LAMPIRAN

Lampiran I: SK Pembimbing

UNIVERSITAS GALUH
FAKULTAS ILMU KESEHATAN
S1 KEPERAWATAN – S1 KEBIDANAN – PROFESI NERS – PROFESI BIDAN
Kampus : Jalan. R.E. Martadinata No. 150 Ciamis 46274 Nomor Kontak: 0821-1790-9060
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SURAT KEPUTUSAN
DEKAN FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH
NOMOR : 66 /401/SK/AK/D/XI/2025
TENTANG
PENGANGKATAN PEMBIMBING KARYA ILMIAH AKHIR NERS (KIAN)
PROGRAM STUDI PENDIDIKAN PROFESI NERS TAHUN AKADEMIK 2025/2026
FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH

DEKAN FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH

MENIMBANG :
1. Bahwa untuk kelancaran kegiatan Bimbingan Karya Ilmiah Akhir Ners (KIAN) perlu diangkat pembimbing Karya Ilmiah Akhir Ners (KIAN).
2. Bahwa untuk legalitas pembimbing dalam melakukan kegiatan bimbingan Karya Ilmiah Akhir Ners perlu di terbitkan Surat Keputusan Dekan.

MENGINGAT :
1. Undang-undang Nomor 12 Tahun 2012 tentang Pendidikan Tinggi;
1. Peraturan Pemerintah Nomor 4 Tahun 2014 tentang Penyelenggaraan Pendidikan Tinggi dan Pengelolaan Pendidikan Tinggi;
2. Permendikbud nomor 3 Tahun 2020 tentang Standar Nasional Perguruan Tinggi;
3. Keputusan Menteri Pendidikan Nasional Nomor 184/U/2001 tentang Pedoman Pengawasan, Pengendalian dan Pembinaan Program Diploma, Sarjana dan Pascasarjana di Perguruan Tinggi;
4. Surat Keputusan Yayasan Pendidikan Galuh Ciamis Nomor 1 Tahun 2025 tentang Statuta Universitas Galuh;
5. Peraturan Rektor Universitas Galuh Nomor 1 Tahun 2025 tentang Pedoman Akademik Universitas Galuh Tahun 2025;
6. Surat Keputusan Rektor Universitas Galuh Nomor : 262/4123/SK/G/VIII/2023 Tanggal 26 Agustus 2023 tentang Pemberhentian dan Pengangkatan Dekan Fakultas Ilmu Kesehatan Universitas Galuh Masa Jabatan 2023-2027;

MEMPERHATIKAN : Surat Ajuan dari Ketua Program Studi Ilmu Keperawatan Fakultas Ilmu Kesehatan Universitas Galuh Nomor 86/1490/SP/AK/Ka.Prodi_Kep/XI/2025 perihal Permohonan SK Pembimbing KIAN.

MEMUTUSKAN

MENETAPKAN :

PERTAMA :
Nama : **ROFI ROFI`AH**
Nomor Pokok : **1490125050**
Program Studi : Pendididkan Profesi Ners

KEDUA : Mengangkat Pembimbing KIAN mahasiswa seperti yang tertulis pada diktum pertama sebagai berikut:
Pembimbing I : **Siti Rohimah, S.Kep., Ners., M.Kep.**
Pembimbing II : **Gita Cahyani, S.Tr.Kep., Ners., M.Tr.Kep.**

KETIGA : Tugas dan wewenang pembimbing KIAN:
a. Pembimbing KIAN ditugaskan untuk membimbing dan mengarahkan, dan memberikan masukan kepada mahasiswa dalam proses penulisan KIAN hingga selesai.
b. Dosen Pembimbing wajib memastikan bahwa KIAN yang disusun sesuai dengan standar akademik yang berlaku di Program Studi Profesi Ners Fakultas Ilmu Kesehatan Universitas Galuh
c. Pembimbingan KIAN dilaksanakan secara berkala sesuai dengan ketentuan yang berlaku.

KEEMPAT : Surat Keputusan ini berlaku sejak tanggal ditetapkan hingga mahasiswa menyelesaikan KIAN dan dinyatakan lulus sidang KIAN, dan apabila di kemudian hari ternyata terdapat kekeliruan dalam Surat Keputusan ini, akan dilakukan perbaikan sebagaimana mestinya.

Ditetapkan : Ciamis
Pada Tanggal : 6 November 2025
Dekan

Dr. Tites Nasrul, S.Kep., Ners., MM., M.Kep.
NIK. 11.3112770275

Lampiran II: JBI Crtical Appraisal

Jurnal 1

JBI Critical Appraisal Checklist for Randomized Controlled Trials

Reviewer	:	Rofi Rofi'ah	Tanggal	:	01/05/2026
Author	:	Banco, E., et al	Tahun Publikasi	:	2025
Judul	:	*Rehabilitation of post-stroke aphasia by a single protocol targeting phonological, lexical, and semantic deficits with speech output tasks: a randomized controlled trial*			

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah Randomization dilakukan dengan benar?	√			
2.	Apakah alokasi ke kelompok perlakuan dilakukan secara tersembunyi (*concealed*)?			√	
3.	Apakah kelompok perlakuan memiliki karakteristik awal yang serupa?	√			
4.	Apakah peserta penelitian dibuat buta (*blind*) terhadap penempatan kelompok perlakuan?		√		
5.	Apakah pemberi intervensi dibuat buta terhadap penempatan kelompok perlakuan?		√		
6.	Apakah penilai luaran (*outcome assessors*) dibuat buta terhadap penempatan kelompok perlakuan?	√			

7.	Apakah kelompok perlakuan diperlakukan secara identik selain dari intervensi yang diteliti?	√			
8.	Apakah tindak lanjut (*follow up*) dilakukan secara lengkap? Jika tidak, apakah perbedaan antar kelompok dalam hal tindak lanjut sudah dijelaskan dan dianalisis secara memadai?	√			
9.	Apakah peserta dianalisis sesuai dengan kelompok tempat mereka diacak?	√			
10.	Apakah luaran diukur dengan cara yang sama pada semua kelompok perlakuan?	√			
11.	Apakah luaran diukur dengan cara yang reliabel (andal)?	√			
12.	Apakah analisis statistik yang digunakan sudah tepat?	√			
13.	Apakah desain uji coba sudah sesuai, dan apakah setiap penyimpangan dari desain RCT standar (seperti randomisasi individu, kelompok paralel) sudah diperhitungkan dalam pelaksanaan dan analisis uji coba?	√			
Overall Appraisal		10	2	1	
Presentase		77%			

Jurnal 2

JBI Critical Appraisal Checklist for Randomized Controlled Trials

Reviewer	:	Rofi Rofi'ah	Tanggal	:	01/05/2026
Author	:	Hoover, E., et al., (2025)	Tahun Publikasi	:	2025
Judul	:	*The Benefits of Conversation Group Treatment for Individuals With Chronic Aphasia: Updated Evidence From a Multisite Randomized Controlled Trial on Measures of Language and Communication*			

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah Randomization dilakukan dengan benar?	√			
2.	Apakah alokasi ke kelompok perlakuan dilakukan secara tersembunyi (*concealed*)?	√			
3.	Apakah kelompok perlakuan memiliki karakteristik awal yang serupa?	√			
4.	Apakah peserta penelitian dibuat buta (*blind*) terhadap penempatan kelompok perlakuan?		√		
5.	Apakah pemberi intervensi dibuat buta terhadap penempatan kelompok perlakuan?		√		
6.	Apakah penilai luaran (*outcome assessors*) dibuat buta terhadap penempatan kelompok perlakuan?	√			

