

Chapter One

1.1 Introduction:

The communication for patients with special needs is critical element of care of patient.

Communication in radiology department is a method which the technologist treat with patient. Care of patient evolve three responsibilities, legal, clinical and ethical responsibilities. Special needs includes ,deafness, mental disability, speech impairment loss of vision, physical, Behavior disability, ... etc.(2)

This study describe the ideal and proper communication with patient who have special needs so it can help technologist how they can communicate with their patient with special needs.

1.2 Problem of the study

The poor communication with the special needs patients in Radiological department

1.3 Objective of the study

The general objective To make each and every patient comfortable also to build trusting relationship with that patient in a very short period of time.

Increase the speed and safety of the imaging examination being performed.

1.4 The specific objective

The specific objective of this study is to evaluate the communication with patient's special needs in radiology department.

1.5 The significant of this study

improve communication and explanation of the procedures to patient with special needs

1.6 Overview study:

1. Chapter one deal with introduction
2. Chapter two deal with literature review
3. Chapter three deal with material and methods
4. Chapter four result and discussion
5. Chapter five conclusion and recommendations

Chapter two

Literature review

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2.1 Disability: Is the consequence of impairment that may be physical, cognitive, mental, sensory emotional, development or some combination of these. A disability may be present from birth or occur during person's life time.

2.1.1 Communication with Patient;

Communication is essential to every day life and is at the core of any professional practice.

The way in which people communicate is unique and influences the quality of the relationships they have and the individuals whom they impact (4). In the healthcare setting, technologists are integral to the movement toward better communication (5). They have opportunity to communicate not only with the patient, but also with family members, physicians, radiologists, and other healthcare professionals who are critical to patient's care.

Patient education should be tailored and specific to the care, treatment and services they are receiving (1).technologists needs to explain the procedures and provide the patient with instruction about what will be required of him or her to complete the examination successfully; this is important because technologist need to ensure the patient understand the explanation and instruction.

Give patients an opportunity to ask questions and express themselves. Once you have explained the treatment and provided all the necessary information, give your patients opportunity to ask questions. This will allow them to express any apprehensions they might have, and through their questions you will be able to determine whether they completely understand the information and instructions you have given

2.1.2 Communication with visually impaired:

When the technologists communicate with blind patient, one of major differences is that nonverbal cues such as hand gesture, facial expressions, and other body language are not integral the way they are with sighted patient.

Technologist must announce their presence and identify themselves to visual impaired patient.

Technologist must ensure that visually impaired patients know of your presence prior to you touching them. If it is necessary to help a blind person walk from one place to the next it is important to always use the sighted guide technique. This refers to technique in which the guide technologist has the patient grasp his or her forearm (17).

2.1.3 Communicating with Deaf or Hard of Hearing

Gain the person's attention before initiating a conversation (i.e., tap the person gently on the shoulder or arm).

Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. Use short, simple sentences. Avoid smoking or chewing gum.

If the individual uses a sign language interpreter, speak directly to the person, not the interpreter.

If you telephone an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat the reason for the call and who you are.

If the patient is deaf or hearing impaired, use of an interpreter for patient.

Use sign language interpreter for the deaf patient.

Some deaf patient can read lips language.

Make sure there is sufficient lighting and remove any barriers from the face.

When providing information through lip language supplements it with signing or written materials.

Patients may have a family member or friend with them who can assist the radiographer and help explain the procedure (17).

2.1.4 Communicating with Mobility Impairments

The physical disability patient who have problem in the movement. Can be in wheel chair or in bed. If there is co-patient can assess or move the patient to selective position. If there is no co-patient, the technologist move the patient without pain or injury the patient in serve cases the we must make examination without moving patient from his bed such as lateral cervical with horizontal beam (2).

2.1.5 Communicating with Speech Impairments

If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back. Be patient. Take as much time as necessary.

