

Interprofessional Palliative Care COP

Communication Access in Palliative Care



Facilitator: Holly Finn, PMP

Presenters: Leslie Garbett, Elana Roseman, Nadia Sandor

Date: September 19th, 2025

Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



Health
Canada

Santé
Canada

Learning Essential Approaches to Palliative Care (LEAP)



Pallium Canada's award-winning suite of LEAP courseware transforms health care practice through interprofessional and evidence-based palliative care training:

- Build the skills and confidence to deliver compassionate, patient-centred care.
- Developed and peer-reviewed by Canadian palliative care experts.
- Online, in-person or hybrid course delivery options.
- Earn annual learning credits and a nationally recognized certification.
- Backed by evidence and best practices.
- Practical, case-based learning with real-life scenarios.

Learn more at: pallium.ca/courses



Series Learning Objectives

After participating in this series, you will be able to:

- Understand the roles of different disciplines in palliative care
- Integrate palliative principles into your own practice
- Collaborate effectively across professions, including timely referrals
- Support and validate colleagues during difficult situations
- Use case studies to address discipline-specific challenges collaboratively
- Explore the psychosocial and spiritual aspects of care

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Interprofessional Rehabilitation – Engaging in a Palliative Approach	Feb 7 th , 2025 from 12-1pm ET
Session 2	Integrating Spiritual Care Through Psycho-Spiritual Needs Assessments in a Palliative Approach	June 20 th , 2025 from 12-1pm ET
Session 3	Communication Access in Palliative Care	Sept 19 th , 2025 from 12-1pm ET
Session 4	Beyond the Myths: A Multi-Disciplinary Look at Palliative Care	Nov 21 st , 2025 from 12-1pm ET
Session 5	Title TBC	Jan 23 rd , 2026 from 12-1pm ET

Introductions

Facilitator

Holly Finn, Senior Manager Program Delivery,
Pallium Canada

Presenters:

Leslie Garbett, M.Cl.Sc, Reg. CASLPO

Audiologist, Veterans' Centre, Sunnybrook Health Sciences Centre, Toronto

Elana Roseman, MHSc. S-LP(C), Reg. CASLPO

Speech Language Pathologist, Veterans Centre, Sunnybrook Health Sciences Centre, Toronto

Nadia Sandor, MSc, Reg. CASLPO

Audiologist, Veterans' Centre, Sunnybrook Health Sciences Centre, Toronto

Disclosures

Pallium Canada

- Registered Charitable Organization
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook
- This ECHO program has received financial support from Health Canada in the form of a contribution program.

Facilitator/ Presenter Disclosures:

- Holly Finn: Employed by Pallium Canada
- Leslie Garbett: Nothing to disclose
- Elana Roseman: Nothing to disclose
- Nadia Sandor: Nothing to disclose

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content.

Welcome and Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function to ask questions and add comments throughout the session
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session

Session Learning Objectives

Upon attending this webinar, participants will be able to:

- Learn about the role of audiologists & speech-language pathologists in palliative care
- Consider the notion of SYMPTOM management with respect to communication
- Review the fundamentals of critical communication tasks
- Consider the value of person-centered care on communication interactions
- Identify signs of hearing loss
- Learn effective communication strategies
- Learn about technological interventions

Sunnybrook Campus



Background Info

- Sunnybrook is currently home to 149 veteran residents
 - Average age is 98 years
 - Over 50 residents are centenarians
- 2 palliative care units with 28 beds each – total of 56 beds
 - Approximately 750 admissions per year
 - Average length of stay is 22 days
 - ~75% of PCU patients are over 70 years
- Our experience is from within an inpatient/late-stage perspective, while consideration is given to the fact that palliative care occurs across a variety of settings and stages



Quotes To Think About....

"The most important thing in communication is hearing what isn't said."
~ Peter Drucker

"Of all of our inventions for mass communication, pictures still speak the most universally understood language."
~ Walt Disney

"The biggest mistake is believing there is one right way to listen, to talk, to have a conversation - or a relationship."
~ Deborah Tannen

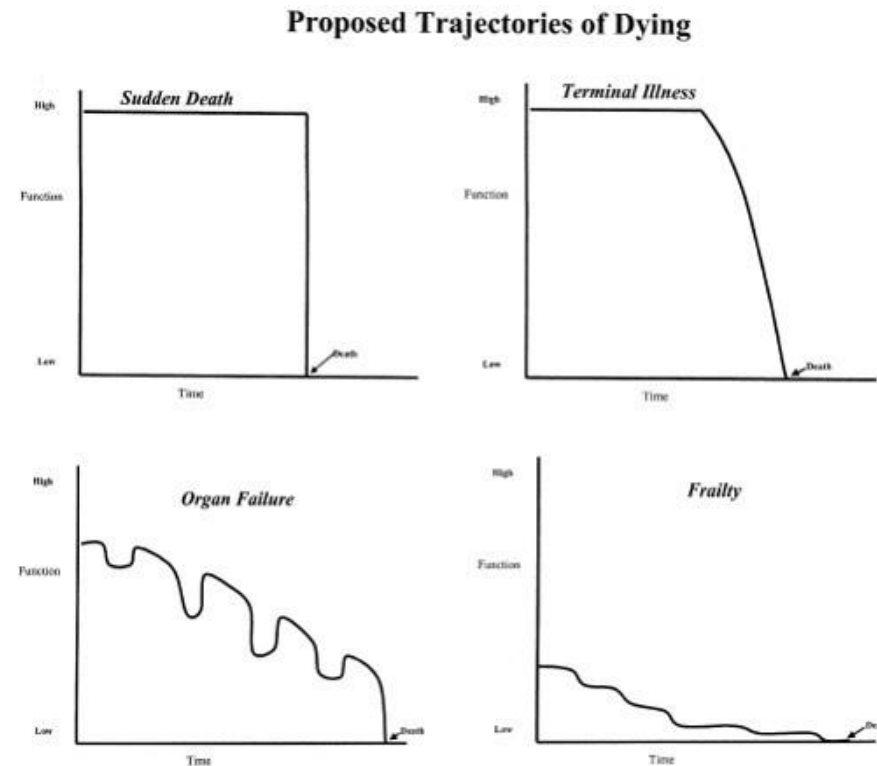
"You cannot truly listen to anyone and do anything else at the same time."
~ M. Scott Peck

