

'Some hae meat and canna eat,
and some wad eat that want it,
but we hae meat and we can eat,
and sae the Lord be thankit.'
(The Selkirk Grace)

Concerned that people with aphasia in hospital miss out on choice-making, social contact and nutrition through not understanding the menu on offer, Karen Rodger secured funding to develop and pilot an aphasia-friendly alternative.



Karen Rodger and Theresa demonstrate the pictorial menu. Photo by Paul Reid.

'Some hae meat'

Publications concerning nutritional standards in hospital and care settings (for example Scottish Office, 1993; 1996; ACHCEW, 1997) have all concluded that many people in care settings are undernourished for a variety of reasons, including lack of meal choice. The Clinical Resource and Audit Group (CRAG) audit on nutrition investigated the quality of nutritional care for elderly people (Walker & Higginson, 2000). By stimulating improvements in this area, the report aimed to impact on overall quality of life. One aspect under scrutiny involved the recording of patients' food and drink preferences. The authors highlighted that people who had difficulties with communication had no single way of expressing their choices.

This factor was something I had already observed during my work with in-patients with aphasia or cognitive impairment, and was the starting point for the development of a pictorial version of our hospital menu. It is interesting to note that advice issued recently by NHS Quality Improvement Scotland regarding nutrition in hospitals is still emphasising the need for recording of an individual's food preferences (QIS, 2006).

In order to choose their meals, in-patients in our hospital select from a printed menu by reading a list of choices and ticking the relevant selection (see figure 1). People who are

unable to read the menu because of literacy or visual problems can have the selections read to them by a member of staff. However, patients who have limited understanding of spoken or written English – for example, those with moderate or severe aphasic or cognitive difficulties, or non-English speakers – are unable to make a choice by either of these methods. Food for these patients is chosen by the nursing staff or ward clerk and may not be acceptable to the patient. This can result in poor oral intake and weight loss as well as low self-esteem and frustration.

Positive effect

I felt that, if these patients were provided with a non-language based menu, they should be able to make a choice with assistance from staff and this should have a positive effect on not only their nutritional status but also their mental wellbeing. Picture and symbol based menus have been used in other settings, especially with people with learning difficulties, for example Vaughn & Horner (1995). However, published articles on picture or symbol menus with other patient groups are lacking. The aims of this project therefore were firstly to establish a means to enable communication-impaired people to choose their meals with some assistance, and secondly to evaluate its effectiveness.

Initial analysis of the three-week menu cycle showed that some items were repeated – for example, ice-cream appeared on 20 occasions over the three week cycle. When I listed each different item on the menu once, this made a total of 123 pictures to be included in a picture menu. Having obtained a small amount of funding from the hospital's League of Friends, I used this to have photographs of the menu items taken by Medical Illustration staff. With the help and co-operation of the hospital Catering Department, a sample of each item was delivered to the Medical Illustration department, where it was photographed. Some items on the menu (for example soup and sandwiches) were photographed once but a symbol was added to the picture to differentiate between flavours or fillings. When all items had been photographed I divided them into categories such as vegetables or breakfast items. These were set out two to a page with a colour-coded border to indicate category, to allow for easier location by the assisting staff member (page examples in figure 2). The whole A5-sized book was indexed and laminated. Because of the limited funding, only one copy of the menu was made.

In addition to the picture menu book, I developed a profile of food likes and dislikes so that carers could give some insight into the types of food preferred and the pattern of eating which the individual favoured (see figure 3).

