MODULE I: COMMUNICATING WITH OLDER ADULTS

Summary

This module focuses on communication between health care providers, patients, and caregivers. It explores effective ways to communicate, as well as barriers that may arise in clinical situations. Module I has three parts: one online video, a narrated PowerPoint presentation, and a sections of clinical pearls. The video in Part 1 is presented by the American Medical Association (AMA) and discusses health literacy and can be accessed via the link below. The PowerPoint covers tips for improving doctor/caregiver communication, studies examining health literacy in older adults, and how health literacy is tested. It can be accessed via Blackboard Vista. The clinical pearls section is included in this binder; it discusses common challenges and solutions in communicating with older adults.

Part 1
Health Literacy and Patient Safety: Help Patients Understand
American Medical Association
http://www.youtube.com/watch?v=cGtTZ_vxjyA

Part 2
Communication & Health Literacy in Older Adults
Fitzgerald

Part 3
Clinical Pearls of Managing Communication Challenges
Blanchard

PROGRAM OBJECTIVES ADDRESSED

- Consider the complexity of involvement of family members and or caregivers, and possible cognitive impairment when communicating with older persons in the ambulatory clinical setting.
- Develop communication skills for effectively relating to older patients and apply them during their clinical years.
- Recognize health literacy issues affecting older patients.
MODULE I: COMMUNICATING WITH OLDER ADULTS: MEDICAL, NURSING, PHARMACY, AND INTERPROFESSIONAL COMPETENCIES

AACN & JOHN A. HARTFORD FOUNDATION ADULT-GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER COMPETENCIES

Practitioner- Patient Relationship: Provides support through effective communication and therapeutic relationships with individuals, families, and caregivers facing complex physical and/or psychosocial challenges.

Practitioner- Patient Relationship: Uses culturally appropriate communication skills adapted to the individual’s cognitive, developmental, physical, mental and behavioral health status.

Teaching-Coaching Function: Adapts teaching-learning approaches based on physiological and psychological changes, age, developmental stage, readiness to learn, health literacy, the environment, and resources.

Professional Role: Directs and collaborates with both formal and informal caregivers and professional staff to achieve optimal care outcomes

ASCP GERIATRIC PHARMACY CURRICULUM GUIDE COMPETENCIES

Communication: Demonstrate skill in communicating drug and adherence information (verbal and written) to senior patients, their caregivers and the interprofessional care team.

Communication: Demonstrate proficiency to interview and counsel seniors with varying degrees of cognitive and communication abilities.

Communication: Recognize barriers to effective communication (e.g., cognitive, sensory, cultural, and language).

Education: Utilize educational material appropriate to the specific patient/caregiver.

CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.

RR1. Communicate one’s roles and responsibilities clearly to patients, families, and other professionals.

CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.

CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.
MODULE I: COMMUNICATING WITH OLDER ADULTS: IMPORTANT CONCEPTS

- Low health literacy is an extremely prevalent problem, with 60% of adults age 65+ at a basic or below basic health literacy level. The causes of low or declining health literacy are diverse, but they can usually be organized by identifying with of the three “In’s” (intake, interpret, and interact) the cause is interfering with (ex. Loss of vision limits a patient’s ‘intake’ ability, while dementia may limit the ability to interpret).

- Hypertension, diabetes, and hypercholesterolemia may all lead to cerebrovascular disease and stroke, which can affect reading ability. Moreover, several studies have shown that individuals who have hypertension are more likely to have a decline in cognitive function, even in the absence of a stroke.

- The Short Test of Functional Health Literacy in Adults (S-TOFHLA) has shown health literacy to be closely inversely correlated with age.

![Figure 1. Mean scores on the Short Test of Functional Health Literacy in Adults for five age groups, stratified according to years of school completed: >12 yr (black circle; n = 898), 12 yr (white circle; n = 998), 9–11 yr (black triangle; n = 526), and 0–8 yr (white triangle; n = 352). The bars indicate standard errors (Baker, Gazmararian, Sudano, Patterson, 2000).]

- A patient with low health literacy may find most patient education materials that are distributed in physicians’ offices to be too complex, written at too high a level, or not organized from the patient perspective.

- Having a companion or caregiver with the patient can create a specific type of triadic dialogue that is uniquely common to geriatrics (some say it is like turning a pediatric triadic interview on its head). It is important to obtain information from both patient and caregiver without alienating or ignoring either party.

