APPENDIX A

Search strategy for *Medline*

Literature search performed on: January 23, 2019

1. exp aphasia/
2. exp communication disorder/
3. exp brain injury/
4. exp dementia/
5. exp dysarthria/
6. exp Parkinson disease/
7. exp apraxia/
8. exp cerebrovascular accident/
9. exp Alzheimer disease/
10. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9
11. (partner* or volunteer* or assistant* or staff or paid carer).ti,ab.
12. (communication* or conversation*).ab,ti.
13. (training or program* or therapy or education* or intervention* or strateg*).ab,ti.
14. 10 and 11 and 12 and 13
15. limit 14 to up=20150508-20160107
16. exp aphasia/
17. exp communication disorder/
18. exp brain injury/
19. exp dementia/
20. exp dysarthria/
21. exp Parkinson disease/
22. exp apraxia/
23. exp cerebrovascular accident/
24. exp Alzheimer disease/
25. exp Amyotrophic Lateral Sclerosis/
26. exp Multiple Sclerosis/
27. exp Voice Disorders/
28. (aphasi* or brain injur* or dementia* or dysarthri* or parkinson* or apraxi* or cerebrovascular accident* or stroke* or alzheimer* or amyotrophic lateral sclerosis or multiple sclerosis).ab,kf,kw,ti.
29. ((communication or language or speech or voice) adj1 (disorder* or difficult* or disab* or impair*)).ab,kf,kw,ti.
30. 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29

31. ((partner* or volunteer* or assistant* or staff or personnel or paid carer* or nurse* or nursing aide* or nursing assistant* or nursing student* or healthcare student* or health care student* or medical student* or physician* or doctor* or worker* or paraprofessional or occupational therapist* or physical therapist* or respiratory therapist* or pharmacist* or physiotherapist or dietetist* or dietitian* or nutritionist*) adj3 (communicat* or conversation*)).ab,kf,kw,ti.

32. (training or program* or therapy or education* or intervention* or strateg*).ab,kf,kw,ti.

33. 31 and 32

34. ((partner* or volunteer* or assistant* or staff or personnel or paid carer* or nurse* or nursing aide* or nursing assistant* or nursing student* or healthcare student* or health care student* or medical student* or physician* or doctor* or worker* or paraprofessional or occupational therapist* or physical therapist* or respiratory therapist* or pharmacist* or physiotherapist or dietetist* or dietitian* or nutritionist*) adj3 (training or program* or therapy or education* or intervention* or strateg*)).ab,kf,kw,ti.

35. (communicat* or conversation*).ab,kf,kw,ti.

36. 34 and 35

37. ((communicat* or conversation*) adj3 (training or program* or therapy or education* or intervention* or strateg*)).ab,kf,kw,ti.

38. (partner* or volunteer* or assistant* or staff or personnel or paid carer* or nurse* or nursing aide* or nursing assistant* or nursing student* or healthcare student* or health care student* or medical student* or physician* or doctor* or worker* or paraprofessional or occupational therapist* or physical therapist* or respiratory therapist* or pharmacist* or physiotherapist or dietetist* or dietitian* or nutritionist*).ab,kf,kw,ti.

39. 37 and 38

40. 33 or 36 or 39

41. 30 and 40

42. 41 not 14

43. ("2017 08 14" or "2017 08 15" or "2017 08 16" or "2017 08 17" or "2017 08 18" or "2017 08 19" or "2017 08 19" or "2017 08 2*" or "2017 08 3*" or "2017 09*" or "2017 1*" or "2018*" or "2019*").dt,ez.

44. 41 and 43

45. 42 or 44

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PRISMA Extension for Scoping Review (PRISMA-ScR) checklist

Tricco et al. (2018)

Item section	Item	Y/N	Comments
Title	Identify the report as a scoping review	Y	The title of the article is "Paid Workers and Unfamiliar Partner Communication Training: a Scoping Review"
Abstract	Structured summary	Y	The abstract contains the recommended information.
Introduction	Rationale	Y	Section 1.4
	Objectives	Y	Section 1.4
Methods	Protocol and registration	N	No protocol exists for this scoping review.
	Eligibility criteria	Y	Section 2.3.1
	Information sources	Y	Section 2.2
	Search	Y	Appendix B
	Selection of sources of evidence	Y	Section 2.3.2
	Data charting process	Y	Section 2.4
	Data items	Y	Section 2.4
	Critical appraisal of individual sources of evidence (optional)	N	No critical appraisal was conducted because it did not serve to answer our research questions.
	Synthesis of results	Y	Section 2.5
Results	Selection of sources of evidence	Y	Figure 2.1 (flowchart of the study)
	Characteristics of sources of evidence	Y	Section 3.1 for the characteristics of the included studies. Supplementary Table I and II for all the "short reference" of the included studies and the list of references for the complete references of the included studies.
	Critical appraisal within sources of evidence	N	No critical appraisal was conducted.
	Results of individual sources of evidence	Y	Sections 3.2, 3.3, 3.4, 3.5 and supplementary Table I and Table II.
Discussion	Summary of evidence	Y	Sections 4.1, .4.2, 4.3, 4.4, 4.5
	Limitations	Y	Section 4.6
	Conclusions	Y	Section 5
Funding		Y	Fond de recherche du Québec-Société et culture, Lucie-Bruneau Rehabilitation Center, the Centre for Interdisciplinary Research of Greater Montreal for their support to the first author.

SUPPLEMENTARY MATERIAL: Table I. Communication partner training (CPT) characteristics

Table I. *CPT characteristics* ᵠ

	References[1]	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
CPT about dementia (n=32)	Ripich et al. (1995)	Focused program	Nursing home	NA (17)	SLP and assistant director of nursing	6 x 2h	12h	Background, info prog, strat, info comm, purpose, importance comm	Theory, videos, role play, discussions
	McCallion et al. (1999)	Nursing Assistant Communication Skills Program	Nursing home	NA (39)	Master's level social worker	5 group sessions (0.75h) + 4 private sessions (0.5h)	5.75h	Background, info prog, strat, behaviour to avoid, purpose, importance comm, feedback	Theory, role play, PWCD, feedback, discussion
	Bourgeois et al. (2001)	Use of effective communication skills during care interaction	Nursing home	Nursing aides (33)	NS for didactic training and research assistants for hands-on	1h + variable time of hands on	1h+ variable time of hands-on	Info prog, strat, supervision, feedback	Theory, PWCD, feedback
	Burgio et al. (2001)	Training on use of memory books and general communication skills	Nursing homes	Certified NA (37)	Licensed clinical psychologist	2h (in class)+ hands-on training 4 wk	≈2h+ variable time of hands-on	Info prog, strat, supervision, feedback	Theory, role play, PWCD, feedback, discussion
	Dijkstra et al. (2002)	Use of memory books and general communication skills	Nursing homes	NA (21)	NS	1h + 2 wk hands-on training	≈1h+ variable time of hands-on	Info prog, strat, supervision, feedback	Theory, PWCD, feedback

(Continued on next page)

[1] Presented in chronological order in each section

Table I. *(continued)*

References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
Irvine et al. (2003)	Interactive multimedia training programme on CD-ROM	Nursing home or Center for applied Science according ly to the participan ts' location	Professional caregivers (nurse aides, home health workers) and paraprofessiona l caregivers (adult day care volunteers) (44)	CD-ROM	NS	NS	Info prog, strat	Theory, video, other (interactive summay question, quiz)
	Video-taped lecture	Nursing home or Center for applied Science according ly to the participan ts' location	Professional cargivers (nurse aides, home health workers) and paraprofessiona l caregivers (adult day care volunteers) (44)	Experience d presenter in regards to professiona l caregiving issue	55 min	55 min	Info prog, strat	Theory
Bourgeois et al. (2004)	Communication skills training for nursing aides of residents with dementia	Long-term care facilities	Nursing Aides and licensed practical nurses (80)	NS	1h theory + hands on	≈1h + variable time of hands-on	Info prog, strat, supervision, feedback	Theory, PWCD, feedback
Bourgeois et al. (2005)	Communication skills training for nursing aides of residents with dementia	Nursing homes	Nursing aides (133)	NS	1h theory + an average of 8 individuali zed skill training sessions	1h + variable time skill training sessions	Info prog, strat	Theory, other (skill training sessions)

CPT about dementia (n=32)

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
CPT about dementia (n=32)	Williams (2006)	Changing Talk communication training	Nursing homes	Registered nurses, licensed practical nurses, aides, housekeepers, activities staff (38)	Nurse	3 X 1h	3h	Info prog, strat, behaviour to avoid, info comm, importance comm, feedback	Theory, videos, role play, discussion
	Broughton et al. (2011)	RECAPS and MESSAGE DVD	Nursing homes	Registered nurses, endorsed & enrolled nurses (11), NA (22), recreational/activities officers (4)	DVD with expert commentary	50 min	1.5h (including post)	Background, info prog, strat	Theory, videos
	Hammar et al. (2011)	Music Therapeutic Caregiving	Nursing homes	Assistant nurse (4) and nurse aides (2) * 2 participants followed the full course and 4 were trained by the doctoral student	Course at Mälardalen University (Music Therapeutic Caregiving I, MKM019)	NS	NS	Info prog, strat	Theory
					Doctoral student in nursing certified in Music Therapeutic Caregiving	NS	NS	Info prog, strat	Theory

