

Supported Communication to Improve Participation in Rehabilitation of people with moderate-severe aphasia after a first stroke: a pilot study (SCIP-R)

Submission date 26/07/2011	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 26/07/2011	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 04/01/2017	Condition category Circulatory System	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

About 150,000 people in the UK have a stroke for the first time each year, with significant cost to health and social care. A third of them experience aphasia, a communication disorder which affects speaking, understanding, writing or reading. Aphasia is associated with longer stays in hospital and has severe consequences for all aspects of life. People with aphasia may not fully benefit from stroke rehabilitation for a number of reasons to do with their communication. They may struggle to understand questions or follow instructions, or be unable to express their needs, leading to great frustration. Information must be communicated in particular ways to be accessible to them, or they may need additional help to set goals. Staff do not necessarily have the skills to support people with aphasia in these ways. 'Supported communication' uses a set of techniques to make communication accessible for people with aphasia. A skilled communication partner uses low-tech resources such as pen/paper, pictures, symbols, calendars, or gestures to break down barriers and enable understanding and expression. Research with community volunteers and students has shown that there are beneficial effects for conversation and engagement. Supported communication could be used by any member of the stroke team to help patients with aphasia to engage more fully in rehabilitation. It has the potential to improve the quality of care, and address some of the key aims of stroke rehabilitation such as adapting to disability, and increasing quality of life and well-being. Previous studies have mostly focussed on its use outside the clinical context. This study aims to build on this evidence and see whether supported communication is a technique that can be learned by stroke unit staff, and used during everyday rehabilitation to enhance participation and improve outcomes for people with aphasia.

Who can participate?

Healthcare staff from two stroke units.

What does the study involve?

We recruited healthcare staff from two stroke units; staff at one unit were trained in supported communication, while the other unit received the usual training.

What are the possible benefits and risks of participating?

The results of the study will be used to help design a more comprehensive study

Where is the study run from?

University of East Anglia (UK)

When is the study starting and how long is it expected to run for?

From June 2011 to September 2012

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Dr Simon Horton

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

9370

Study information

Scientific Title

Supported Communication to Improve Participation in Rehabilitation of people with moderate-severe aphasia after a first stroke: a pilot study (SCIP-R)

Acronym

SCIPR

Study objectives

About a third of people who have a stroke for the first time experience aphasia, a communication disorder affecting speaking, understanding, writing or reading. Aphasia is associated with longer stays in hospital and has severe consequences for all aspects of life. People with aphasia may not fully benefit from stroke rehabilitation for a number of reasons to do with their communication. They may be unable to understand questions, follow instructions, or express their needs. This may lead to misunderstanding and frustration. Information must be communicated in particular ways to be accessible to them, or they may need additional help to set goals. Staff are not necessarily trained in the skills to support people with aphasia in these ways.

'Supported communication' uses a set of techniques to make communication accessible for people with aphasia. A skilled communication partner uses low-tech resources such as pen /paper, pictures, symbols, calendars, or gestures to break down barriers and enable understanding and expression. Research with community volunteers and students has shown that there are beneficial effects for conversation and engagement.

Supported communication could be used by any member of the stroke team to help patients with aphasia to engage more fully in rehabilitation. It has the potential to improve the quality of care, and address some of the key aims of stroke rehabilitation such as adapting to disability, and increasing quality of life and wellbeing.

Previous studies have mostly focused on its use outside the clinical context. This study aims to build on this evidence and see whether supported communication is a technique that can be learned by stroke unit staff, and used during every day rehabilitation to enhance participation and improve outcomes for people with aphasia.

The results of the study will be used to strengthen the design of a more comprehensive trial.

Ethics approval required

Old ethics approval format

Ethics approval(s)

10/H0310/69

Primary study design

Interventional

Study design

Non-randomised; Interventional; Design type: Process of Care

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: Stroke Research Network; Subtopic: Rehabilitation; Disease: Therapy type

Interventions

'Supported communication' uses a set of techniques to make communication accessible for people with aphasia. A skilled communication partner uses low tech resources such as pen /paper, pictures, symbols, calendars, or gestures to break down barriers and enable understanding and expression. Supported communication could be used by any member of the stroke team to help patients with aphasia to engage more fully in rehabilitation. Study Entry: Registration only

Intervention Type

Other

Phase

Phase II

Primary outcome(s)

Stroke and Aphasia Quality of Life Scale (SAQOL39g); Timepoint(s): Discharge from unit and 6 month follow-up

Key secondary outcome(s)

Not provided at time of registration

Completion date

30/09/2012

Eligibility

Key inclusion criteria

1. Staff participants: nurses drawn from all day shifts (Bands 57)
2. Qualified therapy staff (Bands 57)
3. Therapy/healthcare assistants (Band 4)

Participant type(s)

Health professional

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Medical staff will be excluded: rotation of FY1 doctors makes it unlikely that they would be able to complete participation in the study

Date of first enrolment

15/06/2011

Date of final enrolment

30/09/2012

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of East Anglia

Norwich

United Kingdom

NR4 7TJ

Sponsor information

Organisation

NHS Norfolk (UK)

ROR

<https://ror.org/01wspv808>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research (NIHR) (UK) - Research for Patient Benefit (RfPB) programme

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	15/01/2015		Yes	No
Results article	results	18/04/2016		Yes	No