

Adapting Patient-Provider Communication with Individuals with Communication Disorders

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Agenda

- Discuss importance of effective communication with patients with communication disorders (CDs)
- Discuss strategies to improve communication interactions with these patients
- Provide demonstrations of these strategies to facilitate their use in your practice



Patient-Provider Communication
for Individuals with
Communication Disorders:

Rationale



Why Focus on Patient-Provider Communication with People with CDs?

- People with CDs are a *highly vulnerable* population in healthcare
 - Higher risk of medical complications and errors
- People with CDs report less satisfaction with healthcare services they receive
- Physicians report difficulty diagnosing and prescribing treatments for those with severe CDs



Barriers to Accessible Healthcare

(Murphy, 2006; McCooley et al, 2000)

- Time
- New / unfamiliar information
- Multiple unfamiliar people
- Maze of healthcare facilities / logistics
- Lack of quiet and private places for conversations
- Confusing paperwork (consent forms / billing)
- Lack of health care provider (HCP) knowledge and training for communication
- Misunderstandings about the communication and intellectual competence of patients



Adapting Patient-Provider Communication to People with CDs

- Use what you already know about effective patient-provider communication (i.e. building rapport, setting agendas, reaching agreement, etc.)
- Incorporate different *techniques* for achieving these communication goals
- Remember communication extends beyond the face-to-face conversation with you:
 - Other healthcare and office staff
 - Written educational and other materials
 - Communication outside of office visits (phone calls / emails)

F

- **Familiarize** yourself with the patient's communication needs

R

- **Reduce** communication demands on the patient

A

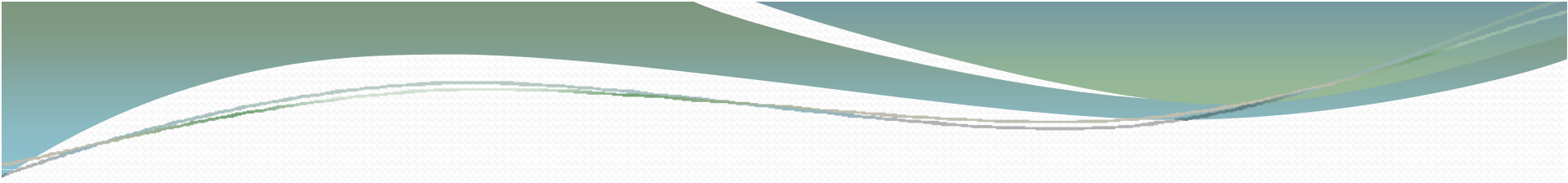
- **Allow** extra time for the patient to communicate (slow down)

M

- **Multiple modalities** of communication (i.e. gestures, writing, drawing)

E

- **Engage** the patient directly



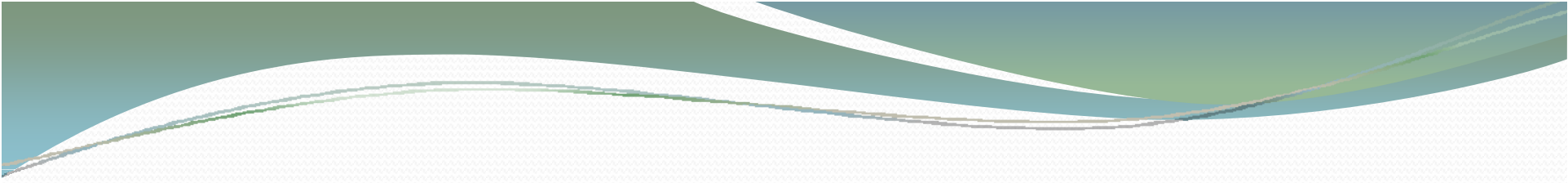
Patient-Provider Communication
for Individuals with
Communication Disorders:

Language Disorders



Strategies for interacting with people with language disorders

- Talk to patient (not caregiver), when appropriate
- Use short, simple phrases – concrete language
- Signal a change in topic
- Use logical gestures (not sign language)
- Use writing and drawing to supplement verbal communication
- Use meaningful facial expressions
- Point at contextual cues
- Use communication aids (low or high tech AAC)



