

Project ECHO

Effective Communication with Older Adults


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Overview

- Introduction: Jessica Foley, SLP
- Domains of Communication Affected by Aging
- Communication Changes in Elders
 - Vision Changes
 - Hearing Impairments
 - Voice Changes
 - Cognitive Challenges
 - Speech Changes
 - Language Changes
- Other Communication Considerations
 - Reduced Health Literacy
 - Caregiver Communication
 - Cultural Aspects of Care
- Strategies for Effective Communication

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Learning Objectives

1. Understand domains of communication affected by aging
2. Differentiate among typical and concerning communication changes due to aging
3. Learn strategies for effective communication with elders

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Importance of Communication in Service Delivery



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Why is Communication Important?

Good Communication:

- Strengthens patient-provider relationship
 - Increases adherence to recommendations (therapeutic partnership)
 - Better health outcomes
 - Improves patient satisfaction
 - Prevents malpractice suits and medical errors
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Domains of Communication Affected by Aging



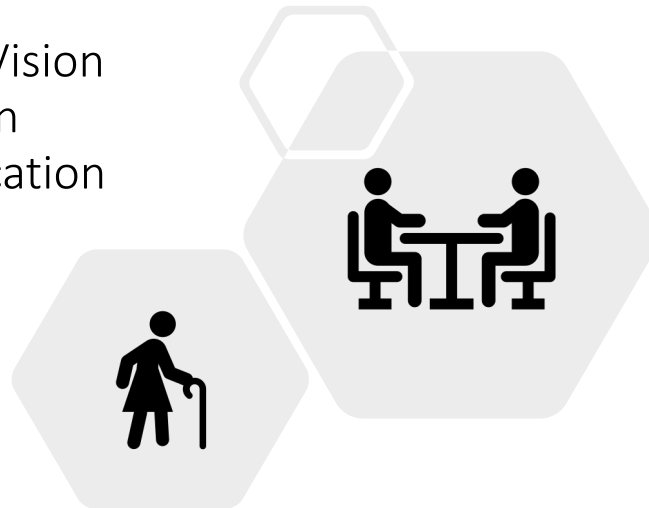
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Domains/Aspects of Communication Assessed and Treated by SLPs with Elders

- Written language (affected by vision)
 - Hearing
 - Voice
 - Language
 - Cognition
 - Speech
- *NOTE: SLPs also treat dysphagia (swallowing disorders)

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Effects of Vision Changes on Communication



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Promoting Physical Access to Written Communication

Need physical accessibility for written communication:


- Contrast/readability of signage
- Size/readability of written documents
 - Hand-held magnifiers
 - Glare of lamination
- Lighting
- Large areas for written responses/signatures, guides, adequate spacing
- Consider access and readability of websites/online health portals

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Effects of Hearing Loss on Communication

The diagram consists of three overlapping hexagons. The leftmost hexagon contains a black silhouette of a person with a cane. The middle hexagon contains a black silhouette of two people sitting at a table. The rightmost hexagon is empty.


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Hearing Considerations

- Michelle: Add stats and information here!

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Hearing Considerations

- Ask the listener what is the best way to communicate with them
- Speak toward better ear
- Make sure listener can see your lips
- Speak slowly and clearly, but avoid shouting
- Re-phrase, spell out, gesture, or write down information
- Have the listener repeat back what they heard
- Refer to Audiologist if....

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Effects of Voice Changes on Communication



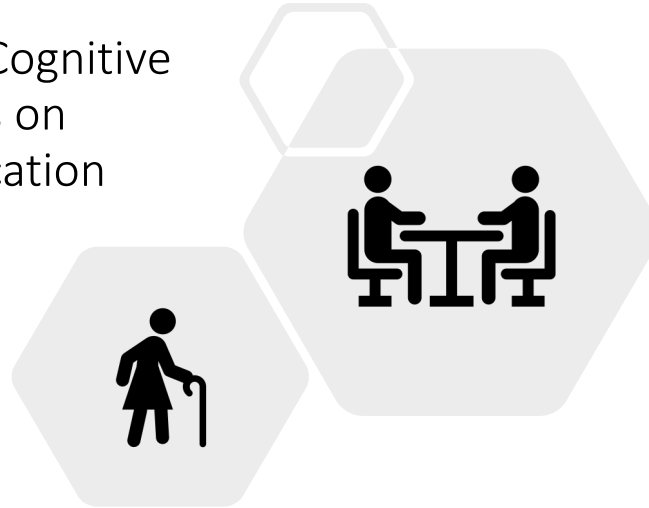
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Voice Changes

