Teaching Nursing Assistant Students about Aphasia and Communication

Jessica Dionne Welsh, M.S., CCC-SLP,1 and Gretchen Beideman Szabo, M.A., CCC-SLP1

ABSTRACT

Research indicates that communication between patients with communication disorders and their health care providers may be compromised, which leads to adverse outcomes and reduced participation in patients’ own health care. Emerging studies demonstrate that effective communication education programs may decrease communication difficulties. This feasibility study of an education program that includes people with aphasia as educators aims to improve nursing assistant students’ knowledge of aphasia and awareness of supported communication strategies while also examining the experiences of participants with aphasia. This preliminary study suggests that explicit aphasia and communication training delivered in this format has positive learning outcomes for nursing assistant students and potential psychosocial benefits to participants with aphasia. The format can be modified for a variety of health care audiences and lends itself to implementation by community aphasia groups and centers.

KEYWORDS: Aphasia, education, nursing assistants, communication, students

Learning Outcomes: As a result of this activity, the reader will (1) describe the need for aphasia and communication education for health care providers, (2) define the outcomes of educating nursing assistant students, and (3) discuss the benefits of using a patient as educator approach.

It is widely understood that the provision of quality health care relies on clear communication between health care providers and those that they serve. Persons who receive health care need to understand what is being communicated to them so that they can access and be

1Adler Aphasia Center, Maywood, New Jersey.

Address for correspondence and reprint requests: Jessica Dionne Welsh, M.S., CCC-SLP, Education and Training Coordinator, Adler Aphasia Center, 60 West Hunter Avenue, Maywood, NJ 07607 (e-mail: jdionnewelsh@adleraphasiacenter.org).


DOI: http://dx.doi.org/10.1055/s-0031-1286178. ISSN 0734-0478.
active participants in their care. Research indicates that communication between patients with communication disorders and their health care providers may be compromised, which can lead to adverse outcomes and reduced participation in patients’ own health care. Emerging studies demonstrate that effective communication education programs may decrease communication difficulties.

In the United States, barriers caused by limited English proficiency are typically thought of when language barriers are discussed. Less often, barriers caused by aphasia and other acquired communication disorders are considered, although the challenges to receiving adequate health care can be just as great. Research has shown that untrained communication partners can act as environmental barriers for people with aphasia. It is common for people with aphasia to report that interactions with their health care providers could have been better if the providers demonstrated a better understanding of aphasia and employed facilitative communication techniques.

There is a recognized gap in the practice of health care professionals providing appropriate communication supports for patients with complex communication impairments. The nursing literature notes that caring for patients with severe communication disorders is challenging, that nurses may be unprepared to use low-tech augmentative and alternative communication methods with their patients, and that further communication training is warranted. Nurses have been found to interact with patients who have communication impairments after stroke, including aphasia and dysarthria, in a way that focuses on procedural service provision while neglecting individual communication.

With the acceptance of the World Health Organization’s International Classification of Functioning, Disability and Health (ICF), there has been a shift in the concept of disability from solely a medical problem to recognition of the widespread social impact on individuals. Through this lens, the burden of a communication disorder, such as aphasia, falls away from resting only upon the person who has the disorder and shifts toward a shared responsibility. The role of communication in this process has received greater emphasis in the United States through standards adopted by the health care services accrediting agency, the Joint Commission, and through focus areas delineated in Healthy People 2020, the national health promotion initiative.

In line with the ICF’s expanded model of health, researchers have begun to examine the impact of poor communication between health care providers and patients. A study of general practice staff in the United Kingdom identified a need for health care provider staff to have relevant training and simple resources to best care for people with communication disorders. Additional risks have also been noted within the hospital setting, where patients who had a communication disorder had an increased risk of preventable, adverse events.

Supported Conversation for Adults with Aphasia (SCA) is an established method to improve communication between people with aphasia and various communication partners. Benefits of this type of communication partner training are seen after training of family caregivers, community volunteers, and volunteers conversing with people with aphasia in nursing home settings.

Similarly, within the health care system, communication training programs for providers working with patients who have communication impairments other than aphasia have demonstrated success. There have been targeted studies teaching communication to nursing assistants specifically working with patients who have dementia. Such training may improve patient care and patients’ sense of well-being, improve nursing assistants’ knowledge, decrease high nursing assistant turnover rates, and increase nursing assistants’ use of facilitative communication strategies with patients.

