“The Impact of the Visiting Aphasia Scheme (VAS) on the Learning Experience of Speech and Language Therapy Students”

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Abstract

Background: Conversation Partner Schemes, an intervention for individuals with aphasia influenced by the social model of disability, are now a key component of speech and language therapy student training. The impact of such schemes on the student learning experience requires further investigation.

Objectives:

1. To explore the student learning experience of the Visiting Aphasia Scheme (VAS).
2. To evaluate student attitudes using the Interaction with Disabled Person’s Scale (IDPS).

Method: Twenty-nine first year speech and language therapy students were recruited. Students completed a questionnaire pre (n=29) and post (n=28) VAS which aimed to gather participants’ knowledge of aphasia and also consisted of the IDPS. In addition, eight students participated in focus groups which aimed to explore the student learning experience of the VAS.

Results: Thematic analysis of the student learning experience of the VAS revealed four main themes; 1. Experience Shaping Attitudes, 2. Role and Logistics of Educational Experience, 3. Communicating with Conversation Partner, and 4. Professional Development and Role of Self. A paired samples t-test showed there was a statistically significant difference between the pre- and post- VAS IDPS data (Sig. (2 tailed) 0.049) indicating a change in attitude of students. Overall, basic knowledge of aphasia increased.

Conclusion: The VAS may provide an opportunity for professional development and learning of students, and may influence positive attitude change for interacting with individuals with disabilities. Generalisation of the results is limited due to sample size and sampling. Future research should involve a larger sample size and samples from other universities for a wider representation of learning experiences.

Keywords: Visiting Aphasia Scheme (VAS), aphasia, student learning, attitudes, challenges, education, professional development.
Introduction

Background on Aphasia

Aphasia is an acquired language disorder due to injury to the brain, most commonly from a stroke (Pederson et al 2004). Individuals with aphasia may present with difficulties in comprehension, speech production, naming, repetition and/or word-finding (Davis 2007). Individuals with aphasia are not a homogenous group as recovery rates differ in terms of rate and degree, depending on the type of aphasia (Bakheit et al 2007).

Aphasia is considered a communication disability which invariably has an impact on life participation (Parr et al 1997). Individuals with aphasia, particularly individuals with chronic aphasia, may experience loneliness, isolation and frustration as they struggle to cope with day-to-day activities and struggle to engage in successful conversations (Ross and Wertz 2003). Instinctively knowing how to adjust one’s own communication style when speaking with an individual with aphasia in order for the interaction to be successful can be a challenge (Parr et al 1997; Jagoe and Roseingrave 2011).

Social Model of Disability

In recent years, there has been a shift in practice with healthcare professionals increasingly steering towards a social model of disability and providing interventions for individuals with aphasia within a social context (Pound et al 2000). Traditionally, an individual with aphasia would have received direct intervention which addressed the underlying linguistic impairment (Jagoe and Roseingrave 2011). As part of the disability rights movement, the social model of disability emerged which considers disability as a direct result of barriers imposed by society, rather than the impairment itself (Oliver and Barnes 1998; Shakespeare et al 1996). By providing interventions based on the social model of disability, healthcare professionals are able to address issues such as social exclusion and isolation by creating conversational opportunities (Simmons-Mackie 2000; 2008).

Conversation Partner Schemes

An intervention for individuals with aphasia, which is embedded in the social model of disability, is Conversation Partner Schemes (CPS’s) (Simmons-Mackie et al 2014).
Alternative names, which are used by different organisations, include Supported Conversation for Adults with Aphasia (SCA) (Kagan 1998), Supported Conversation Training, Conversation Partner Training (Bradley and Douglas 2008) and Visiting Aphasia Scheme. The CPS was developed by a London-based charity called Connect which encourages volunteers to visit individuals with aphasia (McVicker et al 2009). The charity which promotes the principles of the social model of disability piloted the scheme in 2001. A CPS involves a volunteer visiting an individual with aphasia over several months for one hour per week to reduce social isolation and to provide an opportunity for conversation. The volunteer receives training from a Speech and Language Therapist about strategies and techniques that can be used to support and enable a successful conversation. McVicker et al (2009) revealed that individuals with aphasia had changes in their confidence and communication due to the CPS. Long-term service options were available to be provided by therapists due to the CPS and the volunteers gained communication and life skills.

In 2006, a CPS was set up by the Department of Clinical Speech and Language Therapy, Trinity College Dublin (TCD), Ireland. First year undergraduate students enrolled in their Bachelor of Science (B.Sc.) programme participated in a CPS (Jagoe and Roseingrave 2011). In 2008, the Visiting Aphasia Scheme (VAS), a CPS, was set up by the Department of Clinical Therapies, University of Limerick (UL), Ireland. A key component of student training is that first year postgraduate students enrolled in the Master of Science (M.Sc.) Speech and Language Therapy programme at UL participate in the VAS. Although the schemes in TCD and UL are not linked with each other, both are collaborative projects which were set up between the university departments and their local speech and language therapy services. The purpose of these schemes is to provide learning opportunities so that speech and language therapy students in these universities can achieve academic and student development goals, as well as fulfilling the main objective of facilitating opportunities for social interaction and conversation for individuals with aphasia.

Lyon et al (1997) and McVicker et al (2009) have reported that CPS’s enhance communication, facilitate social participation and inclusion, and increase well-being for individuals with aphasia. A difficulty with interventions for aphasia is that it is hard to capture and measure outcomes which are not specific to the impairment, such as levels of social participation and confidence in individuals with aphasia post intervention (Kagan et
Kagan et al (2008) developed a conceptual framework called Living with Aphasia: Framework for Outcome Measurement (A-FROM) to guide outcome measurement so that evidence can be gathered from individuals with aphasia to show that interventions for individuals with aphasia are meaningful and worthwhile.

Learning Experiences of Conversation Partner

The CPS may provide an opportunity for students to learn about aphasia, develop and reflect on personal attitudes about communication disability, and improve their skills as conversation partners (McVicker and Horton 2007; Stickland 2000). Jagoe and Roseingrave (2011) aimed to qualitatively explore the journeys of first year speech and language therapy students participating in a CPS in the Dublin region. Particularly, the study aimed to explore how the students reflected and negotiated on issues they encountered during the experience by analysing reflective letters written by the students. The researchers felt that the letters written by the students reflected ‘a developing understanding of aphasia and its effect on identity; the importance of conversation for life participation; and the ability to see the person behind the aphasia’ (Jagoe and Roseingrave 2011, p. 145). Research investigating outcomes of CPS’s has shown positive changes in conversation partners’ communication skills with trained volunteer participants (Kagan et al 2001; Rayner and Marshall 2003; Hickey et al 2004) and some small attention has been paid to the positive change for medical students (Legg et al 2005).

In a study by McVicker et al (2009), an evaluation of a CPS by trained volunteering conversation partners revealed their learning experiences. Many of the volunteers reported that ‘the volunteer’s role as a conversation partner is a learning curve’ (McVicker et al 2009, p.66). The volunteers reported that they began to understand the complexities of a person’s life with multiple disabilities and learned about cultural differences. Some volunteers expected that the individual with aphasia would show more changes when in fact it was the volunteer that changed by realising to ask less of the individual with aphasia. Many gained insight into their own communication and the communication of the individual with aphasia (McVicker et al 2009). Similar findings were reported by Jagoe and Roseingrave (2011) in terms of speech and language therapy students gaining an insight into living with aphasia and in terms of the students having the opportunity to develop
their communication skills. Analysis of reflective letters written by the students also revealed that the students felt they increased in their abilities to communicate with their partner and learnt how to use particular communication strategies (Jagoe and Roseingrave 2011). Although not a study on a CPS, Welsh and Szabo (2011) taught nursing assistant students’ (NAS) about aphasia and strategies used in CPS’s. The findings revealed that the NAS had a better understanding of aphasia and knew of two strategies that they could use when talking with an individual with aphasia.

McVicker et al (2009) revealed that some volunteers reported that they were often confused, wary about their boundaries/role and they realised that sometimes the needs of the individual with aphasia could not be met by a conversation partner. Volunteers reported that they had to manage themselves emotionally, learn how to be assertive and learn to value silence. Some of these findings are consistent with what was found in the Jagoe and Roseingrave (2011) study in terms of managing emotions. It was reported that the speech and language therapy students realised the emotional impact their communication partners’ experiences had on them.

Jagoe and Roseingrave (2011) reported that the analysis of the reflective letters revealed that some students developed awareness that individuals with aphasia are not part of a homogenous group and that sometimes the individual can be masked by aphasia. In terms of personal development of the students, many felt anxious and apprehensive before embarking on the CPS. After participating in the CPS, students reported an increase in confidence. Similar findings were mirrored in a study by Finch et al (2013) on the confidence of speech and language therapy students with regard to communicating with people with aphasia. The study revealed that the students did not feel confident working with individuals with aphasia despite having completed academic work on aphasia. As a result, Finch et al (2013) suggest that students should participate in a CPS to increase their knowledge and confidence with individuals with aphasia prior to clinical placements so that clinical learning opportunities can be maximised when working with individuals with aphasia during placements.

Overall, the outcomes of the McVicker et al (2009) study were quite positive with volunteers developing their communication and life skills. However, the reported findings should be taken with caution as an informal evaluation of the CPS was gathered from the
trained volunteers by means of a questionnaire. The researchers do not report how this data was analysed. Although the student learning experience is well documented in the Jagoe and Roseingrave (2011) study, the limitations of the study need to be recognised. Validity and generalisability of the results are impacted given the small sample size and the nature of the data as self-report. Some students resubmitted their reflective letters which suggests they may have had strong feelings about the CPS. However, the study is useful as it looks at undergraduate speech and language therapy students’ learning experiences and is based in an Irish context.

**Attitudes towards Disability**

A study by Tervo *et al* (2004) investigated graduate and undergraduate health professional student attitudes (medical, nursing, and allied health) towards disability. Allied health students were associated with a background in disability and there was no difference among the disciplines in terms of years of experience in disability. The results revealed that undergraduate nursing students held the least positive opinions and it was unclear to the researchers why this was the case. Those with a background in disability were more likely to hold positive attitudes towards disability. Tervo *et al* (2004, p. 913) reported that ‘enrolment in graduate courses is associated with a background in disability and this may explain the respondents’ more positive attitudes’. Mitchell *et al* (1984) and Tervo *et al* (2002) had similar findings to Tervo *et al* (2004) in that favourable attitudes were held by people who had frequent contact with physical disabilities, and gender and background in disability influenced attitudes. A weakness of the Tervo *et al* (2004) study is that attitudes towards disability were a snapshot in a moment of time and may not be reflective of future opinions. Also, details about the backgrounds in disability of the students were not discussed.

Sahin and Akyol (2010) evaluated nursing and medical students’ attitudes towards people with disabilities. Their study supports the findings of Tervo *et al* (2004) that those with a background in disability are more likely to hold positive attitudes towards disability. Sahin and Akyol (2010, p. 2276) also revealed that ‘factors such as gender, contact with disabled people, closeness of contact and prior knowledge about disability were found to have an impact on attitude scores’.
The NDA (2011) carried out a literature review on attitudes towards disability. This review did not address attitudes towards communication disability. Although studies have been carried out on the attitudes of the public and health care professionals towards disability in general (Ouelette-Kuntz et al 2010; NDA 2011), there appears to be a lack of research on attitudes of speech and language therapy students towards people with aphasia.

Research Limitations

Several studies have investigated student and volunteer learning experiences having had experience interacting with individuals with disabilities. Studies have explored the attitudes of the general public and health professional students towards individuals with disabilities. There appears to be a lack of research which looks specifically at the learning experience of students and the attitudes of students towards individuals with aphasia. Particularly, a lack of research from the perspective of first year students participating in a CPS who are enrolled in a M.Sc. Speech and Language Therapy programme in Ireland. It appears that this area has received minimal attention in the research.

Aims of Current Study

1. To explore the student learning experience of the VAS of first year speech and language therapy students.
2. To evaluate student attitudes towards individuals with communication disabilities (particularly aphasia) using the Interaction with Disabled Person’s Scale (IDPS).