7.	Apakah kelompok perlakuan diperlakukan secara identik selain dari intervensi yang diteliti?	√			
8.	Apakah tindak lanjut (*follow up*) dilakukan secara lengkap? Jika tidak, apakah perbedaan antar kelompok dalam hal tindak lanjut sudah dijelaskan dan dianalisis secara memadai?	√			
9.	Apakah peserta dianalisis sesuai dengan kelompok tempat mereka diacak?	√			
10.	Apakah luaran diukur dengan cara yang sama pada semua kelompok perlakuan?	√			
11.	Apakah luaran diukur dengan cara yang reliabel (andal)?	√			
12.	Apakah analisis statistik yang digunakan sudah tepat?	√			
13.	Apakah desain uji coba sudah sesuai, dan apakah setiap penyimpangan dari desain RCT standar (seperti randomisasi individu, kelompok paralel) sudah diperhitungkan dalam pelaksanaan dan analisis uji coba?	√			
Overall Appraisal		11	2		
Presentase		85%			

Jurnal 3

JBI Critical Appraisal Checklist for Randomized Controlled Trials

Reviewer :	Rofi Rofi'ah	Tanggal	: 01/05/2026
Author :	Stahl, B., et al.,	Tahun Publikasi	: 2018
Judul :	*Efficacy of intensive aphasia therapy in patients with chronic stroke: a randomised controlled trial*		

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah Randomization dilakukan dengan benar?	√			
2.	Apakah alokasi ke kelompok perlakuan dilakukan secara tersembunyi (*concealed*)?	√			
3.	Apakah kelompok perlakuan memiliki karakteristik awal yang serupa?	√			
4.	Apakah peserta penelitian dibuat buta (*blind*) terhadap penempatan kelompok perlakuan?		√		
5.	Apakah pemberi intervensi dibuat buta terhadap penempatan kelompok perlakuan?		√		
6.	Apakah penilai luaran (*outcome assessors*) dibuat buta terhadap penempatan kelompok perlakuan?	√			
7.	Apakah kelompok perlakuan diperlakukan secara identik selain dari intervensi yang diteliti?	√			

8.	Apakah tindak lanjut (*follow up*) dilakukan secara lengkap? Jika tidak, apakah perbedaan antar kelompok dalam hal tindak lanjut sudah dijelaskan dan dianalisis secara memadai?	√			
9.	Apakah peserta dianalisis sesuai dengan kelompok tempat mereka diacak?	√			
10.	Apakah luaran diukur dengan cara yang sama pada semua kelompok perlakuan?	√			
11.	Apakah luaran diukur dengan cara yang reliabel (andal)?	√			
12.	Apakah analisis statistik yang digunakan sudah tepat?	√			
13.	Apakah desain uji coba sudah sesuai, dan apakah setiap penyimpangan dari desain RCT standar (seperti randomisasi individu, kelompok paralel) sudah diperhitungkan dalam pelaksanaan dan analisis uji coba?	√			
Overall Appraisal		11	2		
Presentase		85%			

Jurnal 4

JBI Critical Appraisal Checklist for Randomized Controlled Trials

Reviewer	:	Rofi Rofi'ah	Tanggal	:	01/05/2026
Author	:	Larweh, G., et al.,	Tahun Publikasi	:	2025
Judul	:	*Exploring benefits of speech and language therapy interventions for post-stroke aphasia rehabilitation: A qualitative study*			

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah terdapat kesesuaian antara perspektif filosofis yang dinyatakan dengan metodologi penelitian?	√			
2.	Apakah terdapat kesesuaian antara metodologi penelitian dengan pertanyaan atau tujuan penelitian?	√			
3.	Apakah terdapat kesesuaian antara metodologi penelitian dengan metode yang digunakan untuk mengumpulkan data?	√			
4.	Apakah terdapat kesesuaian antara metodologi penelitian dengan penyajian dan analisis data?	√			
5.	Apakah terdapat kesesuaian antara metodologi penelitian dengan interpretasi hasil penelitian?	√			
6.	Apakah terdapat pernyataan yang menempatkan peneliti secara budaya atau teoritis?	√			

7.	Apakah pengaruh peneliti terhadap penelitian, dan sebaliknya, telah dibahas?	√			
8.	Apakah partisipan dan suara/pandangan mereka direpresentasikan secara memadai?	√			
9.	Apakah penelitian dilakukan sesuai dengan kriteria etik yang berlaku saat ini atau, untuk penelitian terbaru, apakah terdapat bukti persetujuan etik dari lembaga yang berwenang?	√			
10.	Apakah kesimpulan yang diambil dalam laporan penelitian berasal dari analisis atau interpretasi data?	√			
Overall Appraisal		10			
Presentase		100%			

Jurnal 5

JBI Critical Appraisal Checklist for Randomized Controlled Trials

Reviewer	:	Rofi Rofi'ah	Tanggal	:	01/05/2026
Author	:	Larweh, G., et al.,	Tahun Publikasi	:	2025
Judul	:	*Effects of Chinese idioms and short sentences on language and cognitive in stroke non-fluent aphasia*			

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah Randomization dilakukan dengan benar?	√			
2.	Apakah alokasi ke kelompok perlakuan dilakukan secara tersembunyi (*concealed*)?	√			
3.	Apakah kelompok perlakuan memiliki karakteristik awal yang serupa?	√			
4.	Apakah peserta penelitian dibuat buta (*blind*) terhadap penempatan kelompok perlakuan?		√		
5.	Apakah pemberi intervensi dibuat buta terhadap penempatan kelompok perlakuan?		√		
6.	Apakah penilai luaran (*outcome assessors*) dibuat buta terhadap penempatan kelompok perlakuan?	√			
7.	Apakah kelompok perlakuan diperlakukan secara identik selain dari intervensi yang diteliti?	√			
8.	Apakah tindak lanjut (*follow up*) dilakukan secara lengkap? Jika tidak, apakah perbedaan antar kelompok dalam hal tindak lanjut sudah dijelaskan dan dianalisis secara memadai?	√			

9.	Apakah peserta dianalisis sesuai dengan kelompok tempat mereka diacak?	√			
10.	Apakah luaran diukur dengan cara yang sama pada semua kelompok perlakuan?	√			
11.	Apakah luaran diukur dengan cara yang reliabel (andal)?	√			
12.	Apakah analisis statistik yang digunakan sudah tepat?	√			
13.	Apakah desain uji coba sudah sesuai, dan apakah setiap penyimpangan dari desain RCT standar (seperti randomisasi individu, kelompok paralel) sudah diperhitungkan dalam pelaksanaan dan analisis uji coba?	√			
Overall Appraisal		11	2		
Presentase		85%			

Jurnal 6

JBI Critical Appraisal Checklist for Qualitative Study

Reviewer :	Rofi Rofi'ah	Tanggal	: 01/05/2026
Author :	Lamadi, et al.,	Tahun Publikasi	: 2025
Judul :	*The Effect of AIUEO Therapy on Motoric Dysarthria in Stroke Patients at Toto Kabila Regional Hospital*		

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah dalam penelitian dijelaskan dengan jelas mana yang menjadi "penyebab" dan mana yang menjadi "akibat" (misalnya tidak ada kebingungan mengenai variabel mana yang muncul terlebih dahulu)?	√			
2.	Apakah partisipan yang dimasukkan dalam perbandingan memiliki karakteristik yang serupa?	√			
3.	Apakah partisipan yang dimasukkan dalam perbandingan menerima perawatan/pelayanan yang serupa, selain paparan atau intervensi yang diteliti?	√			
4.	Apakah terdapat kelompok kontrol?		√		

