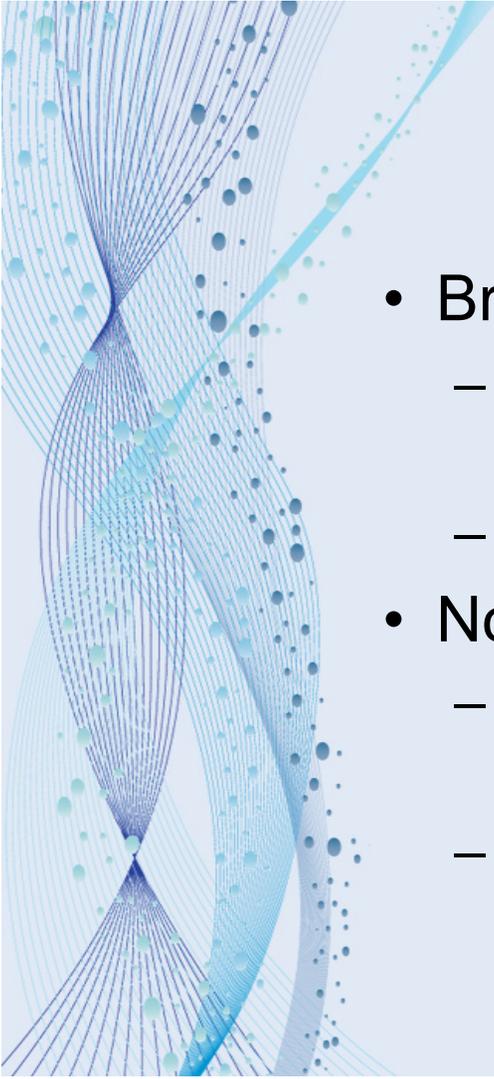




# Learning from the Experts: Stroke Survivors Train Pre-Med Students

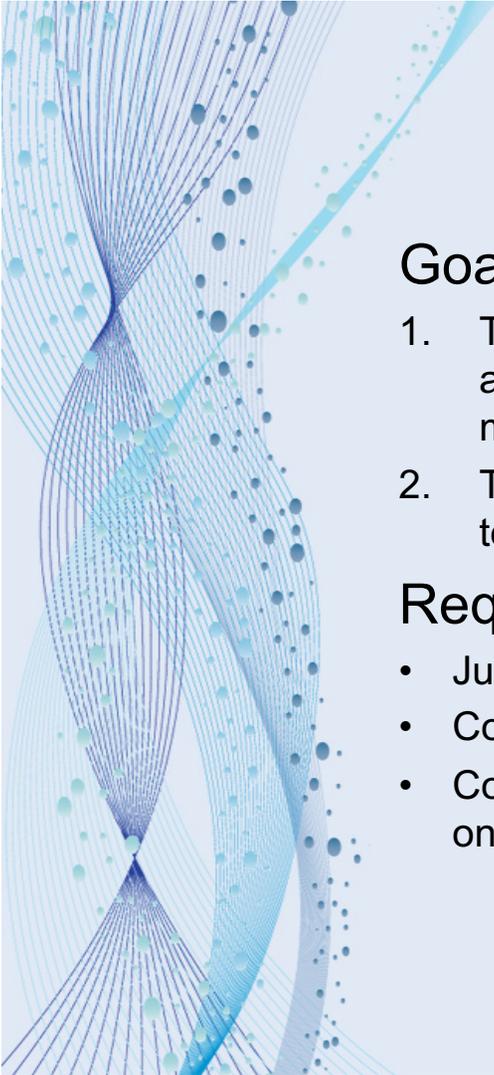
Brenda Rapp, Ph.D. Johns Hopkins University

Noel Turner, B.A., M.D. Candidate, Yale  
School of Medicine



# Disclosures

- Brenda Rapp, Ph.D.
  - I have no financial relationships with the services described in this presentation.
  - I have relevant non-financial relationships:
- Noel Turner, B.A.
  - I have no financial relationships with the services described in this presentation.
  - I have no non-financial relationships with the services described in this presentation.



