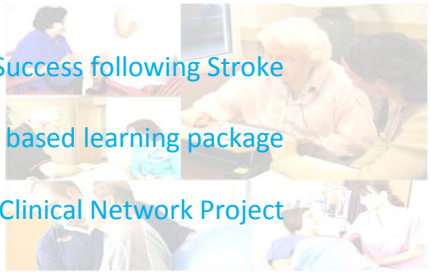

Work Book 2

Communicative Barriers & Access

Module 2: Enhancing Communicative Success following Stroke: a multimedia problem based learning package

Last week's update….

What did you learn last week about

Aphasia?

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Dysarthria?

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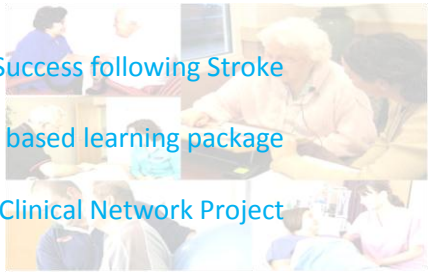
Physical Ramps

*"While rights to **physical access** in the form of wheelchair ramps and accessible facilities are now **taken for granted** in many parts of the world, the right to **communicative access** is **often not considered in the same light."***



(Kagan & LeBlanc, 2002)

Discuss with the group

What “physical ramps” do we provide as health care workers to assist someone after having a stroke?

1. Make a group list to be shared

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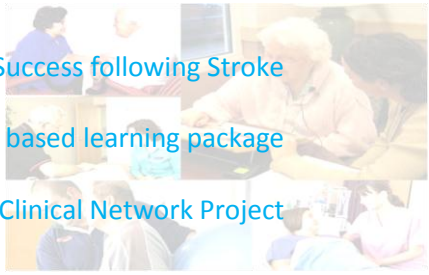
Communication Ramps

What do we do to assist someone to communicate on the ward?

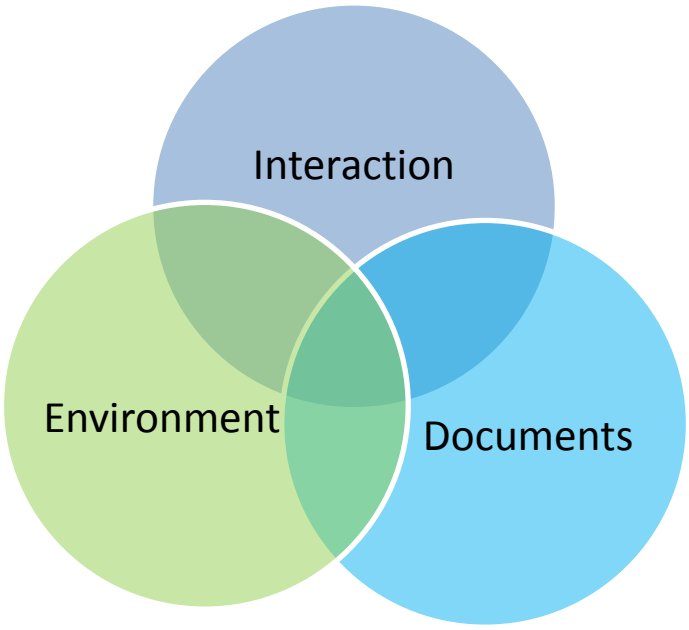
2. Make a group list to be shared. As you go, indicate whether these strategies help someone to get their message across or to help understand you?

The communicatively impaired patient…

Look at the next slide. Discuss how this diagram represents all the possible variables that can impact on communication for a patient following stroke.



Good Communication



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When some or all of these variables on the triangle are not properly managed, it can significantly impact on the person's ability to communicate.

How might this person feel if they are unable to interact with other people, or are unable to get their needs and wants across because of their environment? What if the Discuss with the group

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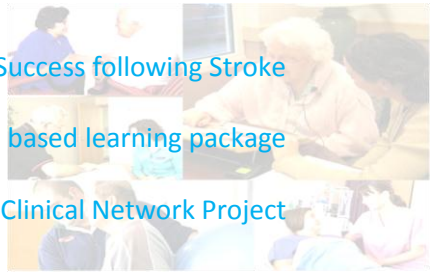

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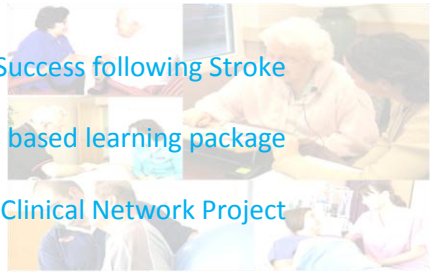
The following is an excerpt of a letter a man wrote who had a severe dysarthria after stroke...

If I am having trouble I will write out what I am saying and then read it back to you – please allow me this extra time.
I get very frustrated when people treat me as if I cannot understand, or as if what I have to say or ask isn't important enough for you to wait

Do you think this is a good representation of how you might feel if no one stopped and listened to you?



What are communicative access barriers?

Brainstorm what could be some barriers where you work

Environmental barriers

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Interaction barriers

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Document barriers

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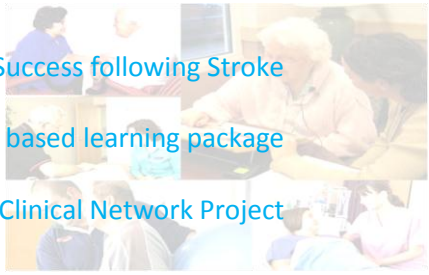


Pick the communicative access barriers…

Where are the barriers?

