TO BE ELIGIBLE FOR PRIZES
YOU MUST BE SITTING IN THE
FIRST 6 ROWS.
PROVIDING COMMUNICATION ACCESS: CONVERGING SOLUTIONS TO PATIENT- PROVIDER COMMUNICATION BREAKDOWNS

SARAH W. BLACKSTONE & HARVEY PRESSMAN

Augmentative Communication, Inc.
The AAC-RERC
The Central Coast Children’s Foundation, Inc.
ACTION STEPS
ROLE OF THE SLP AND
AUDIOLOGIST

DR. PAUL RAO'S ASHA LEADER ARTICLE
NOVEMBER 1, 2011
ACTION IDEAS

• Read TJC Roadmap
• Acquire materials
• Ideas from ASHA sessions on PPC

• Other ideas?
BEDSIDE TALKING PHOTO ALBUM

Vocabulary from research by Bronwyn Hemsley and her colleagues in Australia
AUGMENTATIVE COMMUNICATION STRATEGIES FOR ADULTS WITH ACUTE OR CHRONIC MEDICAL CONDITIONS
WHAT IS “EFFECTIVE COMMUNICATION”?

“the successful joint establishment of meaning wherein patients and healthcare providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood”

(The Joint Commission, 2010b, p. 91).
POOR PATIENT-PROVIDER COMMUNICATION CAN CAUSE:

- Serious medical missteps
- Delayed healthcare utilization
- Increased healthcare utilization
- Increased costs
- Poor patient outcomes
- Reduced patient satisfaction

(The Joint Commission, 2010ab; Divi, Koss, Schmaltz & Loeb, 2007)
EFFECTIVE PATIENT PROVIDER COMMUNICATION (PPC) MEANS

Providing equal access to health information, diagnosis, treatment and follow up care across the full spectrum of healthcare environments and activities
Effective PPC increases the likelihood that:

- patients’ problems are **diagnosed correctly**
- patients understand **and adhere to** recommended treatment regimens
- patients (and their families) are **satisfied** with the care they receive (Wolf, Lehman, Quinlin, Hoffman, 2008)

Effective PPC viewed as essential component of quality healthcare and patient safety as well as the basic right of every patient.

(Ethical Force Program Oversight Body, 2006; The Joint Commission, 2010, new ASHA mission statement)
DEAF TALK EXAMPLE
DEAF TALK NJN NEWS — HOSPITAL BASED COMMUNICATION TRANSLATOR SYSTEM FOR THE DEAF

YouTube example
NEW JOINT COMMISSION STANDARD

The medical record contains information that reflects the patient's care, treatment, and services (Standard RC.02.01.01).

The hospital communicates effectively with patients when providing care, treatment, and services (Standard PC.02.01.21).

The hospital respects, protects, and promotes patient rights (Standard RI.01.01.01).
“The hospital effectively communicates with patients when providing care, treatment and services”

1. Examples of communication needs include need for personal devices (hearing aids, language interpreters, communication boards and devices...)

2. Patients may be unable to speak due to their medical condition or treatment.

3. Some communication needs may change during the course of care.

4. After the patient’s communication needs are identified, hospital can determine best way to promote two-way communication between the patient and providers in a manner that meets the patient’s needs.”

Words from Standard PC.02.01.2
Identify whether patient has a sensory or communication needs… “may be necessary for the hospital to provide auxiliary aids and services or AAC resources to facilitate communication.”

Identify if the patient uses any assistive devices… “make sure …available throughout the continuum of care.”

Monitor changes in patient’s communication status… “determine if patient has developed new or more severe communication impairments during the course of care and contact the Speech Language Pathology Department, if available.”

Provide AAC resources, as needed, to help during treatment.
SUMMARY

• Effective communication across healthcare settings is a mandate.