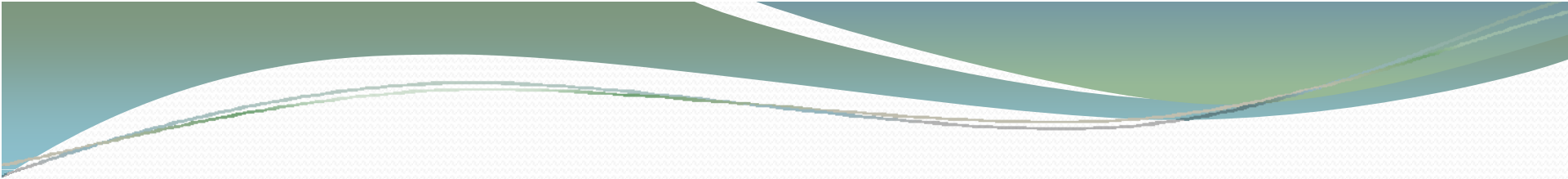
Patient-Provider Communication
for Individuals with
Communication Disorders:

Cognitive-Communication
Disorders



Strategies for People with Cognitive Disorders

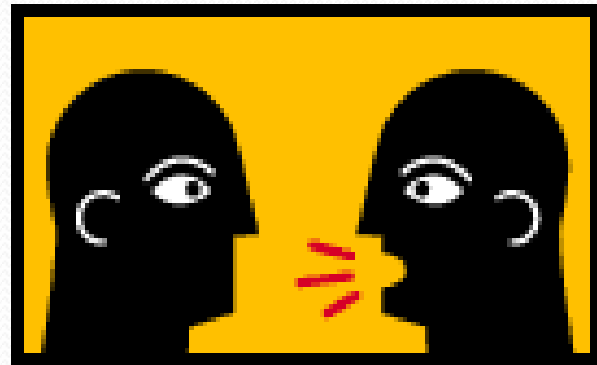
- Speak in shorter chunks of *concrete* information
- Signal a change in topic or activity
- Supplement your speech with written /drawn information
- Use memory and organization aids – and help patient to do so as well
- Double-check information with patient to ensure comprehension



Patient-Provider Communication
for Individuals with
Communication Disorders:

Speech Disorders and
Augmentative and Alternative
Communication (AAC)

People assume
that because I
can't talk well, I
can't think...





Strategies for People with Speech Disorders

- Allow more time for patients to speak
- Let them know when you don't understand them or what part you didn't understand
- Be flexible to try different strategies if you don't understand the person
 - Ask yes / no or multiple choice questions
 - Ask them to write words you don't understand
 - Use alphabet board or other low or high tech Augmentative and Alternative Communication (AAC) device



AAC: Augmentative and Alternative Communication

- Use of any other method besides speaking to communicate a message
 - Can augment (assist) speech or be an alternative to speech
 - For individuals with speech disorders
 - Can also have cognitive and language disorders
- Use in multiple environments with wide range of individuals



Options

- No Tech
 - Gestures
 - Facial expressions
- Low tech
 - Pencil and paper
 - PECS
 - Alphabet board
 - Etran
- High Tech
 - Typically electronic devices
 - Insurance term - Speech generating device (SGD)

PECS



Etran



- ECO Point by Prentke Romich Company



Proloquo 2 Go



- Tobii8 by ATI Tobii



- LightWriter



- Xpress by DynaVox





Patient-Provider Communication
for Individuals with
Communication Disorders:

Hearing Disorders



Strategies for hearing disorders

- Be sure hearing aides are in place and working
- Eliminate background noise and be sure there is adequate lighting so the patient can see you
- Have the patient face you to see your lips and facial expressions
- Use shorter phrases with a slightly slower speech rate
- Remember louder is not always better
- Supplement speech with written /drawn information
- Allow extra time for the patient to process information
- Double-check information to ensure comprehension

F

- **Familiarize** yourself with the patient's communication needs

R

- **Reduce** communication demands on the patient

A

- **Allow** extra time for the patient to communicate (slow down)

M

- **Multiple modalities** of communication (i.e. gestures, writing, drawing)

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- **Engage** the patient directly



“FRAMEing” a Medical Encounter

- Follow the same recommended steps in a medical encounter to encourage PPC and shared decision-making
 - Setting the stage
 - Gathering information
 - Sharing information
 - Reaching agreement and providing closure
- Incorporate the FRAME strategies with EACH step to meet the needs of patients with communication disorders



