Nurse training in AAC - what can nurses and patients tell us? Research into a new training intervention
Who are we?

- Compass are the AAC hub for WEST LONDON.
- We see inpatients at RHN and community patients in West London
- Currently 2 research projects in Compass
What do I use Talking mats for?

- Reviewing and setting AAC goals and rehab goals
- Generating AAC vocabulary
- Establishing views on low and high tech AAC
- Trying to prevent device abandonment!
Why nurse training for research?

1. Communication is a **human right**
   The Universal Declaration of Human Rights (United Nations, 1948))

2. Patients with a communication disability are **three times as likely to experience an adverse event in hospital**
   (Bartlett, Blais, Tamblyn, Clermont, and Macgibbon 2008)

3. Patients are endangered **by not having a method to communicate with nurses**
   (Hemsley et al 2016)

4. Use of AAC systems in interactions **saves time and eases frustration with communication in hospital settings**
   (Hemsley and Balandin 2014)
Why nurse training for research?

5. BUT We know that simply having communication tools available in a healthcare setting does not address the problem. (Nordness and Beukelman, 2017)

6. Positive interactions between caregivers and residents in care homes improves residents’ quality of life, and contributes to increasing their life expectancy. (Nussbaum, 1991)

7. As the numbers of individuals with complex conditions grow, so the numbers with communication problems is growing, therefore the numbers using communication aids will grow.

8. We are also experiencing an increase in AAC technologies, affordability and the availability of them.
Why nurse training?

- Patient feedback
- Compass observations

Royal Hospital for Neuro-disability
A national medical charity
Why ask nurses and patients?

• Currently, nurses are passive in this process; we tell them what to do in handovers of equipment and methods.

• We have never asked them what works for them or the patients.

• Do you want us at handovers?

• Do you want general training or just specifics on patients?

• If you are an AAC user do you want to be involved in training and if so, how?
Background - Literature Review

218 articles
• Mostly carer training in communication techniques in Aphasia, TBI and ITU.

• AAC training in schools

• Research into communication difficulties and Acute hospital, LD

• One programme on AAC in ITU that has been developed and has worked effectively e.g. Happ

• No research on AAC training asked the nurse or the patients about the training content
What do we currently do?

• Colour-coded labels
• Photo guidelines
• Grab any available nurses and try to show them
• Attend handover if we can
• General communication training in hospital
• Sometimes a video……
…………but we don’t know what works!
• Watch this…. 
What do we currently do in RHN?

- Practice with therapist instruction
- Practice with patient
- Coloured labels
- Speech therapy hospital training
- Therapist demonstration and modelling
- Wall signs
- Training in nurses' handover
- Watching a video of the patient using device
- Communication Passports on wheelchairs
Can a care staff training programme on Augmentative and Alternative Communication (AAC), based on the views of adults with acquired communication difficulties and their care staff in a long-term care setting, be effective at improving communication interactions between these two groups?
Objectives

**Primary Objective:**
To develop a *care staff training programme* in AAC based on the views of *AAC users and nursing staff* in a long-term care setting.

**Secondary objectives:**
1. To establish how individuals who use AAC feel about their communication with care staff.
2. To establish how care staff feel about their communication with AAC users and the training they receive.
3. Following a period of intervention, data gathering and analysis, *a training intervention will be developed*.
4. To determine whether *evaluations of knowledge pre and post this intervention demonstrate improved knowledge of how to communicate and use AAC* with individuals with complex communication needs in a long-term care setting.
5. To *determine the views of individuals who use AAC on the effectiveness of the intervention which aims to improve communication exchanges and interactions between themselves and their carers.*
The participants

AAC users

- 3-6 adults with communication difficulties who use AAC.
- Must have a reliable yes/no response and not have severe comprehension or cognitive difficulties.
- Use AAC to communicate.

Nurses/HCAs

- Focus group: 5-8 nurses or HCAs who have experience of using AAC.
- Surveys and Intervention: 30 nurses or HCAs – ideally permanent staff so they can complete intervention and post-intervention survey.
Methodology

Phase 1:

1. Literature review.

2. In-depth semi-structured interviews with 3-6 individuals who use AAC, exploring their views on communication and training with carers.

3. Talking Mats as part of the interview to confirm views and explore further

4. Follow-up questions via e-mail to enable further expression from the AAC users.

5. Focus group with 5-8 care staff (nurses or HCAs) to explore their views about communicating with AAC users, and generating ideas of what an effective training intervention might look like.

6. Interviews and focus group data analysed using thematic analysis.

7. Intervention developed.
Methodology

Phase 2:

1. Intervention piloted.

2. 30 Nurses/HCAs, not in the focus group, will be surveyed on pre-intervention knowledge and satisfaction with communication interactions and how to use AAC.

3. Intervention delivered to staff.

4. Post interventions surveys delivered.

5. Post intervention interviews to AAC users to evaluate the effectiveness of the approach.
The Interviews - Talking Mats
The Focus groups - Talking Mats Wall
My initial ideas of where this could lead?

- Videos of patients
- Role play
- Online training
- Simulation on a dummy patient/computer
- Practising with the patient
- Communication Interaction training

..or maybe the research findings will be that we are doing is working…..but at least we have evidence for that!
Preliminary Results - The Interviews

Interviews completed - 3 AAC user participants in the end:
  Email + interview + Talking Mat

2- Brainstem Stroke
1- TBI and spinal cord injury

Some common themes:
- Issues with agency staff, staff turnover and the English of some HCAs/nurses
- Communication aid training should be mandatory for all staff
- Knowledge base website idea
- AAC user involvement in the training: ‘I need to deliver courses I write’
- If staff can’t use device/chart, frustration ‘then I give up’
- 2/3 said use patients for training
'How do you feel about the training the nurses have received in using communication aids with patients?'
‘In an ideal world, what would communication aid training look like?’
‘How do you feel about the training the nurses have received in using communication aids with patients?’
‘In an ideal world, what would communication aid training look like?’
Preliminary Results - The Focus groups

1 done - 1 nurse and 2 HCAs
- stressful-time!
- Nurses have to know a LOT about technology!
- Talking mats helped me to be able to focus and to move onto the next questions
- They wanted to talk about specific patients a lot and I had to direct away from that
‘How have you found using these communication aids with patients?’
‘How do you feel about the training you have received in using communication aids with patients?’
‘In an ideal world, what would communication aid training look like?’
Reflections so far - using Talking Mats in research

- Great way to consolidate the responses given in an interview.
- Accessible so able to use low and high tech methods to respond.
- Enabled focus during the focus groups
- Able to cover many more questions in less time
- Able to confirm responses given
- Chance for the participants to reflect on their responses.
Your views?
Thank you for listening and for your time

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