

TRAIN FOR SUCCESS INC.
EFFECTIVE COMMUNICATION 2Hr

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PURPOSE:

The purpose of this course is to review strategies for effective communication, strategies to manage communication issues in the workplace, specific ways to integrate effective interpersonal communication skills in the day to day decision making, working and communicating with the cognitively impaired clients/patients. The course is designed for Nurses: LPN, RN, ARNP and other the health care professionals, Occupational Therapists, Certified Nursing Assistants (CNA), Home Health Aid (HHA) as well as other individuals and students.

OBJECTIVES

At the end of this course, the reader will be able to:

1. Discuss principles of the effective communication
2. Discuss strategies to manage communication issues in the workplace
3. Describe techniques required when working with the cognitively impaired Clients /patients.
4. Discuss the forms of communication
5. Describe some of the consequences of ineffective communication.
6. List specific ways to integrate effective interpersonal communication skills in the day to day decision making.
7. Discuss strategies that affect/ interrupt effective communication.

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COMMUNICATION

Communication is defined as the act or process of using words, sounds, signs, or behaviors to exchange or express information or to express ones thoughts, ideas and feelings to someone else or a message that is given to someone such as in telephone call or in a letter.

TYPES OF COMMUNICATION

1. Non-Verbal communication.
2. Written communication.
3. Verbal (Oral) communication.

(1) Verbal communication - you listen to individuals to understand their meaning

(2) Written communication - you read their meaning

(3) Nonverbal communication - you observe others and infer meaning.

COMMUNICATION WITHIN THE WORK ENVIRONMENT

Effective communication in the workplace can:

- Increase employees' knowledge and awareness of a health issue, problem, or solution
- Influence beliefs, perceptions, and attitude
- Increase employees' knowledge of a problem or solution
- Reinforce beliefs, perceptions, and attitude
- Refute myths

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- Illustrate health promoting skills
- Refute misconceptions
- Prompt action
- Demonstrate health promoting skills
- Show the benefits of behavior change
- Strengthen organizational relationships
- Realign the social rules or standards for workplace behavior

EFFECTIVE INTERPERSONAL RELATIONS

Effective interpersonal relationships involve:

Maintaining open communication,

Being a good listener

Being honest

Being sincere,

Being courteous,

Being patient,

Being hopeful.

Developing trusting and supportive relationships with clients/ patients by being trustworthy and supportive.

Encouraging clients/ patients to express their feelings.

Respect each client/ patient as a unique individual with their own behavior patterns.

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COMMUNICATION WITH CLIENTS/ PATIENTS

Interpersonal skills are very important in establishing and maintaining an effective and productive and rewarding relationship with the clients/patients.

APPROPRIATE STEPS TO STARTING A CONVERSATION

If the client/patient is in a private room with door closed, knock on the door before entering.

Identify yourself by name and title and greet client/ patient by their name.

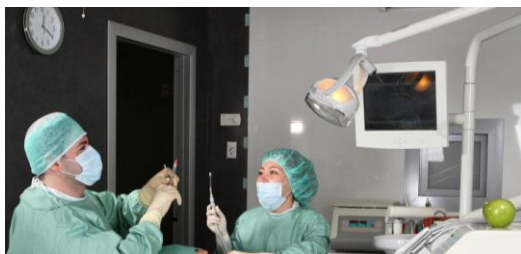
Greet the client/patient in a courteous manner

Approach the client/patient in a calm manner.

Explain what you are going to do.

Explain the procedure to the client/ patient

Encourage the client/ patient to participate as needed.



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SPEAKING/ ATTENTIVE LISTENING

It is recommended that you get the client's /patient's attention before speaking.

Always use courtesy when you are communicating.

Use normal tone of voice and adjust your volume to the individual client's/ patient's needs.

Listen and respond appropriately to the clients/ patients

Keep conversations brief and concise

Avoid using slang while communicating.

Speak slowly (avoid the rush tone)

Avoid mumbling and speak clearly

Employ positive messages by using praise, encouragement, smiles and other methods that are acceptable to the client/ patient.

Your verbal and nonverbal message should match

Be attentive and listen to what the client/ patient is saying.

