

Component III: Communication

Module C: Barriers

Topic 1: Communication Filters

I. Statement of Purpose

To enable the learner with basic principles and skills to communicate clearly, respectfully and effectively with patients regardless of barriers and sensory impairments.

II. Terminology

1. Barriers/Filters
2. Sensory impairment
3. Dual sensory impairment
4. Acculturative stress
5. Beneficence vs. Autonomy
6. Integrity
7. Title IV of the Americans with Disabilities Act
8. TRS (Telecommunications Relay Services)
9. TDD (Telecommunication Device for the Deaf)
10. AT &T Language line
11. Translation Etiquette

III. Performance Standards

1. Define the terms listed in the vocabulary section.
2. Discuss how filters can influence a patient's understanding of their health status and their willingness to be full partner in their care.
3. Discuss techniques for communicating with sensory altered patients, including multi-sensory limitations (e.g., visual, auditory, emotional)
4. Describe methods/resources to use when communicating with patients who have sensory impairment.

IV. References

1. Chun, K., Chelsa, C., Kwan, C. (2011). So we adapt step by step: Acculturation experiences afflicting diabetes management and perceived health for Chinese American immigrants. *Social Science & Medicine*, 72, 256-264
2. Garcia, C., Lindgren, S. (2009). Life grows between the rocks: Latino Adolescents' and Parents' perspective on mental health stressors. *Research in Nursing & Health*, 32, 148-162
3. Health Literacy: <http://www.hrsa.gov/publichealth/healthliteracy/index.html>
4. How Language Line's Telephone Interpretation Works: <http://www.youtube.com/watch?v=BWqmMBkqa90>
5. Laughlin, C. (2006). Core Curriculum for Ambulatory Care Nursing, Second edition. Pitman, New Jersey: Anthony J. Jannetti, Inc.
6. Lee, L, Batal, H., Maselli, J., Kutner, J. (2002), Effects of Spanish Interpretation Method on Patient Satisfaction. *Journal of General Internal Medicine*, 17, 641-646
7. Murry, Y.R., Expanding Your Cultural Vision on the Organizational Level, http://www.hhs.gov/opa/familylife/annualconfabstracts/cultural_competency_murray.pdf (Message- file may harm computer)

8. Qualified Interpreting for Quality Health Care <http://www.youtube.com/watch?v=Dzxq162N4jQ>

Websites

1. <http://www.ada.gov/publicat.htm>
2. <http://www.assistech.com/deaf-communication.htm>

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
<p>Objective 1 Define the terms listed in the vocabulary section.</p> <ul style="list-style-type: none"> A. Explain each term B. Give examples of barriers to communication 	<p>Discussion:</p> <p>Give each group a barrier to explain: physical, physiological, financial, religious. Each group will give an example of the barrier and discuss the challenge of this barrier for health care staff in the ambulatory setting.</p>
<p>Objective 2 Discuss how filters can influence a patient's understanding of their health status and their willingness to be full partner in their care.</p> <ul style="list-style-type: none"> A. Filters can influence how a message is delivered and or received. B. It is the health care professional's responsibility to assess for barriers and filters <ul style="list-style-type: none"> 1. Pain 2. Current state of health 3. Chronicity of one's illness 4. Gender 5. Language 6. Power distance 7. Race/ethnicity 8. Social status; education, socio-economic status related to health disparities 9. Acculturation and acculturative stress 10. Psychological health 11. Learned coping skills or lack of 12. Western medicine vs. other medical perspectives/modalities 13. Self efficacy C. Health care professional's responsibility to ensure the patient makes an informed decision, <ul style="list-style-type: none"> 1. Even though professional may not agree 2. Beneficence vs. autonomy and integrity 	<p>Lecture with Discussion:</p> <p>In same groups, discuss how filters can influence patient's understanding and commitment to suggested plan of care. Include conflicts the patient may perceive in choosing to follow the suggested plan of care. Debrief staff nurse's role to ensure informed decision but not to control it.</p>
<p>Objective 3 Discuss techniques for communicating with sensory altered patients, including multi-sensory limitations (e.g., visual, auditory, emotional)</p> <ul style="list-style-type: none"> A. Sensory impairment <ul style="list-style-type: none"> 1. Sensory impairment: one of your senses is no longer 	<p>Group Discussion: May use following questions or similar prompts.</p> <p>Ask for personal experiences in working and living with someone who has a sensory</p>

