The authors conducted qualitative analysis of the medical residents’ responses to three open-ended write-in items on the program evaluation. Responses to each item were classified into a theme (or themes). Inter-rater reliability was calculated as a percentage of agreement.

**Methods**

- **Program:**
  - This program is a partnership between the weekly Aphasia Advocacy group at the Adler Aphasia Center and two area hospitals.
  - Each month, a group of medical residents from acute care and geriatric rotations attend the Center for a two-hour interactive session on living with aphasia at the Adler Aphasia Center.
  - Residents’ responses to questions on program evaluation were qualitatively analyzed for themes.
- **During the session,** the medical residents:
  - Tour the Center
  - Observe programs for people with aphasia
  - Participate in an hour-long conversation with the Aphasia Advocacy group comprised of people with aphasia and their experiences with aphasia
  - Discuss communication strategies with people who have aphasia
  - Receive the brochure Taking Your Doctor (Kagan & Shumway, 2002) and The Life Participation Approach to Aphasia (LPAA Project Group, 2001), people with aphasia are an integral part of this training.
  - Complete a pre- and post-session informational survey and an overall program evaluation.

**Goals of the training program:**

1. Sensitize healthcare professionals to the needs of their patients with aphasia.
2. Improve communication between healthcare professionals and people with aphasia.
3. Demonstrate that long-term rehabilitation and recovery occur over a lifetime.
4. Raising awareness about aphasia and its psychosocial impact.

**Participant comments:**

- If they were told that they had aphasia, the disorder was not clearly explained to them or their caregivers.
- They were not told that their recovery had reached a plateau and that they should look to future improvements in communication.
- **Lack of awareness about aphasia in the general public** (Simmons-Mackie, Code, Armstrong, Bleyer, & Drnan, 2002) and among patients in a neurology practice (Mavis, 2007) indicates that healthcare providers are doing an inadequate job with patient and public education about aphasia.

**Methods**

Aphasia clinicians and centers across the world have begun training programs for healthcare professionals to increase access to quality healthcare for people with aphasia (Parr, McCall, & Hay, 2006; Leopold, Young, & Berer, 2005; Kagan & Shumway, 2002, 2007).

The Adler Aphasia Center is a community-based aphasia center in Maywood, N.J. that has developed a training program to increase sensitivity, awareness, empathy, and communication between healthcare professionals and their patients with aphasia.

- **Consistent with the Life Participation Approach to Aphasia (LPAA Group Project, 2001),** people with aphasia see an integral part of this training.

This pilot study looks at learning outcomes and further educational needs of medical residents who have completed this training program, as reported by the residents themselves.

- **Within the 37 responses,** 4 categories of future improvements were identified (Figure 3).

**Additive Considerations**

- **46%** participants noted that patients who initially had no ability to express themselves/speak could improve/develop so dramatically—previously, I had a more pessimistic view of these patients [sic] long term prognosis.” – participant 37