• Expanded role of speech-language pathologists and audiologists in:
  ▪ Healthcare settings
  ▪ Educational settings
  ▪ Community settings
COMMUNICATION VULNERABLE PATIENTS

MORE LIKELY TO

• Be hospitalized
• Experience medical/physical harm, e.g., drug complications
• Leave hospital against medical advice
• Be intubated if asthmatic
• Have increase costs
• Delay care
• Have diagnosis of a psycho-pathology

LESS LIKELY TO

• Adhere to recommended medication regime
• Report abuse
• Access and use medical care
• Return for follow-up appointments after Emergency Room visits
• Be satisfied with care
THE CONVERGENCE OF “COMMUNICATION VULNERABILITIES”

- People with limited English proficiency (47 million)
- People with communication disabilities (22 to 36 million with deafness/hearing impairments; more than 46 million with disordered communication)
- People with limited health literacy (90 million)
- People with sexual, cultural, religious differences (unknown, but a substantial percent of the population)

200 million people
COMMUNICATION VULNERABLE PATIENTS

Individuals with

1. Pre-existing hearing, speech, cognitive disabilities who may (may not) have access to communication tools/supports
2. Recent communication difficulties occurring as a result of their disease/illness/accident/event
3. Communication difficulties that occur as a result of medical treatment (e.g., intubation, sedation)
4. Linguistic differences
5. Limited health literacy
6. Limited ability to read/write
7. Cultural differences
Pre-existing communication difficulties

AH has severe dysarthria/limited literacy; surgery

- Speech unintelligible - unfamiliar people.
- Uses AAC strategies and SGD. Limited literacy skills
- Relatively independent; employed part-time
- Difficulty negotiating healthcare system.
- **Pre-admission**: Surgeon referred to SLP Dept. to address communicate issues in ICU and on floor
AH WITH DEVICE AT HOME
POST SURGERY

Spent several days in ICU, requiring mechanical intubation. Unable to access her SGD.

- ICU: Used partner-assisted eye gaze, adapted nurse’s call button. Designated support person
- On unit: SGD, low-tech aids

Discharge

- Pictured instructions
- “Teach back” strategy
ADAPTED CALL SWITCH

Wall port (jack) for call switch

EFFECTIVE PATIENT-PROVIDER COMMUNICATION
http://accpc.ca/ODI_Resource/?p=education
LANGUAGE PROFICIENCY AND HEALTH LITERACY

LANGUAGE PROFICIENCY – NON ENGLISH SPEAKING

Qualified Interpreters vs. family members or staff
Certification & Standards
Increasing role technology plays

LIMITED HEALTH LITERACY

Does individual have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions?
(Health People 2010)
POOR HEALTH LITERACY CORRELATES HIGHLY WITH:

- Increase in sentinel (i.e., critical) events
- 6% increase in hospital visits
- 2-day longer hospital stays
- 4x higher annual health care costs

People with pre-existing communication problems OFTEN have limited health literacy
IT TAKES MORE THAN WORDS

Language barriers in communication. RWJ Foundation YouTube

EFFECTIVE PATIENT-PROVIDER COMMUNICATION
Today you are going to have a trach placed
ADAPTED CONSENT FORMS

Examples please
First language Korean. Didn’t seem to understand English.
Hearing aids. Not with him.
Interpreter services offered.
Admitted for observation and further assessment.

Dr. refers for S &L and audiological assessment.
Daughter designated as support person.
DURING HOSPITALIZATION

• Audiologist provided Pocket Talker. Helped.
• SLP /Aud worked with interpreter
  ▪ Moderate expressive aphasia with apraxia
  ▪ Moderate bilateral hearing loss - presbycusis
• Discharge instructions (English and Korean) with culturally sensitive pictures.
  ▪ Given to FB and daughter.
MEDICAL INTERPRETERS AND SUPPORT PERSONS

QUALIFIED INTERPRETER

SUPPORT PERSON

EFFECTIVE PATIENT-PROVIDER COMMUNICATION
The Pocket Talker is a helpful tool for people with hearing loss, who benefit from amplification. Easy to use instructions: place ear piece in patients ear, turn volume to adequate level, and speak into microphone.

Be sure to suggest an Audiology consult if appropriate.

Warning: If the ear piece gets too close to the speaker there will be loud feedback from the device.
VIDATAK BOARDS IN KOREAN
CULTURAL DIFFERENCES

Cultural differences
Sexual preferences/identities
Religious differences

BROUGHT TO ER AFTER 15 HOURS

- Qualified interpreter arrived within 15 minutes.
- Disoriented x 3 (time, place, condition)
- Speech difficult to understand.
- Interpreter requested permission to engage his friends to determine if DL was speaking an unfamiliar dialect.
- Friends verified speech was “nonsensical” and he was acting ‘out of character.’
- ED physician ordered an immediate CT scan
- Results: Intracranial hemorrhaging.
DURING ADMISSION

Had surgery/ short stay in ICU.