5.	Apakah terdapat beberapa pengukuran hasil (outcome) baik sebelum maupun sesudah intervensi/paparan?				
6.	Apakah tindak lanjut (follow up) dilakukan secara lengkap, dan jika tidak, apakah perbedaan antar kelompok dalam hal tindak lanjut dijelaskan dan dianalisis secara memadai?	√			
7.	Apakah hasil (outcome) dari partisipan dalam perbandingan diukur dengan cara yang sama?	√			
8.	Apakah hasil (outcome) diukur dengan cara yang reliabel/dapat dipercaya?	√			
9.	Apakah analisis statistik yang digunakan sudah tepat?	√			
Overall Appraisal		8	1		
Presentase		89%			

Jurnal 7

JBI Critical Appraisal Checklist for Qualitative Study

Reviewer	:	Rofi Rofi'ah	Tanggal	:	01/05/2026
Author	:	Yunica, et al.,	Tahun Publikasi	:	2019
Judul	:	Terapi AIUEO Terhadap Kemampuan Berbicara (Afasia Motorik) Pada Pasien Stroke			

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah dalam penelitian dijelaskan dengan jelas mana yang menjadi "penyebab" dan mana yang menjadi "akibat" (misalnya tidak ada kebingungan mengenai variabel mana yang muncul terlebih dahulu)?	√			
2.	Apakah partisipan yang dimasukkan dalam perbandingan memiliki karakteristik yang serupa?	√			
3.	Apakah partisipan yang dimasukkan dalam perbandingan menerima perawatan/pelayanan yang serupa, selain paparan atau intervensi yang diteliti?	√			
4.	Apakah terdapat kelompok kontrol?		√		
5.	Apakah terdapat beberapa pengukuran hasil (outcome) baik sebelum maupun sesudah intervensi/paparan?	√			

6.	Apakah tindak lanjut (follow up) dilakukan secara lengkap, dan jika tidak, apakah perbedaan antar kelompok dalam hal tindak lanjut dijelaskan dan dianalisis secara memadai?	√			
7.	Apakah hasil (outcome) dari partisipan dalam perbandingan diukur dengan cara yang sama?	√			
8.	Apakah hasil (outcome) diukur dengan cara yang reliabel/dapat dipercaya?	√			
9.	Apakah analisis statistik yang digunakan sudah tepat?	√			
Overall Appraisal		8	1		
Presentase		89%			

Jurnal 8

JBI Critical Appraisal Checklist for Qualitative Study

Reviewer	:	Rofi Rofi'ah	Tanggal	:	01/05/2026
Author	:	Sukarmin et al.,	Tahun Publikasi	:	2020
Judul	:	*The Effect of Speech Therapy with Hijaiyyah Letters on the Capability of Verbal Communication at Stroke Patients*			

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah dalam penelitian dijelaskan dengan jelas mana yang menjadi "penyebab" dan mana yang menjadi "akibat" (misalnya tidak ada kebingungan mengenai variabel mana yang muncul terlebih dahulu)?	√			
2.	Apakah partisipan yang dimasukkan dalam perbandingan memiliki karakteristik yang serupa?	√			
3.	Apakah partisipan yang dimasukkan dalam perbandingan menerima perawatan/pelayanan yang serupa, selain paparan atau intervensi yang diteliti?	√			

4.	Apakah terdapat kelompok kontrol?		√		
5.	Apakah terdapat beberapa pengukuran hasil (outcome) baik sebelum maupun sesudah intervensi/paparan?	√			
6.	Apakah tindak lanjut (follow up) dilakukan secara lengkap, dan jika tidak, apakah perbedaan antar kelompok dalam hal tindak lanjut dijelaskan dan dianalisis secara memadai?	√			
7.	Apakah hasil (outcome) dari partisipan dalam perbandingan diukur dengan cara yang sama?	√			
8.	Apakah hasil (outcome) diukur dengan cara yang reliabel/dapat dipercaya?	√			
9.	Apakah analisis statistik yang digunakan sudah tepat?	√			
Overall Appraisal		8	1		
Presentase		89%			

Jurnal 9

JBI Critical Appraisal Checklist for Qualitative Study

Reviewer	:	Rofi Rofi'ah	Tanggal	:	01/05/2026
Author	:	Wahyu, et al.,	Tahun Publikasi	:	2019
Judul	:	Pengaruh Terapi AIUEO Terhadap Kemampuan Bicara Pasien Stroke Yang Mengalami Afasia Motorik			

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah dalam penelitian dijelaskan dengan jelas mana yang menjadi "penyebab" dan mana yang menjadi "akibat" (misalnya tidak ada kebingungan mengenai variabel mana yang muncul terlebih dahulu)?	√			
2.	Apakah partisipan yang dimasukkan dalam perbandingan memiliki karakteristik yang serupa?	√			
3.	Apakah partisipan yang dimasukkan dalam perbandingan menerima perawatan/pelayanan yang serupa, selain paparan atau intervensi yang diteliti?	√			
4.	Apakah terdapat kelompok kontrol?	√			
5.	Apakah terdapat beberapa pengukuran hasil (outcome) baik	√			

	sebelum maupun sesudah intervensi/paparan?				
6.	Apakah tindak lanjut (follow up) dilakukan secara lengkap, dan jika tidak, apakah perbedaan antar kelompok dalam hal tindak lanjut dijelaskan dan dianalisis secara memadai?	√			
7.	Apakah hasil (outcome) dari partisipan dalam perbandingan diukur dengan cara yang sama?	√			
8.	Apakah hasil (outcome) diukur dengan cara yang reliabel/dapat dipercaya?	√			
9.	Apakah analisis statistik yang digunakan sudah tepat?	√			
Overall Appraisal		9			
Presentase		100%			

Jurnal 10

JBI Critical Appraisal Checklist for Case Report

Reviewer	: Rofi Rofi'ah	Tanggal	: 01/05/2026
Author	: Wijayanti, et al.,	Tahun Publikasi	: 2024
Judul	: Penerapan Terapi Bicara (AIUEO) Dalam Peningkatan Kemampuan Bicara Pada Pasien Stroke Dengan Afasia Motorik		

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak/Tidak Berlaku
1.	Apakah karakteristik demografis pasien dijelaskan dengan jelas?	√			
2.	Apakah riwayat pasien dijelaskan dengan jelas dan disajikan dalam bentuk kronologi (timeline)?	√			
3.	Apakah kondisi klinis pasien saat datang/presentasi dijelaskan dengan jelas?	√			
4.	Apakah tes diagnostik atau metode penilaian serta hasilnya dijelaskan dengan jelas?	√			
5.	Apakah intervensi atau prosedur pengobatan dijelaskan dengan jelas?	√			
6.	Apakah kondisi klinis pasien setelah intervensi dijelaskan dengan jelas?	√			
7.	Apakah kejadian merugikan (efek samping/bahaya) atau kejadian yang tidak terduga diidentifikasi dan dijelaskan?	√			
8.	Apakah laporan kasus memberikan pelajaran atau poin penting yang dapat diambil?	√			
Overall Appraisal		9			
Presentase		100%			

Lampiran III: Jurnal

Jurnal I

European Journal of Physical and Rehabilitation Medicine 2025 February;61(1):9-18
DOI: 10.23736/S1973-9087.24.08576-9

ORIGINAL ARTICLE

Rehabilitation of post-stroke aphasia by a single protocol targeting phonological, lexical, and semantic deficits with speech output tasks: a randomized controlled trial

Elisabetta BANCO [1] *, Lorenzo DIANA [1], Carlotta CASATI [1], Luigi TESIO [1, 2], Giuseppe VALLAR [1, 3], Nadia BOLOGNINI [1, 2]