Consistent with the ICF model and the Life Participation Approach to Aphasia (LPAA), aphasia groups and community-based aphasia centers are in a unique position to bridge the communication training gap that exists among health care providers working with people with aphasia and their patients.
People with aphasia involved in advocacy and outreach efforts are ideally suited to provide information from their own experiences and serve as experts who have dramatic power to influence the understanding of current practitioners and health care students in training.

Considering most health care communication training programs do not directly involve patients, many training programs to date lack the expertise and insight that patients, such as those with aphasia, can offer. One way to address this disconnect is to use a patient as educator approach, which has been successful in a variety of contexts. Medical schools have partnered geriatric mentors with medical students,17 ambulatory clinics engaged people with HIV to teach medical students,18 pre-service physical therapy programs worked with people who had strokes to teach physical therapy students,19 and graduate speech-language pathology programs have worked with people with aphasia to teach communication strategies to speech-language pathology students.20

Although the patient as educator approach provides a firsthand perspective, the majority of reports do not fully explore the experiences of patient participants.17,19,20 In one report where patient experiences were considered, patients expressed a sense of empowerment, discovered a newfound sense of themselves as teachers, and developed a stronger relationship with the health providers.20 Similarly, people with aphasia involved in advocacy and outreach have reported personal satisfaction as a benefit of involvement.21

In view of the demonstrated need and training efforts to date, it is logical that a patient as educator training approach involving people with aphasia in communication training for health care providers is a viable yet overlooked approach. It is our experience that many health care providers who work with people with aphasia wish they had received formal training on aphasia and communication as students. Because the patient as educator approach has been successfully used with students, it is reasonable to target formal training on aphasia and communication to preservice health care providers.

Although some research has investigated nursing professionals’ communication with patients with aphasia,2,8 little has been studied at the paraprofessional or nursing assistant level. It is conceivable that, if nurses with more extensive training are unprepared to communicate well with patients with aphasia and severe communication deficits,1 then nursing assistants, who receive far less training but spend more one-on-one time with patients,22 also are unprepared to interact with such patients.

Based on the real communication barriers people with aphasia face when trying to access quality, appropriate health care, it is essential to develop educational programs to target this need among different health care provider audiences, including nursing assistant students. People with aphasia should be integral to the development and delivery of such programs, as they have unique and expert knowledge into the disorder. The work reported here is a feasibility study of an education program that includes people with aphasia as educators to improve nursing assistant students’ knowledge of aphasia and awareness of supported communication strategies. In addition to examining the impact on nursing assistant students, the experiences of people with aphasia involved in the project are considered.

METHODS

The Adler Aphasia Center is a not-for-profit community center for people with aphasia and their caregivers located in Maywood, New Jersey. It has three areas of focus: direct services for people with aphasia, aphasia research, and education. Each trimester, approximately 10 Adler Aphasia Center members with aphasia attend an Education and Training group facilitated by a speech-language pathologist. The group meets weekly and works on initiatives to teach people about aphasia and share tips on how to communicate with people who have aphasia. Previously, the group identified the training of nursing staff as a priority audience. Over time, the Education and Training group, in conjunction with the group facilitator, developed key messages and content that they felt was important to include in
an education program for nurses. Key to the program format was that it was copresented by individual members of the Education and Training group and the speech-language pathologist. In 2008, representatives from the Certified Nursing Assistant training program from Bergen Community College in Hackensack, New Jersey, approached the Adler Aphasia Center to provide an education session on aphasia as part of their curriculum.

Program Content and Format
The Bergen Community College’s nursing assistant program prepares students to sit for the New Jersey state examination to become certified nursing assistants. The program is 90 hours, with 50 hours in the classroom and 40 hours of clinical instruction. Its focus is on learning how to care for clients in nursing and residential facilities. The college’s requirement for this aphasia education session was that it must be conducted at the college, in a single 90-minute session, and in existing facilities.

The training program consisted of a 75-minute session copresented by one or two members of the Adler Aphasia Center’s Education and Training group and the speech-language pathologist who facilitates the group. In the remaining 15 minutes, students complete a pre- and postsession survey on knowledge and program evaluation. Twenty-six sessions were delivered between July 2008 and November 2010 to nursing assistant classes ranging in size from 7 to 10 students.

