



Talking Mats Training for Nursing/Care Staff working with older people with communication support needs

A pilot funded by the Greater Glasgow and
Clyde “A Right to Speak “Augmentative and
Alternative Communication (AAC) Project

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Introduction

The 'A Right to Speak' Report, commissioned by Scottish Government, was published in June 2012, with eight recommendations. Funding was made available to all 14 Scottish health Boards for a three year period to raise awareness of Augmentative and Alternative Communication (AAC), enhance the provision and support of AAC services and equipment, and to build on existing provision, to ensure a sustainable future for good quality AAC services in Scotland, in response to the recommendations. NHS Greater Glasgow & Clyde (NHS GG&C) has been supporting implementation of local actions (in keeping with other partnerships in other health board areas) in response to key recommendations, through the establishment of the AAC Partnership Board, overseeing the AAC project

The project has been leading divides broadly into:

- Universal Support
- Partnerships – Local and cross agency
- Continuing Professional Development
- Access to AAC equipment resources
- AAC Care Pathway

Locally funding has been allocated by the Project Board to a number of work streams and agencies to take forward aspects of this work, reflecting that a Right to Speak is relevant across all age ranges and care groups. Where possible work is linked to other strategic developments to support sustainability, as funding is non-recurring. Ongoing work, will enable staff to develop their AAC knowledge and skills and improve access to assessment equipment.

In discussion with representatives from the Person-Centred Health and Care Collaborative (PCHC), the AAC Team identified the need to explore opportunities to improve ways of finding out 'what matters and what is important' and information about individual personal preferences with older people who have communication support needs. The Talking Mats team were then commissioned to work with the Nursing Team based in two wards at the Mansionhouse Unit in Glasgow whose patients are mainly older people with dementia who often find it difficult to communicate their needs and wishes to the staff. The aim of the project was to pilot the use of Talking Mats in this setting, explore staff's views on the value of using talking mats in this setting, and consider its applicability to better informing the completion of nursing documentation, care planning, "Getting to Know Me" and the provision of recreational activity available on the ward.

Talking Mats is a social enterprise whose vision is to improve the lives of people with communication difficulties, and those close to them, by increasing their capacity to communicate effectively about things that matter to them.

The Talking Mats framework is based on extensive research and designed by Speech and Language Therapists. It uses unique, specially designed picture communication symbols that are attractive to all ages and communication abilities and is used by clinical practitioners, carers and support workers in a wide range of health, social work, residential and education settings.

The following report summarises the project and includes comments from the participants.

Project

A Gold level Talking Mats training course was commissioned through the Right to Speak and was delivered at the Mansionhouse Unit on 7th November 2014 with a follow up day on 24th April 2015. Twelve staff attended the first day training.

Appendix 1 - Gold level training content

Pre-training on-line survey (10 respondents completed the survey):

Prior to the training, participants were asked which methods they currently use to find out patients' views. They appeared to be using a range of methods and modes of communication, for example:

