Useful Resources

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- www.communicationmatters.org.uk/books
- www.AACknowledge.org.uk
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- Email: info@1voice.info  Website: www.1voice.org.uk
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- www.callscotland.org.uk
- Tel: 0141 201 2619  Email: sctci@ggc.scot.nhs.uk
- ACiP:S is a Scottish network of AAC service providers and people with learning disability and/or autism who use AAC. It acts as a central point of contact for AAC in Scotland, providing information and publications, Study Days, and events for people who use AAC, and for professionals.
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- Websites:
  - Call (Communication Access, Literacy, Learning) Scotland
  - SAC (Scottish Access to Communication) Working Group
  - SCTCI (Scottish Centre of Technology for the Communication Impaired)
  - Issac Scotland
  - Widgit

Further Information

Please contact Communication Matters for more information on this topic or to obtain other leaflets in the Focus on... series.

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Website: www.communicationmatters.org.uk

Focus on...

Communicating with patients who have speech and language difficulties

Guidance for medical and nursing staff

Other topics in the ‘Focus on...’ series

Accessing communication aids and computers

First steps

Let your hands do the talking

Speaking with someone who uses AAC

Using symbols for communication

What can I say?

What is AAC?

These leaflets are funded by

who swear, run and cyclced to fundraise for the CM resource

Focus on...
Introduction

In any medical or nursing setting you may come across a patient whose speech is difficult for you to understand. There might be times when you wonder whether the patient is able to fully understand what you are saying. This leaflet relates to those people who have speech, language or communication difficulties due to a condition such as MND, MS, brain injury, stroke, cerebral palsy, learning disability, etc. This leaflet will give you some tips and guidelines to make communication easier for the patient and for you. This leaflet does not contain specific guidelines for communicating with patients who have English as an additional language, or who are deaf, though some of the general tips may also be useful for these patients. Contact your local interpreting services for specific guidance and help.

General Tips

• Always ask a familiar person or family member what is the best means of communication.

• Conversations will take longer – if possible allocate a double appointment to patients with communication difficulties; the patient will be more relaxed, you won’t feel rushed and you are more likely to gain a fuller case history, etc.

• Ask questions one at a time and wait for the patient to reply to the first question before asking the next one or for clarification. This is harder than it seems.

• Look at the patient – this might seem obvious, but you can gain a lot of additional information which might help you understand what s/he is saying better.

• Speak directly to the patient even if they are accompanied by a relative/friend.

• Don’t pretend to understand if you haven’t – people can spot this immediately and find it insulting. Ask the person to repeat what they have said, ask them to say it in a different way, or ask if they can write it down. If all else fails ask a relative/carer to interpret.

Specific Tips

If you feel that the patient is having difficulties understanding what you are saying, then you might find these techniques helpful:

• Speak in short, clear sentences.

• Use non-technical terms where possible.

• If the patient is able to read, write down key words on a piece of paper as you are speaking.
• If appropriate, demonstrate what you are saying using gestures, pictures and props:
  – If you are talking about specific procedures, some people may find photographs of the procedures easier to understand. Whilst this may be time consuming to create the photographs, they could be useful for others. There are also ready made products that cover a range of procedures (see resources).
  – Similarly a simple diagram may explain a procedure much clearer than speech.
  – You could add specific gestures to what you are saying. For example, pointing with your thumb to the upper arm to indicate ‘injection’.

If the patient has no speech, or speech that you find virtually impossible to understand, you might find these techniques helpful:
• Ask questions requiring a ‘yes’ or ‘no’ answer.
  – If the patient is unable to indicate yes/no in the usual manner, you might need to ask how the person indicates ‘yes’ and ‘no’. Say to the patient: ‘Show me how you say YES. Show me how you say NO.’ Some techniques might be blinking once for ‘yes’ and twice for ‘no’, looking up for ‘yes’ and down for ‘no’, head nod/shake, thumbs up/down, pointing to ‘yes’/’no’ symbols, etc.
• Ask if the patient could use any alternative method to back-up their speech:
  – Can the patient write? If so, they may be able to use a pen and paper to support their speech.
  – If the patient can spell but is physically unable to write then you could use an alphabet chart or board. If there is nothing available then write the letters of the alphabet on a piece of paper and ask the patient to spell out what they are saying by pointing to the letters. If the patient cannot point to the letters on the alphabet board, you can point to letters in sequence, asking him/her to indicate when you reach the desired letter. It helps to have a pen and paper handy to write down the letters as they are dictated.
  – Does the patient have a communication aid? If so, encourage them to use it. If it is at home, ask a family member to bring it in.