Give/ receive feedback and/or request feedback as appropriate to make sure the communication is understood.

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AVOID BARRIERS TO CONVERSATION

Avoid discussing or talking about your own personal problems and the problems of other patients or co-workers with the client/patient.

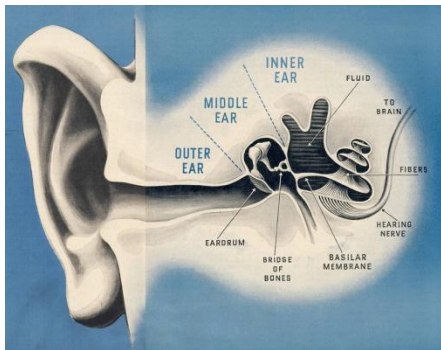
Avoid expressing your own opinions if it involves passing judgment

Avoid interrupting the clients/ patients when they are speaking

Avoid changing the subject.

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**COMMUNICATING WITH CLIENTS / PATIENTS WITH
HEARING LOSS (HARD OF HEARING)**



Avoid startling the client/ patient.

Stand comfortably close to the client/ patient in a good light and face him/her while you are speaking.

Speak at a normal or only slightly increased volume, so that you avoid shouting.

Write down key words if necessary or use other communication assistive devices such as communication boards if applicable.

Utilize short words and sentences.

Always clarify client's/ patient's understanding and rephrase message if applicable.

Eliminate as much as possible, any distracting background noise and /or activity.

Assist the client/ patient to use a hearing aid as applicable.

If the client/ patient hears better in one ear, then stand on the preferred side.

Speak slowly and distinctly/ clearly.

Avoid chewing gum or covering your face with your hands while speaking.

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Avoid conveying negative messages by the tone of voice or even by your body language.



If the client/ patient use sign language, try to locate an individual who knows sign language to interpret.

COMMUNICATING WITH CLIENTS/ PATIENTS WITH LOSS OF VISION



Always identify self by name and title as you enter room to avoid startling the client/ patient.

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Encourage and assist patient to keep glasses clean and to wear them (as applicable).

Ensure there is good light in the room and face client/ patient when you speak.

Speak in a normal tone of voice.

Give explanations of what you will be doing and what is expected of the client/ patient.

Clarify client/ patient's understanding as appropriate.

Remember not to rearrange the environment without the client's/ patient's knowledge.

If rearrangement is necessary, always replace items to their original location in the client's /patient's room.

Always inform the client/ patient when you are finished and when you are leaving.

COMMUNICATING WITH PATIENTS WHO HAVE PROBLEMS WITH SPEECH /SPEAKING



Try to keep conversation short as much as possible.

Ask direct questions if client/ patient can answer - Yes or No.

If you are unable to understand the words or uncertain, validate what you think the patient is saying.

Allow the client /patient adequate time to respond.

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Employ attentive listening (listen carefully).

Emphasize positive aspects.

Take the time and complete every conversation, to avoid conveying any impatience.

Assist the client /patient to point, write or use assistive devices for communication for example word boards or picture board as appropriate.

Encourage the client /patient to nod as appropriate.

Monitor body language to make sure you are not giving negative messages.

NON-VERBAL COMMUNICATION

Non- verbal communication is also an important aspect of communication. Gestures, nodding of head, waving of hand all convey a message; therefore it is vital for the professionals to be aware that effective non-verbal communication is also needed while working with the clients/patients and other colleagues.

Non- verbal communication has several functions:

Non- verbal communication is sometimes a substitute for verbal message such as gestures or facial expressions.

Non- verbal communication is frequently used to accent verbal messages.

Non- verbal communication is sometimes used to repeat the verbal message for example pointing in a direction while giving directions.

Non- verbal communication often complements the verbal message.

Non- verbal communication often regulates interactions for example non-verbal cues may indicate when the other person should respond or not respond.

COMMUNICATION WITH COGNITIVELY IMPAIRED CLIENTS / PATIENTS

Cognitive impairment is when an individual has troubles remembering, concentrating, learning new things, or making decisions that affect their everyday life. Cognitive impairment can range from mild to severe.

Mild cognitive impairment (MCI) causes a slight but measurable and noticeable decline in cognitive abilities, which includes memory and thinking skills.