- Presbyphonia: 30% of adults over 50
- Decline in range with pitch instability
 - Women: pitch lowers; Men: pitch raises
- Muffled quality and lower intensity
- Significant impact on life participation (socially and vocationally)
- Refer to SLP if pain, severe hoarseness, loss of voice
 - VFE's = good outcomes for improvement

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Effects of Cognitive Challenges on Communication



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Characteristics

- Decreased Working Memory
- Decreased Sustained Attention
- Affects processing of complex sentence structures
- Refer to SLP if significant changes in functioning, sudden onset

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Strategies

- Encourage the patient or caregiver to take notes
- Repeat key points
- Use charts, models, and pictures to illustrate your message
- Assess understanding with “teach-back method”
- Provide **specific** written instructions/Visit Summary to take home
- Give the patient a chance to ask questions, and conclude with assessing patient understanding

VISIT SUMMARY

Key points we discussed today:

Your blood pressure is 150/90.

Your goal is less than 130/85.

Diet and exercise are key to controlling your hypertension.

New medications:

benazepril (Lotensin) 10 mg - one tablet per day

Instructions:

Take your new pill when you first get up in the morning.

Walk around the block every morning.

Walk around the block every afternoon.

Cut back on salt and alcohol.

Come back for a follow-up visit in 2 weeks.

Call our office if symptoms worsen or if you have any questions.

John Smith, MD 9 / 6 / 06

Physician Date


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Strategies

DOs

- Meet in familiar surrounding or have familiar person present
- Talk with patient directly. DO NOT IGNORE THEM
- Recognize the limitations of the patient
- Continuously cue to the environment and activity
- Ask simple “yes” and “no” questions
- Watch for non-verbal communication of pain or discomfort

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Strategies

DON'Ts:

- Do not use intercom to communicate
- Don't argue with patient
 - Instead "go with the flow"
 - Use "you don't say" "my goodness" or "I understand" before gently bringing up a new subject or distraction
- Never talk about patient as if they are not there
- Avoid too many providers at one time

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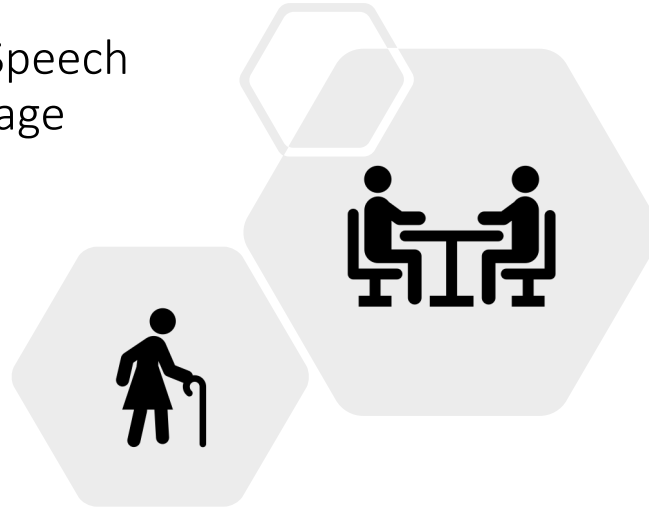


Strategies

- Say the main clause first instead of embedding it in the sentence
 - EX: Take your seat and you won't miss the movie
 - Embedded: if you don't want to miss the movie, you should take your seat
- Avoid sentences that begin with if, although, since, after, before, as long as
- Present information in small chunks while making sure patient is ready for more information **Chunking**
information into short sentences can increase comprehension
- Avoid technical language or euphemisms
- Use proper terminology for the diagnosis such as "Alzheimer's disease" or "Lewy body dementia"
- Check for understanding

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Effects of Speech and Language Changes



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Speech and Language Changes

- Speech
 - Often slower, less precise articulation
 - Refer to SLP if slurring or sudden onset of changes
- Receptive Language (see Cognition)
- Expressive language may be less efficient
 - Use more words, ambiguous words
 - Syntax and discourse less cohesive in conversations
 - Refer to SLP for significant word-finding difficulties have sudden onset, replacing words

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Other Communication Considerations



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Characteristic: Reduced Health Literacy

