

Communicating effectively with people who are blind or vision impaired:

(<http://www.visionaustralia.org/living-with-low-vision/family-friends-and-carers/caring-for-patients-who-are-blind-or-have-low-vision>)

When speaking with a person who is blind or has low vision, be yourself and act naturally. You should also consider the following tips:

- Identify yourself - don't assume the person will recognize you by your voice.
- Speak naturally and clearly. Loss of eyesight does not mean loss of hearing.
- Continue to use body language. This will affect the tone of your voice and give a lot of extra information to the person who is vision impaired.
- Use everyday language. Don't avoid words like "see" or "look" or talking about everyday activities such as watching TV or videos.
- Name the person when introducing yourself or when directing conversation to them in a group situation.
- Never channel conversation through a third person.
- In a group situation, introduce the other people present.
- Never leave a conversation with a person without saying so.
- Use accurate and specific language when giving directions. For example, "the door is on your left", rather than "the door is over there".
- Avoid situations where there is competing noise.
- Always ask first to check if help is needed.
- Relax and be yourself.

People who are blind or have low vision have special needs for interpreting their environment. By following simple guidelines you can help make their hospital stay as easy and as comfortable as possible.

A good start

- Introduce yourself and address the patient by name, so they know you are talking to them and not to another patient in the next bed.
- Introduce the patient to any roommates.
- Ask the patient what they are able to see. Few patients are totally blind.
- Ask the patient what assistance they need instead of assuming what they need.
- Ensure that the patient is included in discussions about procedures and medical plans. Being blind or vision impaired does not mean they cannot hear or understand what is being said.
- Say goodbye when you finish a conversation and indicate when you are leaving the room.

Patients in bed

- Put a 'Patient Identifier sign' above the patient's bed and/or door stations - See below.

- Consider extra adjustable lighting for the patient with useful residual vision.
- Mark their pill bottles with large print labels or a tactile marking such as Braille.
- The patient may prefer a corner bed to help make location easier, to avoid confusion with another patient's equipment and to help them arrange their belongings more easily.
- Don't unnecessarily move the patient's belongings. If items are moved, let them know their new location.
- Always inform the patient before undertaking any procedure; it can be very unnerving for the patient to be touched without warning.
- If bandaging their eyes, make sure the patient's ears and other sensory organs are not obscured.
- Knowing the time can help provide structure to their daily routine. Ensure the patient has access to a radio, talking clock, talking watch, Braille watch or clock with large numbers.

Mobile patients

- Orient the patient to their room by starting from a central point, such as their bed.
- When orienting the patient to a new area, walk with them rather than giving only verbal directions. This helps them learn distances and pick up sensory cues, so next time they can make the trip independently.
- Keep pathways and corridors clear of obstacles where possible and inform the patient of any changes to their environment.
- Ask the patient if they would like to take your arm for guiding purposes. If so, let them hold your arm above the elbow with their thumb to the front.

Mealtimes

- Read aloud menu items and let the patient choose their meal.
- Tell the patient when their meal has arrived and where their tray is placed.
- Color contrast can be important for people who are vision impaired. Placing a dark tray or cloth under a light plate can define the plate edges making it easier for them to locate the food.
- Describe the contents of the tray. You can either use the clock-face method, e.g. the meat is at 6 o'clock, or by saying items are at the top, bottom, right or left side of the plate. Meat should be placed at 6 o'clock, as this is easiest for cutting.
- Ask the patient if they would like assistance with removing packaging from items.
- Ask the patient if they need assistance with their meal, rather than offering to cut their food.
- Provide any hot drinks in non-spill containers and tell the patient where they are placed.

Communicating with People with Hearing Loss

(https://www.ucsfhealth.org/education/communicating_with_people_with_hearing_loss/)

Successful communication requires the efforts of all people involved in a conversation. Even when the person with hearing loss utilizes hearing aids and active listening strategies, it is crucial that others involved in the communication process consistently use good communication strategies, including the following:

- **Face the hearing impaired person directly**, on the same level and in good light whenever possible. Position yourself so that the light is shining on the speaker's face, not in the eyes of the listener.
- **Do not talk from another room.** Not being able to see each other when talking is a common reason people have difficulty understanding what is said.
- **Speak clearly, slowly, distinctly, but naturally, without shouting or exaggerating mouth movements.** Shouting distorts the sound of speech and may make speech reading more difficult.
- **Say the person's name before beginning a conversation.** This gives the listener a chance to focus attention and reduces the chance of missing words at the beginning of the conversation.
- **Avoid talking too rapidly or using sentences that are too complex.** Slow down a little, pause between sentences or phrases, and wait to make sure you have been understood before going on.
- **Keep your hands away from your face while talking.** If you are eating, chewing, smoking, etc. while talking, your speech will be more difficult to understand. Beards and moustaches can also interfere with the ability of the hearing impaired to speech read.
- If the hearing impaired listener hears better in one ear than the other, try to make a point of remembering which ear is better so that you will **know where to position yourself.**
- **Be aware of possible distortion of sounds for the hearing impaired person.** They may hear your voice, but still may have difficulty understanding some words.
- Most hearing impaired people have greater difficulty understanding speech when there is background noise. **Try to minimize extraneous noise when talking.**
- Some people with hearing loss are very sensitive to loud sounds. This reduced tolerance for loud sounds is not uncommon. **Avoid situations where there will be loud sounds when possible.**
- If the hearing impaired person has difficulty understanding a particular phrase or word, **try to find a different way of saying the same thing**, rather than repeating the original words over and over.
- **Acquaint the listener with the general topic of the conversation.** Avoid sudden changes of topic. If the subject is changed, tell the hearing impaired person what you are talking about now. In a group setting, repeat questions or key facts before continuing with the discussion.

