**Final Scholarly Project: Communication Assessment Tools for Emergency Department Nurses who Interact with Individuals with Intellectual and Developmental Disabilities**

Holly M. Hunt, MSN, PMHNP-BC

Department of Nursing, Otterbein University

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DNP Final Scholarly Project Team:

Dr. John Chovan, PhD, DNP, RN, CNP, PMHNP-BC, Team Leader

Dr. Joy Shoemaker, DNP, RN, FNP-BC, Team Member

Dr. Chai Sribanditmongkol, PhD, RN, IBCLC, CNS, Team Member

**Abstract/Executive Summary**

**Problem Statement:** Communication is an essential part of every nurse-patient interaction. During the best of times the patient and nurse can clearly understand each other and engage in successful interaction with positive patient outcomes. Individuals with intellectual and developmental disabilities (IDD) often use nontraditional ways of communicating that can complicate the ideal nurse-patient interaction. When a patient presents with a different method of communicating, the nurse must possess tools available to facilitate a successful interaction. Identifying such a tool or if one cannot be found building a sample tool is vital for positive patient outcomes for individuals with communication barriers.

**Purpose:** The purpose of the project is to find a tool for emergency department (ED) nurses to use with patients who communicate differently.

**Methods:** A web-based search for guidelines and a search to identify experts in communication to consult were conducted to find a nursing guideline. Other fields of study were investigated to create recommendations for a potential tool for ED nurses to use in practice. AGREE II was used to assess guidelines and Qualtrics was used to create and disperse the survey.

**Inclusion criteria:** Participants need to be able to access an online survey, read, comprehend, and respond to survey questions in English.

**Analysis:** The responses were evaluated for common themes, and descriptive statistics and thematic analysis were used to analyze the data.

**Implications for Practice:** Identifying or building a communication tool is vital for positive patient outcomes for individuals with communication barriers.

# Communication Assessment Tools for Emergency Department Nurses Who Interact with Individuals with Intellectual and Developmental Disabilities

Clear and effective communication is the basis of every successful nurse and patient interaction. When the nurse cannot communicate with the patient, important aspects of care are missed. Individuals with intellectual and developmental disabilities are a patient population who communicate differently. A guideline for assessment of a patient's communication method will assist the nurse in caring for the patient.

## Problem Identification

Individuals with intellectual and development disabilities (IDD) are a population of patient's nurses and other healthcare providers occasionally struggle to communicate effectively. The American Association on Intellectual and Developmental Disabilities (AAIDD) (2022) define IDD as "conditions characterized by significant limitation in both intellectual functioning and adaptive behavior that originates before the age of 22" (para. 1). Many individuals with IDD are misdiagnosed or underdiagnosed with mental health disorders due to difficulty assessing the individuals for psychiatric illnesses (Fletcher et al., 2018). A specific example of individuals not receiving appropriate care due to communication difficulties is individuals receiving a behavioral diagnosis and being medicated when there is a medical reason for the behavior (Keesler, 2020). Generally, healthcare providers who encounter individuals with IDD are not adequately trained on how to communicate with people in this population, leading to individuals with IDD not receiving the appropriate care.

Appropriate diagnosis and treatment of individuals with IDD is relevant for several reasons. First, healthcare providers will treat individuals with IDD and must know how to c communicate appropriately. The prevalence rate of mental health disorders in individuals with IDD is 40.9% whereas the rate in the general population is 16.0% (Adams & Jahoda, 2019).

Second, individuals with IDD bear increased health care costs due to the chronic nature of the medical conditions seen in this population (Amin et al., 2021). Miscommunicating about and treating a person for the wrong condition puts patients at risk and makes costs higher than necessary. Third, a person with IDD is no less entitled than another patient to feel comfortable receiving mental health and other healthcare services and feel respected and taken care of during the services (Developmental Disabilities, 2018). The healthcare provider must strive to communicate effectively and provide high quality care to all patients, regardless of disability status.

An introduction to the subject of interest was identified through a virtual meeting set up representatives from the organization Adult Advocacy Centers. A personal conversation with Ms. Katherine Yoder, Executive Director of the Adult Advocacy Centers identified the subject of interest (K. Yoder, personal communication, May 24, 2022). During the conversation, Ms. Yoder noted that many of the issues in healthcare for people with disabilities are based in the inability of the provider to communicate with the person. Adult Advocacy Centers "exist(s) to teach the world how to hear what people with disabilities have to say--particularly when they are victims of crime" (Adult Advocacy Centers (AAC), 2022, para. 1). Porkup et al. (2017) noted individuals with IDD living in Ohio, across the lifespan, endure healthcare disparities. Healthcare providers' duty is to learn how to communicate with, assess for mental and physical health conditions, and offer appropriate, evidence-based treatments to the IDD community. While the communication issue is relevant to all healthcare providers, this project focuses on emergency department (ED) nurses' interactions with individuals with IDD. The setting was chosen due to the urgency of clear, effective communication for both the nurse and the patient.

## PICO

(P) In emergency room nurses who interact with patients who have communication differences, how does (I) using guidelines for evaluating a patient's communication compared to (C) not using guidelines for evaluating a patient's communication (O) impact the rate of successful patient interactions?

## Significance of Problem to Nursing and Needs Assessment

Communication barriers between the nurse and patient is a significant problem to the nursing profession. The American Association of Colleges of Nursing's (AACN) (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice* help define the significance for effective communication with individuals with IDD. Essential II: Organizational and systems leadership for quality improvement and systems thinking notes doctoral prepared nurses look for patient populations lacking quality care and will strive to improve the care (AACN, 2006). Individuals with IDD are a population that would benefit from the expert attention of a Psychiatric & Mental Health Nurse Practitioner (PMHNP) to improve care. The project enhances the knowledge base around communicating with individuals with IDD and synthesizes the current evidence-based practice, as part of Essential III: Clinical scholarship and analytical methods for evidence-based practice (AACN, 2006). The applicability of AACN's *Essentials* to this problem elevates it to the national level.

The goal of Essential V: Health care policy for advocacy in health care is also realized in the project (AACN, 2006). In Ohio 52.8% of the healthcare visits for individuals with IDD who receive an IDD waiver were for mental health reasons (Amin et al., 2021). Further, individuals with IDD have substandard health outcomes (Amin et al., 2021). The focus on Essential V leads to changes in healthcare policy that would address the health disparities of individuals who have

IDD and address providing fair and just care to the population. Advocating for better communication between the provider and the individual with IDD allows for the person to recover and could reduce mental health care costs. The potential impact of the project could change the lives of many individuals with IDD. Effective communication between ED nurses and individuals with IDD will improve health outcomes for the population.

Other significant issues can arise when the nurse and patient cannot communicate. Many individuals with IDD are unable to communicate typical symptoms of medical or psychiatric conditions. Aggressive behaviors are misinterpreted as behavioral issues, leading to incorrect treatment of the condition (McNally et al., 2021). As noted by the Hogg Foundation for Mental Health (n.d.), individuals with IDD receive treatment for undesirable behaviors with no thought of "past abuse, neglect, bullying, institutionalization, or a number of other traumatic events often experienced by this population" (p. 2). Another barrier to individuals with IDD receiving appropriate communication and care is the attitude of the health care provider. Kritsotakis et al. (2017) found healthcare students hold poor attitudes toward individuals with IDD. Abdi and Metcalf (2020) report communication as a barrier that shapes providers negative attitudes toward individuals with IDD. The misdiagnosis of psychiatric conditions, lack of screening for traumatic experiences, and negative provider attitudes are issues corrected when the provider and patient communicate.