Figure 1 Printed menu

FRIDAY 1 - BREAKFAST		FRIDAY 1 - LUNCH		FRIDAY 1 - SUPPER	
SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/>		SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/>		SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/>	
WARD _____ NAME _____		WARD _____ NAME _____		WARD _____ NAME _____	
Select Only 1 1 <input type="checkbox"/> Porridge (M LX) 2 <input type="checkbox"/> Weetabix (M) 3 <input type="checkbox"/> Rice Krispies 4 <input type="checkbox"/> Corn Flakes 5 <input type="checkbox"/> Bran Flakes Select Only 1 6 <input type="checkbox"/> Wholemeal Roll 7 <input type="checkbox"/> White Roll Select Only 1 8 <input type="checkbox"/> Polyunsaturated Margarine 9 <input type="checkbox"/> Butter 10 <input type="checkbox"/> Low Fat Spread Select Only 1 11 <input type="checkbox"/> Marmalade 12 <input type="checkbox"/> Jam Select Only 1 13 <input type="checkbox"/> Fruit Yoghurt (M LX) 14 <input type="checkbox"/> Stewed Prunes (M LX) SPECIAL DIETS ONLY 15 <input type="checkbox"/> Scrambled Egg (M LX) V or 16 <input type="checkbox"/> Grilled Bacon FILLING IN YOUR CARD - Please mark your meal choice by ticking the appropriate box like this <input checked="" type="checkbox"/>		Select Only 1 1 <input type="checkbox"/> Fresh Orange Juice (M LX) 2 <input type="checkbox"/> Green Pea Soup (M LX) V Select Only 1 3 <input type="checkbox"/> Fried Haddock in Breadcrumbs (M LX) 4 <input type="checkbox"/> Roast Pork (M LX) 5 <input type="checkbox"/> Vegetable Pasta (*V) 6 <input type="checkbox"/> Cold Quiche (M) V 7 <input type="checkbox"/> Chicken Sandwich (On Wholemeal Bread) 8 <input type="checkbox"/> Chicken Sandwich (On White Bread) Select Any 2 9 <input type="checkbox"/> Side Salad 10 <input type="checkbox"/> Garden Peas (M LX) 11 <input type="checkbox"/> Carrots (M LX) Select Only 1 12 <input type="checkbox"/> Creamed Potatoes (M LX) 13 <input type="checkbox"/> Chips Select Any 2 14 <input type="checkbox"/> Apple Crumble 15 <input type="checkbox"/> Custard (M LX) 16 <input type="checkbox"/> Ice Cream (M LX) 18 <input type="checkbox"/> Fresh Bananas (M LX)		1 <input type="checkbox"/> Tomato Soup (M LX) Select Only 1 2 <input type="checkbox"/> Chicken Sandwich (On Wholemeal Bread) 3 <input type="checkbox"/> Chicken Sandwich (On White Bread) 4 <input type="checkbox"/> Stovies (M LX) 5 <input type="checkbox"/> Vegetable & Cheese Slice 6 <input type="checkbox"/> Cold Ham & Pineapple (M LX) Select Any 2 7 <input type="checkbox"/> Side Salad 8 <input type="checkbox"/> Creamed Potatoes (M LX) 9 <input type="checkbox"/> Baked Beans (M LX) Select Only 1 10 <input type="checkbox"/> Polyunsaturated Margarine 11 <input type="checkbox"/> Butter 12 <input type="checkbox"/> Low Fat Spread Select Any 2 13 <input type="checkbox"/> White Bread 14 <input type="checkbox"/> Wholemeal Bread 15 <input type="checkbox"/> Banana Cake Loaf Select Only 1 16 <input type="checkbox"/> Fruit Salad (M LX) 17 <input type="checkbox"/> Fruit Yoghurt (M LX)	
M = Minced LX = Liquidised *V = Suitable for VEGAN Diet V = suitable for Vegetarians					

Figure 2 Page examples



I carried out a single case study of the pictorial menu in the Stroke Rehabilitation Unit of Perth Royal Infirmary. The participant, James, was a single man aged 61 years, who had suffered a cerebrovascular accident (CVA) resulting in severe aphasia. Immediately following his CVA, James was very unwell with a collapsed lung and required care in the intensive care unit. As a result he had nasogastric feeding *in situ*. As his medical condition improved, assessment of swallowing revealed considerable difficulties and he required a texture-modified diet and thickened fluids, supplemented by the nasogastric feeding then subsequently percutaneous endoscopic gastrostomy feeding until four months after admission. After this time, nutrition needs were met by oral feeding alone.

