

# "Say Less Show More": The development and introduction of visual supports to assist children during health care visits to an Emergency Department

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#### Background

- Any child presenting to a health professional may not fully understand what is going to happen.
- Children with neurodevelopmental disabilities have higher rates of health conditions.
- Difficulties in communication can contribute to barriers to good healthcare.
- Augmentative and Alternative Communication (AAC) strategies are widely used outside healthcare settings to assist communication with children with disabilities.

#### Aim

Develop, educate
 and introduce visual
 tools (visuals) to
 improve
 communication
 between health
 professionals and
 young children
 and/or children with
 disabilities
 presenting to a
 tertiary Paediatric ED



Visuals for taking blood or putting in a cannula



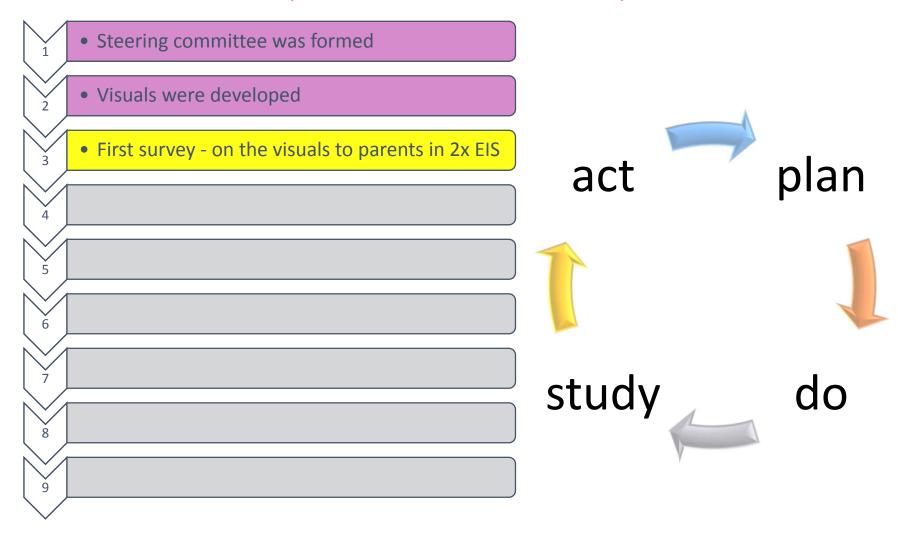
I sit on the bed. I keep my arm still.

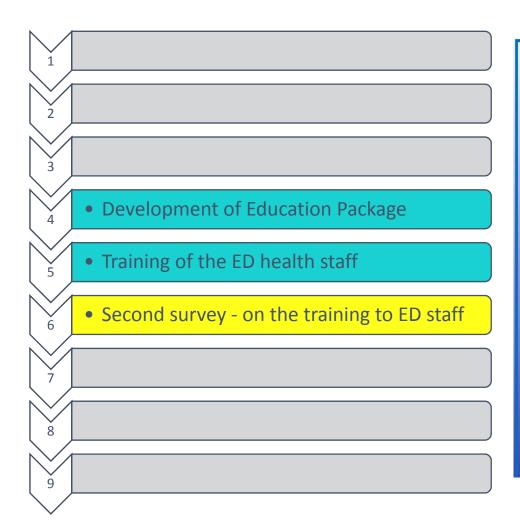
My Mum or Dad will stay with me.

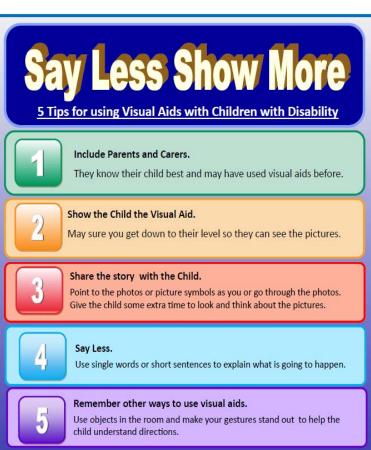


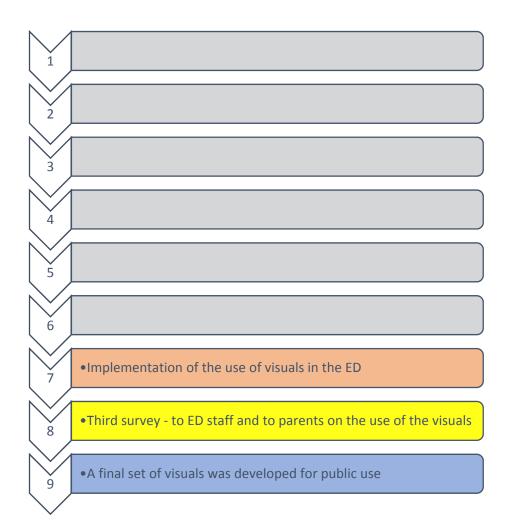
I am going to see the doctor.

