9 Communication

TEACHING PLAN

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson.

LEARNING OBJECTIVES

Participants will be able to:

- State the meaning of communication
- Demonstrate how to be an active listener
- Demonstrate how to speak effectively
- List nonverbal ways of communicating
- List the five "don'ts" of communication
- Explain how to communicate in difficult situations

LESSON ACTIVITIES

1. Ask learners to work in pairs and take turns telling their partners about someone who is important to them, such as a child. After each learner finishes, their partner should tell them if their speech was effective, based on the five points in "Effective Talking." The learner who did the speaking should rate her partner as an active listener, based on the 10 points in "Active Listening." After everyone has had a turn, ask learners to share what they learned.
2. Ask your learners to look at you and say all the things they can think of that you are communicating to them. For example, are you happy today? How can they tell? Are you feeling stressed and tired? What makes them think that? See how many messages they can identify from your face, dress, posture, and body language.

3. Give the following minilecture in your own words:

   "All of us are communicating all the time. As I speak these words to you, I am sending messages to you with my voice, my facial expressions, my posture, and my hand motions. Even the way I am dressed communicates something to you. You (the learners) are also communicating with me and with each other. By the looks on your faces and your body language, you tell me whether you are bored or interested. You communicate with me through words, but also by your dress and the way you do your job.

   "We communicate with our patients in all these ways, too, and we should be alert to what they are telling us through the various ways they try to communicate with us. For communication to occur, someone must send a message and someone must receive it. If a message is not received and understood, then we are not communicating. To be a good communicator, we must learn how to find out if our messages are received. We must learn how to ask questions and listen to feedback from our patients. For example, when you take the test at the end of this session, you will give me feedback about how well you understood the lesson. We must always be sure the receivers understand our message. Many things can hinder good communication. Eyesight and hearing problems, illness, stress, medications, emotions, fatigue, confusion, language or cultural differences, and even personality differences are some of the things that might affect how well a message is given and received. Learning how to communicate effectively can go a long way toward helping our patients feel happy and secure."

Read the learning goals to the learners and proceed with the lesson.

THE LESSON

Review the material in the lesson with participants. Allow for discussion.

CONCLUSION

Participants must core 70% or higher (seven correct out of 10) to pass.

TEST ANSWERS

1. d
2. d
3. b
4. c
5. a
6. d
7. b
8. c
9. Offer opinions, Become defensive, Make judgments, Ask why, Give empty assurances
10. a

COMMUNICATION

Active Listening

To communicate well you need to start with learning to listen.

First, prepare environment:

- Choose quiet area or eliminate distractions
- Make eye contact, but be aware some cultures such as Asian, African and Latin America cultures view eye contact as signs of disrespect or aggression
- Use the seven skills of active listening

SEVEN SKILLS OF ACTIVE LISTENING

1. Show interest. Use encouraging sounds, and nod your head. Don't appear impatient or hurried.
2. Be other-focused. Ask questions so others will talk about themselves. Focus conversations on the person you are talking to, not on yourself. Other-focused example:

   Patient: "I have 15 grandchildren but Tommy lives closest to me."

   Staff member: "You have 15 grandchildren?! That's wonderful. Tell me about them."
3. Reflect. Keep conversations focused on the other person by reflecting back their thoughts and questions. Concentrate on their feelings and concerns. A reflect example:

   Patient: "What should I do about my mother?"

   Staff member: "What do you think you should do?"
4. Be quiet. Sometimes people need some silence to gather their thoughts.
5. Clarify. Find out exactly what someone means when he or she says something. You can learn valuable information this way. Clarify anything that raises a question in your mind. A clarify example:

   Patient: "I'm too tired to take a bath today. Leave me alone."

   Staff member: "Can you tell me why you are so tired today?"
6. Ask open questions. Ask questions that require more than just a "yes" or "no" answer. You get more information that way. For example, rather than "Are you okay today?" ask, "How are you feeling today?"
7. Repeat. To be sure you understand something, repeat what you hear in your own words and then ask if you repeated it correctly.

Effective Talking

To get your message across, practice the following speaking skills:

- Speak clearly and distinctly
- Use simple words and sentences
- Give all the information the person needs, such as whom you are and what you are going to do
- Use descriptive gestures to reinforce your words
- Use humor when appropriate
- Use expressions, gestures, and body language that reinforce your message

Five "Don'ts" of Communication

To be an effective communicator, eliminate the following habits:

1. **Don't offer your opinions.** Help your patients make their own decisions; don't tell them what you think they should or shouldn't do.
2. **Don't become defensive.** When a patient criticizes you or someone else, reflect his concern back to him so you can learn more about the problem.
3. **Don't make judgments.** Instead of showing disapproval, ask the patient about his reasons for acting or feeling a certain way. Be open to differences of opinion.
4. **Don't ask "Why?"** "Why" questions make people feel defensive. Word questions in a nonthreatening way, such as asking calmly, "What happened?" or "Can you tell me about it?"
5. **Don't give empty assurances.** "Everything's going to be fine" isn't necessarily true. Focus on helping the patient talk about his or her concerns.

Nonverbal communication

Communicating with words is not the only way we communicate. Our nonverbal communication also affects communication. Be aware of the following nonverbal communications impact on effective communication with your patients.

