Establishing Effective Communication with Patients with Intellectual Disabilities:

RAFT (Respect, Accommodation, Follow-Up, Time) Part 2

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Part 1 Refresher

Important Acronyms:

- PWID = Patients with intellectual disabilities
- HCP = Health care professional
- RAFT = Respect, Accommodation, Follow-Up, Time
  - **Respect:** ensure that the patient remains at the center of the interaction by speaking directly to the patient using his/her name
  - **Accommodation:** solicit the patient's perspective to understand their needs and accommodate your behaviors to maximize understanding
  - **Follow-Up:** establish sustained relationships with patients by letting them know you are listening to them and finding common ground
  - **Time:** maximize time by answering questions fully as they arise and using communication strategies that the patient is comfortable with

Applying RAFT

- RAFT was designed to be implemented throughout the continuum of the patient experience.
- This segment of the webcast series focuses on understanding the stages of the patient experience and applying RAFT at each stage.
- RAFT can be applied at each of these 4 stages of the patient's experience:
  - Admission and Intake
  - Initial Assessment
  - Examination
  - Clarification and Discharge

***Note: The terms used to describe each stage of the patient experience may vary from profession to profession and/or between different subspecialties of the same profession.*

Admission and Intake

- A positive patient experience begins before the patient arrives at the office. When scheduling an appointment and welcoming PWID into the office, communicate respect. Show respect to all patients equally, recognizing that it may be necessary to show respect differently for different patients.

During the scheduling process:

- Ask about any special circumstances or requests and make note of them (A)
- Provide clear instructions to help the patient prepare for the appointment (A)
- Avoid saying "Let us know if you have any questions" and ask for a summary (F)

When the patient arrives for an appointment:

- Greet the patient by name when they arrive (R)
- Remember the importance of nonverbal immediacy in initial interactions (R)
- Address instructions about paperwork to both the patient and caregiver (R)
- Check-in with the patient in the waiting area – water, TV, restrooms (F)
- Restate expectations for the visit to reduce uncertainty and anxiety (F)
- Alert patients/caregivers of increased wait times (T)
- Account for added time to complete paperwork (T)

Initial Assessment

- The patient's first encounter with medical staff. During this stage a HCP might collect a patient's vitals such as weight, temperature, blood pressure, oxygen levels, etc. This stage can be confusing for PWID as they often see multiple HCPs before the physician arrives to perform the physical exam.
- Continuity in HCPs' communicative behaviors is extremely important during this transition. By the time patients are examined, they have already formed expectations for the remainder of their visit. It is important for their expectations to be met as they transition to the next phase of their visit.


During the Initial Assessment:

- Create a *triadic* conversation where the patient can tell his/her story and the caregiver has an opportunity to provide details that may have been left out (R)
- Speak loudly so that the caregiver can hear what is being said (R)
- Explain each procedure and pay attention to reactions to gauge understanding (A)
- If a caregiver is present, ask the patient if he/she would like to invite them in (A)
- Review the chart, avoid redundant questions, and find common ground (F)
- Allow additional time (T)
- Make note of questions that the physician may need to address (T)

Examination

- The exam is where a physician, nurse practitioner, psychiatrist (or anyone who provides independent care to patients) would meet with/examine a patient. This stage is most crucial, yet often produces the most anxiety. If RAFT is properly implemented in the previous stages, the exam has a stronger likelihood of success. If RAFT is not implemented during the exam the entire patient experience will likely suffer.
- Reception staff and nurses are likely to rotate, so it is possible that different staff greet the patient and take their vitals at each visit. Yet the patient typically sees the same physician/NP/psychiatrist, so PWID and caregivers may place greater importance on these HCPs' communicative behaviors.

During the Examination:

- Create a *triadic* conversation and trust caregivers' insights and knowledge, keeping in mind that only the patient knows exactly how they feel (R)
- Use multiple modalities and exhaust all resources to explain a procedure (A)
- Ask about biomedical and biopsychosocial aspects of the patient's experience (F)
- Summarize information in simple terms (T)
- Answer questions fully as they arise to prevent simple misunderstandings (T)

Clarification and Discharge

- Upon completion of the examination, PWID and caregivers should feel confident about the next steps, and leave with the necessary information to successfully follow the treatment plan. Providing clarification before the PWID leaves the office ensures that the experience ends positively, leaving the patient and caregiver feeling fulfilled.

