

How to Communicate Effectively with Patients in the Hospital Setting

Juli Trautman Pearson, MS, CCC-SLP

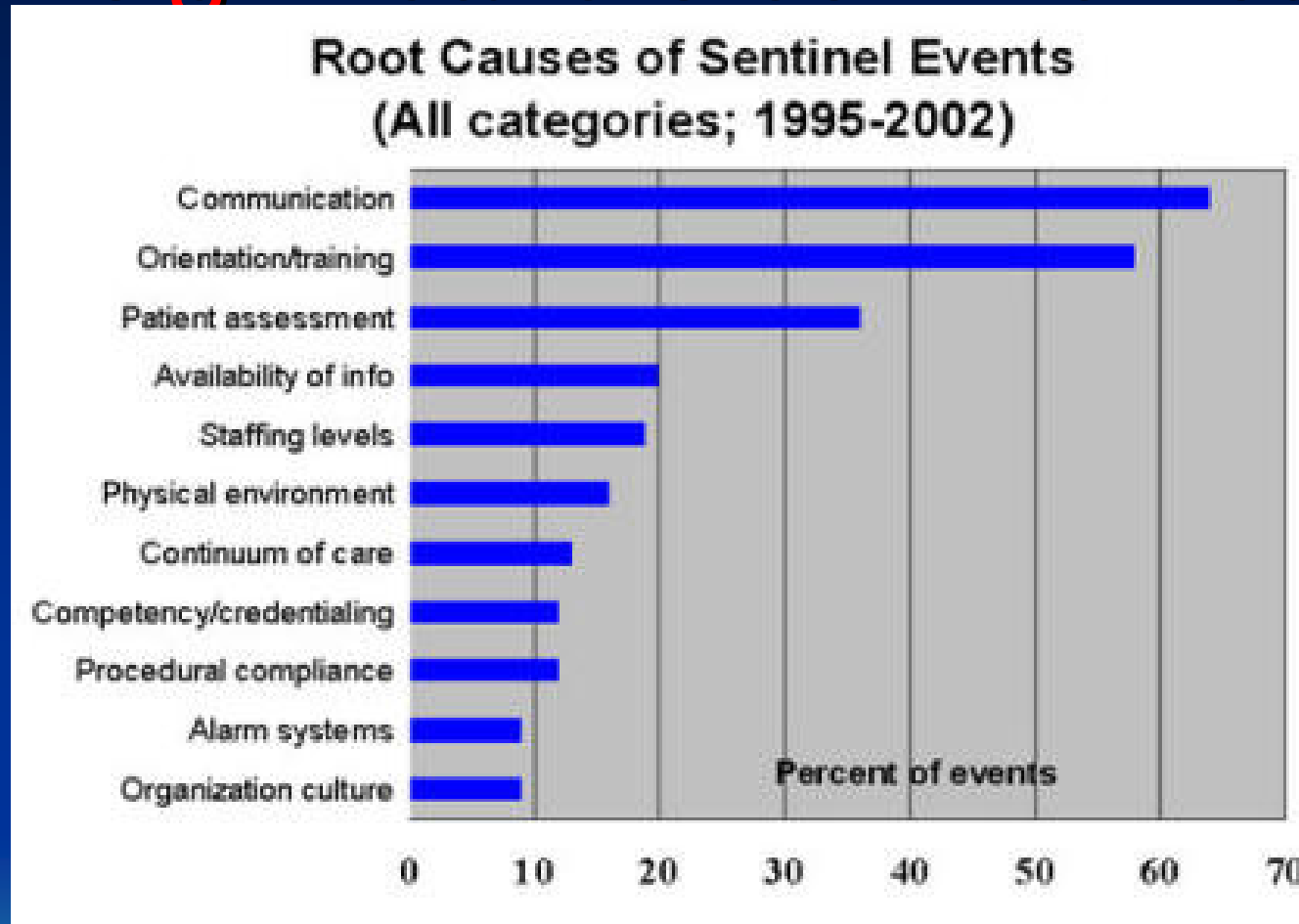
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Boulder, CO

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Objectives

- Review nature of communication in health care settings
- Define “communication vulnerability”
- Identify tools and strategies to facilitate communication effectiveness between patients and providers

How significant is communication?