Mild cognitive impairment result in cognitive changes that are serious enough, that they are noticed by individuals who are experiencing them and /or to other individuals around them, but the changes are not severe enough to interfere with their daily life or independent functions.

ASSESSING COGNITIVE IMPAIRMENT IN OLDER ADULTS

It is very important to assess cognitive impairment in older individuals because there can be a variety of possible causes such as:

- Side effects from medications,
- Delirium due to illness,
- Endocrine and/or metabolic derangements,
- Depression,
- Dementia (Alzheimer's dementia is most common).

WARNING SIGNS AND SYMPTOMS

There are 10 warning signs and symptoms. Each individual may experience one or more of these signs and symptoms in different degrees. Always follow up with a physician if you observed any of these signs:

1. Memory loss is one of the most common signs of Alzheimer's disease, especially forgetting information that was recently learned, frequently asking for the same information over and over again; requiring assistance from memory aids or family and friends for the things he /she would normally handle on their own.
2. Some individuals may experience changes in the ability to work with numbers or develop or follow a plan. He/ she may experience difficulty concentrating and take much longer time to do the things that they did before.
3. Have problems completing familiar tasks at work, home, or at leisure. It becomes difficult to complete daily tasks; for example may have difficulty remembering the rules of their favorite game.
4. Experience confusion regarding time or place. The individual may lose track of seasons, dates, and time. They may forget where they are. They may also forget how they got there.
5. May experience problems understanding visual images and spatial relationships. Some individuals may experience difficulty with reading, determining color and judging the distance.
6. Develop new problems with words in speaking and /or writing. He /she may experience problems following conversation. For example, may repeat conversation or stop in the middle of a conversation. They may also struggle with vocabulary such as, calling items the wrong name.

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7. Misplacing items and lose the ability to retrace steps to find them. Sometimes, the individual with Alzheimer's may accuse other persons of stealing because they cannot find the items that they have misplaced.

8. Experience decrease or poor judgment. Individuals with Alzheimer's may experience changes in decision making or judgment. They may use poor judgment when spending money; may give away to telemarketers. They may pay less attention to grooming themselves or keeping themselves clean.

9. Withdrawal from social activities or from work. The individual with Alzheimer's disease may start to remove himself/ herself from hobbies, social activities, work, or sports, may experience trouble keeping up with his /her favorite sports team.

10. Experience changes in their personality and mood. They may become suspicious, depressed, fearful, confused, anxious or easily upset.

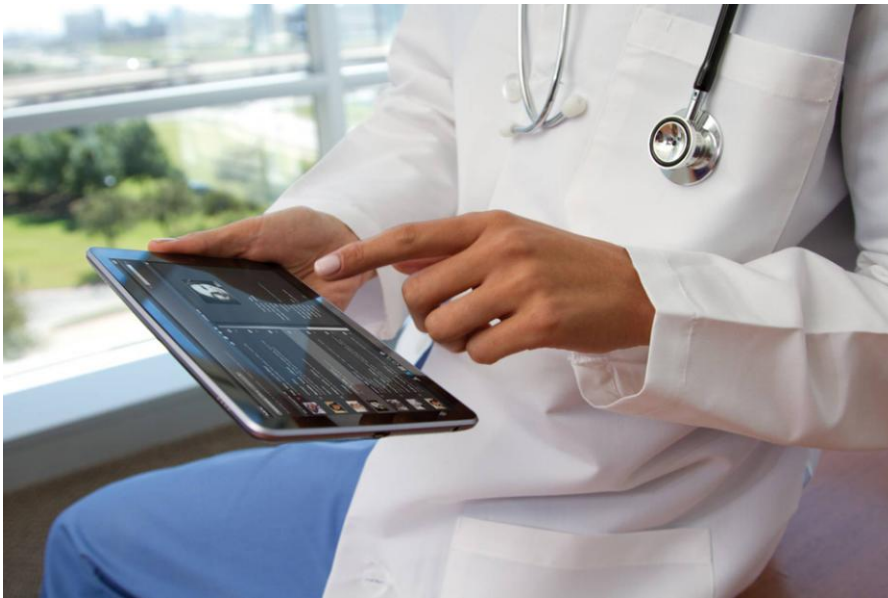
PHYSICIANS / SPECIALIST

The physician will evaluate the individuals overall health and identify any conditions that could affect how well the mind is working. The physician may refer the individual to a specialist such as a:

- **Neurologist** – specializes in diseases of the brain and nervous system

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- **Psychiatrist** – specializes in disorders that affect mood or the way the mind works
- **Psychologist** – has special training in testing memory and other mental functions
- **Geriatrician** – specializes in the care of older adults and Alzheimer's disease



DEMENTIA HELP AND SUPPORT ARE AVAILABLE

If someone has been diagnosed with dementia, the Alzheimer's Association is one of the most trusted resources for information, education, referral and support.

Call the 24/7 Helpline: 800.272.3900

Visit the online Alzheimer's and Dementia Caregiver Center or locate a support group in your community and you can also visit the Alzheimer's Association virtual library at <http://www.alz.org/library/index.asp>

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Some care giving tips which will assist the caregiver include:

- Educate yourself about the disease. Read literature /books, consult with the healthcare professional and attend workshops. You can also subscribe to AFA's free caregiver magazine, AFA Care Quarterly.
- Learn how to avoid caregiver burnout by making time for you and join caregiver support groups.
- Discuss the situation with family and friends. Support systems are very important
- Pursue interests beyond the care giving role, such as hobbies, exercise, and journaling.
- Do cognitive stimulation activities with him /her. For example, memory games, listening to music and word puzzles.
- Employ positive thinking. Focus on the individual's remaining strengths and enjoy the relationship while you still can.
- Smile and show kindness, humor and creativity are very important aspects of care giving. Hugs, Smiles, hand massage and other gentle physical contact will help your loved one feel connected and loved.
- Take care of the financial, legal and long-term care planning issues. Try to involve the individual in decision-making, if he /she is still able of providing input, and include his/ her wishes related to any future care and / or end-of-life issues.
- Learn care giving techniques. The main areas include safety concerns, communication skills, managing behavioral changes /challenges and assisting with activities of daily living.
- Understanding the experience, be kind and patient with your loved one.
- Maintain your own mental and physical health. Get involved in activities to reduce stress such as: Exercise, respite and hobbies.
- Ensure communication with the physicians. Become involved in the individual's medical care. Ask any questions you have regarding the progression of the disease, talk about the concerns and discuss available treatment options.

Reach out for care. Call the Alzheimer's Foundation of America at 866.232.8484, for information, counseling, and referrals to local resources nationwide.

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To assist when Confusion / agitation is noted:

- Modify the environment. For example; reduce clutter, reduce loud noises such as turning the radio or television volume down.
- Keep the individual on a regular schedule to avoid changes whenever possible. Changes in routines can be stressful and lead to more confusion.
- Remember to anticipate the needs of the individual with Alzheimer's disease. They may not be able to express hunger, pain or discomfort which might be adding to the confused or agitated behavior.
- If the individual can still read and understand, make signs and labels for example, labeling drawers, label pictures of family and friends with names to help keep the person oriented. Also place the individual's picture on the door to his/her room.
- If the individual is resisting bath or refusing to shower, wash part of the body in the morning and part at night or use disposable moistened washcloths does not require rinsing.
- If he /she is pacing, do not try to prevent that unless there is potential for harm. Sometime you can try to distract the individual with another activity such as, using games, songs, humor or snacks. Sometimes this will help and at other times the individual will go back to the pacing activity.
- Participate in activities that the individual enjoys. For example, playing simple card games such as matching cards and other activities; looking at pictures, singing, coloring, going for a walk or watching television; favorite movie, sport or musicals.
- Remove dangerous items, such as knives, scissors, and lighters.
- Give directions or explain information in simple language using only one or two steps and break up tasks.
- Provide simple clothing that does not have buttons or zippers. This will make it easier for the individual to dress.

Make sure proper pain management is in progress as needed and meals and fluids are provided. Also assist with meals to ensure that he/ she is receiving adequate nutritional and fluid intake and is having an adequate amount.

