



Show Notes

Episode #7 – Great Ideas in Aphasia Care Programming: In conversation with Darla Hagge

Today, Ellen Bernstein-Ellis (California State University - East Bay) speaks with Dr. Darla Hagge. Dr. Hagge is an assistant professor at California State University - Sacramento and a speech language pathologist at St. Jude Medical Center. She's the founder of the NeuroService Alliance which is a collection of life participation approach programs for adults with acquired communications disorders. She's also the co-founder of the California Interprofessional Education Research Academy.

In today's episode you will:

- Learn the key elements that define professional education;
- Understand the four domains that need to be part of any professional education learning experience;
- Get tips on how to start a professional education or an interprofessional practice collaboration in both university and medical settings;
- Hear tips for introducing colleagues to communication partner training in a professional practice setting.

Before we get started, please talk a little bit about the NeuroService Alliance at California State University - Sacramento.

The NeuroService Alliance is housed in the Department of Communication, Sciences, and Disorders at California State University - Sacramento. It is a collection of life participation programs that are all designed for adults with aphasia and other acquired neurogenic communication disorders. Our members can choose from a menu of programs including: Creating Access through Technology, Communicating Through Art, Communication Recovery Groups - Sacramento (which is based on Dr. Candace Vicker's original Communication Recovery Groups in Southern California), Aphasia Book Clubs, and more. So, the undergraduate and graduate speech language pathology students train as communication partners for the group members. Also, students from outside speech language pathology - nursing, recreational therapy, social work, physical therapy - can participate as trained guest communication partners. As a result, NeuroService Alliance is uniquely positioned as a venue

for ongoing leadership opportunities for both students as well as members. It's also an opportunity for data collection, research projects, and scholarly contributions to the literature.

That's great that the different disciplines are there at the same time so they can meet and learn from each other.

How do you define interprofessional education (IPE)? What do you think is the biggest misconception about IPE?

According to the World Health Organization, interprofessional education (IPE) is created when students from two or more professions learn about, from, and with each other. So IPE requires interaction, communication, and active learning activity between students from two or more disciplines. As a result, there are common activities that we think are IPE because they bring people together, but they're not really IPE. For example, we might have a guest lecturer from a different discipline come into our classroom and present to all of our students or maybe we have a guest lecturer from another discipline present to two or more disciplines. This isn't IPE because there is no interaction between students - it's just direct instruction. There's no learning from, about, and with each other going on.

Instead, IPE moves educational training programs away from our insulated silos and from the more traditional direct instruction paradigm. IPE allows for two or more disciplines to learn from each other using a variety of pedagogies and teaching strategies - such as team-based and case-based learning, simulation activities, reflective practice, and many more. The overarching objective for IPE is for students to learn in a professional collaboration with specific learning outcomes in one or more of these four domains: roles and responsibilities, interprofessional communication, ethics, and teams and teamwork.

It is important to note that IPE's primary goal is not the teaching of a discipline's core content during these activities. Instead, the primary goal is to address one or more of these four domain areas.

Could you share how you see the relationship between an IPE model of patient care and the LPAA model of aphasia care. Is there some type of connection or relationship?

Yes, I actually do see an overlap between the two. The IPE model of patient care and the LPAA model of aphasia care are both dedicated to providing holistic patient-centered care.

Incorporating IPE in the NeuroService Alliance must have added another layer of work, so what convinced you that there was value in incorporating IPE into your treatment?

From my perspective, there is no better way for students to learn about aphasia and how to communicate with persons with aphasia than to receive direct instruction, observe others and peers communicate differently with persons with aphasia, and then practice using the learned tools with a person with aphasia in a safe and supportive environment. Students - not just

speech language pathology students, but ones from other disciplines - all value this opportunity to participate in NeuroService Alliance as it provides an invaluable, hands-on learning experience. The group members with aphasia not only love having the speech language pathology students there, but also students from other disciplines participate as guest communication partners. They recognize the value of having nursing students there learning how to communicate with them. They know that it will impact health care by having nursing students and other disciplines understand what it takes to be successful when communicating with persons with aphasia or, for that matter, just knowing what aphasia is.

In addition to the NeuroService Alliance, California State University - Sacramento provides nursing and SLP students with three separate co-curricular IPE experiences each semester. The culminating experience includes a published, unfolding, two-phase simulation experience about a patient with a new onset stroke. Often, in simulations, we use mannekins, but for this experience I have recruited members with aphasia from NeuroService Alliance to participate in the simulation as the standardized patient. Generally these individuals are retired educators who are thrilled with the opportunity to return to the classroom and to be able to teach again. They recognize the purpose of what we're trying to teach them and their role in that simulation. And it's also a very powerful step in the recovery journey of persons with aphasia. Additionally, I also recruit and train undergraduate SLP students to role-play the part of a distraught family member. In many ways, the success of the entire simulation rests on undergraduates. The person with aphasia loves watching the undergraduate students as they role-play their family member - it's very real for them and they appreciate what these students are learning from this experience.