Poor communication is common cause of errors - Joint Commission on Accreditation of Healthcare Organizations - Brief Article

HealthCare Benchmarks and Quality Improvement, August, 2002

Nature of Communication in the Health Care Setting

- Reduced overall functioning
- Unfamiliar environment
- Rapid communication, not always their 1^o language
- Critical decision making
- Pain or discomfort issues
- Hearing aides, dentures & glasses not always in-place
- Medications and/or trauma alter their state
- Temporary mechanical ventilation
- Suboptimal positioning for communication (in bed)

Test Your Knowledge

True or False

Communication is not significantly impacted for the majority of patients that are admitted to the hospital.

...and the answer is...

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False

The majority of patients in the hospital have some limits in communication. This can be due to unfamiliarity, medications, pain or discomfort, medical procedures, and/or a new diagnosis.

It is our role as health care providers to ease communication barriers (speech, hearing, visual) and help patients participate in their care to the extent they are able.

What Leads to Communication Vulnerability?

Communicating with suboptimal conditions:

- **Skill Level** (Speech/ Language/ Hearing/ Vision/...)
- **Tools** (No hearing aides, glasses, dentures, etc.)
- **Environment** (noisy, unfamiliar, position, lighting...)
- **Different Language/ Culture**
- **Partners** (unfamiliar, rapid rate, “white coats”...)

The term “Communication Vulnerable” was first described by Patak, Wilson-Stenks, Costello, Klinpell Person, Hennerman & Happ

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What areas can **we enhance**...

Promote **optimal** conditions:

- **Tools***
- **Environment***
- **Primary Language/ Culture***
- **Partners***

Patient Communication Tools

- **Glasses:** Ensure patients have access to their reading glasses whenever reading documents.
- **Hearing Aides:**
 - Ensure these are in place and properly working during conversations if/ when possible
 - Whenever these are not in place they should be stored in a NON-airtight container (airtight containers will cause damage and/or destruction)

Tools We Can Provide

- Adaptive Equipment Tool Kits are available hospital wide
- Tool kits provide BASIC tools to help enhance patients communication (reading, writing, communication, hearing)
- Ask your department manager as to the location of the tool kit in your area



Adaptive Equipment Tool Kits

**Hearing Aid
Trouble Shooting
Guide**

**Pocket Talker
Amplifier**



**Modified
Call Bell**



**Spanish to English
Translation cards for
common phrases**



**Clipboard & Dry Erase Board
with "Writing Strategies"**



**Communication Boards
(Spanish/ English)**

**- Vidatak
(EZ Communicator)**

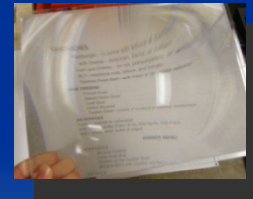


- Critical Communicator

**- Health Care
Communication Board**



Magnification Sheet



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How to Guide

There is a “how to” guide in each of the tool kits. The next several slides illustrate the “how to” guide, such that all staff are familiar with instructions, application and cleaning of each tool.



Pocket Talker

The Pocket Talker is a helpful tool for people with hearing loss, who benefit from amplification.

Instructions: Place ear piece in patients ear, gradually adjust volume to adequate level, as you speak into microphone.
Consult Audiology if needed.

Warning: If the ear piece gets too close to the speaker there will be loud feedback. If the patient requires the volume to be over 3 (rare) only use for brief periods (e.g. <2 hrs./ day)

Cleaning: Wipe down entire device with a sanitizing wipe before and after each patient. If “droplet precautions”, replace the microphone cover. If foam earphone covers are used, replace these between patient use.

The pocket talker can be used for TV amplification....see the “how to guide” for instructions

Pocket Talker— TV Amplification

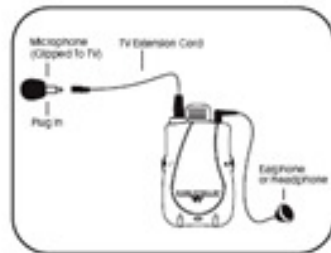
(Extension Cord)

TV LISTENING

The optional TV Listening Kit includes a 12 foot cord (WCA 007) to extend the POCKETALKER® ULTRA microphone. To use the POCKETALKER® ULTRA for TV listening:

1. Unplug the microphone from the top of the unit and plug it into the extension cord. Arrange the cord to reach the loudspeaker of the TV and plug the other end into the POCKETALKER® ULTRA.

