Improving People with Aphasia's Access to Health Care Conversations Through Evidence-Based Training and Resources for Health Care Professionals

Objective

To increase health care professionals' (HCP) awareness of and confidence in communicating with people with aphasia (PWA) and improve PWA's experience of care by embedding inclusive communication strategies into routine practice.

Practice Points

1. Aphasia is an acquired language disorder occurring in about 30% of strokes. It variably affects a person's ability to speak, understand, read, and write. There is a lack of awareness about aphasia and relevant tools to support conversation within the health care setting, leading to reduced access to health care conversations, reduced experience of care, and poorer outcomes for PWA.

2. Reduced access to health care conversations for PWA results in an inability to participate in informed consent and shared decision-making and for HCPs to engage in meaningful patient-centered care.

3. Research shows that access to resources and formalized instruction in patient-provider communication has wide-ranging benefits including improved accuracy of diagnosis, appropriateness of treatment, and adherence to care plans. Other benefits include fewer hospital stays, readmissions, preventable adverse events, emergency visits, and long-term care placements.

4. There is an evidence-based and Canadian Stroke Best Practice recommended training program, Supported Conversation for Adults with Aphasia (SCATM), created by the Aphasia Institute, which educates HCPs in communication strategies to improve quality and efficiency of health care conversations.

5. In Newfoundland and Labrador, there were only two active specialized Speech-Language Pathologists (S-LPs) able to provide this training to Newfoundland and Labrador Health Services (NLHS) HCPs and only two units with organized communication resources to support conversations (communication stations) within the province.

6. A Communication Access Initiative was created to increase specialized S-LPs, increase trained HCPs, and increase the number of communication stations provincially.

7. One year into implementation of the initiative, surveys of HCPs demonstrate improved confidence in communication with PWA and improved access to education, resources, and tools needed to support communication with PWA.

Methods (A. King)

1. Introduction to SCATM training was provided face-to-face to over 500 HCPs across all NLHS zones.

2. Pre- and post-training surveys were completed with HCPs with an average survey completion rate of 80%. Six month-one year post-training follow up surveys had a completion rate of 35%.

3. HCPs included allied health, nurses, physicians, environmental services, administration, students, frontline management, and educators who completed a 3-hour training session with a specialized S-LP in their zone.

Results

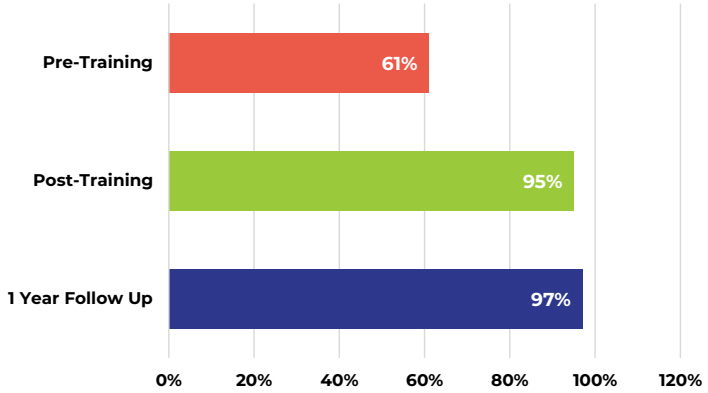
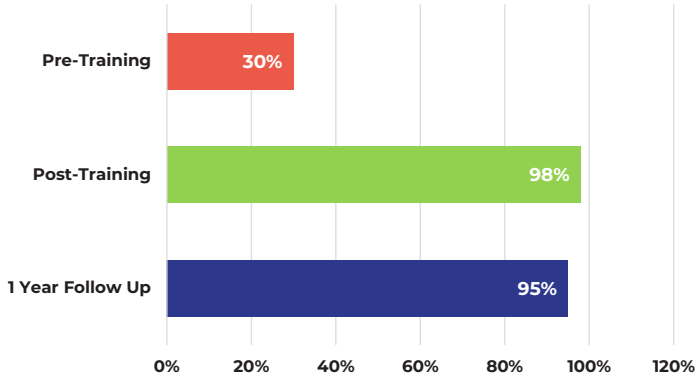


Figure 1. HCPs Comfort with Communication with PWA

- Prior to receiving training, 61% of HCPs reported feeling comfortable communicating with PWA, increasing to 95% after receiving training, and maintained at 97% on six month-one year post-training follow up.



- Prior to receiving training, 30% of HCPs reported having access to required tools, resources, and education, increasing to 98% after receiving training, and maintained at 95% on six month-one year post-training follow up.

