



Appendix 4.7

Verbal Communication Guidance

Effective communication involves all staff on the frontlines of patient care, from registration to physicians. Verbal communication takes place in person, over the phone, during virtual appointments, and more. This document provides examples and resources for verbal communication.

NOTE: This document is not comprehensive. It provides a high-level overview of example verbal communication strategies and tools. Keep in mind that effective verbal communication strategies *supplement* necessary auxiliary aids and services—they do not replace them. Work with an expert, such as an advisory committee or accessibility professional, to evaluate whether these examples meet the needs of your patients with disabilities.

Disabilities

Effective communication is essential and legally required for patients with any disability that can affect how they communicate, such as:

- **Hearing disabilities:** Deafness, hearing loss
- **Visual disabilities:** Blind, low vision
- **Cognitive and learning disabilities:** Intellectual and developmental disability, dementia, dyslexia
- **Speech disabilities:** Stuttering or dysarthria or apraxia due to conditions such as Cerebral Palsy, stroke, or ALS
- **Language disabilities:** Aphasia, developmental language delays, Autism
- **Mental health disabilities:** Anxiety, post-traumatic stress disorder

Verbal Communication Strategies

There are many strategies, approaches, and tips for effectively communicating with people with disabilities. The following are a few example strategies staff can use when interacting with patients with disabilities.

Interact Tool

The research team behind the Patient-Centered Outcomes Research Institute (PCORI)-funded [Interact Trial](#) developed a communication tool that patients with communication disabilities can use with their clinicians. Access a free, publicly available version of the tool [here](#).¹ The following are communication strategies that patients may benefit from. It is important to remember that every patient has different preferences and needs for the strategies. A team member should always ask the patient first about their preferences.

➤ **When Speaking**

- Look at the patient.
- Use age-appropriate language.
- Speak in short phrases and sentences.
- Ask yes or no questions.
- Speak at a clear, medium pace.

- Frequently check that the patient understands what you said.
- If a patient does not understand, rephrase what you said – do not repeat.
- Let the patient know when you are switching topics.
- Use printed words or pictures for the patient to point to when answering questions.
- Write keywords while you are talking where the patient can see them.
- Use meaningful gestures, i.e., point to your stomach when asking if their stomach hurts.

➤ **When Listening**

- Look at the patient.
- Provide the patient extra time to process what you said.
- Provide the patient extra time to speak.
- Avoid interrupting or guessing what the patient is saying, even if they are struggling.
- Ask permission to guess if the patient is frustrated.
- Let the patient know when you don't understand and ask them to explain.

For Patients Who are Blind or Low Vision

- Identify yourself clearly when entering the room or starting a conversation.
- Explain procedures and examinations before performing them. Announce what you're going to do before touching the patient.
- Describe surroundings and obstacles in the patient's path to help them navigate the space. Use distances and clock faces to describe positioning.
 - "There is a table in the middle of the room, about six feet in front of you."
 - "From where you are facing, the weight scale is at the 3 o'clock position about 3 feet in front of you."
- Offer assistance in navigating a space. Ask the patient if they would like help before providing it or touching the patient.
- Describe any visual elements, gestures, or non-verbal cues that are important to the conversation.
- Offer alternative options to access written materials (See Appendix 4.8: *Written Communication Guidance*).

Verbal Communication Tools

The following are a few examples of communication tools developed by DEC and other organizations to help facilitate effective verbal communication between patients and providers.

Communication Passports

Communication passports are worksheets or workbooks containing information about a patient's demographic and medical information, preferred methods of communication, and other care needs. Communication passports can be an efficient method for people with disabilities to share their care and communication needs with their providers before an exam, treatment, or other form of care occurs. Below are a few examples:

- [The Les Turner ALS Foundation: ALS Communication Passport](#)
- [Hearing Loss Association of America \(HLAA\): Communication Access Plan \(PDF\)](#)

Resource Kits

Several other organizations have compiled or developed communication resources for providers:

- [Academic Autism Spectrum Partnership in Research and Education \(AASPIRE\): Healthcare Toolkit](#)
- [HLAA: Resources for Providers](#)

PACE

The acronym PACE can help staff and providers remember commonly requested strategies. Slow down the PACE of speech.

- **P:** Use **PLAIN** language
 - Use common, familiar words.
 - Avoid jargon.
 - Keep sentences short.
 - Use an active voice. Focus on who is doing the action: “You may need a test rather than a test may be needed.”
- **A:** **A**sk about and adapt to communication preferences
 - “What are ways I can support your communication?”
 - “How do you communicate best?”
- **C:** “**See**” the patient. Address the patient first and look at them when speaking
- **E:** Assess the **E**nvironment. Minimize background noise and stimuli.

Reference

1. Hickey E, Man B, Helm KVT, Lockhart S, Duffecy J, Morris MA. Preferred Communication Strategies for People with Communication Disabilities in Health Care Encounters: a Qualitative Study. *J Gen Intern Med*. Apr 2024;39(5):790-797. doi:10.1007/s11606-023-08526-4