APPENDIX I

TRAINING OF INTERVIEWERS

IN-SERVICE TRAINING OF COMMUNITY NURSES –
BEGINNING COMMUNICATION INTERVENTION PROTOCOL (BCIP) FOR
CHILDREN WITH SEVERE DISABILITIES

Training of interviewers

Aims of the training

1. To discuss practical aspects pertaining to the training
2. To provide interviewers with background information related to the training
3. To discuss the process of asking questions and the recording of results on Response Form I

1 Practical aspects

- Interviewers   Juan Bornman (1), Munyane Mophosho (2), Kerstin Tönsing (3), Catherine van Dijk (4), Elaine Cobb (5), Elmarie van der Merwe (6) and Yasmin Opperman (7) Enid Moolman (8)

- Dates: Pilot study: Tuesday 20 June (whole day)
     Friday 23 June (13h00 – 15h00)
     Main study: Monday 10 July (7h30 – 10h30)
     Friday 14 July (12h00 – 14h00)

- Time   Pilot study: Leave from Communication Pathology Building on 20 June at 07h00
     Main study: Leave from Communication Pathology Building On 10 July at 07h30 (arrange with Munyane).

- Video   Each person must ensure that she knows how to operate the video camera. Sufficient video cameras, tapes and tripods will be provided.

- Materials   Take own stationary and clipboard
  Take a stopwatch
  Each interviewer will be supplied with enough forms (Response Form I)
  Each interviewer will be supplied with a BCIP, containing all the relevant equipment
- Dress   Please dress neatly and preferably wear navy or dark grey. No jeans or takkies. A dress is preferable.
- Tea & lunch   Will be provided

2   Background information

- Aim and basic content of the BCIP training:
  1. To discuss the concept of multiskilling and highlight the role of community nurses in the process of training beginning communication skills.
  2. To discuss the different means of communication (including unaided and aided strategies), functions, partners and opportunities for interaction.
  3. ***To facilitate the development of skills related to***
     - ***the implementation of unaided strategies (e.g. facial expressions and manual signs)***
     - ***the implementation of aided strategies (e.g. real objects, photographs, PCS communication board and digital speaker)***
     - ***the creation of communication opportunities during the day***
  3. To discuss and demonstrate basic augmentative and alternative communication (AAC) intervention principles
  4. To describe the importance of monitoring progress through the use of a progress matrix

- **Aim of the interview schedule – Response Form I**

1. To determine community nurses' skills in identifying basic communication skills in a case study (communication means, functions, partners and opportunities): Answers are ticked in table format. If you are unsure, write down the complete answer.

2. To determine the recommendations made to the caregiver regarding the case study: Open-ended questions. Write down the complete answer.

3. Practical demonstration of skills: rate the demonstration of practical skills on a 4 point Likert scale. Definition of each of these four points is provided at the end of this document.

- **Practical considerations**

1. Every interviewer is responsible for making a video of the interaction.
   Make sure that the demonstration of practical skills is clear.

2. Ensure that the lighting is good, so that the nurse can be seen clearly (i.e. do not take into the light).

3. For clear sound quality, make sure that the environment is silent.

4. Record only two interactions on each of the tapes provided, otherwise you will run out of tape!

5. If possible, operate the camera with power. Although the batteries will be charged, they tend not to be capable of taping the complete interaction.

6. Record the open-ended questions as completely as possible. Make sure that you answer **all** the questions

7. Time the practical demonstration – each participant has only seven minutes.

8. The activity that will be used throughout is mealtime.

9. Twenty nurses have to be interviewed: this means that each of us will have to do at least do five (It should take roughly 30 minutes).

10. Once all the nurses have been interviewed, all of you will watch the 20 videos and rate them in order to increase the inter-rater

reliability. This will only be done for the pilot study. If necessary, more training will be conducted.

11   All responses will be coded on the provided form (Response Form I).

12   Read all the instructions on the form carefully.

- **Method**

    1   Before commencing, give the nurse a friendly greeting and put her at ease. Ensure a comfortable, relaxed atmosphere. Clearly state that the aim is not to evaluate her skills, but to evaluate the effectiveness of the training programme.