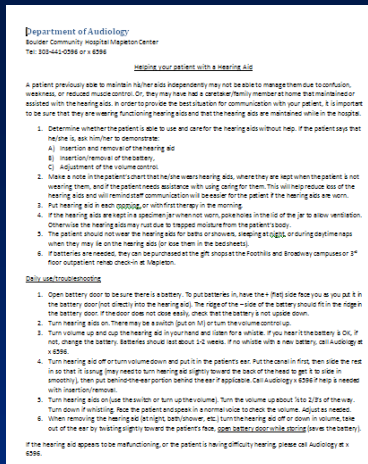
EXTENDING THE MIC FOR TV LISTENING



PLACEMENT OF MIC CLIP ON TV



2. Attach one of the self-adhesive plastic clips to the TV, near the loudspeaker, as shown in the illustration.
3. Press the microphone into the plastic clip.
4. Turn on the TV and the POCKETALKER® ULTRA. Adjust the volume on both as needed.



Hearing Aide Trouble Shooting Guide

This guide is to help staff help their patient's with BASIC trouble shooting tips for hearing aides and battery information

Instructions: If a patient has a hearing aide that isn't working, or that you're not sure if it's working, use this guide to figure out some basic steps to try.

Cleaning: This sheet is for staff only. It should not be set down in a patient room for infection control purposes.



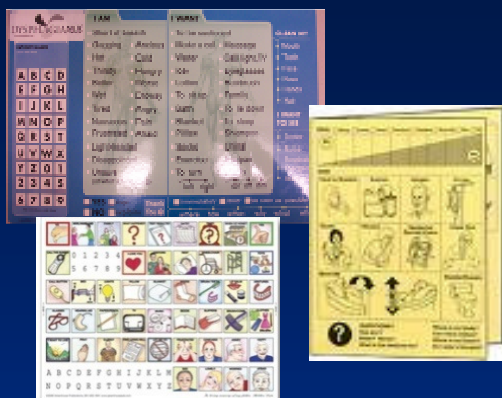
Modified Call Bell

The “pancake” or “flat” call bell is helpful for patients with limited: fine-motor dexterity, vision or cognition.

(The grommet at the top can be used to pin or tie the call bell in place at an appropriate access point for the patient (e.g. it may be pinned onto their pillow or tied to the bed rail).

Instructions: See “how to” book for info on how to plug call bell in for various types of beds. Biomed engineering may be of assist. If pt. cannot use this call bell, consider consult to OT &/or SLP.

Cleaning: Wipe down entire call bell and cord with a sanitizing wipe before and after each patient.



Communication Boards

...can be helpful for people who aren't able to verbalize and/or have severely slurred speech. Word boards (for literate patients) and picture boards (for illiterate) are available.

Instructions: Review the board with the patient. Practice with them to make sure that they can see & understand it, & point accurately to the words/ pictures. If they cannot easily use the board, try a picture board. If they are still having trouble communicating, obtain an MD order and consult Speech Therapy.

Cleaning: These boards are one-time use boards and should not be used between patients due to infection control.

Spanish-with-English-Subtitles Word & Picture Board



...can be helpful for people who speak Spanish. Words are in Spanish with translation beneath.

Instructions: Review the board with the patient (ideally with an interpreter present the first time). Practice with them to make sure that they can see & understand it, & point accurately to the words. If they cannot easily use the board, try the picture board. If they are still having trouble communicating, consult Interpretation Services, and/or Speech Therapy.

Cleaning: These boards are one-time use boards and should not be used between patients due to infection control.

*****This does NOT replace the role of an interpreter, rather augments communication for basic needs when an interpreter is not present**

Writing Board- Dry Erase Board w/ Writing Strategies



...can be helpful for patients who cannot verbalize. Because of weakness, debilitation, and suboptimal positioning writing can be less successful in the hospital. See “Writing Strategies” affixed on the back.

Instructions: (see “Writing Strategies”). If they cannot write, try a word or picture board. If they are still having trouble communicating, consult Speech Therapy.

Other Uses: When explaining medical conditions, procedures, etc., drawing key concepts or writing key words can be a helpful tool to increase comprehension. This can be particularly helpful for individuals with aphasia.

Cleaning: Use sanitation cloth. Wipe entire board before & after pt use.

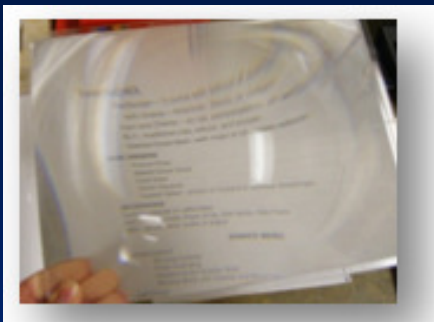


Spanish to English Translation Cards

...can be helpful for helping staff communicate basic information to Spanish speaking pts

Instructions: Review the cards (based on topic) and use them for basic questions/ comments. They are most helpful for staff that understands and/or can speak a low level of spanish. An interpreter is always ideal, but in situations when an interpreter is not available immediately, these can help

Cleaning: These cards are for staff only. They should not be set down in a patient room for infection control purposes.



