



Alberta College of
Speech-Language Pathologists
and Audiologists

Hear. Speak. Connect.

Patient Relations Course

Unit 4: Communication

Handout

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Unit 4: Communication

4. Communication

4.1 Welcome




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Narration

No narration, only music.

4.2 Module topics

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Narration

JILL: Hi ... I'm Jill and with me is my colleague Carlos. Welcome to Module 4: Communication, the last unit in this Patient Relations Course for Alberta Speech-Language Pathologists and Audiologists.

CARLOS: Hi Jill. So what are the topics for this last unit?


JILL: We shall begin by explaining the purpose and importance of effective communication. We will then provide some information on relevant College standards. These standards are patient-centred professional services, communication, informed consent, and privacy and confidentiality. Finally, we will discuss therapeutic communication, caring communication and overcoming language barriers.

I would like to point out to SLPs and audiologists that many of the techniques and strategies that we will be discussing can be effectively applied to other interactions such as with clients, family members, colleagues, students and other professionals.

CARLOS: Sounds like some interesting stuff. Let's do it.

JILL: Okay.

4.3 Purpose

Purpose of Communication	Menu
 <p>Use communication to:</p> <ul style="list-style-type: none">• welcome and seat patient• make patient comfortable & relaxed• gather data on history & symptoms• obtain informed consent• work with colleagues and staff• manage patient during appointment• provide post-treatment instructions and education to patient	<ul style="list-style-type: none">4.1 Welcome4.2 Module Topics4.3 Purpose4.4 Importance4.5 Patient-Centred Service4.6 Communication Standard4.7 Informed Consent4.8 Privacy & Confidentiality4.9 Therapeutic Communication4.10 Caring Communication4.11 Language Barriers4.12 Summary4.13 The End

Narration

JILL: Let's begin by describing the ways that SLPs and audiologists use communication in their daily practice. Carlos, you start.

CARLOS: Sure. The SLP or audiologist has to communicate to welcome and seat a patient, and make sure that the patient comfortable, informed and relaxed.

JILL: The SLP or audiologist has to effectively communicate to gather accurate data about the medical and health history of the patient, and obtain information about any symptoms, problems and complaints.

CARLOS: The SLP or audiologist always lets the patient know what is happening during the appointment and obtains informed consent.

JILL: The SLP or audiologist communicates to work effectively with colleagues, staff and other regulated health professionals.

CARLOS: The SLP or audiologist keeps the patient informed during the appointment, instructs the patient to facilitate the examination and treatment process, and constantly checks to ensure that the patient is okay.

JILL: And finally, the SLP or audiologist uses communication to provide post-treatment instructions and education to the patient.

CARLOS: So, it is quite obvious that communication is an important component of the work that speech-language pathologists and audiologists do.


4.4 Importance

Importance of Communications

Increased patient satisfaction

Reduced complaints

Improved efficiency



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Narration

JILL: Let's now briefly mention the importance of effective communication in speech-language pathology and audiology practice. The first is increased patient satisfaction. There is evidence demonstrating a positive association between a patient's satisfaction with the care they receive and their provider's ability and willingness to communicate and empathize with them.


CARLOS: Another benefit of good communication is reduced complaints. Open dialogue with patients results in better patient retention and a reduction of complaints. There are some estimates that 80% of complaints made by patients could have been resolved through better communication by the practitioners.

JILL: And the last reason for good communication is that it results in improved efficiency. Improved communication with patients will make the practice more efficient. For example, giving patients time to express their concerns does not take any longer, but can significantly reduce the likelihood of late-arising problems and/or missed opportunities to gather important data.

4.5 Patient-centred service

Patient-Centred Service

- Focus / priority always on the patient*
- Involve patient in decision making*
- Adapt communication strategies*
- Obtain informed consent*
- Monitor patient responses*
- Treat all with compassion, dignity, sensitivity and respect*



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Narration

JILL: It isn't a coincidence that the first standard in the College's *Standards of Practice* has to do with putting a focus and priority on the patient. Standard 1.1 states that: A regulated member of ACSLPA uses a patient-centred approach in the competent provision of safe and ethical professional services.

CARLOS: To adhere to this Standard, a regulated member must do several things. First, the regulated member must involve the patient in decision making and incorporate the patient's needs and goals into the service plan.

JILL: The regulated member must adapt their communication strategies to facilitate the patient's understanding of assessment and intervention.

CARLOS: SLPs and audiologists must obtain the patient's informed consent to proposed assessment and intervention plans, recognizing the right of the patient to refuse service, or withdraw consent at any time.

JILL: The regulated member must monitor the patient's responses to assessment and intervention procedures, and address any issues or concerns as appropriate.