Moved to “step down unit” and referred to the SL Dept. for assessment and treatment.

SLP requested assistance from the hospital interpreter for all sessions.

- Interpreter noted less slurring in DL’s speech, pointed out some pictures of objects during assessment not common in the patient’s culture. Suggested alternatives.

Rapid progress in speech/language, although cognitive symptoms persisted.

Before transfer to rehabilitation facility, interpreter and SLP devised bilingual communication displays.

Alerted rehab staff about cultural and religious issues. Made communication display that enabled him to request prayer time.
EFFECTIVE PATIENT-PROVIDER COMMUNICATION
CONVERGENCE OF VULNERABILITIES

Pre-existing disabilities that affect hearing, speech, language and cognition (like AH and FB)

Conditions caused by a current medical situation (like FB’s stroke and DL’s traumatic brain injury)

Temporary communication difficulties caused by medical interventions (like AH’s intubation post surgery); and

Cultural, sexual preference, or religious differences that may be unfamiliar to hospital staff (like DL’s ritualistic prayer sessions).
OPPORTUNITIES FOR COLLABORATION

Patients and families
Interpreters
Nurses, Drs., OT/PT/RT, etc.
Compliance officers
Risk Management Administrators
Researchers
Material/app developers

We need to be AT the table
TOOLS OF THE TRADE

- Educating colleagues/families/patients about options
- Commercially available products
- Tool kits
- Self-made materials
- Storage and distribution
Information about

- Promising practices
- The Joint Commission Standard and Implementation Manual
- Tools of the trade
INCREASING # OF STUDIES/REFERENCES

Articles in ASHA publications, Pediatric Rehabilitation Journal, Nursing journals, etc. etc.

See patientprovider website

Also, when posted on ASHA and PPC website, see updated new list
HEALTH PASSPORT

Hello

Welcome to the Health Passport website.

In Buckinghamshire, people with a learning disability have been using Health Passports since 2005.

The Health Passport was made for and with people with a learning disability.

On this website you will be able to find out more about the Health Passport and how you can get one.

A summary for professionals can be found at the back

This Health Passport contains private information and belongs to:

please stick a picture of yourself here

I need to have my Health Passport when I visit:

- a doctor
- a nurse
- a hospital
- or have other health appointments

Health Passport

Talkback

www.healthpassport.co.uk

talkback@talkback-uk.com

www.healthpassport.co.uk

1. Important information
2. Support
3. Tablets and Medicine
4. Body (physical health)
5. Thinking and feeling (mental & emotional health)
6. Communication
7. More about me
8. Hospital information
9. Getting around
10. Health diary
11. Health Action Plan
12. About this Health Passport
13. New pages
14. Professionals summary

NHS

HEALTH-PROVIDER COMMUNICATION
INTRODUCE SELF AND COMMUNICATION SYSTEM: COMMUNICATION PASSPORT

**Transportation**

It is important that I do not miss my transportation ride.

I will make every effort to be ready for the pick up time but in a situation where either the pick up is earlier than planned, please tell the driver to wait for me.

If I am late for my pick up, please contact me immediately and inform the driver to wait for me.

Telephone number for the transportation dispatcher:

My transport registration number is

Thank you

Please do the following things when I am communicating with you:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Say the item that I point to but loud</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not guess what I mean until I am finished</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guess if you think you know what I mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give me time to think about what I want to say</td>
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<td></td>
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<tr>
<td>Write down what I am pointing to</td>
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</table>

Do not interrupt me

**How I Communicate**

My name is:

I have difficulty speaking but I can hear and understand what you say.

This is how I communicate:

Yes:

No:

I want to communicate something:

How I use my communication display:

How I use my device:

**LET'S COMMUNICATE**

**THINGS TO KNOW WHEN COMMUNICATING WITH ME**

- Talk to me like an adult
- Speak directly to me, not to the person who may be accompanying me
- Do not speak loudly, slowly or in a condescending manner
- Ask me if I want someone to help me communicate my messages to you – see list of facilitators.
- Give me time to communicate

**REMEMBER**

- I can make my own decisions
- I need you to respect my privacy at all times. Please do not discuss issues regarding me with other people unless I give you permission.
- I need you to keep me informed of everything that is going on.