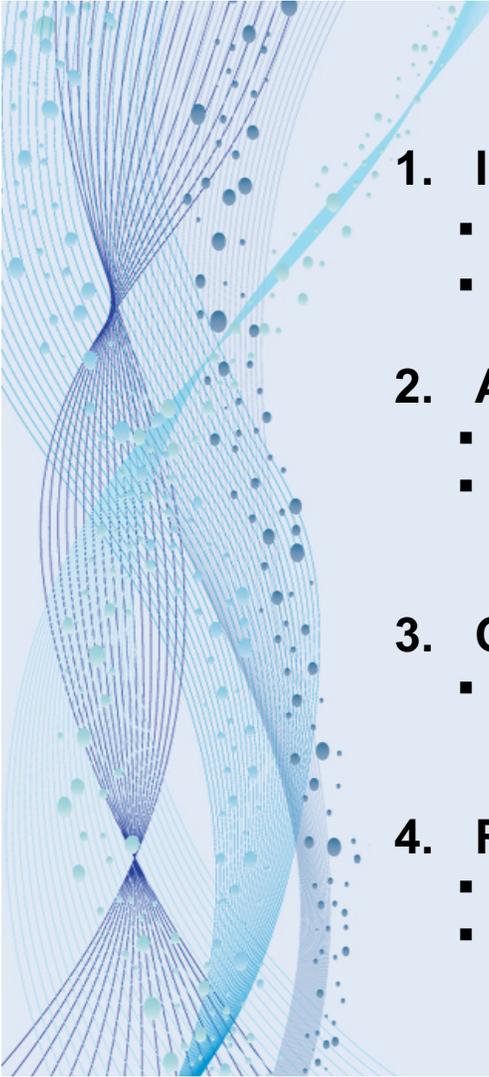
# Program

## Goals:

1. To **educate** JHU Cognitive Science and Neuroscience students about aphasia and how to support communication with individuals who “know more than they can say”
2. To **empower** individuals with aphasia to be viewed as “experts” and teachers of prospective physicians and healthcare providers

## Requirements:

- Junior standing, excellent academic progress
- Coursework related to the brain, language and cognition
- Commitment to dedicate at least 2 hours weekly to attend SCALE for one semester



# Program Components

## 1. Introduction to Aphasia

- 2-hour Supportive Conversation Training™ workshop
- Conversation groups: members demonstrate tools and strategies that they use to express their ideas & opinions

## 2. Aphasia Advocacy

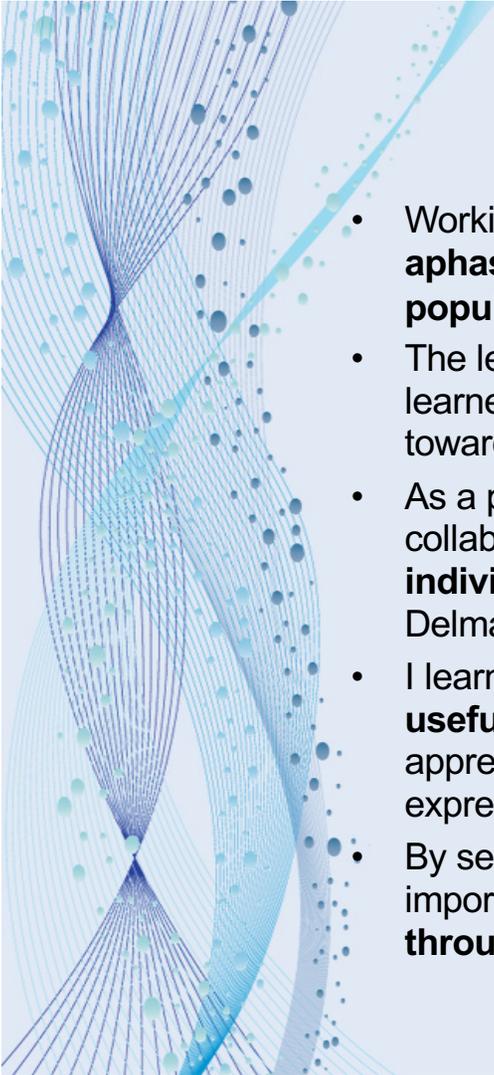
- SCALE Advocacy Class (Stroke Peer Mentor, Judy Crane)
- Members share SCALE tenets, their “stroke story”, information about the LPAA and SCALE’s educational efforts, community partnerships and outings

## 3. One-on-One Practice

- Trainees paired with a “SCALE mentor”, meet weekly to partner on activities of the member’s choice (creating a calendar using member photography, preparing a presentation about a member’s recent travels)

## 4. Reflections

- Students write essay reflecting on what they have learned
- Essays are shared with SCALE members and staff



