How to communicate better when wearing a mask

Clinical Stories: The impact of masks on successful communication

Story 1:

A nurse is conducting an initial assessment on an elderly lady, Marg. The nurse is wearing a face mask and shield and it is a noisy four bed room. The nurse asked Marg about pain, who smiled but looked like she was in discomfort. The nurse then asked if the patient had been able to open her bowels, and the patient said “no”. Upon review of the bowel chart in EMR, the nurse could see that her bowels have been open. The nurse considered how the patient’s statement was inconsistent with the notes and her presentation.

The nurse called the patient’s daughter and asked about hearing or cognitive impairment and the daughter informed the nurse that patient doesn’t have a cognitive impairment; she is just very hard of hearing but should have her hearing aids with her. The daughter also said the family often use a whiteboard or piece of paper to write down key messages and then Marg can answer appropriately.

The nurse collected a mini whiteboard and pen from the ward and wrote “Pain?” and Marg said “yes” and explained her pain. She then wrote “hearing aids?” Marg explained that they were in her toiletry bag but she was in too much pain to get the bag from the bottom of her cupboard. The nurse located them and helped Marg pop them in and checked that they worked. The nurse then made a note in the EMR, flagging that the patient is hard of hearing and strategies that worked to aid communication.

Story 2:

Mr JS is an 86 year-old gentleman who was hospitalised for orthopnoea/dyspnoea and subsequent dizziness. He lives alone, receives in-house support three days a week and his closest relative is a niece who lives two hours away. His cochlear implant is not working. The respirator and other equipment created a noisy environment. This gent is heavily reliant on lip reading, but was not able to lip-read due to masks.

Employees continued to communicate with him using spoken word only and while moving around the room, or with their back turned when drawing the curtain. He couldn’t see their faces or even their eyes for glimmers of expression that may indicate that they are talking to him or what they might be saying. He often did not respond or seemed very frustrated with employees. He didn’t wait for them to move to the toilet, or use the new frame the physio had left for mobility.

Multiple documentations were noted that queried dementia or cognition changes, noting he did not understand what was being said to him as his responses did not match the questions.

The Cognition Clinical lead attended to provide strategies to support the ward team. They used an app that translates voice to text called Cardzilla which makes the font the largest size possible while

still fitting on a phone screen (it works even better on a large tablet screen, where it can be read from 1.5m away). Usual infection control procedures were followed after using the tablet.

His eyes lit up as he was so happy to be able to properly communicate. He had no issues with his eyesight and was able to read everything very well. He was annoyed that no one else had ever tried to communicate with him. “They talk at me, never to me and don’t give a blast that I am deaf,” he said.

He agreed to the suggestion that a sign be placed at his bed asking for employees to communicate via writing on whiteboard. Mr JS was very pleased and a referral to Audiology was made.

Audiology Progress Note

Initial Assessment:
Attended bedside due to report of hearing aid not working.
JS had a cochlear implant with flat battery which he reports did not serve him well, and a right ReSound super-power BTE hearing aid with broken tone-hook.

Replaced tone hook (correct brand, slightly different model). Have contacted Australian Hearing to order a new tone hook and will replace. Returned to JS's bedside with repaired hearing aid. Confirmed that he struggles with functioning hearing aid still (did not perform otoscopy as no otoscope, can this please be performed to ensure no occluding wax etc). JS is currently on droplet precautions and so all staff wear a mask when with him - this makes it very difficult for him to understand what is being said to him. Communicated very successfully using written messages (phone screen) which he was able to read easily due to large font. Confirmed Cochlear battery is flat and he does not have charger with him, also reports it did not help much.

Plan: Audiology to contact Cochlear Limited to see if there are any interim measures to support Mr JS. Nursing staff to ensure there is a sign next to his bed asking for people to communicate via written means with JS as otherwise he is unable to understand,

The impact of hearing for carers of patients with complex needs and discharge planning

An inpatient at Casey Ward H has a complex discharge plan that required significant multidisciplinary team coordination in order for discharge to proceed. The family were given times when they could meet individual allied health workers, attend a MDT meeting, and other attendances necessary to learn care prior to discharge.

There appeared to be difficulties with the reliability of the main carer. The carer was the family member mostly available to be in attendance and to whom a lot of verbal information was being given.

Several pre-arranged meetings were missed, or the carer would arrive but not seem to be aware of the arrangements such as who they would be meeting and how long they would be required to be there. There was some frustration and wasted time as allied health workers would arrange to be there and the carer would be a no-show or have to leave. On one occasion a number of MTD members were coordinated to be there and again, the carer did not arrive.

Discharge had to be delayed by a few days due to some requirements not being met and clinician time was wasted.

Was the carer unreliable, vague, or disorganised? It was revealed as an aside in conversation, that the carer had a hearing loss and hearing aids but did not wear them. It was clear that they were not

actually hearing what had been said but regardless, responded with a lot of nodding and agreement, which is a common response.

So it is likely that what was being interpreted as being unreliable was, at least in part, due to communication breakdown.

How could this be overcome?

- Request he wears his hearing aids to the hospital.
- Provide written details of meeting plans and times and why the meeting is required. Important information should be written down.
- Check with him that he has heard and understood, ask for the information to be repeated back (Teachback).
- Think about how you are speaking, use an audible voice, slow down, face the listener.
- Reduce background noise.