small study groups that are spread over multiple sessions;
- Principles for effective didactics (Surma et al., 2019), such as using examples, integrating words and visuals, actively processing new knowledge and skills, using multiple moments for learning and varying types of practice;
- Research findings from Van Rijssen et al. (2021b) on the effect of different components of communication partner trainings: facilitating healthcare professionals to gain experience with PWA and providing 'coaching on the job';
- Involvement of PWA in the training and even their participation as co-trainers promotes learning and engagement of participants in the communication partner training (Cameron et al., 2018), and practicing with PWA is preferred over role-plays (Van Rijssen et al., 2021c).

### Materials Used in Training Con-tAct

In both sessions a PowerPoint presentation is used. In addition, there are various training materials that can be used by participants during the sessions, such as written texts for role-plays, observation forms, and goal-setting forms. During the presentations, video clips are shown featuring individuals with aphasia engaging in conversations with experienced speech-language pathologists. These conversations serve as examples of the different components of the Con-tAct Model. Each participant receives a laminated Con-tAct Model and a laminated "yes/no/good/bad" card during the training. As part of the homework assignment, each participant receives an aphasia-friendly version of a consent form that can be used for obtaining permission to record the video conversations.

### Involvement of Individuals with Aphasia

During Session 1, some individuals with aphasia are involved. They are conversation partners for the participants in one of the exercises during the training. These individuals with aphasia do not have any role in providing feedback or reflection. A document providing background information on this aspect of the training is

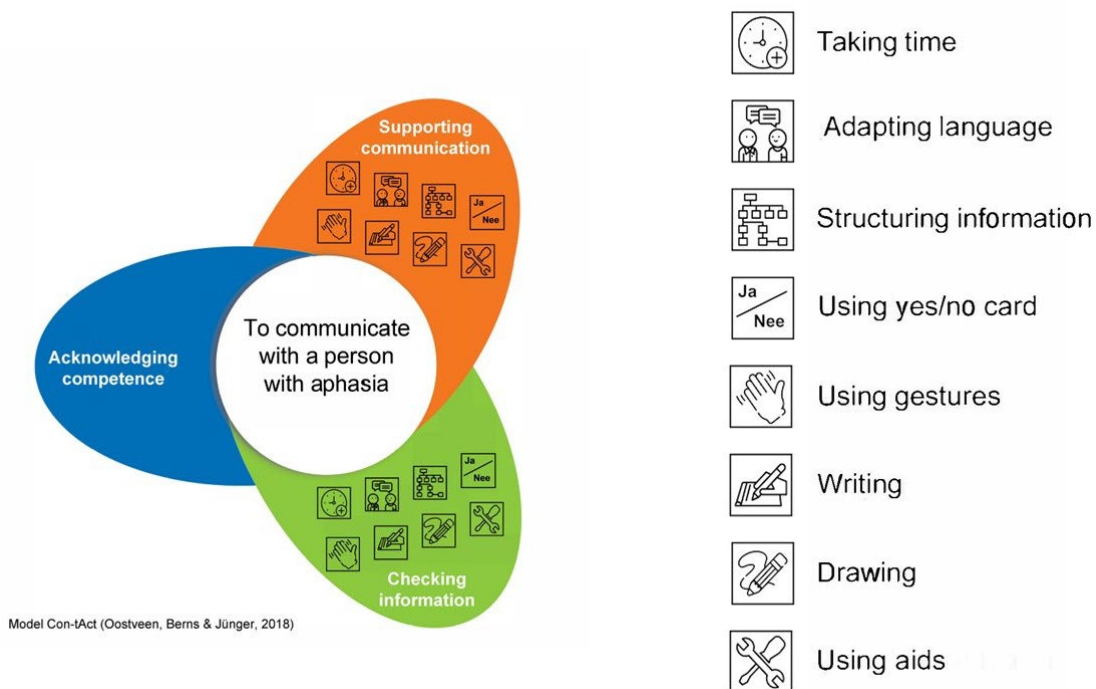


currently being developed and is available upon request for speech-language pathologists participating in the Con-tAct Course.

## Con-tAct Model

The core of the training is the Con-tAct Model, which shows the competence of 'communicating with a person with aphasia'. Certain skills and attitudes are necessary when communicating with a person with aphasia, including acknowledging, supporting, and checking. In order to apply these skills effectively, strategies are available.

Acknowledging refers to the conversational attitude of the communication partner. It refers to understanding of the communication difficulties and frustration experienced by the person with aphasia, and viewing the PWA as a normal adult. The communication partner should be aware that both participants in the conversation are responsible for the success of communication. Various strategies, such as taking time, adapting language use, structuring the conversation, asking closed questions, using yes/no cards, making gestures, writing, drawing, and using aids, are used to support the comprehension and expression of the PWA. The same techniques are employed for checking, verifying whether the PWA has understood the communication partner, and verifying whether the communication partner has understood the PWA.



## Content of Training Con-tAct

See below for a detailed description of the different components of the two sessions. For each component, a brief description is provided of the content and the purpose, along with a brief explanation of how the component contributes to the learning process.

### *Session 1*

#### Introduction on

- Characteristics of aphasia
- Impact of aphasia on communication
- Importance of communication in care situations and legislation
- Evidence regarding consequences of insufficient communication in care situations
- Concept of communicative accessibility.

