

Enhancing Communicative Success Following Stroke

A multimedia problem based learning
package

A Facilitators Guide to “Enhancing Communicative Success following Stroke.” This manual describes the rationale for the teaching style, discussion of content, and provides the operational directions for using the training package





Foreword:

This training package was initially developed by Simone Williams, a Speech Pathologist, who was working within a newly developed Stroke Unit at Southern Health. Originally developed for nursing staff, it has since been extended to Allied Health and Medical healthcare workers. It was identified that when managing patients with a communication disability as a result of stroke, many of the healthcare workers did not change the way in which they approached communicating with these people. Understanding of different types of communication disorders following stroke was limited and patients and staff were often left frustrated with their interactions.

Based on anecdotal evidence, the traditional ward in-servicing model being used was not achieving the desired outcomes. Information was presented clearly and good feedback was received, however clinical practise never seemed to change. Problem based learning (PBL) was chosen as the evidence base indicates improved application of knowledge/skills and improved retention of knowledge.

By developing this problem based learning package, we hope to change these two issues commonly faced in clinical practise. In turn we hope that people with a communication impairment following stroke will have more effective communication partners within the healthcare setting, and this will empower them to be able to participate in their own healthcare.

Simone Williams





The Learning Objectives:

Participants of this learning package will be able to:

- Identify and discuss types of communication impairment that can result following stroke
 - Demonstrate understanding of different types of communication impairment & associated disability
 - Dysarthria
 - Aphasia
- The barriers to communication within the health care system
- Types of strategies to minimise communicative barriers
 - Verbal Strategies
 - Listener strategies
 - Speaker Strategies
 - Use of gesture and AAC
 - Environment Strategies
- Implement supported conversation strategies into clinical practice





The Evidence:

Why train staff to communicate effectively?

Aphasia is one of the most common communication deficits following stroke, with incidence data reporting 30% occurrence following first-ever ischemic stroke (Rose, Worrall & McKenna, 2003). Other communication disorders post stroke include dyspraxia, dysarthria and cognitive communicative disorders. Following stroke, these frequently occurring communication impairments may prevent functional communication, resulting in a communication disability (Kagan, Black, Duchan, Simmons-Mackie, & Square, 2001).

The National Stroke Foundation Clinical Guideline for Acute Stroke Management (2007) recommended training for staff in functional management of patients with a communication disability. Through provision of training in strategies to overcome environmental and interaction communication barriers, the speech pathologist is enhancing workforce capabilities to manage communication disability.

Why train staff using a problem based learning model?





Nursing, Allied Health & Medical Professional Development and in-servicing within a team is traditionally delivered via didactic methods. From clinical experience, didactic methods often do not lead to an increase of skills, or implementation of knowledge in practice. A nursing survey conducted on the Stroke Intervention Unit at Dandenong Hospital, Southern Health, identified that whilst nursing staff have knowledge of communication impairment labels, they have limited knowledge around implementing strategies to assist communication within their day to day nursing practice. From this, it was identified that an education program was to be developed that targeted the knowledge gaps and that assisted in changing practice. Problem based learning was identified as a means of providing nursing education that targeted changes in practice due to its 'real life' format.

Problem Based Learning (PBL) is an educational approach to teaching and learning that utilizes clinical scenarios to stimulate the acquisition of knowledge & skills (Schmidt & Moust, 2000). The theoretical underpinnings of PBL include the emphasis on self directed learning, which increases the motivation of the student to learn (Schmidt & Moust, 2000).

How is PBL different to didactic teaching?

PBL follows a different model to didactic teaching. Traditionally in more didactic methods, rules and principles are initially presented, with students then applying them within a clinical case. PBL reverses this model, with rules and principles being discovered by the learner during problem solving tasks.



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The evidence base of PBL indicates improved application of knowledge/skills, with also improved retention of knowledge (Dochy et al., 2003).





Information for Facilitators:

Equipment for each of the tutorials:

Laptop

Projector

Printed Workbooks of each of the modules (provided within DVD resource)*

Printed References of each of the modules (provided within DVD resource)*

*The DVD Resource: **

The DVD includes all resources required for the tutorials. It is recommended that all tutorial and resources notes are provided in hard copy and visual format for each tutorial. You must be familiar with the DVD prior to presentation to ensure you are aware of the content and processes. Ensure that you run the video's as a practise on the computer resource you plan to use to ensure that you do not have any technological hiccups.

Number of Participants:

No less than 5 – no more than 13. If participant numbers are too small, the depth of knowledge in the room and opportunities to share this knowledge is reduced. This is the key factor that makes the PBL process work. If too many participants are recruited, the group may become dysfunctional and learning is no supported.

* This learning package was originally distributed on DVD. All resources in the learning package are provided on InformMe.





Resources to use as a facilitator:

As a facilitator, you are an important part of the group. However, your role is very different to “usual” inservcing methods. The facilitator is not present to teach. Therefore, it is very important to the process of these tutorials not to contribute to the discussion by explaining the information. It is important that as a group, participants teach each other what they as an individual know and then as a group identify what they don’t know in order to self motivate the participants to continue learning outside of the group.

At times the facilitator may need to step in to redirect the group. The facilitator can intervene when asked for clarification or input, or may step in to assist with a problem to ensure the group can continue on. In the later tutorials, where skills are being applied, facilitators can coach and also share some real life examples.

Facilitators may find that some group members may be more vocal than others and may feel more confident with the information presented. Members do not have to speak up in the group if they do not wish too, and this should be respected as part of the participants learning style. General social etiquette must be followed at all times, with no members being spoken over the top of, or ignored in their contribution to the process.

Procedure for each Tutorial

1. Nominate Group Roles

The facilitator must:





- a. Reader – this person in the group is nominated to read the package aloud and indicate to other group members when more information or discussion is required.
- b. Timekeeper – this person in the group is nominated to keep track of the time spent on each question to ensure that the discussion does not become too long. The facilitators have a guide of estimated time required per question.

Additional resources

Problem based learning may be a new model of teaching and learning. In order to assist in educating on this different type of learning model, a very short PowerPoint presentation has been included that can be downloaded and edited as required for presentation.



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References

Kagan, A., Black, S.E., Duchan, F.J., Simmons-Mackie, N., & Square, P., (2001). Training volunteers as conversation partners using "Supported Conversation for Adults with Aphasia" (SCA): a controlled trial. *Journal of Speech and Language Hearing Research*, 44(3):624-

National Stroke Foundation (2007). *Clinical Guideline for Acute Stroke Management*. www.strokefoundation.com.au

Rose, T.A., Worrall, L.E., & McKenna, K.T., (2003). The effectiveness of aphasia-friendly principles for printed health education materials for people with aphasia following stroke. *Aphasiology*, 17(10):947-63.

Schmidt H.G., & Moust, J.H.C., (2000). Factors affecting Small-Group Tutorial Learning: A Review of Research. In Evenson, D.H., & Hmelo, C.E., (Ed), *Problem Based Learning: A Research Perspective on Learning Interactions* (pp19-51). New Jersey, Lawrence Erlbaum Associates.