Difficulties with Communication (& swallowing) at the End-Of-Life (EOL):

“...contribute to poor social-emotional health and often cause distressing symptoms that may influence people in their decision to seek physician-assisted death. Furthermore, the wishes and directives of patients or clients who are unable to communicate verbally are frequently misunderstood or overlooked by health-care practitioners and family members. The timely identification of communication, hearing and swallowing issues and the implementation of appropriate, evidence-informed interventions can alleviate many of these symptoms and improve quality of life.”

(Speech-Language & Audiology Canada, 2016)

Why is Palliative Care Important



(Lunney, Lynn & Hogan, 2002)

Role of the Speech-Language Pathologist in End-of-Life Care:

- Identify & Assess Symptoms – initial and/or progression
- Rehabilitative Treatments – maximize function as long as possible
- Education & Counselling
- Increasing Comprehension – optimize and/or support
- Enable Self-Expression – maintain autonomy and self-control
- Maintain a Sense of Self
- Comfort Feeding Recommendations

(Speech-Language & Audiology Canada, May 16, 2025 Resource Toolkit)



Palliative Care Setting:

- In-patient setting
- Community

SLP as part of the
multidisciplinary
team

SLP as an available
consult for the
individual or team

Generalized
Communication
Tool Kits

Critical Communication Tasks at the End-Of-Life

- Determination of capacity/competency for making health-care and other decisions
- Comprehension of prognosis and the risks and benefits of treatment options, which allows for informed decision-making
- Self-expression and autonomy, so patients or clients can clearly indicate pain, symptoms, needs and preferences
- Socialization, sharing and closeness with loved ones
- Advance care planning, including helping patients or clients express their wishes about goals of care and physician-assisted death
- Fulfillment of end-of-life goals

(SAC Position Statement, March 2016)

Think About...

Mr. “John Doe”

Which is more helpful?

Disease Focus

79 Male with hx of right Squamous Cell Lung Carcinoma

Social Hx:

married and was living at home; 2 children; partial to full assistance with ADLs / full assistance with iADLs; ex-smoker; retired

More Typical
chart/record
information
available

VS.

79 Male with hx of right Squamous Cell Lung Carcinoma

Social Hx: Lived in a house with his spouse “Susan”; 1 daughter “Mary” & 1 son “Steven” that are very involved/supportive; 3 grandchildren; was fully independent and driving until 8 months ago, now requiring full assistance for ADLs except feeding; ex-smoker; previously worked as a high-school English teacher; interests include reading (fiction novels), poetry, classical music; favourite movies are comedy; spiritual connection to Christian faith; former world traveller

Patient-Human
Centred Focus

Reducing Communication Barriers

Compensatory Strategies	Examples
Decrease environmental Distractions	Turn off the tv; one person speaking at a time
Time meaningful conversations	Choose a time of day when less fatigued
Energy conservation	Breath control; pacing strategies; partner support during conversations; taking breaks; voice amplifier
Use verbal and non-verbal strategies	Closed yes/no questions; writing; object choices; scanning; gestures
Partner Supported Strategies	Ensuring your message is clear and understandable, the individual has a way to respond, and that you VERIFY your understanding of their message
Use AAC Strategies and Tools	Low-tech/paper-based boards (pictures, symbols, words); high-tech systems/apps
Simplify Language	Shorter; concrete; rate (time to process); provide 1-step at a time; simpler words; emphasize key words
Focus on message vs. word	A combination of words, gestures, facial expressions and intonation to reflect meaning (e.g., opening mouth and pointing to the cup = I'm thirsty)

Compare Formats (orientation Question):

Most Verbal



Least Verbal

What city are you in?

vs.

Yes/No Format:

“Are you in....”

“Montreal?” (Y/N)

“Toronto?” (Y/N)

“Vancouver?” (Y/N)

vs.