Magnification Sheet

...can be especially helpful if a pt. does not have their glasses and/or have a new diagnosis affecting their acuity

Instructions: Provide magnification sheet to help pt's read forms and education materials. If a pt has a new visuoperceptual problem and cannot see to read, obtain MD order and consult OT

Cleaning: Use sanitation cloth to wipe entire sheet front and back before and after patient use.

For more complex communication needs
obtain MD order and consult Speech
Therapy (or other disciplines) as
appropriate

Test Your Knowledge

Ways we can enhance communication in the hospital setting:

- A. If a patient is having difficulty hearing, and they don't have a hearing aid, we should loan them a "pocketalker" from the Tool Kit on our unit
- B. We should ask a patient if they need their glasses or a magnification sheet (from the Tool Kit) to read our education materials
- C. If a patient is having difficulty using a standard call bell, we should try the modified call bell, located in the Tool Kit
- D. All of the above

...and the answer is...

D. All of the above

Providing communication tools can significantly enhance a persons ability to participate in their own care.

Enhancing Communication Environment

- We all have a role in enhancing the communication environment when we are conversing with our patients.
- Our goal is to allow patient's to participate in their own care to the BEST of their ability

Enhancing Communication Environment

We can:

- Minimize background noise/ distraction (TV off, door closed, minimize non-relevant cross talk)
- Optimal lighting (avoid spot light while conversing)
- Optimize comfort before conversing about critical info
- Position seating to ensure eye-to-eye communication when possible

Test Your Knowledge

True or False

The hospital's communication environment includes: lighting, distractions, positioning, noise and comfort level

....and the answer is...

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True

The hospital's communication environment is made up of lighting, level of distraction, positioning, noise and comfort level.

Enhancing ourselves as Communication Partners

Our goal is to allow patient's to participate in their care to the BEST of their ability. Being appropriate communication partners can significantly enhance patient's comfort level, comprehension, and participation in their care.

Enhancing Our Roles as Communication Partners

We can:

- Communicate face-to-face, eye-to-eye
- Use short, simple sentences with pauses
- Use appropriate volume
- Augment what we say with gestures/ pictures/ written words (dry erase and clip boards are located in Tool Kits)
- "Teach Back" technique
 - Encourages the patient to reiterate what has been said to them vs. merely agreeing or disagreeing
 - Drawings, written messages, and/or illustrations to help them re-explain information to ensure comprehension



The teach-back technique

- When asked if they understand, the majority of pt's will say "yes" even if they do not
- Our goal is to fully include patients in their care to the highest extent they are able. Thus:
 - Do not ask a patient, "Do you understand?"
 - Instead, ask patients to explain or demonstrate how they will undertake a recommended treatment or intervention.
 - If the patient does not explain correctly, assume that you have not provided adequate teaching. Re-teach the information using alternate approaches.

Teach Back

- "I want to make sure I explained this clearly. When see your [friend or family member], what will you tell them about [key point just discussed]?"
- If patient can demonstrate understanding...explain again by using illustrations, simpler words, gestures, etc.
- Repeat this process until you confirm the key message is understood. If you know you explained this well but after two or three tries the patient still does not "get it," then look for other explanations (beyond your teaching) about why the message was not understood.

Enhancing Communication Partners

- Encouraging patient advocate or family to be present, especially for critical decision making
- Interpreter presence (in-person or over the phone)
 - Phone interpretation
 - Certified Languages International 800-225-5254
 - Global Connections 303-750-7611

Test Your Knowledge

True or False

The “Teach Back” technique says we should ask our patients if they’ve understood what we’ve said to them.

...and the answer is...

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False

Instead of asking a patient, “Do you understand?”

...ask them to summarize, explain or demonstrate their understanding.

Summary Slide

- Communication vulnerability affects many of the patients we treat each day
- It is our job (as well a JCAHO requirement) to be providing communication tools and strategies and helping our patients to express and understand to the extent that they are able
- Adaptive Equipment Tool Kits, and the communication strategies we use, can significantly improve our patients ability to participate in their care

For more information

Get toolkits for your patients who are
communicatively vulnerable.



Go to the AAC TechConnect Store
For more info.

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