

A driving force

Dissatisfaction with their aphasia service led the Portsmouth adult team to steer a new course. *Nicola Clark* and *Sheena Nineham* take a pit stop to reflect on the journey so far – and to signal the way ahead.



READ THIS FOR
EXAMPLES OF
HOWTO

- SHOW LEADERSHIP
- PLAN A STRATEGY - AND SEE IT THROUGH
- MAKE THE MOST OF EXISTING EXPERTISE

L-R Principal speech and language therapists Lynn Dangerfield, Nicola Clark, Sheena Nineham, Grace Watson and Ruth Sullivan

A few years ago, our team was experiencing growing dissatisfaction regarding the quality, quantity and equity of service provided to people with aphasia, along with unease over the familiar emphasis on dysphagia. At the same time we were all aware of national developments in the field of aphasia, such as the work of Connect and the British Aphasiology Society. We resolved to move up a gear so that the Portsmouth City Teaching PCT adult speech and language therapy department could also become a power behind the wheel of aphasia provision.

The speech and language therapy service development plan 2003-2006 identified our Aphasia Strategy as a priority. In 2003, the department formed an Aphasia Action Group to develop and implement our Aphasia Strategy for the local service. The group comprised of five principal speech and language therapists working within neuro-rehabilitation and stroke, and was fully supported by our speech and language therapy professional advisor and adult services manager.

The aims of the strategy were to:

1. create a communication friendly healthcare culture
2. promote a confident and enthusiastic service which supports and develops everyone involved with aphasia
3. provide an equitable service to people with aphasia
4. have a locally and nationally respected service.

The Aphasia Action Group identified key areas to focus on, including establishing a programme of workshops for staff to promote staff education, development and support. We also wanted to adapt the British Aphasiology Society Care Pathway (Hirst, 2001) to make it more locally relevant, and to set up a rolling programme of Supported Conversation training. Supported Conversation was developed by Connect, the communication disability network, to offer people with aphasia opportunities for genuine adult conversation and interaction. It is designed to reduce the psychosocial consequences of aphasia. The conversation partner acts as a resource for the person with aphasia and actively shares the communication load; training provides the conversation partner with the methods and materials for achieving this.

We drew up a timeline to implement these key areas within the three-year Service Plan and allocated group members to take on lead responsibilities. The implementation of the strategy was achieved with current staffing levels by reviewing service priorities.

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1. Resources

There are now a number of departmentally-created aphasia-friendly tools (figure 1), such as:

- a) Goal-setting packs
- b) Consent forms
- c) A Medical Information File on the acute stroke ward
- d) Family and Social History Questionnaire
- e) Dysphagia Information
- f) Life History books.

We have also produced resources and training packs including Aphasia Resource Files, Personalised Communication Folders for clients and Supported Conversation Training Packs. These are now widely available across the clinical bases.

In addition we have invested in laptops, digital cameras and computer software including RE-ACT, Aphasia Tutor and Speech Sounds on Cue for aphasia therapy.

2. Workshops

Regular in-house staff workshops are run for our speech and language therapists to educate, develop and support staff, share best practice and maintain the profile of aphasia within the department. Topics have included feedback from courses and conferences, article reviews, clinical case discussions, reviewing new resources and developing an aphasia resource file, all of which have led to changes in our practice. The speakers for these workshops have been from within our department.

3. Groups

We have formalised speech and language therapy involvement with groups and group therapy, establishing:










a) 'Time to Talk' groups for people with aphasia

Groups are held at regular intervals across our health economy. Each group meets for 2½ hours a week for 6 weeks. The 'Time to Talk' groups principally aim to provide a forum for group members to discuss issues such as their experience of therapy and recovery, changes that have occurred in their life as a result of aphasia and ways in which they overcome their difficulties. It also aims to help members increase their confidence in their ability to communicate effectively with others.

b) Carer Support

Carers may attend all or some of the 'Time to Talk' groups as observers. All carers complete an evaluation sheet at the end which asks them questions about any changes they may have noticed in their relative over the period of the group. Responses have shown that all respondents perceived positive changes in their relatives' ability to communicate and in their confidence about communication. Many also noted that they gained useful insights into what it is like to have a communication difficulty.