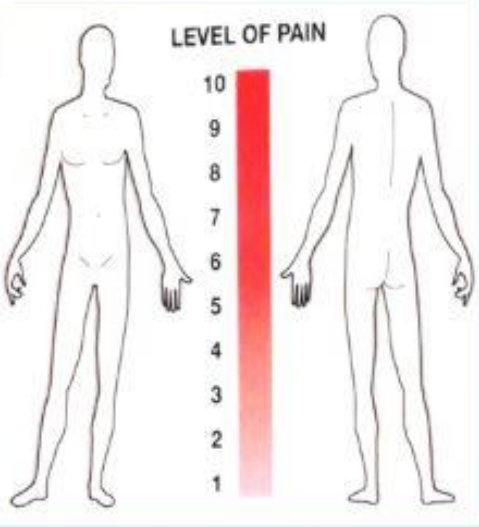
Written Choice Options:



Low Tech / Paper-based Communication Board












I am...				I want...				
short of breath 	in pain 	choking 	feeling sick 	to be suctioned 	lip moistened 	water 	to be comforted 	to sleep
hungry/thirsty 	cold/hot 	tired 	dizzy 	tv/video/dvd 	call bell/remote 	quiet 	lights off/on 	to go home
angry 	afraid 	frustrated 	sad 	to sit up 	to lie down 	to turn left/right 	head of bed up/down 	get out of bed
I want to see...								
doctor 	nurse 	family 	chaplain 	<div>Yes </div> <div>No </div> <div></div>				

Pain Chart



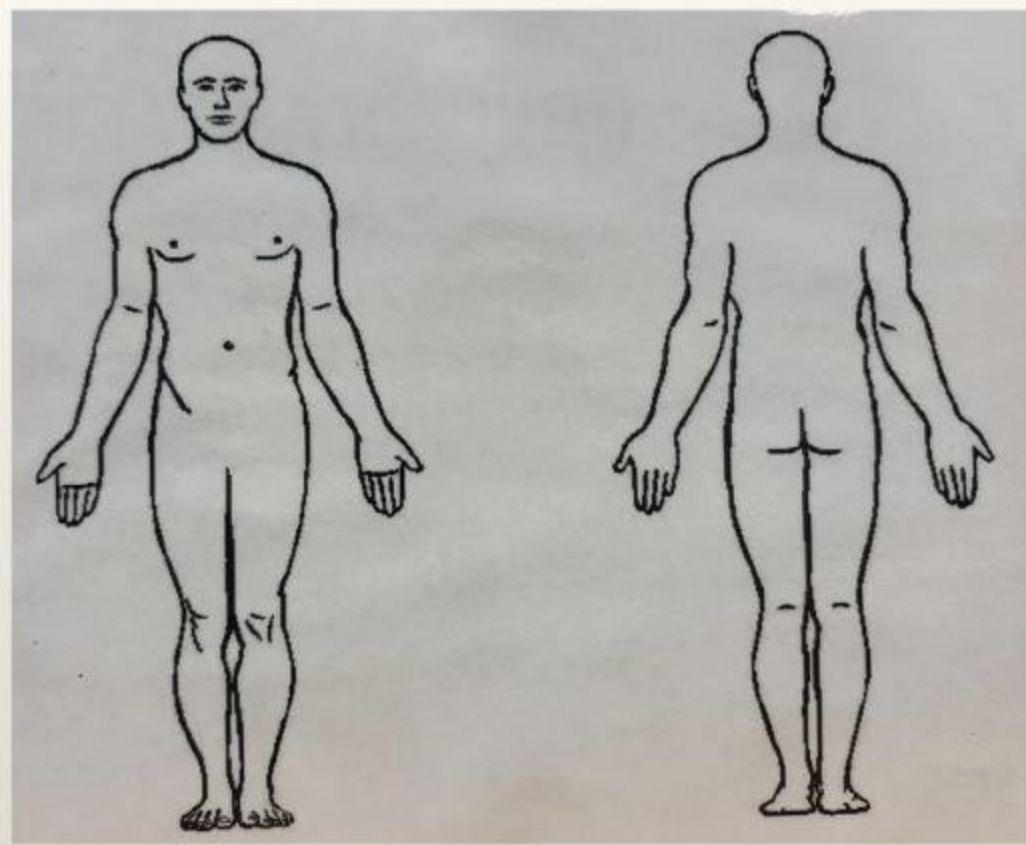
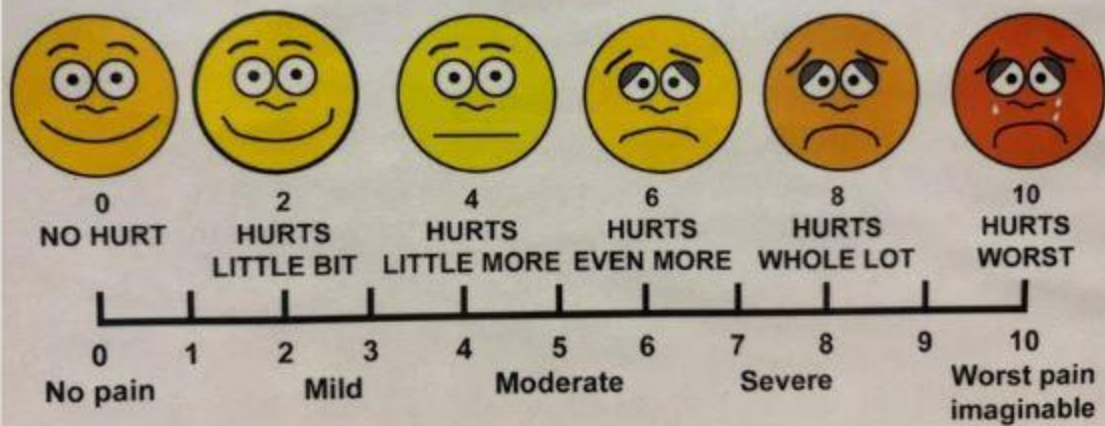
LEVEL OF PAIN