    2   Be seated opposite the nurse at a table.

    3   Before commencing ask each nurse to state her date of birth.

    4   Provide the nurse with a copy of the case study (to be handed back to you at the end).

    5   Carefully read the case study with the nurse. Clarify any confusing terminology.

    6   When asking the questions, constantly remind her to refer back to the case study.

    7   After completing Sections 1 and 2 of Response Form I, take out the BCIP's mealtime activity (remember to also take out the digital speaker!), and proceed to Section 3.

    8   After completing this section, put away the BCIP to avoid prompting of the next participant.

- **Guidelines for completing Response Form I**

⭶ **General information**

    1   Complete one Response Form I for each nurse.
    2   Create a non-threatening environment by assuring her that this is not a test aimed at measuring her skills, but rather a tool to measure the programme.
    3   The questions must be presented to each nurse in exactly the same way. Questions have to be put in exactly the wording used on

the form, in exactly the same order, and only examples provided on the form may be used.

4   Neutral prompts may be provided, e.g. "*uh uh?*" "*mmm*"

5   Provide sufficient time for each nurse to complete her answers. No time limit is provided, except for Section 3 (practical skills demonstration) where only seven minutes are provided.

➘ **Specific information**

1   Complete **birth date** is required, as respondent numbers will be allocated from this.

2   Carefully read through the **case study** with the nurse, and provide it to her in writing. Clarify any uncertainties and confusions regarding terminology. Ensure that she understands the case study well. She can have the case study in front of her for the duration of the interview.

3   **Current abilities** are obtained by asking the questions as they appear on Response Form I. If the nurse does not understand the question, you may rephrase in a neutral way, without giving leading examples, e.g. don't say, *"think of the people she communicates with like the neighbour's children".*

4   **Recommendations** are provided in open answer format with space to write the nurse's answer. Write down her complete response.

5   **Practical demonstration of skills.** Each nurse will have seven minutes (time with a stopwatch) to demonstrate "mealtime activity", using her BCIP. Read the instructions on the form carefully. Time checks can be provided halfway through the activity (e.g. "*You have three minutes left"*.)

6   **Section 4** (number of clients and contact with colleagues) will only be conducted after the follow-ups. You will therefore not be required to complete this.

Descriptions of the scores are as follows

	Not attempted	**Poor**	**Average**	**Good**
Correctness of perceptual grading	No attempt was made	Only one element correct (e.g. start with objects)	2 – 3 elements correct	All elements correct. Knows range of perceptual grading

Objects & Photographs

	No observable attempt	Only naming of elements (e.g. *It's a cup, It's a spoon,* etc.)	Requesting of basic needs, e.g. G*ive me the spoon ; Do you want-?* Matching objects and photos.	Abstract diverse messages, e.g. joking, teasing, requesting help, deliberately giving wrong choice. Includes 3 types of choices, viz. partner, object, activity.
Type of messages selected	No observable attempt	Only naming of elements (e.g. *It's a cup, It's a spoon,* etc.)	Requesting of basic needs, e.g. G*ive me the spoon ; Do you want-?* Matching objects and photos.	Abstract diverse messages, e.g. joking, teasing, requesting help, deliberately giving wrong choice. Includes 3 types of choices, viz. partner, object, activity.
Clarity on the use of objects and photographs	No observable attempt	Very unsure about what to do with objects or just move objects around.	Use objects to demonstrate functional use, e.g. *Cup is for drinking ; Spoon is for porridge.*	Use objects to facilitate skill development, e.g. give choices, request help, etc.
Incorporation of speech	No use of speech – only points to objects	Few single words used to name objects or functions, e.g. *Milk / Spoon? Eat / Drink?*	Use of phrases, e.g. *Maria wants milk? Maria drink?*	Complete grammatically correct sentences, e.g. *Do you want milk or do you want tea?* Inclusion of praise.
Incorporation of facial expressions	No observable attempt	Inappropriate use of facial expressions or no use of facial expressions (straight face)	Limited range of facial expressions	Optimal use of facial expression (extensive range), e.g. frown with "what questions" or raise eyebrows