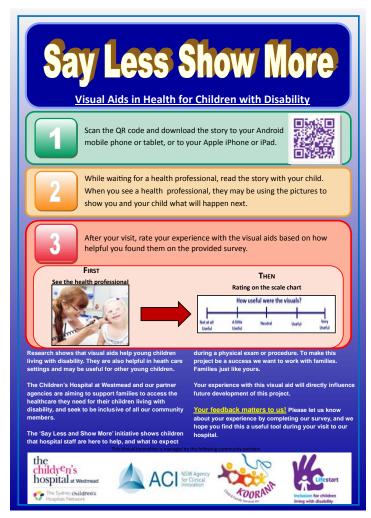
• Steering committee was formed Visuals were developed • First survey - on the visuals to parents in 2x EIS Development of Education Package • Training of the ED health staff • Second survey - on the training to ED staff • Implementation of the use of visuals in the ED • Third survey - to ED staff and to parents on the use of the visuals • A final set of visuals was developed for public use RACP Congress 2018









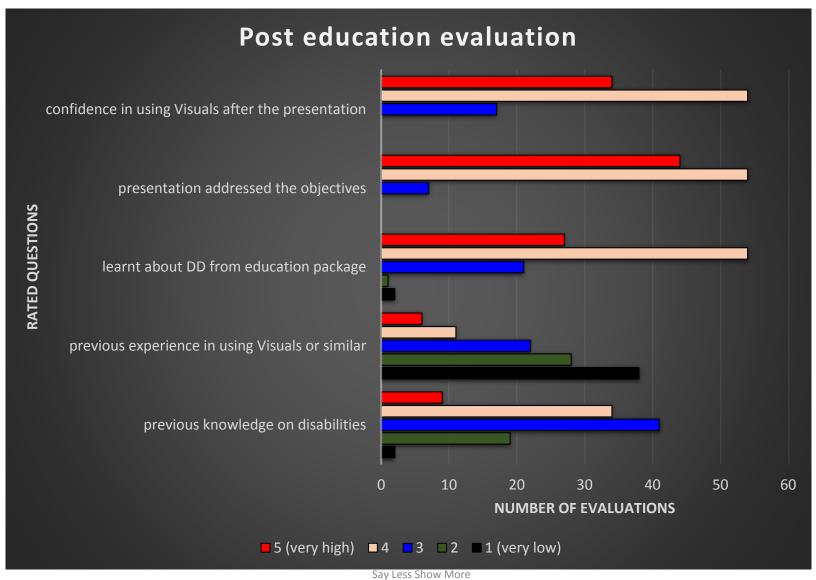


#### Results: first evaluation of the visuals

- 14 (82%) felt child would be interested in looking at visuals <u>before</u> going to a health care visit.
- 15 parents (88%) thought clinicians should use visuals <u>during</u> appointments.
- 15 (88%) indicated that visuals would be <u>useful</u> in helping child understand more about what happens before and during visits to a health care professional.
- 14 (82%) felt child would understand better if a health care professional used the visuals before having a <u>procedure</u>.
- 6 parents recommended changes.

"It would be a great resource for children who can be very anxious about hospital visits. This is a great initiative"

### Results: post education evaluation



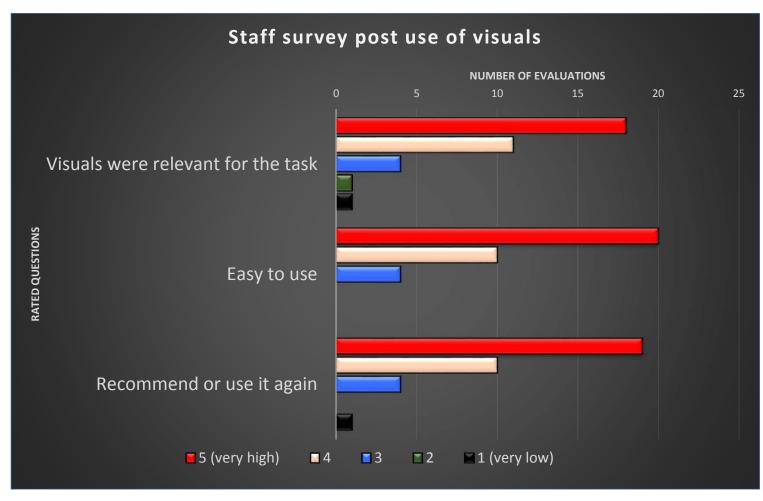


## Outcome results – Training evaluation

"Makes you more aware of the needs of children with disabilities & how we can help them with their hospitalisation experience"