10
9
8
7
6
5
4
3
2
1



 <p>itches</p>		
 <p>stings</p>		
 <p>hurts/aches</p>		
<p>dull</p> 	<p>sharp</p> 	<p>radiating</p> 
<p>burns</p> 		
<p>I want pain medicine</p>  <p>shot</p>  <p>one pill</p>  <p>two pills</p>		<p>can't move/numb</p> 



<p>how am I doing?</p> 	<p>what day/time?</p> 	<p>what is happening?</p> 	<p>when is tube coming out?</p> 	<p>IV</p> 
<p>remove restraints</p> 	<p>exercise</p> 	<p>massage</p> 	<p>leave me alone</p> 	<p>don't leave</p> 
<p>come back later</p> 	<p>prayer</p> 	<p>bathroom</p> 	<p>cool cloth</p> 	<p>pillow</p> 
<p>glasses</p> 	<p>wash face</p> 	<p>shampoo</p> 	<p>comb/brush</p> 	<p>teeth brushed</p> 
<p>socks</p> 	<p>bath</p> 	<p>blanket</p> 	<p>blanket</p> 	<p>blanket</p> 

PAIN MEASUREMENT SCALE



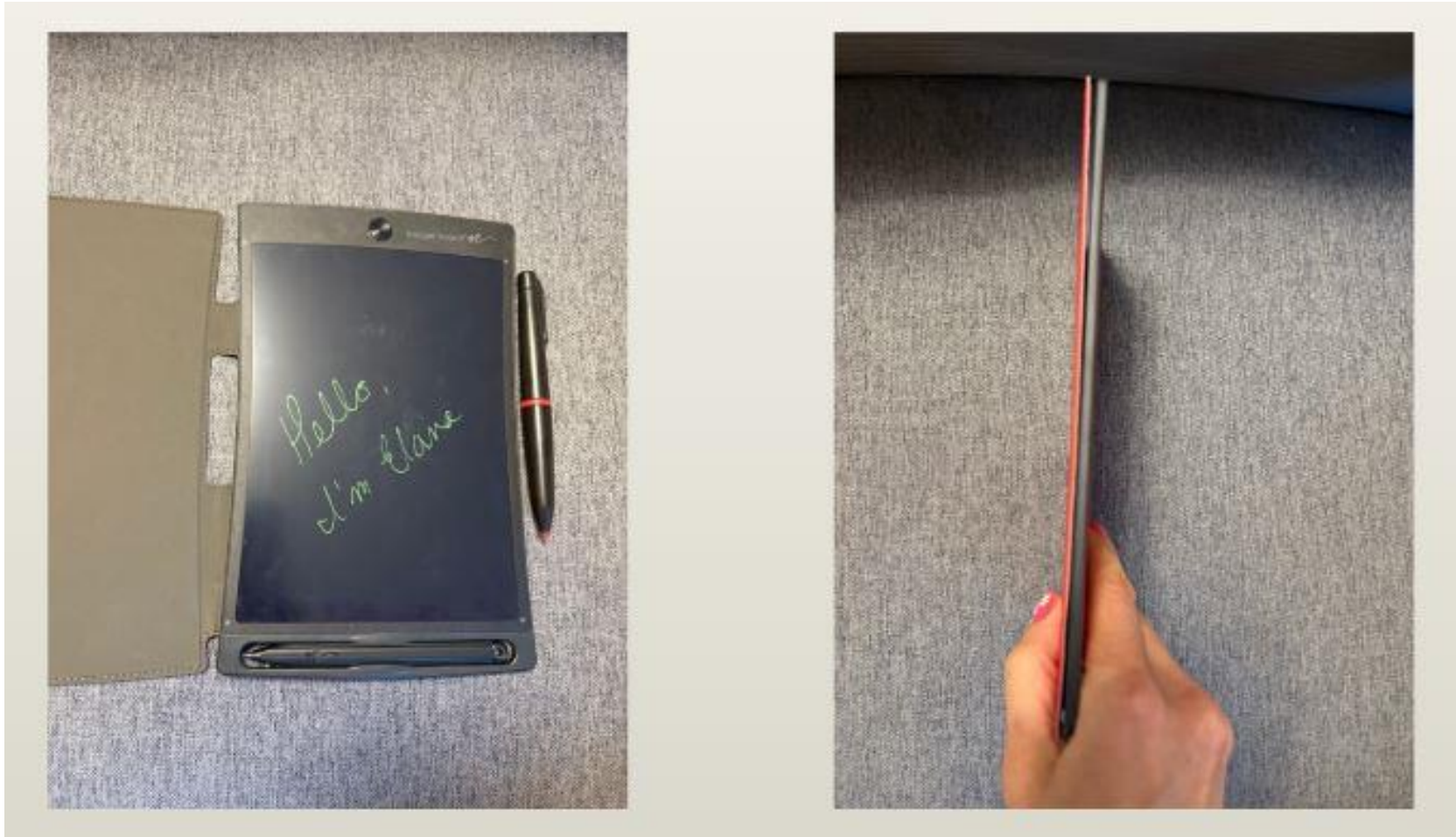
A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z	Repeat	Start Again	End of Word	Ask a Question
1 2 3 4 5 6 7 8 9 0				Yes	No

Yes 	No 
--	---

Yes	
No	
?	

