

# COMMUNICATION STRATEGIES FOR THE HEALTHCARE PROVIDER

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## BEST PRACTICES FOR WORKING WITH PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES



Image Description: Asian doctor using stethoscope on male patient sitting in wheelchair during health check-up

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*This resource is funded and supported by*



SCDD Is Supported In Part By Grant #2401casddd From The U.S. Administration For Community Living, The Department Of Health And Human Services, Washington D.C. 20201. Grantees Undertaking Projects With Government Sponsorship Are Encouraged To Freely Express Their Findings And Conclusions. Points Of Views Or Opinions Do Not Necessarily Represent ACL Policy.

# INTRODUCTION




Photo Credit: @megandejarnett

Image Description: Woman sitting in her wheelchair at her desk writing in a journal. She is smiling with her hair up in a messy bun.

## **Communication Strategies in Healthcare**

Effective communication is a vital component of any relationship, and in the context of healthcare providers and patients, it takes on even greater significance. Misdiagnoses or inaccuracies in medication dosages can have serious, and at times, fatal consequences. Extensive research spanning over 50 years underscores the profound impact of good communication in healthcare. Such communication has been shown to enhance clinical outcomes by improving blood pressure control, reducing medication side effects, and ultimately enhancing patients' comfort with their treatment and healthcare experiences (1).



# CHALLENGES IN COMMUNICATION

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A nationally representative survey involving 8.4% of individuals self-reporting disabilities revealed a noteworthy disparity. Those with disabilities reported encountering communication difficulties with clinicians at a significantly higher rate compared to those without disabilities. These concerns encompassed instances of physicians failing to actively listen to patient preferences and inadequately engaging them in the decision-making process (2).

The inherent value of health communication hinges on its accessibility and comprehensibility to the audience (3). However, access barriers and preconceived assumptions regarding communication preferences pose significant risks, including the transmission of inaccurate and incomplete medical information, medical errors such as incorrect medication dosages, and misdiagnoses (2).

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Moreover, the cumulative effect of repeated negative experiences in healthcare communication has the potential to deter individuals from seeking out necessary resources in the future (4).



# SUGGESTED IDEAS & PROPOSED SOLUTIONS

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## **Visual Aid Toolkit**

Materials to include in a visual aid toolkit include large print materials, braille materials, audio descriptions, visual schedules, social stories, communication boards, tactile graphics, body diagrams, color-coded instructions, and digital accessibility features.

## **Patient Education Toolkit**

Have specialty-specific educational tools that includes age-appropriate materials for patient education. This may include anatomical models, medical tools for hands-on learning, dolls with medical equipment like pace maker, g-tube, or colostomy, and sensory-friendly materials such as fidget tools or visual cues to indicate sensory breaks.

## **Accessibility Identifiers**

Incorporate an identifier in scheduling systems and patient charts to alert staff to the accessibility needs of the patients. This should include but is not limited to, needs such as extra time, adjustable height beds, transfer assistance or how the patient learns information best.



# INTELLECTUAL DISABILITY AND HEALTH COMMUNICATION IN RESEARCH:

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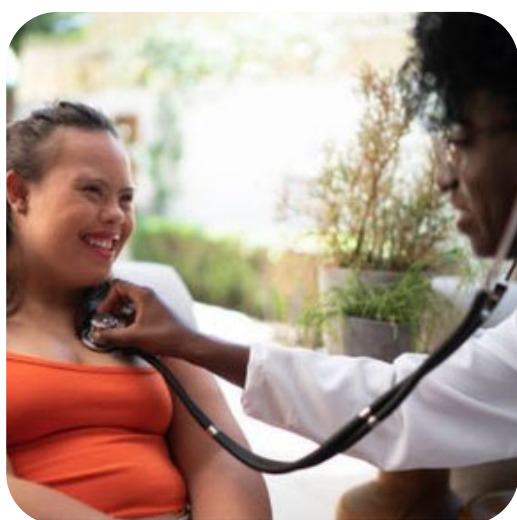


Image Description: African American doctor using stethoscope on female patient.

Clinicians frequently cite communication concerns as a challenge to providing high-quality health care. (5) In a study by Harvard/Massachusetts General (2017-2018), 20 participants from different practices participated in interviews and common themes included:

- Participants used unstandardized approaches, frequently didn't engage directly with the patient due to the estimation of decision-making ability, preferred to communicate with caregivers despite concerns over patient consent, and only some used visual aides to assist in communication.
- Only 4 out of 19 initially tried to communicate in a way that the patient could understand.
- Most almost always included family members or caregivers in dialogue, often without focusing on the patient's experience.
- One assumed the Medical Assistant (MA) had already had the discussion about preferences with their patient.
- 7 out of 20 used visual aids like drawings or models.