- If you are giving specific information -- such as time, place or phone numbers -- to someone who is hearing impaired, **have them repeat the specifics back to you.** Many numbers and words sound alike.
- Whenever possible, **provide pertinent information in writing**, such as directions, schedules, work assignments, etc.
- **Recognize that everyone, especially the hard-of-hearing, has a harder time hearing and understanding when ill or tired.**
- **Pay attention to the listener.** A puzzled look may indicate misunderstanding. Tactfully ask the hearing impaired person if they understood you, or ask leading questions so you know your message got across.
- **Take turns speaking** and avoid interrupting other speakers.
- **Enroll in aural rehabilitation classes** with your hearing impaired spouse or friend.

Reviewed by health care specialists at UCSF Medical Center.

This information is for educational purposes only and is not intended to replace the advice of your doctor or health care provider. We encourage you to discuss with your doctor any questions or concerns you may have.

Communication and Alzheimer's

(<https://www.alz.org/care/dementia-communication-tips.asp>)

Alzheimer's disease and other dementias gradually diminish a person's ability to communicate. Communication with a person with Alzheimer's requires patience, understanding and good listening skills. The strategies below can help both you and the person with dementia understand each other better.

- Changes in communication
- Helping the person communicate
- Best ways for you to communicate

Changes in communication

In addition to changes in the brain caused by Alzheimer's, a number of physical conditions and medications can affect a person's ability to communicate. Consult a doctor if you notice major changes.

Changes in the ability to communicate are unique to each person with Alzheimer's. In the early stages of dementia, the person's communication may not seem very different or he or she might repeat stories or not be able to find a word. As the disease progresses, a caregiver may recognize other changes such as:

- Using familiar words repeatedly
- Inventing new words to describe familiar objects
- Easily losing his or her train of thought
- Reverting back to a native language
- Having difficulty organizing words logically
- Speaking less often

Helping the person with Alzheimer's communicate

People with Alzheimer's and other dementias have more difficulty expressing thoughts and emotions; they also have more trouble understanding others. Here are some ways to help the person with Alzheimer's communicate:

Be patient and supportive.

Let the person know you're listening and trying to understand. Show the person that you care about what he or she is saying and be careful not to interrupt.

Offer comfort and reassurance.

If he or she is having trouble communicating, let the person know that it's okay. Encourage the person to continue to explain his or her thoughts.

Avoid criticizing or correcting.

Don't tell the person what he or she is saying is incorrect. Instead, listen and try to find the meaning in what is being said. Repeat what was said if it helps to clarify the thought.

Avoid arguing.

If the person says something you don't agree with, let it be. Arguing usually only makes things worse — often heightening the level of agitation for the person with dementia.

Offer a guess.

If the person uses the wrong word or cannot find a word, try guessing the right one. If you understand what the person means, you may not need to give the correct word. Be careful not to cause unnecessary frustration.

Encourage unspoken communication.

If you don't understand what is being said, ask the person to point or gesture.

Limit distractions.

Find a place that's quiet. The surroundings should support the person's ability to focus on his or her thoughts.

Focus on feelings, not facts.

Sometimes the emotions being expressed are more important than what is being said. Look for the feelings behind the words. At times, tone of voice and other actions may provide clues.

Best ways for you to communicate

While a person with later-stage Alzheimer's may not always respond, he or she still requires and benefits from continued communication. When communicating with a person with dementia, it's especially important to choose your words carefully.

- Identify yourself.
- Approach the person from the front and say who you are. Keep good eye contact; if the person is seated or reclined, go down to that level.
- Call the person by name.
- It helps orient the person and gets his or her attention.
- Ongoing communication is important, no matter how difficult it may become or how confused the person with Alzheimer's or dementia may appear.
- Use short, simple words and sentences.
- Lengthy requests or stories can be overwhelming. Ask one question at a time.
- Speak slowly and distinctively.
- Be aware of speed and clarity. Use a gentle and relaxed tone — a lower pitch is more calming.
- Patiently wait for a response.
- The person may need extra time to process what you said.
- Repeat information or questions as needed.
- If the person doesn't respond, wait a moment. Then ask again.
- Turn questions into answers. Provide the solution rather than the question. For example, say "The bathroom is right here," instead of asking, "Do you need to use the bathroom?"
- Avoid confusing and vague statements. If you tell the person to "Hop in!" he or she may interpret your instructions literally. Instead, describe the action directly: "Please come here. Your shower is ready." Instead of using "it" or "that," name the object or place. For example rather than "Here it is" say "Here is your hat."
- Turn negatives into positives. Instead of saying, "Don't go there," say, "Let's go here."
- Give visual cues. To help demonstrate the task, point or touch the item you want the individual to use or begin the task for the person.

- Avoid quizzing.
- Reminiscing may be healthy, but avoid asking, "Do you remember when ... ?"
- Write things down.
- Try using written notes as reminders if the person is able to understand them.
- Treat the person with dignity and respect.
- Avoid talking down to the person or talking as if he or she isn't there.
- Convey an easygoing manner.
- Be aware of your feelings and attitude — you may be communicating through your tone of voice. Use positive, friendly facial expressions and nonverbal communication.

We Can Help

If you have questions about communicating with a person with dementia:

- Call our [24/7 Helpline](#): **800.272.3900**
- [Locate a support group](#) in your community
- Visit our [message boards](#)