**IF YOU THINK I NEED ASSISTANCE, ASK ME:**

- Is this an emergency?
- Is there a problem with your wheelchair?
- Do you need some personal assistance?

If yes, follow these instructions:
- 
- 
- 

**Emergency Contacts**

<table>
<thead>
<tr>
<th>Contact</th>
<th>Tel #</th>
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**Communication Facilitators**

<table>
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<tr>
<th>Contact</th>
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Developed by ACCPC
www.accpc.ca

http://www.accpc.ca/pdfs/passport.pdf
The Hospital Communication Book is a resource free to download to use to help people to communicate when they visit or stay in hospital.

Please do not alter your copy the book in any way without contacting us first.

We can print and laminate copies for you if you need a number of them made professionally. We charge £15 each, and £12.50 each for orders of 50 or more.

The Hospital Communication Book

Click here to download section 1

Click here to download section 2
COMMUNICATION MATTERS

To download

- www.communicationmatters.org.uk/page/focus-on-leaflets
- www.patientprovidercommunication.org/index.cfm/article_2.htm
TOOL KITS

Pocket Talker & Hearing Aid Trouble Shooting Guide
Magnification Glass
Modified Call Bell & “How To” Instructions
Vidatek Communication Board English & Spanish
Letter/ Picture Boards English & Spanish
Clipboard & Dry Erase Board with Writing Strategies

www.aactechconnect.com
KIT DE COMMUNICATION BY ELISABETH NEGRE
HTTP://RNT.OVER-BLOG.COM/ARTICLE-KIT-DE-COMMUNICATION-44780636.HTML

Kit de communication

Mieux communiquer pour mieux soigner :
« le Kit de communication de l'AP-HP »

L'Assistance Publique -Hôpitaux de Paris annonce le 11 février 2010 (date anniversaire de la loi du 11 février 2005 !) la publication d’un kit de communication permettant d’améliorer la communication et ainsi la prise en charge des personnes ayant des difficultés d’expression et/ou de compréhension de manière définitive ou transitoire, dans la situation de consultation hospitalière.

Ce kit est le fruit d’un groupe de travail conduit par la Mission Handicap de l’AP-HP et constitué de médecins urgentistes (c’était leur demande initialement), de professionnels du secteur sanitaire et médico-social travaillant auprès des personnes handicapées et d’associations. L’Association des paralysés de France avec la présence d’Elisabeth Negre, conseillère technique en Communication Alternative, a grandement participé à l’élaboration et aux nombreux débats qui ont abouti à cette création.

Les domaines de la surdité, de la déficience intellectuelle, de l’autisme, du polyhandicap étaient également participants.

Subtitled in English, Russian, Mandarin Chinese and Arabic languages,
COMMERCIALY AVAILABLE OPTIONS

EFFECTIVE PATIENT-PROVIDER COMMUNICATION
CASE EXAMPLE

Age
Diagnosis
Medical Setting
Reason for visit/admission
Communication vulnerabilities of person/family
Other significant factors
SLP/AUDIOLOGIST

What could you do BEFORE admission/visit?

What could you do DURING admission/visit?

What could you do to prepare for DISCHARGE/FOLLOWUP?
Child, age 7 years 4 months
Native of United Arab Emirates
Arabic spoken by patient and family
Reason for hospitalization: Craniotomy for resection of 4th Ventricle Tumor diagnosed after experiencing chronic symptoms of headache accompanied by nausea and vomiting and dizziness
PRE-OP AND EXPECTED POST-OP COMMUNICATION NEEDS

Language issues for child and family
Cultural considerations
After surgery would be on ventilator and unable to speak
UNEXPECTED POST-OP COMMUNICATION

Swelling (unexpected) made it impossible to use direct selection
COMMUNICATION NEEDS

- To have parents and child understand information from the medical staff
- To communicate medical needs to staff
- To enable the child to communicate emotional needs and social phrases (including jokes) to family
- For parents to ask questions about diagnosis, treatment, prognosis, care
General Accommodations

- Arabic interpreter (hospital service). All teaching and information sharing/feedback sessions with family (*general hospital provision*).

- English/Arabic communication board provided to family (*SLP and general hospital provision*).

- Picture communication board developed with English-Arabic text to support child, English speakers AND foster provider to patient communication. (*SLP collaboration with family and interpreter*).