Both auditory and reading comprehension were inconsistent at single word level, and verbal expression and writing were non-functional at the time of this study. Despite a prolonged period of therapy, James had made limited progress in his language abilities and, although happy to attend for therapy sessions, refused to use any alternative means of communication. Because both he and the staff were familiar with the daily routine, this did not present too many difficulties in the ward, and James was usually able to express himself with varying intonations of single sounds ('ah,ah,ah').

Not what he thought

Nursing staff were concerned about James's poor oral intake and weight loss. They explained that he preferred to select from the standard menu without their help but when the chosen item arrived at mealtime he refused to

Food is chosen by the nursing staff or ward clerk and may not be acceptable to the patient. This can result in poor oral intake and weight loss as well as low self-esteem and frustration.

eat it because it was not something that he liked. Further discussion revealed that due to James's auditory and reading comprehension difficulties, the items that he chose from the menu were not what he thought they were.

I sought permission from James to use the picture menu and he agreed to take part in a small study. Consent was gained by demonstrating the picture menu to him and, because of his good situational understanding, James man-

Figure 3 Relatives' profile of patient's food likes and dislikes (For use in conjunction with standard menu)

1. Breakfast

- What kind of breakfast cereal does your relative / friend like to eat?
- Do they take a roll or bread?
- Do they like jam or marmalade?
- Would they choose fruit, a yoghurt, scrambled egg or bacon as well?

2. Lunch / Tea

- Does your relative / friend like soup or fruit juice?
- Are they a traditional type of eater, preferring mince and tatties etc., or do they like more adventurous types of foods such as curries or stir-fries?
- Do they eat meat or are they vegetarian?
- Do they prefer soup and pudding at lunchtime and their main meal at night?
- Do they like vegetables?
- Do they like sandwiches?
- What kind of pudding do they like?
- Do they like tea breads and cakes?
- Is there anything else you can think of that they might choose to eat?

aged to convey that he would like to try using it. Prior to using the picture menu, nursing staff recorded weekly weights and details of quantity of oral intake. I gave a short informal training session to selected staff members on how to use the menu and they were allowed time to familiarise themselves with the layout. Unfortunately, James had no family members who could complete the food likes / dislikes profile, therefore this could not be used as part of the study.

The picture menu was then used with James for six weeks while nursing staff continued to record his weight and quantity of oral intake. A member of ward staff (usually the ward clerk) would take responsibility for completing the next day's menu with James. Each meal was discussed, with the staff member reading the menu choices aloud while showing him the appropriate picture, then allowing him to point to the chosen picture item. Nursing staff reported that it took approximately three days for James to become familiarised with the pictures and that, after an initial period of use, he no longer needed the picture prompt but could identify menu items by the written and verbal stimuli alone. It is likely that staff also became more familiar with James's usual choices and were able to anticipate which items he wanted to order.

James's overall quantity of oral intake improved (see table 1, p.6), though his weight fluctuated slightly. A sub-

sequent medical investigation into his weight loss was carried out as further larger fluctuations in weight occurred after the study concluded, despite much improved oral intake.

Date	Weight
2nd May	67.6kg
9th May	67.6kg
11th May	67.8kg
24th May	67.8kg
1st June	66.9kg
6th June	66.9kg
14th June	66.0kg

I also used a simple visual analogue 'smiley and sad face' card with James to find out how useful he had found the picture menu (figure 4). He was able to indicate by pointing that he had found this helpful. Nursing staff who also used the picture menu were questioned on their opinions of it (figure 5). Although they found it helpful and easy to use, they also found it slow and time-consuming.

