Barriers to in-Stroke patients included in the ten top stroke research priorities around the world had few references to aphasia management.

The Relational Practice (BPG) for aphasia in Canada and to implement a knowledge translation strategy to influence actual stroke practice.

1. Evaluate Research Evidence

A national group of aphasia researchers, stroke thought leaders, and practitioners reviewed existing research inventories and BPGs from around the world. The group examined evidence sources and levels of evidence in the management of persons with aphasia (PWA).

2. Identify Consumer Perspectives on Practices - What they want

In order to compare research evidence and best practice recommendations with expressed needs of consumers, facilitators conducted 90-minute focus groups with individuals with mild to moderate aphasia (N = 8) and family caregivers (N = 8).

3. Identify SLP Perspectives on Aphasia

In order to compare research evidence and practice guidelines to what actually happens in practice, Canadian SLPs were surveyed about their experiences with persons with aphasia (PWA).

Existing evidence comprehends non-giving health care professionals practice guidelines to reduce communication barriers through the communication environment.

"My husband was young when he had his stroke but the nurses talked to him like he was an elderly, dement patient. And they would get angry when he'd tell our "sister" when he had to go to the bathroom and then went in his bed when they didn’t respond." - Family Member

A lack of attention paid by the Canadian health care system to support communication-focused services for the stroke population with aphasia.

"I did not receive speech therapy."

"My husband is allowed $500 a year in speech therapy so that is 4 one-hour sessions per year."

The importance of monitoring mood in those with chronic and persisting aphasia. "One of the nurses recognized symptoms of depression. The speech therapist made a big difference and was then able to do some therapy." - Family Member

Canadian SLP Survey

Enablers

<table>
<thead>
<tr>
<th>Conference attendance</th>
<th>Availability of journals</th>
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<tr>
<td>Training in aphasia communication techniques for SLPs</td>
<td>Availability of communication tools</td>
</tr>
<tr>
<td>Online opportunities</td>
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Barriers

<table>
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<th>Adequate SLP resources</th>
<th>Availability of non-registered staff to increase practice time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in aphasia techniques for community-based care</td>
<td>Strong links between hospital and community services</td>
</tr>
</tbody>
</table>

54% agreed that they would implement BPGs to inform practice

Communication intervention is a low priority… patients’ communication needs are rarely considered when determining rehab stays or even candidacy for rehab.

PWA and Family Focus Groups: When key themes were compared to literature, focus group participants identified similar issues:

A lack of clear and practical clinical aphasia treatment guidelines that articulate what aphasia clinician should do & when

"We had a big sign over her bed that said APHASIA, that the SLP put on, but the nurses had no idea what it meant."

"It [speech therapy] was not enough. They kept me for eight days. I saw a room of people. I felt I was center stage. It was nerve-racking." - PWA

A lack of specialized family support

"No one told us about aphasia here [Aphasia Institute]." - Family Member

Existing evidence synthesis not clearly integrating family interventions into aphasia rehabilitation

"I wasn’t allowed to attend [SLP sessions], I had to stand outside the door." - PWA

The need for educational resources that are culturally and ethnically appropriate, and are available in multiple languages and address the needs of patients with aphasia.

"English is not my first language. I had a huge issue related to his inability to communicate, which involved my being investigated by the police and office of public trustees... all related to inability to communicate, and every step of the way, you know, lawyers, doctors, the police officers etc., no one fully understanding what aphasia meant." - Family Member

The need for all team members to adjust their interventions in a manner that emphasizes communication, patient involvement, and participation in rehabilitation

"You should take the whole staff in the acute care hospital and make them understand what aphasia is." - PWA

"I am still independent and would like to get back to my life. Will I ever be able to move? I think I would like to get a small job, to feel useful, to feel like I am part of something." - PWA.

References

Moving forward on best practices for stroke and aphasia: A Canadian KTE initiative


2. Ellis, C., et al. 2014. Based Long-Term Care Residents. Medical Care, 48(8), 380-387.


4. Based Long-Term Care Residents. Medical Care, 48(8), 380-387.

5. Ellis, C., et al. 2014. Based Long-Term Care Residents. Medical Care, 48(8), 380-387.