Methods

Ethical Approval and Consent

Ethical approval of this study was granted by the Faculty of Education and Health Sciences Research Ethics Committee, University of Limerick, Ireland. Informed written
consent was obtained from all participants prior to their participation in this study. Please see Appendix A for consent form.

Design

Participants were a single cohort of students in a quasi-experimental study design. A mixed methods approach (quantitative and qualitative) was employed when gathering pre- and post-VAS data and when analysing the data for this study.

Participants

Twenty-nine first year postgraduate students enrolled in the M.Sc. Speech and Language Therapy programme, University of Limerick, Ireland were recruited for this study. Inclusionary criteria was registration of the participants on the M.Sc. Speech and Language Therapy programme. There was no exclusionary criteria. Participants completed the VAS as part of the M.Sc. programme. Participation in this study was voluntary. Participants were given an information sheet explaining what the research would entail prior to commencing the VAS in September 2014. Please see Appendix B for information sheet.

Participants received a day and a half training by members of the teaching staff of the M.Sc. programme before commencing the VAS. Participants also participated in a conversation workshop with an individual with aphasia for approximately eight to ten minutes as part of the training. The individual with aphasia provided the student with feedback on their communication skills using a feedback form from Connect, the communication disability network.

Procedure

Participants who gave their consent to participate in this study were given a questionnaire to complete prior to commencing the VAS. Upon completion of the VAS, the participants were asked to complete the same questionnaire. Two months after completion of the VAS an e-mail was circulated by the researchers to the participants who gave their consent to participate in a focus group so that dates and times of the focus groups could be arranged. The participants were made aware that they could withdraw from the study at any time in accordance with ethical considerations.
The Questionnaire

Twenty-nine participants completed the questionnaire prior to commencing the VAS. Twenty-eight participants completed the questionnaire upon completion of the VAS. The questionnaire consisted of two sections.

Section one consisted of seven questions seeking participants’ knowledge of aphasia. The questions were adapted from Welsh and Szabo (2011). Question one required the participant to define ‘aphasia’. Questions two to six were to be answered ‘true’ or ‘false’. Question seven consisted of five statements in which participants had to select all that applied. Please see Appendix C for section one of the questionnaire.

Section two consisted of the Interaction with Disabled Person’s Scale (IDPS). The IDPS is a self-report measure in which respondents are asked to rate on a Likert scale how much a series of twenty statements are representative of their reactions when they meet an individual with a disability (Gething 1991). Please see Appendix C for section two of the questionnaire.

Focus Groups

Eight participants agreed to participate in a focus group which aimed to explore the student learning experience of the VAS. Participants were randomly allocated to one of two groups, with four students being in each group. The researchers devised a focus group protocol which was read to each focus group to ensure consistency across both groups (please see Appendix D for focus group protocol). Focus group data was recorded on digital recorders and uploaded to a computer for transcription and analysis. The data was stored anonymously.

Participants were provided with a notepad and pen if they wished to write notes as reminders while another participant was speaking. Participants were also advised that they could write notes that they wished for the researchers to know about but wished to keep confidential from the participants in the focus group.

Researcher one conducted the discussion for the first focus group while researcher two took notes, observed and probed on questions if necessary. The researchers swapped roles for the second focus group. A topic guide was drawn together by the researchers
which was used for both focus groups (please see Appendix E for topic guide). Each focus group session lasted for approximately thirty to forty-five minutes.

**Quantitative Analysis**

Analysis of pre- and post-VAS IDPS data was performed quantitatively using the SPSS statistical software programme (IBM 2013). The data was tested for normality using histograms and the Shapiro-Wilk test as this test is considered the most powerful normality test (Razali and Wah 2011). The Shapiro-Wilk test is also advised for a sample size of less than fifty (Shapiro and Wilk 1965). Pre- and post- VAS data was found to be normally distributed. Parametric tests were performed as a result. The assumptions of parametric tests are considered stronger than those of non-parametric tests (Kitchen 2009). As the pre- and post- VAS IDPS data was normally distributed, a paired samples t-test was then completed to compare the means.

Analysis of the responses on the knowledge of aphasia questionnaire were analysed by the researchers in terms of frequencies and percentages.

**Qualitative Analysis**

Data from the first focus group was transcribed by researcher one and checked against the recording by researcher two. Researcher two transcribed the data from the second focus group and was checked against the recording by researcher one. The researchers designed a transcription protocol which was used when transcribing data. Please see Appendix F for transcription protocol.

Focus group data was analysed qualitatively using thematic analysis in accordance with Braun and Clarke (2006) (please see Appendix G for thematic analysis steps). A process of inductive analysis was used by the researchers. Inductive analysis requires no engagement with the literature in the early stages of analysis as this may narrow your analytic field of vision by focusing on some aspect of the data and missing other potentially crucial aspects (Tuckett 2005). In order to code the data from the focus groups, the data was inputted into QSR International NVivo 10 analysis software which is a software that provides a workspace for managing, analysing and reporting on qualitative data (QSR International 2012). The researchers reviewed the transcripts several times to become fully
immersed in the data so significant units of meaning could be distinguished. The researchers coded the data for each group separately and then came together to agree on codes. The coded data was reviewed and aggregated into main themes and subthemes which were agreed upon by both researchers. Please see Appendix H for a mind-map of how the themes were aggregated.

**Results**

Results will be presented in accordance with the aims of this study which were set out in the introduction. Qualitative results will be presented first followed by the quantitative results.

**Qualitative Results**

Participants in the focus groups were assigned a label (e.g., P1, P2) which will be used to refer to the participants. Thematic analysis of the focus group data revealed four main themes including sub-themes within each. See Fig. 1 for an overview of themes.

Fig. 1. Overview of themes
Themes

Four main themes emerged from the focus group data: (1) Experience Shaping Attitudes, (2) Role and Logistics of Educational Experience, (3) Communicating with Conversation Partner, and (4) Professional Development and Role of Self. Each of these themes and the sub-themes will be discussed in detail below.

(1) Experience Shaping Attitudes

This theme describes how pre- and post-VAS experiences shaped the participants’ attitudes towards individuals with communication disabilities. Participants talked about their differing experiences prior to the VAS which included the public’s view towards disability, choosing to study speech and language therapy and knowledge and understanding of the role of the speech and language therapist (SLT). Participants also discussed their attitudes towards working with individuals with aphasia and adults.

“My aunt used to live with it….she had Down Syndrome and like you could tell..like people were just like, as if she wasn’t a person. Yeah, so I definitely...yeah, I was kind of aware of that before [attitudes towards disabilities]” (P1).

“You do sort of label them a little bit saying ‘okay, I’m going to see a person with aphasia’. You don’t say ‘I’m going to see this really fun person and have a laugh’, and it kind of makes you a bit more patient..like to get to know the person.” (P8)

Two sub-themes emerged within the theme ‘experience shaping attitudes’: 1 (a) Pre-VAS experience shaping attitudes, (b) Attitudes towards working with adults with communication disabilities.

Sub-theme 1 (a): Pre-VAS experience shaping attitudes

This sub-theme describes the differing experiences that participants had before they began the VAS. Participants talked about choosing to study speech and language therapy and their reasoning behind it due to previous experiences.
“I was going down the psychology route to start with, but having worked with the kids with disability...and seeing the kind impact...of speech therapist...and communication on those kids...that kind of inspired me [to choose speech and language therapy]” (P2).

Prior knowledge and understanding of the role of the SLT was discussed amongst all the participants.

“I would have had..fairly good idea from shadowing three different SLT’s..doing research online and reading up” (P1).

Please see Appendix I for additional quotes supporting this sub-theme.

Subtheme 1 (b): Attitudes towards working with adults with communication disabilities

This sub-theme describes the attitudes and feelings the participants had prior to and on completion of the VAS towards individuals with aphasia and adults. The majority of participants described a mixed range of emotions which they experienced prior to the VAS such as empathy, anxiety and awkwardness. One participant reported that she did not have the same feelings as the group due to prior experience.

“I’d have been really freaked, because I’d have had the thought of ‘ok I’m going out to somebody that might not be able to speak at all’…” (P1).

“Kinda empathise with them [individual with aphasia] a bit saying like ‘it must be really difficult not to be able to get your point across’…” (P8).

Participants described how the VAS changed their attitudes and how they would be more confident if they had to work with an individual with aphasia or an adult in the future. Some participants reported that their attitude did not change as they had a preference for working with adults before the VAS.

“I think ‘cause sometimes you kind of paint everyone with the same brush..but like he has such a funny personality..and that shone through straight away..” (P6).

“I always wanted to work..well..since my..emm final year [of undergraduate course] I always wanted to work with you know...acquired..” (P6).
Please see Appendix I for additional quotes supporting this sub-theme.

(2) Role and Logistics of Educational Experience

This theme describes the participants’ views on the logistics of the VAS visit in terms of location, duration, the set up and its limitations. The theme also describes the participants’ opinions on the training they received prior to commencing the VAS.

“It [the VAS visit] pretty much took up the whole day” (P2).

“If we’d of had a bit more of a background into it [aphasia] it probably would have been really good” (P8).

Two sub-themes emerged from the participants’ perspective on the role and logistics of the educational experience: 2 (a) Logistics of VAS visit, (b) Pre-VAS training.

Subtheme 2 (a): Logistics of the VAS visit

This sub-theme describes the logistics of the VAS visit from the perspective of the participants. Some participants commented negatively on the location of their VAS clients. Other participants felt that the visits were demanding and took up a lot of time especially when they had coursework deadlines to meet.

“..how far away it was...amm..it was over two hours of driving...to spend not even an hour with her [VAS client]” (P1).

“We had an assignment every week for six weeks or something...so it was just horrendous... and then you didn’t enjoy it as much because at the back of your mind you’re thinking I have to get out of here I really have to do that assignment” (P6).

In contrast, some participants felt that the set-up of the VAS was relaxing.

“We weren’t tested or examined, there was no report or anything like that, it was kind of nice having that cause you were just...you could...you know relax” (P3).

Please see Appendix I for additional quotes supporting this sub-theme.
Sub-theme 2 (b): Pre-VAS training

This sub-theme describes opinions of the participants on the training they received prior to commencing the VAS. Most participants reported that they would prefer more pre-VAS training on aphasia with one participant being unsure. Participants found that the videos shown in pre-VAS training were useful in terms of knowing how to analyse body language.

“..it might be good to have a more like in depth picture of like the actual condition [aphasia] before we went in” (P4).

“..I don’t know actually..I’m not 100% sure because it was like nice to have it [VAS visit] as well just to get to know the person [VAS client] and not....I think maybe if you had a class alongside it you might be looking out for things” (P3).

“I got the concept of it [analysing body language] from watching the videos...I wouldn’t have known how to do it, and I wouldn’t have walked in day one going ‘oh, she [VAS client] looks happy’, but it’s just even to watch out for that and realise from the videos what’s actually possible through...through body language” (P1).

There was mixed attitudes and feelings amongst the participants about the conversation workshop as part of pre-VAS training. Some participants felt anxious and awkward due to the individuals with aphasia giving feedback on their communication skills, while others found the experience helpful.

“The grading part was quite weird ‘cause it was like the people [individuals with aphasia] you were chatting to didn’t really want to do it [the grading] either” (P1).

Participants talked about the use of conversation ramps they learnt in pre-VAS training. Many reported that they did not need any ramps even though they were taught them.

“You make all these assumptions that okay this person has limited communication so they’re going to want to use all these things [conversation ramps]. Actually that wasn’t kind of how it worked out” (P2).

Please see Appendix I for additional quotes supporting this sub-theme.
(3) Communicating with Conversation Partner

This theme describes the challenges the participants faced when engaging with their VAS client and the strategies they implemented which adapted to the needs of the VAS client. Participants reported that they found it challenging when their VAS client did not want to talk or used inappropriate comments. Participants discussed about giving the VAS client time to speak, using materials such as photos and newspapers to generate conversation, and developing topics for discussion with the VAS client.

“..she [VAS client] was just as happy to sit there and not get involved, so we kind of had an issue with that, as in, how do you chat to someone who isn’t too bothered about chatting” (P1).

“He always had the newspaper so we’d I’d always take that and go through the headlines” (P6).

Two sub-themes emerged within the ‘communicating with conversation partner’ theme: 3 (a) Challenges faced engaging with VAS client, 3 (b) Implementing strategies that adapt to VAS client’s needs.

Sub-theme 3 (a): Challenges faced engaging with VAS client

This sub-theme describes the challenges the participants encountered with their VAS clients. Participants described how it was difficult when their VAS client would not talk or would use inappropriate comments due to communication difficulties. Participants also talked about abrupt changes in conversation topic and the differing perceptions of what the VAS is.

“..they [VAS client’s family] told us she’d had two or three speech and language therapists before and she just had no interest” (P8).

“He [VAS client] was very like un-PC, so he’d be like ‘oh that man, he was like black, but he was very nice’..and I had to kind of learn to cope with kind of awkward situations where we didn’t know kind of how to respond” (P4).

“..He could literally jump from talking about like horse racing to anything..to like Guinness in two seconds” (P4).
“Felt like she [VAS client] didn’t really know what the scheme was...I think it felt like she didn’t really know...why we were there and was afraid of what we were gonna try and do, thinking that we were gonna come an...try fix her or something” (P8).

Please see Appendix I for additional quotes supporting this sub-theme.

### Sub-theme 3 (b): Implementing strategies that adapt to VAS client’s needs

This sub-theme describes the strategies the participants’ implemented which adapted to their VAS clients’ needs. Use of photos, newspapers, and writing down things and painting were strategies used by some of the participants. The participants recognised that giving time for the VAS client to talk was beneficial.

“With our lady, photos..they were huge because they were huge in her life..the only thing actually that we used” (P7).

“Getting people to write things down, that’s really the main one we used” (P4).

“Initially you try and finish their sentences. I thought ‘ohh it makes it easier for them’ but..eh I think it was just eh again just giving time...was probably more beneficial” (P6).

“Christmas was coming up so that was a good topic to talk about” (P6)

Please see Appendix I for additional quotes supporting this sub-theme.

### (4) Professional Development and Role of Self

This theme describes the participants’ level of self-confidence (pre- and post-VAS), critical reflections (post-VAS), relationship with their VAS clients, and their understanding of what the VAS is. Many participants experienced anxiety and nervousness prior to the VAS but reported an increase in confidence post-VAS. Being comfortable with silence and reducing rate of speech when interacting with the VAS client were reflections made by the participants. Some participants felt that they developed a relationship with their VAS client and felt guilty due to the abrupt ending of the VAS.
“I was really nervous...yeah. I think maybe as well because of not having had experience working with adults..kind of not knowing what to expect [pre-VAS]” (P2).

“I’d say I’m more confident. [working with individuals with aphasia post-VAS]” (P4).

“..it’s okay if there is silence...” (P4).

“You do get a little attached..they get to know you quite well” (P6).

Four sub-themes were identified within the theme of ‘professional development and role of self’: 4 (a) Self-confidence, (b) Critical Reflection, (c) Relationship (with VAS client), (d) Students’ understanding of the VAS.

Sub-theme 4 (a): Self-confidence

This sub-theme describes the level of self-confidence of the participants pre- and post-VAS. Most participants were anxious or nervous prior to commencing the VAS but gained confidence in working with individuals with aphasia having participated in the VAS. Some participants had prior experience with individuals with aphasia so felt less nervous about the VAS.

“Eer..I was quite nervous going out the first time” (P1).

“..I volunteered in an acquired brain injury centre..I wasn’t too nervous about going in I was more nervous about going into the person’s home..” (P8).

“..it gives you confidence [the VAS], and I would feel a bit more confident going into ...amm..kind of..similar situations” (P3).

Please see Appendix I for additional quotes supporting this sub-theme.

Sub-theme 4 (b): Critical Reflection

This sub-theme describes the critical reflections which were discussed by the participants. Participants recognised the importance of reducing rate of speech and being comfortable in silence. Overall the participants’ felt that the VAS was a positive experience.
“I definitely learnt I need to slow down because people tell me I really talk fast..you could literally see when I was talking to him [VAS client] that it was literally going over his head” (P4).

“It really made sense there [at VAS visit] just to be comfortable in silence” (P7).

“I definitely think it’s a positive experience where we can learn and develop our communication skills” (P6).

Please see Appendix I for additional quotes supporting this sub-theme.

**Sub-theme 4 (c): Relationship (with VAS client)**

This sub-theme describes the relationship the participants had with their VAS clients. Many participants felt that they wanted to be accepted, became attached to their VAS clients and got to know them quite well. Some participants reported feeling guilty when the VAS was finished due to the abrupt ending and the upset it caused the VAS client.

“It’s just ‘cause it’s their home and you want them to like you and to accept you into the home” (P8).

“He [VAS client] got upset on our last day and it was like he didn’t really understand...we were all very sad at the end cause...we felt like bad that we’d left on a bad note kind of cause he was so upset” (P6).

Please see Appendix I for additional quotes supporting this sub-theme.

**Sub-theme 4 (d): Student’s understanding of the VAS**

This sub-theme describes the students’ understanding of the VAS. Participants believed that the VAS was a scheme to enable them to get comfortable working with individuals with communication difficulties.

“Normally you’re going to try and help somebody else, but in this case you’re actually going to help yourself..that was my feeling of it..obviously the person [VAS client] I was with got something out of it as well” (P1).
“It was a really good thing to do and to kinda get you more comfortable I suppose with dealing with people who have had a stroke” (PS)

Please see Appendix I for additional quotes supporting this sub-theme.

Quantitative Results

The Shapiro-Wilk test showed that pre-VAS IDPS data had a p-value of 0.326 (see Fig. 2) and post-VAS IDPS data had a p-value of 0.083 (see Fig. 3). As both pre- and post-VAS IDPS had a p-value of greater than 0.05 the alternative hypothesis was rejected. The null hypothesis was accepted that the data was normally distributed. As the data was normally distributed, a paired samples t-test was conducted which revealed that there was a statistically significant difference (p<0.05) between pre- and post-VAS IDPS data (p-value = 0.049) (See Fig. 4). This indicated that there was a change in attitude of participants pre- and post-VAS as measured on the IDPS.

Fig. 2. Pre-VAS IDPS data
Paired Samples Test

<table>
<thead>
<tr>
<th>Pair</th>
<th>Paired Differences</th>
<th>Std. Error</th>
<th>95% Confidence Interval of the Difference</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALpre - TOTALpost</td>
<td>2.679</td>
<td>1.298</td>
<td>.015</td>
<td>5.342</td>
</tr>
</tbody>
</table>

Fig. 3. Post-VAS IDPS data

Fig. 4. Paired Samples Test

Fig. 5 shows the results of the knowledge of aphasia questionnaire pre and post VAS. 100% of participants had heard of the word ‘aphasia’ pre-VAS with 72.4% of participants defining aphasia as caused by a stroke/ acquired brain injury. 79.3% of
participants believed aphasia can affect a person’s ability to read and write pre-VAS. Knowledge of this statement increased as 100% of participants agreed with this post-VAS. 62.06% of participants agreed pre-VAS that people with chronic aphasia can continue to get better two or three more years after they first have aphasia. Knowledge of this statement increased, with 82.75% of participants agreeing post-VAS. 6.89% of participants said ‘yes’, aphasia can affect a person’s intelligence. Knowledge increased post-VAS with 3.4% agreeing with this statement. The statement, ‘a person with aphasia is able to make decisions about healthcare and other important life matters’ was agreed upon by 82.75% of participants pre-VAS and 96.55% of participants post-VAS showing an increase in knowledge. 55.17% of participants said that they have worked with people who have aphasia in the past pre-VAS. This increased to 79.3% post-VAS. No participant was working with a person with aphasia pre-VAS. This increased to 37.9% post-VAS. The percentage of participants who agreed with ‘I will work with people who have aphasia in the future’ remained the same at 86.2% pre- and post-VAS. No participant said they would not work with people who have aphasia pre-VAS but this increased to 3.44% of participants post-VAS. Finally, the percentage of participants who agreed with the statement ‘I am not sure of my future plans’ remained the same at 44.83% pre- and post-VAS.

![Knowledge of Aphasia Questionnaire](image)

**Fig. 5. Knowledge of Aphasia pre- and post-VAS**
Discussion

Student Learning Experience

Findings suggest that overall the participants had a positive learning experience in which they increased their understanding of aphasia having participated in the VAS. The participants learned about their own communication style and the communication of their VAS client. This is captured in sub-theme 4 (b) critical reflection and in theme 3 communicating with conversation partner. Participants talked about slowing down their own speech when communicating and allowing the VAS client time to talk. Interpreting the VAS client’s body language, coping with inappropriate comments from the VAS client and dealing with abrupt changes in topic of conversation were the main challenges the participants reported facing when engaging with their VAS client. Some of these findings are consistent with what has been found in previous studies. McVicker et al (2009) reported that trained volunteers gained an insight into their own communication and the communication of the individual with aphasia having participated in a CPS. Participating in a CPS gave speech and language therapy students an opportunity to develop their communication skills (Jagoe and Roseingrave 2011).

Results indicate that the participants learned to implement strategies and use materials which adapted to the VAS client’s needs. This is evident in theme 3 communicating with conversation partner in which the participants reported using materials such as photos and newspapers to generate conversation. Requesting the VAS client to communicate by writing down things was a strategy used by some of the participants. These findings are consistent with a previous study by Jagoe and Roseingrave (2011) in which it was found, through analysis of reflective letters, that speech and language therapy students learned particular communication strategies having been involved in a CPS.

Findings of this study imply that the VAS may provide an opportunity for participants to develop themselves professionally. Developing a relationship with the VAS client, being comfortable with silence and managing emotions are learning experiences which the participants articulated. These learning experiences are evident in theme 4
professional development and role of self. The participants discussed how they became somewhat attached to their VAS client and how they felt guilty due to the abrupt ending of the VAS. Others spoke about learning to become comfortable with silence. Most of the participants reported feeling nervous and anxious prior to the VAS. On completion of the VAS, the majority of the participants reported an increase in confidence in working with individuals with aphasia. These findings are consistent with previous studies that found that speech and language therapy students experienced anxiety (Jagoe and Roseingrave 2011) and lacked confidence in working with individuals with aphasia (Finch et al 2013). Jagoe and Roseingrave (2011) reported that the students increased in confidence having participated in a CPS.

Many of the findings of this study are consistent with the findings of previous studies on student learning experiences of a CPS. However, there appears to be no previous literature in which the logistics of a CPS is discussed. The participants in this study talked about the duration and set up of the VAS and the implications of it on their coursework. This is evident in theme 2 role and logistics of the educational experience. The participants reported how the VAS visits became more demanding towards the end of the scheme as they were trying to meet coursework deadlines. The participants felt that the VAS visits took up a lot of time. A couple of participants reported that they found the VAS visits relaxing and liked the fact that they were not examined on the visits. This finding may not have been revealed in previous studies due to the nature of the course the participants are enrolled in. Previous studies have looked at undergraduate students participating in a CPS (Jagoe and Roseingrave 2011; Finch et al 2013) while the participants in this study were postgraduate students and had a considerable work-load.

Attitudes towards Individuals with Communication Disabilities

Results from the knowledge of aphasia questionnaire indicate that overall the participants increased in their basic knowledge of aphasia having participated in the VAS. The results show that the participants had some knowledge of aphasia before starting the VAS. All participants had heard of the word ‘aphasia’ and 72.4% reported it as caused by a stroke or an acquired brain injury. Baseline knowledge of the participants may have been different than that of undergraduate speech and language therapy students due to the fact
that the participants in this study are postgraduate students. It may be the case that postgraduate students are older than undergraduate students and as a result may have greater life experience in general. A study by Tervo et al (2004) found that the healthcare professional students that were enrolled in a graduate course tended to have a background in disability. Furthermore, a study by Sahin and Akyol (2010) found that attitude scores of healthcare professional students were impacted due to prior knowledge about disability.