**Problem Statement**

Communication is an essential part of every nurse-patient interaction. During the best of times the patient and nurse can clearly understand each other and engage in successful interaction with positive patient outcomes. Individuals with IDD often use nontraditional ways of communicating that can get in the way of the ideal nurse patient interaction. When a patient

presents with a different method of communicating, the nurse must possess tools available to facilitate a successful interaction. Identifying such a tool or building a tool if one cannot be found is vital for positive patient outcomes for individuals with communication barriers.

## Summarizing the Evidence

### Current State of Knowledge

Multiple qualitative studies report findings about nurses or other healthcare providers communicating with individuals who do not communicate verbally. Donner and Wiklund Gustin (2021) note the lived experiences of five nurses working in a small nursing home for individuals with severe mental illness who seldom speak. The nurses share that they must take the time and energy to grasp the unspoken wants and needs of the patient, the patient must have space to share their unspoken narrative, and each individual can remain in the uncertainty of the interaction. The keys to successful communication are taking the time the patient needs and building a relationship. These findings are supported by Arrey et al. (2019), in a study that shared information from 13 nurses working in a palliative care setting with individuals with communication differences. Knowing the need to build relationships was one of the main themes uncovered when working with a person who is unable to speak. The importance of sharing nurses' lived experiences of working with individuals with communication differences in a palliative care setting with nursing students is helpful for the success of the new nurse in working with individuals with communication difficulties. The previous studies report the importance of building relationships with patients, but another important perspective to consider is how individuals with IDD view health and healthcare. Gibbons et al. (2016) conducted semi structured telephone interviews with individuals with IDD to study the population's views on health and healthcare. The individuals in the study reported that having a good relationship with

healthcare providers was an important part of the healthcare experience. However, for inclusion in the study all participants had to communicate verbally, which leaves out the experiences of individuals with communication barriers.

Provider attitudes can negatively affect communication with patients. One study examined emergency department (ED) nurse's beliefs around what causes nurse-patient communication barriers. Al-Kalaldeh et al. (2020) recruited 199 ED nurses to complete a 27-item questionnaire and determined that a comfortable working environment and training for nurses to continue to develop communication skills were seen as the best ways to foster nurse-patient communication. Ryan and Scior (2016) note medical students report anxiety when communicating with individuals with IDD and communication barriers. Abdi and Metcalf (2020) found that medical students with previous exposure to individuals with IDD feel more confident about future interactions. Diagnostic overshadowing is another barrier for providers to overcome when working with individuals with IDD and who communicate differently. A case study by Javaid et al. (2019) illustrates one patient's delay in receiving medical treatment due to healthcare staff assuming the individual's behavioral issues were an expression of the person's disability, and not the true cause of the problem, a medical condition. In a literature review Howie et al. (2021) reiterates the need for nurses training on how to communicate with and appropriately care for individuals with IDD. Provider attitude or lack of communication training is not an acceptable reason for individuals with IDD to receive substandard care.

**Addressing Gaps**

Many of the articles for the literature review were from abroad, qualitative in nature, had small sample sizes, did not focus on individuals with IDD or ED nurses; and a few were outside of the typically accepted 5-year range for current research. The articles were included due to the

lack of nursing articles specifically addressing the assessment of communication skills for individuals with IDD in an emergency department (ED). No articles addressing guidelines were found for assessing patient communication skills in any setting.

The literature review exposed a gap in the literature for assessing communication guidelines. Two articles commented on the lack of research for individuals who do not communicate in a conventional manner (Arrey et al., 2019; Donner & Wiklund Gustin, 2021). As previously stated, the providers' ability to communicate with and their attitude toward treating individuals with IDD is vital to successful patient interactions. A moderate positive correlation between a nurse's ability to communicate with patients effectively and care behaviors was found (Kirca & Bademli, 2019). The authors caution against generalization of the findings and point to the need for further study that includes a comparison group, however the study does report that competent nursing communication changes patient outcomes.

Several studies exist pointing to the issue of healthcare providers struggling to meet the needs of individuals who have communication barriers. The final scholarly project searched for methods of assessing a patient's communication needs to provide the healthcare provider a starting point for how to interact with the patient. If the guidelines do not exist, methods for creating a new guideline will be suggested. The overarching goal of the project is to improve healthcare for individuals with IDD.

## Scaffolding the Project

### Theoretical framework

The chosen theoretical frameworks to guide the Final Scholarly Project (FSP) are Orem's self-care deficit nursing theory and Peplau's theory of interpersonal relations. Orem's theory is customarily used by the nurse as a guide to determine if a patient has a self-care deficit. The

theory's use in the FSP allows the nurse to focus on the nurse's own self-care deficits, specifically around communicating with a patient who communicates in a nontraditional manner. Peplau's theory is fundamental for understanding all nurse-patient interactions (Peplau, 1992). The theoretical frameworks were chosen for the ability of the concepts to guide the project to assist the nurse in recognizing gaps in communication skills.

Communication is the basis of every nurse-patient interaction and in the communication dyad self-care allows the nurse to determine what is needed to facilitate effective communication. Self-care is a vital function that humans must learn to complete for themselves or to receive assistance (Orem, 2001). The self-care deficit nursing theory has three parts. The first is the theory of self-care which describes the need for each human to perform, or have assistance performing, tasks, which are learned each day, often multiple times, that are vital to survival (Orem, 2001). The next is the theory of self-care deficit in which the nurse discovers the patient's areas of weakness in self-care and creates a plan to meet the needs (Orem, 2001). The final part, the theory of nursing system, primary focus explains how nursing agency needs "to compensate for or overcome known or emerging health-derived or health-associated limitations of legitimate patients (or clients) for self-care (or dependent-care)" (Orem, 2001, p. 289). As mentioned above this project's use of the theory focuses on the nurse to discover the nurse's area of weakness related to communicating with a patient with different communication needs.

Interpersonal relations are the basis of every nurse-patient interaction. When a patient communicates in a different manner than the nurse, Peplau's theory moves the interaction toward positive patient outcomes. The nurse is reminded of the depth of the nursing role in the patient's life, not just to care for the medical needs, but psychosocial concerns as well (Peplau, 1992). When an ED nurse encounters a patient with different communication skills, the nurse can focus

on providing “respect, dignity, privacy, confidentiality, and ethical care” and control the signals communicated to the patient (Peplau, 1992, p. 14). Peplau’s theory grounds the nurse in core nursing values and increases the likelihood of a positive patient interaction.

Due to the recent acknowledgement of the frequency in which individuals with IDD experience diagnostic overshadowing, in which symptoms are attributed to a disability, rather than the correct diagnosis of a medical or psychiatric cause, the theoretical frameworks chosen emphasize the need for expanding the nurse’s view of the patient, as well as looking at the nurses’ own deficits (Javid et al., 2019). An example of a team of healthcare professionals missing symptoms of trauma due to diagnostic overshadowing is explained in an article by Kildahl et al. (2020) published in *the Journal of Intellectual & Developmental Disability*. The study focused on a patient with autism spectrum disorder, mild intellectual disability (ID) and depression. The patient had, “relatively good verbal proficiency, scoring just below the threshold for ID on standardized measures of verbal ability” (Kildahl et al., 2020, p. 195). The point is significant due to the fact the inpatient healthcare providers missed the signs and symptoms of trauma in a person with nearly normal verbal abilities due to diagnostic overshadowing.

