**Article**: A qualitative study of adult AAC users’ experiences communicating with medical providers

**Authors**: Megan A. Morris, Brian J. Dudgeon & Kathryn Yorkston

<table>
<thead>
<tr>
<th>Key Points:</th>
<th>Glossary:</th>
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<td>• An important part of health care is communication between patients and their providers.</td>
<td>Primary healthcare: a general doctor or primary care physician; a health care team that helps with the majority of personal healthcare needs.</td>
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<td>• Good patient-provider communication leads to better self-management and health outcomes.</td>
<td>Patient-provider communication: exchanging information between a patient and their doctor</td>
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<td>• To best understand how to improve patient-provider communication, researchers need to ask device users about their experiences.</td>
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**Why this article matters**: Device users are a vulnerable population in healthcare settings because the medical system is not set up well.

Research on effective patient-provider communication should include the perspectives of device users. This article is important because it includes interviews of twelve device users about their own healthcare experiences.

**Purpose of this Article**: The purpose of this article was to understand the experiences of device users in primary healthcare settings.

**Important Results**: The twelve participants did several interviews with the research team. There were six themes that came from their interviews.

1. **Planning for and preparing for the appointment**: Device users talked about all the work they did to prepare for appointments, like writing health stories.

Participants said that they felt like their doctors didn’t prepare for their
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appointments.

2. **Time barriers:** Participants said that it took longer for them to communicate with their doctors than people without disabilities.

   They felt like their doctors rushed them and didn’t give them time to communicate which made them feel bad. Doctors should be more patient. Doctors should also learn more about devices to be more prepared.

3. **Inappropriate assumptions:** Participants said their doctors assumed they had cognitive challenges because they used a device. They also said they wanted to be treated like other patients.

   They also said that care partners shouldn’t jump into conversations in the doctor’s office.

4. **Relationship-building:** Participants said that there is a “learning curve” for doctors to communicating with them. They said that’s okay and that they want their doctors to keep trying.

5. **Decision-making:** Participants said that many doctors assumed they couldn’t make their own decisions because they used a device. Participants wanted doctors and care partners to know that they can make their own health decisions.

6. **Implementing a treatment plan:** Many participants said they had to “fire” doctors if they felt like the doctor wasn’t doing a good job of communicating.

How the results will be used:
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1. These results can be used to educate healthcare providers on how to improve patient-provider communication.

2. These results can be used to educate care partners on how to better support device users in healthcare.

3. These results can be used to encourage device users to advocate for better patient-provider communication in healthcare.