Interestingly, findings in this study show there is a statistically significant difference (0.049) between pre- and post-VAS IDPS scores indicating a positive shift in attitude of the participants towards individuals with disabilities. When looked at closely, the results of the IDPS data pre- and post-VAS show that the results are very close to being non-significant (0.001). Experience shaping attitudes is one of the main themes that emerged from the focus group data. This theme shows that most participants experienced anxiety and awkwardness prior to the VAS but this changed post-VAS with participants reporting an increase in confidence in working with individuals with aphasia. A couple of participants who had prior experience with individuals with communication disabilities felt more prepared and were not as daunted prior to the VAS. Previous studies have shown that contact with people with disabilities, closeness of contact and prior knowledge about disability impact on attitude scores (Sahin and Akyol 2010). Considering that the participants in this study are postgraduate students and that some of them had prior experience with individuals with disabilities this may explain why the results of the IDPS pre- and post VAS were very close to being non-significant. The limitations of the IDPS should also be taken into consideration. The IDPS is a generic scale which assesses prevalent attitudes across all disability types (Gething 1991). The nature of response is self-report and the scale is not specific to attitudes towards individuals with aphasia.

Limitations of Current Study

The researchers recognise that this study has some limitations. The researchers previously participated in the VAS and therefore had an awareness of the learning experience of the VAS from their own perspectives.

Sampling was one cohort of postgraduate speech and language therapy students in one university in Ireland. Therefore, generalisation of the results is limited.
Recommendations

It is recommended that future research should consider sampling different cohorts in other universities internationally for generalisation of results. It would be interesting if future research would consider exploring the experiences of the VAS clients in terms of the impact of student attitude, strategies and skills. This would provide a holistic overview in terms of the impact of the VAS.

Conclusions

In conclusion, the VAS may provide an opportunity for professional development and learning of students. The VAS may reduce fears associated with communicating with individuals with communication difficulties. The opportunity to participate in the VAS may encourage the students to critically self-reflect on aspects of their own communication and on the communication of individuals with communication disabilities. The VAS may encourage students to adapt to the needs of the client and implement strategies which adjust to the needs of an individual with communication disabilities.

Finally, the VAS may influence positive attitude change for interacting with individuals with disabilities.
References


Jagoe, C. and Roseingrave, R. (2011) ‘“If this is what I’m meant to be...”: the journeys of students participating in a conversation partner scheme for people with aphasia’, *Journal of Academic Ethics*, 9, 127-148.


APPENDICES A - I
Dear Participant,

You have been invited to participate in research on the evaluation of a conversation partner scheme, namely the *Visiting Aphasia Scheme* which is part of SL6043 on the MSc. Speech and Language Therapy programme.

Please sign below after you read the information sheet and agree to the following:

- I have read the information sheet
- I have had a chance to ask questions and understand what is expected of me in this research
- I agree to participate in the (please ☒ where agreed):
  - Questionnaire before and after the programme ONLY
  - Questionnaire (as above) and focus group after the programme
- I understand the information I provide will be anonymous
- All information will be stored securely in a locked cabinet and password protected hard drive
- I am free to withdraw from the research process at any time
- I can participate in the *Visiting Aphasia Scheme* and not be part of the research
- I understand the research is part of a larger project evaluating the scheme

Name:__________________________________  Witness:__________________________________

Signature:______________________________  Signature:______________________________

If you have any questions you can contact: Áine Kearns

Regional Placement Facilitator/SLT  
Department of Clinical Therapies  
Mb: 086 8090415/ Office: 061 233794  
Email: Aine.Kearns@ul.ie

This research study has received Ethics approval from the Education and Health Sciences Research Ethics Committee (quote approval number). If you have any concerns about this study and wish to contact someone independent you may contact:  
Chairman Education and Health Sciences Research Ethics Committee  
EHS Faculty Office  
University of Limerick  
Tel (061) 234101, Email: ehsresearchethics@ul.ie
Dear Student Speech and Language Therapist,

I would like to invite you to participate in research which will explore the student learning experience of participating in a conversation partner scheme namely, the Visiting Aphasia Scheme. The Visiting Aphasia Scheme is carried out each year with the first year MSc. Speech and language Therapy Students and involves two days of training providing by members of the Practice Education Team and local speech and language therapists. During the scheme you will be paired with another student and you will carry out eight visits with a person with an acquired communication disorder.

This research will look at your knowledge and attitude to acquired communication disorders, particularly aphasia. It will also explore your learning experience, as well as the benefits and challenges you encountered during the Visiting Aphasia Scheme in semester 1 of the MSc. Speech and Language Therapy programme.

If you wish to participate in this research you will be asked to complete a questionnaire before the training in induction week and after the programme is finished. The questionnaire will not take longer than 30 minutes. You will also be asked to complete a focus group after the programme is completed. This will be facilitated by two final year students and will give you an opportunity to discuss your experience of the scheme. The focus group will be recorded on digital audio Dictaphone and transcribed into a word document for analysis.

You are not obliged to participate in this research. It is important to note you can participate in the Visiting Aphasia Scheme as part of the MSc. SLT programme and not participate in this research. If you are interested in participating in the research and require further information you can contact me via email. You are free to withdraw from the research at any time. All information will be stored in a locked cabinet and/or password protected hard drive and will be kept anonymous.

This research will be useful for establishing the benefits and challenges of this scheme. It is part of a larger research project which will also establish the impact of the scheme on those who access it with acquired communication difficulties.

Yours Sincerely,

Áine Kearns
Regional Placement Facilitator/SLT
Department of Clinical Therapies
Email: Aine.Kearns@ul.ie

This research study has received Ethics approval from the Education and Health Sciences Research Ethics Committee (quote approval number). If you have any concerns about this study and wish to contact someone independent you may contact: Chairman Education and Health Sciences Research Ethics Committee, EHS Faculty Office, University of Limerick, Tel (061) 234101, mail: ehsresearchethics@ul.ie
Please complete this form to help us in future training programmes. We appreciate your feedback. We will study the responses from this survey. No names will be included in our study. We will use what we learn to further develop the programme. We may also share what we learn with others in journals, presentations, and conferences.

1. Define the following: Aphasia is

________________________________________________________________________


2. Please Circle as appropriate:

   Yes/No I have heard the word “aphasia” before today.

3. True/False Aphasia can affect a person’s ability to read and write

4. True/False People with chronic aphasia can continue to get better two or more years after they first have it

5. True/False Aphasia affects a person’s intelligence

6. True/False A person who has aphasia is able to make decisions about healthcare and other important life matters

7. Select all that apply:

   ___________ I have worked with people who have aphasia in the past

   ___________ I work with people who have aphasia right now

   ___________ I will work with people who have aphasia in the future

   ___________ I do not plan to work with people who have aphasia

   ___________ I am not sure of my future plans

(Adapted from Welsh & Szabo 2011)

Section Two: Interaction with Disabled Persons Scale

Here is a list of statements that some people have said describe how they feel when they have contact with a person with a disability. Of course, how we respond to people depends on how well we know them as individuals. However we would like to know how you feel in general when you meet a person with a disability. Please read each statement carefully and decide how much it describes how you feel.

Please place one tick next to the question under the column that describes how you feel.

<table>
<thead>
<tr>
<th>I disagree very much</th>
<th>I disagree somewhat</th>
<th>I disagree a little</th>
<th>I agree a little</th>
<th>I agree somewhat</th>
<th>I agree very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 It is rewarding when I am able to help</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 It hurts me when they want to do something and can’t</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 I feel frustrated because I don’t know how to help</td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Contact with a person with a disability reminds me of my own vulnerability</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 I wonder how I would feel if I had this disability</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 I feel ignorant about people with disabilities</td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 I am grateful that I do not have such a burden</td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 I try to act normally and ignore the disability</td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 I feel uncomfortable and find it hard to relax</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 I am aware of the problems that people with disabilities face</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 I can’t help staring at them</td>
<td></td>
<td></td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 I feel unsure because I don’t know how to behave</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 I admire their ability to cope</td>
<td></td>
<td></td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 I don’t pity them</td>
<td></td>
<td></td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 After frequent contact, I find I just notice the person not the disability</td>
<td></td>
<td></td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 I feel overwhelmed with discomfort about my lack of disability</td>
<td></td>
<td></td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 I am afraid to look at the person straight in the face</td>
<td></td>
<td></td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 I tend to make contacts only brief and finish them as quickly as possible</td>
<td></td>
<td></td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 I feel better with people with disabilities after I have discussed their disability with them</td>
<td></td>
<td></td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 I dread the thought that I could eventually end up like them</td>
<td></td>
<td></td>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FOCUS GROUP : PROTOCOL

Introduction: Hello everybody, my name is Denise Scully and this is Amy Stack. First of all, Amy and I would like to thank you for coming today to contribute to our research, we really appreciate your time. So, just to give you an overview of what will happen, I will conduct the discussion and Amy will observe and take notes. Amy may also ask some questions during the discussion.

As you are aware, we invited you all here today to gather your opinions and views of the Visiting Aphasia Scheme (VAS). As you know, you all completed a questionnaire before and after the scheme. The purpose of this focus group is to add depth and richness to the research findings of the questionnaires. The questions will be broad questions in order to elicit your personal opinions and views and there is of course, no right or wrong answer – We really just want your perspectives. Please feel welcome to express yourself freely during the discussion.

This conversation will be recorded on digital recorders. This is only for purpose of the research, only Amy and I will listen to the tape. Please note all your responses and data will be both confidential and anonymous (i.e. the group will not be identified in any publications etc., and there will a system in place for ensuring your individual responses are not identifiable to you). The data on that tape will be downloaded to a computer for transcription and analysis of the content, and then deleted from the recorder. The recorder is used so that no comments are missed. For ease of transcription we would appreciate if you could say your name before contributing to the discussion. This will also reduce people talking over each other and will allow everyone to express their opinions during the conversation. You can address each other when expressing your opinion. We are only here to assist in the discussion.

So just some practical issues, the discussion will last for approximately 30-45 minutes. We ask you to please switch off your mobile phones so there is no interference during recording. We would appreciate if you could write your first name clearly in capitals on a label and put it on? This will help us when transcribing the data.
We have provided you with pens and sticky notepads so you can write down any comments you want to make, either as a reminder to yourself or to give to us after the session so we can add it to the data from the group.

As you know, your participation is voluntary. If you feel you do not want to participate that is your decision and you will need to leave the group. If you change your mind about participating during the group, that is also your prerogative and you should leave the room.

So before we get stated is everything clear about the course of the focus group discussion? Does anyone have any questions before we begin?

Great, let’s get started so!

**Conclusion:**

Ok. That’s great, thanks. We appreciate your participation today. We will be collating the data from today’s session which we will summarise. This summary is intended to be a fair and accurate representation of your comments from this session. We would like to send this summary to you in the coming weeks. If you have any comments or feedback on the summary please do let me know. If you would like a copy of the summary, please jot your email on this sheet here. Again confidentiality will be preserved.
TOPIC GUIDE: QUESTIONS

Encouraging participation:
- Would anyone else like to contribute to this opinion?
- Do people agree with this opinion or have an alternative view/experience?

Participant details:
- What age are you?
- Where are you from?
- What did you study prior to commencing the course?
- What area of work do you have previous experience in?
- What (if any) prior experience do you have with aphasia do you have (work experience, personal experience, study)?
- What prior experience with communication difficulties/disorders do you have (work experience, personal experience, study)?
- What prior experience with disabilities do you have (work experience, personal experience, study)?
- Why did you choose to study speech and language therapy? Did any specific area interest you?
- What other modules did you study/experience during, and outside of the VAS? Were they of benefit during your visit?
- Tell me about your knowledge of aphasia prior to participating in the scheme?
- What was your prior understanding of the role of a speech and language therapist (SLT) with this population? If none, in general, what did you think was the role of an SLT?

Introduction question:
- What is the visiting aphasia scheme?

Students’ personal experience with clients:
- Client group (age, location, sex, level of communication and specific difficulties, visit durations and consistency, other persons present (their influence on clients interaction, environment, participants in pairs or individual visit).

