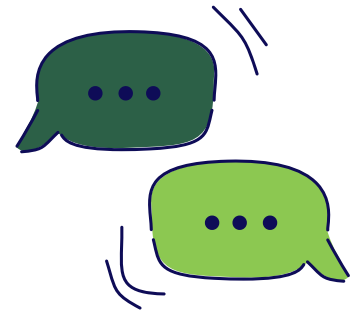


Communication Tips for Working With Patients with ID

Establish Rapport

- **Know your Patient** - Know their level of comprehension, communication style, possible behaviour triggers, likes and dislikes.
- **Keep your patient's communication preferences on record** - Have a note easily accessible to all staff on your patient's records so they do not have to repeat themselves.
- **Speak directly to your patient** - Do not address their support person first.
- **Confirm consent to include support person** - It is possible they do not know each other well.
- **Discuss your patient's interests** - This will help the patient to feel comfortable and build your rapport.
- **Respect your patient's rights** - Ask consent to undertake any examinations and give specific and realistic explanations of what to expect, use pictures or gestures if necessary.
- **Acknowledge and sympathise with any frustrations** - Keep the conversation "action oriented" in response to concerns to ensure your patient feels that progress is being made.



Clear Communication

- **Adapt your communication style** - Adjust speed, complexity of words, use of gestures to meet your patient's level of communication.
- **Avoid using "baby talk"** - Especially when speaking to adults.
- **Use communication aids** - If your patient uses a communication aid or Easy English documents, encourage use to answer questions including those around consent.
- **Take time to observe your patient** - Offer to take a short break or redirect their attention if they are appearing overwhelmed.

- **Avoid jargon** - Use short sentences, appropriate plain language, and explain any acronyms.
- **Ask one question at a time** - Use Yes and No questions to avoid overwhelming your patient if necessary.
- **Allow sufficient time for your patient to process information and respond** - Avoid interrupting, making assumptions about what they are going to say, or finishing their sentences for them.
- **Use positive language** - Avoid saying things like “no” and “that’s wrong”.
- **Acknowledge positive actions** - For example, positive lifestyle changes or tolerating procedures well.
- **Use the teach-back method** - Ask your patient to repeat instructions back to you to clarify comprehension and memory.

Prepare the Environment

- **Be aware of environmental preferences for your patient** - Bright lights, loud noises, crowds of people, mobility, and access issues may be upsetting for your patient.
- **Consider mobility issues** - Heavy, non-automatic doors, crowded hallways, and small rooms can all limit a person’s independence.
- **Allow an easy “escape route”** - This avoids feelings of being trapped, i.e. let your patient sit nearer the door, leave it slightly ajar while still maintaining privacy, or avoid consult rooms down long hallways.
- **Avoid running late** - If there is a delay, invite your patient to wait at home, in the car or elsewhere nearby, and ring them when you are ready.
- **Ensure adequate time is set aside for the consultation** - Be aware communication and mobility could take significantly longer for your patient.
- **Create a quiet zone** - If necessary, create a quiet zone away from the waiting area with sensory toys and comfortable seating.



Manage Behaviours of Concern

Get to know your patient's preferences

- **Communication** - What level of detail and any communication aides that they use.
- **Likes** - Does your patient like to wait in the car, or like to wear headphones in the clinic?
- **Dislikes** - Does your patient dislike wait times, or being told “no”?
- **Hobbies and interests** - Engage your patient in preferred topics to help to redirect attention and provide a “circuit breaker”.
- **Refer to Behaviour Support Plan** - If your patient has a behaviour support therapist, obtain a copy of their plan. This document includes triggers and strategies for behaviours of concern.

Before Known Behaviours Arise

- Ensure all staff including reception are aware of triggers for behaviours.
- Try and avoid triggers for your patient where possible.



During escalation

- Remove or minimise triggers, ensure patient has a safe space.
- Redirect attention to a preferred interest.
- Listen to grievances and acknowledge them, ask your patient what outcome they expect.
- Keep the conversation “action-oriented” to show that you are working on solving the problem.