<p>normal: sight, hearing, smell, touch, taste and spatial awareness</p> <ol style="list-style-type: none"> Dual sensory impairment: combination of both hearing and sight impairment. It is more complex and requires a separate approach from assisting sensory impaired individuals. <p>C. Government responsibility to ensure equal access to care:</p> <ol style="list-style-type: none"> Title IV of the Americans with Disabilities Act TRS rules: Telecommunications Relay Services (TRS) and Speech-to-Speech Services for Individuals with Hearing and Speech Disabilities <p>C. Organizational responsibilities to meet TRS standards</p> <ol style="list-style-type: none"> Policies, procedures, staff education, System and process supports including equipment Structural accommodations 	<p>impairment.</p> <ol style="list-style-type: none"> What makes communication different for you when interacting with someone who is sensory impaired? Answer you are looking for: You cannot multi-task; you need to give your full attention to this person as you communicate! And they give their full attention to you. What personal changes will you make to communicate with this person? Answer you are looking for: Make time to talk with them. Do not multi-task. Only listen and speak. Use prompts to improve delivery of my message Use prompts to improve my listening. <p>Activity: <i>Working students</i> to bring in their agency's policy for communicating with the sensory impaired. Where was the policy located? Did staff know about it and where to find it? Could they explain their responsibilities? Who pays for this service? Report to class <i>Non work students</i> look up Title IV of ADA and give summary to class of salient points.</p>
<p>Objective 4 Describe methods/resources to use when communicating with patients who have sensory impairment.</p> <p>A. Face to face</p> <ol style="list-style-type: none"> Internal staff is tested and pass a qualifying test before they are identified as qualified interpreters. Family members are discouraged because from being interpreters because they can: 	<p>Activity: <i>Working students</i> obtain Translation policy from their place of work. Discuss key points in class: staff qualifications to translate, currency of skills, salary differential, rule on use of family to interpret. Debrief strong points of policy,</p>

<ul style="list-style-type: none"> a. Misinterpret b. Leave out important information c. Deliver it with their own slant or bias d. Infantilize their parent (when interpreter is a child of patient) 	<p>identify any gaps in policy.</p>
<p>B. Translating Etiquette</p> <ul style="list-style-type: none"> 1. Look at patient, not interpreter 2. Use qualified interpreter, no family members 3. Maintain high sensitivity to own body language and body language of patient 4. Speak in “living room” language 5. Speak in a clear and concise manner 6. Do not rush the interpreter 	<p>Watch video on face to face translation http://www.youtube.com/watch?v=Dzxq162N4jQ</p> <p>“Qualified Interpreting for Quality Health Care”</p> <p>Debrief video to highlight specific behaviors which make the interaction respectful and effective. Discuss key points regarding qualifications of interpreters.</p>
<p>C. AT & T Translation Line</p> <ul style="list-style-type: none"> 1. Qualified staff working for this service have demonstrated competency in their language 2. Have learned key interpersonal skills for translation over the phone 	<p>Obtain sample information cards from AT &T on how initiate the call.</p> <p>Identify what equipment is needed.</p> <p>Review an agency’s policy on use of a translation line.</p> <p>Watch video of how the process occurs.</p> <p>http://www.youtube.com/watch?v=BWqmMBkqa90</p>
<p>D. Staff responsibilities:</p> <ul style="list-style-type: none"> 1. Learn how to use system before you need it 2. Observe someone using it before you use it independently 3. Learn how to use the information cards to initiate the on line translation 	

SAMPLE CASE STUDIES

Case Study-Adult Medicine

Maria, a 28-year-old female, presents to your office approximately 5 weeks pregnant. Her first language is Spanish and she speaks only broken English. Her cousin came with her to translate. This is her first pregnancy. She believes she is current on her shots but has no vaccine or previous health records. She is living with a cousin and has good extended family support, but limited financial support and no transportation or phone. She is excited about the pregnancy and the prospect of being a mother. She reports having a few sexual partners with intermittent use of protection. Maria did mention that her previous doctor had her watching her diet and trying not to eat a lot of sugar but she is unclear as to why.

Vital signs: BP 124/82, Pulse 84, Resp Rate 12, Height 63”, Weight 190 pounds. Blood sugar done in office was 174

- 1) Identify primary health concerns for Maria.
(Pregnancy; potential STDs; elevated blood sugar-potential diabetes...)
- 2) What tests do you anticipate being ordered?