**Student learning:**
- How did you feel prior to commencing the VAS?
- What did the VAS training involve? What did you learn from it? Are there any skills which you learnt during training that you used during the VAS?
- Did you feel prepared for the experience? In what way did you/ did you not feel prepared?
- Tell me about your experiences of the VAS? What did you learn during the VAS?
  - An average day – Progress made over the weeks.
  - Challenges faced/overcome
  - What worked/didn't work?
  - Support/help from college?
  - Support/help from peer?
  - Support/help from visiting partner?
  - How did you maintain client interest and develop a plan?
  - What interaction style did you use with client(s)?
  - Did you use any communication tools / role play prior to visit or plan in advance? If yes, what did you do? Methods /materials.
  - Were there any barriers for you or your client?
- How did you feel during the scheme?
- Has the VAS changed your communication style with clients with communication disorders? If so, how?
- Do you feel your participation in the scheme contributed to your learning as a student speech and language therapist? If so, how?
- Are there any factors that you felt contributed to your learning as a student?
- Are there any factors that you felt inhibited your learning as a student?
- How did you feel after completing the scheme?
**Attitudes towards aphasia**

What was your attitude towards people with communication disorders prior to participating in the Visiting Aphasia Scheme?

- What was your attitude towards the person with aphasia during the scheme? Did it change during the visit? Why? Specific to client
- Having visited a person with aphasia, did you feel your attitude towards a person with a communication disorder changed in any way? If so, can you explain? Specific to general population with a communication disorder
- Do you feel your attitude towards people with aphasia/communication disorder was altered due to your learning experience as a student during and after the scheme? How?

**The SLT: Final Questions**

- What do you think the role of an SLT is when working with this population?
- As a student SLT, what, if anything, have you learnt from the experience?
- In what way could the VAS be enhanced? What, if anything, would you like to change about the VAS?
- Prior to commencing this course, do you think you would have been interested in working with this population? If no, what population were you most interest in working with? What about now, having participated in the VAS? Do you think you would have been interested in working with this population? Why?
Transcription Protocol

This process was used by both researchers when transcribing the data from the focus groups:

- One full stop for a pause of one second (except for when a sentence is finished)
- Visual information in brackets (e.g. if a person laughs, uses a gesture)
- Slang terms placed in quotation marks.
- Contextual information placed in brackets if not obvious from reading script.
- All words transcribed as heard, although not phonetically (e.g. The dog was gonna...)
- If words are unintelligible then unintelligible should be placed in brackets.
- Data transcribed by researcher one to be read and checked against the recording by researcher two and vice versa.
- Codes, nodes and themes agreed upon by both researchers.
- Quotes placed in main body of thesis should be in italics and quotation marks.
Procedure of Thematic Analysis

Phase 1:

Familiarizing yourself with your data – Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.

Phase 2:

Generating initial codes – Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.

Phase 3:

Searching for themes – Collating codes into potential themes, gathering all data relevant to each potential theme.

Phase 4:

Reviewing themes – Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.

Phase 5:

Defining and naming themes – Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.

Phase 6:

Producing the report – The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Reference: (Braun and Clarke 2006, p. 87)
Appendix H

- One student's personal experience on how the public view disability
- Choosing to become an SLT
- Prior knowledge and understanding of the role of the SLT

- Attitude towards working with people with aphasia (Pre-VAS)
- Attitude towards working with people with aphasia (Post-VAS)
- Attitude towards working with adults (Post-VAS)

- Locations of VAS client
- VAS visit duration
- Overview of VAS visit
- Limitations of seeing one client

- Preference for more pre-VAS training on aphasia
- VAS training video supported learning
- Mini session with aphasic client (as part of VAS training): pros and cons
- VAS training on the use of conversation ramps: pros and cons

- Required more information on VAS clients' diagnosis
- Challenging with VAS client who did not want to talk
- Ability to cope with VAS client's communication difficulties
- Acceptance of student by VAS client
- Perception of what the VAS programme is
- Student's difficulty in developing new conversation topics for VAS client.

- Materials
  - Giving VAS client more time
  - Developing topics of conversation
  - Analyzing VAS client's body language postures
  - Observation of health professional's communication style
  - Identifying VAS client's limitations

- Student confidence / nerves (Pre-VAS)
- Student confidence / nerves (Post-VAS)

- Slowing down speech
- Becoming comfortable with silence
- Recognizing student boundaries (knowing when to stop)
- Tactful and warm interactive learning experience
- Respecting the individual

- Developing initiative
  - Accepting (VAS client upset; student guilt)
  - Student-to-VAS client empathy

- Student's understanding of what the VAS Programme is (pre-VAS)
- Student's understanding of what the VAS Programme is (post-VAS)

- Pre-VAS experience shaping attitude
- Attitudes Towards Working with Adults with Communication Disabilities
- Logistics of VAS visit
- Pre-VAS Training

- Challenges Faced Engaging with VAS client
- Implementing Strategies that Adapt to VAS Client's Needs

- Self-Confidence / Nerves
- Critical Reflection
- Relationship (with VAS client)

- Students Understanding of what the VAS Programme is

- Experience Shaping Attitudes

- Role and Logistics of Educational Experience

- Communicating with Conversation Partner

- Professional Development and Role of Self
THEMATIC ANALYSIS- Relevant Quotes Supporting Themes

MAIN THEME 1: EXPERIENCE SHAPING ATTITUDES
Descriptor: This theme describes how pre and post VAS experiences shape the students’ attitude towards individuals with communication disabilities.

SUB-THEME 1 (A): Pre-VAS Experience Shaping Attitudes.

1.1 One student’s personal experience on how the public view disability
1.2 Choosing to become an SLT
1.3 Prior knowledge and understanding of the role of the SLT

Relevant Quotes

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<th>Focus Group 1</th>
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Focus Group 2

| ●   | PERSON 4: “My aunt used to live with it...she had Down Syndrome, and like you could tell...like people were just like, as if she wasn't a person. Yeah, so I definitely...yeah, I was kind of aware of that before”. |

Focus Group 1

| ●   | PERSON 7: “It was always in my head to hopefully go into the undergrad but the points were so high but I emm just shadowed a speech and language therapist for a day...like she did assessments...I didn’t really see that much therapy... she’d built with them all the kids were so individual she just had it off the top of her head...and she’d know what resources to take out...That was brilliant...Very interesting (laughs)” |

| ●   | PERSON 6: “In my final year in nursing I worked on an oesophagectomy ward for...six months kinda towards the end then I stayed there afterwards and we worked really closely with speech and language therapists on that ward and yaa I just followed her around the whole time ‘cause it was so interesting” / “And just from there. I had no interest previous I always wanted to be a nurse and then.. it all changed in my final year” |

| ●   | PERSON 8: “I did a few shadowing days and I went into hospitals” / “saw the videofluoscopys” / “and so that was really really interesting” |

Appendix I
• PERSON 5: “My mum actually had a speech and language therapist so that kinda. Got me interested”.

Focus Group 2

• PERSON 1: “I like looking into loads of different stuff, but i ended up shadowing 3 different SLT’s ..for a while ..and then I just went..yeah..this is what I want”.

• PERSON 2: “I was going down the psychology route to start with, but having worked with the kids with disability ...and seeing the kinda impact ..of speech therapist...and communication on those kids ...that kind of inspired me”.

• PERSON 3: “I just was doing different volunteering things ..and like there were speech and language therapist there, and I saw what they were doing and kind of started volunteering and seeing different sides of it so...and I just really liked it so..decided..yeah..I want to do that”.

• PERSON 4: “When I was in UCD our lecturer brought students from this course (speech and language Therapy M.Sc.) in to talk about .. amm .. SLT ‘cause a lot of the linguists ..that’s kind of like the natural route to go into speech and language therapy so they came and talked to us about the course ...and then I applied”.

1.3 Focus Group 1

• PERSON 7: “Shadowed a speech and language therapist for a day” she did assessments I didn’t really see that much therapy but I loved the idea”/ “just the relationship she’d built with them” [children in community care] / “it just seemed so interesting”.

• PERSON 8: “Just to help people who are having difficulties communicate”.

Focus Group 2

• PERSON 1: “I would have had..fairly good idea from shadowing three different SLT’s” / “doing research on-line and reading up”.

• PERSON 2: “Yeah, I worked with Speech and Language therapist” / “When I was actually thinking about applying I spoke to some people ...that hadn’t done the masters, but had done the undergrad in Ireland, so I would have got information from them about the course and what it might be like in Ireland”.


- PERSON 3: “Researched it and .. I knew a little..like...kind of...the general areas where they would work, but maybe not...kind of more and more realising how much...there...it’s a lot broader... in different areas that you can go into”.

- PERSON 4: “I had a general idea, but I think even the application process kind of forces you to actually really realise, ‘cause you have to have your experience with kids, and ...and to actually get into the course you...you have to really..’cause it’s so competitive...you actually need to know”.

**SUB-THEME 1 (B): Attitudes towards Working with Adults with Communication Disabilities.**

1.4 Attitude towards working with people with aphasia (Pre-VAS)
1.5 Attitude towards working with people with aphasia (Post-VAS)
1.6 Attitude towards working with adults (Post-VAS)

**Relevant Quotes**

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| • PERSON 8: “I wasn’t too nervous going in I was more nervous about going into the person’s home... than going to meet a person with a communication disability”.

• PERSON 5: “You’re a little bit anxious about what to expect, and what you know. how well they’re going to be able to communicate?”

• PERSON 8: “Kinda empathise with them a bit saying like ‘it must be really difficult not to be able to get your point across’, and then, I think from..my volunteering..like you could see people, and they wanted to say something, and the other person just wasn’t getting it... So it’s just how difficult it must be on a day to day basis”.

• PERSON 6: “I had a good bit of exposure, just through my nursing, so I didn’t find the communication end of it daunting at all...that was fine. emm again goin’ into someone’s home was just it was different I was used to like a hospital setting where I was in my comfort zone. emm it was it was completely different to walk in there - And you’re in control in the hospital. mostly”.

**Focus Group 2**
PERSON 1: “I’d have been really freaked, because I’d have had the thought of ‘ok I’m going out to somebody that might not be able to speak at all’”.

PERSON 1: “Before I would have just been like ‘ok, they can’t talk, now what?’ because I’m an awful talker. So for me the thought that someone else can’t talk; I’d be just dumbfounded that there is any way you can communicate without that, bar like sign language”.

PERSON 1: “I think I’d have been very scared of them, as in not that they were going to do something, but scared of how I would talk to them…ammm. So I’d have been very nervous if I got landed in a room with someone with a communication difficulty. I’d have been there going ‘oh..hi… am..how can I get out of here’”.

PERSON 2: “If you come across somebody else with a communication difficulty…like myself say that would feel awkward, you feel like you have to fill spaces and kind of help them”.

    ● PERSON 2: “I suppose my thing would have been more that I wouldn’t understand what the person was trying to say.”

1.5 Focus Group 1

    ● PERSON 6: “I think ‘cause sometimes you kind of paint everyone with the same same brush” / “But like he had such a funny personality..and..that shone through straight away so like the minute I walked in the door initially I thought ‘okay this is going to be a challenge’, but the end I saw a man, that he was actually a comedian at the end of the day, but when I walked in the door I didn’t think about his personality.. yeah I panicked about how I was gonna communicate”.

    ● PERSON 6: “You go in thinking well ..you just.. we communicate so easily verbally” / “you watch them and how they get through every day and the coping mechanisms that they develop and you you kind of..you you just switch” / “onto his kinda page and how he communicated” / “Like verbal wasn’t the first way to communicate anymore.. so yeah..you just kind of admire how he’s coped so well”.

    ● PERSON 8: “You do sort of label them a little bit, saying ‘okay, I’m going to see a person with aphasia’. You don’t say that ‘I’m going to see this really fun person and have a laugh’, and it kind of makes you a bit more patient... like
..that to get to know the person rather than straight away saying..‘oh this person has aphasia’.”

- PERSON 5: “I think it makes you more confident as well, ‘cause you know...you’d be a little bit nervous yourself about how you’re going to be..around..them, as well, and.. you know [laughs] it’s just realising [laughs] they’re a normal person as well. I would definitely feel more confident going into a hospital and dealing with stroke patients”. / “I dunno if it was my attitude just more that I would be a bit more relaxed now”.

- PERSON 7: “Maybe a greater understanding”.

Focus Group 2

- PERSON 1: “It would make me more confident” / “If I met somebody with difficulties I wouldn’t be as taken back or be as ‘oh, god I can’t do this’, you’d be just like ‘there is obviously a way’” / “They are still..for want of a better word...they’re not stupid or anything..they are just having communication difficulties that's it... so all you have to do is find a way to get the communication going and it would be fine”.