- Basic nurse to patient/family messages also paired on cards. Nurse could point to message and family could read or speak to patient if appropriate.
PRE-OP TECHNOLOGY SUPPORTS

Simple voice output aid
   (Message Mate 40)
   - Digital recordings with symbol overlay* and messages recorded in both Arabic and English (SLP provision in coordination with interpreter services. Arabic recordings by father)
   - Direct selection use was planned

*Symbol for ‘mother’ replaced with photo of mother as no culturally appropriate symbol depicting woman with black head scarf was available.
POST-OP INTERVENTION

Preplanned

- All pre-op tools available.

Reduced mobility → modified nurse call system with large switch placed near child’s right elbow.

Simple voice output tool - Step-by-Step Communicator (Ablenet ®) with messages in Arabic to call parents. Located by child’s right foot (based upon access assessment).
UNEXPECTED POST-OP NEEDS

Minimal movement -> swelling

- Partner assisted scanning for parents and child required instruction/demonstration with single switch scanning with Message Mate 40.

Interpreter present to translate instructions.

Parents demonstrated competence using ‘teach back’ demonstration
ADDED SUPPORT FOR FAMILY

Parents wrote down all ‘day to day’ communications they wanted to communicate without summoning the interpreter.

- 40 messages generated, e.g., “I will be in the laundry”, “I will be in the parent sleep space”, “I need to speak with the interpreter”

Messages translated /cards created with the Arabic and English correlates.
• **Augmentative Communication Strategies for Adults with Acute or Chronic Medical Conditions** Book with CD Rom. Beukelman, Garrett & Yorkston

• University of Nebraska website - [http://aac.unl.edu](http://aac.unl.edu)
  Books, aphasia resources, visual scene display resources, demographics, Speech Intelligibility test
PATIENT-PROVIDER WEBSITE
WWW.PATIENTPROVIDERCOMMUNICATION.ORG

- Articles
- Presentations
- Bibliography
- Examples of Materials
- Case Examples
- Newsletters
- International Newsletter
• Supportive Evidence (research) in both English and in Spanish

Razones que los Hospitales deben mejorar el acceso comunicativa para los pacientes vulnerables-con citaciones de reserva

Hay una lista cada vez mayor de razones por las que las instituciones del cuidado médico deben dar prioritaria a las acciones que les ayudan para evitar averías de comunicación. Un cuerpo cada vez mayor de los documentos de la evidencia y de la investigación cómo la mejora del acceso de la comunicación para los pacientes vulnerables de la comunicación puede mejorar una variedad de diversos aspectos del cuidado médico. Las razones de la mejora de la comunicación son numerosas y diversas, extendiéndose de reducir errores médicos, la satisfacción paciente cada vez mayor, y la reducción de costes médicos a las averías de comunicación de reducción al mínimo en ajustes de la emergencia, la reducción del número de pruebas innecesarias, y la reducción del índice de reincidencia paciente.
INTERNATIONAL PPC NEWSLETTER AND APPS

International Patient-Provider Communication Newsletter

Welcome to the third issue of the International Patient-Provider Communication e-newsletter. This quarterly newsletter is part of our 2011 initiative to spread practical information about improving Patient-Provider Communication for people around the world.

Our goal is to collect and share practical information about effective ways to improve patient-provider communication in healthcare settings. We try to keep you aware of peer-reviewed literature documenting the pressing need for effective communication in healthcare settings. We also try to tell you about new laws and policies that may make an impact on communication between patients and healthcare providers, and about new ideas and practices that help resolve communication problems that arise between healthcare providers and their patients.

Please share this newsletter. Send it to others and/or let us know whom else to send it to. Finally, do not hesitate to make suggestions and give us feedback. Our goal is to help you and others get the information you need to make a difference.

Harvey Pressman (pressstoe@aol.com) and Sarah Blackstone (sarahblack@aol.com)

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Promoting Patient-Provider Communication in Eastern Europe.

Dorothy Fraser, a physiotherapist from Scotland, serves as the Senior Representative to Eastern Europe for the Central Coast Children's Foundation. She is introducing new ideas for improving communication between patients and health care providers in Romania (primarily in Transylvania), and will soon
The Rehabilitation Engineering Research Center on Communication Enhancement (AAC-RERC) is funded under grant #H133E080011 from the National Institute on Disability and Rehabilitation Research (NIDRR) in the U.S. Department of Education's Office of Special Education and Rehabilitative Services (OSERS).