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Table I. *(continued)*

References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
CPT about dementia (n=32)								
Hoerster et al. (2011)	Use of memory books	Nursing home	Nursing assistants	NS	NS	NS, but maximum 5 min accordingly to the tx description	Info prog, strat	Other (short instruction on how to support the residents using memory book
Weitzel et al. (2011)	Educational Intervention to Improve Communication With Patients With Dementia	Hospital	Care workers (NS)	DVD	1x12min	12 min	Background, info prog, strat	Theory, videos
Passalacqua & Harwood (2012)	VIPS communication skill training	Long-term care facility	Paraprofessional caregivers (26)	Two university faculty members with research expertise in gerontology and provider-patient communication	1h/session for 4 wk	4h	Background, info prog, strat, behaviour to avoid, info comm, purpose, importance comm, feedback	Videos, role play, feedback, discussion

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
CPT about dementia (n=32)	Söderlund et al. (2012)*	Validation method training programme	Nursing homes	Nurses (23)	Certified supervisor	10 sessions + monthly practise sessions with supervisio n	About a year	Background, info prog, strat, info comm, importance comm, supervision, feedback	Theory, videos, PWCD, feedback, other (supervision)
	Söderlund et al. (2014)*	Validation method training programme	Nursing homes	Registered nurse, licensed practical nurses, NA (12)	External certified supervisor	10 sessions + supervisio n 1x/month for 12 months	About a year	Info prog, strat, purpose, supervision, feedback	Theory, videos, PWCD, feedback, other (supervision)
	Cockbain et al. (2015)	Teaching about communicati on skills techniques for interactions with patient with dementia	University (during clinical attachme nt)	Medical students (20)	A consultant geriatrician, psychogeriatr icians and a general practitioner	4 X 2h sessions	8h	Info prog, strat feedback	Role play, feedback, other (written recommendation s)
	Coleman et al. (2015)	Changing Talk program (on site)	Nursing home	Staff in nursing homes (327)	NS	3 sessions	NS	Info prog, strat, behaviour to avoid	Theory, videos, discussion, role play
		Changing Talk program (online)		Staff in nursing homes (211)	NS	3 sessions	NS	Info prog, strat, behaviour to avoid	Theory, videos, discussion, role play

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
CPT about dementia (n=32)	Sprangers et al. (2015)	Communication skills training	Nursing home	Certified NA and licensed practical nurses (24 including control group)	NS	1 or 2 sessions	NS	Info prog, strat, feedback	PWCD, feedback
	Conway & Chenery (2016)	MESSAGE training	Care centre	Registered or enrolled nurses, home care workers, respite care workers (22)	SLP	1X 1h	1h	Info prog, strat, supervision, feedback	Theory, videos, PWCD, feedback, discussion, other (booklet with strategies)
	Franzmann et al. (2016)	TANDEM train-the-trainer in dementia care program	Nursing home	Registered nurse, certified NA, NA (35)	Qualified nursing home staff for tx gr and Certified psychologist for control gr	2h session every two weeks for 6 months	24h	Info prog, strat, info comm, purpose	Theory
	Hui-Chen et al. (2016)	Advanced innovative Internet-based communication education	NS and Internet	Nurses (107)	NS	Module 1: 4 h Module 2: 4h Module 3: NS Module 4: NS	8h + NS to do modules 3 & 4 that are interned-based	Background, info prog, strat, behaviour to avoid, feedback	Theory, discussion, role play, videos, other (internet-based learning activities, 360-degree feedback)
	Levy-Storms et al. (2016)	Therapeutic communication	Nursing homes	Certified nursing assistant (16)	NS	4 X1h session	8h	Info prog, strat,	Theory, videos
	Söderlund et al. (2016)*	Validation method training programme	Nursing homes	Nurses (4)	NS	NS	NS	Background, info prog, strat, info comm, purpose, importance comm	Theory, PWCD, other (practical training)

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
CPT about dementia (n=32)	Williams et al. (2016)	Changing Talk communication training	Nursing homes	Mostly certified NA (250)	NS	3 sessions X 1h	3h	Info prog, purpose	Theory, videos, discussion, role play
	Wood et al. (2016)	Communication And Respect for people with Dementia: Student learning programme	University Classroom	Students in 3rd year nursing and 2nd year physio (64)	Lecturers, carers, and colleagues working in care homes.	session 1: 4h; session 2: 3h	7h	Background, info prog, strat, info comm, purpose	Theory, discussion, other (facultative visits in care home (4 x3h))
	McGilton et al. (2017)	Dementia care workshop including sharing of the communication plan	Long-term care home	Care providers in Long-Term Care Home (20)	One SLP and two nurses	1 X 4h	4h	Background, info prog, strat, behaviour to avoid, info comm, purpose, importance comm, supervision, feedback	Theory, feedback, discussions, videos, role play, other (specific training on individual comm plans from enrolled residents, support once a week from an advanced practice nurse for the implementation of the comm plan)
	Williams et al. (2017)**	Changing Talk communication training	Nursing homes	Certified NA and Registered Nurse (23)	Member of the research team.	3 sessions X 1h	3h	Info prog, strat, behaviour to avoid, purpose	Theory, discussion, role play

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content component	Training methods
CPT about dementia (n=32)	Wood, Alushi, Hammond (2017)	Communication And Respect for people with Dementia: Student learning programme	University classroom and care home	Physio students (6) and learning disability nursing student (7)	NS	session 1: 4h; session 2: 3h	7h	NS	Theory, discussion, other (facultative visits in care home (4 x3h))
	Naughton et al. (2018)	Dementia communication training based on the VERA framework	Hospitals	Nursing students (51)	NS	2,5h + follow-up short reflective discussion during clinical placement	2,5h + follow-up discussions	NS	Theory, discussions
	Shaw et al. (2018)	Changing Talk staff education program	Nursing homes	Nursing homes staff (primarily nursing assistants) (NS)	NS	3 sessions X 1h	3h	Background, info prog, strat	Theory, videos, role play, other (vignettes)
	Williams et al. (2018)**	Changing Talk communication training	Nursing homes	Certified NA (39)	NS	3 sessions X 1h	3h	Info prog, strat, behaviour to avoid, info comm, purpose, importance comm	Theory, videos, discussions

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content component	Training methods
CPT about aphasia (n=19)	Lyon et al. (1997)	Communication partners treatment	Clinical setting	Volunteers (10)	Clinician	2x/wk for 6 wk and 2x/wk + act. for 14 wk	26h to 46h	Info prog, strat, importance comm, feedback	Feedback, PWCD, discussion
	Glenwright et al. (1999)	Training session to communicate better with a patient living with aphasia	Neurological Rehabilitation Centre	Healthcare staff (6), i.e., physio, OT, nurses, medical staff	SLP	NS	NS	Background, info prog, strat, info comm, purpose, importance comm	Theory, role play, other (practical activity, handouts)
	Kagan et al. (2001)	Supported Conversation for Adults With Aphasia	Aphasia Centre	Volunteers (20)	SLP	1x5.25h	5.25h	Info prog, strat, behaviour to avoid, info comm, feedback	Theory, videos, PWCD, feedback
	Rayner & Marshall (2003)	Training course to converse with people with aphasia	Aphasia group	Volunteers (retired people) (6)	NS	3X3h	9h	Background, info prog, strat, info comm, purpose, importance comm, feedback	Theory, videos, role play, discussion
	Hickey et al. (2004)	Multi-modality communication training	Nursing homes	Volunteers that were in their 1st semester of a major in comm sciences and disorders (4)	SLP	variable	variable	Background, info prog, strat, feedback	Theory, videos, feedback
	Legg et al. (2005)	Communication skills training	NS	Medical students (11)	NS	1x4h	4h	Info prog, strat, behaviour to avoid, purpose	Videos, role play, discussion

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
CPT about aphasia (n=19)	Simmons-Mackie et al. (2007)	Programme based on Supported Conversation for Aphasia	Acute care, rehabilitation and nursing homes	SLT, OT, physio, nurses, social worker, coordinator, food service worker, etc. (37)	SLP was offering support training and follow-up, NS for the training in itself	2 days + support training +follow-up	At least 2 days	Background, info prog, strat, info comm, importance comm, supervision	Theory, discussion
	McVicker et al. (2009)	Communication Partner Scheme	NS	Volunteers (72)	NS	3X2h or 1½ day + support group 2h for 6 wk	18h	Background, info prog, strat, purpose, importance comm, feedback	Theory, videos, PWCD, feedback
	Welsh & Szabo (2011)	Programme to improve NA students' knowledge of aphasia and awareness of supported communication strategies	In-class session at the University	NA students (262)	One SLP and one or two PWA	1X1.25h	1.25h	Background, info prog, strat, info comm, purpose	Theory, videos, PWCD, discussion
	Jensen et al. (2015)	Supported conversation aphasia training	Stroke unit	Nurses, NA, other professionals (105)	SLP	1x1 day	1 day	Background, info prog, strat, info comm, purpose, importance comm	Theory, videos, role play