- PERSON 1: “Now, I feel like I’d be able to ..you know... get communication going and I wouldn’t be like ‘oh, Jesus get me out of here’ I’d be more like ...relaxed I think about it”.

- PERSON 2: “I think I’d be like ‘no, just give them time’ and try and communicate that way and just see what happens and not kind of panic about it”.

- PERSON 3: “It was like just getting to know somebody, it wasn’t getting to know somebody with aphasia”.

1.6 Focus Group 1

- PERSON 8: “My background in psychology I was always interested in aphasia we did a few neuro modules and it was just something that I was always interested in I’d always be doing papers on it and things like that so it was something I was really interested in..but it wasn’t until I did the volunteer work that I had kinda the hands on experience of it...but I was definitely very interested in it....” / “Definitely..I still like we start our placement with kids
emm I start next week..and I’m looking forward to it but I think I just feel a bit more comfortable with adults..I’m kinda looking forward to that a bit more....might change when I get there [laughs]”.

- PERSON 7: “Emm I always thought kids”/ “That’s just..say working in emm preschools and” / “There was a school with emm they’d severe.. emotional and behavioural difficulties..so I always assumed kids but emm..yeah no it..I think as a speech therapist hopefully now in a few years” / “You have to be ready to work with any age..you know that’s the thing so I’d easily go into an adult care setting now..yeah”.

- PERSON 6: “I always wanted to work..well.. since my..emm final year I always wanted to work with you know.. acquired.”/ “Ehh just language disorders rather than kids..so..it.. I think..yeah after the the VAS it still.. I still I still want to but now I’m kind of preparing for clinic and I’m getting really excited about working with kids too so..yeah it hasn’t changed much”.

Focus Group 2
- PERSON 2: “I’d definitely be looking forward to doing adult placement much more now...I’ve a bit more of an idea, but that has also come from ..ammm.. even like just doing the FEDS, like yesterday., and it got me like..’oh yeah!’.. it would be really interesting to see all that a bit more with adults as well”.

**MAIN THEME 2: ROLE AND LOGISTICS OF EDUCATIONAL EXPERIENCE**
Descriptor: This theme describes the students’ view on the logistics of the VAS visit and the role of pre-VAS training.

**SUB-THEME 2 (A): Logistics of VAS visit.**

2.1 Location
2.2 VAS duration
2.3 Set-up
2.4 Limitations of seeing one client

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<td>2.1 Focus Group 1</td>
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- PERSON 5: “I suppose the travelling probably”.

### Focus Group 2
- PERSON 1: “How far away it was...amm..it was over two hours of driving..to spend not even an hour with her”.

### 2.2 Focus Group 1
- PERSON 5: “A lot of travelling” / “I think it was more just the workload in the first semester...on top of everything”.

- PERSON 6: “Emm...yeah I think it did become a little bit..of..more demanding at the end I think.. maybe if it was a tiny bit shorter or something” / “Like orrr..yeah maybe..if we could like..we could have gone on for an hour and a half each day” / “You know or two hours we could have stayed there all evening...emm but yeah I think it became more.. more a chore” / “or something towards the end..where it was really exciting at the beginning there was lots of talk about like where we could have that time could have been more beneficial might be by running into another half an hour or” / “Rather than going an extra..an extra week / Because..emm like we had assignment every week for six weeks or something” / “So it was just horrendous.. and then you didn’t enjoy it as much” / “Because at the back of your mind you’re thinking I have to get out of here I really have to do that assignment” / “And you’re like listening but at the same time it’s not it doesn’t have your full attention”.

- PERSON 8: “How much time will this cost us”.

### Focus Group 2
- PERSON 1: “I just found it was too far for the length of time we got to spend with the person...i found that quite frustrating, especially as it got later in the term and there was more stuff going on”.

- PERSON 2: “It pretty much took up the whole day”.

- PERSON 2: “Think starting it earlier in the term would be good” / “We didn't start for about four weeks” / “When it was really like getting into assignments” / “It was harder to enjoy it when your mind is kind of somewhere else” / “I mean it went fine but you didn't feel like..like you’d kind of given it
your all cause we’d just handed in some massive assignment or something that week”.

- **Researcher: Is there anything major you would like to change about the scheme or even the way it is conducted?”**
  - PERSON 1: “To have it close” / “I think the earlier it starts... definitely the better...and because the end of the semester is...as you know..madness”.
  - PERSON 2: “There is no reason why it couldn't start like week one”.
  - PERSON 4: “And things happen like...they could have a birthday....and then like they can’t come... it’s better to have it start early, so it doesn't run into the last”.

### 2.3 Focus Group 1

- PERSON 8: “I know people had said as well from their volunteer experience where just previous work experience some people had worked in stroke clubs and they were sayin’ it would have been great if two or three people went out to a hospital or a stroke club or something like that for the a morning and facilitated a class or eh” / “Stuff like that I know we do for where when I was doing the brain injury clinic they’ve had a set schedule for the week and cause I was there for a while and on Tuesday mornings I’d start leading they do a cognitive course for like six or eight weeks” / “and then say they were busy there were like we can do that just read through the notes and go through it with them”/ “And if we got to do stuff like that and it would be a different setting that they've come to the centre” / “So it might be just a slightly different.. kinda way of doing it but I think it would be really beneficial to do that” / “Do something like that”.

### Focus Group 2

- PERSON 3: “When I came back from it I’d feel more energised” / “It was like real busy during the day, then we’d go and have like a nice relaxing lunch with her or something.. you know chat away with her ... then I’d feel kind of relaxed after”.

- PERSON 3: “we weren’t tested or examined, there was no report or anything like that, it was kind of nice having that cause you were just...you could... you know relax”.

### Focus Group 1
- N/A

### Focus Group 2
- **PERSON 1:** “I wouldn’t have minded seeing somebody else’s cause I heard other girls talking about theirs, so I would have loved even to have one day ..say like... week six you get to do an exchange with somebody” / “I have my specific idea now” / “it gave me one specific view and I would have loved to just ... I don't know ..go along to meet somebody else”.
  - **PERSON 2:** “Especially because we had such a range of different people”.

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**SUB-THEME 2 (B): Pre-VAS Training.**

2.5 *Preference for more pre-VAS training on aphasia.*

2.6 *VAS training video supported learning.*

2.7 *Mini session with aphasic client (as part of VAS training); pros and cons.*

2.8 *VAS training on the use of conversation ramps; pros and cons.*

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**Relevant Quotes**

#### Focus Group 1
- **PERSON 6:** “We’re doing aphasia now and it just seems like awww we could have used some of...maybe some of the skills back then”.
- **PERSON 8:** “If we’d of had a bit more of a background into it [aphasia] it probably would have been good really”.
- **PERSON 6:** “If we were doing the aphasia module it would have been more beneficial”.

#### Focus Group 2
- **PERSON 3:** “It would have been maybe nice to have...ammm. a class alongside it so that we can understand aphasia as well, you know”.
- **Researcher:** *Would you have liked to have done your aphasia module before-hand?*
  - **PERSON 3:** “Maybe, yeah...I don't know actually...I’m not 100% sure because it was like nice to have it as well just to get to know the person...”
and not....I think maybe if you had a class alongside it you might be looking out for things” / “kind or pros and cons of not having the class along side it”.

○ PERSON 4: “I don't remember having a class like actually on the condition itself” / “It might be good to have a more like in depth picture of like the actual condition before we went in”.

2.6 Focus Group 1

● N/A

Focus Group 2

● PERSON 1:
  ○ “Yeah they showed us a couple of videos before, and there was one; well there were a few different ones. They were just helpful because it made you just realise a little bit more what it was all about” / “He wanted to sell their house, and she was trying to attract attention, and they were just ignoring her completely, and it just kind of brought home the message that she was there listening to this conversation, in the room, trying to get a message across, and because they weren’t giving her the opportunity, she was just like sitting there doing that [person 1 demonstrates gesture by knocking on table] and they were just ‘yeah, we are going to sell the house happy days’”.

  ○ [continued discussion of video watched in training] “I saw that reflected in my person”.

  ○ “I got the concept of it from watching the videos...I wouldn’t have known how to do it, and I wouldn't have walked in day one going, oh, she looks happy, but it's just even to watch out for that and realise from the videos what’s actually possible through...through body language. I did realise that, that day with the videos. I was like, god you can actually see, physically, if you just know to watch out for it”.

● PERSON 2:
  ○ [discussing video watched in training] “You just saw the guys body language, as he was just ‘erh!!!’, no one is listening to me, I’m just going to sit here’, versus where the doctor was kind of of involving him more, and you could see that he was like taking a role and enjoying the conversation and stuff”.

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“And I think with our lady that became more evident afterwards. Like now I look back and go, gosh those first few weeks.. like, I think she was just ‘what are these girl?’ and as time went on she seemed excited when we’d come, like because we were able to communicate with her better, and then when you look back at that video ..you can see how she was reacting.. kind of.. matched some of that..what we saw in the videos as well”.

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<th>2.7</th>
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<tr>
<td>● PERSON 5: “I was more anxious the day that we had in the clinic here” / “I didn’t know what to expect” / “I think that relaxed me a little bit”.</td>
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<tr>
<td>● PERSON 6: “We just had a little conversation...otherwise we didn’t have any like formal training”.</td>
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Focus Group 2

● PERSON 4:
  ○ “I think the training definitely..’cause just it was kind of like a mini session... definitely helped..amm going in. The only thing is the way they kind of assessed us”.
  ○ “Made it seem like more daunting going to the visit, because it seemed like it was going to be ..like we were going to be assessed going to that as well”.
  ○ “It kind of made it more stressful I think”.
  ○ It was just the grading thing made it kind of different from actually what it was, do you know that kind of a way. You went into the aphasia thinking it would be something similar. It built up something”.

● PERSON 1:
  ○ “The grading part was quite weird ‘cause it was like the people you were chatting to didn’t really want to do it either”.
  ○ “I think it might have been more helpful if they had like a piece of paper for each person and then had been like ‘ok the biggest area you need to work on is’..and then put a circle around say two things on the page”.

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○ “I found the actually coming in and chatting to them really helpful... amm, because otherwise I would have been to be honest..I’d have been really freaked, because I’d have had the thought of ‘ok I’m going out to somebody that might not be able to speak at all. How am I going to survive this?’ / “this way, you came in and you were with people who couldn’t actually speak or only had a few words or whatever, and you come out and you go ‘ohh I actually managed to chat to them there for five minutes. God that’s ok I can do this’ you know so I did find it extremely helpful”.

- PERSON 4: “I think it was awkward”.

### Focus Group 1

- PERSON 6: “When we were preparing for it they like told us that we’d need all these ramps and like we went out and like I had a notebook but we didn’t need anything” / “it seemed really intimidating that we’re going out we’re gonna need all these resources but er it actually was much more natural when we were there and there was we didn’t need all these ramps”/ “we didn’t have any like formal training” / “otherwise we didn’t have any like formal training”.

### Focus Group 2

- PERSON 3: “They showed us about having conversation prompts”/ “Just to be prepared...you know... not go in there without kind of a plan B sort of thing”.

- PERSON 2: “The training was really useful and helpful that we had here, but it kind of made me more kind of like ‘I really don’t know what I need to prepare or not’ because they’d gone through all the different prompts that you might take with you, but having not met the person yet, it was really hard to know what to take”.

- PERSON 2: “You kind of make these assumptions that ok this person has limited communication so they’re going to want to use all these things. Actually that wasn’t kind of how it worked out”.

**MAIN THEME 3: COMMUNICATING WITH CONVERSATION PARTNER**

Descriptor: This theme describes the challenges faced by the students when they engaged with their VAS client, and the strategies the students implemented which adapted to the VAS client’s needs.
SUB-THEME 3 (A): Challenges Faced Engaging with VAS client.