Try to ask questions which require only short answers or a nod of the head. Concentrate on what the individual is saying. Do not speak for the individual or attempt to finish her or his sentences. If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.

Necessary for radiographers to provide all patients with the same quality of care.

Regardless of the patient's native language, race, or ethnicity.

Misunderstandings can occur when healthcare providers and minority patients cannot understand one another.

Providing substandard care as a result of cultural or language.

Culture not only defines an individual, but also how that person interacts with others.

Having trained medical interpreters available is very beneficial in cultural communication.

Family plays a large role in patient care, the translate difficult medical questions or information to the patient.

In addition, when communicating with a patient from a different culture, it is necessary to be ware of and acknowledge the unique way in which nonverbal communication can have different connotations(5).

2.1.6 Communication with unconscious patient:

Communication problems after brain injury are very common. Although most of us take it for granted, the ability to communicate requires extremely complex skills and many different parts of the brain are involved.

There are four main categories of the effects of brain injury. Any of these can cause communication problems:

Physical - affecting how the body works

Cognitive - affecting how the person thinks, learns and remembers

Emotional - affecting how the person feels

Behavioral - affecting how a person acts

Many people will experience more than one form of communication problem after brain injury, depending on the areas of the brain affected and the severity of the injury. It is also important to recognize that such problems may occur alongside other changes in physical, cognitive, emotional and behavioral functions(8).

2.1.7 Communication tips with elderly patient:

If you walked into a room and wanted to listen to the radio, you would first have to plug it in to a power source. Similarly, when you walk into the exam room to communicate with your older patients, the first thing you have to do is “plug in,” that is, make a connection with them physically and emotionally. Once you’ve made that connection, you can then begin to communicate necessary information and instructions. Below is a list of tips to help you achieve this.

Allow extra time for older patients. Studies have shown that older patients receive less information from physicians than younger patients do, when, in fact, they desire more information from their physicians. Because of their increased need for information and their likelihood to communicate poorly, to be nervous and to lack focus, older patients are going to require additional time. Plan for it, and do not appear rushed or uninterested. Your patients will sense it and shut down, making effective communication nearly impossible(13).

Avoid distractions. Patients want to feel that you have spent quality time with them and that they are important. Researchers recommend that if you give your patients your undivided attention in the first 60 seconds, you can “create the impression that a meaningful amount of time was spent with them. Of course, you should aim to give patients your full attention during the entire visit. When possible, reduce the amount of visual and auditory distractions, such as other people and background noise(13).

Sit face to face. Some older patients have vision and hearing loss, and reading your lips may be crucial for them to receive the information correctly. Sitting in front of them may also reduce distractions. This simple act sends the message that what you have to say to your patients, and what they have to say to you, is important. Researchers have found that patient compliance with treatment recommendations is greater following encounters in which the physician is face to face with the patient when offering information about the illness.

Maintain eye contact. Eye contact is one of the most direct and powerful forms of nonverbal communication. It tells patients that you are interested in them and they can trust you. Maintaining eye contact creates a more positive, comfortable atmosphere that may result in patients opening up and providing additional information.

Listen. The most common complaint patients have about their doctors is that they don't listen. Good communication depends on good listening, so be conscious of whether you are really listening to what older patients are telling you. Many of the problems associated with noncompliance can be reduced or eliminated simply by taking time to listen to what the patient has to say. Researchers have reported that doctors listen for an average seconds before they interrupt, causing miss important information patients are trying to tell them.

Speak slowly, clearly and loudly. The rate at which an older person learns is often much slower than that of a younger person. Therefore, the rate at which you provide information can greatly affect how much your older patients can take in, learn and commit to memory. Don't rush through your instructions to these patients. Speak clearly and loudly enough for them to hear you, but do not shout.

Use short, simple words and sentences. Simplifying information and speaking in a manner that can be easily understood is one of the best to ensure that your patients will follow your instructions. Do not use medical jargon or technical terms that are difficult for the layperson to understand. In addition, do not assume that patients will understand even basic medical

terminology. Instead, make sure you use that are “familiar and comfortable” to your patients.