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content component	Training methods
CPT about aphasia (n=19)	Horton, Clark et al. (2016)	Supported communication aphasia training	In-patient stroke rehabilitation unit	Nurses, OT, physio, SLP, healthcare assistant, associate practitioners, other (37)	NS	3h + 2X 0.5h hands-on training	4h	Info prog, strat, feedback	Theory, PWCD, feedback,
	Horton, Lane et al. (2016)	Supported communication aphasia training	"post-acute" stroke rehabilitation ward	Nurses, OT, physio, SLT, health care assistant, associate practitioners, non-clinical administrator (28)	SLP	2-3h + 2X0.5h	3-4h	Background, info prog, strat, behaviour to avoid, info comm, purpose, importance comm, feedback	Theory, Videos, PWCD, feedback, discussion, other (implantation strategies)
	McKinley et al. (2016)	Online training about aphasia	Internet	Registered nurses (20)	Online	≈30 min	≈30 min	Background, info prog, strat, importance comm	Theory, videos
	Cameron et al. (2017)	Intervention programme based on the Connect-Communication Disability Network (2013)	Metropolitan hospital (acute hospital setting)	Allied health assistants, audiologists, dietetics, OT, pharmacy, physiotherapists, social workers, nursing staff (rehabilitation unit) (52)	SLP	1 session: 1h theory + 15-20 min practice with PWA	1.25h-1.33h	Background, info prog, strat, feedback	Theory, feedback, PWCD

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Table I. *(continued)*

References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content component	Training methods
Finch et al. (2017)	Lecture about strategies to communicate effectively with people with aphasia	SLP clinics rooms of the University of Queensland	SLP students (19)	SLP	1 lecture: 0.33 h	20 min	Background, info prog, strat, info comm, purpose, feedback	Theory, videos, feedback, PWCD
Heard et al. (2017)	Supported Conversation for Adults with Aphasia	Inpatient rehabilitation unit	Registered nurses, allied health, medical staff (21)	SLP	2 X 90 min	3h	Background, info prog, strat, importance comm	Theory, videos, role play,
	E-Learning Plus communication partner training	Inpatient rehabilitation unit	Registered nurses, allied health, medical staff (27)	SLP for the face to face module	30 min online module + 90 min face to face	1h30	Background, info prog, strat, importance comm	Theory (online), videos (online), role play, videos,
Finch et al. (2018)	Connect CPT program (Full program intervention)	University	SLP students (19)	SLP	Lecture (duration non specified) + 15 min conversation + 15 min feedback	Lecture + 30 min	Theory, PWCD, feedback	
	Connect CPT programme (conversation only intervention)	University	SLP students (19)	SLP	15 min conversation + 5 min feedback	20 min	PWCD, feedback	
Cameron et al. (2018)	CPT based on Connect 'Making Communication	University	Health professional students (49 SLP, 7	SLP	1 session: 1h theory + 15 min	≈1h15	Background, info prog, strat, feedback	Theory, PWCD, feedback

CPT about aphasia (n=10)

	Access a Reality Program'		OT and 21 physio)		practice with PWA			
	Connect CPT programme (conversation only intervention)	University	SLP students (19)	SLP	15 min conversation + 5 min feedback	20 min	Feedback	PWCD, feedback
van Rijssen et al. (2018)	Communication program based on Supported Conversation for Aphasia	Stroke Unit of a peripheral hospital	Nurses (40)	2 SLP and a lecturer	1X 2.5h	2.5h	Background, info prog, strat, importance comm, feedback	Theory, videos, discussion, role play, feedback, other (communication checklist)

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Table I. *(continued)*

CPT about post-stroke communicative difficulties (n=7)

References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
Ross et al. (2009)	Interdisciplinary training programme on psychological and communication problems after stroke	Acute stroke care and rehabilitation (both hospital and in the community)	Staff working in acute stroke care and rehabilitation (NS)	One SLP, one consultant clinical psychologist and one OT	1 day and ½ day 6-8 weeks later	1½ day	Background, info prog, strat comm, info comm, purpose, importance comm	Theory, videos, role play, PWCD, discussion
Sorin-Peters et al. (2010)	Communication training for nurses working with PWCD in a complex continuing care facility	Complex continuing care unit	Registered nurses & practical registered nurses (17)	One SLP and one Nurse	8h + hands on	≈8h	Background, info prog, strat, info comm, purpose, supervision, feedback	Theory, feedback, discussion, other (staff support;)
McGilton et al. (2011)	Patient-Centred communication Intervention	Complex continuing care facility	Nursing staff (17)	One SLP and one nurse	1 day + 2 wk hands-on	1 day+ variable time of hands-on	Info prog, strat, behaviour to avoid, purpose, importance comm, supervision, feedback	Theory, videos, role play, feedback, PWCD, other (staff support)
McKinley et al. (2015)	Supported Conversation Volunteer Pilot Program	Acute neurosurgical and stroke wards in a tertiary hospital	Volunteers, that were two SLP students (2)	NS for workshop 1, SLP for workshops 2 and 3	Workshop 1: 3.5h Workshop 2: 3h Workshop 3: 3.5h	10h	Background, info prog, strat, feedback	Theory, role play, feedback, discussion, PWCD, videos, other (example of supported conversation interaction, hands-on, on going support by SLP)

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CPT about post-stroke communicative difficulties (n=7)

Table I. *(continued)*

References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
Williams & Gurr (2016)	Communication training	Hospital stroke ward	Nurses & health care assistant (31)	Clinical psychologist	0.5 h	0.5 h	Background, info prog, strat,	Theory, discussion
Chu et al. (2018)	Inter-professional Communication Training Programme	Inpatient stroke rehabilitation units	Nurses (registered nurses or registered practical nurses)	One nurse and One SLP	8h workshop + booster workshop 8 months later (duration not available)	8h + NS duration of booster workshop + variable time of hands-on	Background, info prog, strat, purpose	Theory, videos, role play, other (means of demonstration, guided activities, staff support)
McGilton et al. (2018)	Patient-Centred Communication Intervention	Post-acute stroke rehabilitation unit	Nurses (NS)	One nurse and one SLP	1 day	1 day	Info prog, strat, purpose, supervision, feedback	Theory, Other (staff support)

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Table I. *(continued)*

References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
Togher et al. (2004)	Improving communication of police officers during encounters with people with TBI	Included in the Police training programme (not specified where)	Police officers (10)	NS	6 X 2h	12h	Background, info prog, strat, info comm, purpose	Theory, videos, role play, PWCD
Goldblum & Alant (2009)	Training to serve better customers with TBI	Training sessions for a group of employees a national retail supermarket chain (not specified where)	Customer service managers, customer care assistants, deli/bakery sales assistants (31)	Researcher assisted by an SLP	1x4h	4h	Background, info prog, strat, behaviour to avoid, purpose, importance comm	Theory, videos, PWCD
Behn et al. (2012)***	Adapted TBI express	Residential rehabilitation centre	Paid carers (5)	NS	2h intro + 3hX5 wk	17h	Background, info prog, strat, behaviour to avoid, info comm, importance comm, supervision, feedback	Theory, videos, role play, PWCD, feedback, discussion, other (Modelling, rehearsal, positive reinforcement, exercise)
Behn et al. (2015)***	Adapted TBI express	Residential rehabilitation centre	Paid carers (5)	SLP	2h intro, + 3h X 5 wk	17h	Info prog, strat, negative behaviour to avoid, supervision, feedback	Theory, videos, role play, PWCD, feedback, discussion, other (Modelling, rehearsal, positive

CBT about TBI (n=4)

	reinforcement, exercise)

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CPT about multiple communication disorders or multiple populations (n=8)

Table I. *(continued)*

References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training content components	Training methods
Bryan et al. (1996)	Action for dysphasic adults pilot training	Residential homes for elderly people	Care staff of adult residential homes (NS)	NS	2 sessions of half a day	1 day	Background, info prog, strat, info comm, purpose	Role play, discussion, theory, videos, other (booklet)
Maxim et al. (2001)	*Communicate* training programme	Partner health and social care agencies	Care assistant, staff with a range of nursing qualifications, home care and day care staff (24)	SLP	1 day or 2 x ½ day	1 day	Info prog, strat, purpose,	Discussion
Shaw & May (2001)	Communication with residents of nursing home	Nursing homes	Care staff, trained nurses, kitchen staff (47)	NS	2 sessions, duration NS	NS	Background, info prog	Theory, role play, other (prepared flip-charts)
Bryan et al. (2002)	*Communicate* training programme	2 National Health Service trusts and 2 social services department	Home residential and day care, nursing, healthcare assistant, rehabilitation assistant and administrative, clerical and ancillary workers. (64)	SLP	NS	NS	Background, info prog, strat, purpose	Theory, videos, role play, discussion
Vento-Wilson et al. (2015)	Augmentative and alternative communication training	University	Nursing students (103)	SLP	1 session x 1h	1h	Info prog, strat, info comm, importance comm	Theory, other (AAC tools provided in a packet, demonstration, question-answer)

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CPT about multiple communication disorders and multiple populations (n=8)

Table I. *(continued)*

References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training method components	Training methods
Eriksson et al. (2016)	Individualised communication partner training programme	Nursing homes	Enrolled nurses (5)	SLP and PhD student	8 X0.5h.	4h	Background, info prog, strat, info comm, purpose, importance comm, feedback	Theory, videos, role play, feedback, PWCD, other (booklet on communication disorders)
Saldert et al. (2016)	Lecture about communication in relation to speech-language disorders	University (neurology course)	Medical students (59)	SLP	0,75h	0,75h	Background, info prog, strat, info comm, importance comm,	Theory, other (audio examples of speech produced by person with aphasia or dysarthria)
	Lecture and workshop about communication in relation to speech-language disorders	University (neurology course)	Medical students (26)	2 SLP	0.75 h lecture + 2.5h workshop	3.25h	Background, info prog, strat, info comm, purpose importance comm, feedback	Theory, videos, role play, feedback, discussion, other (audio examples of speech produced by person with aphasia or dysarthria)

