

Hiromi Chinen & Tomoko Kiyasu  
Chiba Rehabilitation Center



The importance of communication for patients with complex communication needs (CCN) in a medical setting has been emphasized. There are often barriers to effective communication between patients and staff. To devise methods that work in practice, we studied patient-centered communication from the staff's perspective.

This study investigated how care providers in a medical setting talk to a non-speaking patient with multiple disabilities and examined how to make such conversations more patient-centered while providing care.

Each staff (Tab.1) engaged in a 5-minute bedside conversation with a 32-year-old woman patient with motor and visual impairments (Tab.2) ; Group A referred to the vocabulary list (Fig.1), Group B did not. The patient rated the quality of the communication session on a five-point scale, while the staff answered questions in another room. The sessions were recorded, and all utterances were transcribed and encoded.

The Institutional Ethics Committee approved the study (Medical 27-7).

Table 1. Participants

| Group A |                    |        |     |               | Group B |                     |        |     |               |
|---------|--------------------|--------|-----|---------------|---------|---------------------|--------|-----|---------------|
| No      | Job                | Gender | Age | Service years | No      | Job                 | Gender | Age | Service years |
| 1       | Nurse*             | F      | 20s | 1-3           | 6       | Nurse               | F      | 40s | 6-10          |
| 2       | Nurse              | M      | 30s | 3-5           | 7       | Nurse               | F      | 20s | 1-3           |
| 3       | Care worker        | F      | 40s | 6-10          | 8       | Care worker*        | F      | 30s | 6-10          |
| 4       | Childcare person*  | F      | 50s | 1-3           | 9       | Childcare person    | F      | 40s | 1-3           |
| 5       | Physical Therapist | F      | 30s | 1-3           | 10      | Physical Therapist* | F      | 30s | 1-3           |

Table 2. Summary of a patient

|                     |                                                                                                                                                                                                                                                                                                                                 |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Etiology            | congenital spinocerebellar degeneration                                                                                                                                                                                                                                                                                         |
| Motor               | ataxic quadriplegia; unable to change her posture spontaneously; able to grasp and release weakly                                                                                                                                                                                                                               |
| Sight               | aphakia; able to differentiate between colors, but not object shape                                                                                                                                                                                                                                                             |
| Receptive Language  | approximately the level of a 3- to 4-year-old on the Items of Kyoto Scale of Psychological Development 2001                                                                                                                                                                                                                     |
| Expressive Language | no speech; unable to vocalize (glottal closure surgery, tracheostomy with a mechanical ventilator); able to answer with finger signals (yes, grasping; no, releasing); uses a speech-generating device (SGD) by pushing an AbleNet Specs Switch; conversation with partner-supported scanning using the vocabulary list (Fig.1) |

[illegible]

Figure 1. Vocabulary list

We found no significant differences in the quality of communication as rated by the patient ( $M = 4.9$ ), number of utterances, number of phrases in one utterance, or number and duration of pauses between Groups A and B.

Both groups showed a pattern that involved providing choices after asking a question. Group A provided more choices, including choices mentioned in the vocabulary list and choices that the participants guessed extemporarily.

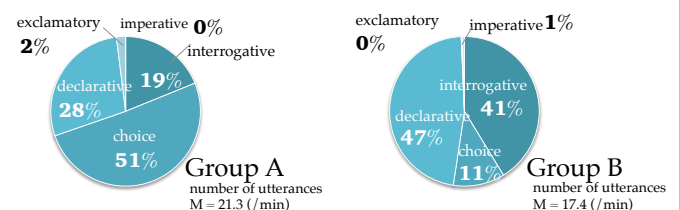


Figure 2. Forms of utterances of Groups A&B (per minute)

Group A produced significantly more requests for information than group B did, and Group B produced more comments than Group A did; there were no significant differences with regard to other codes (Fig.3).

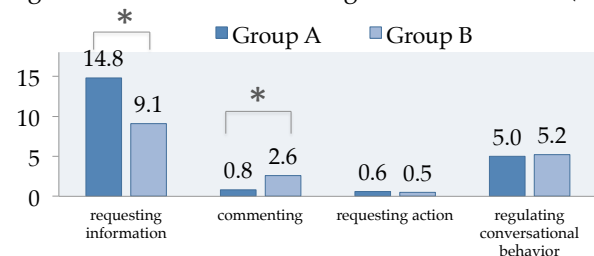


Figure 3. Intentions of utterances of Groups A&B (per minute)

We analyzed the descriptive data of the questionnaire with the SCAT method (see Handout). The following narrative emerged: "Staff communicate with patients to understand their needs and help patients to fulfill their needs. Staff should support patients by ensuring enough time, openness, and opportunity for communication, in addition to caring, and monitoring the method of communication."

- The structure of the vocabulary list enabled the staff to ask the patient some questions with multiple-choices that provided the patient with opportunities to communicate. Simple communication tools that require little training for use would benefit both patients with CCN and staff in a medical setting.
- Staff-oriented learning about AAC strategies would increase their initiative while providing care.