The nursing students also have the opportunity to communicate (perhaps unsuccessfully) with the patient with aphasia, but then they're able to observe our SLP students communicate successfully by using augmented input, gestures, and other communication strategies. Lastly, during the debriefing session, the person with aphasia has the opportunity to communicate their joy and appreciation for the use of those communication tools. And so both of those things are powerful reinforcement for both the SLP and nursing students to continue to use these tools in their future clinical work.

Wow. I think that's a really meaningful experience for the students! I was wondering when it comes to IPE, how do you increase the awareness of your colleagues of the importance of providing their students with communication partner training?

I think it's important to recognize that, in the hospital setting, particularly with acute care, it's triage-based. This means that other disciplines may feel that there are other concerns or issues that are deemed more important when you first start creating some of these activities. So, I think it's important to feel comfortable and to remember that it's okay to meet your professional colleagues in their area of concern and that it may or may not have anything to do with the presence of aphasia in patients.

The important issue is to collaborate successfully together and, while you're doing that, you're establishing a profound relationship that is grounded in trust and mutual respect. Once that's established, your colleagues are going to be happy to integrate your goal of teaching about aphasia and the use of communication partner training into your collaborative work. One of the best ways to naturally demonstrate the value of communication partner training is to expose your interprofessional colleagues to an individual with aphasia in an authentic communication interaction. You can provide them with the opportunity to converse with this person and, perhaps, to see how difficult it can be. Then, you allow them to observe your skilled use of communication strategies with the individual and you will no longer need to persuade your colleagues. They may not be able to give you all the time that you would like to have, but you make it work. It's just a real privilege to be able to take your SLP students and go into a classroom of 90 nursing students and teach them communication partner training. It's very powerful.

When you're not running your remarkable program, you continue to do amazing work down in Southern California. Can you take a moment and reflect on how IPE has impacted your skills or approach as a seasoned SLP practitioner?

I have a greater understanding of all the potential factors that can impact our patients and our clients and their performance both during assessment as well as during therapy. For example, I have a much greater awareness and appreciation at all levels of care for the impact of a variety of issues on patient health and performance including pain, pain medications and medication interactions, or the impact of metabolic issues and other issues of body symptoms that are distinct and separate from the neurological system. IPE is providing me with the opportunity to serve as a stronger team member - my lens is larger. I would say that I'm not so myopic in my vision towards the patient and I can better understand the lens that other disciplines are using when they're working.

Could you share any tips on how to introduce IPE into your work setting?

It starts with a relationship - it starts with reaching out. You reach out and establish a relationship with someone else. For those of us who work in hospital especially, the natural overlap between nurses and speech language pathologists is dysphasia. But, beyond that, I really think that IPE requires a champion in a professional environment. We need someone who is committed to supporting the successful creation and the implementation of interprofessional learning and practices. Usually, once the topic is introduced, it becomes very obvious who is rising to that call to serve as a champion. There is so much more that we can do together than we can possibly do and accomplish separately. For example, we know that the literature reveals that high performing teams are exponentially far more productive and efficient than the highest performing individual member of a team. So think about the improvement that we could achieve in patient care and outcome if we have these high-performing, high-functioning teams that are providing care to our patients and our clients.

You are involved with so many different care settings, is there a specific story that pops into your mind?

This story is to remind you not to despise small beginnings. I co-facilitated group programming in Southern California with Dr. Candace Vickers in her communication recovery groups for almost a decade. And yet, even with that decade of experience, I still began NeuroService Alliance as one small conversation group with four persons with aphasia - two were fluent and two were not fluent - and four graduate students who served as trained communication partners. From that point four years ago, the program has now grown from four members to approximately 45 members with 32 graduate students and about 30 undergraduate students. So, begin small, grow slowly, and remember that it all counts. Those are all important stepping stones to laying a strong foundation in whatever program that you'd like to do and accomplish.

I just want to know from your own personal experience what you think an aphasia ambassador should consider as clear evidence of having had an impact on their community. What is an outcome that shows a practitioner that they're having that larger impact?

I believe I'm making an impact in the community when students come back and report to me that they have observed a person with aphasia out in the community and they have stepped up and spontaneously served as a communication partner right there in the moment. Another example would be when the Crocker Art Museum in Sacramento becomes interested in learning how to increase communicative access for persons with aphasia. That's a real point when there's some entity out in your community that has heard about your program and wants to do more to provide access. I also feel I'm making an impact when one of my group members with aphasia decides to organize and begin his own stroke survivor group in his home town. Or, even when a spouse or partner of a person with aphasia begins to use the communication tools to improve successful conversation between themselves and their loved one with aphasia. From my perspective each act creates a ripple effect which I believe reach farther and farther into the community.

Thank you so much. What an honor to have this conversation with you.

Additional Resources

<http://www.csus.edu/hhs/csad/research/neuroservice-alliance.html>

<https://nexusipe.org/users/california-interprofessional-education-research-academy-ca-iper>

http://www.csus.edu/hhs/centers/ipe_center.html