"Excellent
explanation of how
this project will be
introduced to ED
and our role in
implementing"

## Results – evaluation of the use of visuals by ED staff

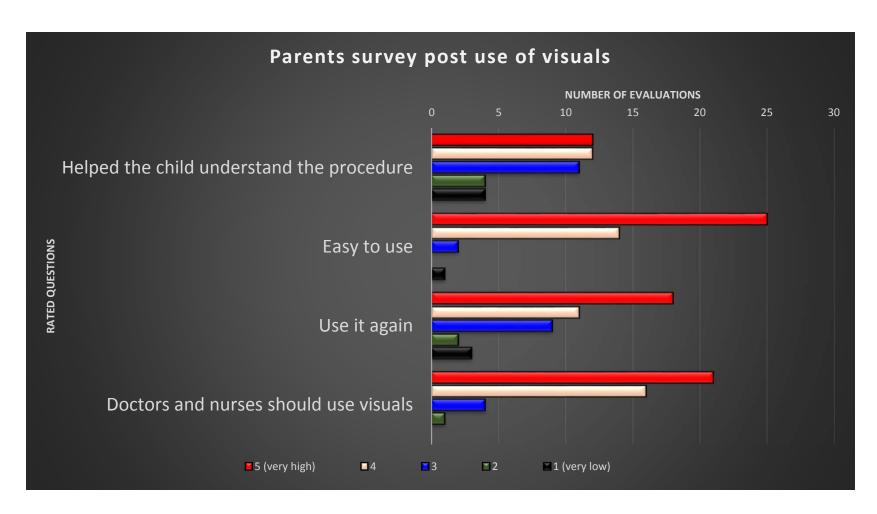


# Outcome results – evaluation of the use of visuals by staff



"I was sceptical of the benefit of this tool. We cannulated a child presenting with behavioural issues who was stressed about the procedure. The tool completely calmed the child. Nitrous had been planned and was not used due to effectiveness of tool. Need same tool for Nitrous, gluing & plastering!"

#### Results - Evaluation of the visuals by Parents





#### Results – parents feedback

"Great for the children to see the procedure of what will happen to them especially when they ask what is going on. Easy language and easy for them to follow"

"I would love to be able to make changes/additions to the words so that it would be really relevant to my son i.e. to have it accessible on a website and then be able to make some changes. For example, my son calls it a "finger hug" when nurses are taking his pulse."



I am having a blood test.



I sit on the bed. I keep my arm still. My Mum or Dad will stay with me.

#### Conclusion

- Visuals are cheap, easy to use and a well received tool to improve communication.
- They have the potential to reduce communication barriers to healthcare.
- Clinical staff were easily trained
- Further research is needed
- Limitations

## Strategies for Sustaining and Spreading Improvement

- Training and practice are embedded within routine department procedures.
- SLSM visuals are downloadable from the internet
- A training module and a guide to develop individualized visuals according to needs is available too.

https://www.aci.health.nsw.gov.au/resources/intellectual-disability/childrens-services/say-less-show-more



#### The Say Less Show More project team

From left: Lilly Wicks (Lifestart), Eunice Ly (Koorana), Dr Silvia Goldstein (SCHN), Dr Jacqueline Small (DSU) and Batool Spahi (SCHN).











Absent: Tracey Szanto (ACI), Dr Mary McCaskill (SCHN), Dr Richard Widmer (SCHN), Dr Victoria Ward (SCHN), and Meg Johnson FACs.

#### Other project team members

- Batool Spahi
- Victoria Ward

- ACI (NSW Agency for Clinical Innovation) – Intellectual Disability Network
- Lifestart
- Koorana



I am going to see the doctor.



It's our turn to talk to the nurse or doctor.



I stand on the weigh scales.



The nurse will measure me. I will stand still.



The nurse puts a special cuff on my arm to measure my blood pressure.



The nurse puts a special probe with a clip on my finger.



The nurse will put the thermometer under my arm.



I lie on the bed. The doctor will press on my tummy.



The doctor will listen to my heart with a stethoscope.



The doctor will use a torch to look in my ear.



The doctor looks in my mouth, I open my mouth up wide!



The doctor uses another torch. The doctor looks at my eyes.



The doctor measures my head.



The doctor taps my knees and my arm. It makes my legs and arms move!



All finished.