

Supplemental file 1 Goals in ImPACT

Main goals of ImPACT:

- A. PACT is part of existing care (pathways) in participating centres.
- B. Recommendations for broader implementation of PACT in clinical practice based on the identification of barriers and facilitators in the uptake of PACT.
- C. Partner characteristics of PACT candidates are described in terms of coping, care burden and mood and conversation behaviour.
- D. Client characteristics of PACT candidates are described in terms of linguistic and other cognitive disorders, communicative abilities and conversation behaviour.

Goals per stakeholder domain

Individual / professional

1. SLT and rehabilitation doctor acknowledge the partner as a legitimate target for training.
2. SLT and rehabilitation doctor acknowledge the importance of a trained conversation partner as beneficial to the communicative participation of the person with aphasia (PWA)
3. SLT recognises partners as PACT candidates, in terms of their communicative behaviour and their care needs.
4. SLT is competent in exploring care needs of partners.
5. SLT informs dyads about the goals and the procedure (method) of PACT.
6. SLT is competent in video analysis using PACT assessment procedure and translating this into therapy goals.
7. SLT is competent in delivering PACT training to partners.
8. SLT informs relevant parties in centre about PACT.
9. Rehabilitation doctor prescribes PACT.
10. Manager supports and facilitates the organisation and planning of a PACT trajectory.

Individual / clients

1. Partners / dyads are aware of the goals of PACT.
2. Partners / dyads are aware of the PACT procedure / method.
3. Dyads are able to provide video data suitable for analysis and training.
4. Partner is satisfied about the effect of training.
5. Partner is satisfied about the PACT procedure (planning, timing).
6. Partner changed his communicative behaviour after PACT.

Team

1. All team members are aware of the difference between the interaction between equal partners and a therapeutic interaction.
2. All team members recognise the importance of a trained conversation partner as beneficial to the communicative participation of the PWA.
3. All team members know that the SLT has the means (PACT) to train the partner
4. All team members alert the SLT to possible candidates for partner training

Organisation

1. SLT, manager and planning know the planning structure of a PACT trajectory (according to local agreements).
2. PACT is planned at the request of the SLT, both direct and indirect sessions.
3. Manager, doctor and SLT are clear about the care module, care programme or care pathway in which PACT will be included.

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4. Client video data are stored adequately and secure according to medical legislation on patient data.
5. IT professionals support storage and access to video data.
6. The board of directors supports partner training.
7. All parties proclaim the importance of partner training / PACT.
8. The client board supports partner training.
9. Managers have insight in the costs of PACT.
10. Insurance representatives are aware of PACT partner training.
11. Each centre appoints a professional / manager who is responsible and qualified to realise the goals at the level of the organisation.