The aims of the session were for nursing assistant students to:

1. Learn about aphasia,
2. Recognize that despite having a communication disorder, people with aphasia are intelligent and competent, and
3. Learn key communication strategies that may help when working with a person who has aphasia.

Content covered during each session reflected these aims and included basic information about aphasia, such as its definition, characteristics, and causes. The session also highlighted the people with aphasia’s firsthand accounts of and insights from their experiences communicating with the chronic communication disorder. Finally, communication tips and strategies based on SCA™ were taught.

The format of the presentation included first-person narratives, group discussions, videotaped examples, and integrated questions and answers throughout the session. The students were encouraged to ask questions and discuss any relevant points. Printed handouts also provided the students an outline of the content covered.

Participants
A total of 262 nursing assistant students attended one of the 26 sessions conducted during the reporting period. Students were enrolled in consecutively occurring certified nursing assistant training programs. Due to time constraints, additional detailed demographic data about the students was not collected. Instead, we focused on understanding whether the students acquired knowledge associated with the presentation’s aims in the pre- and postsession surveys.

All presentations were codelivered by one or two people with aphasia and one speech-language pathologist. A total of 12 different people with aphasia from the Adler Aphasia Center’s Education and Training group were involved as copresenters. Each person with aphasia prepared for the presentation through discussion in his or her group or through individual consultation with the copresenting speech-language pathologist. The copresenters volunteered to participate in the trainings. They represent both fluent and nonfluent aphasia types and range from mild to moderately severe aphasia. Nine of the 12 people copresenters were available to complete a structured interview about their experiences teaching the nursing assistant students.

Data Collection: Nursing Student Surveys
Prior to each in-class session, the speech-language pathologist copresenter distributed surveys to the nursing assistant students. She
explained that survey participation was voluntary and anonymous and had no impact on class performance or grade. Upon completion of the session, postpresentation surveys and program evaluations were distributed in the same manner. Of the 262 students who participated in the training sessions, 256 voluntarily completed both the pre- and postsession surveys to assess their knowledge of aphasia.

Questions were adapted from an aphasia survey widely conducted by the National Aphasia Association and from surveys from other educational programs conducted at the Adler Aphasia Center. Each survey consisted of four true-or-false questions about aphasia and an open-ended item asking the student to provide a written definition of aphasia. Additionally, at the end of the session, participants completed a program evaluation consisting of five statements rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) and open-ended items about what they learned from the session and their future learning needs. Survey and evaluation items are detailed in Appendix A.

Data Collection: Participant with Aphasia Interviews
Structured interviews were also conducted with the people with aphasia who served as copresenters. These interviews occurred from 2 weeks to 1 year postparticipation. They were conducted in person by Adler Aphasia Center staff members who were not involved in the training sessions to minimize bias. Interview questions consisted of open-ended questions, except for one item that incorporated a rating scale. The questions were developed into an interview protocol to provide some measure of standardization across interviews. See Appendix B. Length of time for each person to complete the interview ranged from 5 minutes to 11 minutes, 43 seconds, and, where required, interviewers used supported communication techniques to facilitate the interview.

Data Analysis
Nursing assistant students’ pre- and postsession surveys were matched. Participant responses on both the surveys and on the program evaluation were coded and entered into SPSS statistical software and Microsoft Excel spreadsheets. Frequency counts were calculated for response to true-or-false and Likert scale items.

For the qualitative data, the authors transcribed the videotaped interviews of the people with aphasia. Each author then independently reviewed the transcripts, identifying key topics within responses, and the analysis was guided by the interview format. Following independent categorization of statements, any disagreement on allocation of topics was resolved with consensus discussion between the two authors.

