



ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

CHS 446

Communication Skills for the Healthcare Professional

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ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

- ❖ As discussed in previous chapters, pain, fear, and anxiety may negatively impact communication with any patient.**
- ❖ Moreover, low health literacy, language differences, visual impairment, loss of hearing, advanced age, or confusion may also impair communication in some patients.**

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

- ❖ **As discussed in previous chapters, pain, fear, and anxiety may negatively impact communication with any patient.**
- ❖ **Moreover, low health literacy, language differences, visual impairment, loss of hearing, advanced age, or confusion may also impair communication in some patients.**
- ❖ **Therefore, healthcare professionals (HCPs) must learn to adapt their communication for these patients in order to remain effective when delivering their message.**

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Health literacy

- ❖ **Health literacy is defined as “the degree to which individuals the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.**
- ❖ **Health literacy includes the ability to understand instruction on over-the-counter and prescription drug labels, appointment slips, medical education brochures, doctor’s instructions, and consent forms, as well as the ability to navigate complex healthcare systems.**



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Health literacy

- ❖ **Health literacy also includes mathematic skills. For example, understanding probability and risk, calculating blood sugar levels, measuring medication, and understanding nutrition labels all require math skills.**
- ❖ **Patients may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.**

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Health literacy

The HCP may employ a variety of strategies to communicate and interact most effectively with patients with low health literacy, including the following:

- 1. Evaluate the patient's understanding before, during, and after the introduction of information or instruction.*
- 2. Limit the number of messages given to a patient at any one time.*
- 3. Use plain language*
- 4. Supplement instructions with pictures*

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Health literacy

The HCP may employ a variety of strategies to communicate and interact most effectively with patients with low health literacy, including the following:

5. *Tailor medication schedule to fit a patient daily routine*
6. *Prepare written forms of communication at a fifth to sixth grade reading level and in a format that appears easy to read*
7. *Provide or serve as a reader for forms or written information*

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Language Barriers

- ❖ **When the patient and the HCP do not speak the same language, instead of communicating with each other, the patient and the HCP must rely on a medical interpreter.**
- ❖ **The patient is less likely to effectively convey their complaints and concerns.**
- ❖ **The HCP may also be less likely to effectively convey their diagnosis and recommendations.**
- ❖ **This may lead to increase use of diagnostic tests as well as increase rate of hospitalizations.**

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Language Barriers

The HCP may employ a variety of strategies to work more effectively with a medical interpreter, including the following:

- ❖ *Look at and speak directly to the patient.*
- ❖ *Use short sentences*
- ❖ *Avoid the use of informal and unprofessional vocabulary*
- ❖ *Remain patient and understanding*
- ❖ *Observe the patient's nonverbal messages*
- ❖ *Repeat important information*
- ❖ *Employ teach back, in other words, ask the patient to repeat important instructions or information in their own words*

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Visual Impairment

- ❖ **Vision loss refers to difficulty seeing even when wearing corrective lenses (glasses or contacts), as well as complete blindness.**
- ❖ **The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are visually impaired.**

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Visual Impairment

These strategies, which are based primarily on courtesy, respect, and common sense, include the following:

- 1. Great the patient*
- 2. Shake hand with the patient only if they offer their hand*
- 3. Speak directly to the patient*
- 4. Tell the patient that you will be touching them before you do so*
- 5. Explain to the patient what you are doing as you are doing it*

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Visual Impairment

These strategies, which are based primarily on courtesy, respect, and common sense, include the following:

- 6. Be verbally descriptive when providing instructions or when conveying information*
- 7. Use the words "look" and "see" normally*
- 8. Tell the patient when you are leaving the area*
- 9. Do not attempt to guide the patient without first asking.*
- 10. Provide reasonable accommodations*

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Deafness and Hearing Loss

- ❖ The term “deaf” refers to those patients who are unable to hear well enough to rely on their hearing and use it as a means of processing information.
- ❖ The term “hard of hearing” refers to those patients who have some hearing and are able to use it for communication purposes. These patients are described as having mild to moderate hearing loss.

