

Communication With Older Adults

Industry Collaboration Effort (ICE)

- **Formal terms of address:** Always address older patients using formal terms of address unless you are directly told that you may use personal names, particularly important for front and back office staff.
- **Physical environment factors:** Be aware of how the physical setting may be affecting the patient. Background noise, glare or reflecting light, and small print forms are examples of things that may interfere with communication. The patients may not say anything, or even be aware that something physical is interfering with their understanding.
- **Hard of hearing:** If patient is hard of hearing, speak slower and with shortened phrases as needed without leaving out relevant information.
- **Negative prognosis:** Be aware that many cultures believe that giving a patient a terminal prognosis is unlucky or will bring death sooner and families may not want the patient to know exactly what is expected to happen. If the family has strong beliefs along these lines the patient probably shares them. Follow ethical and legal requirements, but stay cognizant of the patient's cultural perspective. Offer the opportunity to learn the truth, at whatever level of detail desired by the patient.
- **Advance Directives:** It is important to explain the specific needs for having an advance directive before talking about the treatment choices and instructions. This will help alleviate concerns that an advance directive is for the benefit of the medical staff rather than the patient.
- **Low literacy:** Low-literacy patients may be very skilled at disguising their lack of reading skills and may feel stigmatized by their inability to read. If you suspect this is the case you should not draw attention to this issue but seek out other methods of communication.

Other useful tips

- Actively listen and don't interrupt
- Acknowledge patient and introduce yourself
- Explain what is going to happen or next steps to patient to ensure understanding
- Use laypersons language, not acronyms or popular slang terms or sayings
- Stereotypes: Steer away from common stereotypes of older adults. Avoid patronizing speech, such as "honey" or "dear".
- Allow adequate time: Avoid rushing the patient or making them feel like you do not have time to hear them out. Give them time to ask questions and express themselves. After asking questions, allow time for responses.

- Do not quickly jump from one topic to another with not obvious transition.
- Use written communication for follow up: Give written as well verbal instruction for patient to take home for further clarification.
- Patients with caregivers: Even if patient has a caregiver, continue to direct communication to the patient and check for understanding. Don't assume older patients will not understand information given to them. Even if they are with a family member or caregiver, continue to also address questions and instructions to member as well and check for understanding.
- Check for understanding using Teach-Back
- Understanding cultural differences and impact on communication
- Deference to doctors: Some older patients may not feel comfortable questioning their doctors or asking questions due to cultural difference. Make sure to let the older patient know they are welcome to ask any questions or comment on issues.

CMS Tool:

- [Toolkit for Making Written Material Clear and Effective](#)

CDC Tools

- [Clear Communication User Index Guide](#)
- [CDC Everyday Words for Public Health Communication](#)

Resources

- [The Gerontological Society of America](#)
- [American Speech Language Hearing Association](#)
- [Administration for Community Living DHHS](#)