3.1 Required more information on VAS client’s diagnosis.
3.2 Chatting with VAS client who did not want to chat.
3.3 Ability to cope with VAS client’s communication difficulties (Inappropriate comments - awkward for student, adapting to abrupt changes in conversation topic).
3.4 Acceptance of student by VAS client (student wanting to be liked).
3.5 Perceptions of what the VAS programme is (student and VAS client).
3.6 Student’s difficulty in developing new conversation topics for VAS client.

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<td><strong>3.1</strong> Focus Group 1</td>
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<td>● PERSON 5: “I know that she had a stroke” / “But apart from that I don’t really know anything else about her...diagnosis” / “What kind of part of her language was affected” / “So I suppose a bit more detail and that would be nice”.</td>
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<td>Focus Group 2</td>
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<tr>
<td>● N/A</td>
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<td><strong>3.2</strong> Focus Group 1</td>
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<tr>
<td>● PERSON 8: “She had had they told us that she’d had two or three speech and language therapists’ before” / and she just had no interest”.</td>
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<td>Focus Group 2</td>
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<tr>
<td>● PERSON 1: “Lots of people seem to have people that really needed to talk and...you know have a social event...she wasn't that bothered, so you’d come in and you’d be like chatting and she would try and chat back, but she was just as happy to just sit there and not get as involved, so we kind of had a bit of an issue with that, as in, how do you chat to someone who isn’t too bothered about chatting”.</td>
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<td><strong>3.3</strong> Focus Group 1</td>
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| ● PERSON 8: “There was one day actually we were out and we we brought out a few magazines..and..eh we had just left them down on the sofa and we were chatting and eh her daughter came in with two of her grand-kids that were in school and they were doing a collage” / “And..the lady we were seeing was trying to tell them to stop cutting up the magazine” / ”Cause we were taking it home and we were trying to say no no we don’t want it but the daughter was kind of stepping in she didn’t realise that we had brought them”/ “ She thought that they were her own and she was saying aww the girls don’t want to read them..
and she was trying the woman was trying to say no” / “Let them take them home and we were sitting there saying no we don’t want them work away cut them up but you could see the difference of.. emm she was just filling in the gap from where she had come in” / “Cause we were like no it’s fine (laughs)” / “Yeaaah I suppose not to like we weren’t going to but it never crossed my mind but it would have been very easy to jump in and correct the daughter and say that’s not what she’s saying” / “And you couldn’t say that to someone” / “If someone tried to say that to me about my mum I’d be like I know what she’s saying (laughs)” / “But emm..they like we were all the time laughing the mum was laughing as well ‘cause we knew what was going on but I could see how it could have gotten ‘verrry’ awkward”.

Focus Group 2

● PERSON 2: “The first week or two that we went out was quite a struggle to ah… because she didn't have much.. emm language”/ “on her right side she didn't have the movement so even gesture were...emm..she only kind of had one hand to gesture” / “she was trying to explain stuff to us and we were trying to guess and we weren’t very good at trying to work it out and then she’d kind of get frustrated and we could tell that from her sort of facial expression and things and so she’d just kind of be like ...oh, err like forget it”.

● PERSON 3: “She’d be fine for like five minutes talking no problem, but then she’d get at a point and she just couldn’t remember a word, maybe at the beginning we were kind of like trying to ....’was it this was it this was it’”.

● PERSON 4: “It was difficult as well because some of his gestures weren’t kind of like ...he’d put his finger just under his nose, and that would be like Germany..like Hitler...like when he wants to talk about Germany..so he had like really strange gestures..like he thought about countries so much that he literally had a gesture for every country, because he travelled so much, so it was kind of just getting used to his...gesturing style. It’s also he was very like un-PC, so he’d. he’d be like “oh that man, he was like black, but he was very nice”..and I had to kind of learn to kind of cope with kind of awkward situations where we didn’t know kind of how to respond”.

● PERSON 4: “Like in particular our fella, like he literally could jump from talking about like horse racing to like anything..to like Guinness in two seconds, that was like coping with where has the conversation gone. The was good experience to get us used to that”.

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3.4 Focus Group 1

- PERSON 8: “I just found it a bit hard to get her to kind of relax around with us”.

- PERSON 6: “I was quite fortunate emm because I had someone who was in in the VAS a long time so he like was just so excited about us coming out and he then like made conversation and he he was brilliant like he loved it” / “because he was so into this and something he wanted to do so”.

  - PERSON 5: “She really enjoyed the visit she was very sociable”.

- PERSON 7: “They loved seeing us coming ‘cause we were the same age as her daughter”.

Focus Group 2

- N/A
### Focus Group 1
- PERSON 8: “We got the impression that she thought we were going to come out with books and tests and flick through them like what’s this picture what’s this picture and it took her a while to ease into it like they were lovely they were so nice but it took about three or four sessions before she realised we were just there for a chat” / And that we weren’t there to assess her and to diagnose her and then to try this treatment plan that she didn’t really want”.
- PERSON 8: “It was the first year our lady had..that she was doing the programme” / “felt like they didn’t really know what the scheme was” / “once or twice were they [clients daughter] asked us how was our project going and didn’t did we need to know anything about her to write up on” / “I felt like she didn’t really know so if she does it again next year it might be completely different experience for her” / “I think it felt like she didn’t really know..why we were there and was afraid of what we were gonna try and do thinking that we were gonna come out an..try fix her or something”.
- PERSON 8: “Her husband was having a bit of trouble kind of understanding what she was going through” / “he’d start asking us stuff about her tablets I think he thought we’d have a much more of a medical background than we did” / “And we had no clue”.
- PERSON 8: “She had had they told us that she’d had two or three speech and language therapists’ before” / and she just had no interest”

### Focus Group 2
- N/A

### Focus Group 2
- N/A

### Focus Group 2
- PERSON 4: “You kind of need a bigger range of strategies to deal with when people are talking about their life, because there is no context” / our fella, like he literally could jump from talking about like horse racing to like anything..to like Guinness in two seconds, that was like coping with where has the conversation gone. The was good experience to get us used to that”.

### SUB-THEME 3(B): IMPLEMENTING STRATEGIES THAT ADAPT TO VAS CLIENT’S NEEDS.

3.7 Materials
3.8 Giving VAS client more time
3.9 Developing topics of conversation
3.10 Analysing VAS client’s body language/gestures
3.11 Observation of health-professional communication style
3.12 Identifying VAS client’s limitations

Relevant Quotes

3.7 Focus Group 1

- PERSON 5: “I think having the activity.. you know really helped, because there are days when you just (laughs) you know you have run out of conversation you know”.

- PERSON 5: “She was very sociable she used to love going out emm playing bingo..she had a better social life than I” / “going out every day” / “we ended up playing bingo ourselves” / “a picture bingo game she loved it”.

- PERSON 7: “With our lady, photos” / “They were huge because they were huge in her life”/ “She’d bring us around each room and show us..emm say the family albums and stuff like that so photos were the main thing” / “the only thing actually that we used really”.

- PERSON 8: “To bring out photos they had loads up on the wall and they had em a two year old grand-child as well so they loved to talk about her” / she loved to actually look through ahmm..like Hello magazine or the RTE guide” / “Anything with pictures”.

- PERSON 6: “He always had the newspaper” / “so we’d I’d always take that out and go through the headlines”.

Focus Group 2

- PERSON 4: “Getting people to write things down, that’s really the main one we used”.

- PERSON 2: “She really liked photos and things so emm we would kind of take in photos that she wanted to see, like our families and we...she’d show us her..kind of photos of her family and it kind of got easier”.
● PERSON 1: “She did like lovely paintings and they were like all over err the house and stuff and she had done like mini art projects with the careworker that came before but that care worker had actually left so we said grand we’ll do an art project, so we ended up following like I think six weeks we had left doing an art project with her bit by bit every week and err painting her nails”.

Focus Group 1

● PERSON 6: “Initially you try and finish their sentences” / “I thought ohh it makes it makes it easier for them” /“But..eh I think it was just eh again just giving time...it was probably more beneficial”.

● PERSON 5: “I suppose we just have to be very patient as well really like” / “give them opportunity to kind of ‘yano’ get their words out”.

Focus Group 2

● PERSON 3: “We didn't really need to employ kind of strategies, as... because she wasn’t to bad.. you know...other than learning I guess...when she’d...ok when she was at the beginning..... when she’d stop..when she’d have like... she’d be fine for like five minutes talking no problem, but then she’d get at a point and she just couldn’t remember a word, maybe at the beginning we were kind of like trying to ....‘was it this was it this was it this’ and then... yeah we kind of learnt to just ..to just give her time..she’ll come up with it and she...if she’s not going to come up with it, she’ll just say ‘oh, it’s not coming now’ and we’d just kind of move on”.

● PERSON 3: “Let her take her time, and know when to move on as well”.

Focus Group 1

● PERSON 5: “She was very sociable she used to love going out emm playing bingo..she had a better social life than I” / “going out every day” / “we ended up playing bingo ourselves” / “a picture bingo game she loved it”.

● PERSON 6: “When we were in the car on the way we would think about topics or during the week have conversation but as the weeks went on I think it did become a little bit more difficult to like we’d start repeating things” / “Christmas was coming up so that was a good topic to talk about “ / “It was natural in the beginning but it did become a little bit more difficult towards the
end”/ “he always liked..the.. GAA and soccer so I was.. paired with one of the guys which was great because he knew about soccer as well”.

- PERSON 7: “Her husband had told us that.. even though they never spoke about the stroke they never even mentioned the word stroke”.

Focus Group 2

- PERSON 1: “Adapting to what she actually wanted to do and what she wanted out of the session instead of what I wanted out of the session like I don’t mean to sound self-absorbed or anything but you kind of go in with this kind of idea that you’re going to sit there and learn how to get this person to get their message across and then you get there and you’re like ‘actually she’s not that interested in getting her message across maybe she just wants to do something else’”.

- PERSON 1: “We asked her about her kids and she kind of told us who they were..and then...it wasn't that she didn’t love them, but sure they popped over every day why would she be singing their praises”.

- PERSON 4: “He’d kind of like talk about how he used to love travelling...and how the stroke had limited his life and he had a wife as well who had had a stroke and she was like completely twenty-four hour care, bed bound.. so the son was kind of splitting his care time between the father and the wife..so he loved like the company”.

- PERSON 3: “She just loved to chat and she loved the company I think, she ..and she used to talk quite a lot about her stroke, as in..not the details of the stroke, but.....we found that her stroke was quite central to who she is now kind of, she..like she was involved in a stroke group, a lot of her friends would be from the stroke group, so ..she...it’s quite central to her social life as well”.

- PERSON 1: “Sometimes when you are chatting to her and she’d be just like ‘I’m not interested in this’... she’d be saying yes, but her whole body language was ‘like whatever’ and you’d start talking about something else or you’d change, or whatever would happen, and all of a sudden she’d come alive”.

3.10 Group 1

- N/A

Group 2
- **PERSON 2:**
  - “She’d kind of like raise her hand up [person 2 demonstrates gesture by raising up her hand] you know and we’d be guessing ten twenty thirty you know, she’d be... so we kind of got better at working out what she was trying to communicate so amm.. as time went on we could have a better conversation”.
  - “watching some of the nurses communicate with her and how they did it kind of gave us idea so amm..you know like..the number example I was giving...we saw the nurses doing that ..so...you know...‘how many times, was it one, two, three, four’ and she’d kind of just raises her hand when they say the right number”.
  - “It was very individual to her so we had to go out and meet her a couple of times before we kind of got to that realisation”.

- **PERSON 4:**
  - “He kind of learnt his own little gesturing style”.
  - “He compensated so much with his hand gestures” / “Just say if he wanted to talk about china he’d go like this” [person 4 physically demonstrates what client did by horizontally stretching the side of her left eye with her left index finger].

### 3.11 Focus Group 1
- N/A

### Focus Group 2
- **PERSON 2:** “watching some of the nurses communicate with her and how they did it kind of gave us idea”.

### 3.12 Focus Group 1
- **PERSON 5:** “There was a couple of weeks as well where she was emm she wasn’t feeling well but like we offered to leave early and she didn’t want us to (laughs)” / “And she was really like in pain”.

- **PERSON 7:** “She’d very limited verbal output but emm there was never like a moments silence (laughs)”.