PCS communication board

	No observable attempt	Points to PCS and names elements (e.g. I*t's a cup, It's a spoon,* etc.)	Requesting objects (questions) e.g. *Give me the spoon; Where is the plate?*	Abstract diverse messages, e.g. joking, teasing, requesting help, providing choices, e.g. *Can I help you or do you want to help yourself?*
Type of messages selected	No observable attempt	Points to PCS and names elements (e.g. I*t's a cup, It's a spoon,* etc.)	Requesting objects (questions) e.g. *Give me the spoon; Where is the plate?*	Abstract diverse messages, e.g. joking, teasing, requesting help, providing choices, e.g. *Can I help you or do you want to help yourself?*
Clarity on the use of communication boards	No observable attempt	Very unsure about what to do with the communication board	Ask child to point at symbols, e.g. *Show me the spoon.*	Interaction between nurse and child. Nurse points while talking.
Incorporation of speech and intonation	No observable attempt	Few single words Monotone	Use of phrases. Very slow speed.	Complete grammatically correct sentences. Correct intonation
Incorporation of facial expressions	No observable attempt	Inappropriate use of facial expressions or no use of facial expressions (straight face)	Limited range of facial expressions	Optimal use of facial expression (extensive range), e.g. frown with "what questions" or raise eyebrows

Manual signs				
Type of messages selected	No observable attempt	Only naming of elements (e.g. *It's a cup,* etc. whilst making a sign	Requesting (asking question) e.g. *Give me the plate.* Matching sign and objects.	Sign abstract concepts, e.g. *help, more.* Provide choices.
Clarity on the use of manual signs	No observable attempt	Only natural gestures, e.g. *drink.*	Knows a few signs, e.g. *milk, mug, more.* Only single words.	Keyword signing. Signs more than 1 word per sentence. Most signs correct.
Incorporation of speech	No use of speech – only manual signs	Whisper with signing. Only 1 word with signs.	Sign I a phrase, e.g. D*rink milk?*	Speaks full sentences whilst signing key words. Inclusion of praise.
Incorporation of facial expressions **Very important issue in signing!**	No observable attempt	Inappropriate use of facial expressions or no use of facial expressions (straight face)	Limited range of facial expressions	Optimal use of facial expression (extensive range), e.g. frown with "what questions" or raise eyebrows. Demonstrates understanding of the importance of facial expressions with manual signs.

EasyTalk 4 Option Digital Speaker				
Type of messages selected	No observable attempt	Only naming of elements (e.g. *It's a cup, It's a spoon,* etc)	Recording basic needs, e.g. *I want to eat; I want the porridge.*	Abstract messages, e.g. *Help me please! I want more. No, not that one!*
Clarity on the use of the digital speaker	No observable attempt	No idea how the device works. Ask questions e.g. *Show me blue* (colour of keys)	Knows how device works, but not 100% sure. Can record a message, but no symbol to cue. Records a question, e.g. *Do you want milk?*	Operational competence. Knows how to record and play messages. Puts symbols / pictures on the device.
Incorporation of speech and intonation	No observable attempt	Records single words. Monotone	Records phrases. Slow speech	Complete grammatically correct sentences, e.g. I *want more tea, please.* Correct intonation.
Incorporation of facial expressions **Difficult to score**	No observable attempt	Inappropriate use of facial expressions or no use of facial expressions (straight face)	Limited range of facial expressions	Optimal use of facial expression (extensive range), e.g. frown with "what questions" or raise eyebrows

Question 3.2 How much prompting was required?	**Extensive** Requires significant amount of verbal and gestural prompts. >3 prompts	**Average** Requires verbal and little gestural prompts. 2 –3 prompts	**Minimal** Requires very little to no prompts. 0 - 1 prompts
Question 3.3 Overall impression of nurse's confidence in facilitating communication	**Poor** Very unsure about all BCIP elements	**Average** Unsure about some BCIP elements	**Good** Confident in what to do with all BCIP elements

- Section 4 will only be completed after the follow-ups.

1) **General information** refers to the nurse's experience in the use of the BCIP. Although this section is included, the information will not be asked before or directly after training, as it is not applicable at this time. It will only be completed from the two week follow-up onwards.

2) **Number of clients** refers to the total number of clients with whom the BCIP has been used since the onset of the training. This number is therefore cumulative. Although this section is included the information will not be asked before or directly after training. It will only be completed from the two week follow-up onwards.

3) **Contact with colleagues** refers to any formal or informal contact with any member of the multi-professional team regarding the use of the BCIP, e.g. nurses, teachers, social workers, etc. Please specify the nature of the contact and the occupation of the colleague.

PRACTICAL DEMONSTRATION

While watching the video record the results on Response Form I for the specific nurse.