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ABSTRACT

BACKGROUND: The defective spoken output of persons with aphasia has anomia as a main clinical manifestation. Improving anomia is therefore a main goal of any language treatment.
AIM: This study assessed the effectiveness of a novel, 2-week, rehabilitation protocol (PHOLEXSEM), focused on PHonological, SEmantic, and LExical deficits, aiming at improving lexical retrieval, and, generally, spoken output.
DESIGN: A prospective, randomized controlled trial.
SETTING: In-patient and out-patient population of the Neurorehabilitation Unit of the Istituto Auxologico Italiano IRCCS, Milan, Italy.
POPULATION: The sample comprised 44 adults with aphasia due to left brain damage; 22 of them were assigned to the experimental (PHOLEXSEM) group, whereas 22 were assigned to the control group that received the Promoting Aphasics Communicative Effectiveness (PACE) protocol.
METHODS: All participants were treated 30-min daily for two weeks. The PHOLEXSEM training included 3 sets of exercises: 1) non-word, word, and phrase repetition; 2) semantic feature analysis by naming; 3) phonemic, semantic, and verb recall. Treatment effects were evaluated with tasks and items different from those used for training, to assess generalization effects.
RESULTS: After the PHOLEXSEM treatment, repetition, naming, lexical retrieval and sentence comprehension improved more than in the control – PACE – group, with gains generalizing to non-trained items. These improvements were independent of aphasia chronicity and only marginally influenced by demographic factors.
CONCLUSIONS: The 2-week PHOLEXSEM training, by targeting spoken output, ameliorates different aspects of aphasia, ranging from speech production (*i.e.*, phonology and lexical retrieval) to comprehension.
CLINICAL REHABILITATION IMPACT: The PHOLEXSEM training is a useful and easy-to-administer intervention to improve post-stroke language deficits in adults of different ages, levels of education, duration, type, and severity of aphasia.

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KEY WORDS: Aphasia; Language therapy; Anomia; Articulation disorders; Semantics.

Jurnal 2

ASHA American Speech-Language-Hearing Association

AJSLP

Research Article

The Benefits of Conversation Group Treatment for Individuals With Chronic Aphasia: Updated Evidence From a Multisite Randomized Controlled Trial on Measures of Language and Communication

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ABSTRACT

Purpose: Aphasia is a communication disorder that affects up to 30% of stroke survivors. Insufficient access to communication services creates personal, social, and financial costs to people with aphasia (PwA), care partners, and the community. Group conversation treatment has the potential to improve communication and reduce social isolation in a cost-effective manner, but little is known about its critical ingredients. This multicenter randomized controlled trial examined the effects of conversation treatment and whether the pattern of changes on outcome measures differed when treatment was delivered in large groups compared to dyads.

Method: One hundred four PwA were randomly assigned to a dyad, large group, or delayed control condition. Conversation group treatment was 1 hr, twice weekly, over 10 weeks. Individual communication goals were addressed within thematically oriented conversation treatment. To evaluate treatment effects, primary (Aphasia Communication Outcome Measure [ACOM]) and secondary outcome measures were examined at pretreatment, posttreatment, and 6 weeks posttreatment.

Results: The ACOM did not show significant changes in the planned omnibus analyses. Post hoc analyses suggested that the large group, but not dyad, treatment condition showed a treatment effect on the ACOM from pre- to posttreatment. Both treatment conditions showed changes on a measure of naming, and the dyads also showed improvement on a measure of repetition.

Conclusions: The study failed to show the effects of conversation treatment in the omnibus analysis, but there was evidence that conversation group treatment, delivered in a large group, is effective for people with chronic aphasia. This study also illustrated how manipulating the size of the group may alter the outcomes for individuals. The results of this study offer support for a *cost-effective* treatment option for PwA across the continuum of care.

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Aphasia is a communication disorder that affects up to 30% of stroke survivors. Conservative estimates suggest that 2.5 million Americans are living with this condition (Simmons-Mackie & Cherney, 2018). Aphasia is associated with greater disability compared to stroke patients without aphasia (Flowers et al., 2016; Gialanella et al., 2011) and has a negative impact on life satisfaction and quality of life (Cruice et al., 2003; Ellis & Peach, 2017; Hilari et al., 2012; Koleck et al., 2017; Lam & Wodchis, 2010; Shadden, 2005). In comparison to over 60 diseases and 15 health conditions in a large cohort of individuals living in long-term care, aphasia was reported as having the largest negative impact on health-related quality of life (Lam &

Correspondence to Gayle DeDe: gayle.dede@temple.edu. Elizabeth Hoover and Gayle DeDe contributed equally to this work. ***Disclosure:*** *The authors have declared that no competing financial or nonfinancial interests existed at the time of publication.*

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Cognitive neurology

OPEN ACCESS

RESEARCH PAPER

Efficacy of intensive aphasia therapy in patients with chronic stroke: a randomised controlled trial

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ABSTRACT

Objective Recent evidence has fuelled the debate on the role of massed practice in the rehabilitation of chronic post-stroke aphasia. Here, we further determined the optimal daily dosage and total duration of intensive speech-language therapy.

Methods Individuals with chronic aphasia more than 1 year post-stroke received Intensive Language-Action Therapy in a randomised, parallel-group, blinded-assessment, controlled trial. Participants were randomly assigned to one of two outpatient groups who engaged in either highly-intensive practice (Group I: 4 hours daily) or moderately-intensive practice (Group II: 2 hours daily). Both groups went through an initial waiting period and two successive training intervals. Each phase lasted 2 weeks. Co-primary endpoints were defined after each training interval.

Results Thirty patients—15 per group—completed the study. A primary outcome measure (Aachen Aphasia Test) revealed no gains in language performance after the waiting period, but indicated significant progress after each training interval (gradual 2-week *t*-score change [CI]: 1.7 [±0.4]; 0.6 [±0.5]), independent of the intensity level applied (4-week change in Group I: 2.4 [±1.2]; in Group II: 2.2 [±0.8]). A secondary outcome measure (Action Communication Test) confirmed these findings in the waiting period and in the first training interval. In the second training interval, however, only patients with moderately-intensive practice continued to make progress (Time-by-Group interaction: P=0.009, η^2=0.13).

Conclusions Our results suggest no added value from more than 2 hours of daily speech-language therapy within 4 weeks. Instead, these results demonstrate that even a small 2-week increase in treatment duration contributes substantially to recovery from chronic post-stroke aphasia.

INTRODUCTION

A long-standing controversy has surrounded the appropriate quantity of speech-language therapy (SLT) in the rehabilitation of chronic post-stroke aphasia. Although clinical research highlights the importance of massed practice in SLT,[1] the effective delivery of intensive regimens is not yet fully understood.[2] From a conceptual perspective, the outcome of intensive SLT may depend on two discrete features: (i) the amount of weekly practice, and (ii) the total duration of the training period. Literature reviews indeed suggest that a weekly dosage ranging from 5 to 10 hours, referred to as 'moderately-intensive', is sufficient to ensure significantly improved language performance on standardised aphasia test batteries.[3–5] However, studies so far do not offer insight into whether massed practice in a weekly dosage over and above 10 hours, referred to as 'highly-intensive', leads to further gains in SLT. Moreover, weekly practice and overall treatment duration are negatively correlated across studies, making it difficult to determine the influence of the training period on symptom recovery. The current work seeks to address both of these issues.

To date, surprisingly few studies have focused on the amount of weekly practice and duration of the training period in intensive SLT. A randomised controlled trial (RCT) indicated a superiority of Constraint-Induced Aphasia Therapy administered in a highly-intensive fashion (weekly practice: approximately 16 hours; duration: 2 weeks) over traditional, moderately-intensive SLT (weekly practice: 6–8 hours; duration: 4–5 weeks).[6] The design of this RCT balanced the total number of hours provided in each type of training, whereas it did not match the treatment protocols and clinical settings, such as the one-to-one or patient-group context, along with the selection and variety of therapists. Using well-matched treatment protocols and clinical settings, a subsequent non-RCT study revealed greater progress in language performance with moderately-intensive SLT (weekly practice: 6 hours; duration: 8 weeks) compared with highly-intensive SLT (weekly practice: 16 hours; duration: 3 weeks).[7] Still, this study did not randomly assign patients to the treatment groups, and therefore prevents definitive conclusions with regard to the ideal amount of weekly practice and duration of the training period.