Figure 2. HCPs Report of Availability of Tools, Education and Resources, 2024/25

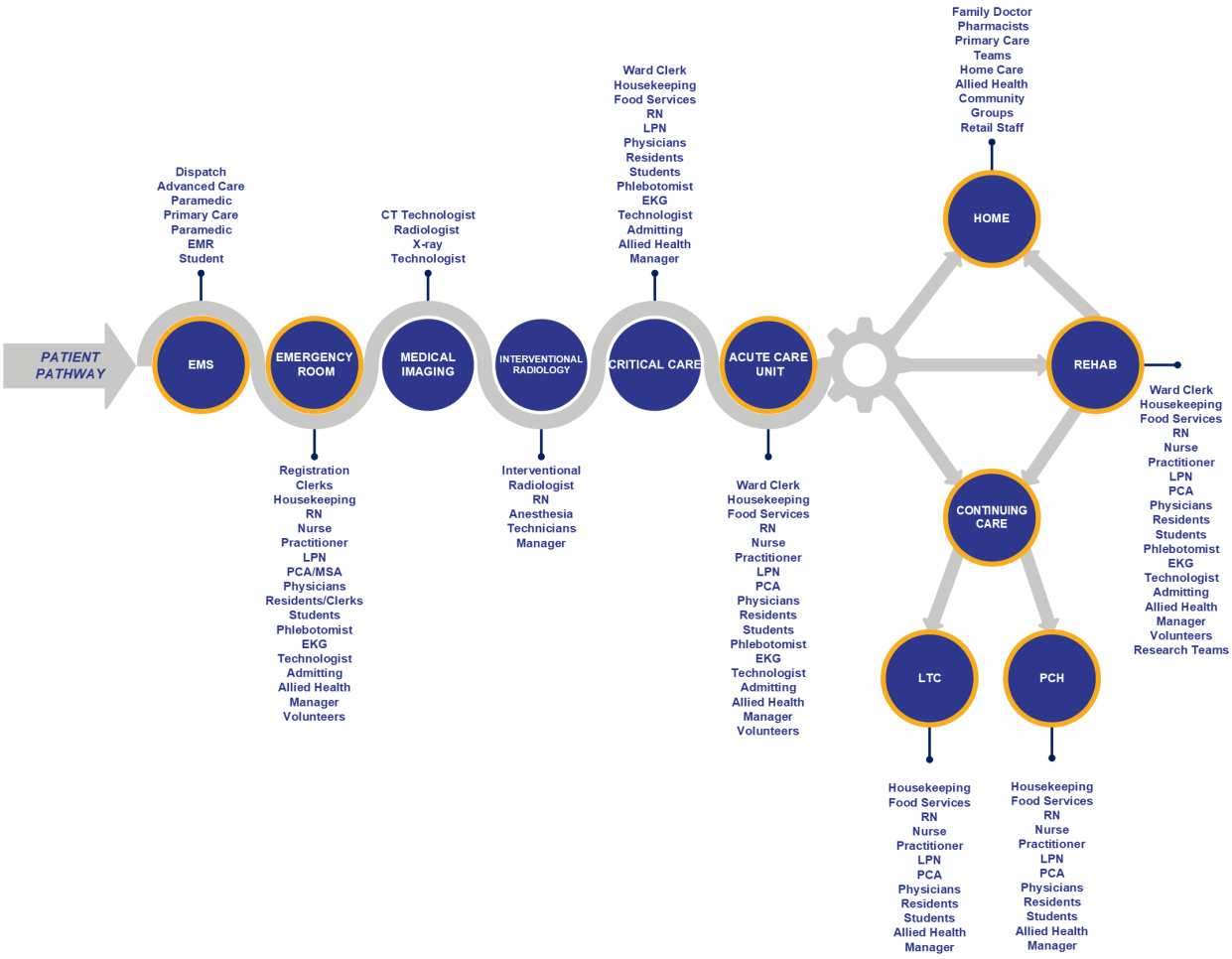


Figure 3. The Aphasia Pathway – A Visual Representation of HCPs that PWA Interact with Along the Continuum of Care

- Along a patient's journey through the continuum of care, they will interact with a vast variety of HCPs. This demonstrates the need for training across all areas and disciplines within NLHS. Figure 3 captures the complexity of this system. Highlighted areas are the areas in which this initiative is engaged in training HCPs.

Table 1. Current Communication Access Initiative Implementation Status as of 10 June 2025

Zone	Trained S-LPs	Full Training Completed	Online Module Completed	Communication Stations Established
Central	1	124	68	0
Eastern-Rural	1*	8	170	0
Eastern-Urban	4	412		2
Labrador-Grenfell	3	21	13	0
Western	1	26	65	0
Total	10	591	316	2**

*+1 to be trained in Fall 2025
**25 total to be established by December 2025

- Since implementation of the Communication Access Initiative, training and resource planning allocation is underway across all NLHS zones. Specialized S-LPs were increased from 2 to 10, over 500 HCPs have been trained in person, over 300 HCPs have completed the online LEARN module, and 2 communication stations have been established (with 25 more planned by the end of 2025).

Conclusions

1. The training of HCPs in communication strategies and the provision of communication resources and tools improves HCP's comfort in communication with PWA.

2. Data should continue to be collected and analyzed as the initiative continues to scale up across NLHS zones.

3. Funding has been received through a HIROC Safety Inspire grant to increase the number of communication stations across zones from 2 to 25 by December 2025.

4. A patient/family experience survey has been developed to assess impact. A focus group has been completed with patient and family advisors within NLHS. Future updates will include patient/family experience data on the impact of this initiative on PWA participation in health care conversations and overall experience of care.