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Deafness and Hearing Loss

- ❖ **Ineffective communication between the HCP and deaf or hard of hearing patients can lead to misdiagnosis and medication errors, as well as potential patient embarrassment, anxiety or fear.**
- ❖ **The HCP must remember to be patient and considerate. Remain mindful that everyone, especially hard of hearing patients, will have more difficulty hearing and understanding when they are tired, ill or in pain.**

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Deafness and Hearing Loss

The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are deaf or hard of hearing:

- 1. Interact directly with the patient*
- 2. Record and respect the patient's preferred method of communication*
- 3. Position yourself in front of the patient*
- 4. Be sure the patient sees you approach*
- 5. Gain the patient attention before you speak*

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Deafness and Hearing Loss

The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are deaf or hard of hearing:

- 6. Speak clearly, in a normal tone of voice, a little more loudly and at moderate pace and pause between phrases.*
- 7. Optimize conditions for speech reading, make sure that the patient see your face and lips clearly*
- 8. Minimize the use of medical terminology, speech readers typically rely on previous experience with vocabulary and various topics*

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Deafness and Hearing Loss

The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are deaf or hard of hearing:

- 9. Maintain eye contact with the patient*
- 10. Include the use and observation of nonverbal communication when appropriate*
- 11. If the patient has difficulty understanding your message, rephrase or write the message*

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Deafness and Hearing Loss

The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are deaf or hard of hearing:

- 12. When changing the subject during the conversation, be sure that the patient is aware that you have changed the topic*
- 13. Supplement the conversation with visual aids*
- 14. Employ teach back, ask the patient to repeat the information*

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Advanced Age

- ❖ **Declining health and complex disease management in the elderly results in multiple visits to doctors and other healthcare providers each year**
- ❖ **Unfortunately communication between these older patients and their HCPs may be impaired by several factors including sensory loss (e.g., vision loss and hearing loss) declining in memory, and the slower processing of information**

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Advanced Age

The HCP may employ a variety of strategies to communicate and interact most effectively with patients of advanced age:

- 1. Schedule older patient earlier in the day, and allow extra time for the visit*
- 2. Speak slowly clearly and loudly, use simple words and short sentences*
- 3. Repeat important information and write down instruction*
- 4. Focus on one topic at a time and minimize distractions*
- 5. Face the patient and maintain eye contact*
- 6. Use visual aids, charts, models and figures*

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Delirium and Dementia

- ❖ In addition to a decline in their physical health, some elderly patients also have a decline in their cognitive abilities
- ❖ They are more likely to experience confusion. There are two types of confusion
- ❖ *Acute confusion* also referred to as **delirium**, occurs when a patient undergoes a temporary or reversible period of disorientation, hallucinations, or delusions.

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Delirium and Dementia

- ❖ During these episodes the patient will find it difficult to focus attention and to rest or sleep, episodes may last for hours or days
- ❖ *Chronic confusion* also referred to as **dementia**, occurs when a patient undergoes a progressive, irreversible decline in mental function, characterized by memory impairment, deficits in reasoning, judgement, abstract thought, comprehension, learning, task execution, and use of language

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Delirium and Dementia

- ❖ *Effective communication with cognitively impaired patients, especially those with dementia is particularly challenging for HCP*
- ❖ *The HCP may employ a variety of strategies to communicate and interact most effectively with these patients:*
 1. *Expect an increase in confusion from the patient from waking up till the end of the day*
 2. *Approach the patient from the front and call the patient by name*

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Delirium and Dementia

- ❖ *The HCP may employ a variety of strategies to communicate and interact most effectively with these patients:*
- 3. **Respect the patient's personal space and observe their reaction as you move closer**
- 4. **Avoid sudden movements that may startle or irritate the patient**
- 5. **Speak slowly and distinctly in a low-pitched voice**

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Delirium and Dementia

- ❖ *The HCP may employ a variety of strategies to communicate and interact most effectively with these patients:*
6. **Ask one question at a time**
 7. **Give one step direction and instruction at a time**
 8. **Remain mindful of your nonverbal messages**
 9. **Do not disagree or argue with the patient**



THANK YOU