How can I help? Improving the effectiveness of communication in hospitals for people with communication difficulties

I Prain[1]

Introduction

In the modern clinical setting, there is an increasing emphasis on the central importance of effective interpersonal communication. Actively listening and expressing oneself effectively, in the present day hospital situation, is a difficult enough task, but when interacting with a person with perceived communication difficulties, the opportunities for a major breakdown of communication are increased. In this article, a severe communication difficulty is considered to be such that it significantly affects an individual's ability to detect, comprehend, or apply language and speech to engage in discourse effectively with others. In addition, these interactions usually take place in a setting compromised by elements including pressure of time, interruptions, and other physical and personal factors. Any combination of these may contribute to inhibiting communication, raising anxiety, and delaying understanding of diagnosis and treatment. These factors are also likely to have knock-on effects for patient progress on admission and at discharge. Effective communication poses not only a difficulty shared but also a mutual responsibility accepted between physician and patient.

Physicians and other hospital staff cannot be expected to be experts in supporting and assisting patients with communication difficulties but is there any advice that could aid the physician and support the patient by facilitating communication? A short-term working group of lay advisers to the Royal College of Physicians of Edinburgh is presently looking at this question. The working group is strongly influenced by the 'Hello, my name is campaign'[1] initiated by Dr Kate Granger, which has demonstrated the power and effectiveness of clear direct communication. Building on her legacy the working group believes that, not just for those patients with communication difficulties, there is a second question, 'How can I help?' (with your hospital experience/visit). Placed at the outset, this not only establishes a base for dialogue but allows for multiple follow on avenues, which can include specific anxieties, requests for assistance, as well as 'I don't know' and 'You can't'.

Here the working group sets out some initial thoughts but they are also anxious to garner the views and experiences of clinicians on this subject. To this end a link to a short survey has been included below; this should not take more than 10 minutes to complete. We would be grateful if you could make time to respond as your input will significantly help us develop our work: **https://www.surveymonkey.co.uk/r/rcpehelp**

What are the key communication issues?

In any hospital, the majority of patients with communication difficulties are likely to experience anxiety about why they are where they are and what will happen to them. This may be an overwhelming experience; uncertainty about what information is needed and how to respond to questions may further inhibit the person's ability to communicate with medical staff. This said, multiple questioning of the patient and complicated explanations may limit the exchanging of information between patient and medical staff. How do we best improve the chances for effective communication?

For some people with severe communication difficulties, there may be carers or family members who can accompany the person to hospital. Their role is to act as a facilitator and if their expertise is to be most effectively used, they should be trusted and used in that role by medical staff. It is important to remember that they will usually be facilitators not advocates for the person with the communication difficulties. Advocacy is a separate and specialist role. This may mean that the physician has to work through the facilitator and when wanting to, for instance, physically examine the patient, be guided by the advice from the facilitator as to the best way to proceed. Physical examination may be a particular problem not only due to natural defensiveness about personal space but also due to support and training that the person may have received, over many years, about avoiding intimate interaction with strangers. For those without immediate support there are examples of support mechanisms developed by voluntary bodies. The DAMA (Disabled Advanced Medical Assistance) project, at the San Paolo Hospital in Milan,[2] has been in operation since 2000. In addition to direct and call centre support, DAMA notes that, 'At the end of the incident, a pattern card containing the anamnestic (aiding the memory) and clinical data of the patient is written, which will come to be part of a computer archive, that physicians can rapidly consult, especially in emergency situations.' Occasionally, on-call specialists from social services are available to support patients in hospital and other emergency situations, but in most cases, any available support is likely to come from non-statutory services.

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When a facilitator or call centre advice is not available, the patient may have a communication passport or personalised communication system with them.[3] In the community, services that support people with severe communication difficulties have a responsibility to support individuals by preparing accessible information that will help that individual in an emergency/hospital situation. In some cases these may rely on pictorial representation; hospital staff should be aware that some people with severe communication difficulties find it easier to express themselves and respond through visual rather than auditory channels, when under stress.

The physical environment

Many people with severe processing impairments may find the sensory overload of the hospital environment very distressing: the constant lights-on environment and fluorescent lighting; a disturbing acoustic environment including bare walls creating a 'sharp'/harsh sound environment, equipment constantly buzzing, monitors bleeping etc., and the smells of disinfectant and antiseptic.

Simple adaptations can improve the environment for those with communication difficulties. For example:

- **Lighting**: factors such as the position and type of lighting can make a major difference to the 'feel' of a physical space and how comfortable an individual feels in it. Passing down a hospital corridor with regular strip lighting, particularly when lying flat, can cause an unwanted 'stroboscopic' effect. The current trend to avoid this scenario, is to consider off-setting ceiling lighting to one side or the greater use of wall mounted lighting. Additionally, giving patients control of the lighting is a new and important consideration.
- **Sound environment**: we are all aware of the 'clinical' feel of many areas of hospitals due to smooth plastered walls, 'hard' floor coverings and suspended ceilings. This can create an acoustically 'bright' environment as sound bounces around and can make any of us feel disorientated. A particular problem in such environments is that it can be difficult to identify who is speaking and to whom, as well as spill-over from adjacent conversations. There are adaptations that can acoustically soften the environment and make it more comforting and easier to interpret sound, including speech. The inclusion of acoustically absorbent ceiling tiles should be considered throughout a hospital, as well as varying room and corridor geometries (avoiding 'four square' walls), to reduce the amount of sound reverberation.
- **Air quality/ventilation**: although we do not often recognise it, smell plays an important part in communication. It also plays a significant role in memory and for many patients with communication difficulties, olfactory stimuli can often be associated with painful or unpleasant experiences and previous visits to a hospital. Overheating and a lack of ventilation can also cause drowsiness or physical discomfiture.