Here, we present the first RCT evidence on the efficacy of Intensive Language-Action Therapy (ILAT, an expanded version of Constrained-Induced Aphasia Therapy requiring request and planning communication) applied with different degrees of massed practice (12 hours vs 6 hours per week). Both intensity levels reached the estimated minimum dosage of 5–10 hours weekly to assess the potential benefit of further daily practice in individuals with chronic post-stroke aphasia.[3–5] Apart from the intensity levels, the treatments were based on identical protocols, materials and procedures to overcome methodological problems of previous work. To explore the possible impact of treatment duration on symptom recovery, all patients went

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Research article

Exploring benefits of speech and language therapy interventions for post-stroke aphasia rehabilitation: A qualitative study

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ABSTRACT

Background: The ability to understand and use language is impacted in people with aphasia, often requiring Speech and language therapy interventions to improve their ability to communicate. Currently, there is limited information concerning the experiences of people with aphasia who have undergone speech therapy in many countries such as Ghana where the practice of speech and language therapy is still in its infancy. Such knowledge is known to enhance the uptake of speech and language therapy services and improve both quality and reach.

Objective: This study examines the perceived benefits of speech and language therapy interventions for people with aphasia in Ghana from the perspectives of those living with aphasia, their family members and Speech therapists. Additionally, this study sheds light on the interventions employed by Speech therapists in their pursuit of enhancing communicative competence among people with aphasia.

Design: We employed a qualitative research design with a purposive sampling technique to recruit seven people with aphasia together with a family member and five Speech therapists.

Participants: A total of 19 participants (7 people with aphasia, 7 family members and 5 Speech therapists) were recruited for this study.

Methods: A semi-structured interview guide was used. Interviews were audio recorded, transcribed, and subjected to thematic analysis employing the Interpretative Phenomenological Analysis approach, to explore and comprehend the participants' lived experiences.

Results: Our findings revealed that people with aphasia perceived speech and language therapy interventions to be beneficial as it enhanced their communication abilities as well as their quality of life. Family members of people with aphasia valued speech and language interventions as it gave them the opportunity to play a significant role in the recovery process of their family members with aphasia. Speech therapists described using a combination of impairment and functional/communication-based interventions to improve the communication skills and social participation of their clients with aphasia.

Conclusions: Findings of the study indicate that people with aphasia and their caregivers experience significantly negative impact on their communication and quality of life, underscoring

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Research report

Effects of Chinese idioms and short sentences on language and cognitive in stroke non-fluent aphasia

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ABSTRACT

This study aims to investigate how rehabilitation training using Chinese idioms and short phrases affects stroke patients with non-fluent aphasia's language recovery and daily communication abilities. Random assignments were made to place the 82 stroke patients with non-fluent aphasia either the intervention group (n = 41) or the control group (n = 41). In the realm of neurology, both groups received conventional treatment and rehabilitation. On the other hand, the intervention group received additional rehabilitation training that was concentrated on Chinese idioms and short phrases. The study findings indicated that the group being observed showed significant improvements in several areas including listening comprehension, paraphrasing, speaking, vocalization, reading, CADL score, FDA score, speech articulation, MPT, loudness, and MoCA following a four-week training session. Correlation analysis revealed substantial differences across the parameters, except for MPT and cloudiness. The results indicate that targeted language rehabilitation training that emphasizes Chinese idioms and short phrases may greatly improve listening, recounting, speaking, pronunciation, reading skills, as well as everyday communication and cognitive capacities.

1. Introduction

Stroke is the second most prevalent cause of mortality worldwide and the third most common cause of death and disability. It encompasses both ischemic and hemorrhagic variations. In China, the incidence of stroke grew by 106.0 % between 1990 and 2019, yet the fatality rate climbed by 32.3 % (Saini et al., 2021; Tu and Wang, 2023; Zhao et al., 2017). After a stroke, around 33 % of patients get secondary aphasia, and between 30 % and 42 % of these patients experience long-term aphasia (Grönberg et al., 2022; Vitti and Hillis, 2021). Even mild cases of aphasia may have a significant impact on patients' lives, leading to issues including unemployment, social isolation, depression, and a lower standard of living (Bullier et al., 2020; Filipska-Blejder et al., 2023; Chen et al., 2020). One common variety of aphasia is called non-fluent aphasia, which is characterized by slow speech pace, difficulties creating speech, and problems understanding grammar. Enhancing a person's language and communication skills, as well as their engagement in activities and overall participation in aphasia treatment and rehabilitation, all depend on speech and language therapy (Volkmer et al., 2020; You et al., 2023; Bai et al., 2022).

Idioms, as a sort of speech therapy material, are distinguished by their organized layout, distinct framework, memorable pronunciation, and succinct language. They have been extensively used in the domain of speech rehabilitation, demonstrating favorable therapeutic outcomes. Idioms are comprised of succinct and established phrases or idioms that have been in circulation for an extended period. Idiomatic short sentences, which are a kind of idiomatic phrase, may be easily incorporated into sentences, providing a wide range of grammatical functions and adaptable placement. This aids patients in transitioning to producing entire sentences (Godecke et al., 2016; Kesav et al., 2017; Pei et al., 2023; Liu et al., 2022).

Post-stroke non-fluent aphasia encompasses subtypes such as Broca's aphasia and transcortical motor aphasia (TMA), each with distinct linguistic profiles. For instance, Broca's patients exhibit relatively preserved comprehension but demonstrate agrammatism and articulatory struggle during idiom/short sentence reading, whereas TMA patients show predominant initiation impairment. This study targets shared articulatory-prosodic deficits across subtypes through standardized Chinese idiom paradigms.Examining the impact of idioms on the speech function, daily communication capability, and cognitive ability of stroke patients with non-fluent aphasia is the aim of this work.

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Pengaruh Pemberian Terapi AIUEO Terhadap Disartria Mototik Pada Pasien Stroke di RSUD Toto Kabila

The Effect of AIUEO Therapy on Motoric Dysarthria in Stroke Patients at Toto Kabila Regional Hospital

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ABSTRAK

Stroke merupakan salah satu penyakit degeneratif yang didefinisikan sebagai gangguan fungsional otak yang terjadi secara mendadak (dalam beberapa detik) atau secara cepat (dalam beberapa jam) dengan tanda dan gejala klinis baik fokal maupun global yang berlangsung lebih dari 24 jam. Tujuan penelitian ini yaitu untuk mengetahui pengaruh pemberian terapi AIUEO terhadap disartria motorik pada pasien stroke di RSUD Toto Kabila. Metode yang digunakan adalah penelitian kuantitatif dengan desain pra-eksperimenl menggunakan pendekatan one group pre-test dan post-test. Sampel berjumlah 10 responden yang dipilih melalui teknik purposive sampling. Hasil penelitian menunjukkan sebelum diberikan terapi AIUEO terdapat responden dengan gangguan bicara sedang sebanyak 7 responden (skala kemampuan bicara 3-5) dan pasien dengan gangguan bicara ringan sebanyak 3 responden (skala kemampuan bicara 6-7). Sedangkan setelah diberikan terapi AIUEO terdapat responden yang mengalami peningkatan yaitu gangguan bicara sedang sebanyak 2 responden (skala kemampuan bicara 3-5) dan responden dengan gangguan bicara ringan sebanyak 8 responden (skala kemampuan bicara 6-7). Kesimpulan terdapat pengaruh pemberian terapi AIUEO terhadap disartria motorik pada pasien stroke di RSUD Toto Kabila. Hasil statistik uji menggunakan paired t-test menunjukkan nilai signifikansi sebesar 0,000 (α < 0,05). Pemberian terapi AIUEO yang dilakukan selama 3 hari pada pagi dan sore dengan durasi 10-15 menit dapat meningkatkan kemampuan bicara.

