Enhancing The Nurses Ability To Communicate With Patients With Complex Communication Needs

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Learning Outcomes

• To comprehend the need for training of nursing staff.
• To identify the necessary steps for the development of a nursing tutorial.
• To identify the key elements that nurses must be familiar with in order to communicate with patients who have CCN.

JC Standards

• New and Revised Standards for Patient-Centered Communication, Pre-publication Version, 2010b
• The need for better patient provider communication with emphasis specific to patients with communication disabilities.
• Effective in July of 2012 along with (IM.6.20; January 2006).
• Monograph entitled Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals (2010a).
Elements of A Good Nursing Tutorial

- Identify the problem for the nurse
- Outline what we know about Nurses and their interactions with CCN patients.
- Outline candidacy for AAC solutions with CCN patients
- Outline the importance of yes/no response
- Review AAC Solution
- Learning Evaluation Component

Medium For Presentation

- On-line Training
  - Independent learning format
  - Cost effectiveness
  - Accessibility
  - Can provide in segmented format
    - The Problem
    - What we Know About Nurses & C

Objectives of a Nursing Tutorial

- Participants will be able to identify an individual's need for AAC in an acute care setting.
- Participants will have a working knowledge of strategies for integrating AAC into the acute care setting.
- Participants will demonstrate a working knowledge of message templates and environmental control options that assist acute care patients in management of their health care status.
- Participants will gain an understanding of the need to educate nurses with the necessary strategies they need to interact with patient with complex communication needs in acute care settings.
Educate the Nurse About the Problem

- Most hospitalized nonverbal patients experience some level of:
  - Frustration
  - Anxiety
- These feelings can have adverse effects on the patient’s relationship with their caregivers and family members.

Outline the Problems Patients with CCN Experience For the Nurse

- An inability to communicate:
  - With family, friends, and health care staff.
- This inability to communicate can occur at the most inopportune times:
  - End of life care
  - During periods of critical illness

Identify the Prevalence

It is estimated as many as 1.5 million Americans experience some form of temporary or permanent ventilation annually.
Outline the Importance of Addressing the Problem From a Clinical Perspective

- Analyzing and understanding these communication issues, and acquiring information on the use of Augmentative/Alternative Communication (AAC) in acute care settings should enhance communicative efficacy and minimize negative feelings patients may experience and should be paramount for improving patient outcomes.

Review the Literature Regarding Nurses’ Interactions With CCN Patients

- Patients experience a sense of “powerlessness.”
- The need to empower the critically ill patient is vital and may be a factor in their rate of improvement.
- There is a significant relationship between the patient’s perceived state of responsiveness and the degree of positive communication by the patient’s nurse.
- Nurses tend to have more positive communication encounters with patients they perceive as being more responsive.

Nurses’ Interactions With CCN Patients continued...

- The more alert a patient is perceived to be by the nurse, the greater the opportunity for communicative interaction.
- Intensive care nurses recognize the need to communicate with their patients as much as possible but tend to minimize their communication with patients as a way to reduce their own anxiety.
- The quality of nurse-patient communication may be constrained by the nurse’s level of experience in the intensive care units.
- More experienced nurses, nurses with more than 5 years of experience, are more familiar with the technical tasks involved in patient care and can easily absorb the gravity of the overall situation.
Review Currently Used Solutions for Patients with CCNs

- The use of non-vocal behaviors (i.e., mouthing words, gestures, and head nods) are used as primary modes of communication by critical care patients.

- However, patients tend to report that these non-vocal behaviors are ineffective and the literature identifies these methods as being ineffective and contributing to the increase level of frustration experienced by the patient.

Review Common Strategies Used By Nurses

- A 2006 survey of UIHC nurses who work with CCN patient suggested nurses use the following strategies with their patients:
  - Paper & Pencil 96%
  - Picture Boards 80%
  - Lip reading 70%

- All can cause frustration for the patient.