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Table I. *(continued)*

	References	Intervention	Setting of training	Trainees (n)	Trainer(s)	Training length	Total training amount	Training method components	Training methods
CPT about multiple communication disorders and multiple populations (n=8)	Forsgren et al. (2017)	Lecture about communication disorders	University	Medical student (69)	SLP	0.75h	0.75h	Background, info prog, strat,	Theory, other (audio examples of speech produced by person with aphasia or dysarthria)
		Lecture and workshop about communication disorders	University	Medical student (36)	SLP	0.75h lecture + 2.5h workshop	3.25h	Background, info prog, strat, feedback	Theory, videos, role play, feedback, discussion, other (audio examples of speech produced by person with aphasia or dysarthria)

Abbreviations: Background, background on disorders; Behaviour to avoir, negative behaviour to avoid; Feedback (in Training method components), consequence of feedback; Feedback (in training methods), feedback on an interaction with a PWCD; Importance comm, importance communication; Info comm, information about communication; Info prog, information about the programme; NA, nursing assistant; NS, non specified; OT, occupational therapist; Purpose, purpose of programme; PWA, person with aphasia; PWCD, participation of a person with a communication disorder; SLP, speech-language pathologist; Strat, strategies to enhance communication; Supervision, supervision and feedback; TBI, traumatic brain injury; wk, week

ᵠ Information in this table is the information retrieved from the primarily article only. More information on the training might be available in other publication(s), but it was not retrieved.

* Söderlund et al., (2012) and Söderlund et al. (2014) and Söderlund et al. (2016) are three studies reporting from the same cohort, but describing different types of outcomes. In this scoping, they were considered as three different publications

** Williams et al. (2016) & Williams et al. (2018) are two studies reporting from the same cohort, but describing different types of outcomes. In this scoping, they were considered as two different publications.

*** Behn et al. (2012) and Behn et al. (2015) are two studies reporting from the same cohort, but describing different types of outcomes. In this scoping, they were considered as two different publications.

SUPPLEMENTARY MATERIAL : Table II. Outcomes measures and findings

Table II. *Outcome measures and findings*

References [2]	Design	Effect category (subcategory)	Outcome measures and findings
Communication partner training (CPT), about dementia (n=32)			
Ripich et al. (1995)	Pre-post without control group	Emotional impacts on trainees	*Attitude survey:* only sig change in question 1: « communication satisfaction with AD patient » (p<0.001)
		Knowledge (comm disorder, comm strategies)	*Questionnaire*: sig increase knowledge in all areas (p<0.001).
McCallion et al. (1999)	Pre-post with control group	Knowledge (comm disorder)	*Knowledge of Alzheimer's Test:* no sig change (p>0.05) for all subscales. *Penn State Mental Health Questionnaire:* sig change in knowledge of how to manage problem behaviour and how to manage agitated behaviour from baseline to 3 months post (p<0.01). Changes were not maintained 6 months post (p>0.05).
		Impacts on PWCD (behavioural manifestations and independence in daily activities)	*Multidimensional Observation Scale for Elderly Subjects*: sig less withdrawal (p<0.001) *Cohen-Mansfield Agitation Inventory*: sig interaction effects for the physically nonaggressive behaviour subscale from baseline to 3 months (p<0.001), and for the verbally aggressive behaviour subscale from baseline to 3 and 6 months (p<0.001). *Psychotropic medication and restraint use:* reduced for both tx and control gr.
		Impacts on PWCD (depression)	*Cornell Scale for Depression in Dementia*: sig less behavioural disturbance between baseline and 3 months (p<0.01).
Bourgeois et al. (2001)	Repeated measures	Impacts on PWCD (comm)	*Computer-assisted measures:* no sig difference between control and tx group in post training in regards to the percentage of verbalisation of the residents, but residents in the tx gr that used memory books sig increased their number of utterances in post-training (<0.01). *Conversational content measures:* Only one sig time x group interaction: the control gr residents made fewer perseverative utterances compared to the tx gr.
		Comm abilities	*Computer-assisted measures*: no sig difference between control and tx group in post training in regards to the percentage of verbalisation of the nursing aides. However, trained nurses sig increase the number of utterances in post-training (p<0.05). *Conversational content measures:* sig interaction between time x group as a result of the training for the use prompts (p<0.01), facilitators (p<0.01), statements (p<0.001) and unintelligibles (p<0.5).
		Impacts on PWCD (depression)	*Geriatric Depression Scale:* no effects of the intervention on the scores. However, trainees rated the residents as less depressed post training than before and their rating were closer

[2] Presented in chronological order in each section

			to the one of the residents themselves than before the training. Participants in the control group rated their residents as more depressed over time and their rating were getting farther away to the one of the residents themselves.

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Burgio et al.(2001)	Pre-post with control group	Comm abilities (observed)	*Computer-assisted behavioural observation system:* sig increase in use of comm skills (p=0.0001). *Memory book check:* No effect.
		Impacts on PWCD (behavioural manifestations and independence in daily activities)	*Functional Independence Measure:* Residents in intervention units were sig more independent in self-care (p=0.04).
Dijkstra et al. (2002)	Pre-post with control group	Comm abilities (observed)	*Conversation analysis*: sig increase in facilitators (p=0.011), encouragement (p=0.001) and cues (p≤0.001). No sig change for control gr.
		Impacts on PWCD (comm)	*Conversation sample analysis:* sig increase in global (p=0.001) and local coherence (p=0.005) and unique word (p=0.045). Sig decrease in use of indefinite word (p=0.010). Sig increase in repetitions (p=0.05). No sig effect for control gr, except for decreased use of unique word (p=0.005).
Irvine et al. (2003)	Pre-post with control group	Knowledge (comm abilities)	*Computered-administered test:* The interactive multimedia program group identified sig. more correct response to which behaviour to adopt with residents than the lecture group (p<.001).
		Comm abilities (reported)	*Computered-administered test:* The interactive multimedia program group indicated sig. more their intention to adopt the correct response with the residents than the lecture group (p<.001).
		Confidence	*Computered-administered test:* The interactive multimedia program group felt sig. more confident to uses the correct response with the residents than the lecture group (p<.001).
Bourgeois et al. (2004)	Pre-post with control group	Knowledge (comm disorder)	*Questionnaire*: no sig effect (ps>0.2).
		Comm abilities (observed)	*Communication Skills Checklist*: sig improved instructions skills for tx gr (p<0.01) and effective instructions (p<0.01). *Memory book check*: present 84.3% of the time during training phase. Change was not maintained in follow-up.

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Bourgeois et al. (2005)	Pre-post with control group	Impact on PWCD (depression)	*Geriatric Depression Scale:* No effects of the intervention on depression ratings of residents in either groups (p>0.5), but sig. decrease of proxy depression rating for the tx group only after the intervention (p<0.5).
		Comm abilities (observed)	*Statistical analysis:* sig increase of verbal interactions by the staff in the tx post intervention during care interactions (p<0.05).
		Uncategorized	*Mini-Mental Status Examination*: post scores were not sig. different between the tx and control group (p>0.5)
Williams (2006)	Repeated measures (pre-post-follow-up)	Comm abilities (observed)	*Emotional Tone Rating Scale*: post tx tone was sig more respectful (p<0.001), less controlling (p=0.011) and more caring (p<0.001). Change was not maintained in two month follow-up. *Applied knowledge test:* sig increase in the appropriateness of the nurses' speech (p=0.05) *Psycholinguistic markers:* sig less elderspeak post (p=0.001). Gains were maintained in two month follow-up.
Broughton et al. (2011)	Pre-post with control group	Knowledge (comm abilities)	*Questionnaire:* sig improvement in score from baseline to 3 month follow-up for tx gr (p=0.011). No sig change for control gr (p=0.33).
		Comm abilities (reported)	*Follow-up training survey:* 94.3% were able to apply strategies.
		Emotional impacts on trainees	*Questionnaire Positive Aspect of Caregiving:* no sig effect (p=0.37).
Hammar et al. (2011)		Comm abilities (observed)	*Qualitative content analysis of morning care videos*: The caregivers seems more interested in communication when they sang compare to when they did not (pre-intervention) and solicited their mutual engagement. Compared to ordinary morning care situations, the Music therapeutic caregiving seems to enhance communication between the caregivers and the individual living with dementia.
		Impacts on PWCD (Behavioural manifestations and independence in daily activities)	*Qualitative content analysis of morning care videos*: The patients living with dementia seemed to express more willingness to co-operate when the caregiver sang. Most of them responded in a composed manner, by being active, compliant and relaxed. However, some were resistant or incongruent.