- A language barrier can occasionally be a hurdle in effective communication in elderly populations. Often surmounting this hurdle requires a set communication skills, including experience with a triadic interview and the ability to break down information so it can be translated.
MODULE I: COMMUNICATING WITH OLDER ADULTS: CLINICAL PEARLS OF MANAGING COMMUNICATION CHALLENGES

MEDIUMS OF COMMUNICATION

Non-verbal Communication
- Personal Space: be aware most people prefer 1 1/2 to 3 feet of space around them.
- Assess their mood and attitude. Utilize congruent facial expressions.
- Use gestures to clarify your point.

Paraverbal Communication
- Be aware of how your message is perceived.
- Attend to tone: respectful
- Assess volume: consider possible hearing impairment
- Attend to cadence: keep your rhythm slow and deliberate

Verbal Communication
- Use simple, direct statements, enunciate words, avoid terms of endearment or infantilizing.
- Utilize Mr. or Mrs., Ms. until granted permission otherwise… Ask!
- Always acknowledge the patient directly, address the family member or caregiver afterward. Never ignore the patient.
- Power of Attorney is only an enforced power if the patient becomes incapacitated.
- Ask open-ended questions and avoid giving ‘fill in the blank’ responses (unless format is necessary because of cognitive deficiency).
- Do not skirt issues (depression, suicide, alcohol, finances, abuse).
- Allow plenty of time for responses.

Empathic Listening
- An active process, provide undivided attention. Remember to restate, rephrase and clarify.
- Allow for silence.

BARRIERS TO COMMUNICATION

Hearing impaired
- Possible Solution: Stand directly in front of the person, make sure you have that individual’s attention and that you are close enough to the person before you begin speaking to reduce or eliminate background noise.
- Possible Solution: Use a portable amplifier system; speak slowly and distinctly.

Visually impaired
- Possible Solution: Explain what you are doing as you are doing it. Ask how you may help: increasing the light, reading the document, and/or describing where things are.
- Possible Solution: Write instructions in large font with a dark marker.
**Dementia**

Introduce yourself each time.
Use short simple sentences or questions and give plenty of time for the person to respond.
Maintain a calm demeanor; dementia patients may mirror emotion.
Redirect and distract out of stressful situations.

**Dementia: Understanding Behaviors**
- Dementia can affect areas in the brain that control emotion and behavior. The person’s ability for insight and judgment may be impaired.
- Confusion limits one’s ability to understand their surrounding and or to express themselves conventionally.

**Dementia: Further Tips for Communication**
- Speak slowly using simple sentences. Ask simple questions that require a choice or a yes/no answer.
- Use concrete terms and familiar words.
- Always introduce yourself, don’t expect the person to know your name no matter how long you have known them.
- Prompt the person with information instead of testing their knowledge.
- Offer choices when possible (e.g., Do you live at home or with family?).
- Use gestures and visual cues to get your message across.
- Speak in a warm, easy-going, pleasant manner. Use humor and cheerfulness when possible.
- If the person is hard of hearing, speak into their ear instead of yelling louder. Consider the use of hearing aids or a headset amplifier.
- Assist the patient in note-taking, marking things on a calendar.
- Ask family to assist by providing reminders, and to consider use of a medical alert system for safety and medication prompting.
 MODULE I: COMMUNICATING WITH OLDER ADULTS: GUIDING QUESTIONS

Why is it difficult to communicate with older adults? Compared to other students at your level in training, do you feel you are below average, average, or above average in your ability to communicate with older adults?

What are the potential benefits and possible pitfalls to having a caregiver or companion accompanying the patient to an appointment?

Why is health literacy especially a concern in older adult populations? What other populations might be at risk for low health literacy?

What are the three components of health literacy (mentioned in the video)? What problems can arise if a patient has low health literacy?
MODULE I: COMMUNICATING WITH OLDER ADULTS: READING AND REFERENCE LIST


ADDITIONAL RESOURCES FOR FURTHER LEARNING

American College of Physicians Health Literacy Resources
[http://foundation.acponline.org/hl/hlresources.htm](http://foundation.acponline.org/hl/hlresources.htm)

American College of Physicians Ethics and Human Rights Committee: Family caregivers, patients and physicians: ethical guidance to optimize relationships.

Strategies to Improve Communication Between Pharmacy Staff and Patients: A training Program for Pharmacy Staff

TOFHLA Teaching Version. *Available for purchase from Peppercorn Books*
[http://www.peppercornbooks.com](http://www.peppercornbooks.com).