Stick to one topic at a time. Information overload can confuse patients. Avoid this, instead of providing a long, detailed explanation to a patient; try the information in outline form. This allows you to explain important information in a series of steps. For example, first talk about the heart; second, talk about blood pressure; and third, talk about treating blood pressure.

Simplify and write down your instructions. When giving Patients instructions, avoid making them overly complicated or confusing. Instead, write down your instructions in a basic, easy-to-follow format. Writing is a more permanent form of communication than speaking and provides the opportunity for the patient to later review what you have said in a less stressful environment.

One way to accomplish this is to provide information, sheet that summarizes the most important points of the visit and explains what the patient needs to do after he or she leaves your office. (See an example.) For example, instead of just telling older patients to take their medication and get some exercise, you can give them a visit summary to take home that includes detailed instructions, such as “Take a pill when you first get up in the morning,” “Walk around the block in the morning,” and “Walk around the block in the afternoon.”

With such a list, the patient can mentally check off each item as it is completed each day. Posting the information on the refrigerator or a bulletin board can help keep instructions fresh in the patient's mind.

Use charts models and pictures. Visual aids will help patients better understand their condition and treatment. Pictures can be particularly helpful since patients can take home a copy for future reference.

Frequently summarize the most important points. As you discuss the most important points with your patients, ask them to repeat your instructions. If after hearing what the patient has to say you conclude that he or she did not understand your(14).

instructions, simply repeating them may work, since repetition leads to greater recall. The National Council on Patient Information and Education recommends having a nurse or pharmacist repeat instructions for taking medications, and it advises always combining written and oral instructions(14). However, be aware that if patients require a second or third repeat, they may become frustrated and disregard the information altogether. An effective technique to try at that point, is to rephrase the message, making it shorter and simpler. You may also want elderly patients to bring a family member or friend in during the consultation to ensure information is understood(14).

Give patients an opportunity to ask questions and express themselves. Once you have explained the treatment and provided all the necessary information, give your patients ample opportunity to ask questions. This will allow them to express any apprehensions they might

have, and through their questions you will be able to determine whether they completely understand the information and instructions you have given. if you have doubts, you may want to have a staff person contact the patient in 24 hours to review educational points(13).

2.1.8 Communicating with people with dementia

Dementia is a progressive illness that over time will affect a person's ability to remember and understand basic everyday facts, such as names, dates and places. Dementia will gradually affect the way the person communicates. Their ability to present rational ideas and to reason clearly will change.

If you are looking after a person with dementia, you may find that as the illness progresses you'll have to start discussions in order to get the person to make conversation. This is common. Their ability to process information gets progressively weaker and their responses can become delayed(4).

2.1.9 Children with special needs

In pediatric radiography, good communication skills are extremely important. When imaging children, radiographers should always start the examination by providing the parent /care givers with a thorough explanation of what will be taking place during the procedure.

A Beneficial tactic is to speak with the parents before the examination to learn what the child likes and dislikes.

From health care perspective, new barns, infants and very young children are going to understand what is taking place.

Even as children grow older, their attention span normally.

Additional communication with parents may be necessary in order to immobilize the child (15).

2.2 Previous study:

In study done by Dr Saly Old, 28th September 2010, USA.

The communication for children with special needs, in pediatric radiography, good communication skills are extremely important. When imaging children, radiographers should always start the examination by providing the parent with a through explanation of what will be taking place during the procedure.

Another important aspect of pediatric imaging that parent must understand is that when the child cries. A better x-ray can be obtained. This is hard for some parents to see because they want to comfort their child. However, it is difficult to have children take a deep breath on demand. Crying allows for maximum inspiration when the child takes a large amount of air.

If the patient is deaf or hearing impaired, some method of communication must be established, whether it is through the use of an interpreter for patients who speak a different language or sign language interpreter for deaf patient.