There is also a need for ED nurses to assess their own attitudes and barriers to effectively communicate with patients. Al-Kalaldeh et al. (2020) questioned ED nurses about perceived communication barriers and found that not addressing communication deficits can lead to frustration, mistrust, and issues with pain management (Al-Kalaldeh et al., 2020). Orem’s theory of self-care deficit contains three parts that will assist nurses in overcoming the barriers to communication. The first is in set one of Orem’s presuppositions, “engagement in self-care and dependent-care are affected, … by persons’ limitations in knowing what to do under existent conditions and circumstance or how to do it” (Orem, 2001, p. 146). The second is a proposition,

used to guide future development of the theory "A self-care deficit may be relatively permanent, or it may be transitory" (Orem, 2001, p. 147). Once the nurse realizes the communication difference is only temporary, work can start for finding a solution for the patient and nurse to be able to communicate effectively. The third part of the theory an ED nurse can use to overcome communication barriers is also a proposition from the theory of self-care deficit. Orem (2001) notes that once the individual has the "necessary human capabilities, dispositions, and willingness" (p. 147), the self-care deficit can be overcome. Using the lens of the theory to address the situation, the ED nurse can recognize the nurses' own limitations and find a course to successful communication.

**Project Purpose**

Individuals with IDD are often not treated appropriately for mental health issues. The care needs are complicated for an individual with IDD with co-occurring issues, such as medical fragility, seizure disorder, or other neurological disorders (Gentile & Gillig, 2012). High quality mental health services are available to most individuals with IDD through home care providers and government agencies, but many do not receive the correct diagnosis and adequate treatment due to communication barriers. Healthcare professionals who did not receive training for how to properly communicate with individuals with IDD are not comfortable with the complex medical needs these patients exhibit or do not take the time or energy to spend with the individual (Gibbons et al., 2016). The healthcare provider is responsible for the care provided and must determine a way to communicate with patients.

The identified problem is that individuals with IDD are not receiving adequate nursing care from ED nurses due to differences in communication style between the nurse and patient. The purpose of the project allows for review of current ED nursing guidelines for assessing a

patient's ability to communicate with healthcare staff. The research question developed to guide the project in creating objectives is: How will following a guideline or protocol to assess the patient's ability to communicate improve care and patient outcomes? The questions used to develop focused objectives are: 1) Does a current nursing guideline exist for assessing a patient's ability to communicate? 2) If one does not exist, what other fields of study might offer suggestions for a guideline or evaluation tool an ED nurse could use? The objectives are: 1) Find a current nursing guideline or protocol to assess a patient's ability to communicate. 2) If a guideline or protocol does exist, contact a local hospital to determine if it is used there. 3) If a guideline does not exist, search other fields of study, such as speech therapy or first responders, to determine if there is a guideline in existence that could be modified for ED nurses to use. 4) Report findings, identify barriers, and make recommendations.

**Method and Design**

Quantitative and qualitative methods were chosen for the final scholarly project (FSP). The research/practice-based inquiry was the approach chosen as the best fit for the research questions, and since a guideline was not found, the method allowed for next steps. Specifically, since a nursing tool was not found, the second research question allowed for the focus to shift to another field of study to determine if that field uses an assessment tool for adaption for nursing use. The tool was evaluated, then adapted into a format that an ED nurse can use. The format was evaluated by individuals with experience either in nursing, speech therapy, healthcare, social work, the IDD field, or other relevant field of study. Moran et al. (2020) notes the appropriateness of using the research approach for a practice improvement project such as this FSP to find a tool an ED nurse can use to improve communication with patients. Specific use of

the method includes the ability of the results of the study to increase the information known about the subject and explain the results of the research question.

The qualitative questions in the survey were reviewed using thematic analysis. The benefits of using thematic analysis for qualitative data include flexibility, the ability to understand thoughts in a data set, the construction of themes from the data, wide acceptance, and evidence of a good place for novice researchers to begin working with qualitative data (Kiger & Varpio, 2020). The six-step process includes "familiarizing yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report" (Kiger & Varpio, 2020, p. 1). A code is "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998, as cited in Kiger & Varpio, 2020, p.5). A theme is described as "a patterned response or meaning derived from the data that informs the research question" (Kiger & Varpio, 2020, p. 3). An inductive approach was chosen to allow theme discovery from the data, not from the researcher's wants or desires. The inductive approach allows for a broader interpretation of the data. The data was reviewed multiple times, until no new information came from the review.

The Plan-Do-Study-Act (PDSA) framework was used to steer the project. Melnyk and Fineout-Overholt (2019) describe the four steps in the cycle as follows. The first step is to plan the change and how to collect data. The second step is to do the action planned and collect the data in the manner determined in step one. The third step is to study the data collected and find out what the results mean. The final step is to act on what was found in step three. Actions include making changes to the initial action plan and completing step two as many times as needed to get to the desired results.

***Plan***

The plan part of the FSP includes searching databases for evidence-based practice, journal articles, guidelines, or any other reliable sources for a guideline for ED nurses to assess a patient's communication skills. Expanded fields of study to search include education, special education, autism, first responders, speech therapy, augmentative and alternative communication, IDD field, school nursing, IDD nursing organization, Ohio Department of Developmental Disabilities, translation services, Access Board of Americans with Disabilities Act, and the deaf community.

Once a guideline that assesses a person's ability to communicate was found, the Appraisal of Guidelines for Research & Evaluation II (AGREE II) Instrument, described in the instruments used and data collection tools section below, was used to assess the quality of the guideline. The next step in the plan portion was to make a list of suggested questions for inclusion for a tool an ED nurse could use to assess patient communication abilities. The suggestions were sent to selected individuals whose input was considered valuable in the creation of a tool that assesses communication. More information on these individuals is found under the target population and sample section below.

***Do***

The do portion of the framework was carried out over a two-month period in early 2023. Time for two PDSA cycles were in the original plan. The author decided another literature review is needed prior to sending out a second survey. This fell outside of the timeline for the current project.

### *Study*

The data was analyzed and compiled into reportable information. See the instruments used/data collection tools below for more information.

### *Act*

Recommendations from the survey results are in the recommendations section below.

## Target Population & Sample

The target population for the use of a tool or guideline is ED nurses who need to assess a patient's communication abilities. The target population as an area of study to improve healthcare outcomes is individuals with IDD. The target populations for feedback on possible questions for the development of a new tool or guideline to assess a patient's communication abilities include, but are not limited to: ED nurses, professionals from the autism field, staff from an urban agency that focuses on making the world a more accessible place for individuals who communicate differently, Certified Nurse Practitioners, translator, school nurse, parents of an individual with IDD, siblings of an individual with IDD, non-nursing healthcare workers, social workers, professionals in the IDD field, and IDD nurses. The expected response size is 10 people. The inclusion criteria include the ability to access the online survey, the ability to see, read, comprehend, and answer the questions written in English, and the willingness to complete the survey.

### *Participants and Enrollment*

All human subjects were protected during any interactions with the FSP. ED nurses and individuals with IDD are the focus of the project but were not part of the project while in the clinical, emergent setting. All human subjects who agreed to complete the survey were protected as required in *The Belmont Report* (National Commission for the Protection of Human Subjects

of Biomedical and Behavioral Research, 1979) and Otterbein University's Institutional Review Board (IRB) guidelines. The survey was not sent out until written IRB approval was received and the "investigator shall obtain the legally effective informed consent of the subject or the subject's legally authorized representative" (Otterbein University, 2019, p. 6). Otterbein University's IRB process involved an application which was reviewed by the IRB committee which approves or denies the application. The returned survey does not have personal identifiers associated with the information. The data was managed on a secure system. Data was consolidated for reporting purposes. The IRB approval letter, informed consent form, and survey are included in Appendix A, B, and C.