- (HCG, fasting blood sugar, hemoglobin A1C, CBC, Chem panel, STD screening including HIV; varicella titer, rubella titer, Hep B antibodies)
- 3) Identify Maria's barriers to receiving medical care.
(Health literacy challenges; language barrier; lack of transportation; limited income; limited communication means i.e.-no phone)
 - 4) Identify teaching needs.
(Pregnancy; expectations, s/s of concern-when to seek care/call office, visit intervals, need for prenatal vitamins, when to repeat blood work, weight gain expectations, medications to avoid, etc.; blood sugar management – possible meds, diet, checking blood sugars at home; safe sex practices)
 - 5) Develop a teaching plan, including: consideration of learning barriers, time allotted for each teaching point, learning activities, and how to measure teaching success/retention.

Case Study – Staff Education Need

It has come to the attention of the office that there are inconsistencies in how blood pressures are being taken by all the medical staff. Cuff size, not taking BP on bare arm, using alternative extremity, and inability to perform proper orthostatic blood pressures are all items of concern.

You have 25 medical assistants to educate, from very new to 18 years in practice. Two of the medical assistants have already stated they are not concerned with changing anything as they feel what they are doing is working.

You have a 30-minute slot at the staff meeting later this week to perform this education.

- 1) How will you prepare for this? (Printed materials, supplies, etc.).
- 2) How will you manage the resistance?
- 3) How will you organize your teaching? (Time breakdown, learning station, lecture, demo, etc.)
- 4) How will you assess effectiveness of education?

Case Study – Adolescent Medicine

Sam is a healthy 16-year-old athlete. He is having increasing reactions to bee stings including significant site swelling, site itching, and facial swelling with his most recent bee sting. Sam is being referred to an Allergist for workup and possible allergy shots for bee sting allergy. At his visit today, the PCP just prescribed an EpiPen 2-Pack to carry at all times. You have been given the job of educating Sam and his father about the EpiPen. Sam and his father are in a hurry to get back to school for practice and seem pre-occupied.

- 1) What information does Sam need to hear before he leaves the office?(How to recognize signs and symptoms of anaphylaxis; when to use EpiPen; how to use EpiPen)
- 2) What teaching tools could be used?
- 3) How will you measure the success of your teaching?

Case Study- Pediatric Medicine**Scenario #1**

Call received from mother of 3-year-old child, stating that she is being “so bad”. When asked what behavior the child was showing, mother stated that she was having little urinary accidents in her panties for the last week and was not getting to the bathroom in time to void. Was also having night time accidents. Child had been completely trained (day and night) for over 6 months without accidents. Child was only having urinary accidents and no trouble with bowel movements, was also complaining of “tummy pain”.

- 1) What additional questions would be appropriate to ask mother regarding her concern?
- 2) What would be your considerations for the differential diagnosis for this patient?
Mother was encouraged to make appointment to rule out urinary tract infection as children in this age group have atypical presentation, often with urinary accidents and tummy pain. On evaluation, urinalysis showed 4+ glucose as well as bacteria. Blood glucose found child’s blood sugar to be 389. Child was immediately admitted to the hospital with the diagnosis of Type I diabetes.
- 3) Upon learning that her child would be admitted to the hospital, what information about the need for hospitalization would be important for the mother to have?
- 4) What emotions might the mother be experiencing upon learning the diagnosis and what an appropriate strategy is for the ambulatory care nurse.
- 5) What information could be provided to mother regarding expected toddler behavior vs. illness symptoms?

Scenario #2

Call from mother who reports that 15-month-old child had been seen in Urgent Care three nights previously for “bad cough”. Was told there were no abnormal findings on examination at that time and he had a viral illness. Mother calls because she thinks “cough is getting worse”.

- 1) What assessment questions would be important to ask to determine if this child is currently in any respiratory distress? (length of illness, fever, description of cough, s/s of increased work of breathing, color, level of activity, counted respiratory rate while on phone with Advice Nurse)
- 2) What additional information would be important to know about the child’s medical history? (any concurrent medical diagnoses, immunization status)
Child is reported by mother to be having nasal flaring and substernal retractions. Mother was able to provide a counted respiratory rate of 60. Child had been having fever 103-104 degrees for past 24 – 48 hrs. Poor feeding, only one wet diaper in last 24 hrs. Mother advised to take child to nearest Emergency Room. Child in ER had O2 saturation of 88%, respiratory rate of 64, mild dehydration, chest x-ray showing bilateral pneumonia. Started on nebulizer treatment, IV antibiotics and admitted for evaluation. Discharged home after 72 hours improved and stable.
- 3) What education to mother would have been important regarding follow-up for continued concerns after initial evaluation in Urgent Care? What parameters could be given to mother to evaluate worsening condition?