Expressions and gestures:

- Facial expressions

  - Smiling vs frowning
  - Eye rolling vs eye contact
- Head movements
  - Nodding yes or no
- Posture
  - Slouching vs sitting upright and leaning towards person
  - Arms crossed or arms open
- Body Contact
  - Shaking hands
  - Holding hands
  - Invading personal space
- Appearance
  - Type of clothing
  - Grooming and Cleanliness

Ways to Improve Nonverbal Communication

- Respect personal space and sit at an appropriate distance
- Touch only when appropriate
- Maintain eye contact (if culturally appropriate)
- Be aware of your facial expressions
  - keep neutral facial expression
  - smile only if appropriate
  - Widened eyes and raised eyebrows portray fear or shock
  - Eyes squeezed together, with eyebrows lowered portrays anger
  - Eyebrows pulled together and nose wrinkled portrays disgust
  - Eyes half open and avoiding eye contact portrays boredom or disinterest
- Be aware of you posture and body movements
  - Do not cross arms in front of your body portrays defensiveness
  - Do not tap fingers or foot portrays impatience
  - Covering mouth portrays that you are hiding emotions

Barriers to Effective Communication

Sometimes, patients have trouble speaking, hearing, or understanding, or sometimes they get angry or emotional, making it difficult to communicate. The following are some tips to follow when you're in this situation:

- Communication with speaking or hearing impairments:
- Turn off or remove distractions such as a television or radio. You might have to close the door to the room if there is noise in the hallway.
- Stay on the patient's "good" side, where his or her hearing or speech is best. Let him or her see your mouth as you speak.
- Allow plenty of time for the person to respond to something you say.
- Don't rush the person or finish his sentences for him, unless you can help by patiently supplying a word or two.
- When you are speaking, use the correct voice volume. You may have to be louder if the person is hard of hearing, but remember that individuals with dementia or people who have had a stroke aren't necessarily hard of hearing. A normal volume works best in these situations.
- Use short, simple words and phrases.
- Ask "yes" or "no" questions to make it easier for the patient to answer.
- When the person has difficulty finding the right words, ask him to point to words or pictures on a board or a piece of paper. Encourage the patient to use gestures such as head nodding and hand motions.
- When giving directions, state one instruction at a time. Break your directions down into simple steps.
- Communication when someone is angry:
- Keep your mood, facial expression, body language, and voice calm, quiet, and relaxed.
- Do not argue. This will only increase the individual's anger and cause the incident to get worse.
- Maintain eye contact even if someone is angry.
- Avoid touching an angry person.
- Keep a clear exit for yourself, being sure that the angry person doesn't block your way to the doorway.
- Use the skill of reflection. Reflecting is the process of paraphrasing and restating both the feelings and words of the speaker
- Reflect feelings back to the angry individual.
- Don't pass judgment on someone's words or behavior. Stay open-minded and listen actively to hear the underlying feelings and concerns.
- After you have listened to the reasons for the person's anger, help him or her solve the problem or handle the situation.

If these tactics don't work, or if you fear harm, leave the scene and notify your supervisor.

Communicating With Health Care Professionals

A home health aide needs to communicate information to other health care professionals related to changes in the patient condition or other concerns.

General changes to report include:

- Vital signs outside of specified ranges
- Changes in alertness
- Changes in appetite
- Change in bowel movement pattern or no bowel movement in 2 days
- Change in urination including new incontinence or no urine about in 8 hours
- Change in ability to perform activities
- Change in ambulation or transfer ability
- Swelling of legs, hands or feet
- Shortness of breath
- Increased pain or new onset pain
- Changes in sleeping patterns
- Falls – with or without injury
- Skin Changes to Report:
- Any change in color of skin including pink, red, brown or black areas
- Any temperature change including coolness or warmth
- New bruises
- Any itching or scratching
- New or worsening rashes
- New redness or open areas on skin especially on pressure points:
  - Buttocks or coccyx
  - Hips
  - Heals

- Ears
- Elbows
- Back of skull
- Shoulders

If the patient has an existing wound, the home health aide should not remove dressing unless nursing staff has instructed the aide on the dressing care and it is included on the aide care plan.

Observe the covered wound area and alert nursing if:

- Dressing has fallen off
- Increase drainage that has seeped through the dressing
- Redness or warmth surrounding dressing
- Swelling around dressing
- Patient complaining of increase pain at wound site
- Emitting a foul odor

QUIZ FOR COMMUNICATION WITH PROFESSIONAL STAFF

Should you communicate the following with professional staff?

1.	The aide should report each of the following items to the nurse.	Yes	No
2.	The patient is able to walk to the bathroom using the walker.	Yes	No
3.	The patient tells the aide that she fell last night getting up to go to the bathroom but she is fine.	Yes	No
4.	The aide discovers that the patient has not eaten any of the prepared meals from the prior day.	Yes	No
5.	The patient tells the aide that she went to the doctor yesterday and had a clean bill of health	Yes	No
6.	During the bath, the aide notices that the patient's heals have a dark brown spot.	Yes	No
7.	The patient states that her back has been hurting more than usual and she can't get comfortable at night.	Yes	No