RESULTS

Nursing Assistants
BASIC APHASIA KNOWLEDGE
We examined pre- and postsession survey results of the 256 surveys completed by the nursing assistant students. The first set of items analyzed related to the participants’ aphasia knowledge via a series of four true-or-false statements. Results indicate an overall improvement in basic knowledge about aphasia. Prior to the session, 50% of respondents correctly answered the true-or-false item: “Aphasia can affect a person’s ability to read and write.” Immediately after the session, 82.8% of students provided correct responses. Overall, 32.8% of the students improved in their accuracy on this question. The second true-or-false item addressed the ability of people with aphasia to make progress poststroke: “People with chronic aphasia can continue to get better 2 or more years after they first have it.” Immediately after the session, 89.8% of students provided correct responses. Overall, 32.8% of the students improved in their accuracy on this question. The second true-or-false item addressed the ability of people with aphasia to make progress poststroke: “People with chronic aphasia can continue to get better 2 or more years after they first have it.” Before participating in the session, 57.8% of the students accurately indicated that they considered communication improvement could occur long term after stroke. After training, this percentage increased to 89.8%, a 32.0% improvement in response accuracy. Prior to the session, 69.5% of the students correctly answered the true-or-false item “Aphasia affects a person’s intelligence.” The percentage of correct re-
responses increased by 15.7% to a total of 85.2% following the session. The final true-or-false item analyzed for this study examined the students’ awareness of the ability of people with aphasia to be involved in decisions related to their care: “People with aphasia can make decisions about health care and other important life matters.” Prior to training, 68% of students agreed with this statement and this number reached 82.4% after training, a 14.4% increase.

In addition to accuracy on individual survey items, we looked at overall change across individual nursing assistant students’ pre- and postsession survey performance. Analysis indicated 64.4% of students improved their performance (i.e., gave more correct answers on the postsession survey than on the presession survey), 29.7% maintained their performance (i.e., gave the same number of correct responses on the postsession survey as on the presession survey), and a small percentage, 5.9%, performed worse on the postsession survey than they did on the pretraining survey.

PROGRAM EVALUATION
Students rated statements about the session on a Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). After participating in the 75-minute session, 97.2% of participants agreed or strongly agreed that they had a better understanding of aphasia and its impact on an individual, 94.5% responded that they were aware of at least two strategies they could use when talking with a person with aphasia, and 94.2% responded that they would incorporate what they learned during the session into their work.

Copresenters with Aphasia
Nine of the 12 people with aphasia involved in this project participated in the structured interview about their experiences copresenting the session. One participant had passed away and two were not available at the time the interviews were conducted. Responses to three of the questions were transcribed and response trends were analyzed. The first question was, “How would you rate the experience on a scale of 1 to 10 (10 = best)?” Participants’ rating of the experience averaged 9.17, with responses ranging from 8 to 10, indicating that all held highly positive views of the experience.

The second question was, “What do you think about your experiences going to Bergen Community College to talk with the nursing assistant students?” In describing their experiences talking with the students in the nursing assistant program, all respondents verbally indicated it was a positive experience. One respondent also highlighted the high level of student engagement. Three others commented that they enjoyed the opportunity to educate the students and advocate for others with aphasia.

The final question analyzed was, “Do you get anything personally out of participating in the trainings? If yes, please explain.” All respondents affirmed that they received some personal reward from their participation in the program. Four of the nine respondents indicated that their reward was associated with a level of personal gratification. The opportunity to be an advocate was another aspect of reward that was highlighted, with five respondents noting the importance of this role for people with aphasia. Other respondents focused on the unique expertise they as people who had experienced aphasia firsthand brought to the training. Although not as frequently mentioned, at least two participants also commented that rewards derived from their participation in the training related to their own personal development. They enjoyed the opportunity to talk with others, to improve their own communication, or to expand their own learning through their involvement in the program. See Table 1 for sample quotations representing each topic.

DISCUSSION
It was our aim to examine the feasibility of developing a brief educational module about aphasia and supported communication and to study knowledge-based outcomes for participating nursing assistant students and the experiences of the people with aphasia who copresented the content. Comparison of
pre- and postsession survey data indicates that nursing assistant students demonstrate increased knowledge about aphasia and communication when a 75-minute program co-presented by a person with aphasia and a speech-language pathologist was included as part of their classroom curriculum. This preliminary study suggests that explicit aphasia and communication education delivered in this format has positive learning outcomes for nursing assistant students. Additionally, there appear to be psychosocial benefits for people with aphasia who participated in the project. They rate the experience highly and report having a positive experience and deriving personal reward from their participation.

These findings have several real-world applications. It is widely known that nursing assistant turnover is high, often attributed to low pay, poor benefits, physical demands, and lack of investment into nursing assistant training and education. Many studies have noted success in improving nursing assistants’ personal satisfaction and decreasing turnover when additional, specialized training has been provided.26–28 It is possible that a specialized training module delivered earlier in nursing assistants’ training, while they are still students, can have a positive impact on job performance and career satisfaction. It is also possible that increased knowledge of aphasia and awareness of supported communication techniques will result in better provider-patient communication and appropriate, individualized care for people with aphasia.