May Benefit from a Writing Board

E.g., Boogie Board



High-Tech Augmentative & Alternative Communication Tools



Electronic devices to help with communication needs

Considered When:

- Minimal to no verbal
- Significantly impaired speech intelligibility
- Complex communication needs
- Typically, synthesized voice, text-to-voice, or voice amplification systems
- Depending on needs, may benefit from a more specialized AAC clinic (e.g. adapted computer access, switch access, etc.)
- Consider stage

Voice Amplification



VoiceBuddy Included in Complete Kit



Case Example: S-LP as an Intermediary (Capacity)

Ms. X

- Left frontal brain malignancy with resection; residual mass/cancer with multitude of medical health complications and declining health status
- Significant expressive aphasia – severe paraphasia in speech resulting in jargon and reduced overall intelligibility
- Intact reading comprehension for single words and short phrases
- Simple auditory comprehension intact; some reduction in comprehension of complex language or lengthier information
- Goal: Medical team attempting to establish competency for health-care decision making, as well probing their symptoms and subjective psychosocial well-being



Case Study Continued – Teamwork!

- Initial physician visit/interview resulted in challenges accessing answers to open-ended questions including basic orientation questions or establishing understanding
- Request made for S-LP assistance
- A recent communication assessment by S-LP had been completed with identification of deficits and strengths
- S-LP as an intermediary to support communication during a repeat physician assessment
- Brief re-testing of yes/no accuracy and reading comprehension
- Questions reformulated to include short written choice options, language simplified





What is your understanding of your current medical diagnosis?

- Diabetes
- Cancer
- Heart Disease
- Asthma

Where is your cancer?

- Breast
- Lung
- Brain
- Stomach

Yes 	No 
--	---

(Insight into disease progression)

My Cancer is....

- Getting better?(Y/N)
- Getting worse? (Y/N)

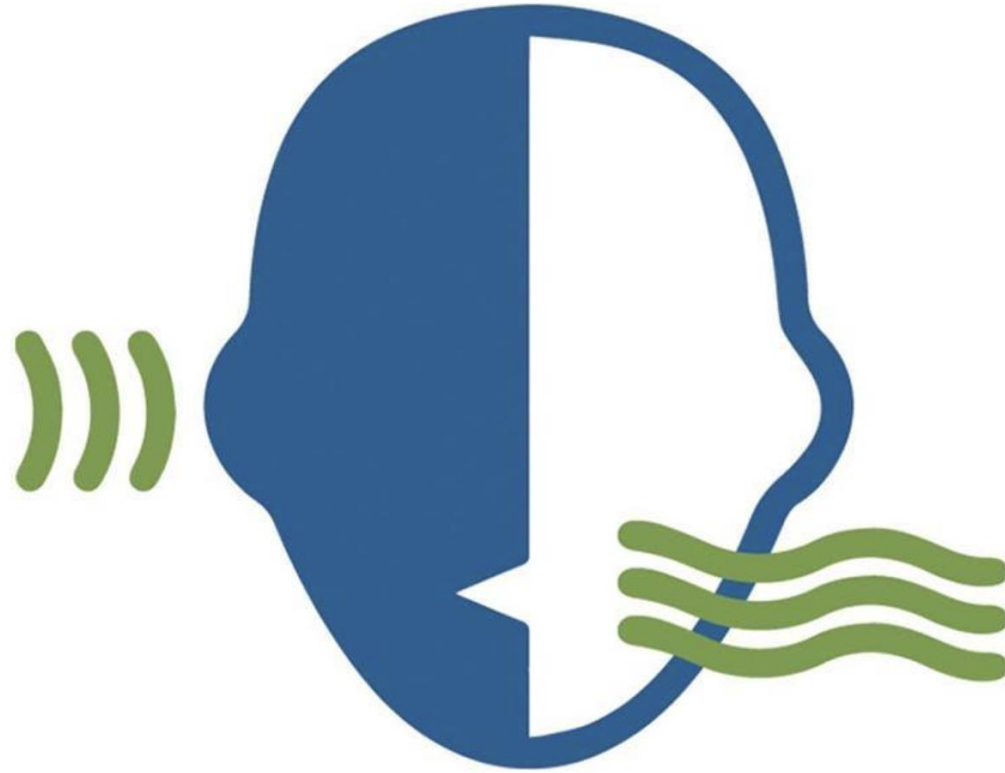
(Symptoms or emotional well-being)

- I have pain (Y/N)
- I have nausea (Y/N)
- I feel sad (Y/N)

S-LP General Take-Away Recommendations

- Assume the individual is capable – a language barrier does not equate incapable
- Consult an S-LP where possible for determination of needs and/or strategies to reduced barriers.
- Take note of their preferred communication style preferences and needs (e.g., writing, gesturing, yes/no, etc.).
- Minimize distractions and time interactions.
- Ensure: you are clear in your message, they have a way to respond, and you check/validate YOUR understanding.
- Be patient: have the time required for the communication interaction; plan care or length of an appointment accordingly.