Some deaf patients can read lips and will be able to understand simple positioning requests.

If the patient prefers lip – reading, radiographer must keep in mind the position of their face.

Chapter three

Material and Methods

3.1 Material:

3.1.1 Patients:

Group of person have different types of disability. This study made by questioner for both patient and technologist in order to give us significant values and presented of disabilities in Khartoum State. We asked Group of patients who have done x-ray examinations in Al Noor institute for visual disability and Aldwaha center for deafness and speech impairment.

3.1.2 Technologist:

We visited many hospitals in Khartoum in order to reach to real percentage of communication with special needs in our Khartoum state. We ask sixty technologist from different hospital in order to improve our care patient in our country.

3.2 Methods:

3.2.1 Questioner:

In use questioner; each hospital, we ask the technician about 6 disabilities. The questioner consist of the mental disability, visual disability deafness and hard of hearing, behavior disability, physical disability and speech impairments. The area at examination included.

Chapter Five

Discussion, Conclusion and Recommendations

5.1 Discussion

This study in tends to evaluate the communication with patients special needs in radiology department.

The collected data from 60 Radiologic technologist in 10 hospital, 52 patient with special needs from Aldwaha hospital and Alnoor institute.

Result: is getted by Questioner for radiologic technologist in Khartoum hospital we found the general communication percentage of all disabilities is (50%) in table 1 figure 1.

Table 1 figure 2: The special communication percentage is all disabilities is (50%).

Table 2 in Haj Elsafi hospital the general percentage is (52.7%) figure 3. the special percentage is (37.3) figure 4.

Table 3: in Eldawha hospital the general percentage is (55.5%) figure 5, the special percentages (44.5%) figure 6.

Table 4: in Alrepat university hospital the general percentage is (70.67%) figure 7, the special percentages (29.33%) figure 8.

Table 5: in Asia hospital the general percentage is (11%) figure 9, the special percentages (89%) figure 10.

Table 6: in Fedial hospital the general percentage is (58.33% figure 11, the special percentage is (41.83%) figure 12.

Table 7: in Soba hospital the general percentage (39.6%) figure 13, the special percentage is (51.42%) figure 14.

Table 8: in ENT hospital the general percentage is (16.67%) figure 15, the special percentage is (83.33%) figure 16.

Table 9: in Bahri hospital the general percentage is (61.1%) figure 17, the special percentage is (38.9%) figure 18.

Table 10: in Omdurman Education Hospital the general percentage is (46.67%) figure 19, the special percentage is (53.33%) figure 20.

Questioner for patient from Alnoor institute the general percentage for communication with visual disability is (60%) the special percentage is (40%).

In Eldawha Hospital the communication with hard of hearing and deafness, the general percentage is (62.5%) the special percentage is (37.5%) from 32 patients.

The previous study was describe communication with deafness, visual patient, illiteracy patient and patient with hearing problem and patient who lack capacity and children.

While our study describe 6th disabilities include visual impairment hard of hearing, mobility impairment, speech disability, Behaviors patient and mental disability.

5.2 Conclusion

The best method to embrace the technologic developments in the profession is to couple it with human –to-human communication, and from this, both patients and profession will benefit. Using good communication skills, technologist can improve patients’ experiences while increasing the speed and efficiency of the examination, which are important goals in radiography. Technologist must understand that there will be challenges at times when trying to obtain the best possible image for patient.

5.3 Recommendation

This study recommended continuous training program to technologist in lip language, sign language, Braille device and use assistive communication devices in order to get proper communication for patients with special needs.

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Appendix

Questioner for assessment of ways communication with patients special needs in Khartoum State for both general and special hospital:

1) Mental disability

General () Special ()

2) Visually disability

General () Special ()

3) Deaf or Hard of hearing

General () Special ()

4) Behaviors disability

General () Special ()

5) Physical disability

General () Special ()

6) Speech Impairments

General () Special ()