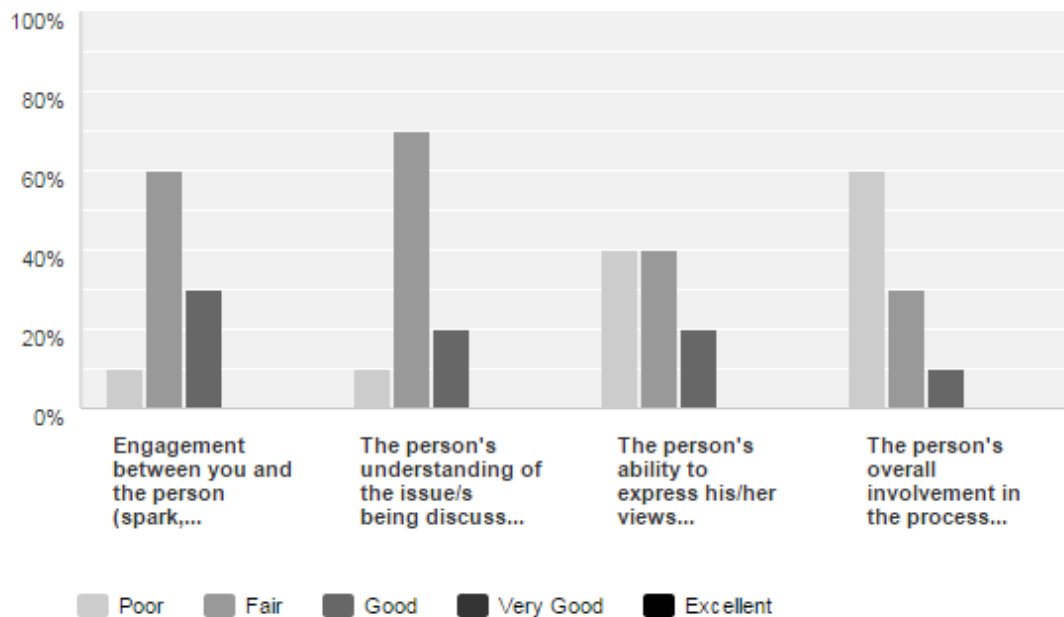
- *Making eye contact, speaking clearly, repeating where necessary, photos or images from books or newspapers, etc. patient's own material/possessions, gesturing, etc.*
- *Casual conversation prior to meal time*
- *Asked them to tell me they're understanding*
- *Themed questions*
- *Spoke with patient and patient's family.*
- *I had to write down the questions I was asking her.*
- *Verbal communication only*

The following graph from the pre training survey illustrates how effective the participants felt their conversations with patients were.

Results indicate that staff themselves identified that there was scope to improve the quality of their interaction and communication with patients.

When thinking about the person you are working with, how would you rate the following when seeking their views (without a Talking Mat):

Answered: 10 Skipped: 1



Day 1 Training:

Each participant received

- Hand-outs
- Social Care symbol pack
- Pre/post on-line evaluation survey
- Hands-on practice
- Reflection templates

In addition to the above, two complete Talking Mats Health and Well-being packs were purchased; one for each ward, to enable access to a broader range of conversations should the three topics in the Social Care set lead to further other areas for dialogue.

Participants engaged in the training and enthusiasm increased during the day with all reporting that they found the day beneficial and were excited by the prospect of having a new tool that they could use to improve their communication with their patients. The aim was that they could start using Talking Mats with their patients immediately.

Day 2 follow-up training:

Appendix 3: Day 2 Programme

This day included:

- Reflection and discussion on how participants have used Talking Mats in their work (each participant brought at least one case study to share)
- Feedback on the on-line evaluation
- Update on Talking Mats developments
- Further specialist training on
 - Eating and Drinking Resource
 - Talking Mats and Capacity Assessment
 - Digital Talking Mats

Due to the imminent transfer of Unit wards to the new South Glasgow University Hospital and staff changes across several teams, several staff were unable to attend the follow-up day. However, those who did attend reported on how beneficial the sessions were in gaining valuable information which could be shared with all staff and relatives.

Overall there was very positive feedback at this session and there was a general agreement that the information gathered using Talking Mats was very useful. Participants reported that they had used Talking Mats to find out about various issues, ranging from activities (which people either liked or disliked) to finding out people's views about their health and living arrangements.

We spent some time on getting feedback from participants about how they had used Talking Mats with case examples from everyone. There were some moving stories about how they had found out things they had not previously known and also views from patients who normally said very little. The time spent on Talking Mats conversations with individual patients ranged from 15 minutes to over an hour. Staff commented that within the hospital environment there was little provision of accommodation which would allow the patient a quite peaceful environment for having a conversation, with or without Talking Mats..