Communication: Expressive and Receptive



Speech Language Pathologists and Audiologists

Audiologist's Role

Audiologists are concerned with the:

- prevention
- identification
- assessment
- treatment and
- (re)habilitation of hearing and balance problems in adults in children.

Audiologists also provide education and counseling for people experiencing problems in these areas.



Clinical Scope of Practice: Audiology

Includes providing assessment, treatment, (re)habilitation and consultation services for:

- Auditory Function
- Vestibular Function
- Tinnitus
- Auditory Processing disorders
- Cerumen Management
- Prescription and dispensing of hearing aids, cochlear and middle ear implants, as well as assistive listening and alerting devices



Sunnybrook Palliative Care Physician

“Audiology services have honestly been life-changing at the end of life for some of our patients. Many patients have shared that because of audiology interventions, they were able to hear the voice of their loved one for the first time in years, or engage in music therapy near the end of their life. Some families shared that due to barriers to accessing appropriate hearing devices prior to coming to our unit, their loved one had not been able to engage in conversations about their own health nor were they able to express wishes about end of life, and that it was incredibly dignifying for their loved one to be part of their own health care conversations now. The support and interventions offered by the Audiology team have been imperative to the quality of life and comfort for our patients in the Palliative Care Unit.”

Audiology in Palliative Care



Speech-Language &
Audiology Canada
Communicating care

Benefits of addressing hearing loss:

- Maintaining autonomy
- Promotes interpersonal communication and fulfillment of end-of-life goals
- Reduces cognitive effort involved in listening
- Increases participation in health related decision-making
- Improve connection with loved ones and care providers, easing frustration with communication difficulties

Audiology in Palliative Care

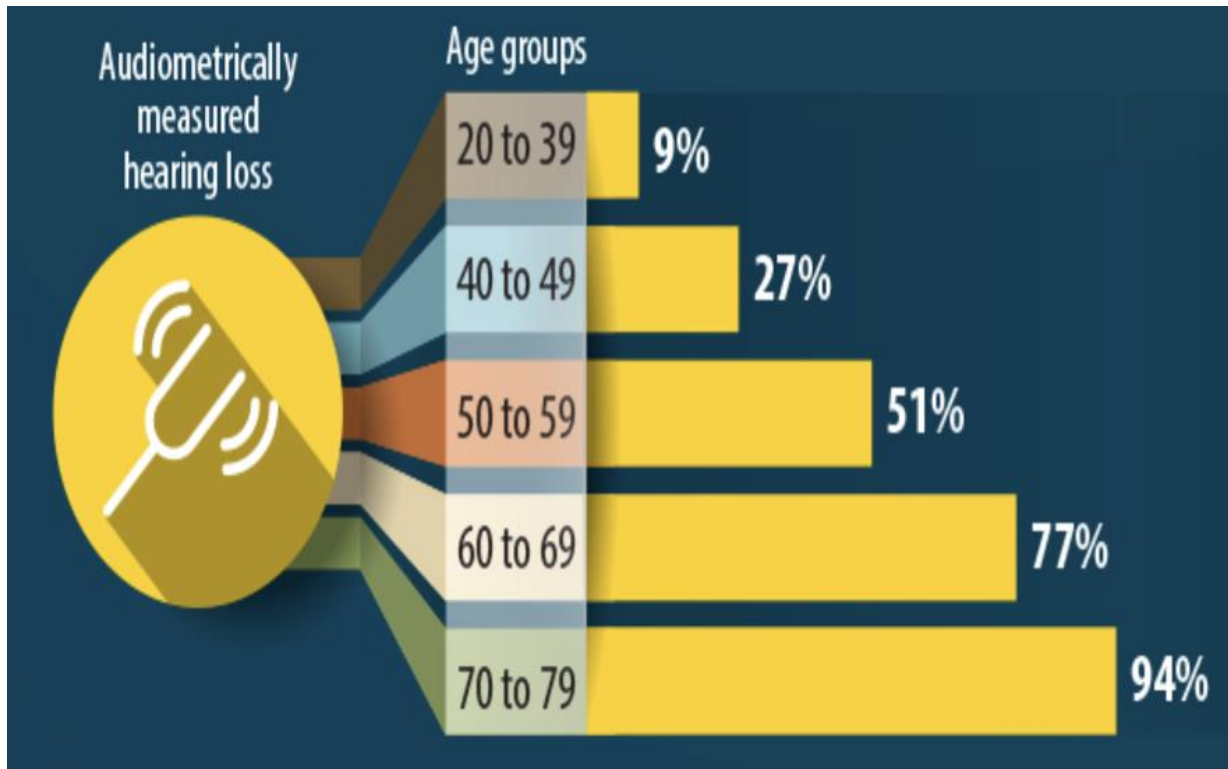
We work to improve the quality of life of our patients by supporting **access** to communication through improved hearing

- Otoscopy and cerumen management
- Hearing assessments
- Hearing aid cleaning and checks
- Fitting of loaner hearing aids
- Repairs and servicing of devices
- Loaning assistive listening devices (ALDs)
- Provide counselling and education



Communication Health Assistants assist S-LPs and audiologists in all areas of communication.