Another broad implication of this study is for people with aphasia. Benefits to people...

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Key Topic</th>
<th>Example Responses</th>
</tr>
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<tbody>
<tr>
<td>What do you think about your experiences going to Bergen</td>
<td>Positive experience</td>
<td>“Was very good, very good.”</td>
</tr>
<tr>
<td>Community College to talk with the nursing assistant students?</td>
<td>Student engagement</td>
<td>“I loved it.”</td>
</tr>
<tr>
<td></td>
<td>Education/advocacy</td>
<td>“The students were very interested.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I like it because, uh, I have experience and I can use it to help others . . . I felt that it’s reaching a, uh, many students.”</td>
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<td></td>
<td></td>
<td>“I think it’s a good thing to go there and tell people as part of, as advocacy. Help you spread the word to two people and then more people than originally knew about it, ya know. I think for nursing students or things like that or in the health care profession so to speak, that is appropriate. Yeah, they’re the first in line.”</td>
</tr>
<tr>
<td>Do you get anything personally out of participating in the trainings? If yes, please explain.</td>
<td>Rewarding</td>
<td>“I get . . . good feeling good about it.”</td>
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<td></td>
<td>Personal gratification</td>
<td>“Gratification that I’m helping the center or promoting advocacy.”</td>
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<td></td>
<td>Opportunity to advocate</td>
<td>“I chose to talk to them because I understand aphasia.”</td>
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<td></td>
<td>Unique expertise</td>
<td>“It’s always interesting to when to meet people.”</td>
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<td></td>
<td>Personal development</td>
<td>“It helps me speaking to people that I don’t know.”</td>
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<td></td>
<td></td>
<td>“I got good satisfaction that my speech is clear and they . . . they . . . I reach them a . . . a . . . perfectly fine.”</td>
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with aphasia may extend beyond personal satisfaction. Being involved in health care provider education is a chance to do something meaningful for others and can have a positive effect on quality of life. Involvement in an education program is a natural opportunity to engage in authentic, relevant communication.

Aphasia groups and community programs are logical settings to employ such education initiatives. The idea that people with aphasia have expert knowledge and are able to put their expertise to use fits well within the LPAA philosophy that many groups and centers embrace. The model outlined in this report can easily be adopted and implemented by other aphasia centers and group programs. Clearly, individuals who participated as learners or as experts both benefited, and, in the former case that benefit hopefully will extend to their later work experiences. The obstacles to implementation involve staff time in identifying and then assuring the willingness of training programs to welcome the experience, and in developing advocacy goals for persons with aphasia who attend groups or centers. Our experience makes it clear that these obstacles can be overcome, and we are willing and able to support others’ interest in surmounting them.

Although the current project was limited to nursing assistant students, a greater need for improved communication and subsequent training has been identified within the health care community. It would be reasonable to apply a similar model to the education of nurses, doctors, allied health professionals, paraprofessional health care workers, and students.

Although important benefits to this program have been identified for both nursing assistant students and people with aphasia, further and more carefully controlled study of such a model is warranted. Limitations to the current study include the fact that it was a feasibility study that was done with a convenience sample of students and had a within-subject design. Demographic data for the student participants was unavailable. Because of time constraints, it was not possible to include simulated or actual practice using supported communication techniques or to assess students on their skill using supported communication strategies discussed during the session. The postsession survey questions explored immediate postsession knowledge, but assessment of knowledge retention and generalization into real-world interactions between nursing assistants and people with aphasia was not possible in this context. In addition to addressing the identified limitations, future studies should attempt to determine which aspect of the session is most beneficial to students, compare this program to other types of intervention, measure the effects of the session on communication with patients who have aphasia in real-life contexts, and further explore psychosocial benefits to nursing assistant and people with aphasia participants.

Finally, we began this article with comments about the general state of ignorance the medical community ordinarily demonstrates about aphasia specifically, but by implication, about language disorders in adult neurogenic populations overall. This model can easily be extended, not only to other health care professionals but to other adult populations. This includes adults with communication disorders, such as dementia or dysarthria, elderly individuals with a variety of health problems, and linguistically and culturally diverse populations.