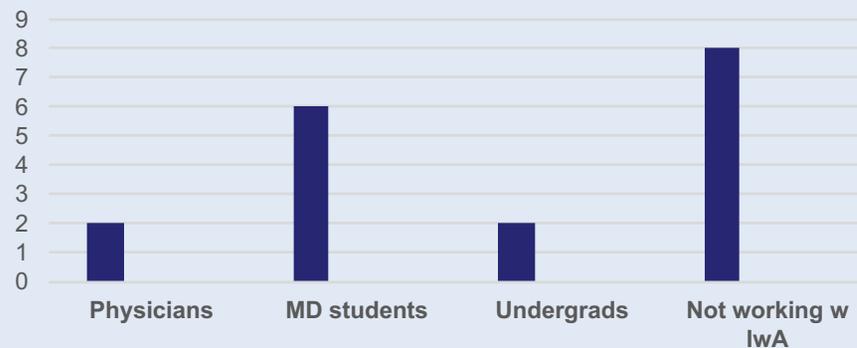
## Reflections Selections

- Working with SCALE has been instrumental in building my ability to work not only with the **aphasia population**, but the skills will also **translate to other patient settings and populations**- David Mampre, 2016
- The lessons on **patient listening, control of care, sense of identity**, and more [that I learned from SCALE members] will readily translate to other populations as I continue towards a career in medicine- David Mampre, 2016
- As a partner, I learned to interpret body language and facial gestures, to work collaboratively, to not automatically interject, and more than anything **to see the individual as a person and not simply a victim**, as is often the case- Andre Vagus-Delman, 2015
- I learned the **benefits of using pencil and paper during conversation and the usefulness of gesturing and pointing to assist with communication**. It made me appreciate how difficult it can be to get a message across with limited words and means of expression- Daniel Agis, 2017
- By seeing how he reacted to challenges and mistakes, it made me understand that it's important to not lose perspective and **appreciate those moments that you grow through adversity**- Daniel Agis, 2017

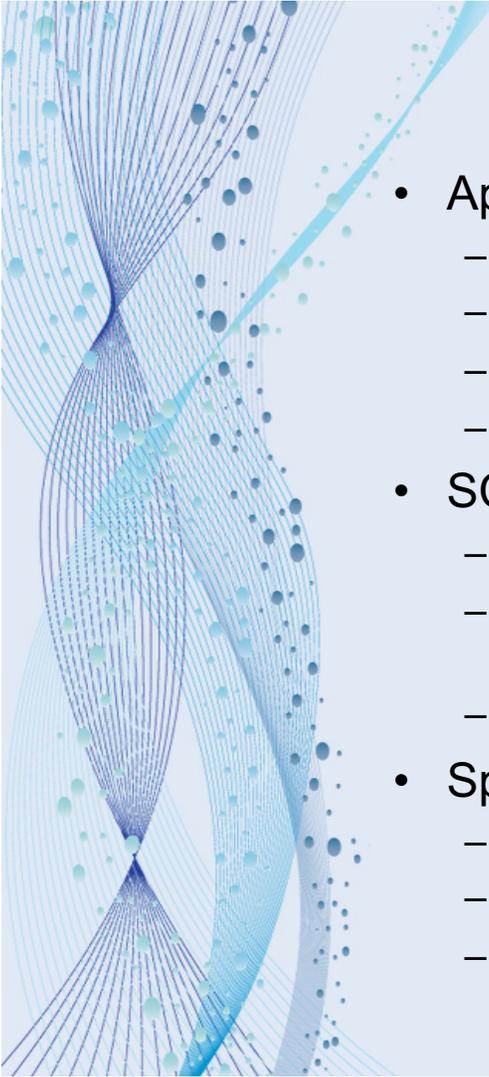
## Long-term impact: Follow-up

- Program 2008-present: 41 trainees
- Recent follow-up (anonymous) survey → 18 responses

Trainees: Current Position



- Cared for more than 250 lwa



## Knowledge and skills

- Aphasia knowledge and challenges of living w aphasia
  - SCALE 100%
  - Coursework 83%
  - Clinical training 33%
  - Personal experience 28%
- SCALE experience significantly impacted:
  - understanding of the abilities and competencies of lWA
  - approach to communicating with lWA and others with communication impairments, family members of stroke survivors
  - recommendations given to medical personal working w lWA
- Specific communication tools
  - Speaking slowly
  - Using pictures, photos to explain medical results, etc.
  - Providing extra time for patient responses



## Survey quotes: Aphasia and beyond

- While I currently do not work with lW/A, I do experience communication barriers with some of our patients (either as a result of language/memory impairments due to seizures and/or epilepsy surgery, or not sharing a primary language with bilingual patients). In these interactions, I have found that **the skills I practiced at SCALE have been very useful for establishing rapport and trust**. For example, making sure to speak clearly and find new ways to say things without "dumbing it down" or talking down to the patient, making eye contact with the patient even when there is a translator, and allowing the patient time to respond or ask questions without talking over them, have all been valuable skills I have carried into these interactions.
- **I received essentially no training in medical school** (I'm now an MS3, already finished my neuro rotation) about communication methods for those with aphasia. Also I taught elementary and middle school English in Japan after college. And found the techniques I learned in SCALE to be very helpful in teaching English as a second language
- This program was incredibly valuable to me and has helped me **communicate with patients with any kind of language/understanding barrier** (lW/A, limited English speaking, dementia, etc)
- Although the skills I learned during my time at SCALE were geared towards people with communication deficits, I have found them to be useful in a variety of settings in which I needed to communicate clinical findings to patients. In addition, my time spent as a communication partner at SCALE **provided me with a sense of empathy that greatly impacted the physician that I am today**.
- I appreciate the experience more because it gives me a new mindset and a new way of thinking about patient care. I really enjoyed and was also challenged by the idea of **the aphasic patient being my teacher**.