Please visit our website at AAC-RERC.COM for more information.
YOUTUBE VIDEOS

Search for:

- Augmentative communication
- Patient-provider communication
- Health literacy
- Cultural competence health care
- Medical interpreters
- Etc.
LAWS, STANDARDS, REGULATIONS
The Joint Commission New Standard. Counts toward accreditation in January 2012

**Advancing effective communication, cultural competence & patient-centered care**

• A Roadmap for Hospitals

www.jointcommission.org
LAWS, STANDARDS, REGULATIONS


Agency for Healthcare Research and Quality (AHRQ, 2010). Established health literacy as a universal precaution, similar to hand washing as a way to minimize risks to patients.

New health care reform law. Requires use of plain language and culturally appropriate language in health related information about insurance and other health issues.
Centers for Medicare and Medicaid Services

- Revised Minimum Data Set (MDS) 3.0. Used in skilled nursing facilities to assess residents (2010).

Title VI of the Civil Rights Act of 1964. People cannot be discriminated against as a result of their “national origin,” including their primary language.

(The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards. Guidance for healthcare organizations on compliance with Title VI (United States Department of Health and Human Services, 2001))
1. Read the Roadmap
2. Help develop algorithms for communication (converging areas): intake->discharge/across setting
3. Revise intake forms
4. Acquire materials. Adapt forms.
5. Develop or purchase low-tech materials
6. Develop accessible storage locations for materials
REVISE INTAKE FORMS (#3)

- Meet with legal and admissions departments to revise intake forms
- Need to do this by “committee” because of variables involved. Each perspective needs to be considered.
REVISE INTAKE FORMS; ACQUIRE MATERIALS; ADAPT FORMS; DEVELOP OR PURCHASE LOW-TECH MATERIALS (#3,4,5)

- University programs look for opportunities for cross-disciplinary collaborations
- Students from SLP, sociology, psychology, Human resources, business, art could prepare instructional materials, develop grants, etc.
7. Determine cost of assessment
8. Set up a mid- to high-tech equipment pool
9. Conduct inservices for colleagues
10. Develop way to “advertise” patient’s communication accommodations
11. Participate in outcomes assessment and quality control initiatives
12. Market your services
13. Help clients/families prepare in advance
DEVELOP WAY TO “ADVERTISE” PATIENT’S COMMUNICATION ACCOMMODATIONS (#10)

- Develop pamphlet re: communication needs and put in waiting rooms, staff rooms, nursing stations
- Develop sheet with communication strategies
- Use “sign off” sheets related to communication as part of intake in facility
MARKET YOUR SERVICES (#12)

- Develop inservices for specific contexts (e.g., home health programs)
- Graduate students might assist in developing, marketing and providing training
HELP CLIENTS/FAMILIES PREPARE IN ADVANCE (#13)

- Empower patients to be partners
- Develop specific materials for certain groups (rehab, diabetics)
- Provide accompanying family members with guidelines for “how to be an effective communication assistant.”
- Begin early (childhood/adolescence; sometime soon after medical event)
Preparing clients in advance for trips to doctor, hospital, follow up appointments, etc.
PREPARING CLIENTS (#13)

TYPICAL PP INTERVIEW

• Between general practitioner and person without a disability 20 minutes in length (Mann et al., 2001)

• Patient typically has 23 seconds to communicate concerns before being interrupted by the doctor. Marvel et al. (1999)

• Introduce oneself and one’s communication system;

• Make use of appropriate vocabulary and language to communicate concerns and needs;

• Make use of appropriate communication strategies to ensure that previous health care and current health concerns are understood by the health professional.

• Preparing communication assistant
PLATINUM – GOLD – SILVER - ACTION CLUBS
SAVE THE DATES!

PITTSBURGH, PENNSYLVANIA, USA
15th Biennial Conference of the International Society for Augmentative and Alternative Communication
ISAAC 2012
July 28-August 4, 2012
REFERENCES AND UPDATED SLIDES WILL BE POSTED ON ASHA WEBSITE AND THE PATIENT PROVIDER WEBSITE
HEALTHCARE SETTINGS

- Dr's Office/Clinic
- First Responders
- Emergency Rooms
- ICU's
- Acute Care Hospital
- Rehab Hospital
- Nursing Home
- Home Health
- Hospice
- Disaster/emergency locations (triage area, police car, ambulance, shelters)