JC’s Stance On Patients’ Communication Status

- New and Revised Standards for Patient-Centered Communication, Pre-publication Version, 2010b
- The need for better patient provider communication with emphasis specific to patients with communication disabilities.
- Effective in July of 2012
- Monograph entitled Advancing Effective Communication, Cultural Competence, and Patient and Family-Centered Care: A Roadmap for Hospitals (2010a)

Clearly, the communication needs of the patient are becoming central to their care and our need to address this communication issue is essential if we are to offer state of the art care for all our patients.
Make Sure They Understand The Take Home Message

- The nurse’s ability to communicate with his/her patient is an issue that is vital to the patient’s recovery period.
- Understanding that nurses’ experience difficulty with CCN patients and improving their communication with such patients may improve overall patient outcomes.
- There are JC Standards regarding the communication needs of all patients.

Sell the Need For SLPs to Be Involved

- Speech-language pathology, as an ancillary service in the hospital, can affect significant change in the nurse’s ability to communicate with his/her CCN patients.
- The Speech-Language is trained communication specialist and can provide strategies for both the nurse and the patient to improve their levels of communication, as well as, improve the patient’s ability to communicate with other pertinent communication partners.
- The goal of the Speech-language Pathologist will be to assist the patient in achieving some form of functional communication and thereby reduce their level of frustration.

Educate the Nurse on AAC

- The American Speech and Hearing Association defines the term of AAC in relation to corresponding attempts to study and, when necessary, compensate for temporary or permanent restrictions of speech-language production and/or comprehension, including spoken as well as written modes of communication (ASHA, 2004, pp. 1).
- The term Augmentative Communication refers to the use of aids or techniques that augment or supplement existing vocal or verbal communication skills.
- Alternative Communication suggests the need for communication methods or strategies that replace vocal or verbal abilities.

✔ DON’T ASSUME NURSES KNOW WHAT AAC IS!!!
Outline Candidacy Criteria For AAC

- Key components include:
  - Functional yes/no response
  - The most minimal amount of movement
    - tongue to cheek movement
    - an eye blink/wink
    - Minimal movement of fingers, hand, arm, shoulder, toes, foot leg or head.

The most important thing to remember is that the movement does not need to require significant force or displacement

Outline Typical Yes/No Motor Responses

- Squeezing of the hand
- Using eye gaze
- Thumbs up/down
- Head gestures

Educate the Nurse On The Importance Of A Reliable Yes/No Response

- The nurses can conduct a bedside assessment of the patient’s ability to answer “yes/no” questions to begin to assess candidacy.
- All of the patient’s communication partners should agree on this being the ‘yes’ response.
- The use of a yes/no response empower the patient allows them to communicate with family members, loved ones and health professionals.
- No equipment is necessary for success.
Include Vignette Demonstrations

Teach Strategies For Developing Reliable Yes/No Responses

- Attempt successful completion of two or more tasks involving, attending behaviors, orientation questions or single step commands.
- An example of possible attending behaviors includes: asking the patient to look at you, or at an object in the room, and/or attending to a spoken name.

Review Attending Behaviors

- An example of possible attending behaviors includes:
  - Asking the patient to look at you
  - Asking the patient to look at an object in the room,
  - Attending to a spoken name.
Review Orientation Questions

- Orientation questions may include, but are not limited to, the following:
  - “Is _____ your name?”
  - “Are your eyes blue?”
  - “Are you married?”

Give Examples of Single Step Commands

- Single Step commands can comprise items similar to completion of a relatively simple motor action
  - squeeze my hand,
  - blink,
  - stick out your tongue out, or
  - look at a particular item in the room.

Remind the Nurse Why We Are Asking These Questions

- Is not to identify a strong motor response
- It is to assess the patient’s ability to follow a single step command.
- Thus, commands may vary greatly from patient to patient depending on his/her physical limitations.
- If the patient is unable to complete at least two of these tasks, they should not be dismissed as possible candidates for AAC but, rather, they should be placed on a “monitor status” with scheduled daily re-screening.
Again, Provide Vignette of Strategies For Developing Reliable Yes/No Responses

**Review Strategies To Promote The Use of Yes/No Responses**

- Only ask yes/no questions
- Avoid open ended questions
- Cue the patient to use his/her yes/no response
- Review/Remind the patient of the identified yes/no response to be used

Although the use of a yes/no response is important sometimes the patient’s communication need may not be met and the need for low to high level AAC equipment may be necessary.