The following are some examples of the stories staff shared with the group. They all resulted from the staff using Talking Mats and were issues that the staff were not aware of prior to using Talking Mats.:

1. Mrs A. indicated that she liked to have a long lie in bed. This resulted in staff letting her stay in bed longer in the mornings.
2. Mrs B, who did not speak English, indicated that she really liked perfume. The nurse brought her some perfume which resulted in smiles and engagement every time that Mrs B. saw that member of staff.
3. Mrs C. indicated that she was scared of locked doors because she had been in a fire as a child
4. Mr D. indicated that he did not like games and puzzles which was important to know as this was a regular activity on the ward.
5. Mrs E. was a depressed and anxious lady who rarely spoke. She really enjoyed using the Talking Mats and staff said they had never seen her laughing before

The case study in Appendix 4 provides an example of how one participant used Talking Mats with one of her patients and illustrates very well how use of this visual framework helped her to engage and actively participate in interaction.

In addition to sharing their experiences of using Talking Mats, staff had been invited to choose 3 additional specialist topics for the follow up day. Therefore, following the feedback session in the morning, we explored:

1. The contents and use of the new Talking Mats Eating and Drinking Resource which involved some role play <http://www.talkingmats.com/product/talking-mats-and-eating-drinking/> .
2. The use of Talking Mats to determine someone's capacity to make decisions <http://www.talkingmats.com/can-talking-mats-support-capacity-make-decisions/>
3. The digital version of Talking Mats <http://www.talkingmats.com/product/talking-mats-pro/>

The feedback received from the participants at the end of the second day's training is in Appendix 5

Post training survey (7 respondents).

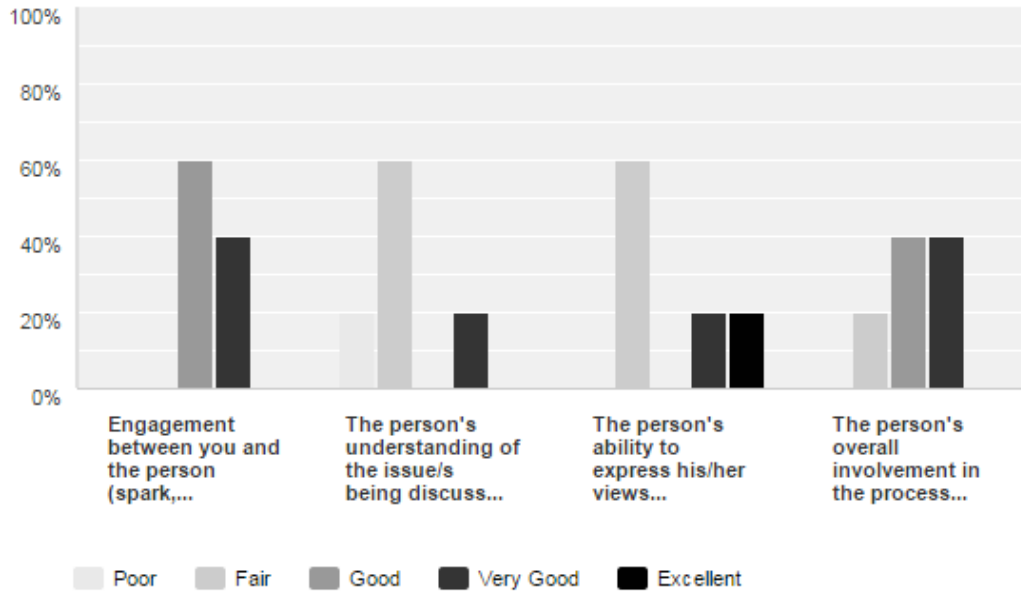
The following are staff comments from the post training on-line survey which repeated the questions from the pre-training survey. They clearly show the positive impact of the use of Talking Mats for both the patients and the staff.

- *It has shown the person behind the dementia and shown how her memory is still there for many things. She was able to talk about what she liked doing in the past and voice her opinion even now on certain topics e.g. religion and the TV. We found out she does not like games or puzzles so I think we can stop encouraging her to take part in these types of activities.*
- *Activities tailored to the patients' needs and likes*
- *Better understanding of patients likes dislikes and shared amongst staff*
- *Able to understand why patient appeared so withdrawn due to noise, food, strange place etc.*
- *Getting to know patient's preferences and shared with other staff by printing out completed mat.*
- *It was very stimulating for the both of us (interviewer and interviewee) to be able to spend time together and have a remarkable conversation. We were both satisfied by the result and I could see that the patient albeit a little distressed and confused at the beginning, as she was talking about the pictures on the cards rather than the activities themselves, was soon enjoying the discussion. She was smiling and laughing and enjoying the activity.*

The following graph shows that participants felt the conversations they had with their patients using Talking Mats were considerably more effective than without.