Setting the Stage

- Greet patient and introduce yourself as you would with any other patient
- Ask about patient's preferences for communication
- Establish a reliable method of communication
- Make sure any assistive devices (i.e. glasses, hearing aides, AAC devices) are in place and working
- Reduce background noise and distractions
- Be sure communication materials (i.e. paper, pen, alphabet board) are readily available



Gathering Information

- Reduce the communication burden on client
- Encourage the patient to ask questions or express concerns
- Use short phrases, simple language, and reduced rate of speech when asking questions
- Be flexible to try different ways of communicating (including materials, AAC devices, etc)
- Allow the patient extra time to respond
- Pay attention to nonverbal communication attempts
- Do NOT pretend to understand the patient



Sharing Information

- Use short phrases, simple language, and reduced rate of speech when providing information
- Be flexible to try different ways of communicating (gestures, writing/drawing, etc)
- Ensure written materials are accessible
- Allow the patient extra time to process information
- Check periodically for the patient's understanding
- Periodically re-evaluate the effectiveness of communication strategies used



Reaching Agreement and Providing Closure

- Check to be sure all patients' questions/concerns have been addressed
- Summarize main points of the encounter that have been discussed
- Be sure information that you have given client is “backed up”
- Schedule longer or more frequent follow-up visits as needed



Throughout the Encounter

- Give the client your full attention including making eye contact and facing them
- Keep communication tone natural and respectful – not patronizing
- Encourage the patient to express feelings, opinions, questions, etc.
- Allow extra time for comprehension and expression
- Speak to the patient first
- Ask the patient if it is ok to have a family member help with communication (if one is present)
- Use the family member as you would an “interpreter”



The *Complete* Healthcare Experience

- Do all staff in your office know how to interact with your patients with communication disorders?
- Are signs / instructions in your office easy to interpret with pictures *and* words?
- Do you have materials easily available for staff and patients to help with communication (i.e. white boards with markers, alphabet or picture boards)?
- Are your written materials (educational materials / consent forms etc.) accessible for people with language and/or cognitive disorders?

Example of a speech pathology report

31 March 2006



Dear [insert client's name]

You came to speech therapy for ten (10) weeks.

You did individual speech pathology work with [insert speech pathologist's name].

You also worked in a group. There were six (6) people in the group with aphasia.

In individual work you practised:

• using money



• understanding time



You are better at reading the bus timetable. You now buy your bus ticket.



In group work your social talking has got better.

- You tell people about yourself
- You are good at telling jokes
- You ask people questions
- You know more about aphasia

You can call [insert name] if you want talk about speech pathology.



Phone number: XX XXXX XXXX

Kind regards

[Insert student clinician's name]
3rd year speech pathology student



← numbers

← spacing

← photographs

← bullet points

← photo signature

Worrall, L., Davidson, B., Howe, T., & Rose, T., (2007). Clients as teachers: Two aphasia groups at The University of Queensland. In Elman (Eds). *Group treatment of neurogenic communication disorders: The expert clinician's approach 2nd Ed.* Plural Publishing.



Speech Pathology Services

- Swallowing assessment and intervention
- Communication assessment and intervention
 - New onset communication disorders
 - Existing communication disorders where communication needs not met or change in status
 - Evaluate all communication modalities as well as cognition as it relates to communication
 - Identify strategies to assist communication in immediate environment and train patient / family / staff
 - Establish goals and recommendations for longer-term intervention program



To wrap up....

- Effective communication between patients and HCPs is important to provide high quality services.
- Communication disorders can interfere with the effectiveness of this communication.
- Using strategies to facilitate communication can improve the quality and efficiency of services you provide to patients.
- It is our responsibility as HCPs to make accommodations for patients with communication disorders



Top 10 List for Providers (Morris, 2011)

1. Do not underestimate my cognitive level, and treat me like other patients.
2. Everyone is different and you need to recognize the uniqueness of each patient.
3. Be flexible.
4. Ask “What is the best way to communicate with you?”
5. Be patient, slow down, wait, and listen.
6. Shut up and be quiet.
7. Talk directly to me and look at me in the face.
8. Ask questions and admit when you don’t understand.
9. Do a better job of explaining treatments.
10. Utilize other communication methods such as email or text messaging.



Thank you!

Questions?