

## Australian Aphasia Rehabilitation Pathway RAM Timeline

Action	Details	Date
<b>Community of Practice (CoP) consulted and developed the Australian Aphasia Rehabilitation Pathway</b>	The CCRE Aphasia engaged the Community of Practice in a series of meetings to develop the ideal evidence-based care pathway for aphasia rehabilitation (Australian Aphasia Rehabilitation Pathway). Eight areas of care were identified including: receiving the right referrals, screening and initial interviews, goal setting, assessing, providing intervention, enhancing the communicative environment, and planning of transitions and discharge. See Thomas et al (2014) for full details.	July 2012 – Dec 2012
<b>Literature reviewed and feedback received</b>	A core team of researchers from the CCRE in Aphasia then conducted multiple literature reviews to provide a synthesis of the evidence-base for each area of the eight areas of care. Additional experts in each care area were contacted and requested to provide any applicable literature (both published literature and grey literature). Evidence was synthesised by the project manager and sent back to key experts and the CCRE executive team via email. The content of each section of the AARP was then sent to a group of CCRE researchers (n = 25) and clinical affiliates (n = 45) for comment using the online program “Google Docs”. The aim of this process was to obtain consensus and feedback on the AARP content, draft potential “best practice statements” and develop a list of appropriate resources for each section.	Jan 2013 – August 2013
<b>Panel selected</b>	Nine experts were sought in aphasia rehabilitation (including researchers, clinicians, and policy makers) to participate on the panel.	August 2013
<b>Facilitator up-skilled on RAM method</b>	The panel facilitator met with an experienced RAM facilitator in order to gain guidance on the process.	August 2013
<b>Made initial panel contact</b>	Initial contact with each panel member was made by the panel facilitator via phone to establish: interest, availability, contact details and additionally needs.	September 2013
<b>Developed RAM documents</b>	The RAM protocol, templates, and contact list was developed.	September 2013
<b>RAM mock practice</b>	A mock practice of the RAM process was run with the core research team and the panel facilitator.	September 2013
<b>Developed best practice statements</b>	<p>Concurrent with the development of each AARP ‘box’ (e.g. Goal setting, Assessing etc.), a list of potential best practice statements were developed.</p> <p>These best practice statements—along with concise and explicit definitions of all terms used —became the basic working documents used in the panel process.</p>	August/October 2013
<b>Emailed documents</b>	The panel documents (literature review, best practice statements, definitions and instructions) were emailed to the panellists with a letter of introduction listing the enclosures and explaining how they were to be used. Followed up to ensure all documents were received.	October 2013
<b>Consent</b>	Consent from all panel members was sought.	October 2013

<b>Individual phone call</b>	Each individual member of the panel was contacted to discuss any questions/queries they have about the method, preferred form of communication and conflict resolution. Panellists were reminded of the deadline for the 1 <sup>st</sup> round.	October 2013
<b>1<sup>st</sup> Round</b> <b>Email</b>	Panel members completed the 1 <sup>st</sup> round of ratings and returned the score sheet via email.	October 2013
<b>Confirmation that 1<sup>st</sup> round documents were received</b>	Returned rating forms were acknowledged and a reminder given of the panel meeting date. All panellist travel arrangements were organised.	October 2013
<b>Rated 1<sup>st</sup> Round</b>	Rated appropriateness of result according to manual instructions	October 2013
<b>Prepared for 2<sup>nd</sup> Round</b>	Developed individualised document for each panel member showing the distribution of all the experts' first round ratings, together with his/her own specific ratings.	October 2013
<b>2<sup>nd</sup> Round</b> <b>Face-to-face</b>	<p>Provided individualised document to each panellist.</p> <p>During the meeting, panellists discussed the ratings, focusing on areas of disagreement, and were given the opportunity to modify the original list of indications and/or definitions, if desired.</p> <p>After discussing the best practice statements the panel members re-rated each statement individually. No attempt was made to force the panel to consensus. Instead, the two-round process was designed to sort out whether discrepant ratings are due to real clinical disagreement over the use of the procedure ("real" disagreement) or to fatigue or misunderstanding ("artifactual" disagreement).</p>	<p>November 2013</p> <p>*Teleconference was performed to complete second round as not sufficient time during one day</p>
<b>Rated of 2<sup>nd</sup> round and analysed data</b>	<p>Rated appropriateness according to manual instructions</p> <p>Each best practice statement was classified as "appropriate," "uncertain" or "inappropriate" in accordance with the panellists' median score and the level of disagreement among the panellists.</p> <p>Best practice statements with median scores in the 1-3 range were classified as inappropriate, those in the 4-6 range as uncertain, and those in the 7-9 range as appropriate. However, all statements rated "with disagreement," whatever the median, were classified as uncertain.</p>	December 2013
<b>Recognised panel members contribution</b>	A few days after the meeting, an email was sent to each panellist, thanking them for contributing their time and expertise to the project.	January 2014
<b>Analysis of Round 2 results and comparison with Round 1 data. BPS finalised, and RAM validation paper commenced.</b>	Edits to the best practice statements were finalised and uploaded on the Australian Aphasia Rehabilitation Pathway website ( <a href="http://www.aphasiapathway.com.au">www.aphasiapathway.com.au</a> ). The RAM method was written up.	February 2014 onwards