It may well be easiest and most cost effective to start with discrete spaces and, without compromising efficiency and infection control, make simple adaptations that create a less 'severe' environment that should support more effective communication. Adapting an examination room by the use of acoustic absorption tiles in the suspended ceiling, less harsh and more controllable lighting, effective ventilation and access to daylight, can make the space feel much less hostile for the person with severe communication difficulties.

What actions might be most effective to support people with communication difficulties, in a medical emergency/ hospital situation?

- Keep the question 'How can I help you with your hospital experience?' at the forefront of everything that takes place.
- Core training priorities, for trainees and experienced staff, should already be covered in the existing ethical and legal frameworks. Of particular importance are the United Nations Convention on the Rights of Persons with Disabilities[4] and the World Health Organization's International Classification of Functioning,[5] which have already changed the focus of medicine by integrating a person's medical and social aspects, such that, 'It is normal to be different'. Medical care is about the whole person not a diagnosis or condition; the patient's communication status is another facet of the person to be considered (and for physicians to be aware of) and supported on the path to addressing their medical needs. 'Caring for a person means recognising that I have in front of me a person, with their dignity. It's just 'different' it is not more complicated than any other'.[6]
- There are in place a number of charters and sets of guidance, at national and local levels, to support people with disabilities in the health system. Their continuing development is encouraging. There is however an ongoing need to embed these principles into quotidian practice; 'But we recognise there is much further to go – and we are committed to seeing this transformation through.'[7] To drive this process forward, the working group believes that a focus on physician-patient communication will be of critical importance.
- Increased use of facilitators/volunteers to support the person with communication difficulties.
  - This kind of support network could only be effectively trialled and maintained by an established organisation supporting people with complex communication difficulties, working with the full cooperation of the medical facility. Hospitals are unlikely to have access to the necessary networks and contacts to initiate such a support service; they could however contact major organisations supporting persons with disabilities and suggest the organisations help in the development of a pilot project. In addition to the use of support workers/ volunteers, the creation of guidelines and standards can be helpful. Many organisations already provide comprehensive guidance, for instance: *Guidance and tips for staff to help people with dementia*,[8] *Autism*

guidance for health professionals,[9] or *Maximising Communication with Older People who have Hearing Disability*.[10]

- Where facilitators are used, the medical teams need to work in a trusting partnership with the facilitator. This trust and respect needs to be mirrored by the facilitators and their supporting organisation, especially in terms of the major issue of patient confidentiality. The use of facilitators would need a formal agreement and accredited training programme, but many charities, from the Citizens Advice Bureau to the Samaritans, have already shown how to do this.
- Effective practical support, record-keeping and the logging of a patient's previous admissions, incidents and support. The ability to immediately access these as an aide memoire to effective communication is a critical part of, 'How can I help?'. The NHS Scotland Key Information Summary could be an effective host for this information.
- Undertaking a critical review of the physical environment with particular reference to lighting and sound.
- Much work has been done in recent years to create safe, appropriate, segregated spaces for children within the Emergency Care setting. Perhaps similar designated spaces should be provided for people with communication difficulties? Design guidance exists for this.

These brief suggestions can only be signposts; we have a long journey ahead of us but we can make our communication better and improve the hospital experience and outcomes for all. To that end the working group would very much like to hear your experiences, opinions and suggestions by using the link highlighted earlier; thank you.

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The survey will be available at the following link until 31 December 2017

https://www.surveymonkey.co.uk/r/rcpehelp

Thank you for your participation

Further reading

1 'Hello, my name is campaign'. http://hellomynameis.org.uk
2 DAMA (Disabled Advanced Medical Assistance) project, San Paolo Hospital, Milan. http://www.progettodama.it/DAMA/DAMA_Project.html
3 Information on communication passports. http://www.communicationpassports.org.uk/About
4 United Nations. *Convention on the Rights of Persons with Disabilities*. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
5 WHO. *International Classification of Functioning, Disability and Health*. http://www.who.int/classifications/icf/en
6 From a press release related to the charter of rights of persons with disabilities in hospital, issued by Luigi Vittorio Berliri, President of Spes contra Spem, Italy. 1 April 2016.
7 ADASS, CQC, DoH, HEE, LGA, NHS England. *Transforming Care for People with Learning Disabilities – Next Steps*. January 2015. https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf
8 Alzheimer's Society. *Guidance and tips for staff to help people with dementia*. https://www.alzheimers.org.uk/info/20079/dementia_friendly_communities/355/guidance_and_tips_for_staff_to_help_people_with_dementia
9 The National Autistic Society. *Autism guidance for health professionals*. http://www.autism.org.uk/professionals/health-workers/guidance.aspx
10 Healthcare Improvement Scotland. *Maximising communication with older people who have hearing disability*. http://www.healthcareimprovementscotland.org/previous_resources/best_practice_statement/older_people_and_hearing.aspx