Participants were recruited from the fields mentioned above as a convenience sample. A survey invitation was sent out to 24 potential participants via email using Qualtrics. Participants had two weeks to complete the survey. No reminders were sent. No control group was necessary. Demographic data from the participants was not gathered and the sample was not described specifically, only in generalities.

### *Instruments Used and Data Collection Tools*

Using the research/practice-based inquiry approach leads to data collection tools of observations and a survey. Once acceptable guidelines or tools were found, each were described in the results section. The AGREE II Instrument, described below, was used to review each guideline for inclusion in the project. Observations were made about how the tool or guideline was found, the type of field that generally uses it and if elements or the whole tool is useful for ED nurses. From these tools or guidelines, a survey was created to send out to determine what an acceptable tool for an ED nurse would include.

Qualtrics was the chosen survey tool. See the instrument and tools section for a detailed description of the tool. The survey included 10 items that are a suggested screening tool for ED nurses to use with patients who communicate differently. The types of questions included open ended and multiple choice with a five-point Likert scale for each response. The results were analyzed using descriptive statistics and thematic analysis. The qualitative answers were reviewed by the author and second reviewer. The second reviewer is a master's-prepared certified nurse practitioner. A tracking sheet was used to organize common themes in the responses.

### *Project Team*

The project team for the FSP includes faculty advisor John Chovan, PhD, DNP, Professor & Chief Nurse Administrator at Otterbein University, Joy Shoemaker, DNP, Associate Professor, Master's to DNP Director at Otterbein University, and Chai Sribanditmongkol, PhD, Assistant Professor at Otterbein University. The other member of the project team is the author, a master's prepared and nationally-board certified Psychiatric/Mental Health Nurse Practitioner, with a passion for individuals with IDD.

## Instruments and Tools

AGREE II Instrument was chosen to assess the quality of guidelines that were found for review in the FSP. The AGREE Instrument was first published in 2003 by an international group of researchers and guideline developers and updated to the AGREE II in 2010 (AGREE Next Steps Consortium, 2017). The instrument contains 23 items, six domains and is described as "a framework to assess the quality of guidelines; provide a methodological strategy for the development of guidelines; and inform what information and how information ought to be reported in guidelines" (AGREE Next Steps Consortium, 2017, p. 0).

The AGREE website offers two training tools to learn how to use the instrument. The first is a 10-minute tutorial. The second is an exercise where the learner can practice using the tool. The AGREE II instrument is both valid and reliable (AGREE Next Steps Consortium, 2017). The AGREE II Instrument's User Manual was reviewed as training. The training tools on the website are not up to date since Adobe stopped supporting Flash Player.

The survey was created and dispersed using the standardized product Qualtrics. Qualtrics is a survey tool that gained popularity in the past several years due to the convenience of online data collection, no programming skills required, the ease in editing, and offers a pleasant user experience (Molnar, 2019). Qualtrics was reviewed on techjury, a software review website. A disclosure from the site is that a commission could be made from a purchase from the product, but it does not affect the review (About Us, 2022). Bulao (2022) notes Qualtrics is often updated with new features, the ability to ask questions in 22 ways, offers randomization of questions, has more than 50 templates, translates into more than 75 languages, has response analysis, reports results, and has a basecamp with training videos. Qualtrics is used by Otterbein University. The training videos were viewed by the author and the tool was appropriate for the novice user.

## Timeline and Budget

### Timeline

The search for a guideline or tool to assess communication occurred in September and October of 2022. The project proposal presentation took place on 9/22/22. Training for use of ACESS II and Qualtrics took place in the fall 2022 and January 2023. The IRB application was submitted on 10/6/22 and approval was received on 10/19/22. The survey was designed, written, and reviewed for content validity in October 2022. The survey was distributed on 1/19/23 with a deadline of 2/3/23. The original timeline allowed for analysis of the results, the creation of new

questions and distribution of a second survey in February 2023. The decision was made that due to the need for further literature review based on the results of the first survey, a second survey was not distributed. Final analysis of the survey results occurred in March 2023. Recommendations for questions for the guideline or tool for an ED nurse to evaluation an individual with IDD communication ability was completed for the final project presentation in April 2023. The author completed all items in the timeline.

### Budget

There were no expenses for this project. The AGREE II Instrument is free, the labor is part of the author's immersion hours, and Otterbein University owns a subscription to Qualtrics. If the project were to be repeated, estimated costs are in Table 1.

## Outcome Analysis

Outcome analysis occurs in three distinct parts. The first is the evaluation of the guidelines or protocols used in the project survey creation using the AGREE II Instrument. Eight surveys were completed from the 24 invitations to participate with a 33.3% response rate. Quantitative questions are reviewed using the data analysis available in Qualtrics. The third method of analysis, qualitative was completed by two reviewers using thematic analysis.

### Guideline Analysis and Survey Creation

The basis of high-quality nursing practice is using up to date guidelines and evidence. Guidelines are important for nurses as they allow for a consistent, safe, evidence-based practice. The first objective of the project was to search nursing literature to find communication guidelines. When none were found, the search continued to other disciplines. The survey for the project was created from information found when searching the IDD and speech therapy

literature. Three resources were determined useful for survey creation and evaluated using the AGREE II Instrument for inclusion in the project.

The first resource is the Dynamic AAC Evaluation Protocol used by professionals who are assessing individuals for augmentative and alternative communication methods (Zangari, 2016). The next resource is a webpage which offers providers helpful tips for communicating with individuals with IDD (Healthcare for Adults with Intellectual and Developmental Disabilities, 2023). The third resource is the Vineland 3, which is used to diagnose IDD and contains a section for assessing communication (Pearson, 2023). The three resources were evaluated using the AGREE II Instrument. The author was the only reviewer for the three chosen resources. Each resource received ratings in six domains scope and purpose, stakeholder involvement, rigor of development, clarity of presentation, applicability, and editorial independence. The reviewer then rates the resource overall.

The Dynamic ACC Evaluation Protocol was found via a website suggested to the author from a conversation with a speech and language therapist with a focus on adaptive and augmentative devices. Generally, this type of protocol is used in the speech therapy field. The protocol received an overall quality score of 2 out of 7 using the AGREE II Instrument and recommendation for use in the project with modifications. A low overall score was accepted due to the lack of other evidence-based research. A second reason the resource was selected for inclusion is that the purpose of the evaluation is to determine the way an individual communicates so an appropriate communication device can be found for the individual. Elements from this tool were deemed useful for ED nurses to use. Survey question two was based on this resource.

The next resource reviewed using AGREE II is from the webpage "Communicating Effectively." The resource was found from a general Google search focusing on communicating with individuals with IDD. The resource would generally be used by healthcare providers wanting to learn more about communicating with individuals with IDD. The resource received an overall rating of 6 out of 7. The guideline was recommended for use without any modifications. The webpage offers many suggestions for communicating with individuals who communicate differently. Elements from the webpage were deemed useful for ED nurses to use. Survey questions three, four, and five were adapted from this resource.