Figure 1 Excerpts from departmental resources

Contents	
	1 All about me
	2 Communication resources
	3 My communication and how to help
	4 Hospital information
	5 Goals
	8 Daily exercises
	7 Exercise sheets
	8 Communication log
	9 Further information and support
	10

GOALS



When you are ready, we will help you choose GOALS to improve your skills





Before stroke Now Working together on your goals




Sometimes it takes lots of small steps to reach a big goal




We will talk together about your goals and how you are doing


Hobbies and interests



In my spare time I like to:



Things I like to do with family or friends:



Clubs / societies / church attended:

c) Structured speech and language therapy participation with the local Dysphasia Support / Communication Support Group

This has taken the form of appointing a Link Therapist with a remit to:

- Work closely with the Communication Support Coordinator
- Provide ongoing training to volunteers in supporting people with aphasia to have conversations
- Meet regularly with group members on an individual basis to discuss the goals they want to achieve and to review these goals
- Disseminate these goals to the Communication Support Coordinator and the volunteers, with advice on how to help achieve them
- Provide a link between the speech and language therapy service and the group.

4. Conference

We have successfully hosted a National Multi-Disciplinary Aphasia Conference in 2005 (Borrett, 2006) and will be hosting another one on 12 May 2008 (see p. 13).

So, has it worked...? The ongoing evaluation of the service has been central to the Aphasia Strategy because its implementation has involved investment in staff time, not only in attending the workshops but also in developing and implementing the changes to our service to people with aphasia, and in new equipment which was financed by reprioritising our existing budget. It is therefore critical that the success is carefully measured and recorded.

Staff views of different aspects of the strategy have been measured throughout the three years. One of these aspects has been the comparison of speech and language therapists' perceptions of their own competence and confidence in working with clients with aphasia. On a self-rating scale of 0 (not competent) to 10 (very competent), pre-strategy the percentage of staff rating their competence level at 6 and above was 66.7 per cent whereas when

reviewed 2 years later this had increased to 80 per cent (see table 1). There was a similar shift in staff perceptions of their overall confidence levels.

Rating	Pre-strategy (June 04)	2 years post-strategy (June 06)
0-5	33.3%	13.3%
5.5	0%	6.7%
6-9	66.7%	66.7%
10	0%	13.3%
Average	6.0	7.1

Results such as these, taken together with staff comments gathered from workshop evaluations and questionnaires, are encouraging. They suggest we are taking positive steps towards one of the original aims of the strategy – that of having a confident and enthusiastic aphasia service.

The ongoing evaluation of the service has been central to the Aphasia Strategy because its implementation has involved investment in staff time.

Obviously the main drivers for any changes made to the speech and language therapy service are those that will benefit the clients and other 'users' of our service such as referrers, carers and the wider multidisciplinary team. One of the first areas where we wanted to effect change was within the department itself – after all, it was not realistic to expect others to do what we ourselves were not consistently demonstrating. By building the confidence and competence levels within the department and the development of

aphasia-friendly material and supported conversation training to the multidisciplinary team, there have been positive benefits for clients accessing our service. For example, supported conversation ramps are now being used by the multidisciplinary team whereas pre-strategy this was not as evident.

We acknowledge that incorporating user views of the service is an integral part of any development of the strategy. Whilst we have begun to seek user views on some aspects of the service, we will be strengthening the role of these through service user questionnaires and encouraging user views / feedback into service planning to take this strategy forward.

Our plan is to maintain the momentum of the Aphasia Strategy by

- developing and implementing a clear process for users of the service to contribute to service developments
- organising another national conference for 2008
- maintaining and updating our current developments
- continuing with our staff workshops
- carrying on group service delivery.

We hope that our ongoing commitment to improving our service will enable us to take further steps towards being recognised as a driving force in the field of aphasia.