When thinking about the person you are working with, how would you rate the following when seeking their views with Talking Mats

Answered: 5 Skipped: 0



Summary and Recommendations

There is evidence that people have begun to put the principles of Talking Mats into practice both from the on-line survey and from the feedback on Day 2.

Both training sessions were well received and staff were engaged, thoughtful and enthusiastic. They provided in-depth quality examples of conversations with patients which in many situations altered the care response aligning this to patient preferences as shown in the reported examples.

Staff confidence increased from both using the tool and from the training support they received and their motivation to continue using the tool was evident.

The use of Talking Mat appears to be valued by staff as an easy to use and accessible tool which has enabled them to provide a more person-centred and individualised approach to care provision in the ward. The approach has assisted staff to find out patients' views and personal preferences, which have not been disclosed or identified through other communication and assessment processes and has enabled the staff to involve patients in the planning of their care more effectively. Participants also reported benefits from sharing the results of the patients' Talking Mats with the wider health and care team.

All participants on day 2 were keen to find ways to sustain their use of Talking Mats and integrate it into everyday practice. This was discussed and several suggestions made:

1. Sharing the results of the Talking Mats with families (given appropriate consent).
2. Sharing of views and personal preferences expressed by patients with other staff and inserted into individual case notes.
3. Setting up a regular activity time (ideally weekly) specifically to use Talking Mats with patients. Staff felt it was important that using Talking Mats for conversations should be seen as an activity in its own right.
4. Provision of a quiet space for patients to have conversations, with or without Talking Mats.
5. Integration of their use of Talking Mats in their everyday practice. To implement this a sustained way short meetings for staff to discuss experiences and lessons learned which can then be linked to practice development.
6. Several participants were keen to become Talking Mats Accredited trainers in order to further their skills and knowledge, to train others and so contribute to cost effect sustainability.

7. Staff changes as a consequence of organisational change mean that those trained will be deployed across other wards/units. The impact of this needs to be considered. Options are:
 - a. Local support for those already trained in using Talking Mats to implement this in their new settings and use those staff as the identified 'Talking Mats' support communicator
 - b. Confirm nursing practice support is in place and monitor the above approach with a view to identifying the priority settings for embedding Talking Mats
 - c. Implement a comprehensive training scheme using trained trainers within the workforce to cascade the use of Talking Mats to all areas where there are patients with communication support needs.

Appendix 1: Content of Gold level training course

Gold level Training Talking Mats Training for Groups /Organisations

This is a two day course which lays the foundations of how to use Talking Mats in practice and enables participants to be creative in terms of how to use the framework and to think about developing the use of Talking Mats within their own work setting. At the Gold level we also provide a follow up training day to help staff reflect, refresh and extend the implementation of Talking Mats with their clients. This day takes place by mutual agreement approximately 4-6 months from the original training.

We offer a pre and post course on-line evaluation to examine the impact of the training on practice

Day 1 includes:

- the background to Talking Mats
- an overview of the evidence base
- the principles of the Talking Mats framework
- a model to consider who can and cannot use Talking Mats
- hands-on practice
- DVD examples with clients who have a variety of conditions.