The final resource was the Vineland 3. The resource is familiar to the author due to experience in the IDD field, where it is most used. The AGREE II review yielded a score of 0 out of 7. The very low score is due to the focus of the Vineland 3 being different than the focus of the current project. However, the communication domains, including receptive, expressive, and written assessment topics, are valuable to the project and deemed worthy of inclusion by the reviewer. Survey questions one and six were created from this resource.

The qualitative questions were created from the author's curiosity stemming from working in the IDD nursing field. The questions were also created due to lack of evidence found in the literature review as a starting point to discover evidence for the ED nurse communication guideline. Hearing directly from the communication experts via question 10 allowed for expression of different ideas not already captured in the survey.

**Quantitative Data Analysis**

Quantitative data from survey questions one to six were analyzed using descriptive statistics provided by Qualtrics. There were two questions that stood out with agreement from all eight respondents. The first is question four: "Is there a support person/family member present,

willing, and able to assist the nurse in understanding the patient?" The second is question five: "Does the individual need auxiliary aid/service to provide necessary communication? Examples include sign language interpreters, braille materials, simplified language documents, Computer Assisted Real Time (CART) text." The survey respondents all agree these two questions are very helpful for an ED nurse to facilitate communication with an individual with IDD. None of the respondents strongly disagreed or disagreed with any of the suggested questions. See Table 2 for the survey responses. See Table 3 for the mean, standard deviation, and variance.

## Qualitative Data Analysis

The qualitative data from questions seven to ten was analyzed using thematic analysis by two reviewers. The process is broken down into six steps. The author is the first reviewer and completed all six steps. The second reviewer, Kimberly Hyatt, MSN, CNP, completed steps one through four. The first step in thematic analysis is to become familiar with the data. No notes are taken, only reading all the responses. The step allows the reviewer an overall view of the data set. The rest of the steps flow from the initial review. Some respondents did not answer all the questions. Question seven had seven replies and question 10 had four answers. The process is reproduceable due to using the step-by-step approach of thematic analysis.

### *Step 2*

In step two the first reviewer combed through the data three times, with the third time revealing no new codes. See Table 4 for step two notes on data items of interest and Table 5 for codes. As described by Kiger and Varpio (2020) step two involves taking notes from the data and developing codes from the notes. In the first review of question seven, 16 notes were taken. In the second review, one additional piece of data was added, and one point was clarified. Nothing new was found in the third review of the data. Four codes were developed from the data

set for question seven. The first review of question eight yielded 18 notes, one additional note on the second review and no further information discovered on the third review. Six codes were developed from the data set for question eight. Question nine's data review revealed 15 data points from the first review with no additional information from the second and third reviews. Seven codes were developed from the data. One of the codes is deemed an outlier and is explained in the next step. Four respondents answered question 10, allowing for five data points from the first review and no additional data discovered in the second and third review. Five distinct codes came from this data set.

The second reviewer covered the material three times: once to get to know the data, a second time to record codes, and a third time to place the codes into themes. The second reviewer did not record individual data items of interest. Review of question seven's data produced five codes. Review of question eight produced six codes. In question nine, sixteen codes were found. Question 10 produced seven codes.

***Step 3***

Step three involves deriving the themes from the coded data. See Table 6 for step three themes. Themes were constructed by examining the codes, and through inductive analysis, the author determined the message the individual codes represented. Some themes were very easy to construct. For example, in question seven the code "friend/family member" was given by three respondents. The author broadened this theme to "support person" to allow for the inclusion of any person the individual with IDD usually communicates. Other questions took more analysis to discover the theme in the codes. For example, question nine includes the codes "videos, interactive exercises, reading, listening to an audio, see example of effective communication then discuss what makes it effective, teach basic principles and applied examples, and modeling."

After examination the author established the theme “demonstration” as all the codes are a way to demonstrate learning. Questions seven, eight, and nine all include the theme “other.” Instead of creating a theme with only one code, the theme “other” was chosen to capture the important information from the individual code. Question 10 posed a challenge to the author to find a theme. Stepping back, reviewing the guiding theories of the project, and looking at how all the codes related lead to the theme of “holistic care.” The codes were examined for each question in the same manner described above to understand the distinct themes.

The coded data was reviewed three times to assess for possible themes. For question seven, the first reviewer found three initial themes. During the second review, two additional themes were discovered, and none were discovered during the third review. The theme “other” captures information that is relevant but does not fit into the other themes. Question eight has four themes, all found during the first review. Question nine has four themes, found in the initial review. Question nine has one code that falls into the theme titled “other”. The code is: “This question confuses me. If the question refers to teaching communication to someone with ID/DD, there is no best way because the ID/DD population is so diverse, and each person has unique skills and deficits.” The code was not only kept but highlighted as a reminder of the vast diversity of learning styles and skills each person possesses. Question ten has one theme, found in the first review.

The second reviewer found six themes in question seven. Six themes were discovered in question eight. In question nine, four themes were found. Two themes were found in question 10.

***Step 4***

In step four the themes are reviewed, and the codes are grouped with the themes. See Table 7 to view theme and code placement. The data is reviewed three times in this step by the

first reviewer to assure no new information surfaces. The second part of the analysis of step four involves a series of questions which directs the reviewer to a deeper assessment of the data. Each question is assessed on its own and is completed by the first reviewer only. Each theme is evaluated to determine if there is enough supporting data, for coherence, and the size of theme. Each question is evaluated individually. The reviewers chose not to create thematic maps which are used to visually represent the codes and themes to assist in analysis. The thematic maps were not used due to reviewer preference for lists.

***Step 5***

Step five entails reviewing all the themes to focus on the most important parts of each. A narrative is then created to describe the insights discovered. Each question elicits a different theme as described as follows. No one single part of the data in question seven can be distilled down to the most important piece of information an ED nurse needs to know about an individual's communication ability or needs. The ability to utilize a support person and a communication tool are represented in the data. The nurse focusing on the therapeutic relationship is also a vital part of the communication process.

A variety of themes from question eight surfaced as to what type of communication training an ED nurse would need. The themes from the data illustrated the need for training in non-verbal communication methods, controlling the environment and the nurse’s self-regulation, and recognizing the fear the individual might experience due to current situation. These themes illustrate outside-the-box thinking. Each individual needs nurses who are willing to try different ways to communicate, take into consideration the stress and fear the environment is causing, and to self-regulate. One respondent made an important observation, identifying “training on how the brain reacts to stress and trauma and how these impacts communications of the brain.” Nurses

need to understand that when the fear response takes over, the person will not communicate effectively.

The focus of the themes from question nine stem from the knowledge there is no one best way to teach an adult learner. Asking the learner about specific needs was repeated several times. While the study question relates to an assessment tool for ED nurses, question nine allows for teaching nurses how to communicate better, not just giving them an assessment tool to figure out on their own. Specific learning modalities include demonstration, interactive exercises, role modeling, and skills practice.

Each theme from question ten illustrates a way to provide holistic care. Some are suggestions and others are comments, but all are focused on providing high quality, holistic nursing care to individuals with IDD who communicate differently. The question is vitally important to the study as it allows the communication specialist to directly speak to the nursing community and share suggestions for how to communicate with the population. The focus is on the bigger picture, not just the injury, or the way the individual communicates. Everything about the person, the setting, their willingness to please, the availability of a support person, and feelings of safety all need to be considered when communicating with the individual. One respondent reminds all healthcare providers that “meeting people where they are at, seeking to communicate in a way they understand is a worthwhile challenge and necessary for providing holistic, compassionate care."

