

# MAXIMIZING COMMUNICATION

Strategies, Techniques and Technology

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## Disclosure

- I have no relevant financial or nonfinancial relationships in the products or services described, reviewed, evaluated or compared in this presentation.

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## Objectives

- Summarize methods of communication and potential barriers with patients
- Identify patients with complex communication needs
- Utilize strategies for successful communication exchanges

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### Patient-Centered Communication

- Joint Commission
- Education on effective communication
- Availability of tools for communication

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### Impact on Patient Care

- Safety
- Medical errors
- Patient experience

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### Cognition

- The ability to acquire and process knowledge
- Impaired cognition impacts effective and supportive communication skills



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## Language

- A complex and dynamic system of conventional symbols that is used in various modes for thought and communication\* (ASHA)
  - historical, social, and cultural
  - phonologic, morphologic, syntactic, semantic, and pragmatic
  - interaction of biological, cognitive, psychosocial, and environmental factors
  - nonverbal cues, motivation, and sociocultural roles.

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## Communication



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## Speech

- Sounds made by the vocal and articulatory structures

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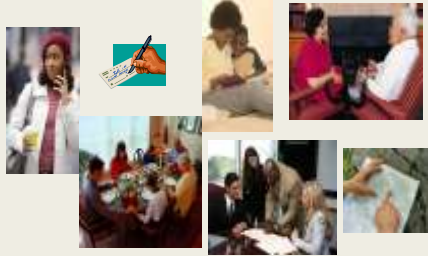
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### Communication is everywhere



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### Communication Vulnerable

- Poor vision
- Poor hearing
- Inability to produce understandable speech
- Altered mental status

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### Neurogenic Communication Disorders

- Results from damage to the brain or other parts of the nervous system
- Aphasia
- Dementia
- Dysarthria
- Apraxia
- Cognitive-communication impairment

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### Aphasia



- Language disorder resulting from damage to the brain
- Deficits may impact one or all modalities of language
  - Comprehension
  - Reading
  - Expression
  - Writing

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### Apraxia of Speech

- Difficulty programming the positioning of speech muscles and with sequencing muscle movements for volitional production of speech




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### Dysarthria

- Disturbance in muscular movements impacting speech production:
  - Respiration
  - Phonation
  - Articulation
  - Resonance
  - Prosody




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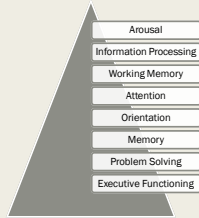
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### Cognitive-Communication Impairment

- Cognitive disorder resulting from damage to the brain
- Deficits may impact one or all areas of cognition



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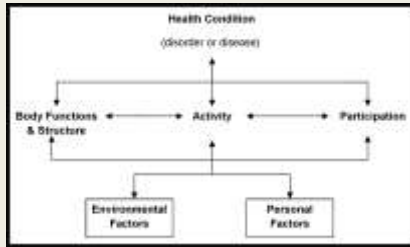
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### ICF framework



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### Areas to consider

- Complex relationship between cognitive domains
- Fatigue and limited physical endurance
- Personal factors
- Physical, sensory and neurobehavioral sequelae
- Insight into deficits
- Executive function impairments

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Communication is a two-way street, and both the listener and the communication partner play a role in reducing the problems that may arise during a conversation.

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### Communication breakdowns

- Loss of independence
- Frustration
- Needs are not met



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### Basic Assessment

- Conversation
- Yes/ No responses
- Following directions
- Naming
- Repetition
- Orientation
- Recall
- Attention

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## Treatment Approach

- Bottom-Up
- Top-Down
- Declarative Memory
  - *Using imagery*
- Passive learning
  - *Errorless learning, hierarchical cuing*
- Repetitive drills
  - *Scripting responses*

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## Treatment Approach

- Social Communication
  - *Coaching in challenging situations*
  - *Social success*
  - *Identify sense of self that includes positive social interactions*
  - *Personal goals*

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## Communication Tips



- Speak slowly
- Allow time for person to respond
- Treat them as the adult they are

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### Communication Tips

- Keep sentences simple
- Stay on topic
- Ask yes and no questions
- Change your wording

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### Communication Tips

- Encourage independence
- Encourage participation in conversations



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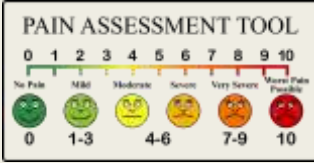
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### Communication Box- Low Tech



- Maps
- Whiteboard
- Letter board
- Paper
- Pain picture

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### Low Tech Communication Questions

- What does the individual need to communicate?
- What do I need to know?
- What is happening in the environment?

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### Communication Board



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### Communication Aide- Lingraphica



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### Lingraphica



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## Dynavox



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## List of iPad communication aides

- Proloquo2Go
- iCommunicate for iPad
- iComm
- My Talk Tools Mobile
- Look2Learn - AAC

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## Questions

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## References

- Blackstone, S. (2016, March). What Does the Patient Want? *ASHA Leader*, 38-44. doi:10.1044/leader.FTR1.21022016.38
- Coelho, C., Yitizaker, M., & Turkstra, L. (2005). Non-standardized assessment approaches for individuals with cognitive-communication disorders. *Seminars in Speech and Language*, 26, 223-241.
- Coronado, V. G., Thomas, K. E., Setin, R. W., & Johnson, R. L. (2005). The CDC traumatic brain injury surveillance system: Characteristics of persons aged 65 years and older hospitalized with a TBI. *The Journal of head trauma rehabilitation*, 20(3), 215-228.
- Dwanley, D., & Hopp, M. B. (2013). The Need for Nurse Training to Promote Improved Patient-Provider Communication for Patients With Complex Communication Needs. *Perspectives on Augmentative and Alternative Communication*. *Perspect Augment Altern Commun*, 22(2), 112. doi:10.1044/psp22.2.112
- Heslam, C., Hodder, K. J., & Yates, P. J. (2011). Errorless learning and spaced retrieval: How do these methods fare in healthy and clinical populations? *Journal of Clinical and Experimental Neuropsychology*, 33(4), 432-447.
- Sharpe, B., & Hensley, E. (2016). Improving nurse-patient communication with patients with communication impairments: Hospital nurses' view on feasibility of using mobile communication technologies. *Applied Nursing Research*, 39, 229-236.
- Solberg, M. M., Kennedy, M. R. T., Avery, J., Coelho, C., Turkstra, L., Yitizaker, M., & Yorkston, K. (2007). Evidence based practice for the use of external aids as a memory rehabilitation technique. *Journal of Medical Speech Pathology*, 25(1), n.v.k.
- Uhliruk, M., Ozcanhan, M., & Daskilic, G. (2015). Improving communication among nurses and patients. *Computer Methods and Programs in Biomedicine*, 120, 102-112.
- Zubow, L., & Hurlig, R. (2013). A Demographic Study of AAC/AT Needs in Hospitalized Patients. *Perspectives on Augmentative and Alternative Communication*. *Perspect Augment Altern Commun*, 22(2), 79. doi:10.1044/psp22.2.79

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