

# ASSESSMENT PROTOCOL FOR ALTERNATIVE COMMUNICATION IN THE HOSPITAL SETTING

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## **Introduction:**

In the hospital setting, a significant number of patients who need health care are permanently or temporarily unable to communicate, and this condition complicates their relationship with the team and generates diagnostic difficulties (PELOSI; NASCIMENTO; SOUZA, 2015). Thus, the introduction of Augmentative and Alternative Communication (AAC) is fundamental in this process.

AAC is an area of Assistive Technology, and its introduction in the hospital setting has contributed decisively to the care and integration of patients with speech or writing difficulties (BROWNLEE; BRUENING, 2012; THOMAS; RODRIGUEZ, 2013; PELOSI; NASCIMENTO; SOUZA, 2015; SANTIAGO; COSTELO, 2015). Many professionals may be involved in activities in the field of AAC, and occupational therapists stand out among them.

For introducing strategies that enhance communication of hospitalized patients, evaluation use in AAC during hospitalization has been recognized as an essential component for patient satisfaction. This assessment should transcend the various stages of AAC needs from hospital admission to recovery and allow listing the patient needs (SANTIAGO; COSTELLO, 2015). It should also help patients participate in choosing the most fitting resource for their communication in hospitals.

However, the use of assessments with non-oral, vulnerable patients is a major challenge due to patient conditions, type of resource to be used and limitations of the hospital setting. Occupational therapists with expertise in AAC can definitely contribute to this assessment process.

## **Objective:**

To describe the evaluation created by occupational therapists to assess the different conditions necessary for use of AAC in the hospital setting.

## **Methodology:**

This methodological study was part of the project "Implementation of Alternative Communication for patients with speech difficulties", conducted in a university hospital in Rio de Janeiro, Brazil, from June 2012 to March 2014.

This project implementation required an assessment protocol with closed questions, developed by the researchers and based on national and international scientific literature. The protocol was submitted to three jury members, occupational

therapists with expertise in AAC area, for validation of appearance and content, and pre-tested in a pilot study.

Ethical approval for this study was obtained from the Research Ethics Committee, advice number 66/11.

## **Results:**

The evaluation comprised eight groups of related questions:

1. Patient personal and clinical data (name, age, diagnosis, general conditions, medical record number, and ward number).

2. Information on communication difficulties (presence of tracheal intubation, tracheostomy, or other impediments related to the underlying disease).

3. Skills and difficulties: type of communication (lip movement, gestures, cervical movement, emission of sound, writing ability, and others); visual possibility (use of glasses and low vision); hearing (yes or no); cognitive (attention span, understands the resource operation, answers the requests, recognizes the symbols); motor skill (holds, reaches, points, uses tablet pens, click and trigger, injury of the upper limbs, type of injury); and upper limb restraint (upper limb restriction and difficulties due to venous access).

4. Data on the available AAC type (communication board, communicator, computer, and tablet), number of symbols used (one to 25 symbols), access form (direct, tablet pen, scanning, driver, and others), positioning (eye, shoulders and chest level), and support needs (bedtable, inclined plane, wheel table hold by the occupational therapist or the patient).

5. Caring for the resource for prevention and control of hospital infections (type of resource protection and forms of disinfection).

6. Occupational Therapist's Evaluation (number of interventions, time spent on each intervention, purpose of intervention, oral or written communication);

7. Patient and therapist's choice of the most fitting AAC resource and number of symbols for use in hospital situation, and motivational factors for the choice of resource (easier to use, screen appearance, best symbols, amount of information on the screen, sound volume, equipment weight, easier to press, screen size, opportunities to do other things, another reason).

8. Necessary conditions for the patient to use AAC resources (table, inclined plane, driver, pen, partner, and other adaptations).

To encourage the participation of patients in the assessment, the occupational therapists had to carry out a systematic planning with different stages, such as: 1. Choice of an attractive theme that could be exploited by all patients using different AAC resources, regardless of age and gender. The theme involved sights of the city with symbol options ranging from one to 25, and 2. Development and availability of a set of communication boards containing vocabulary that enabled the resource choice and justification, and a board with alphabet to expand the answers.

## **Conclusion:**

The evaluation was used in a study that researched the most fitting resource to facilitate communication of hospitalized patients, and proved an essential tool for decision making of Occupational Therapists in AAC area in the hospital setting.

## **References**

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