***Step 6***

The final step in the process is captured in the production of the final scholarly project report.

**Objectives Summary**

The first objective of the project was to find a current nursing guideline or protocol to assess a patient's ability to communicate. A nursing guideline or protocol was not found. The second objective stated if a guideline or protocol does exist, contact a local hospital to determine if it is utilized. Since a nursing guideline or protocol was not found, the second objective was not completed. The third objective stated if a guideline does not exist, other fields of study would be searched to determine if a guideline exists that could be modified for ED nurses to use. This was completed and detailed in the Guideline Analysis and Survey Creation part of the report. The fourth objective stated to report findings, identify barriers, and make recommendations. The findings are reported in the Outcome Analysis section of this paper, barriers are identified as part of the Success, Limitations, and Facilitators sections, and recommendations are made in the Conclusion and Recommendation section.

**Success, Limitations, and Facilitators**

During the project limitations, facilitators and successes were encountered. A primary limitation was that a guideline for ED nurses was not found and local hospitals were not checked with to see if the guideline was used. Other tools were found and evaluated to create a survey to determine what useful questions for an ED nurse to use to assess a person's communication abilities assisted in the successful completion of the project. Only eight participants replied to the survey invitation. This allowed for the project to continue even though the goal of 10 replies was not reached. Moran et al. (2020) notes an issue with a survey is that respondents respond with societal norms, not necessarily what the individuals think. This is a potential concern, but it does not interfere with the reporting of current results.

A barrier encountered was that the Agree II Instrument training guide was inaccessible due to Adobe Flash Player discontinuation. The user manual was reviewed as training for the instrument. Another limitation is the low AGREE II Instrument scores from the communication guidelines found. Due to the lack of other evidence, the guidelines were used as references for the survey creation. Facilitators included a strong project team and passion to improve healthcare for individuals who have IDD. A facilitator included not sending the survey out a second time as per the original plan due to the realization that an additional literature review needed to occur to fully address the information discovered in the original survey. The additional literature review was out of the scope of the original project plan and would delay the completion of the project. A major facilitator included the choice of thematic analysis for a standardized way to analyze and report the qualitative data. Overall, the project was successful due to the limitation and barriers creating the opportunity for new ways of thinking and successful project completion.

## Conclusions and Recommendations

### Conclusions

The data from the project point to initial recommendations for a guideline for ED nurses to use when communicating with an individual with IDD. Two important methods of communication come from the quantitative data. The first is the importance of a support person when communicating with an individual with IDD. The second item all the respondents agreed upon is that a nurse must know if the individual uses an auxiliary aid/service such as sign language interpreter or braille materials. These two items are a starting point for the creation of a guideline for ED nurses when communicating with individuals with IDD.

Each question of the qualitative, thematic analysis yielded multiple themes for consideration in the creation of a guideline. Question seven reveals themes including utilization

of a support person, using a communication tool, and focusing on the therapeutic relationship. Question eight details the importance of training in non-verbal communication methods, the nurse's ability to self-regulate, and the recognition of fear in the individuals with IDD. Question nine notes there is no one best way to teach an adult learner and multiple methods must be included in the training. Question ten points to the importance of holistic care when communicating with an individual with IDD who communicates differently.

## Recommendations

Methods for creating a guideline for ED nurses to use include an additional literature review. Due to the time restraints of the project, not all avenues of the literature review were adequately explored. Future literature review needs to focus on IDD nursing, stroke recovery, Alzheimer's disease, and dementia protocols. Once more guidelines are discovered, a new survey would allow for more in-depth questions development. A focused survey of ED nurses would yield information on gaps of knowledge identified by the nurse. ED nurses need to receive communication training that focuses not only on how to communicate with individuals who communicate differently, but also on the nurse's own responsibility for understanding the individual. A suggestion to increase the reliability of the AGREE II assessments is to have two or more reviewers review the guidelines. A recommendation to increase survey response rate is to send out reminders halfway through the designated reply period. Sending out more surveys would allow for more data collection. The ability to extend the deadline for replies would allow for more response collection. Future study is recommended for the increased ability of the ED nurse to communicate with individuals with IDD.

## Summary

A guideline for ED nurses to communicate with individuals for IDD is necessary to overcome barriers to a successful patient interaction. Using Orem's self-care deficit nursing theory and Peplau's theory of interpersonal relations the nurse can identify barriers personal to forming the needed therapeutic relationship. Using the research/practice-based inquiry approach for the project allowed for a variety of objectives to let the project continue if one objective could not be met. The PDSA framework created clear steps for project completion. Use of the AGREE II Instrument created a reliable way to evaluate resources found in the literature review. Qualtrics is an excellent survey tool that allowed for easy creation, distribution, and analysis of the project survey. The overall results from the survey point to the importance of holistic nursing care when communicating with an individual with IDD.

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**Appendix A**

IRB Approval Letter


INSTITUTIONAL REVIEW BOARD

☒ Original Review
☐ Continuing Review
☐ Amendment

Dear Dr. Chovan,

With regard to the employment of human subjects in the proposed research:

**HS # 22/23-15**
**Chovan & Hunt: Communication Assessment Tools for Emergency Department Nurses …**

THE INSTITUTIONAL REVIEW BOARD HAS TAKEN THE FOLLOWING ACTION:

☒ Approved
☐ Approved with Stipulations*
☐ Limited/Exempt/Expedited Review
☐ Disapproved
☐ Waiver of Written Consent Granted
☐ Deferred

*Once stipulations stated by the IRB have been met by the investigator, then the protocol is APPROVED.

1. As Principal Investigator, you are responsible for ensuring all individuals assisting in the conduct of the study are informed of their obligations for following the IRB-approved protocol.
2. It is the responsibility of the Principal Investigator to retain a copy of each signed consent form for at least four (4) years beyond the termination of the subject's participation in the proposed activity. Should the Principal Investigator leave the university, signed consent forms are to be transferred to the IRB for the required retention period.
3. If this was a limited, exempt, or expedited review, there is no need for continuing review unless the investigator makes changes to the proposed research.
4. If this application was approved via full IRB committee review, the approval period is one (1) year, after which time continuing review will be required.
5. You are reminded you must promptly report any problems to the IRB and no procedural changes may be made without prior review and approval. You are also reminded the identity of the research participants must be kept confidential.

Signed: Noam Shpancer Date: 10-19-2022
IRB Chairperson

## Appendix B

Informed Consent

The Department of Nursing at Otterbein University supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are interested in creating a tool for emergency department (ED) nurses to use with patients who communicate in a nonverbal manner, especially individuals with intellectual and developmental disabilities. You will be asked to complete a survey asking what you think would be helpful for ED nurses to assess when first meeting an individual who communicates differently. It is estimated that this will take no more than ten minutes of your time. Although participation will not directly benefit you, we believe the information will be useful in improving ED nursing care for individuals who communicate differently.

Your participation is solicited although strictly voluntary. We assure you that your name will not be associated in any way with the research findings. The information will be identified only by a code number.

If you would like additional information concerning this study before or after it is complete, or if at any time you wish to withdraw from the project, please contact one of us as per below.

Sincerely,

Holly M. Hunt, Project Team Principal
hunt1@otterbein.edu
614-649-1714

John D. Chovan PhD, DNP, Principal Investigator
jchovan@otterbein.edu
614-823-1526

By clicking on the link below, I consent to be in this study and affirm that I am at least 18 years of age.