This is a 4 bedroom ward opposite the nursing pod. What are the environment barriers preventing good communication?

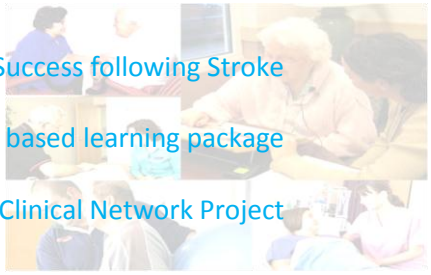
This woman has had a left hemisphere infarct. She has aphasia, including dyslexia and dysgraphia.

She wears glasses and requires hearing aids.

How could this situation be better set up for this woman?

This man has a moderate dysarthria, characterised by low volume, imprecise articulation and frequent pauses between words.
He is in a noisy 4 bed ward and his monitor beeps.
He uses a pen and paper to assist in getting his message across. He wears glasses and hearing aids.

How would you set this room up if you where about to have an important discussion with him?



Lets go back to our patients from last week and look at how their communication impairment acts as a disability

Initial contact file entry by SP

Initial contact file entry by SP

Mr V is a 62 year old man who has been referred for management following a left temporoparietal infarct. He presented with a right hemiplegia and aphasia.

Communication:

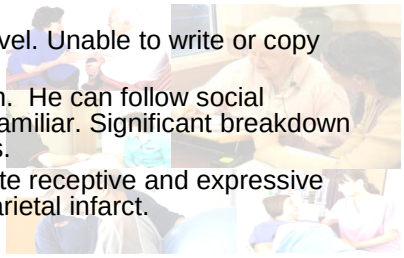
Receptive: Yes / No – reliable verbal response for personal information. Unreliable for more complex information. Able to identify body parts, some difficulty with left & right. Followed 1 stage commands and was inconsistent with 2 stage complex commands.

Expressive: Word finding difficulties noted in conversation– responded to phonemic cues. Used circumlocutions. Phonemic & semantic paraphasia's evident, use of non specific vocabulary +++. Non fluent verbal output.

Reading was intact at a single word level. Unable to write or copy single words.

Pt uses gesture to facilitate expression. He can follow social conversation that was in context and familiar. Significant breakdown noted in unfamiliar conversation topics.

Impression: Pt presented with moderate receptive and expressive aphasia consistent with left temporoparietal infarct.



In reference to the case study

As a group list some activities that you frequently perform with patients who have had a stroke.

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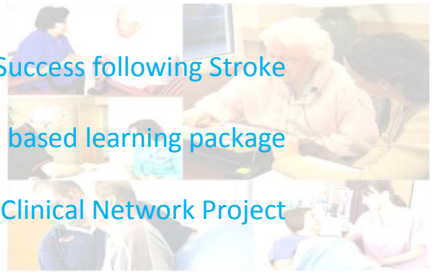

What sorts of trouble will Mr V have when you perform these tasks due to his communication disability

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Case Study 2

Case Study 2

Adx: Mr. H is a 76 year old man who has been admitted following sudden onset of left sided arm weakness, left sided facial droop, swallowing difficulties and slurred speech. CT indicates Right MCA infarct

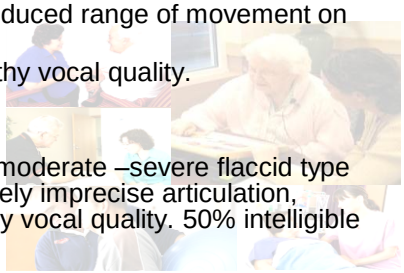
Oromotor Exam:

CN V: Within normal limits

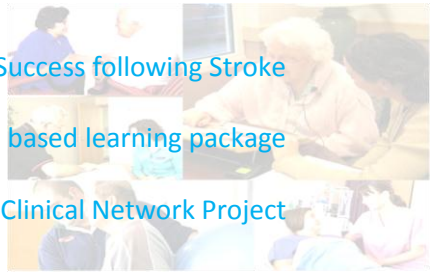
CN VII: L) sided reduced tone at rest, reduced range of movement on non speech & speech tasks

CN IX & X: weak voluntary cough. Breathy vocal quality.

CN XII: deviation to left on protrusion



Motor Speech: Mr H presents with moderate –severe flaccid type dysarthria, characterised by moderately imprecise articulation, reduced volume, prosody and breathy vocal quality. 50% intelligible with careful listening and context.



In reference to the case study…

Discuss with the group

What are the environmental barriers that Mr H may face when attempting to communicate or interact with staff or other people?

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Reference List

1. Kagan, A., & LeBlanc, K. (2002). Motivating for infrastructure change: Toward a communicatively accessible, participation-based stroke care system for all those affected by aphasia. *Journal of Communication Disorders, 35, 153–169.*

2. Howe, T., Worrall, L., & Hickson, L. (2004). What is an aphasia-friendly environment? A*phasiology, 18, 1015*– 1037.

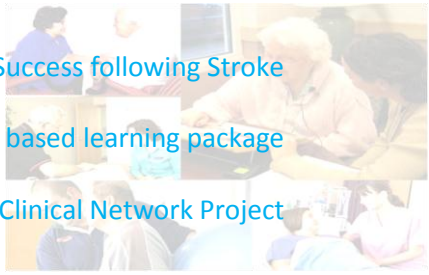
3. Connect UK

   http://www.ukconnect.org/

Enhancing Communicative Success following Stroke

A multimedia problem based learning package

A Victorian Stroke Clinical Network Project



State Government Victoria Department of Health