- Health Literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”
- More than two-thirds of adults over the age of 75 have below or basic health literacy
- Adults over the age of 65 are more likely to have a lower health literacy
- Older adults who are uninsured or enrolled in both Medicare and Medicaid are at higher risk of having **below basic or basic** level of health literacy

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Characteristic: Reduced Health Literacy

- Simplify verbal communication with *all* patients
- Use plain language, avoid the use of medical jargon
- Emphasize 1–3 key points and repeat
- Encourage questions; use an open-ended approach
- Write down important information for the patient
- Use the teach-back method

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Characteristic: Underreporting

Older adults:

- Are less likely to report symptoms
- Give more positive ratings to their health
- Baby boomers have a higher rate of lifetime substance abuse

Strategies:

- Ask direct questions about sensitive topics like Incontinence, driving, substance abuse, mental, and sexual health
 - *"Are you satisfied with your sex life?"*
- Use the "some people" approach
 - *"When some people cough or sneeze, they leak urine. Have you had this problem?"*

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Communication with Caregivers

- Caregivers' opinions and observations have value: what are their goals for the patient?
 - Determine if patient wants to include caregiver/family in medical discussions
 - Have them leave the room when discussing sensitive topics or elder abuse
 - Be careful of family members "speaking for" the older adult
 - Patient has ultimate authority over their care decisions
 - When information is provided by caregiver/family, have it verified by the patient to increase autonomy
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Cultural Aspects of Care

- Cultural competence: acknowledging patient diversity, and adapting healthcare to meet patients' social, cultural, and linguistic needs
 - Cultural competency is critical in reducing disparities among groups
 - Lack of understanding of cultural practices (and unwillingness to learn) can result in healthcare errors, including inaccurate patient evaluation and diagnosis
 - Determine the patient's preferred term for cultural identity; use it in conversation and in health records; if you aren't certain about a patient's preferences, ask
 - Ask how to pronounce the patient's name and how they would like to be addressed
 - Responsibility to be aware of cultural terminology lies with the provider
 - Be alert to making negative judgments about a patient based on cultural assumptions
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Effective Communication Strategies



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Communication Basics

- Use formal language when addressing a patient
- Avoid Condescension/patronizing speech, such as “dear” or “hun”
- Use open-ended questions
- Active Listening – nodding of head, “okay,” “I see”
- Stick to one topic at a time
- Provide information through more than one channel
- When medical information is framed in a positive manner, older adults are more likely to comply with recommendations
 - Positive - Walking can have important cardiovascular health benefits
 - Negative - Not walking can lead to increased risk for cardiovascular disease

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Communication Basics

- Greet them as they arrive and say goodbye as they leave
 - Make signs, forms, and brochures easy to read (14pt)
 - Be prepared to escort elderly patients from room to room
 - Check on them if they've been waiting in the exam room
 - Remember to address psychosocial concerns
 - Older adults process information less quickly and have a harder time evaluating multiple pieces of information simultaneously
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Non-Verbal Communication

- Be aware of what your non-verbal behavior is "saying"
 - Is the computer more important than the patient?
 - Hand gestures, facial expression, physical contact, and eye contact can hold different meanings for people from different cultural backgrounds
 - Watch for body language cues that appear to be significant to the patient
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Basics: Set a Comfortable Environment

Room:

- Well-lit
- Moderately warm
- Sturdy chairs with arm rests
- Minimize extraneous noise



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Basics: Set a Comfortable Environment

- Make sure patient has appropriate assistive devices
- Face the patient directly
- Sit at eye level
- Speak low and slow
- Allow sufficient time for patient to answer
- Adjust pace to stamina of patient



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Checklist for Communication with Elders

Do I as a clinician:

1. Have barrier-free access to services?
2. Adapt to the visual needs of elders?
3. Limit background noise to enhance the patient's ability to hear?
4. Use oral and written communication that is well-constructed and in plain language?
5. Speak clearly with natural volume and intonation
6. Monitor my own nonverbals to avoid showing impatience?
7. Offer extra time and prepare to repeat or rephrase?
8. Encourage elders and caregivers to ask questions and offer comments?
9. Know when to refer to a speech-language pathologist?

(Adapted from Lubinski, ASHA, 2010)

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Resources

Communicating With Older Adults An Evidence-Based Review of What Really Works. Gerontological Society of America. 2012.

Communicating with Older Adults-Recognizing Hidden Traps in Health Care Decision Making. Gerontological Society of America. 2016.

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