Day 2 includes:

- an update on Talking Mats developments
- further specialist training on a relevant topic agreed mutually between the Talking Mats team and the organisation
- the day will discuss the evaluation that has been undertaken including case studies from participants
- there will be time for staff to have in depth discussion about their practice and the use of Talking Mats in their work setting

Appendix 2: Day 1 Programme

Implementing a Talking Mats Approach

Introduction

Who we are

Course Aims, include basic ground rules

Who you are and interests

Demonstration – what is a Talking Mat

Do your own mat (activities)

How was it for you

Overview of Talking Mats/who can use it

Coffee

Effectiveness coding framework

DVDs of Talking Mats in action

Lunch

Symbol selection and developing your own Mats

Resources based on work from the World Health Organisation

Coffee

Scenarios—your chance to practice

Next steps and Keeping in touch

Appendix 3: Day 2 programme

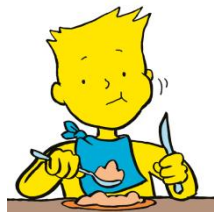
Talking Mats Follow up day 15.5.15

- How have you used Talking Mats (TMTM)



- Successes
- Barriers and challenges
- Survey results
- Case studies

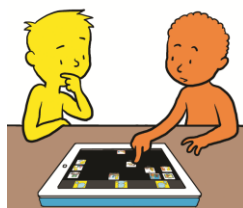
- Eating and Drinking Resource



- Talking Mats and Capacity Assessment



- Digital Talking Mats



- The way forward.....



Appendix 4: Case study

Seven staff attended a follow up Talking Mats training day and described how the Talking Mats had helped them get the views of their patients. The following is a report written by a Staff Nurse working in a long stay hospital with people with dementia. She reported that this lady did not normally communicate with staff but that she got a lot of important information that would change practice and hopefully improve the situation for this patient. We are very grateful to XX for sending us this.

Report Template

Name: XXXX

Context: Long Stay hospital Ward

Date: 23/04/15

Topic: Self Care

Talking mats discussion between patient and myself. We spoke about self-care, The patient's first mat showed that she enjoyed her hair being washed/ brushed and regular showers. Patient pleased with the fact she could still care for herself independently with dressing and going to toilet. She was neither here nor there with washing at sink and fastenings. Negative aspects included diet, eating, medication and bathing.

First Mat



Positive about:

- Still able to self-care with washing/dressing/ brushing hair

Unsure about:

- Lack of showers since admission
- Forgetting to brush teeth
- Washing at sink and fastenings did not matter either way.

Negative about:

- Diet
- Eating
- Medication
- Bathing.

Additional comments:

- Patient states no appetite for last year, 4 stone lost in same time.
- Medications- patient feels her throat is closing when tablet in mouth
- Bathing- patient feels she can't get in or out of bath

Gave patient time to think if there was anything she would like to change.

Second Mat



On checking where she had placed the symbols, tooth brushing, hair washing and showering were moved to the middle of the board in the hope that when I discussed patient's views with staff she would get regular support and these issues would improve.

Bathing was moved to positive side of board when patient learned we had a specialist bath that meant patient would not have to climb in and out.

Discussed above notes with patient and patient in agreement, Photos of before and after mats included in nursing notes.

Action Points:

- Tablets to be given in liquid form
- Patient to use specialist bath
- Staff to remind to brush teeth, wash, groom and shower

Appendix 5: Feedback on training at end of Day 2**NHS Greater Glasgow & Clyde Training**
Comments**24 April 2015**

- Simple, effective, visual. Quick day. Now confident about using Talking Mats.
- Enjoyable training. Really good for patient group. Training sounds excellent. Would love to be part of trainers.
- Training Day 2 was so enjoyable. Knowing we are completing mats correctly and learned more today, has given me enthusiasm to do more and possibly become a trainer. A fantastic concept. Thank you.
- The training was very informative and will benefit me in the future. I feel Talking Mats will benefit me in a wide area of my nursing career. I have enjoyed this course very much and look forward to using it more.
- Found the training really good. It is an excellent tool for communicating with patients. Looking forward to continuing with new patients in my new job. Joan was very good in explaining everything. Excellent course.
- I have enjoyed the learning experience. I found it a useful resource but would like time allocated to using this resource. I have felt supported throughout.
- The review session gave me confirmation that I was doing the Talking Mats correctly. It also helped me to realise the different ways it could be used e.g. for people with incapacity to help with doubts about what they can or can't do and also their understanding. Sharing information was especially helpful and the discussion about the various issues that could arise from using Talking Mats.