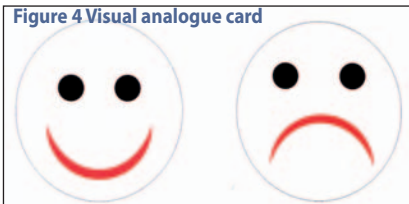
Control

The use of the picture menu with James allowed him to take some control over an activity which most of us take for granted as part of everyday life. Before using the pictures, his average intake was, at most, half a portion of food, and he frequently refused all of it. He demonstrated obvious frustration at mealtimes and his overall weight loss in the three-week period before using the menu was 11kg. During the study period, he consistently took three-quarters or all of his food and his overall weight loss slowed to 1.6kg. Nursing staff were also happier during and after the study period as they felt that they were giving James a genuine choice rather than choosing for him. They could see that he was less frustrated and obviously happier to eat the foods chosen. Because James had no family members who could complete the food preferences profile, no information about his likes and dislikes was available, so staff had no prior knowledge when choosing with him. Because of this they had to rely solely on the picture book, but this shows that it can

Figure 5 Questionnaire for ward staff
[Staff had 4 scaled options to tick for each question]

- Did you find the pictures clear and easy to identify?
- Did you find the pictures easy to select?
- Did you find the picture menu quick to use?
- Did you find the picture menu easy to explain to and use with patients?
- How did you find the quality of the picture menu package?
- How adequate was the training you received in using the menu?
- How useful overall did you find the picture menu?

Figure 4 Visual analogue card



be successfully used as a standalone tool.

Standard menus are normally completed by the patient if they are able to do so. Those who physically cannot tick their choices or cannot read the menu are assisted by the staff, but are still able to express a choice themselves. When James was unable to do this at all, staff made the choice for him, so the choosing process and its subsequent social interaction were taken away. The picture menu became a vehicle for allowing James to make a choice but also reintroduced the social aspect of choosing. It motivated the staff to interact with him and to learn more about him as a person although he was unable to express himself verbally.

Ideally the picture menu package should be available to all patients within the hospital who require it. Any changes to the hospital menu obviously mean the pictures have to be updated, and this has practical and cost implications. However it would be a valuable resource to have on each ward if the positive results of this single

case study could be carried over to all patients whose ability to choose their own food is compromised. I am seeking further sources of funding to continue the work and hope that current interest in the need for aphasia-friendly information might mean that this is a starting point for further projects within the hospital.

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news extra

Educational psychology rethink

A review of educational psychology provision in England and Wales commissioned by the government has recommended a fundamental rethink of the way services are delivered.

The researchers analysed data from over 1,000 respondents including teachers, local authority officers, parents, pupils, mental health professionals and youth offending teams.

While 88% of parents rated the contribution made by the educational psychologist who assessed their child to be 'helpful' or 'very helpful', the "overwhelming view" was that heavy involvement of educational psychologists in statutory assessment of children with special educational needs has not been a good use of their time.

Professor Peter Farrell, who led the project, said the review's key recommendations "include the need for educational psychologists to clarify whether an alternative provider might be available to carry out some of their work with the same impact." He added "We also thought educational psychologists should take advantage of the reduction in statutory work to expand and develop their activities in different areas where their skills and knowledge can be used to greater effect."

The researchers suggest that educational and clinical psychologists who work with children should develop closer working relationships, and begin discussions about a possible future merger of the two professions.

The report (RR92) is £4.95, tel. 0845 602 2260

Standards consultation

The Health Professions Council has launched a three month consultation about revisions to its Standards of Proficiency, which play a central role in how someone becomes and remains registered.

Speech and language therapy Alternate Council member Jacki Pearce was involved in the group that led the revision process for the 2003 document. Suggested changes include clarification of legal issues, confidentiality, informed consent and scope of practice.

The consultation will run until Friday 12 January, 2007. To participate, visit www.hpc-uk.org.

Communication aid stories

Scope is looking for personal stories from people trying to access communication equipment.

In particular, the organisation is seeking volunteers who would be willing to talk to the media about their problems getting communication aids.

Contact Abigail Lock on 020 7619 7253 or email abigail.lock@scope.org.uk