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Hoerster et al. (2011)	Repeated measures (multiple baseline design across subjects)	Impacts on PWCD (comm)	*Scoring of resident and nursing assistant conversations*: The use of memory aid increased the number of on-topic statement and decreased the number of responsive utterances for all residents. A direct instruction from the nursing assistants results in even more on-topic statement for 2/4 residents. *Unfamiliar judges rating of conversation:* 1/4 dyad remain the same with or without memory book. 2/4 improved when a memory book was used for the domain of topic maintenance, new information conveyed, unambiguous, and equity of turn taking. Ratings for comfort vs awkwardness decreased for ¾ dyads with the use of a memory aid. *Interview with the nursing assistant:* 3/4 nursing assistants reported a positive change in the communication of the resident with the use of the memory aid.
		Comm abilities (observed)	*Scoring of resident and nursing assistant conversation*: When there was a memory aid present, all nursing assistants used less request and/or assertions. When nursing assistants used a direct instruction with the resident, 2/4 nursing assistants limited even more their requests and 2/4 nursing assistants who had high level of assertions limited them more in this condition. The effect of the use of a memory aid with our without a directed instruction were varied on turn-taking.
		Comm abilities (reported)	*Interview with the nursing assistant*: ¾ nursing assistants reported a positive change in their communication style when a memory aid was used. One nurse mentioned making less request in this condition.
		Confidence	*Interview with the nursing assistant*: 2/4 nursing assistants reported feeling more at ease while conversing with a resident when a memory aid was used.
Weitzel et al. (2011)	Pre-post without control group	Comm abilities (observed)	*Observations:* 5 comm techniques sig improved (address the patient as Mr., Mrs., Miss (p=0.007); asked permission to examine the elder/perform procedure (p<0.001); used simple direct wording (p=0.006); used reminiscence (p=0.002); thanked the elder when task was completed (p<0.001).
Passalacqua & Harwoord (2012)	Pre-post without control group	Knowledge (comm disorder)	*Approaches to dementia questionnaire:* sig change for depersonalisation (p<0.05) and hope (p<0.01).
		Comm abilities (reported)	*Scale of patient-centered comm*: sig results for asking yes/no questions (p<0.05), using gestures (p<0.05) and giving choice between two options (p<0.05).
		Impact on PWCD (well-being and QoL)	*7 items measured to access amount of time spent in different types of activity:* Leisure activities were the only sig change (p=0.02).

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CPT about dementia (n=32)

Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Söderlund et al. (2012)*	Qualitative (pre-post without control group)	Comm abilities (reported)	*Interviews: N*urses changed their communication strategies after the intervention. They reported being able to communicate at a deeper level. They used the method in their daily to facilitate communication and manage difficult care situation. After the intervention, the nurses saw the person behind the disease and changed their approach for the management of symptoms.
		Emotional impacts on trainees	*Interviews:* Using the method made the nurses feel happier, stronger and less stressed.
		Confidence	*Interviews:* Using the method made the nurses feel more secure.
		Impact on PWCD (comm)	*Interviews:* Some residents became to talk more after the intervention.
		Impact on PWCD (well-being and QoL)	*Interviews:* Relation with the residents were closer post and intervention and well-being of residents seems increased.
		Impact on PWCD (Behavioural manifestations and independence in daily activities)	*Interviews:* After the intervention, the residents seemed calmer, happier, more open-minded, more secure, alive and active.
Söderlund et al. (2014)*	Mixed methods (pre-post without control group and qualitative)	Comm abilities (reported)	*Interviews:* feeling able to help distressed resident, more knowledge of how to improve their comm abilities. They reported that their increased skills in comm help to establish relationships with residents.
		Emotional impacts on trainees	*The creative climate questionnaire*: higher mean values post, except for the conflict dimension which was reversed.
Coleman et al. (2015)	Pre-post with control group (online vs onsite training)	Knowledge (comm abilities)	*Rating of an interaction clip.* Sig increase ($p<0.01$) in the accuracy of identification of person-centered communication for the on-site group, but not for the online training ($p=0.32$).

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Sprangers et al. (2015)	Pre-post with control group	Comm abilities (observed)	*Communication Skills Checklist*: Main effect of time on the number of short instructions ($p<0.05$). Sig effect of group for the number of multiple instructions ($p<0.01$). *Observation Form of General Communication*: sig effect of number of positive statements for tx gr ($p<0.05$). No sig effect for other types of comm skills.
		Impacts on PWCD (behavioural manifestations and independence in daily activities)	*Dutch version of Cohen-Mansfield Agitation Inventory*: no sig effect ($p>0.05$). *Dutch version of Neuropsychiatric Inventory Questionnaire*: no sig effect ($p>0.05$).
		Emotional impacts on trainees	*Dutch version of Neuropsychiatric Inventory Questionnaire*: sig time x group interaction ($p<0.05$). Decreased caregiver stress score for tx gr, increased scores for control gr. *Dutch version of the Utrecht Work Engagement Scale*: no sig effect ($p>0.05$).
Cockbain et al. (2015)	Pre-post without control group	Confidence	*Four-point Likert scale*: After the session, 86.5% of student increased their confidence, 11.5% had unchanged confidence and 1.9% had reduced confidence.
Levy-Storms et al. (2016)	Pre-post without control group	Comm abilities (observed)	*Videos analysis*: Nursing assistants used sig more therapeutic communication behaviours after the training ($p=0.00$), they increased their use by 35%. Each therapeutic communication behaviours were sig more used too ($p<0.05$), by a range of 27% to 48%). Use of specific therapeutic communication behaviours of nursing assistant.
		Impact on PWCD (Behavioural manifestations and independence in daily activities)	*Videos analysis*: At post-test, as the count of therapeutic communication behaviors increased by one, an 81% decrease in the count of refusals ($p < 0.10$) occurred. The use of direct/redirect communication behaviour sig decreased the count of residents' refusals of food by 64% ($p<0.05$). Sitting in front of the resident, sig decreased the number of refusal by 87% ($p<0.05$). There were no sig difference for the use of eye contact and waiting for a response.
Söderlund et al. (2016)*	Qualitative (pre-post without control group)	Comm abilities (observed)	*Analysis of conversation videos:* The nurses made more pause after the intervention, letting more space for the person to talk. There were also less confused conversations because the nurses seemed less preoccupied to judge the reality of the residents' statements. The nurses seemed to be more active listener too. Before the programme, it seemed to have fewer moments where the persons living with dementia acted as the nurses listened to them.

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CPT about dementia (n=32)

Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Wood et al. (2016)	Repeated measures (pre-post-post-follow-up)	Confidence	*Confidence and perceived competence scale*: sig increase in confidence (p<0.001).
		Knowledge (comm disorder)	*Dementia knowledge questions:* sig increase between t1 (pre) and t2 (post introductory program) (p<0.001). No sig difference between t2 (post introductory program) and t3 (after care home experience).
Williams et al. (2016)**	Pre-post without control group	Knowledge (comm abilities)	*The CHAT intervention Communication Rating Scale.* Sig improved score for evaluating communication appropriateness (p<0.001), for recognizing elderspeak (p<0.001), for recognizing person-centered communication (p=0.02).
		Comm abilities (reported)	*Survey.* No changes.
Franzmann et al. (2016) +	Pre-post with control group	Emotional impacts on trainees	*Salutogenetische Subjektive Arbeitsanalyse* (mental stressors at work): No immediate effect directly after training (p=0.38). Sig reduced mental stressor at work for the intervention gr (p<0.05). *Beanspruchungsscreening für Humandienstleister* (work related stress): no sig difference directly after training (p<0.33). However, sig difference between intervention and control gr when post and follow-up measures were compared (p<0.01).
		Comm abilities (reported)	*Social Competence in Dementia Care questionnaire:* sig improvement in both groups post training (p<0.01). However, participants in the intervention group benefited more in the long term when we looked at follow-up measures (p<0.05).
Conway & Chenery (2016)	Pre-post with control group	Confidence	*Self-efficacy questionnaire*: Sig increased score (p=0.024). No sig difference for control gr (p>0.716). *Preparedness to provide care:* exp: sig increase (p<0.007). No sig increase for control gr (p>0.214).
		Knowledge (comm abilities)	*Communication Support Strategies in Dementia Knowledge Test*: sig improvement between baseline and follow-up (p=0.001). No sig improvements for control gr (p>0.05).
		Comm abilities (reported)	*Training satisfaction and feedback survey:* were able to apply the strategies frequently (78.6%) or 'some of the time' (21.4%) in their everyday setting.
		Emotional impacts on trainees	*Modified nursing care scale:* main effect of time for the strain scale (p=0.008) and main effect of time for the attitude domain (p-0.18). *Attitudes to dementia care questionnaire:* no sig results (p>0.1).