ABSTRACT

Stroke is a degenerative disease defined as a functional brain disorder that occurs suddenly (within seconds) or rapidly (within hours) with clinical signs and symptoms, both focal and global, lasting more than 24 hours. The purpose of this study was to determine the effect of AIUEO therapy on motor dysarthria in stroke patients at Toto Kabila Regional Hospital. The method used was a quantitative study with a pre-experimental design using a one-group pre-test and post-test approach. The sample consisted of 10 respondents selected through a purposive sampling technique. The results showed that before AIUEO therapy, there were 7 respondents with moderate speech disorders (speech ability scale 3-5) and 3 respondents with mild speech disorders (speech ability scale 6-7). Meanwhile, after AIUEO therapy, there were respondents who experienced improvement, namely 2 respondents with moderate speech disorders (speech ability scale 3-5) and 8 respondents with mild speech disorders (speech ability scale 6-7). The conclusion is that AIUEO therapy has an effect on motor dysarthria in stroke patients at Toto Kabila Regional Hospital. The statistical results using a paired t-test showed a significance value of 0.000 (α < 0.05). AIUEO therapy, administered for 3 days in the morning and afternoon for 10-15 minutes, can improve speech ability.

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TERAPI AIUEO TERHADAP KEMAMPUAN BERBICARA (AFASIA MOTORIK) PADA PASIEN STROKE

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ABSTRAK

Tujuan dari penelitian ini yaitu untuk menganalisis pengaruh terapi aiueo terhadap kemampuan berbicara (afasia motorik) pada pasien stroke Di RSU Kertha Usada. Desain penelitian yang digunakan dalam penelitian ini yaitu pra eksperimental dengan rancangan *one group pre post test design*. Hasil penelitian didapatkan hasil data nilai rata-rata pre 3,61 dan niali rata-rata post 5,21. Hasil uji menggunakan uji *Paired t-test* didapatkan nilai p (0,000) < α (0,05). Simpulan, ada pengaruh terapi AIUEO terhadap kemampuan berbicara (afasia motorik) pada pasien stroke di RSU Kertha Usada.

Kata Kunci: Kemampuan Berbicara, Terapi AIUEO

ABSTRACT

The purpose of this study is to analyze the effect of aiueo therapy on speech (motor aphasia) in stroke patients at Kertha Usada General Hospital. The research design used in this study is pre experimental with one group pre post test design. The results of the study obtained the results of the average value of pre 3.61 and the average value of post 5.21. The test results using the Paired t-test obtained p (0,000) <α (0.05). Conclusion, there is an influence of AIUEO therapy on speech (motor aphasia) in stroke patients at Kertha Usada General Hospital.

Keywords: Speech Ability, AIUEO Therapy

PENDAHULUAN

Stroke merupakan suatu kelainan fungsi otak yang timbul secara mendadak dan terjadi pada siapa saja dan kapan saja. Penyakit ini menyebabkan kecacatan berupa kelumpuhan anggota gerak, gangguan berbicara, gangguan berfikir, emosional (Farida & Amalia, 2009). Stroke merupakan gangguan yang terjadi pada aliran darah khususnya aliran darah pada pembu-luh arteri otak yang dapat menimbulkan gangguan neurologis. Di Indonesia, diperkirakan setiap tahun sekitar 500.000 penduduk terkena serangan stroke dan sekitar 125.000 orang meninggal dan sisanya mengalami cacat ringan atau berat (Yastroki, 2011).

Menurut *World Health Organization* (WHO) tahun 2018 stroke merupakan salah satu masalah kesehatan yang utama didunia. Stroke menempati peringkat ketiga penyebab kematian, pada tahun 2013 terdapat 5,5 juta orang meninggal dan meningkat sebanyak 12% pada tahun 2018 yaitu sekitar 14 juta orang (WHO, 2018).

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The Effect of Speech Therapy with Hijaiyyah Letters on the Capability of Verbal Communication at Stroke Patients

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***Abstract*—The purpose of research to know the influence of speech therapy with hijaiyyah letters toward verbal communication ability at stroke patients. This research used experiment research method with one group pre test-post test design. Hypothesis that there is not difference was evidenced verbal communication skills after speech therapy. Samples in this study were stroke non haemorragic patients with aphasia symptoms in dr. Loekmono Hadi Kudus General Hospital from July to September 2019 as many as 20 patients. This study uses accidental sampling. Result there are significant difference on verbal communication ability respondent before and after being treatment by using speech therapy with hijaiyyah letters, with the result of statistic exam there is mark p; 0,000 (with α; 0,05). Suggest it is important to increase the treatment for stroke patients through giving complete information commit therapyst.**

Keywords—Speech Therapy, Hijaiyyah, Verbal Communication

I. INTRODUCTION

Stroke is a major cerebrovascular disorder in the United States and various countries in the world. Data on causes of death from the 1990s have shown that cerebrovascular diseases remain a leading cause of death. In 2001 it was estimated that cerebrovascular diseases (stroke) accounted for 5.5 million deaths world wide, equivalent to 9.6 % of all deaths[1]. Stroke is ranked as the second leading cause of death worldwide with an annual mortality rate of about 5.5 million. Not only does the burden of stroke lie in the high mortality but the high morbidity also results in up to 50% of survivors being chronically disabled.[2]

Stroke is a major cerebrovascular disorder in the United States and various countries in the world. Data on causes of death from the 1990s have shown that cerebrovascular diseases remain a leading cause of death. In 2001 it was estimated that cerebrovascular diseases (stroke) accounted for 5.5 million deaths world wide, equivalent to 9.6 % of all deaths[1]. Stroke is ranked as the second leading cause of death worldwide with an annual mortality rate of about 5.5 million. Not only does the burden of stroke lie in the high mortality but the high morbidity also results in up to 50% of survivors being chronically disabled.[2]

Data from Loekmono Hadi Kudus General Hospital there is an average of 36 stroke patients each month who are hospitalized. Of the average 60% of patients who experience aphasia with complaints of difficulty speaking, the tongue feels stiff and difficult to move (Medical Notes Kudus General Hospital).

Handling of aphasia in stroke patients depends on the severity of aphasia and accompanying stroke symptoms. Aphasia accompanied by paralysis in other parts of the body needs special therapy, including physiotherapy, occupational therapy, and speech therapy[4].Speech therapy is believed to increase 85% of language skills significantly, there are ongoing improvements also occur in these patients for 6 months. Research results from speech therapy, the researchers also found that an increase can occur regardless of the age of stroke patients or the severity of language disorders[5].

Based on the observations of researchers hijaiyyah letters are the letters often spoken by the majority of people in Kudus with the habit of pronouncing Arabic letters during prayer or reading the Qur'an. Hijaiyyah letters are more familiar in Kudus society so that they are easier said and taught. Hijaiyyah letters also involve more muscle movements rather than Latin letters. Preliminary survey of researchers in August 2019 at the Loekmono Hadi Kudus Hospital on 5 stroke patients who had aphasia when asked to pronounce hijaiyyah letters they felt easier and helped in restoring speech.

II. RESEARCH METHOD

This study uses an experimental research method with one-group pre-test-post-test design (Sugiono, 2010). The design of this study was to measure the ability of speech before speech therapy was carried out using hijaiyyah letters and the measurement of speech ability again using the Tadir Test afterwards. Speech therapy using hijaiyyah is done for 10 times therapy for 5 consecutive days.

