

# Communication Aids Trials Information and Pro Forma

This document has been designed to inform and guide prescribers in the trial of communication aids. It supports the Medical Aids Subsidy Scheme MASS General Guidelines– Communication Aids Section. Prescribers are encouraged to use page 5, 6 and 7 of this document to inform MASS of the trial process. Prescribers may also choose to submit pages 5, 6 and 7 with the MASS application for the selected communication aid as supporting documentation.

## Conducting an appropriate trial

### Why does MASS require device trials?

- MASS supports best practice in all areas of its business
- Best practice is defined as “methods or techniques that, through experience and research, have proved to reliably lead to a desired result”
- When choosing a communication device, the desired result is to select a device that is most suitable for the language, communication and access needs of the applicant
- Although this document is provided to support the MASS application process, best practice principles should always be applied when choosing a communication device, regardless of whether MASS funding is being requested.

### What is best practice when choosing a communication device?

#### Best practice involves:

1. Consulting with the applicant, their family and team
2. Conducting a full assessment of the applicant’s language, communication and access needs and references, as well as considering the environmental factors that might influence the choice of device
3. Carefully considering likely changes in needs, over a period of time e.g. development of language and communication skills, changes to access method, etc.
4. Exploring device options that will meet short and longer term identified needs, from a large range that will vary in many significant ways e.g. language representation method (alphabet, single meaning icons, and multiple meaning icons), vocabulary size and organisation (where appropriate); static or dynamic display; access method options; voice output (recorded, synthesised, quality, volume, etc.), overall size and weight; complexity of programming, etc.
5. Trialing a number of different devices in a range of environments and with a range of communication partners
6. Observing these different interactions and keeping records of the following, with each device:
  - Success in communicating messages
  - Ease of access and set up of additional equipment
  - Capacity to meet changing needs i.e. a system for today and a system for tomorrow
  - Suitability in a range of environments. This may include considerations about portability, voice volume, etc.
  - Preferences expressed by the applicant
  - Ability of family and team to support the device
7. Using the trial period to show the applicant, family and team how to program the device and set up any accessories. The applicant, family and team need to be encouraged to objectively assess their own capacity to use and support the device
8. Reviewing all the information from the trial, in consultation with the applicant, family and team, to make an informed decision about which device is the most suitable.

### What are the risks of not conducting a best practice trial?

- Choosing a device that is not suitable for the applicant's language, communication or access needs
- Choosing a device that does not work in a range of different environments
- Choosing a device that cannot adapt to meet an applicant's changing needs
- Choosing a device that the applicant and team are unable to program, set up and support.

### The outcomes of an inappropriate prescription include:

- Abandonment of the device
- Social, academic and economic hardship.

### MASS trial requirements

- Trials must be conducted by a speech language pathologist and in collaboration with the applicant, family members and the applicant's team.
- Conduct trials of several devices (minimum two) to ensure the best match for the applicant.
- Ensure the applicant, family and team are aware of their roles and responsibilities during the trial e.g. assign tasks such as customising/programming device, charging device, setting up access equipment, etc.
- Trials should be conducted over a four week period (minimum two weeks) to allow observation in a variety of environments and with a variety of communication partners.
- Trial reporting should include observations of outcomes in the home environment or statements that reflect the suitability of the requested device for use in the home.
- Ensure appropriate documentation of the trial is undertaken. This may involve training members of the team in recording methods. Provide recording materials, if necessary e.g. the use of pages 4, 5 and 6 of this form.

### What Support is available from MASS?

MASS employs a Principal Clinical Advisor, Communication Aids, who is available to discuss the trial process.

### How do I find out more about MASS?

For further information about MASS, you can visit the MASS website at [www.health.qld.gov.au/mass](http://www.health.qld.gov.au/mass) or contact the MASS office in Brisbane.

<b>Applicant's name</b>	<b>DOB</b>
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**Ongoing Applicant Information**

Much of the information on this page will remain unchanged during the trial process. Use the table at the end of the page to summarise the series of device trials.

<b>Applicant's communication goal/s for this device or software (there may be more than one)</b>

Communication Team:	Name
Applicant	
Family Members	
Speech pathologist	
Occupational therapist	
Additional team members may include: class teacher, physiotherapist, unit manager, personal carer, psychologist, teacher aide, etc	

**Summary of applicant's current communication skills**

**Include information about speech development/ intelligibility, non-verbal means of communication (including names of signing/symbol systems, electronic equipment), language and literacy levels, sensory levels (vision and hearing) and access skills as appropriate**




SW8039

<b>Applicant's name</b>	<b>DOB</b>
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It is strongly recommended that the applicant has in place and maintains a low-tech communication system (e.g. communication book/board) as a foundation and a secondary system for any high-tech communication system that is introduced.

Applicant's current and future communication needs:

Name of Device/Software	Period Trialled	Outcome of trial

<b>Applicant's name</b>	<b>DOB</b>
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*Use a new sheet for every device/software trial*

*Pages 5, 6 and 7 can be submitted with the MASS21AppSGD and/or used as a resource to assist with the completion of the application form.*

<b>Brand/model of communication device or software trialled:</b>

<b>Length of trial:</b>

**How was the device/software used?** This table can be used to record incidents of device use.

<b>When was it used</b>	<b>Who with?</b>	<b>Where?</b>	<b>Communicative situation/ purpose</b>	<b>Set up e.g. vocab available, access equipment</b>

<b>Applicant's name</b>	<b>DOB</b>
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<b>Outcomes regarding the applicant's use of the device/software. Rate each out of 3; 1 = poor, 2 = fair/unsure; 3 = good.</b>	<b>Applicant's Self Rating:</b>			<b>Team's Rating of Applicant:</b>		
<b>Linguistic competence:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>
<ul style="list-style-type: none"> <li>• Understanding of letter/word/symbol displays</li> <li>• Relevant/appropriate selection of keys/cells to convey meaning                             <ul style="list-style-type: none"> <li>• Independently</li> <li>• With prompting</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Operational competence:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>
• On/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Volume control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understanding vocabulary storage system (levels/page navigation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to scan/search displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social competence/participation:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>
• Ability to initiate, maintain and terminate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Turn taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Express range of communicative function                             <ul style="list-style-type: none"> <li>• Requesting</li> <li>• Choice making</li> <li>• Commenting</li> <li>• Greeting</li> <li>• Directing</li> <li>• Questioning</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use with familiar people in familiar environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use with unfamiliar people in unfamiliar environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strategic competence:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>
• Ability to cope with communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to correct errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preferences:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>
• Motivation to use device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Enjoyment using the device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other comments on outcomes:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Applicant's name</b>	<b>DOB:</b>
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**Outcomes regarding the family/carers knowledge, skills and confidence in supporting the device/software. Rate each out of 3; 1 = poor, 2 = fair/unsure; 3 = good.**

Family/Carer Self Rating	1	2	3
• Understanding of the language system – letters/words/symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understanding of how to model and facilitate communication interactions using the device/software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understanding and confidence in the ability to manage the operational features of the device/software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability and resources to customise vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knowledge and skills to set up accessing equipment (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Enjoyment and motivation to support device/software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the level and type of support and training provided to the applicant and the family/carers during the trial:


How did the device/software meet the applicant's communication goals?


How could this device/software or the environments be adapted to better meet the applicant's communication goals?