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CPT about dementia (n=32)

Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Hui-Chen et al. (2016)	Repeated measures (pre-post-follow-up)	Knowledge (comm abilities)	*Communication Knowledge Scale-Chinese version:* sig increased in the knowledge of communicating with people living with dementia at the 4th and 16th weeks post intervention (p<0.00).
		Comm abilities (reported)	*Communication Skills Attitude Scale-Chinese version:* No sig improvements after the training in the attitudes towards communicating with people living with dementia, either at the 4th or 16th week (p=0.84, p=0.11). *Communication Competency Scale:* sig increased in the communication competency at the 4th and 16th weeks post intervention (p<0.00).
		Comm abililties (observed)	*Patients' Receptive and Expressive Ability Assessment scale:* sig increased in the frequency the nurses assessed the receptive and expressive communication abilities of their patients at the 4th and 16th weeks post intervention (p<0.00).
		Impact on PWCD (Behavioural manifestations and independence in daily activities)	*Revised Memory and Behavior Problems Checklist-Chinese Version*: sig. improvements between the beginning of the intervention and the 16th week (p=0.04), so there were less behavioural problems post interventions.
		Impact on PWCD (depression)	*Cornell Scale for Depression in Dementia-Chinese version:* sig. improvements between the beginning of the intervention and the 16th week (p=0.00), so the severity of depressive symptoms was improved.
Wood et al. (2017)	Post only	Confidence	*Likert questionnaire:* ≈ 77% of participants agreed that the training enabled them to become more confident and competent and ≈75% agreed that they felt more confident working with people with dementia.
		Comm abilities (reported)	*Likert questionnaire:* ≈ 68% agreed that the training gave them a more positive attitude with people with dementia (≈22% somewhat agree). ≈78% agreed that they were able to develop a rapport with persons with dementia, ≈55% agreed and ≈45% somewhat agreed that their competence in working with people with dementia was enhanced. ≈62% agreed and ≈48% somewhat agreed that they'll be better able to communicate sensitively and effectively with people with dementia. *Open questions:* a majority of students reported that the Care Home experience had a positive impact on their attitude and/or practice.
		Knowledge (comm abilities)	*Likert questionnaire:* ≈ 52% of students somewhat agreed that they had the necessary knowledge to interact with people with dementia, ≈ 38% agreed.

CPT about dementia (n=32)

	Knowledge (comm disorders)	*Likert questionnaire:* ≈38% agreed and ≈38% somewhat agreed that they developed an understanding of the impact of dementia on relatives and friends. ≈85% agreed that their understanding of how to treat people with dementia with respect had improved.

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
McGilton et al. (2017)	Pre-post without control group	Impacts on PWCD (depression)	*Cornell Scale for Depression in dementia.* No sig change (p=0.80).
		Impacts on PWCD (well-being and QoL)	*Alzheimer Disease-Related Quality of Life.* Sig improvement in the overall score (p = 0.01), in particular, there were sig improvements in feelings and mood (p = 0.02), and response to surroundings (p = 0.03).
		Impacts on PWCD (behavioural manifestations and independence in daily activities)	*Index of independence in Activity of Daily Life.* No sig changes (p=0.35).
		Comm abilities (reported)	*Communication-Impairment Questionnaire.* No sig changes (p=0.10).
		Confidence and comm abilities (reported)	*Interactional Comfort Survey.* No sig changes (p=0.23).
		Emotional impacts on trainees	*Satisfaction Working with Resident with Dementia scale.* No sig changes (p=0.27). *Modified Nursing Care Assessment Scale.* Sig changes only in the attitudes and behaviours subscale (p=0.001) and the Care providers' Burden or Strain subscale (p=0.03).
		Comm abilities (observed)	*Adherence to comm plan (rated with the Interaction rating form).* Mean rate of 91%.
Williams et al. (2017)	Randomised controlled study	Comm abilities (observed)	*Video rating.* Elderspeak declined from 34.6% at baseline to 13.6% post intervention to 12.2% at 3 month follow-up.
		Impacts on PWCD (behavioural manifestations and independence in daily activities)	*Video rating.* Resistiveness to care declined from 35.7% by 15.3% points post intervention and 13.4% points at 3 months.

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CPT about dementia (n=32)

Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Williams et al. (2018)**	Pre-post without control group	Comm abilities (observed)	*Behavioural analysis of elderspeak:* used of elderspeak decreased between pre and post intervention (28.5% of the time to 19.6%). It up went to 22.9% at follow-up. *Psycholinguistic analysis of elderspeak:* Mean diminutives per 100 utterances decreased for 2.6 to 1.1 postintervention and 1.7 at follow up. Mean collective pronoun substitutions per 100 uterances decreased for 5.1 to 3.3 at postintervention and 4.4 at follow-up. *Content analysis of person-centered topics:* There were more person-centered topics, but the median changers were not sig. *Emotional tone analysis for controlling and person-centered tones*: There was positive changes in term of emotional tone, but the median changes were not sig.
Naughton et al. (2018)	Pre-post with control group	Knowledge (comm abilities)	*Online survey:* Trained participants were sig. more likely to identify opportunities for person centred responses than the control group (p=0.002).
		Knowledge (comm disorder)	*DK-20*: no sig difference between the exp. and control gr (p=0.51)
		Confidence	*Sense of Competency in Dementia Care:* no sig difference between the exp. and control gr (p=0.75). *Bespoke questionnaire*: no sig difference between the exp. and control gr (p=0.88)
Shaw et al. (2018)	Cluster randomized control crossover trial	Impacts on PWCD (behavioural manifestations and independence in daily activities)	*Percentage of long-stay residents who received antipsychotic medications*: The usage of antipsychotic medications was sig. reduced by 4.88% in nursing homes who participated in the Changing Talk programme (p=0.3). The difference between the decline in the usage of antipsychotic medications was not sig different between nursing homes who participated in the programme and the ones that did not (p=0.6).

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CPT about dementia (n=32)

Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Lyon et al. (1997)	Pre-post without control group	Confidence	*Comm readiness and use index*: Sig difference (p<0.05).
		Impacts on PWCD (comm)	*Boston Diagnostic Aphasia Examination*: no sig difference. *Comm Abilities in Daily Living:* no sig difference. *Comm readiness and use index*: Sig difference (p<0.05).
		Impacts on PWCD (quality of life and well-being)	*Affect balance scale:* no sig difference. *Psychosocial Well-being Index*: sig difference (p<0.05).
		Uncategorized++	*Scale:* 2/3 of the tryads met or exceeded intervention's goal.
Glenwright et al. (1999)	Case study	Comm abilities (reported)	*Questionnaire to staff:* All trainees reported increases in their communicative success.
		Impacts on PWCD (comm)	*Questionnaire for the staff:* the trainees felt that the PWA understood more and reported that they understood the PWA more themselves. *Questionnaire for the PWA:* The PWA felt that she was more understood after the training (between 25%-50% to 80%-90% post training). No change for her expressive level of success. *Test for Reception of Grammar*: No sig difference in the PWA's comprehension impairment (p=0.05)
		Impact of PWCD (well-being and QoL)	*Questionnaire for the PWA*: The PWA reported the same feelings of frustration post training than before training.
Kagan et al. (2001)	Randomised controlled study	Comm abilities (observed)	*MSCA*: sig higher score to reveal (p<0.001) and acknowledge (p<0.001) competence for tx gr.
		Impacts on PWCD (comm)	*MPCA:* sig higher score for interaction (p<0.023) and transaction (p<0.001) for tx gr.
Rayner & Marshall (2003)	Repeated measures (pre-pre-post-follow-up)	Knowledge (comm disorder)	*Factual questionnaire*: sig improvement (p<0.005).
		Knowledge (comm abilities)	*Strategic questionnaire:* Sig effect of group X time (p<0.05). Sig improvement for tx group (p<0.01), no sig effect for con gr (p=0.43).
		Comm abilities (observed)	*MSCA:* sig effect between pre and post videos (p<0.001).
		Impacts on PWCD (comm)	*MPCA:* correlation between MSCA and MPCA score (p<0.001).

CPT about aphasia (n=19)

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Hickey et al. (2004)	Repeated measures (ABA multiple baseline across subjects)	Comm abilities (observed)	*Videos' scoring:* pre training at least 70% of statements were verbal. Post: multi-modal comm was used for around 70% of statements. *Social validity ratings of unfamiliar judges*: conversations after the intervention were rated sig higher than conversations at baseline for all dyads.
		Impacts on PWCD (comm)	*Scoring of understandable statements*: Increased proportion of comprehensible utterances during training for both PWCD participants.
Legg et al. (2005)	Randomised controlled study	Comm abilities (observed)	*MSCA*: sig higher score to reveal ($p<0.01$) and acknowledge ($p<0.001$) competence for tx gr. *Modified Calgary Cambridge Observation Guide*: sig difference to explore the patient's problems ($p < 0.01$); provide structure to the consultation ($p < 0.001$), and develop rapport with the patient ($p < 0.001$).
		Comm abilities (reported)	*Visual scale*: sig differences in tx gr perceptions of the interview ($p < 0.05$) and in their ratings of the quality of their interactions ($p < 0.05$).
Simmons-Mackie et al. (2007)	Qualitative (pre-post without control group)	Knowledge (comm disorder, comm strategies)	*Interviews, focus groups:* more knowledge of methods to facilitate comm in aphasia, change in view of who has responsibility of comm, more insight on practices to promote comm access. *Questionnaire*: no reported result.
		Comm abilities (reported)	*Interviews, focus group:* 3 teams reported more knowledge and competence in supported comm for PWA. Reported ongoing use of comm support in rehabilitation and long-term care. Different results for acute care.
McVicker et al. (2009)	Post only	Comm abilities (reported)	*Questionnaire:* participants noted a learning curve as comm partners.
		Impacts on PWCD (well-being and QoL)	*Questionnaire*: 80% of PWA reported a real change in their confidence. 50% reported feeling better trying new things.
Welsh & Szabo (2011)	Pre-post without control group	Knowledge (comm disorder)	*Nursing student survey:* 64.4% of students improved their performance, 29.7% remained/stayed the same and 5.9% did worse.