CARLOS: And finally, SLPs and audiologists must treat all patients with compassion, dignity, sensitivity and respect. Respect means refraining from all types of discrimination, harassment or bullying behaviours including verbal, body language, social media and any other harmful type of communications with patients, colleagues and the public.

4.6 Communication standard

Communication Standard	Menu
<i>Respectfully, effectively and timely</i>	4.1 Welcome
<i>Clearly in plain language</i>	4.2 Module Topics
<i>Appropriate techniques and styles</i>	4.3 Purpose
<i>Active listening</i>	4.4 Importance
<i>Open, two-way communication</i>	4.5 Patient-Centred Service
<i>Document professionally</i>	4.6 Communication Standard
<i>Disseminate written reports</i>	4.7 Informed Consent
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JILL: *Standard 1.4 – Communication*, says that a regulated member of ACSLPA communicates respectfully, effectively and in a timely manner in the provision of professional services.

CARLOS: To comply with this standard, the regulated member must communicate effectively and clearly, incorporating plain language into all forms of communication such as spoken, written and electronic.

JILL: SLPs and audiologists must select appropriate communication techniques, adapting communication style, and minimizing barriers by incorporating any required supports such as use of interpreters, technological devices or written cues.

CARLOS: The regulated member must encourage the patient’s understanding of proposed services by using active listening and facilitating open, two-way communication.


JILL: SLPs and audiologists must document clearly, professionally and in a timely manner, in all forms of written communication.

CARLOS: And lastly, a regulated member must disseminate written reports, as appropriate, to relevant stakeholders, while respecting relevant privacy legislation and consent requirements.

4.7 Informed consent

Informed Consent

- Obtain informed consent*
- Risks, benefits and options*
- Assess understanding*
- Obtain informed consent*
- Respect patient rights*



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CARLOS: *Standard 3.2 – Informed Consent*, states that a regulated member of ACSLPA ensures that he/she obtains informed consent prior to the provision of professional services.

JILL: To do this, a regulated member must inform patients of the risks, benefits and alternative options of any proposed service plans initially, and whenever there are changes to the services provided.

CARLOS: SLPs and audiologists must assess the patient's understanding of the proposed professional services and adapt communication accordingly.

JILL: The regulated member must obtain informed consent from the patient or from a legally authorized representative. If consent is verbal, then a notation must be made to that effect in the patient's file.

CARLOS: And the last requirement for informed consent is that the regulated member must respect the patient's right to choose service options, refuse interventions and withdraw consent at any time.

4.8 Privacy and confidentiality

Privacy and Confidentiality	Menu
<i>Respect right to privacy / confidentiality</i>	4.1 Welcome
<i>Comply with legislation</i>	4.2 Module Topics
<i>Protect privacy of patient data</i>	4.3 Purpose
<i>Access data only as required</i>	4.4 Importance
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JILL: The last relevant standard that we are going to describe is the one related to privacy and confidentiality. *Standard 3.1* states that a regulated member of ACSLPA respects the patient's right to privacy and confidentiality of information, and practices in compliance with relevant legislation and regulations.

CARLOS: To demonstrate this standard, the regulated member must comply with all relevant privacy legislation such as the *Health Information Act*, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*.

JILL: Regulated members must maintain an environment and engage in practices that protects the privacy and confidentiality of patient information in all contexts of service delivery such as collection, storage, use, disclosure and destruction of records.

CARLOS: An SLP or audiologist must access information and archival systems **ONLY** as required for the provision of professional services.

JILL: And the final requirement is to minimize any risks to privacy and confidentiality of patient information when transporting or transferring patient records from one location or medium to another.

4.9 Therapeutic communication

Therapeutic Communication	Menu
<i>Introduce yourself to patient</i>	4.1 Welcome
<i>Give patient opportunity to express themselves</i>	4.2 Module Topics
<i>Explain health information is confidential</i>	4.3 Purpose
<i>Be aware of your communication style</i>	4.4 Importance
<i>Modify communication style as necessary</i>	4.5 Patient-Centred Service
<i>Respect patient's beliefs and values</i>	4.6 Communication Standard
<i>Engage patient in education</i>	4.7 Informed Consent
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JILL: Here are some additional suggestions specifically related to therapeutic communications. Most of these have already been mentioned, so this is mostly a review. It should be obvious, but introduce yourself to the patient. This is the first step in establishing a therapeutic relationship.

CARLOS: A therapeutic relationship has to work both ways. So always give the patient an opportunity to express themselves, and to be fully informed participants in their health care.

JILL: It is important to remind the patient that their personal and health information is confidential and protected by legislation. This may make them more willing and comfortable to share data that is critical to effective diagnosis, treatment and monitoring of their health care.