What is a communication aid?

Does the individual have a communication aid? If so encourage them to use it. If it is at home, ask a family member to bring it in.
• A communication aid is a system or device used by people who have difficulties with speech and/or writing.
• These aids may be referred to as AAC (Augmentative and Alternative Communication).
• AAC includes systems such as signing and gesture, picture or letter charts, electronic devices with speech output and computer software.
Introduction
In any medical or nursing setting you may come across a patient whose speech is difficult for you to understand. There might be times when you wonder whether the patient is able to fully understand what you are saying. This leaflet relates to those people who have speech, language or communication difficulties due to a condition such as MND, MS, brain injury, stroke, cerebral palsy, learning disability, etc. This leaflet will give you some tips and guidelines to make communication easier for the patient and for you. This leaflet does not contain specific guidelines for communicating with patients who have English as an additional language, or who are deaf, though some of the general tips may also be useful for these patients. Contact your local interpreting services for specific guidance and help.

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• Ask questions one at a time and wait for the patient to reply to the first question before asking the next one or for clarification. This is harder than it seems.
• Look at the patient – this might seem obvious, but you can gain a lot of additional information which might help you understand what he/she is saying better.
• Speak directly to the patient even if they are accompanied by a relative/friend.
• Don’t pretend to understand if you haven’t – people can spot this immediately and find it insulting. Ask the person to repeat what they have said, ask them to say it in a different way, or ask if they can write it down. If all else fails ask a relative/carer to interpret.

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If you feel that the patient is having difficulties understanding what you are saying, then you might find these techniques helpful:
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    - Does the patient have a communication aid? If so, encourage them to use it. If it is at home, ask a family member to bring it in.

What is a communication aid?
A communication aid is a system or device used by people who have difficulties with speech and/or writing. These aids may be referred to as AAC (Augmentative and Alternative Communication).
• AAC includes systems such as signing and gesture, picture or letter charts, electronic devices with speech output and computer software.
• A communication aid is a vital piece of equipment and it belongs to the patient, it is not a ‘toy’. It needs to be made available to the patient and not locked away for ‘safe keeping’. You don’t need to know how the aid works, but you do need to make it available to the patient and listen to what they are saying via the aid.
• Some communication aids speak with an electronic, computer voice. Do not be afraid to say that you can’t understand the electronic voice or ask the patient to repeat. It can take a bit of time to ‘tune in’ to the voice. Sometimes the electronic voices are difficult to hear in a noisy environment, ask the patient if you can read the text on the screen and ask them to repeat the message.
• What about security?
  - Check any equipment is clearly named in case it gets misplaced.
  - Inform the person in charge of the ward about the aid.
  - If an aid is being charged overnight, check who is responsible for it.
• What should I do if the aid doesn’t work or don’t know what to do?
  - Contact the family/carer.
  - Contact the Speech and Language Therapy department.

Communication Breakdown
Finally, if your patient appears to be trying to communicate something to you and you simply don’t understand, then try the following three questions:
• Can you indicate who we are talking about? List the main people involved in the patient’s care.
• Can you indicate where we are talking about, list the key events/places that the patient has gone through.
• Are we talking about something that happened today, yesterday, or is going to happen?

Augmentative and Alternative Communication (AAC) is the term used to describe methods of communication which can be used to supplement the more usual methods of speech and writing when these are impaired. AAC may include unaided systems such as signing and gestures as well as aided techniques ranging from picture charts to the most sophisticated computer technology currently available. AAC can be a way to help someone understand, as well as a means of expression.

What do I do if a patient is admitted to hospital with a communication aid?

The first thing to remember is that the communication aid is a vital piece of equipment and it belongs to the patient, it is not a ‘toy’. It needs to be made available to the patient and not locked away for ‘safe keeping’. You don’t need to know how the aid works, but you do need to make it available to the patient and listen to what they are saying via the aid. Some communication aids speak with an electronic, computer voice. Do not be afraid to say that you can’t understand the electronic voice or ask the patient to repeat. It can take a bit of time to ‘tune in’ to the voice. Sometimes the electronic voices are difficult to hear in a noisy environment, ask the patient if you can read the text on the screen and ask them to repeat the message.

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Focus on...

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