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Jensen et al. (2015)	Mixed methods (pre-post without control group and qualitative)	Confidence	*Qualitative analysis of interviews*: trainees felt more prepared to communicate with PWA.
		Knowledge (comm disorder)	*Knowledge of Aphasia Questionnaire*: sig increase of nurses' personal quotation of their understanding of aphasia (p=0.0004). Sig decrease on question 7: « I find that comm with PWA is embarrassing/frustrating for the PWA » (p=0.03).
Horton, Clark et al. (2016)	Mixed methods (pre-post with control group and qualitative)	Confidence	*Learning logs, focus group*: felt more confident about working with PWA.
		Knowledge (comm disorder)	*Learning logs, focus group:* health care assistants reported learning new information more frequently than therapy staff.
		Comm abilities (observed)	*Videos:* blind judge accurately judged 83% as pre or post video.
		Comm abilities (reported)	*Learning logs, focus group*: staff applied strategies learned.
		Emotional impacts on trainees	*Communicative Access Measure for Stroke*: no sig difference between control and exp group, except for « Did staff show that they understand your frustration?» (p=0.033) «Were staff sensitive?» (p=0.02).
		Impacts on PWCD (well-being and QoL)	*TOMS (aphasia)*: no sig change. *Stroke and Aphasia Quality of Life Scale*: no sig change.
Horton, Lane et al. (2016)	Qualitative (post only)	Comm abilities (observed)	*Videos:* rich use of interactional strategies and resources by staff.
		Comm abilities (reported)	*Learning log, focus group, interview*: change in their way of asking questions (closed questions vs. open), realising the importance of gesture. They reported that supported comm produced sig changes in their routine with resident. More validation with PWA. Staff incorporated what they had learned from the training in their practice. Staff gained competence in the way they applied supported conversation.
McKinley et al. (2016)	Pre-post without control group.	Knowledge (comm disorders)	*4-point ordinal scale*: Sig increase in the perception of understanding of aphasia after the training (p<0.01).

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
		Knowledge (comm abilities)	*4-point ordinal scale*: Sig increase in the rating of the nurse's knowledge of communication strategies after the training (p<0.01). *List of communication strategies*: Increase in the number of appropriate communication strategies identified by the nurses after the training.
		Confidence	*4-point ordinal scale:* Sig increase in reported confidence of communicating with PWA (p<0.01). Nurses were also sig more confident to use communication strategies when there are communication breakdowns with PWA (p<0.01).
Cameron et al. (2017)	Pre-post without control group	Knowledge (comm abilities)	*Open questions.* Median number of strategies identified by participant (interquartile range) in pre 15 (9-38) and post 52 (50-52). There is also a difference in the type of strategies reported in post training.
		Confidence	*Visual analogue scale.* Sig more confident (p<0.001).
Finch et al. (2017)	Randomised controlled study	Comm abilities (observed)	*MSC Acknowledging competence:* no sig difference between groups (p<0.199). *MSC Revealing competence:* sig difference between groups (p<0.005). *Use of props:* sig difference between groups (p<0.009). *Use of gesture:* no sig difference between groups (p<0.332). *Use of writing:* no sig difference between groups (p<0.152). *Use of drawing:* N/A → not used. *Use of touch:* N/A → not used. *Introduction of new ideas:* sig difference between groups (p<0.003). *Interruptions:* no sig difference between groups (p<0.553). *Conversation breakdowns:* no sig difference between groups for major breakdowns (p<0.261), minor breakdowns (p<0.457) and successful conversation repairs (p<0.651).
		Impacts on PWCD (comm)	*MPC Interaction:* no sig difference between groups (p>0.01). *MPC Transaction:* no sig difference between groups (p>0.01).
Heard et al. (2017)	Parallel randomised trial	Confidence	*10 point scale (self-rating).* Sig increase through time for both group (both p<0.001). No sig difference between the two types of intervention (p=0.88).
		Knowledge (comm disorder, comm strategies)	*Test of Knowledge of Aphasia.* Sig increase through time for both group (both p<0.001). No sig difference between the two types of intervention (p=0.16).
Cameron et al. (2018)	Qualitative (post only)	Knowledge (comm strategies, comm disorder)	*Interviews with PWA:* felt that the participants had learn from the training. *Interviews with students:* The students appreciated to learn strategies to communicate with PWA, including giving time for the PWA to talk, slowing down rate of speech and use of alternate methods of communication.

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CPT about anhasia (n=19)

Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
		Confidence	*Interviews with students*: Students reported to have gained confidence in communicating with PWA.
Finch et al. (2018)	Randomised controlled trial	Confidence	*Visual analogue scale*: confidence was sig higher for both lecture group and full program group after the interventions (p<0.001). A sig greater improvement in confidence was found for the full programme group in comparison to the lecture group (p<0.001).
		Knowledge (comm abilities)	*Open-ended question adapted from the self-report questionnaire form Connect*: More strategies were identified after receiving one intervention or the other (p=0.001). A sig greater improvement in the number of strategies identified was found for the full programme group in comparison to the lecture group (p<0.01).
Van Rijssen et al. (2018)	Mixed method (pre-post without control group and qualitative)	Comm abilities (reported)	*Communication checklist*: nurses used mostly these communication skills: standing on unimpaired side, reducing the noise, using non-verbal communication, using lower speech rate. *Questionnaire*: All nurses intended to use the communication programme, but 20/40 doubt that they would have de the time.18/30 nurses felt that they had not successfully executed the communication programme. *Interviews:* The nurses said that they tried to use more conversation skills than before.
		Knowledge (comm disorder, comm strategies)	*Interviews:* The nurses reported positive effects of the training on their knowledge of aphasia and awareness of communication skill.
		Emotional impacts on trainees	*Interviews:* Most nurses still felt frustrated on incapable to communicate with PWA.
		Impacts on PWCD (well-being and QoL)	*Questionnaire:* 27/30 saw a positive impact of the communication programme on the patients.
		Impacts on PWCD (behavioural manifestations and independence in daily activities)	*Interviews*: The nurses reported less frustration from the PWCD.
		Impacts on PWCD (comm)	*Interviews:* The nurses reported an increase in the ability of the PWCD to communication.

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CPT about aphasia (n=19)

CPT post-stroke communicative difficulties (n=7)

Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
Ross et al. (2009)	Mixed methods (pre-post without control group and qualitative)	Confidence	*Confidence scale*: increase in raw scores for perceived confidence in working with emotional, cognitive and comm difficulties following stroke after the training sessions compared to before. *Open discussion and feedback at the end of a session:* More confident to approach and interact with PWCD, less avoidance.
		Knowledge (comm disorder)	*Questionnaire:* increase in raw scores for knowledge of working with emotional, cognitive and comm difficulties following stroke after the training sessions compared to before. *Open discussion and feedback at the end of a session:* More awareness of environment and its effects on comm and concentration.
		Comm abilities (reported)	*Open discussion and feedback at the end of a session:* They now use reformulation and reflecting back what the patient said, they try new ways to communicate (e.g. using pen and paper).
Sorin-Peters et al. (2010)	Pre-post without control group	Knowledge (comm disorder)	*Knowledge of Aphasia Questionnaire*: sig increase post workshop (p<0.000). Gain maintained at one month follow-up (p<0.002).
McGilton et al. (2011)	Mixed methods (pre-post without control group and qualitative)	Knowledge (comm disorder)	*Knowledge on comm impairment scale*: sig increase (p=0.002). *Focus group:* new awareness of the need to use individualised approach to interact with patients.
		Comm abilities (observed)	*Interaction Rating Form*: On average, during the first observation, nurses used 85% of the suggested comm strategies listed on the patients' individualised comm plan. During the second observation, 76% of the strategies were used by nurses. *Comm impairment scale*: sig improved comm attitudes (p=0.007).
		Comm abilities (reported)	*Focus group:* trainees appreciated acquiring new communication and behavioural skills. They found the picture in the aphasia friendly resources useful.
		Emotional impacts on trainees	*Relational Care Scale*: nurses were able to relate sig more effectively (p=.024). *Close Visual Analogue Scale:* sig change in the perception of closeness of relationship with nurses (p=0.041).

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
			Provider close Visual Analogue Scale: no sig differences in close relationship with patients (p=0.657) and perception of ease of caregiving (p=0.894).
		Impacts on PWCD (depression)	*Geriatric Depression Scale*: no sig difference (p=0.848).
		Impacts on PWCD (behavioural manifestations and independence in daily activities)	*Focus group:* Following the use of comm strategies, some patients became less anxious and agitated.
		Impacts on PWCD (comm)	*Relational Care Scale:* sig increase of patient's own perception of comm (p=0.037).
		Impacts on PWCD (well-being and QoL)	*Stroke and Aphasia Quality of Life scale:* no sig difference (p=0.061).
McKinley et al. (2015)	Post only	Emotional impacts on trainees	*Written volunteer survey*: The participants still find it challenging when they are not able to understand the patient, even if they use communication support.
		Knowledge (comm disorder)	*Written volunteer survey*: The participants felt that the training help them to understand more about acquired communication disorders.
		Impact on PWCD (comm)	*Written patient survey*: Some patients reported that they would have like to spend more time with the trainees. Some patients reported feeling more confident while communicating.
Williams & Gurr (2016)	Pre-post without control group	Confidence	*Ten-point scale:* sig. improved confidence (p<0.001).
		Knowledge (comm strategies)	*Qualitative analysis of an open-ended question questionnaire*: Some participants reported that they learnt about body positioning for an optimal comm, about taking more time when communicating with a PWCD, about how to support a patient with memory difficulties.
		Knowledge (comm disorders)	*Qualitative analysis of an open-ended question questionnaire*: Some participants reported that they were reminded of the patients' vulnerability, that they had to consider the patients' cognition and that they could use comm strategies to improve the interaction.
McGilton et al. (2018)	Pre-post without control group	Impact on PWCD (well-being and QoL)	*Stroke and Aphasia Quality of Life*: Sig improvement for the total score (p<0.001), for the communication subscale (p<0.001) as well as for the psychological subscale (p<0.001). *Relational Care Scale*: sig improvement (p<0.05).
		Impact on PWCD (depression)	*Geriatric Depression Scale*: sig improvement (p<0.05).