Hearing Loss is common



- prevalence increases with age
- gradual onset; many unaware
- stigma/ageism; denial of hearing loss

Statistics Canada 2021

How can you tell if there is a hearing loss?

- Person is not aware that you are talking
- Difficulty following conversation
- Frequent requests for repetition
- Misunderstandings
- Effortful listening (body language: straining to hear)
- Social isolation (just gives up); depression
- Anxiety; dominates conversation



Symptoms of untreated hearing loss can look similar to other conditions

Listening is effortful

Participating in conversation depends on:



Hearing (passive)

Cognition

- Listening (active; paying ATTENTION)
- Comprehending (making sense of info reaching the brain)
- Remembering (storing & retrieving)

Communication Assessment Tools

Box 3.1 Examples of questions for screening

A. Yes/No questions:

- Do you have a hearing problem now? (29)
- Do you have a diagnosed hearing loss?
- Do you use hearing aids?

B. Scaled questions:

- How would you characterize your hearing (using a hearing device if you use one)? (30)
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

C. Existing screening questionnaire

- The hearing handicap inventory for the elderly (HHIE) (31).

Sunnybrook PCU initial assessment UDA:

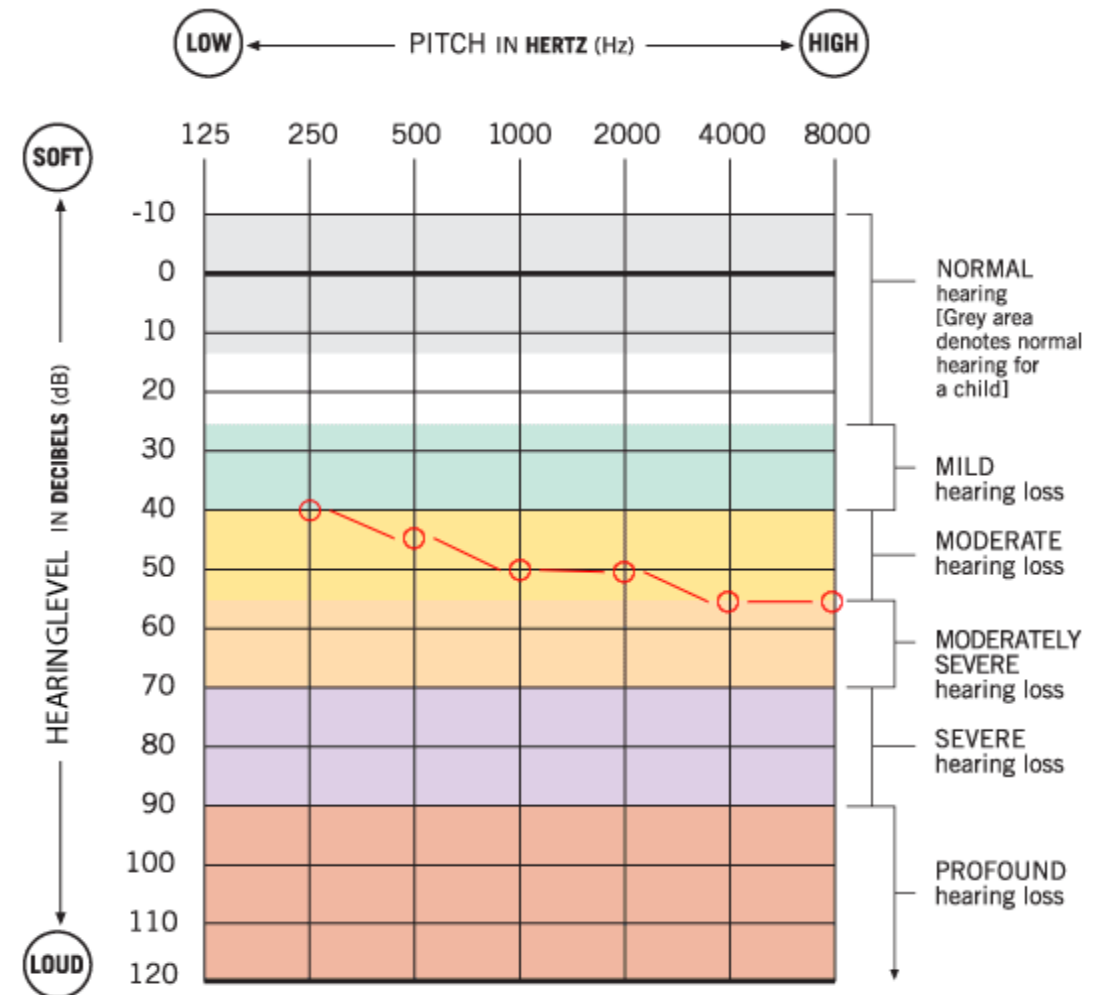
- ☐ 0. Hears Adequately - normal talk, TV, phone
- ☐ 1. Minimal Difficulty - when not in quiet setting
- ☒ 2. Hears in Special Situations Only - speaker has to adjust tonal quality and speak distinctly
- ☐ 3. Highly Impaired - absence of useful hearing
- 4. ☐ Unable to assess hearing [H](#)
- 3j. Hearing appliance: [H](#)
 - ☐ 3. Other receptive comm. Techniques used (e.g. lip reading)
 - ☐ 4. NONE OF ABOVE
 - ☒ 1. Hearing aid, present and used
 - ☐ 2. Hearing aid, present and not used regularly