Upon the Patient's Exit:

- Greet the patient as he/she returns to the reception area (R)
- Because treatment recommendations may be more complex for PWID, provide additional spoken *and* written instructions when possible (A)
- Re-explain any information that was not clear (A)
- Provide additional resources about specific roles for caregivers in the patient's treatment plan and/or support resources for caregivers (A)
- Use the "teach-back" technique to check for understanding (F)
- Ask about remaining questions while the HCP can still be consulted (F)
- Contact the patient/caregiver after they return home to avoid unintended visits or emergency room visits (F, T)

RAFT for Emergency Rooms

RESPECT

- Briefly introduce yourself and summarize your role to help patients distinguish between the many HCPs they see
- Maintain eye contact
- Solicit the patient's perspective if he/she is physically able
- Include the patient in dialogue with other providers and avoid talking *about* patients as if they are not present.

ACCOMMODATION

- Explain each procedure fully
- Use simple language & avoid medical jargon
- If caregivers cannot be present while you work, reassure patient that they are close by and will return soon
- Record noteworthy patient behaviors in the chart/file so other HCPs can prepare
- Utilize resources such as calming music or a personal possession to ensure comfort

FOLLOW-UP

- Ask direct questions about symptoms
- Check on patients during each procedure
- If caregivers cannot be present provide regular updates on the patient's status
- Ask patients to summarize instructions
- Find common ground
- Validate feelings of uncertainty or anxiety
- When patient's condition stabilizes, ask about biopsychosocial aspects of their experience

TIME

- Read charts and avoid redundant questions
- Speak slowly and clearly to avoid having to repeat yourself
- Provide complete responses as questions arise
- Offer supplemental materials that further break down and repeat information you previously explained

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Communication Barriers to Avoid

- Closed-off body positioning and facial expressions such as folded arms, wearing long sleeves, not smiling, and positioning your back to the patient.
- Office aesthetics such as putting a physical barrier between you and the patient.
- Speaking too quickly and not allowing time for patients/caregivers to respond or ask their own questions.
- Cultural differences such as viewing a patient as "different" from you.
- Having expectations that lead you to stereotype and draw inaccurate conclusions about the patient.

Things to Remember:

- Engaging in these behaviors can cause patients/caregivers to shut down and not speak openly about symptoms, leading to misdiagnoses.
- If patients/caregivers do not feel comfortable with you they may refrain from seeking medical attention when they need it most.
- A disability should not be ignored because it will quickly become the "elephant in the room." Ask questions. Doing so will show your interest in the patient.
- Do not view a disability as a challenge. Think about it as a need that should be met.
- Be open to learning new communication strategies.

RAFT Case Study

Based on actual testimonial from a physician.

I have a patient with Down syndrome who came to our clinic because he couldn't talk. He was socially subdued most of the time. Yet the nurses noticed that he was particularly entertained by the books that had pop ups. They made sure to keep these on hand for him. We even had a note in his file so that the new nurses would know how to get him engaged or regain his attention if he got distracted. His inability to talk was an ongoing issue. He had seen multiple HCPs who all suggested that he needed to develop his social skills. This answer was not enough for me. I made a list of medical conditions that could have potentially been contributing to the issue. I looked into his medical history and asked his parents many questions. As it turned out, he had failed his newborn hearing test and no action had been taken since that time. He also had a history of recurring ear infections but no one had connected the issue to his newborn hearing test.

After multiple appointments and discussions with his family, we went ahead with testing. It took a lot of tests and trial and error, but when we received his hearing test results it was evident that he had severe to profound hearing loss. After further testing and follow up, we confirmed that he was not hearing anything at all. I concluded that his speaking issue was most likely a result of his hearing impairment and not a result of social issues related to his intellectual disability. We started working with the family to get him the help that he needed. We connected him with a specialist who could provide more targeted treatment for the ear infections he was experiencing. We identified a great ENT who had experience working with PWID. As a result, the ear infections were taken care of and he received hearing aids. However, at that point he was already seven, and we'd missed the window for language development. So we had to start thinking through other possibilities. Although he wasn't benefitting too much from his hearing aids, he was at least hearing a little more, and learning more about the sounds around his environment. Within a few months we saw a quick shift in his demeanor. We have routine check-ins with him and he is definitely more connected to what's going on around him. It is upsetting that it took that long for anything to happen because previous HCPs did not spend the time with him and his family. It could have been a better situation if testing happened sooner.

Activities for Added Practice

After the conclusion of this webcast, you may be interested in testing out some of the RAFT behaviors you have learned before using them with actual PWID.

The following section provides hands-on activities for each stage of the patient experience that you can perform with a group of your colleagues.