CARLOS: As I indicated before, each patient is a unique individual. Therefore to establish an effective therapeutic relationship, the SLP or audiologist must be aware of their own communication style. They must modify this communication style to suit each unique patient with whom they are working. Factors such as age, culture, language ability, mental or physical disabilities all have to be taken into account when communicating with a patient.

JILL: Because everyone is different, it is important to remember that we need to understand, acknowledge and respect each patient's beliefs and values. Sometimes this may be difficult to do, especially if their beliefs and values differ significantly from ours.

CARLOS: And our final suggestion, is to engage the patient in education. The more the patient knows about what they have to do to maintain and improve their health, the easier it becomes for you to do your job.

4.10 Caring communication

Tips for Caring Communications

Use “I” messages: “I am concerned ...”

Be specific: “I see a cut on your lip ...”

Be sensitive to others’ feelings: “I understand how difficult it may be to talk about ...”

Be non-judgmental and non-threatening: “Would you like to talk about it ...?”

Empower rather than rescue: “Do you want me to suggest some resources?”

Allow patient to make his or her own decision in his or her own time

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JILL: We have already mentioned several times how important caring and empathy is in establishing an effective therapeutic relationship with patients. One way of demonstrating empathy is by carefully selecting the words we use. Here are some specific examples.

CARLOS: Use the “I” messages. For example, “I am concerned that you have noticed that your hearing is getting worse.”

JILL: Be specific. “I see a cut on your neck. How did you get it?”

CARLOS: Be sensitive to others’ feelings. For example, “I understand how difficult it may be to talk about your past experiences with examinations.”

JILL: Always be non-judgmental and non-threatening. Say something like, “Would you like to talk about it?”

CARLOS: Empower rather than rescue. “Do you want me to suggest some resources?” rather than “I have some resources for you.”

JILL: Don’t rush. Allow patients to make their own decisions in their own time. Provide the necessary information, answer questions, but allow them to make the decisions.

4.11 Language barriers

Overcoming Language Barriers

Speak slowly and distinctly in normal tone

Use gestures or pictures to show meaning

Avoid clichés, jargon or value-laden terms

Avoid defensive or offensive body language

Obtain feedback to confirm understanding

Have brochures in other languages

Use culturally sensitive interpreter

Speak to patient, not interpreter

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JILL: Our final discussion is what to do when dealing with a patient who is not fluent in your language. The first suggestion is to speak slowly and distinctly in a normal tone. Do not shout. Increasing volume does not increase understanding.


CARLOS: Use gestures or pictures to show meaning. It might be useful to have pictures made up and be available for these types of patients. Another useful tip is to avoid clichés, jargon or value-laden terms. Skip the medical and technical terms and explain things in simple, plain English.

JILL: When trying to communicate with someone who speaks another language, we sometimes become impatient and frustrated. You have to be careful to avoid defensive or offensive body language in these situations. If the patient detects this non-verbal language, they may become defensive and uncommunicative.

CARLOS: Always obtain feedback from the patient to confirm that they have understood what you are telling them. If a significant number of patients come from a specific language group, then it may be appropriate to get some informative brochures made in that language.

JILL: As a last resort, use an interpreter. However, it is important that the interpreter is both culturally sensitive, and understands speech-language pathology or audiology terminology. Always speak to the patient, not the interpreter.

4.12 Summary



- Purpose and importance*
- Patient-centred service*
- Communication standard*
- Informed consent*
- Privacy & confidentiality*
- Therapeutic communication*
- Caring communication*
- Overcoming language barriers*

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Narration

JILL: Well, that brings us to the end of this unit on Communication. Carlos, would you mind summarizing what we covered in this last unit?

CARLOS: Sure thing. We began by discussing the many ways that SLPs and audiologists use communication in their daily practice. We then described that by being effective communicators, ACSLPA members will increase patient satisfaction; reduce patient complaints; and improve the efficiency of their practices.

The College's *Standards of Practice* related to communication were reviewed. These included patient-centred service, communication, informed consent, and privacy and confidentiality. We explained ways that SLPs and audiologists can use communication to develop and maintain a therapeutic relationship with their patients.

We provided some specific examples of words to use to demonstrate caring and empathy with patients. And lastly, we gave some very specific suggestions on how to communicate with patients who speak other languages. Did I miss anything?

JILL: You summarized all the important points. As this is the last module in this course, Carlos and I would like to thank you for listening to us as we discussed the various topics related to Patient Relations. We hope that the information we presented will allow you to comply with the new legislation and help you work more effectively with patients. Goodbye for now.

CARLOS: Yes, thanks and goodbye from me as well.

4.13 The End



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Narration

No narration, just ending music.