The population in this study were stroke patients at the Loekmono Hadi Kudus General Hospital with an average of 36 patients a month. The sample of this study uses

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PENGARUH TERAPI AIUEO TERHADAP KEMAMPUAN BICARA PASIEN STROKE YANG MENGALAMI AFASIA MOTORIK

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ABSTRAK

Tujuan dari penelitian ini untuk mengetahui pengaruh terapi AIUEO terhadap kemampuan bicara pasien stroke yang mengalami afasia motorik di RSUD Raja Ahmad Thabib Tanjungpinang. Desain penelitian yang digunakan adalah *quasi experimen* dengan pendekatan *nonequivalent control group design*. Hasil penelitian menunjukkan terdapat perbedaan yang bermakna kemampuan fungsional komunikasi antara kelompok kontrol dan perlakuan dengan nilai p < 0,05 (p = 0,007 pada a = 0,05) dengan menggunakan uji statistik *wilcoxon test*. Simpulan, adanya pengaruh terapi AIUEO terhadap kemampuan bicara pasien stroke dengan afasia motorik pada kelompok perlakuan dan kelompok kontrol di RSUD Ahmad Thabib Tanjungpinang.

Kata Kunci: Kemampuan Bicara, Stroke Afasia Motorik, Terapi AIUEO

ABSTRACT

The purpose of this study was to determine the effect of AIUEO therapy on the speech ability of stroke patients who have motor aphasia in Raja Ahmad Thabib Hospital Tanjungpinang. The research design used was quasi experiment with the Nonequivalent Control Group Design approach. The results showed that there were significant differences in the functional ability of communication between the control and treatment groups with a value of p <0.05 (p = 0.007 at a = 0.05) using the Wilcoxon Test statistical test. Conclusion, the influence of AIUEO therapy on the speech ability of stroke patients with motor aphasia in the treatment and control groups at Ahmad Thabib Hospital Tanjungpinang.

Keywords: Speech Ability, Motor Aphasia Stroke, AIUEO Therapy

PENDAHULUAN

Stroke merupakan kelainan fungsi otak yang timbul secara mendadak dan terjadi pada siapa saja kapan saja. Penyakit ini menyebabkan kecacatan berupa kelumpuhan anggota gerak, gangguan bicara, proses pikir, sebagai akibat gangguan fungsi otak (Muttaqin, 2011). Penyebab penyakit stroke salah satunya karena tingginya tekanan darah, akibat lebih tinggi tekanan darah, lebih besar jumlah kerusakan vascular dan dapat memicu pecahnya pembuluh darah (Padila, 2012).

Menurut *World Health Organization* (WHO) tahun 2018 stroke merupakan salah satu masalah kesehatan yang utama didunia. Stroke menempati peringkat ketiga penyebab kematian, pada tahun 2013 terdapat 5,5 juta orang meninggal dan meningkat sebanyak 12% pada tahun 2018 yaitu sekitar 14 juta orang (WHO, 2018).

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PENERAPAN TERAPI BICARA (AIUEO) DALAM PENINGKATAN KEMAMPUAN BICARA PADA PASIEN STROKE DENGAN AFASIA MOTORIK

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Keywords:

AIUEO Therapy, Motor Aphasia, Stroke

ABSTRACT

Introduction*: Stroke is a disruption of the blood supply to the brain which usually leaves residual symptoms or impacts, namely several disorders, one of which is communication disorders or often called motor aphasia which is characterized by symptoms in the form of slurred speech, dysarthria, and also appears to be making an effort to speak but lacks auditory comprehension and reading is not disturbed. AIUEO speech therapy is a therapy that can help improve speech abilities in stroke patients with motor aphasia.* ***Objective:*** *To determine the effect of applying AIUEO Speech Therapy to stroke patients with motor aphasia in improving speech abilities and also overcoming patient problems with communication disorders.* ***Method:*** *This case study model is descriptive with two respondents. Data collection methods include interviews, subjective and objective observations. Results: The results of this case study show that after AIUEO therapy was implemented, there was also an effect of increasing verbal communication on both subjects.* ***Conclusion:*** *it can be concluded that by implementing AIUEO therapy there is an increase in verbal communication in stroke patients with motor aphasia.*

Kata Kunci:

Terapi AIUEO; Afasia Motorik; Stroke

ABSTRAK

Pendahuluan: Stroke merupakan gangguan suplai darah pada otak yang biasanya meninggalkan gejala sisa atau dampak yaitu beberapa gangguan salah satunya gangguan komunikasi atau sering disebut afasia motorik yang ditandai gejala berupa bicara tidak lancar, disartria, dan serta nampak melakukan upaya bila hendak berbicara namun pemahaman auditif dan membaca tidak terganggu. Terapi bicara AIUEO yang merupakan salah satu terapi yang dapat membantu meningkatkan kemampuan bicara pada pasien stroke dengan afasia motorik. **Tujuan:** Untuk mengetahui pengaruh penerapan Terapi Bicara AIUEO pada pasien stroke dengan afasia motorik dalam meningkatkan kemampuan bicara dan juga mengatasi masalah pasien dalam Gangguan komunikasi. **Metode:** Model studi kasus ini bersifat deskriptif dengan dua respondn. Metode pengumpulan data meliputi wawancara, observasi subjektif dan objektif. **Hasil:** Hasil studi kasus ini memaparkan bahwa setelah dilaksanakan Terapi AIUEO terdapat pengaruh juga peningkatan komunikasi verbal pada kedua subyek. **Kesimpulan:** dapat disimpulkan bahwa penerapan implementasi terapi AIUEO terdapat peningkatan komunikasi verbal pada pasien stroke dengan afasia motorik.

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Lampiran IV: Lembar Bimbingan

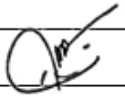
Lembar Bimbingan Pembimbing 1

PENDIDIKAN PROFESI NERS
FAKULTAS ILMU KESEHATAN
UNIVERSITAS GALUH

LEMBAR KONSULTASI

Nama Mahasiswa : Rofi Rofi'ah
NIM : 1490125050
Pembimbing I : Siti Rohimah, S.Kep., Ners., M.Kep
Judul : Efektivitas *Speech And Language Therapy* (SLT) terhadap Afasia motorik Pada Pasien Stroke

No	Hari/Tanggal	Saran	Paraf
1.	Kamis, 30 April 2026	Konsultasi terkait judul Karya Ilmiah Akhir Ners (KIAN)	
2.	Rabu, 13 Mei 2026	**Bimbingan Bab I-V KIAN** BAB I Pendahuluan - Judul disederhanakan, kapitalisasi konsisten. - Lengkapi tanggal, tanda tangan, NIK, dan format jabatan. - Periksa tata letak daftar isi & nomor halaman. - Latar belakang lebih fokus ke afasia motorik, bukan stroke umum. - Susun alur logis: stroke → afasia motorik → dampak → SLT → research gap. - Tambahkan research gap yang jelas. - Disederhanakan: "Bagaimana efektivitas SLT terhadap afasia motorik pada pasien stroke berdasarkan studi literature review?" - Tujuan umum: analisis efektivitas SLT. - Tujuan khusus: fokus pada sintesis evidence, bukan penelitian primer. BAB II Tinjauan Pustaka - Fokus pada stroke terkait afasia, afasia motorik, SLT, prinsip & metode SLT. - Kurangi pembahasan stroke umum & komplikasi tidak relevan. - Tambahkan indikator keberhasilan terapi, parameter komunikasi verbal, implikasi keperawatan. BAB III Metode Penelitian - Jelaskan alasan pemilihan database (PubMed, ScienceDirect, Google Scholar). -	