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Table II. *(continued)*

	References	Design	Effect category (subcategory)	Outcome measures and findings
CPT about post stroke communicative difficulties (n=7)				
	Chu et al. (2018)	Pre-post without control group	Knowledge (comm abilities)	*Communication Impairment Questionnaire:* sig improvement from baseline to 3 months post intervention (p=0.001). No sig improvements one year later (p=0.123).
			Confidence	*Providers Interactional Comfort Survey*: sig improvement from baseline to 3 months post intervention (p=0.001) and continued to improve one year later (p=0.03). *Focus group*: The trainees reported feeling more confident while interacting with their patient.
			Impact on PWCD (well-being and QoL)	*Focus group*: Trainees felt that the communication training improved their patients quality of life because they felt more prepared to communicate with them. *Interviews with SLP*: SLPs reported that they though that patients were more satisfied with nursing care because the nurses would consistently use the same strategies.
			Comm abilities (reported)	*Focus group*: The trained nurses reported that they were able to use the appropriate communication strategies for their patient.
			Emotional impacts on trainees	*Focus group*: The trainees were less stressed while communicating with their patients.
CPT about TBI (n=4)	Togher et al. (2004)	Randomised controlled study	Comm abilities (observed)	*Generic structure potential*: For tx gr, mean number of moves sig reduced (p<0.05) and shorter interaction (p<0.05). No sig change for control gr (p>0.05).
	Goldblum & Alant (2009)	Randomised controlled study	Confidence	*Confidence rating scale:* subjective increase. *Questionnaires*: no sig difference from pre to post (questionnaire 1 p=0.07 & questionnaire 2 p=0.11).
			Knowledge (comm disorder)	*Questionnaires*: no sig difference from pre to post (questionnaire 1 p=0.27 & questionnaire 2 p=0.41).

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Table II. *(continued)*

	References	Design	Effect category (subcategory)	Outcome measures and findings
CPT about TBI (n=4)	Behn et al. (2012)***	Randomised controlled study	Comm abilities (observed)	*MSC*: sig improvements for tx gr, none for control gr on 5/8 scale (p at least <0.05 for the five sig scales).
			Impacts on PWCD (comm)	*MPC*: no sig effect on any scale (p at least >0.05 for all of them). *La Trobe Communication Questionnaire:* no sig effect (p>0.05).
			Emotional impacts on trainees	*Modified burden scale*: greater level of burden for tx gr (p=0.018) than control group.
	Behn et al. (2015)***	Qualitative (pre-post without control group)	Confidence	*Interviews*: In post: greater feeling of confidence, more comfortable interacting with TBI, more positive interaction.
			Knowledge (comm abilities)	*Interviews*: improved knowledge of strategies to facilitate comm with TBI.
			Comm abilities (reported)	*Interviews:* in post, able to modify their skills and to use comm strategies. They reported being able to take increased responsibility in conversation.
CPT about multiple communication disorders and multiple	Bryan et al. (1996)	Post only	Comm abilities (reported)	*Open questions questionnaire.* Staff reported that these ideas will probably be used with residents: pictures, gestures, body language, speaking slowly and clearly, using key words, etc.
			Knowledge (comm disorders)	*Open questions questionnaire.* Staff reported that they learned about stroke, dementia, aphasia and Parkinson's disease.
			Knowedge (comm strategies)	*Open questions questionnaire.* Staff reported that they learned communication strategies.
	Maxim et al. (2001)	Pre-post without control group	Confidence	*Questionnaire*: sig increased confidence (p=0.001).
			Knowledge (comm abilities)	*Questionnaire:* Sig increase in number of positive comm strategies identified (p<0.001).
			Comm abilities (observed)	*Videos of trained participants*: use of more basic strategies but not sig (p=0.06). Sig more yes/no questions asked (p=0.05).
			Emotional impacts on trainees	*Questionnaire*: sig change in reduced frustration, importance of allowing more time to PWCD, feeling the ability to cope with PWCD and feeling relaxed when talking to people who have comm problems (p<0.05).
	Shaw & May (2001)	Pre-post without control group	Knowledge (comm disorder)	*Questionnaire*: Sig reduction in items not known and sig improvement in achieving target answers (p-value between 0.022 and <0.0005 depending on questions).

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Table II. *(continued)*

CPT about multiple communication disorders and multiple populations (n=8)

References	Design	Effect category (subcategory)	Outcome measures and findings
Bryan et al. (2002)	Pre-post with control group	Confidence	*Questionnaire*: sig increase in perceived competence p-value between 0.001 and 0.052 depending on employment. No sig change for control gr. Gain maintained post training.
		Knowledge (comm disorder, comm strategies)	*Questionnaire:* sig increase in knowledge on general comm (p-value between 0.001 and 0.017 depending on employment). Sig increase in number of named strategies for frontline and supervisory staff (p=0.001). No sig change for con gr. Gain maintained post training.
		Comm abilities (reported)	*Questionnaire:* exp: sig change in attitude towards working with older people with comm difficulties in 5/16 items for tx gr and sig change for 6/12 items for con gr. Gain maintained post training.
Vento-Wilson et al. (2015)	Pre-post without control group	Comm abilities (reported)	*7-point Likert scale survey*: The likehood of using AAC techniques sig improved at post training (p<0.01). *Follow-up questionnaire*: 30/97 nursing students reported using AAC techniques with their patient at the time of follow-up.
		Confidence	*7-point Likert scale survey*: sig improvements in the confidence level at post training and follow-up (p<0.01). A sig difference for confidence was found for the workshop group compared to the lecture group (p=0.001).
Eriksson et al. (2016)	Repeated measures (replicated single-subject study with multiple baselines across individuals)	Comm abilities (observed)	*Video analysis*: sig change for 8/12 goals (p<0.05).
		Comm abilities (reported)	*Goal Attainment Scaling*: all comm partners perceived improvements in goal attainment in post. These improvements were not maintained for ¼ dyad.
		Impacts on PWCD (comm)	*Communication Outcomes after Stroke Scale*: 3/5 reported an improvement in perceived functional comm post. In follow-up, gains were maintained for ¾ PWCD. *Communication Outcomes after Stroke Scale –carer*: 2/5 comm partners reported improved total score post tx.
Saldert et al. (2016)	Pre-post with control group	Confidence	*Questionnaire*: Sig improvements in lecture group (p<0.001) and workshop group (p<0.001) concerning their confidence in knowledge about comm disorders and how to support comm.

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Table II. *(continued)*

References	Design	Effect category (subcategory)	Outcome measures and findings
		Knowledge (comm abilities)	*Questionnaire:* A sig difference for the ability to list communication strategies was found for the workshop group only (p<0.001). A sig change was also found in the workshop group concerning their attitude to communication with a PWCD (p=0.001). No sig difference was found in the lecture group.
Forsgren et al. (2017)	Pre-post with control group	Comm abilities (observed)	*Analysis of videos* (only workshop group): 3 comm strategies were sig more used: encourages the patient to use gestures/pointing (p=0.002), uses writing/written alternative (p=0.001) and encourages the patient to use a calendar (p=0.002).
		Confidence	*Questionnaire*: Sig improvements in lecture group (p<0.001) and workshop group (p<0.001) concerning their confidence in knowledge about comm disorders and how to support comm.
		Knowledge (comm abilities)	*Questionnaire*: no sig change in either group for their attitude to communication with a PWCD. Only the workshop group suggested sig more communication strategies (p<0.001). A sig difference for the ability to list communication strategies was found for the workshop group compared to the lecture group (p=0.001).

Abbreviations: comm, communication; con, control; gr, group; QoL, quality of life; MPC, Measure of Participation in conversation; MPCA, Measure of Participation in conversation for adult with Aphasia; MSC, Measure of Support in conversation; MSCA, Measure of Skill in providing Supported Conversation for adult with aphasia; NA, non applicable; PWA, person with aphasia; TBI, traumatic brain injury; tx, treatment; sig, significant

+ This outcome was impossible to classify into our categories because the goals were not specified in the article.

++ The tx group refers to the group trained by trained coworkers and the control group refers to the group trained by a member of the research team.

* Söderlund et al., (2012), Söderlund et al. (2014) and Söderlund et al. (2012) are three studies reporting from the same cohort, but describing different types of outcomes. In this scoping, they were considered as three different publications

** Williams et al. (2016) & Williams et al. (2018) are two studies reporting from the same cohort, but describing different types of outcomes. In this scoping, they were considered as two different publications.

*** Behn et al. (2012) and Behn et al. (2015) are two studies reporting from the same cohort, but describing different types of outcomes. In this scoping, they were considered as two different publications.