
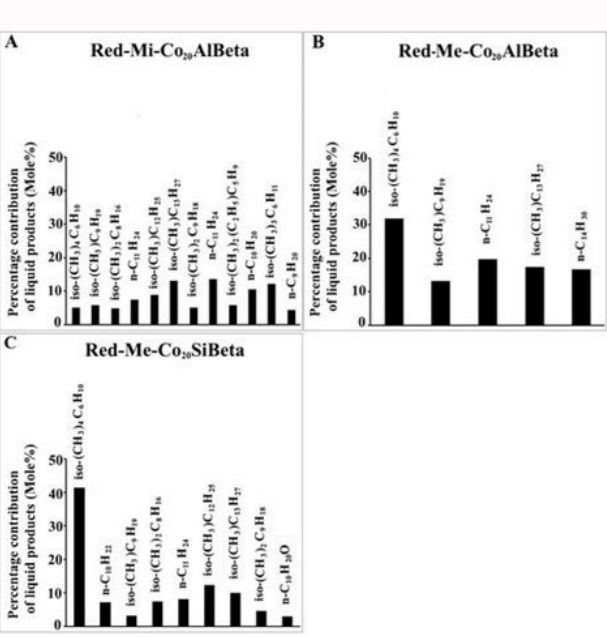


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Table 2. Cross-sectional survey with the main categories



## A means of identifying, recording, and tracking communication impairments The Cognitive-Communication Checklist for Acquired Brain Injury (CCCABI)

**CHALLENGE**

- More than 75% of individuals with acquired brain injury (ABI) will experience communication difficulties that can disrupt successful return to work, school, family/community, and social participation. Most are cognitive-communication impairments.
- International standards and guidelines recommend referral to evidence based speech language pathology interventions for these individuals.
- There is a critical need for clear referral criteria and consistent terminology to promote understanding of communication impairments and to ensure fair and equitable access to communication intervention after ABI.

**OBJECTIVE**

- To obtain feedback from speech-language pathologists, multidisciplinary referral sources, individuals with brain injuries, and their families regarding the utility, clarity, and comprehensiveness of a referral tool designed to identify cognitive-communication impairment.

**METHOD**

- The Cognitive Communication Checklist for Acquired Brain Injury (CCCABI) is a 3 page referral tool summarizing 45 communication difficulties in 10 areas of cognitive-communication functioning that was developed based on evidence synthesis, pilot testing and expert review.
- A survey was conducted of 113 SLPs, 33 multidisciplinary referral sources, and 81 individuals with lived experience of brain injury. Distribution occurred through professional organizations, hospitals, brain injury services, and community support groups.
- 12 survey questions related to the need, comprehensiveness, clarity and utility of the CCCABI using the response options: Strongly Agree, Agree, Agree Somewhat, Disagree, Strongly Disagree, and Unsure.

**Speech-Language Pathologists**

Work Site	Hospital	Outpatient	Community	Long-Term Care	University	Research	Other
10	34	20	17	8	11	11	12

**Multidisciplinary Referral Sources**

Source	Percentage
Case Manager	10.7%
Physician	11.2%
Case Nurse/Therapist	11.5%
Physiotherapist	11.5%
Social Worker	11.5%
Rehabilitation Support Worker	11.5%
Occupational Therapist	11.5%
Long-Term Care	11.5%
Neurologist	11.5%
Teacher	11.5%
Research Assistant	11.5%

**SURVEY RESULTS**

Percentage of Respondents who Strongly Agreed or Agreed

	SLP N = 113	Multidisciplinary Referral Sources N = 33	Individuals & Families with ABI N = 81
Need for a Referral Tool	96%	88%	95%
Comprehensiveness	96%	88%	88%
Inclusion of CC for ABI	96%	88%	88%
Clear & Straightforward	87%	94%	98%
CCCABI is useful for:			
Increase Awareness/Referral	96%	97%	98%
Education Tool	92%	98%	98%
Sharing of Communication Profiles	92%	82%	98%
Research	81%	71%	98%
International	81%	78%	98%
Would use it in Clinical Practice	96%	78%	98%
Communication Partner Education	96%	78%	88%

**CONCLUSIONS**

- A referral tool is necessary to assist health professionals and those with lived experience of brain injury in identifying the full range of communication-difficulties after ABI.
- The CCCABI was supported as a clear, comprehensive, and accessible format for consistent identification of communication impairment that could promote timely referral to speech-language pathology services, recording of baseline communication profiles, and tracking of general communication data across the continuum.
- Key uncertainties relate to potential selection bias, unique needs of specific referral sources (i.e. physicians may require a more brief checklist) and the reliability of the CCCABI.
- Future research steps include a broader survey of international colleagues, incorporation of specific feedback from clinicians and individuals, and piloting of the CCCABI in research protocols.

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## 10 Rules for Online Class Communication

Let's discuss and share with our students  
(for lecturers and students)

Gayane Hovhannisyian  
September 2020





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