Providing Video Demonstrations is Key
Identify Equipment The Nurse May Encounter at The Bedside

Educate About Common AAC Interventions

Review Low Tech Options

- Customized Picture/Word Boards
- Customized Alphabet Boards
- Pen and Paper
- All should be available on the unit

Customized boards can assure the patient that his/her immediate communication needs can be achieved.
Review Mid Tech Options

• Voice output devices with limited vocabulary options
• Often is digitized or recorded speech
• Often requires the use of a paper overlay

Review How Mid Tech Options Can Be Used With LEP Patients

• The top row (color coded in blue) are messages facilitate communication from the patient to the nurse.
  – Labels are written in the patient’s language
  – Messages are recorded in English
• The bottom row facilitate communication from the nurse to the patient.
  – Labels are written English
  – Messages are recorded in patient’s language

Review High Tech Options

• Typically are computer generated devices
• Offer synthesized and recorded voice
• Allow for a great deal of flexibility at the bedside
• Offer various forms of response selection
• Appropriate for use with acute care patients
Again When You Can ADD a Video Demonstration

STRESS Important Elements To Remember

• Check the visual status of the patient.
• Verify that the patient can see the communication system based on the positioning of the system.
• Ensure the patient has access to the communication system.
• Make sure the patient can reach all messages on the communication board.
• Encourage the patient to use any identified yes/no response as well as the communication board.

Educate & Review Access Methods For CCN Patients

• There are several high tech devices allow for various selection or access techniques.
• Access refers to the manner in which the patient makes his or her item/message selection.
• Access methods for patients can be either direct of indirect in nature.
• Direct Access refers to a patient's ability to access the device by using their hand, a hand-held mouse, a head mouse and/or a stylus. Typically, direct access is accomplished by the patient using their hand to touch or point the device. There are practical items in the patient’s room which should be utilized regularly when deploying direct access for patients with limited range of motion due to motor dysfunction or being restrained.
• They include items such as a yankauer with a wash cloth wrapped and taped at the base to provide the patient with a stylus/pointer to access the device, or we can use more technologically advanced items such as a hand-held mouse.

Yankauer Hand-held mouse
And Examples of Direct Selection

Review Indirect Access Methods

- Indirect access is used when a patient is unable to directly choose an item/message from a selection set.
- Patients who benefit from switch use present with poor or inadequate motor control.
- During indirect selection, the items/messages, in the selection set are displayed either by a facilitator (a trained communication partner) or by an electronic device that scans in a predetermined pattern.
- The individual must wait while the facilitator or the electronic device scans through undesired items before reaching the patient’s desired item/message.
- The patient selects the desired item by producing a voluntary gesture that the facilitator can reliably detect or that can be sensed by some form of switch.
- For switch use, switch must be secured or mounted in some manner to the patient or near the patient.
- Often to create a mounting platform for a switch, the switch may be pinned to a pillow and placed strategically where the patient can reliably.

Provide Examples of Indirect Selection or Scanning
Let the Nurse Know That Many of the Items Available On The Unit Can Be Used to Adapt AAC Systems

- Wash cloth
- Pillows
- Yankauer
- Tape
- Safety pins

Discuss Mounting Options For Devices And Switches – High Tech

- IV-pole
- Lock-line
- Trach ring mounting
- Halo mounting

Don't Forget Troubleshooting

- Refer to the card hanging from on the IV pole.
- Checking to see that the device is plugged in sufficiently at both ends of the battery unit (the cord connection to the device itself and the cord connection to the wall outlet).
- Checking the to insure that the power strip on the IV Pole is on.
- Resetting the device if the screen is frozen.
- Pager numbers are on the devices in the lower right hand of the device or card itself.
SUMMARIZE FOR THE NURSE

- AAC can be accomplished at the bedside
- AAC can reduce patient frustration
- AAC can range from low to high tech options

FINAL COMPONENTS

- A Review Option
- Link to Competency Measure
  - Pre-testing Measure
  - Post-test Measure
- Consider Adding a Form of Clinical Simulation
  - Scenarios

PRE- AND POST-TEST MEASURES
Scenarios
Richard please put the items you and Ji Young worked on here

Questions
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