- **PERSON 6:** “We didn’t know that his memory was affected like we didn’t even pick up on that”.
Focus Group 2

PERSON 1:
- “She had a particular form of palsy that I don’t remember the name of”.
- “Was losing control over her muscles...so she was having difficulty speaking because of that”.
- “You could see that she was with it she could understand everything her hearing was fine and so on and so on but it was actually just getting words out..amm..so it depended as well on the day...so some days she wouldn’t be able to speak at all some days she’d be able to whisper some day’s she’d actually be able to talk in between, or sometimes she’s get like a word out like normal conversational tone, but the rest of the time it was more whispering”.
- “She live in a house with her husband and her kids were around as well...so they’d kind of be in and out, and he grandkids and so on...amm, but she’d had a bad fall as well just before we started and she had broken her wrist so the whole time we were there she had the wrist in the cast and so on, and then near the end it came off but errr even that you could see that her functionality wasn’t great and you could see that she had the shakes all the time”.

PERSON 2:
- “She would probably be in her early sixties and she’d had a stroke about seven years previously. Amm ..she was in a nursing home, because she was very physically affected as well, so her whole...her whole right side”.
- “Her speech was very limited, she probably had around three or four words”.
- “She did have her husband and she used to go home once a week, but I think she was quite isolated from the nursing home, and she was able to communicate with us that she felt they were all a lot older then her
as well because she was actually quite young compared to a lot of the others in there as well”.

- PERSON 3:
  - “Late sixties, and she had had her stroke about ten years ago”.
  - “She had aphasia, but it wasn’t very severe...so you wouldn’t actually...when you meet her you wouldn’t actually think...you wouldn’t...she’s no viable signs of stroke...well actually she has like a tremor and that was quite...like you know when she was pouring tea you’d notice it quite a lot, but her aphasia... you wouldn’t even, notice unless you were talking to her for quite a while, its ahh....just had her word finding difficulties. She’d be talking and then she’d just stop on a word...and she’d get it, but it might just take her a little bit longer, so she didn’t have like very severe stroke symptoms I guess...or after effects”.
  - “She was quite social, she could drive, and she’s...she lived very near her son”.

- PERSON 4:
  - “He was about late sixties and he had a stroke maybe five years before.”
  - “He didn’t have a whole lot of speech”.

**MAIN THEME 4: PROFESSIONAL DEVELOPMENT AND ROLE OF SELF**
Descriptor: This theme describes the students’ self confidence (pre and post VAS), their critical reflections (post-VAS), the relationship with their VAS client, and their understanding of the VAS.

**SUB-THEME 4 (A): Self-Confidence**

4.1 Pre-VAS
4.2 Post-VAS

<table>
<thead>
<tr>
<th>Relevant Quotes</th>
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<tr>
<td>4.1 Focus Group 1</td>
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</table>
● PERSON 5: “I don’t remember feeling that anxious I think I was more anxious the day that we had in the clinic here”.

● PERSON 5: “You’re a little bit anxious about what to expect, and what you know. How well they’re going to be able to communicate?”

● PERSON 7: “Em.. I did two days in a support group for aphasia and it was the first time I ever actually came across it” “so I felt that prepared me”.

● PERSON 8: “Emm I volunteered in an acquired brain injury centre. So it’s kind of... I wasn’t too nervous going in I was more nervous about going into the person’s home... than going to meet a person with a communication disability” / “It’s just ‘cause it’s their home and you want them to like you and to” / “accept you into the home”.

● PERSON 8: “Excited and anxious”.

● PERSON 6: “I think we were kinda made to feel a little bit anxious”.

Focus Group 2

● PERSON 2: “I was really nervous...yeah. I think maybe as well because of not having had experience working with adults..kind of not knowing what to expect”.

● PERSON 3: “I think that maybe the first day going there you are a little bit nervous, not sure what to expect”.

● PERSON 1: “Eer..I was quite nervous going out the first time”.

4.2 Focus Group 1

● N/A

Focus Group 2

● Researcher: “So do you feel you gained more confidence?”
  ○ PERSON 3: “Yeah ammm...confidence, that’s probably the main thing” / “You’re going to visit this person that you never met before, and you’ve got to try and find common ground with them..and ..and then build a relationship with them as well, so you’ve got to kind of..amm..yeah, I think , I gained confidence in that side of it as well”.

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- PERSON 3: “Yeah, I think so, it gives you confidence, and I would feel a bit more confident going into ...amm... kind of... similar situations”.

- PERSON 4: “I’d say I’m more confidence as well, because like I’ve worked with people who have literally like no speech, but it’s kind of different, because... same thing... you’re kind of building relationships, whereas like before my previous experience would have been more about amm care”.

**SUB-THEME 4 (B): Critical Reflection.**

4.3 Slowing down speech
4.4 Becoming comfortable with silence
4.5 Recognising student boundaries (knowing when to stop)
4.6 Valuable and worthwhile learning experience
4.7 Preparing for the unknown

<table>
<thead>
<tr>
<th>Relevant Quotes</th>
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| **4.3** | Focus Group 1  
| ● N/A |
| Focus Group 2  
| ● PERSON 4: “I definitely learnt I need to slow down because people tell me I really talk fast” / “you could literally see when I was talking to him that it was literally going over his head”.
| **4.4** | Focus Group 1  
| ● PERSON 7: “It really made sense there just to be comfortable in silence”.
| Focus Group 2  
| ● PERSON 4: “It’s good to have the programme because it kind of made...errr...it’s okay if there is silence, and it gave us the strategies to like...you can just move on if they can’t if they can’t...or the conversation is stilted like you can just move topic”.
| **4.5** | Focus Group 1  
<p>| ● N/A |
| Focus Group 2 |</p>
<table>
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<tr>
<th>4.6</th>
<th><strong>Focus Group 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• PERSON 4: “if he can’t understand you don’t have to keep trying to going and going and going and going”.</td>
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<tr>
<td>• PERSON 5: “Very positive”.</td>
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<td>• PERSON 8: “It kinda makes you be a bit more patient like that to get to know the person rather than straight away saying..oh this person has aphasia”.</td>
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<td>• PERSON 7: “You have to be ready to work with any age..you know that’s the thing so I’d easily go into an adult care setting now”.</td>
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<td>• PERSON 6: “I definitely think it’s a positive experience where like we can develop our communication skills”.</td>
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**Focus Group 2**

• PERSON 2: “I hadn’t really had any exposure to adults with communication difficulties, so I think that was really kind of helpful to have that experience before going out and trying” / “therapy or something, or assessments” / “without the kind of pressure of having to do anything else”.

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<th>4.7</th>
<th><strong>Focus Group 1</strong></th>
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<tbody>
<tr>
<td>• PERSON 7: “You know you don’t really know what to expect or their level”.</td>
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<tr>
<td>• PERSON 5: “I’d no experience of I suppose it was quite new”</td>
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**Focus Group 2**

• N/A

**SUB-THEME 4 (C): Relationship (with VAS client).**

*4.8 Developing initial relationship*

*4.9 Abrupt ending (VAS client upset, student guilt)*

*4.10 Student -to-VAS client empathy*

**Relevant Quotes**

<table>
<thead>
<tr>
<th>4.8</th>
<th><strong>Focus Group 1</strong></th>
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<tbody>
<tr>
<td>• PERSON 8: “it was a lot of her husband talking which is still lovely but it kind of felt that we weren’t doing exactly what we were supposed to be doing”</td>
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<tr>
<td>Focus Group 2</td>
<td>4.9</td>
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<tr>
<td>PERSON 6: “I was quite fortunate emm because I had someone who was in the VAS a long time so he like was just so excited about us coming” / “something he wanted to do so” / “she really enjoyed the visit she was very sociable”.</td>
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<tr>
<td>PERSON 8: “you like you’re going in there willing to do anything but they mightn’t”.</td>
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Focus Group 2
  - N/A

<table>
<thead>
<tr>
<th>Focus Group 1</th>
<th>4.9</th>
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<tbody>
<tr>
<td>PERSON 7: “On the last day we hadn’t said anything and..they put up a huge dinner”.</td>
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<tr>
<td>PERSON 6: “I had quite a negative experience.. we well a little towards the kinda ended on a little bit of a bad note” / “he got quite upset on our last day and it was like he didn’t really understand, I suppose his memory was affected, but again we didn’t know that his memory was affected like we didn’t even pick up on that” / “we were all very sad at the end cause..we felt like bad that we’d left it on a bad note kind of cause he was so upset”.</td>
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<tr>
<td>PERSON 8: “You take the eight weeks to kind of get these people to really welcome you into their home they look forward to you and then you turn around you’re like okay...That’s the end” / “We won’t see you you’ll have two students next year if you want” / “It’s just the way it ends is a bit sudden I think”.</td>
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<tr>
<td>PERSON 5: “You kinda develop a relationship and then” / “you’re going into their homes and you know then after whatever amount of time it just stops” / “You kinda feel a bit bad (laughs) to be honest” / “you kinda get (laughs) close with them as well so” / “It was difficult like just kind of..it’s a bit abrupt I think at the end”.</td>
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<tr>
<td>PERSON 8: “If they were coming to your clinic they’re as aware of the process as you are but because we were going to them and then all of a sudden we just stopped I felt like it ended a bit differently”.</td>
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Focus Group 2
  - N/A

| Focus Group 1 | 4.10 |
● PERSON 6: “You do get a little bit attached” / “they get to know you quite well” / “you do get kind of build up a relationship”.

Focus Group 2
● N/A

SUB-THEME 4 (D): Student’s Understanding of what the VAS Programme is.

4.11 Pre-VAS.

4.12 Post-VAS

4.11 Focus Group 1
● N/A

Focus Group 2
● PERSON 1:
  ○ “It was more to sort of get comfortable with being with someone that has communication difficulties”.
  ○ “Normally you’re going to try and help somebody else, but in this case you’re actually going to help yourself, so it’s a little bit...like that was my feeling of it...and like obviously the person I was with got something out of it as well, because she got company one a week and she loved having us there and all the rest...amm....but its just that first kind of initially getting over that hump that you’re not doing anything, you’re actually getting something from it, so hopefully it’s a two way system and she got something out of it as well”.

4.12 Focus Group 1
● PERSON 5: “it was a really good thing to do and to kinda get you more comfortable I suppose with dealing with people who have had a stroke”.

● PERSON 6: “A slow introduction into what we might be doing. eh in the future and just to help us build up our communication skills and to to show us how difficult it can be” / “and emm what’s required of us. emm in the future”.

● PERSON 5: “Yeah I suppose it’s like emm for people who hadn’t.. you know worked either in a hospital setting or have had no exposure to you know. emm dealing with people with communication difficulties. It’s you know a
good opportunity to be able to.. emm I suppose to realise how difficult it can be” / “and you know I suppose get more comfortable as well”.

- PERSON 7: “An opportunity to kind of ease you in ‘cause the first semester is difficult enough”.

- PERSON 8: “She just didn’t want any more speech therapy at that time” / “So it probably would be a good programme for her to be in maybe to ease her into getting her conversation back a bit / Or just to..being a bit more social”.

Focus Group 2

- PERSON 3: “It was kind of just like a natural chat”.

- Researcher: What would you say the VAS is if you were to sum it up?

  - PERSON 1: “I think that it’s mutually beneficial” / “It was actually building a relationship with somebody despite the fact that they’ve communication difficulties..knowing that that’s possible and at the end of it actually being sad to go”.

  - PERSON 2: “I’m not sure like with our lady it would have massively benefited her communication or anything like that, but I think she really enjoyed us going”.

  - PERSON 4: “It gives them the chance to get things off their chest as well, cause when there with their carer or family all day they can’t say certain things like...like kind of frustrations that they have, but I found that when we went to them they were kind of like..you know been like...I” can’t even go to the pub anymore” / “cause one day he’s like “if I don't want to talk to anyone, I just take out my hearing aid and pretend not to hear them” [laugh]”.

  - PERSON 1: “Because they can confide, cause you’re not connected” / “you’ve no aim” / “They were trying to get her to go one week to bingo or something and ...and she was like ‘no no no’ and they left and she just went ‘bingo’s cr@p’” / “But, she wasn't going to say that to her careworker or to her husband”.

  - PERSON 4: “It’s kind of therapeutic for them in a way”.