The main goal of the introduction is education on the various topics. Only a brief overview of the characteristics of aphasia is provided, with more time dedicated to understanding the impact of aphasia on daily communication. Also, raising awareness is a goal of the introduction.

Role play to experience how communication between a caregiver and a person with aphasia can occur in a care situation.

The role play contributes to experiencing the impact of aphasia on communication during care situations. The role play provides the opportunity to experience in a safe, simulated situation how it feels to not understand the other person (the simulated client with aphasia or the simulated healthcare professional in a recognizable care situation) or to not be able to convey one's own information. The role play elicits emotions, triggers 'reliving' of everyday situations, activates participants, and motivates learning. According to Kolb, it is a first step in 'consciously gaining concrete experiences', as opposed to everyday unconscious experiencing.

Explanation and instructional videos on communication strategies and techniques (acknowledging, supporting, and checking) that are useful during conversations with a person with aphasia.

This component focuses on education and recognition of specific communicative behavior, specifically the behavior of the communication partner during conversations with a person with aphasia. The communicative behavior of the conversation partner can be distinguished as acknowledging the person with aphasia, supporting and checking the production and comprehension of both their own utterances and those of the person with aphasia. Supporting and checking is done by applying certain strategies, such as:

- Taking time,
- Adjusting language use,
- Structuring,
- Using yes/no cards,
- Making gestures,
- Writing,
- Drawing,
- Using aids.

The use/application of acknowledging, supporting, and checking should be appropriate to the specific communicative situation.

The videos provide the opportunity to observe new behavior and recognize specific aspects. In Miller's pyramid, this component is at the 'knows' level.

Role play to practice using strategies.

The goal of the role play is to apply the new behavior in a safe simulation situation. A fellow course participant observes using an observation form and provides feedback according to a protocol. The role play offers the opportunity for observation and reflection, a next step in Kolb's experiential learning cycle. In Miller's pyramid this part can be seen as 'knows how'.

Conversations with persons with aphasia who participate in the meeting. The conversations take place in groups of three participants, where each conversation participant is observed by fellow course participants and receives feedback.

Each student conducts a 10-minute conversation with a person with aphasia. Two other students observe the conversation using an observation form and after the conversation explain their noted observations. The observed participant formulates learning goals for his own communicative behavior, based on the feedback. Then the next student engages in conversation with the person with

aphasia, followed by the third student, in the same manner. Conversation topics are provided by the trainer or are chosen by the students themselves. The person with aphasia is present during the feedback moments and can participate, but is not required to do so.

Kolb: gaining concrete experiences, observing and reflecting, formulating abstract concepts and goals for the next experience. Miller: 'shows how'. Sorin-Peters' learning principles: action by the learner, gaining learning experiences that lead to restructuring of previous knowledge and experience, the experience is relevant to the learner's daily work situation, the experience evokes emotions, and appeals to intellect and intuition.

### Instructions for homework assignments

1. Conversation assignment: Create a video of 5 to 10 minutes in which you engage in a conversation with a person with aphasia during your daily activities in the healthcare institution. Use the feedback from session 1 and try to apply the learned strategies.
2. Aphasia-friendly environment assignment: Identify and come up with a solution for a communicative barrier that people with aphasia experience in your organization.

The conversation assignment provides the opportunity to apply the learning goals based on the conversation with the person with aphasia in session 1, during a conversation with a client with aphasia in the daily work situation. The participant has to select a segment from the recorded conversation that demonstrates whether the goals were achieved or not in preparation for session 2.

Kolb: This allows for the last phase of the experiential learning cycle, 'experimenting and actively testing'. Miller: This assignment aims for the 'does'-phase, where the learner applies the new behavior during a conversation with a client with aphasia in their daily practice. However, it is likely that the noise that makes daily practice so complex will not be present during this assignment, as the student will be controlling the situation.

### *Session 2*

Reflection on the learned content from session 1 and its application in the past weeks, including the conversation for the assignment.

This reflection, three weeks after session 1 and after completing the homework assignments, offers the opportunity to go through phases three and four of Kolb's learning cycle (reflecting on experiences with the newly learned behavior, comparing personal experiences with those of fellow participants).

Recognition of communication skills and techniques: participants identify strategies demonstrated in instructional videos.

Review and proper terminology identification of desired communication behaviors.

Discussion of conversation assignment.

In small groups the video recordings are viewed. The participant who shows his video, informs the observers about the communicative objectives. The observers note the strategies they see in the video, on an evaluation form.

This component offers the opportunity to again go through phases three and four of Kolb's learning cycle (reflecting on personal experiences with the new behavior, comparing personal experiences with those of fellow participants, providing feedback to fellow participants).

Discussion of assignment on aphasia-friendly environment.

This component contributes to learning about the breadth of the concept of 'aphasia-friendly environment' (also known as communication-friendly environment). Participants are motivated to critically assess the own organization and identify necessary adjustments to improve the environment. Sensitivity to 'communication-friendliness' is further developed.

Evaluation.

Setting goals for creating an aphasia-friendly environment and setting goals for personal communication adjustments.

The conclusion of the training aims to help participants anticipate situations in which the new behavior can be applied, initiating a new cycle of Kolb's learning cycle. Revisiting the learning cycle contributes to internalizing the new behavior and implementing it in daily work situations.

## Literature

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