Hearing Screening: Considerations for Implementation 2021



Otoscopy and cerumen management

- Impacted cerumen can alter a person's hearing by 15dB
- Can affect hearing aid use
- Mineral oil drops to soften
- If audiologist not available, consider a physician or nurse practitioner



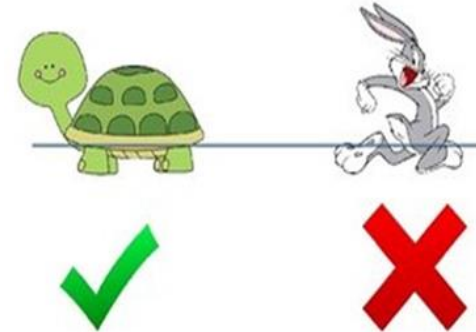
Intervention - Communication Strategies



Tip#1 Get attention first



Tip #2 Face the speaker



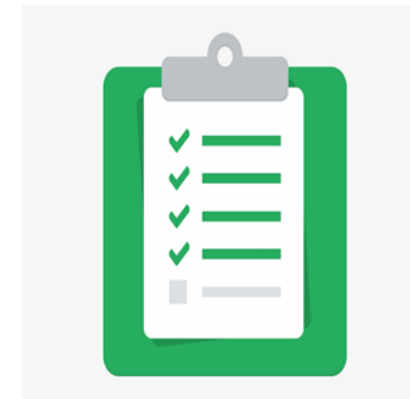
Tip #3 Speak Slowly



Tip #4 Reduce background noise

"Would you like some tea?"
"Would you like some tea?"
"Can I get you something to drink?"

Tip #5 Repeat then Rephrase



Tip #6 Confirm names, dates, times by repeating back

Intervention - PockeTalker



PockeTalkers can be a game changer - offers instant improvement!

- Work in clinical and non-clinical settings
- Inexpensive
- Facilitate 1:1 communication
- Can be used across several patients
- Simple to use
- Overcomes background noise

Intervention - Apps for Hearing Impairment

Smart phones can act as an amplifier

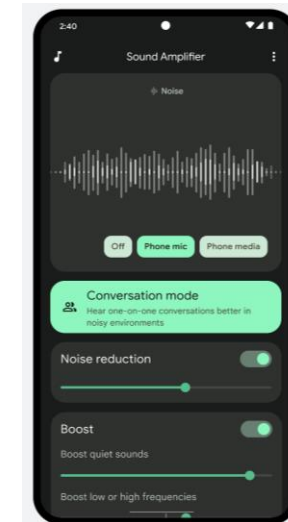
- Google's **Sound Amplifier** app for Android phones
- **Live Listen** on Apple devices
- Speech to text apps:

NALscribe



Live Transcribe

Ava



Other Assistive Devices

TV headsets

- Infra-red
- Blue tooth



Amplified telephones



Hearing aid streaming



Hearing Aid Troubleshooting

Behind-the-ear style



In-the-ear style



Red = Right

Blue = Left

Feedback/whistling means the aid is working!

General Recommendations

- Keep hearing on your radar!
- Consider a communication checklist
- Pocketalker is a simple and effective tool
- Strategies: face to face; speak slowly; enunciate clearly
- Look in your patient's ears – wax removal can have a big impact
- Consider a CDA if an audiologist is not feasible

Q & A



Case based discussion
(allot 10 min)

Prompt to Presenter(s): What is one (tangible) thing you would like audience members to leave with?

Resources

Resource Toolkit for Healthcare Professionals:

- <https://www.sac-oac.ca/practice-resources/toolkits/communication-health-and-end-of-life-care/>
 - includes 'Communicating With Your Loved One' info sheet; Communication Health Checklist; position statement and description of the roles of SLP and Audiology in End-of-Life Care.
- Five-minute video on Six Communication Access Strategies for Healthcare:
<https://www.youtube.com/watch?v=Ec0v4b7iGD8>

References

J. Lunney, J. Lynn, C. Hogan (2002). Profiles of older medicare descendents. *Journal of the American Geriatrics Society*, 50(6): 1108-12

Speech-Language and Audiology Canada (2016). *The Role of Speech-Language Pathologists, Audiologists and Communication Health Assistants in End-of-Life Care*.

Speech-Language and Audiology Canada (May 2025). *The Role of a Speech-Language Pathologist in End-of-Life-Care*. <https://www.sac-oac.ca/practice-resources/toolkits/communication-health-and-end-of-life-care/>

WHO Hearing Screening Considerations for Implementation (2021):
<https://www.who.int/publications/i/item/9789240032767>

Session Wrap Up

Session Wrap Up

- Thank you for joining us!
- Our next session is on November 21st from 12:00 to 01:00 pm ET on the topic of Beyond the Myths: A Multi-Disciplinary Look at Palliative Care - please save the date!
- Please fill out the feedback survey following the session—a link has been added into the chat!

Thank You



Stay Connected
www.echopalliative.com