Activities for Added Practice

① **Introduction to RAFT:** On a piece of paper reflect on a time you experienced a challenging interaction with a patient. Note that the interaction does not necessarily have to involve PWID. Please (1) describe the situation, (2) explain how the situation made you feel, (3) explain in detail how you dealt with this situation, and (4) discuss how RAFT could have been applied. For medical students who have not yet encountered actual patients, reflect on how you think an interaction with a PWID may unfold. Please (1) describe the situation, (2) explain your main concerns, and (3) explain how you might deal with these concerns using RAFT. Once everyone finishes share you experiences. This activity should help you begin to think about RAFT in terms of your own experiences and situations. Establishing this way of thinking should help you recognize the value of RAFT and help you integrate it into your everyday work environment.

① **Scheduling and Intake:** Count off by fours and assign each person different roles including, (1) PWID, (2) caregiver, (3) office/reception staff, and (4) healthcare provider. Each group should have 1 PWID, 1 caregiver, 1-2 office/reception staff, and 1-2 healthcare providers (depending on the size of your group). In each group, the patient should be paired with the caregiver and the office/reception staff with the healthcare provider. Each group should receive their corresponding scenario (provided on next slide) and discuss among themselves. All groups should read the scenario and be prepared to act it out. The patient and caregiver groups will be provided with a list of unexpected challenges that could actually arise during the scheduling and intake process. This group can choose which challenge they would like to act out, and the office/reception staff and healthcare provider group will have to respond in the moment by applying RAFT. The goal of this exercise is for office/reception staff and healthcare providers to be put on the spot to enact RAFT, so you should not be watching other groups. Employ RAFT in your own way. Once all groups have finished, each group should share their experience.

Activities for Added Practice

Scenarios for Activity #2

PWID and Caregiver: The patient is experiencing headaches, loss of appetite, and seems to be depressed. You call the office to schedule an appointment with your primary care provider. You are given an appointment within the next week. Over that time period, the symptoms have worsened. When you arrive at the office you are given a form to fill out and are directed to the waiting room. Below is a list of possible challenges that could occur in this situation. Pick 1-3 from this list that you would like to act out.

- The PWID is uncomfortable in the waiting room. The noise is bothersome.
- The PWID is scared of the doctor's office and does not want to enter.
- The wait is longer than expected and the PWID is anxious.
- The PWID is scared of needles and hears another patient talking about a finger stick.

Office/Reception Staff and Healthcare Provider: You see that one of your regular PWID is scheduled for an appointment this week. The patient is experiencing headaches, loss of appetite, and seems to be depressed. You recognize this patient as one who is anxious when he/she arrives at the office. You know that he/she always brings a parent along. Work together to make a plan for this visit. How should the office/reception staff and healthcare providers work together to prepare for this visit? What will you do before the visit? What will happen when the patient arrives? What if something unexpected happens? How will you deal with it?

Activities for Added Practice

③ **Initial Assessment:** Arrange yourselves into groups of 4-5. You may adapt group size based on the size of your group. Assign one person as the scribe in each group. Each group should come up with a list of concerns that they think PWID may have during the initial assessment and 1-2 ways they could implement RAFT to deal with those concerns. After each group finishes, share your ideas with one another and allow the discussion to become a brainstorming session.

④ **Examination:** Arrange yourselves into pairs. Each provider should take turns describing a situation in which they were a patient. This could be an experience at a hospital, dentist's office, or primary care provider's office. Describe (1) why you were there, (2) how you felt, and (3) what the office/reception staff or healthcare provider did to either make you feel comfortable or more uncomfortable. Note that this story can be fictional, or the details can be changed to maintain confidentiality. The story is not the focus of this exercise. Rather, the listener should practice *listening to understand rather than to respond*, using verbal and nonverbal behaviors. The storyteller should provide feedback and constructive criticism to the listener. Each provider should have a turn as the storyteller and listener.

⑤ **Clarification and Discharge:** Engage in discussion about the question: How should healthcare providers and office/reception staff provide clarification before leaving? Below are some prompts you might use to get the conversation started:

- Is it mainly the healthcare provider's responsibility to provide clarification?
- Are office/reception staff qualified to provide clarification on medications and treatment?
- Should the healthcare provider escort the patient back to the reception area?
- What if the patient does not want to follow the recommendation?
- What if the patient does not stop at the reception desk on the way out? Should you stop them?

We have about 10 minutes remaining. Please use this time to ask any additional questions about anything that we have covered (or not covered) today. You may type your questions into the comment box.

Note: Unanswered questions will be addressed and distributed after the conclusion of this webcast.

Thank You.

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