ACKNOWLEDGMENTS

The authors would like to acknowledge their collaboration with Brenda Milo, Janet Watkins, and Jeanne Compagnone at Bergen Community College; Abbe Simon and Judy Andersen for their assistance conducting interviews; Drs. Audrey Holland and Emma Power for their mentoring and guidance during manuscript preparation; and all of the nursing assistant students and people with aphasia who participated in the project.

REFERENCES


APPENDIX A Aphasia and Communication

PRE-PROGRAM SURVEY

**Goals of the program:**
* learn about aphasia
* recognize that, despite having a communication disorder, people with aphasia are intelligent and competent
* learn some communication strategies that may help when working with a person who has aphasia

**Please complete this form to help us in future training sessions. We appreciate your feedback.** We will study the responses from this survey. No names will be included in our study. We will use what we learn to develop new classes to teach people about aphasia. We may also share what we learn with others in journals, presentations, and conferences. If you fill this survey out, you are giving us permission to include your answers in our research.

1. Define the following: **Aphasia is**

2. **Yes / No** I have heard the word ‘aphasia’ before today.

3. **True / False** Aphasia can affect a person’s ability to read and write.

4. **True / False** People with chronic aphasia can continue to get better two or more years after they first have it.

5. **True / False** Aphasia affects a person’s intelligence.

6. **True / False** A person who has aphasia is able to make decisions about healthcare and other important life matters.

7. Select all that apply: _____ I have worked with people who have aphasia in the **past**.
   _____ I work with people who have aphasia **right now**.
   _____ I will work with people who have aphasia in the **future**.
   _____ I do not plan to work with people who have aphasia.
   _____ I am **not sure** of my future plans.

Initials __________________ Date __________________ Occupation/specialty __________________

*Please include your email address below if you agree to be contacted for follow-up to this program.*

Email address (optional) __________________
Please complete this form to help us in future training sessions. We appreciate your feedback! We will study the responses from this survey. No names will be included in our study. We will use what we learn to develop new classes to teach people about aphasia. We may also share what we learn with others in journals, presentations, and conferences. If you fill this survey out, you are giving us permission to include your answers in our research.

1 = strongly disagree
2 = disagree
3 = somewhat
4 = agree
5 = strongly agree
N/A = not applicable

The material was presented in a clear manner.

1  2  3  4  5  N/A

I have a better understanding of what aphasia is.

1  2  3  4  5  N/A

I have an idea of at least two things I can do when talking with a person with aphasia.

1  2  3  4  5  N/A

I found the material relevant to the work I will do as a CNA.

1  2  3  4  5  N/A

I will incorporate elements from today's seminar into my work as a CNA.

1  2  3  4  5  N/A

---------------------------------------------

One important thing I learned was...

One thing I want to learn more about is...

Comments/Suggestions:
POST-PROGRAM SURVEY (CONTINUED)

1. Please define the following: **Aphasia is**

2. Yes / No  I have heard the word ‘aphasia’ before today.

3. True / False  Aphasia can affect a person’s ability to read and write.

4. True / False  People with chronic aphasia can continue to get better two or more years after they first have it.

5. True / False  Aphasia affects a person’s intelligence.

6. True / False  A person who has aphasia is able to make decisions about healthcare and other important life matters.

7. Select all that apply:  
   ____ I have worked with people who have aphasia in the past.  
   ____ I work with people who have aphasia right now.  
   ____ I will work with people who have aphasia in the future.  
   ____ I do not plan to work with people who have aphasia.  
   ____ I am not sure of my future plans.

Initials________________ Date________________ Occupation/specialty________________

*Please include your email address below if it is okay for us to contact you to follow up on this program.

Email address (optional).________________

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APPENDIX B Structured Interview Questions for Copresenters with Aphasia

1. What do you think about your experiences going to Bergen Community College to talk with the nursing assistant students about aphasia and communication?

2. Do you get anything personally out of doing those trainings? If yes, what?

3. Why are you involved in this project?

4. On a scale of one to ten (1 = worst; 10 = best), how would you rate the experience?

5. How does it make you feel to be part of this project?
6. What do you think is good about this program? What do you think makes this program work?
7. What do you think we should change about this program?
8. Are there other education or outreach projects that you would like to do?

9. Do you plan to continue to be involved in aphasia education projects in the future? Why/why not?
10. Is there anything else you would like to add?