## Appendix C

Survey Questions

For questions 1-6 below please indicate if you believe the question will help emergency room nurses evaluate a patient's communication abilities/needs. Please choose one of each: (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree.

1. Does the patient respond appropriately to at least three basic gestures (for example, head nod for *yes*, head shake for *no*, hand out for *give me,* reaching, waiving, clapping)?
(1) Strongly disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly agree

2. Does the patient use unconventional gestures (examples: pulling on people, vocalizing, eye gaze)?
(1) Strongly disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly agree

3. Does the patient need more time to comprehend and reply to the question?
(1) Strongly disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly agree

4. Is there a support person/family member present, willing, and able to assist the nurse in understanding the patient?
(1) Strongly disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly agree

5. Does the individual need auxiliary aid/service to provide necessary communication? Examples include sign language interpreters, braille materials, simplified language documents, Computer Assisted Real Time text (CART).
(1) Strongly disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly agree

6. Does the patient follow instruction with one action and one object (for example, "Point to your toes" "raise your hand").
(1) Strongly disagree (2) Disagree (3) Neither agree nor disagree (4) Agree (5) Strongly agree

7. Please write your response to this question: What do you believe is the most important piece of information an emergency room nurse needs to know about an individual's communication abilities/needs?

8. Please write your response to this question: What type of communication training does an emergency department nurse need to communicate with individuals with different communication abilities/needs?

9. Please write your response to this question: What is the best way to teach communication to an adult learner?

10. Please include any other comments or suggestions:

Thank you for your time.

**Table 1**

*Final Scholarly Project Budget*

| Expense | Description | Cost |
|---|---|---|
| Labor hours | 54 hours at $80.00 an hour | $4320.00 |
| Qualtrics | One year subscription | $1500.00 |
| Total cost | | $5820.00 |

**Table 2**

*Communication Survey Responses*

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Question 1 | 0 | 0 | 2 | 2 | 4 |
| Question 2 | 0 | 0 | 1 | 5 | 2 |
| Question 3 | 0 | 0 | 1 | 3 | 4 |
| Question 4 | 0 | 0 | 0 | 1 | 7 |
| Question 5 | 0 | 0 | 0 | 1 | 7 |
| Question 6 | 0 | 0 | 1 | 2 | 5 |

**Table 3**

*Mean, Standard Deviation, and Variance*

| | Mean | Standard Deviation | Variance |
|---|---|---|---|
| Question 1 | 4.25 | 0.83 | 0.69 |
| Question 2 | 4.13 | 0.60 | 0.36 |

| | | | |
|---|---|---|---|
| Question 3 | 4.38 | 0.70 | 0.48 |
| Question 4 | 4.88 | 0.33 | 0.11 |
| Question 5 | 4.88 | 0.33 | 0.11 |
| Question 6 | 4.50 | 0.71 | 0.50 |

**Table 4**

*Step 2 Data Items of Interest*

| | Reviewer 1 | Reviewer 2 |
|---|---|---|
| Question 7 | Way to say yes and no | Not reported |
| | Developmental age | |
| | Friend/family member | |
| | Communication tool | |
| | How communicates pain | |
| | Can point to body part? | |
| | Patience, compassion, give eye contact | |
| | Do not interrupt | |
| | Reflect back to patient | |
| | Allow person to have their feelings | |
| | Talk to individuals with IDD even if support person there | |
| | Picture menus | |
| | Communication cards available example: visual pain scale | |
| | Expressive and receptive deficits | |
| | Second Review | |

| | | |
|---|---|---|
| | How let know what they want/need?<br>Clarification of above point: demonstrate patience<br>Be concrete, don't use euphemisms and colloquialisms<br>Third Review<br>No new data | |
| Question 8 | Way to understand yes and no<br>Look for other subtle less typical cues/messages<br>Training in various modalities of expressing/sharing info<br>Deescalating situations<br>Quiet environment<br>Know when to ask others for help communicating<br>Concrete language terms and phrases<br>Use pictures to show sequence of procedure<br>Basic survival signs<br>Training by speech/language professional<br>Training on how the brain reacts to stress and trauma and how this impacts communications of the brain<br>Know how to break down questions into simple, concrete terms while using pictures to enhance comprehension | Not reported |

| | | |
|---|---|---|
| | Understand the fear the person likely feels in the ED and how this impacts their ability to communicate and comprehend<br>Observing visual cues (head nod)<br>Calm demeanor will significantly help communication<br>Second Review<br>Eye blinking with visual cues and head nod<br>Third Review<br>No new data | |
| Question 9 | Ask the learner their preferred learning style<br>Videos<br>Interactive exercises<br>Reading<br>Listening to an audio<br>See example of effective communication then discuss what makes it effective. Then see examples of ineffective communication and discuss why it was ineffective and how it could improve.<br>Demonstration<br>Teach basic principles and applied examples<br>Understand multiple points of view in a conversation, how to process information, and how to engage in a thoughtful and measured manner<br>Modeling | Not reported |

| | | |
|---|---|---|
| | Depends on the needs of the learner<br>"This question confuses me. If the question refers to teaching communication to someone with ID/DD, there is no best way because the ID/DD population is so diverse, and each person has unique skills and deficits."<br>Identify the learning style of the adult learner examples are visual, auditory, or kinesthetic<br>Help the learner find meaningful connections between the new information and their knowledge base<br>Opportunities for regular practice for new skill/information<br>Second Review<br>No new data<br>Third review<br>No new data | |
| Question 10 | Staff one expertly trained staff for those with disabilities<br>Strategies to help the patient calm and feel safe will assist with communication<br>Access to guardian, advocates and/or providers may be essential in triage of patient<br>“People with IDD will respond to nonverbal cues during communication even if they do not fully | Not reported |

| | | |
|---|---|---|
| | comprehend what's being said. they may nod because the speaker is nodding or smile because someone else is smiling. This can give false understanding of a person's ability to respond effective during conversation.”<br>"Meeting people where they are at, seeking to communicate in a way they understand is a worthwhile challenge and necessary for providing holistic, compassionate care."<br>Second Review<br>"The emotional dysregulation that one may experience in an emergency room setting will complicate the assessment of one's communication skills or ability."<br>Third Review<br>No new data | |

**Table 5**

*Step 2 Codes*

| | Reviewer 1 | Reviewer 2 |
|---|---|---|
| Question 7 | Friend/family member present<br>Assess for expressive and receptive deficits<br>Respect/therapeutic relationship (patience, compassion, eye contact, don't interrupt, reflect back, allow person to have their feelings) | Understand the ability to communicate<br>Definition of their yes/no/pain<br>Developmental age<br>Tools needed |

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|---|---|---|
| | Communication tool/picture menus/visual pain scale<br>Second Review<br>No new codes<br>Third Review<br>No new codes | Assistance needed from friend/family/ interpreter |
| Question 8 | Training on how stress impacts the brain and how we communicate<br>Nonverbal communication training<br>Ask others for help when do not understand a patient<br>Environmental considerations<br>Concrete language<br>The nurse's calm demeanor<br>Second Review<br>No new codes<br>Third Review<br>No new codes | Training<br>Additional assistance<br>Receptive training<br>Expressive training<br>De-escalation/high emotions/anxiety<br>Emotional needs: listening and quiet |
| Question 9 | Determine the learners learning style<br>Use multiple methods<br>Demonstration of effective/ineffective communication<br>Modeling/practice of skills<br>Discussion of demonstration by learners | Individual (specific)<br>Corporate (general)<br>No best way/variety<br>Visual/demonstration<br>Audio<br>Kinesthetics<br>Interactive |