		- Konsisten batasan waktu (2018–2025). - Boolean search lebih sistematis. - PICOS: gunakan "usual care" atau "without comparator". - PRISMA: angka konsisten dengan narasi - Critical appraisal: justifikasi cut-off 50% & jenis checklist JBI. BAB IV Pembahasan - Tabel rapi, tapi perlu sintesis antar penelitian (persamaan, perbedaan, implikasi klinis). - Gunakan subjudul: efektivitas SLT, jenis SLT, intensitas, peran keluarga, implikasi keperawatan, keterbatasan penelitian. BAB V Penutup - Kesimpulan harus menjawab tujuan penelitian langsung. - Contoh: "Sebagian besar studi menunjukkan SLT efektif meningkatkan komunikasi verbal pada pasien stroke dengan afasia motorik."	
3.	Selasa, 19 Mei 2026	Masukan Hasil Bimbingan - Research gap masih lemah → tambahkan paragraf khusus tentang keterbatasan studi sebelumnya & variasi hasil SLT. - Masih terlalu panjang & deskriptif. - Ringkas ±25%, fokus pada afasia motorik, komunikasi verbal, SLT. - Kurangi detail epidemiologi, faktor risiko, manifestasi stroke yang tidak relevan. - Tahun publikasi tidak konsisten (gunakan 2018–2025). - Study design masih rancu → gunakan istilah akademik (RCT, quasi, pre-experimental, qualitative, case study). - PRISMA belum detail → jelaskan duplikasi, artikel tidak sesuai, dll. - JBI appraisal → gunakan pembulatan persentase, jelaskan checklist sesuai desain.	
4.	Rabu, 20 Mei 2026	ACC	

Lembar Bimbingan Pembimbing 2

PENDIDIKAN PROFESI NERS
FAKULTAS ILMU KESEHATAN
UNIVERSITAS GALUH

LEMBAR KONSULTASI

Nama Mahasiswa : Rofi Rofi'ah
NIM : 1490125050
Pembimbing I : Gita Cahyani, S.Tr.Kep., Ners., M.Tr.Kep
Judul : Efektivitas *Speech And Language Therapy* (SLT) terhadap Afasia motorik Pada Pasien Stroke

No	Hari/Tanggal	Saran	Paraf
1.	Rabu, 13 Mei 2026	- Tanda titik disimpan setelah penempatan referensi mendley, jika diakhir kalimat. Misalnya : (Jannah et al., 2020). (Ubah semua tanda titiknya) - Setelah paragraf ini seharusnya langsung ke data prevalensi stroke dari WHO, Indonesia, Riskesdas, dan Jawa Barat jika ada. - Hapus saja biar lebih ringkas, setelah pemaparan masalah stroke langsung saja ke pemaparan data prevalensi stroke dari mulai WHO sampai jabar jika ada - Di awal kalimat tidak boleh menggunakan kata di atau kata sambung lainnya. Jadi kalimat ini harus di parafrase misalnya "Prevalensi stroke di Indonesia terus meningkat dan menjadi salah satu penyebab kematian dan kecacatan tertinggi - Penjelasan ini cukup nanti saja jelaskan dibab tinjuan pustaka, karena di latarbelakang tidak boleh terlalu panjang cukup ringkas asalakan sudah memuat masalah, data, dampak yang ditumbukan, gap, dan solusi - Setelah paragraf ini masukan hasil penelitian sebelumnya terkait pengaruh SLT (cukup satu jurnal saja secara ringkas intinya) - Lihat lagi di buku panduan kian, apakah tujuan khusus perlu untuk di literatur review? - Lampirkan SOP SLT - Tambahkan kerangka teori nya, biar lebih bagus - Di outcome, apa yang diharapkan? Apakah penurunan afasia motorik ? Atau peningkatan kemampuan bicara? Harus disebutkan secara jelas - Diawal paragraf tidak boleh menggunakan kata sambung, karena kalo kalimat sambung harus nyambung dari paragraf sebelumnya	

		- Tambahkan juga berdasarkan analisis jurnal terapi SLT ini dilakukannya berapa kali frekuensinya atau durasi berapa - Jangan dituliskan berdasarkan hasil penelitian, karena anda tidak melakukan penelitian secara langsung tapi litrev - Sarannya buat tiga point, untuk pasien/penderita stroke, pelayanan kesehatan, dan untuk penelitian selanjutnya	
2.	Selasa, 19 Mei 2026	- Kalimat penutup akhir tidak perlu diberi referensi - Sebelum ke rumusan masalah buat narasi terlebih dahulu, misalkan berdasarkan latabelakang, maka rumusan masalah penelitian ini adalah - Ada tidak SOP terkair SLT ini, dan intensitas, frekuensi atau pemberiannya berapa kali berdasarkan pedoman atau jurnal penelitian sebelumnya - Berikan keterangan 2.1 Kerangka konsep dibawah gambar selain sumber referensinya - Semua jurnal harus masuk dipembahasan terutama tentang efektifitas SLT. Misalkan berdasarkan kajian 10 jurnal apakah semuanya itu menujukkan signifikat berpengaruh, atau jika ada beberapa jurnal yanng tidak menujukkan berpengaruh juga harus dicantumkan atau dibahas. Serta penjelasan harus scecara menyeluruh terutama terapi SLT ini kebanyakan jurnal merekomendasikan berapa kali dilakukan, atau frekuensinya agar bisa berpengaruh ke afasia. - Sebutkan jumlah jurnalnya berapa yang dianalisis, dan jurnal yang menunjukkan signifikan berapa dan yang tidak berapa, jika semuanya hasilnya signifikan berarti cukup cantumkan berdasarkan kajian 10 jurnal menujukkan hasil signifikan semuanya - Saran buat perpoint, (bagi pasien, bagi rs, bagi penelitian selanjutnya)	
3.	Kamis, 28 Mei 2026	ACC	

Lampiran V: CV

Rofi Rofi'ah
Ciamis, Jawa Barat| +62 812 2058 3978| rofirofiah2021@gmail.com

Profil

Mahasiswa S1 Keperawatan dari Universitas Galuh yang berdedikasi dalam memberikan perawatan pasien dengan empati dan keahlian klinis. Memiliki pemahaman kuat mengenai prinsip-prinsip keperawatan dan dapat bekerja tim multidisiplin untuk mencapai hasil yang optimal. Mampu bekerja secara efektif dalam tim dan mengutamakan keselamatan maupun kenyamanan pasien.

Pendidikan dan Pelatihan

SDN 1 Awiluar	2009-2015
MTsN 2 Ciamis	2015-2018
SMK Farmasi Pasundan Kawali	2018-2021
Universitas Galuh	2021-2025
S1 Keperawatan (IPK 3.91/4.00)	
Pelatihan BTCLS (*Basic Trauma Cardiac Life Support*)	2024

Pengalaman

Sekretaris Umum Himpunan Keperawatan (HIMAKep)	2022-2023
Sekretaris Umum Badan Eksekutif Mahasiswa (BEM) Fakultas	2023-2024
Ketua Umum DPM Fakultas Ilmu Kesehatan	2024-2025
Praktik Belajar Lapangan I (RSUD Doktor Soekardjo)	2022
Praktik Belajar Lapangan II (RSUD Doktor Soekardjo)	2023
Praktik Belajar Lapangan III (RSUD Doktor Soekardjo dan RSUD Banjar)	2024

Keahlian

Bahasa Indonesia Fasih

Bahasa Inggris (TOEFL: 563)

Mampu Pengoperasikan Ms.Office (Ms.Word, Ms.Excel, Ms.Power Point)

Kempampuan Personal (Disiplin, mamppu berkomunikasi, bekerja sama, problem solving, percaya diri, teliti)

Tindakan Keperawatan