Communicate with the Physician

Discuss sleep disturbances with the physician or health care professional, to assist in identifying the causes and the possible solutions. Some physical illness, for example problems with incontinence or urinary tract infections, sleep apnea;

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abnormal breathing pattern in which an individual briefly stop breathing sometimes at night, or restless leg syndrome can cause or worsen their sleep problems.

For sleep issues due primarily to Alzheimer's disease, most experts encourage the use of non-drug measures, rather than medication. In cases where non-drug measures or approaches fail, medication may be prescribed for agitation during the late afternoon and evening hours. Discuss with the physician to learn both the benefits and risks of medications before making a decision.



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For More Information

To learn more about support groups, services, research centers, research studies, and publications about Alzheimer's disease, contact the following resources:

Alzheimer's Disease Education and Referral (ADEAR) Center

P.O. Box 8250

Silver Spring, MD 20907-8250

1-800-438-4380 (toll-free)

www.nia.nih.gov/Alzheimers

The National Institute on Aging's ADEAR Center offers information and publications for professionals, families, and caregivers on diagnosis, treatment, patient care, caregiver needs, long-term care, education and training, and research related to Alzheimer's disease. The staff answers telephone, email, and written requests and make referrals to local and national resources. The ADEAR website provides free, online publications in English and Spanish; email alert and online *Connections* newsletter subscriptions; an Alzheimer's disease clinical trials database; the Alzheimer's Disease Library database; and more.

Alzheimer's Association

225 N. Michigan Avenue, Floor 17

Chicago, IL 60601-7633

1-800-272-3900 (toll-free)

1-866-403-3073 (TDD/toll-free)

www.alz.org

Alzheimer's Foundation of America

322 Eighth Avenue, 7th Floor

New York, NY 10001

1-866-AFA-8484 (1-866-232-8484; toll-free)

www.alzfdn.org

Eldercare Locator

1-800-677-1116 (toll-free)

www.eldercare.gov

Family Caregiver Alliance

180 Montgomery Street, Suite 1100

San Francisco, CA 94104

1-800-445-8106 (toll-free)

www.caregiver.org

NIH Senior Health

www.nihseniorhealth.gov/alzheimersdisease/toc.html

CONSEQUENCES OF INEFFECTIVE INTERPERSONAL COMMUNICATION

Ineffective interpersonal communication can result in consequences such as:

- Confusion

- Chaos

- Disorder

- Conflict

- Fear

- Inefficient systems

- Errors on the job

- Wasted resources

- Time wasted.

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CAUSES OF INEFFECTIVE INTERPERSONAL COMMUNICATION

Poor team communication has been noted as the number 1 cause of unnecessary patient deaths related to medical error since the 1990s- See Institute of Medicine 1999.

STRATEGIES FOR EFFECTIVE COMMUNICATION

Speak in a professional manner at all times

Present yourself in a professional manner at all times.

Avoid using improper English or slang in professional situations

Use available software or computer technology to correct anything that you are submitted in writing.

Ask a co-worker to proof read for you if needed.

Be open and willing to take constructive criticism.

Avoid using abbreviations, acronyms, or other short-hand language

If you do not know something, do not hesitate to ask.

Strive to be a team player.

Be open to hear the input from other colleagues.

Remain calm in all situations.

Maintain your professionalism in all situations.

Learn effective collaboration skills.

Seek for honest feedback.

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If you feel that an individual has misinterpreted what you said and as a result there is conflict, seek to clarify and resolve the issue.

Always apologize when you are wrong.

Learn from your mistakes.

Avoid repeating the same ineffective behavior.

Learn how to respectfully disagree.

Schedule meetings to develop rapport and provide means for problem solving opportunities.

WHEN SPEECH AND WRITING ARE NOT CLEAR

Lack of clear speech often contributes to ineffective communication as well as lack of clear writing. For communication to be effective, avoid using abbreviations, jargon, shorthand, hash tags, texting, and slogans which should always be avoided in professional communication. Use straight-forward talk during interactions so that others understand exactly what you are talking about.

Interpreting speech may be problematic because of the different pronunciations, various accents and dialects. Often times there are interruptions, background noise, unfamiliar drug names, sound alike drugs and different terminology that can compound the problem.

TAKE EXAM

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