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| | Finding meaningful connections between what taught and use<br>Thought question was about teaching individuals with IDD how to communicate.<br>Second Review<br>No new codes<br>Third Review<br>No new codes | Repetitive<br>Discussion<br>Reading about topic<br>Basic<br>Complex<br>Multiple perspectives<br>Teach how to process information.<br>Teach how to engage<br>Thoughtful/measured |
| Question 10 | Specially trained staff for IDD population<br>Support person available to help with communication<br>Individuals with IDD will respond in a manner they think the other person wants them to, and may not understand what is being asked of them.<br>Strategies to calm the patient and have them feel safe<br>Goal is holistic, compassionate care.<br>Second Review<br>No new themes<br>Third Review<br>No new themes | Suggestions<br>Comments<br>Staffing numbers<br>Staffing expertise<br>Emotional support of patient<br>Patient feeling safe<br>Patient access to an advocate |

**Table 6**

*Step 3 Themes*

| | Reviewer 1 | Reviewer 2 |
|---|---|---|
| Question 7 | Support person<br>Forming the therapeutic relationship<br>Communication too<br>Discovering the way, the person communicates<br>Other | All 8 feel need to have more information, none feel adequate<br>All 8 feel as if need to be able to determine if each patient has ability to communicate<br>7 out of 8 need definition of "how" patient communicates<br>To what degree or developmental age each patient can communicate<br>Understand if tools are needed/what tools are needed<br>Need to understand if assistance needed from support friend/family/staff and what assistance is needed |
| Question 8 | Nonverbal communication<br>Environmental nurse's own regulation or knowledge<br>Fear<br>Other | Emergency department nurses need training to communicate with different communication needs/abilities<br>Training plus additional assistance |

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| | | Training in receiving communication<br>Expressive training-giving information<br>Handling/managing/de-escalation of high emotions<br>Specific emotional needs |
| Question 9 | Demonstration<br>Ask learners how learn best<br>Practice/discussion of skills learned<br>Other | Individual specific per learner<br>General-mass training/corporate/group<br>No one best way<br>Teaching styles |
| Question 10 | Ways to provide holistic care | Suggestions<br>Themes |

**Table 7**

*Step 4 Themes and Codes Combined*

| | Reviewer 1 | Reviewer 2 |
|---|---|---|
| Question 7 | A. SUPPORT PEERSON<br>1. Friend/family member (3 times)<br>B. Forming the therapeutic relationship<br>1. Respect (removed from its own theme)<br>2. Don't interrupt<br>3. Demonstrate patience, compassion, give eye contact | A. All 8 feel need to have more information, none feel adequate<br>B. All 8 feel as if need to be able to determine if each patient has ability to communicate.<br>1. Understand ability to communicate |

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| | 4. Talk to individual with IDD even if support person there<br>5. Reflect back to patient<br>6. Allow person to have their feelings<br>C. Communication tool<br>1. Picture pain scale<br>2. Communication board<br>3. Picture menu<br>4. Communication card available<br>Second Review<br>D. Discovering the way the person communicates<br>1. Way to say yes and no<br>2. How communicates pain<br>3. Can point to body part?<br>4. How let you know what they want/need?<br>E. Other<br>1. Developmental age<br>2. Be concrete, do not use euphemisms and colloquialisms | C. 7 out of 8 need definition of "how" patient communicates.<br>1. Definition of their yes or no and pain.<br>D. To what degree or developmental age each patient can communicate.<br>1. Developmental age<br>E. Understand if tools are needed/what tools are needed.<br>1. Tools needed<br>F. Need to understand if assistance needed from support friend/family/staff and what assistance is needed.<br>1. Assistance needed from friend/family/interpreter |
| Question 8 | A. Nonverbal communication<br>1. Way to understand yes and no<br>2. Look for other subtle less typical cues/ messages<br>3. Use pictures to show sequence of procedure<br>4. Basic survival signs | A. Emergency department nurses need training to communicate with different communication needs/abilities.<br>1. Training |

5. Observing visual cues examples head nod or eye blinking

B. Environmental and nurse own regulation or knowledge

1. Training in various modalities of expressing/sharing info

2. Deescalating situations

3. Quiet environment

4. Know when to ask others for help communicating

5. Concrete language terms and phrases

6. Know how to break down questions into simple, concrete terms while using pictures to enhance comprehension

7. Calm demeanor will significantly help communication

C. Fear

1. Training on how the brain reacts to stress and trauma and how this impacts communications of the brain

2. Understand the fear the person likely feels in the ED and how this impacts their ability to communicate and comprehend

D. Other

1. Training by speech/language professional

B. Training plus additional assistance.

C. Training in receiving communication.

1. Visual

2. Audio

3. Gestures

D. Expressive training-giving information.

1. Visual

2. Audio

3. Gestures

E. Handling/managing/de-escalation of high emotions.

F. Specific emotional needs.

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|---|---|---|
| Question 9 | A. Demonstration<br>1. Videos<br>2. Interactive exercises<br>3. Reading<br>4. Listening to an audio<br>5. See example of effective communication then discuss what makes it effective. Then see examples of ineffective communication and discuss why it was ineffective and how it could improve.<br>6. Teach basic principles and applied examples<br>7. Modeling<br>B. Ask learners how learn best<br>1. Ask the learner their preferred learning style<br>2. Depends on the needs of the learner<br>3. Identify the learning style of the adult learner examples visual, auditory, or kinesthetic<br>C. Practice/discussion of skills learned<br>1. Understand multiple points of view in a conversation, how to process information, and how to engage in a thoughtful and measured manner<br>2. Help the learner find meaningful connections between the new information and their knowledge base | A. Individual specific per learner.<br>1. Visual<br>2. Audio<br>3. Kinesthetics<br>4. Interactive<br>5. Repetitive<br>6. Discussion<br>7. Reading about topic<br>B. General-mass training/corporate/group.<br>C. No one best way.<br>D. Teaching styles.<br>1. Basic<br>2. Complex<br>3. Multiple Perspectives<br>4. Teach how to process information<br>5. Teach how to engage<br>6. Thoughtful/measured |

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| | 3. Help the learner find meaningful connections between the new information and their knowledge base<br>D. Other<br>1. "This question confuses me. If the question refers to teaching communication to someone with ID/DD, there is no best way because the ID/DD population is so diverse, and each person has unique skills and deficits." | |
| Question 10 | A. These are all ways to provide holistic care.<br>1. Staff one expertly trained staff for those with disabilities<br>2. Strategies to help the patient calm and feel safe will assist with communication<br>3. Access to guardian, advocates and/or providers may be essential in triage of patient<br>4. People with IDD will respond to nonverbal cues during communication even if they do not fully comprehend what's being said. they may nod because the speaker is nodding or smile because someone else is smiling. This can give false understanding of a person's ability to respond effective during conversation.<br>5. "meeting people where they are at, seeking to communicate in a way they understand is a | A. Suggestions<br>1. Staffing number<br>2. Staffing expertise on hand/present<br>3. Emotional support for patient<br>4. Patient feeling safe<br>5. Access to patient advocate/trained staff<br>B. Comments |

worthwhile challenge and necessary for providing holistic, compassionate care."

6. "The emotional dysregulation that one may experience in an emergency room setting will complicate the assessment of one's communication skills or ability."