# S.U.P.E.R

S

## **Speak Slowly**

Speak at a slower pace and use simple, clear language. Avoid using jargon or complex vocabulary. This allows patients to process information more effectively and reduces the risk of misunderstanding.

U

## **Use Gestures**

Incorporate non-verbal communication, such as hand gestures and facial expressions, to supplement your verbal communication to help convey meaning.

P

## **Provide Time for Patients to Communicate**

Be patient and allow extra time for patients to express themselves. Some patients may require more time to formulate their thoughts or respond.

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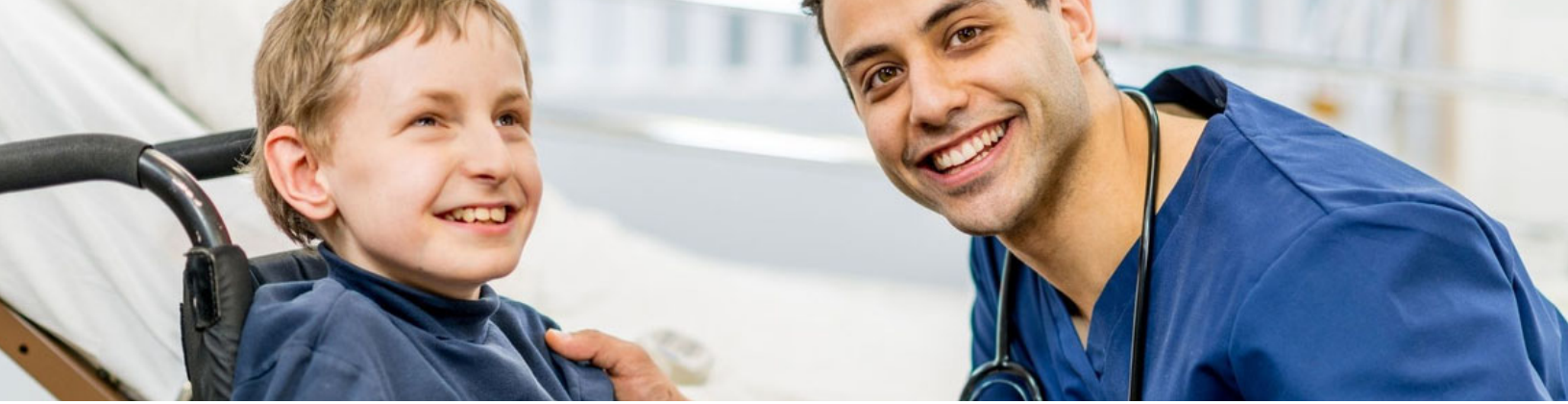
## **Employ Visual Aids**

Visual aids, such as pictures, diagrams, or written instructions, can be tools for conveying information. Visual cues can help patients better comprehend and remember important details or instructions.

R

## **Reflect with Eye Contact and Body Language**

Maintain eye contact and use positive body language to show engagement. Reflective listening, where you nod or use affirmative gestures, can indicate that you are listening and validating the patient's thoughts and feelings.



# COMMUNICATION STRATEGIES

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## 01

### Effective Communication

- Communication should be with the person, not with their disability
- Use respectful, 'People First' language: put the person before the disability.
- Make no assumptions, people with disabilities are the best judge of what they can or cannot do.
- Ask patients about their needs and preferences.
- Ask the patient what positions are most comfortable, what is the best way to transfer, and if assistance is needed.
- Always speak directly to the person with a disability, not to their companion, aide, or sign language interpreter.
- Avoid medical jargon – speak at a comprehension level that is appropriate. Head-nodding does not always indicate comprehension.
- Explain all procedures and exams as many times as necessary.
- Use verbal cues or models when necessary.
- Ask before you help:
  - Offer assistance only if the person appears to need it.
  - If you are asked for help, ask how before you act.



## 02

### **Physical Contact**

- Be sensitive – grabbing someone could affect their balance.
- Do not pat a person on the head or touch their wheelchair/scooter/cane, which are part of a person's personal space.

## 03

### **Respect their Privacy**

- If you ask about their disability, they may feel like you are treating them as a disability and not a human being. However, many people with disabilities are comfortable with questions about their disability after getting to know someone.