For further information, please contact any of the Aphasia Action Group Members: Nicola Clark, e-mail Nicola.Clark@porthosp.nhs.uk, Lynn Dangerfield, e-mail Lynn.Dangerfield2@porthosp.nhs.uk, Sheena Nineham, e-mail Sheena.Nineham@porthosp.nhs.uk, Ruth Sullivan, e-mail Ruth.Sullivan@porthosp.nhs.uk or Grace Watson, e-mail Grace.Watson@ports.nhs.uk.

Portsmouth City Teaching PCT
Speech & Language Therapy dept.
is hosting its 2nd Multi-Disciplinary
Study Day on
**“Living Independently with
Aphasia”**
on Monday 12th May 2008.

Speakers include Prof. Chris Code,
Ruth Nieuwenhuis, Dr. Jane Williams &
Service Users.
A range of topics relating to the longer
term impact of aphasia and stroke will
be addressed.

Cost: £70
For further information and an
application form,
contact Jane Singleton
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REFLECTIONS

- DO I TAKE STOCK WHEN I AM FEELING DISSATISFIED WITH THE SERVICE I OFFER?
- DO I CONSIDER HOW A SHIFT IN PRIORITIES CAN BE AS EFFECTIVE AS AN INCREASE IN RESOURCES?
- DO I HAVE THE AMBITION TO MAKE MY SERVICE A LEADER AS WELL AS A FOLLOWER?

How has this article been helpful to you? What impact have strategies had on your department? Let us know via the Spring 08 forum at www.speechmag.com/Members/.

References

- Borrett, K. (2006) 'Conference Calls: Leading By Example', *Speech and Language Therapy in Practice* Spring, pp. 20-21.
Hirst, L. (2001) British Aphasiology Society Newsletter. May.

Resources

- British Aphasiology Society, www.bas.org.uk
- Computer software described all available from www.propeller.net
- Connect - the Communication Disability Network, see www.ukconnect.org

Winning Ways



Life coach *Jo Middlemiss* offers readers positive suggestions for coping with common problems.

Following her Agenda for Change job evaluation, Melanie feels undervalued, unappreciated and stuck. She is settled in the area, generally likes her job and has a reasonable standard of living. So why doesn't she feel more positive about things?

As is always the case, the way we see the problem is the problem. Projection is perception. For a long time I simply could not get my head around this theory. How can it be that I am actually the cause of my problems when it seems so obvious that another is to blame? Yes, we belong to a blame culture. Someone must be held responsible at all times - "Where there's blame there's a claim!" So Melanie "feels" undervalued - but what is she prepared to do about this situation?

Feeling undervalued starts with self-esteem. Melanie's job is reviewed and someone else has an opinion about it. If that opinion is valid, and Melanie respects the evaluation process, then she has choices to make. If on the other hand she does not accept the evaluation, then why is she stressing about it? It would be an interesting exercise for Melanie to turn her thinking around and ask, "If I do not value the job of the evaluators, who then is doing the undervaluing?"

Our power to choose our attitude in any circumstance is the greatest freedom. Melanie can start with a review of her own attitude to her life and work, and be prepared to accept that no-one and nothing else is actually in charge of her attitude.

Once a decision has been made to change her mind for a change then Melanie would benefit from looking at diet, exercise, mental stimulation and balance in order to regain that old *joie de vivre!* A good starting point might be the Power Morning Questions below.

Write down the answers to these questions first thing every morning. They will concentrate your mind on the positive side of your life, even when things could be better.

- What am I happy about today?
- What am I excited about today?
- What am I proud of today?
- What am I grateful for today?
- What am I committed to today?
- Who do I love and who loves me?

Jo Middlemiss is a qualified Life Coach with a background in education and relationship counselling, tel. 01356 648329. Jo offers readers a complimentary half-hour telephone coaching session (for the cost only of your call). While all Jo's work informs 'Winning Ways', your contact is confidential and no personal or identifying details will be given.