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Research Aims:
◆To educate staff on communication techniques
◆To determine the best means of communication with non-verbal patients
◆To identify factors that lead to frustrations between staff and non-verbal patients
◆To identify barriers to effective communication in patients with artificial airways
◆To evaluate current nurse perspectives towards communicating with non-verbal patients

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Theoretical Framework

Johari Window: Identifies four regions of information known and unknown to self and others (Gibson, 2003).

- 
  Known

  Feedback

  
  More

  
  Less

  
  Unknown

  
  Known by others

  
  Unknown by others

  
  Known by self

  
  Unknown by self

There are two strategies for improving interpersonal communications thus enlarging the arena.

Exposure: Reducing the façade area by sharing information about oneself to others.

Feedback: Reducing the blind spot by obtaining information from others who know when oneself doesn’t know or understand.

Methods:

- IRB approval was obtained
- Study Design:
  - This was a descriptive study using quantitative methods.
- Study Population:
  - Nurses from the Surgical Trauma Intensive Care Unit at University Hospital in San Antonio, Texas.
- Literature review was performed and it validated the need to educate nurses regarding effective communication techniques with non-verbal patients.
- A 19 question nursing survey was developed by investigators to assess:
  - Previous communication training
  - Current beliefs and perceptions towards communicating with non-verbal patients
  - Current communication practices

Results:

Survey Results:
◆ Nurse were dissatisfied with both the type and availability of current communication methods.
◆ 59% of nurses felt their need to communicate with the patient was not met.
◆ Nurses felt patient communication needs were not met 75% of the time.
◆ 100% of nurses felt it was important or very important for the non verbal patient to be able to communicate.

Interventions:

- A Communication Algorithm was developed:
  - Original algorithm developed by Michael William’s in 1922 was modified with permission.
  - A multidisciplinary group of staff including bedside nurses, nurse educators, speech therapist and nursing faculty developed the new acute care communication algorithm.
  - A formal class on communication methods with non-verbal patients was offered to staff.
  - Two new communication tools were introduced to the nursing staff.
    - Electronic communication board
    - Dry erase communication board

Discussion

◆ An acute care communication algorithm offered a standardized approach to selecting appropriate communication methods for non-verbal patients.
◆ Staff agreed or strongly agreed that the communication class met their learning needs for communicating with non-verbal patients.

Next Steps:

◆ Implement phase 2 of the communication study and evaluate patient perceptions, attitudes and satisfaction with current communication methods.
◆ Submitted to the American Association of Critical Care Nurses National teaching Institute for presentation.