## 04

### **Time Management**

- Schedule enough time to discuss information.
- Individuals with disabilities need regular check-ups, screenings, and health education. Not every visit may be related to an individual's disability.





# ADVANCEMENTS IN TECHNOLOGY

Technology in the context of intellectual and developmental disabilities refers to augmentative and alternative communication (AAC) devices, speech-to-text, Google Relate, etc.)

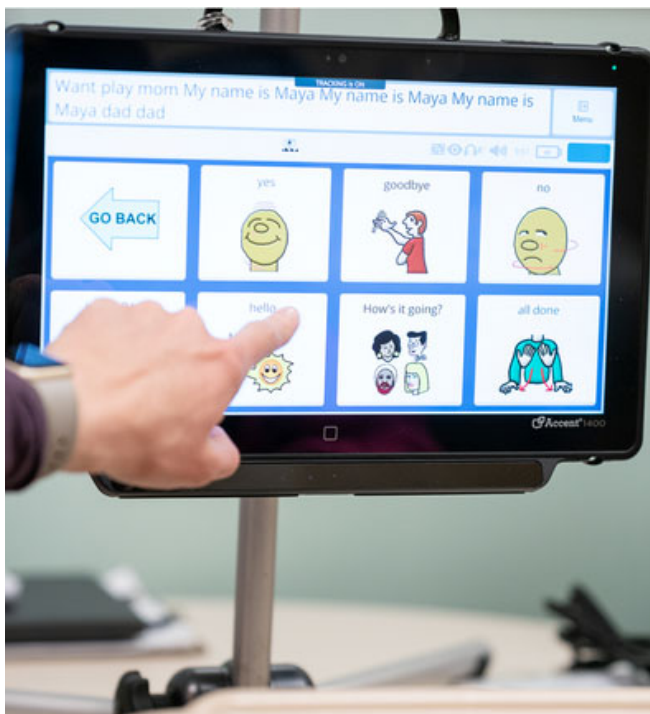


Image Description: A hand points to a computer screen with pictures of conversation phrases

There have been advancements in (6):

- Hardware - Communication devices (tablet technologies)
- Tablets changes speech-generating devices (SGD)
- Innovations in input or access methods
- Traditionally: motor difficulties addressed by switches or auditory input.
- Improvements in eye-gaze technologies (hard to master) and brain-computer interfaces
- Innovations in output, specifically in speech technology
- Synthetic voice generation



# EDUCATION AND TRAINING

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Education and training programs for a range of professionals should ensure that disability is included in graduate and undergraduate curricula across fields such as communication, public health, and medicine.

## IN MEDICINE

- Disability is relatively neglected in medical education and practice. Practitioners can help improve healthcare (7) for disabled people through disability studies – multidisciplinary study that draws on the experiences and perspectives of people with disabilities to address discrimination.
  - Narrative, first-person accounts provide a critical resource by representing the point of view of people with disabilities and by offering a means of examining the social context and determinants of disability.
  - Home visits: allow clinicians to appreciate the totality of people's lives.
- Focus on empowering people with disabilities to better advocate for their own health and educating health care providers so that they are more comfortable service people with disabilities.

## INDIVIDUAL BEHAVIOR- CHANGE APPROACH

## SYSTEM- CHANGE APPROACH

- Looks across broader disability community and focuses on establishing sustainable policies.

# RESOURCES

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- **Incentivizing Oral Health Care Providers to Treat Patients with Intellectual and Developmental Disabilities**
  - Organization: National Council on Disability
  - Published Date: April 5, 2023
  - Website: <https://ncd.gov/publications/2023/incentivizing-oral-healthcare-providers-treat-patients-IDD>
- **National Center on Health, Physical Activity and Disability (NCHPAD)**
  - Website: <https://www.nchpad.org/>
- **Intellectual and Developmental Disabilities (IDD) Toolkit**
  - Website: <https://iddtoolkit.org/>
- **CDC: Disability and Health Inclusion Strategies**
  - Website: <https://www.cdc.gov/>
- **Health and Human Services (HHS): Office for Civil Rights**
  - Website: <https://www.hhs.gov/ocr/index.html>
- **American Medical Association (AMA)**
  - Website: <https://www.ama-assn.org/>
- **Institute for Healthcare Improvement (IHI)**
  - Website: <http://www.ihl.org/>
- **ADA National Network**
  - Website: <https://adata.org/>
- **American Speech-Language-Hearing Association (ASHA)**
  - Website: <https://www.asha.org/>
- **American Psychological Association (APA)**
  - Website: <https://www.apa.org/>

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