**INCOG Audit Survey**

**Part A: Demographic Information**

1. I am a…[mark one box]

* Clinical Neuropsychologist
* Occupational Therapist
* Physiotherapist
* Rehabilitation Physician
* Speech Pathologist
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I am from...[e.g., Acquired Brain Injury Clinic, Ballarat Base Hospital (VIC)]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I spend most of my work time in the following setting…[mark one box]

* Inpatient Brain Injury rehabilitation unit
* Outpatient rehabilitation setting
* Supported accommodation (e.g., transitional living centre, nursing home, rehabilitation centre)
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I am currently employed…[mark one box]

* Full time
* Part time
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please respond by placing a number in each box below:

Years of clinical experience in totaI? □

Years of clinical experience working in the TBI population? □

Years of clinical experience in Cognitive Rehabilitation?   (Please also specify the

setting/clinical population) □

Years of clinical experience in TBI & Cognitive Rehabilitation? □

Years of clinical experience in my current employment setting? □

6. Please respond by placing a number in each box.  I see approximately:

Patients with TBI per month (in total)? □

Patients with TBI per month for cognitive rehabilitation? □

7. How are your clients funded? [mark one box that best represent the majority of the clients’ funding]

* Privately funded
* Insurance (compensation)
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B: The nature of Cognitive Rehabilitation in your setting**

In your day-to-day practice what does Cognitive Rehabilitation involve?  (if possible please provide examples of common strategies that you employ when designing and implementing Cognitive Rehabilitation with your clients)

8. Please indicate the types of Cognitive Rehabilitation strategies you use (mark all relevant boxes and if possible please provide an example)

* External Aids (e.g., require input from close-others or care workers, electronic prompters etc)
* Internal Aids (e.g., require the client to initiate, such as diary/phone use, attention strategies etc)
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Please describe how you assess the effectiveness of the Cognitive Rehabilitation provided to your clients: (mark all relevant boxes and if possible please provide an example)

* Objective measures (e.g., neuropsychological reassessment etc)
* Self-report (e.g., client or close-other reports on improvement on functional tasks etc)
* Attainment of functional goals
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. How do you document the assessment for need, design, implementation and outcomes of Cognitive Rehabilitation in your setting? (mark all relevant boxes)

* Reports
* Medical Files
* Departmental Files
* Client resources (e.g., diary)
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part C: Resources that inform your TBI Cognitive Rehabilitation practice**

11. Please complete the table below regarding your awareness and use of resources to guide your TBI Cognitive Rehabilitation practice:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | I am aware of this resource | | I use this resource to guide my TBI Cognitive Rehabilitation practice | | If yes please specify the resource(s) that you are aware of: | If yes, do you consult this resource: | | | | |
|  | No | Yes | No | Yes | Answer (in text) | More than once a week | Once a week | More than once a month | Once a month | Less than once a month |
| Clinical Practice Guideline (relevant to your profession) |  |  |  |  |  |  |  |  |  |  |
| Journal Article or Review |  |  |  |  |  |  |  |  |  |  |
| Textbook |  |  |  |  |  |  |  |  |  |  |
| Medical Review Website (e.g. MIMs) |  |  |  |  |  |  |  |  |  |  |
| Professional Association website or other resources |  |  |  |  |  |  |  |  |  |  |
| Internal/ departmental protocol |  |  |  |  |  |  |  |  |  |  |
| Departmental meeting (e.g. journal club, in-service) |  |  |  |  |  |  |  |  |  |  |
| Departmental Colleagues (outside of a meeting) |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |

**Part D: Reflections on Cognitive Rehabilitation in your setting**

12. In your treatment setting, what factors help in achieving optimal cognitive rehabilitation outcomes? (You may find it helpful to think of particular situations where desired outcomes were achieved or exceeded in answering this)

13. In your treatment setting, what factors hinder the achievement of optimal cognitive rehabilitation outcomes? (You may find it helpful to think of particular situations where desired outcomes were not achieved in answering this)

14. Please rank the following specific areas of cognitive rehabilitation practice from easiest (1) area in which to provide therapy to hardest (5) area in which to provide therapy. If you do not provide therapy in some of these areas, mark the box with '0' and rank the remaining areas:

\_\_\_\_\_\_ Post Traumatic Amnesia / Management

\_\_\_\_\_\_ Attention and information processing speed

\_\_\_\_\_\_ Executive function

\_\_\_\_\_\_ Cognitive communication

\_\_\_\_\_\_ Memory

15. Briefly explain the main reason for selecting the easiest area in which to provide therapy:

16. Briefly explain the main reason for selecting the hardest area in which to provide therapy:

17. Are there any other areas not listed above that you consider and address as part of Cognitive Rehabilitation in your setting?

18. Complete the following table regarding access to specific health professionals in your setting by ticking one column only for each health professional

|  |  |  |  |
| --- | --- | --- | --- |
|  | This health professional is routinely involved in delivering TBI cognitive rehabilitation in my setting (1) | This health professional can be accessed through referral when clinically necessary (2) | This health professional is not available in my setting (3) |
| Clinical / Health Psychologist (1) |  |  |  |
| Neurologist (2) |  |  |  |
| Neuropsychiatrist (3) |  |  |  |
| Neuropsychologist (4) |  |  |  |
| Neurosurgeon (5) |  |  |  |
| Occupational Therapist (6) |  |  |  |
| Physiotherapist (7) |  |  |  |
| Rehabilitation Physician (8) |  |  |  |
| Speech Therapist (9) |  |  |  |
| Other (10) |  |  |  |

If other (above), please specify below:

19. OPTIONAL: If you have any additional comments in relation to providing TBI Cognitive Rehabilitation, please provide them below: