



Communicate to Care: Transforming Patient Access with AAC and Visual Supports

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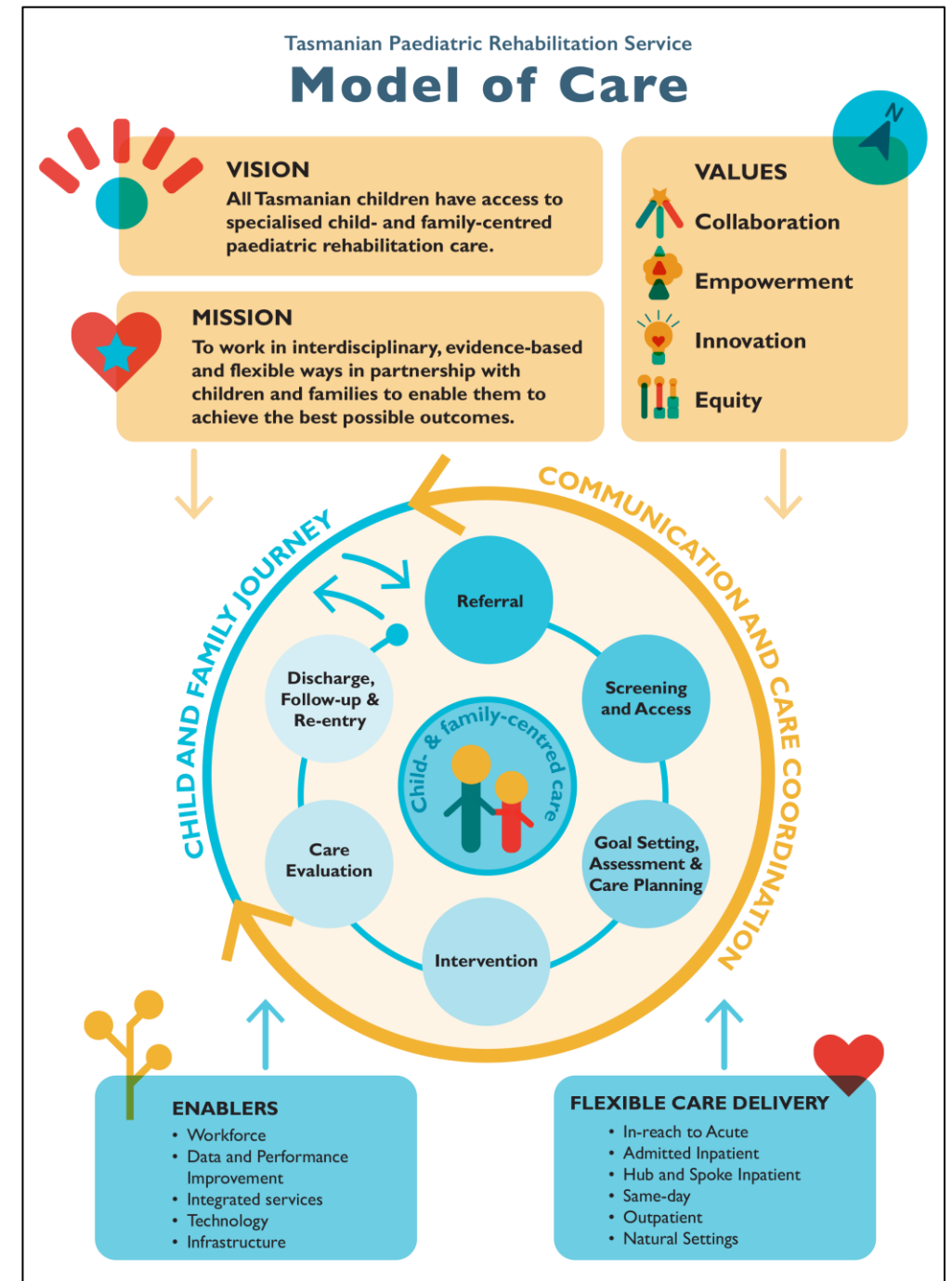


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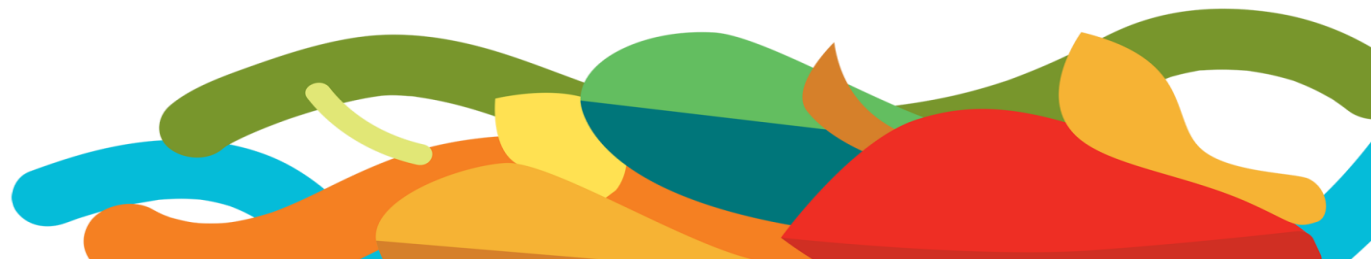
Tasmanian Paediatric Rehabilitation Service (TPRS)

- Inpatient and outpatient rehabilitation services for children and young people
- Service for individuals with functional impairment and complex healthcare needs who require specialised, coordinated, multi-disciplinary rehabilitation care
- Provide specialist assessment and time limited, multidisciplinary, goal focused rehabilitation blocks aimed at improving function



Speech Pathology Role within TPRS

- Assessment, diagnosis, & early time-limited specialised intervention for communication and eating and drinking difficulties for children with functional difficulties requiring multidisciplinary support
- Providing support for specialist clinics
- Building linkages with community therapists and capacity building
- Liaison between TPRS and community therapists for shared patients
- Establish and run TPRS eating and drinking clinic



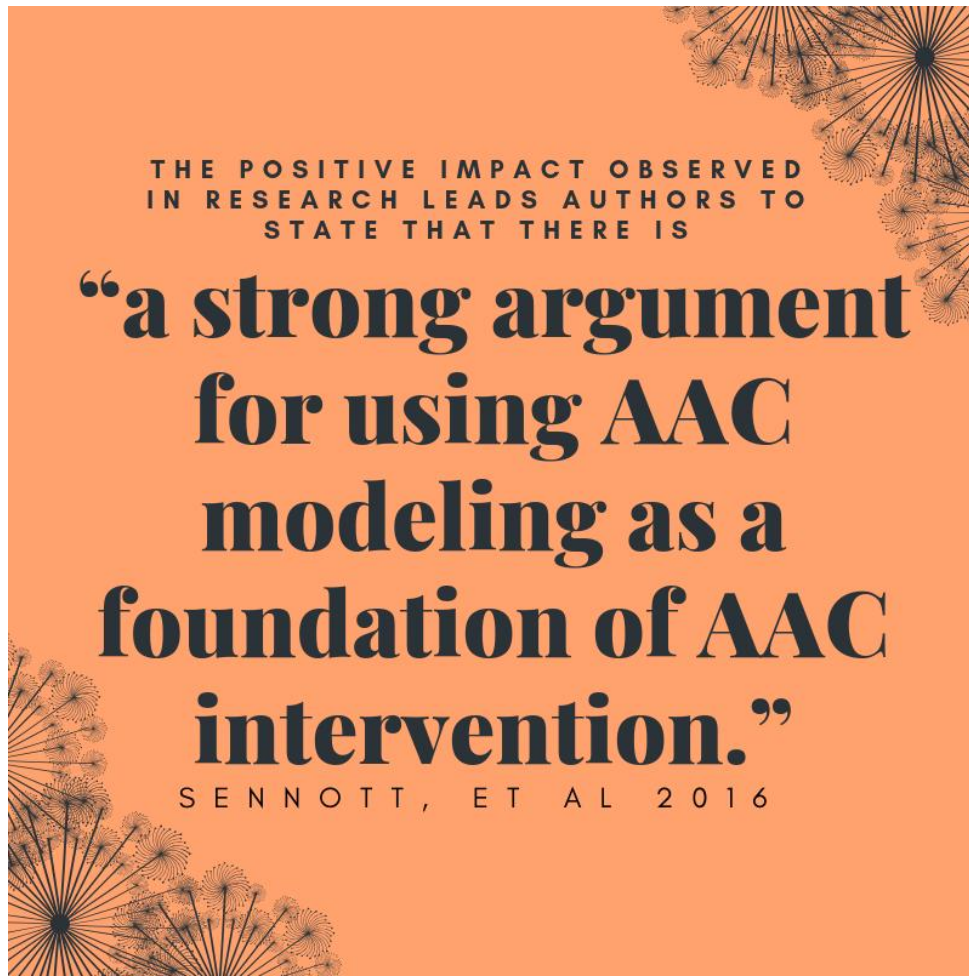
Communication needs of individuals accessing TPRS



- Many of the children who are supported by our TPRS team may experience communication difficulties
- These children may benefit from:
 - visual supports to assist with understanding what is said to them during appointments (e.g. visual timetables, social stories, picture symbols)
 - Chat board to support them to indicate their wants and needs
 - An **Augmentative and Alternative Communication (AAC)** system to support them to communicate with others

The importance of Communication Partners

The way we communicate with the children and young people we support can have a big impact on how they develop communication skills.

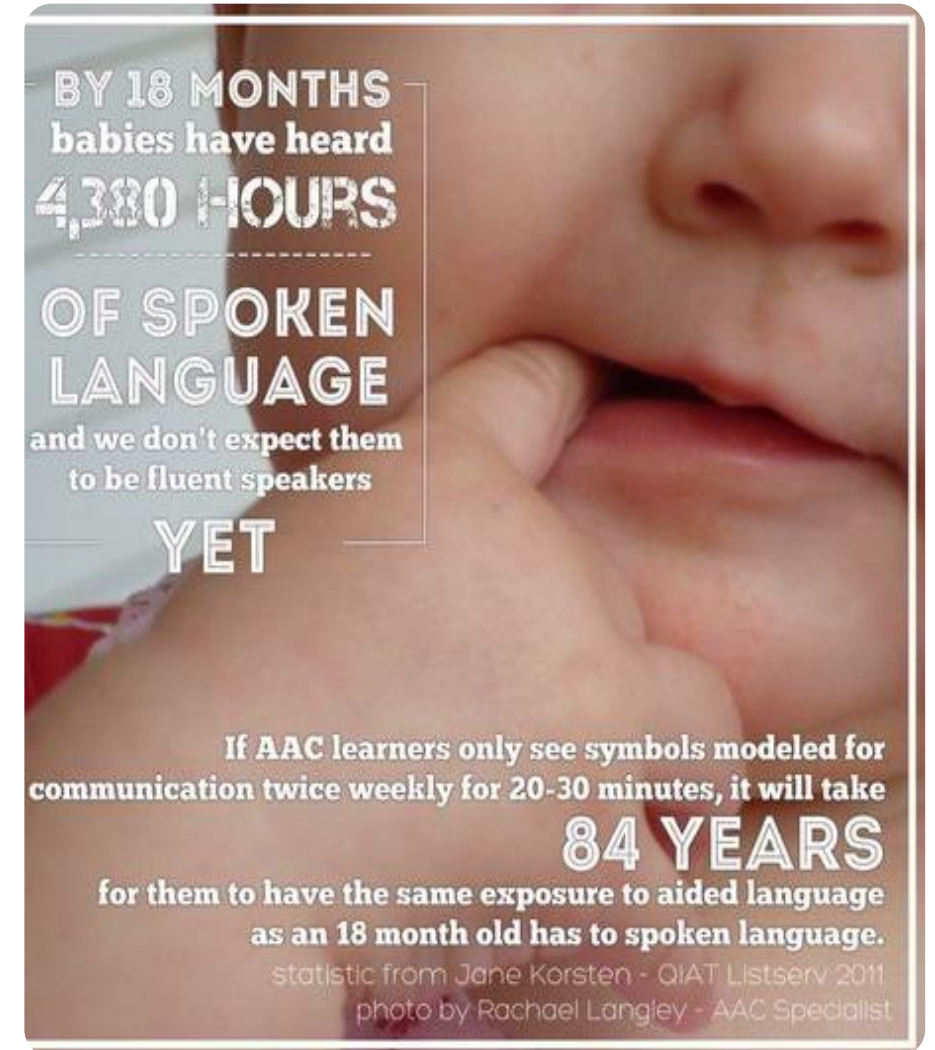


Sennott, S. C., Light, J. C., & McNaughton, D. (2016). AAC Modeling Intervention Research Review. *Research and Practice for Persons with Severe Disabilities*, 41(2), 101-115. <https://doi.org/10.1177/1540796916638822>



We all need to support communication

- Supporting communication is everyone's role
- If communication support and modelling is limited to speech pathology sessions, children will not develop their skills in a timely manner
- If we are unsure how to support the child's AAC system, how can we expect parents to use it?
- We need to give it a go, even if we make mistakes
- This helps show families it's OK just to try our best



AAC and Visual Supports in TPRS clinics

- Shared information on AAC and the importance of modelling the child's system with TPRS team and other paediatric staff
- A chance to practice using AAC together – it was hard!
- We realised as a team that we needed to develop our skills in supporting patients who experience communication challenges
- A working group with interested allied health team members, nursing and medical staff was formed

Visual resources developed for clinical spaces

Picture symbols used to label clinical spaces



Having my blood pressure taken.

The Nurse might need to take my blood pressure. This means checking how fast my heart is pumping my blood in my body.

A special wrap will be put around my arm with noisy Velcro. It might feel funny. The wrap will get squeezezy, but it's not for long.

I get to press **GO** on the machine. If I choose. Then the wrap will get squeezezy, but it's not for long.

I can have a **break** when I choose.


The nurse will read my blood pressure result off the machine.





Once the Nurse is Finished, I will get to have a break in the waiting room.



Social scripts developed for procedures (e.g. having blood pressure taken)

At the hospital



	I will meet a nurse.
	The nurse will weigh me on the scales.
	The nurse will check how tall I am.
	The nurse might check my blood pressure. That means how fast my blood is pumping in my body.

Social script – what happens when you visit the hospital

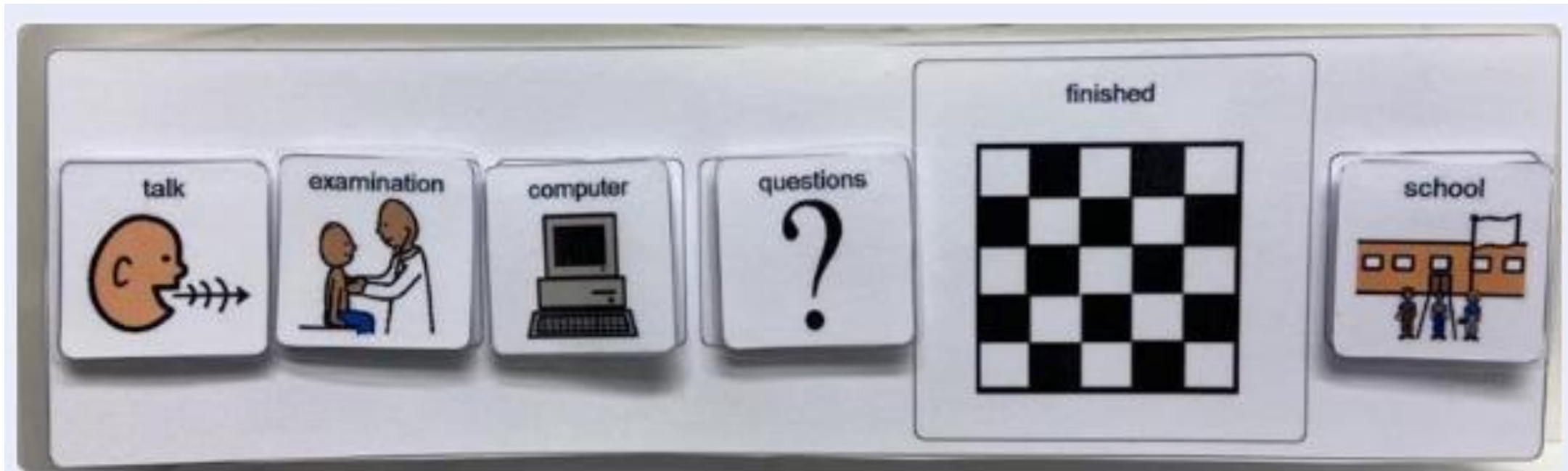
Packs of Visual Supports made for TPRS staff



Visual Schedule

Visual schedule to use during appointments to help patients understand:









- what is happening now and later
- when the session will be finished
- what will happen next



Key Word Sign

Common Key Word Signs

A handout with some commonly used Key Word Signs was included in the pack

 <p>More - Hold hand clawed, palm towards chest. Move hand forward, away from chest slightly.</p>	 <p>Finish - Tilt fist, with thumb raised and pointing upwards, from side to side.</p>	 <p>Eat - Move hand, with thumb touching fingers, towards mouth twice.</p>	 <p>Drink - Move hand up to mouth in a cupped shape, as though holding a cup.</p>
 <p>Sleep - Place flat hand on side of face and tilt head slightly. May close eyes and look sleepy.</p>	 <p>Sore - With fingers spread, palm towards stomach, shake hand up and down quickly.</p>	 <p>Help - With one hand flat, palm upwards and fingertips facing forward; hold other hand bent so that palms face each other and fingertips rest on the palm of <u>first hand</u>. Together, move hands forward.</p>	 <p>Toilet - Tap the blade of flat hand (palm facing your chest) with pointer <u>finger tip</u> twice.</p>

Chat boards

- Chat boards were produced to use in clinic sessions (based on the ICF Framework F-words)
- Feedback from staff was given about vocabulary specific to their role needed to make the chat boards more meaningful to them



Education to TPRS staff on how to use resources

- Inservice to TPRS staff to handout 'pack' and practice using the resources
- Opportunity to troubleshoot and ask questions

SAY WHAT
YOU SEE



"I see your big smile! I think you LIKE that."



"You sat down. I think you might be tired. Let's be DONE with this activity."



"You are looking UP. I think you see that airplane. It is loud."

Feedback so far

Thank you so much for providing this tool in the appointment. The doctor used it competently and I was so thrilled to see it in place

I did an assessment yesterday with a 4-year-old who communicated using single words and key-word sign for finished and more, it was so helpful to know the signs while working with her!

It is so needed and so valuable to our family.

My daughter was able to participate in the interactions and express herself. This is the first time anyone has encouraged her to be actively involved in the appointment. She will grow up expecting to be included and involved in her healthcare, which is so important.

My daughter has an intellectual disability and visuals are her preferred way of giving and receiving information and the best way of engaging with her in an interaction.

I'd love to see other departments in the hospital use it too





Challenges

- Staff forgetting to take the visuals to sessions
- Staff not using the visuals in the ‘busyness’ of the session
- Staff not using the visuals as they are not sure they are doing it ‘right’
- Staff changes in team

Future Directions

- Expand our range of visual supports
- Extending the project beyond the TPRS service
- Formalising this as a research project with ethics approval



Questions?

Thank you!

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