

Module 11 - Communication

Activity #1 – Case Scenario

Your patient, Mr. Wells, is a proud man. However, you question his ability to read and write. You often must repeat things so he will understand. You find that he understands better if you show him things instead of telling him.

Mr. Wells goes to the doctor's office and returns stating that he is going to have some GI tests done soon. The physician quickly went over the test and the prep and gave him some written instructions. The verbal instructions from the physician were to take 2 enemas before the procedure. You think it sounds straightforward.

The morning of the procedure, Mr. Wells showed up to his appointment. When questioned about the enemas, he stated, "I drank the last one about an hour ago."

What were the barriers to communication in this scenario?

What could have been done differently?

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Activity #1 – Case Scenario – Faculty Guide

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The morning of the procedure, Mr. Wells showed up to his appointment. When questioned about the enemas, he stated, "I drank the last one about an hour ago."

What were the barriers to communication in this scenario?

The nurse and doctor failed to find out if the patient could read and write. They also failed to have the patient repeat back his instructions.

What could have been done differently?

It would have been helpful if the nurse asked the patient if he had ever had an enema and if he said no, to explain it to him and give him directions with pictures to reiterate how to administer it. While the home care aide cannot teach, the home care aide can report any concerns to the supervisor to ensure that the patient receives the best care possible.

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Handout #1 – Tips for Communicating with Seriously Ill Patients

Be prepared:

- Know your patient's history and current situation. This is a way to help build their trust.
- Create a supportive environment where the setting is private, comfortable, and quiet.
- Allow enough time for conversation so the patient does not feel rushed. Include important people of the patient's choosing in the conversation.
- Try to plan your schedule so there is enough time for discussion; however, the best time for conversations may be during care.
- Be culturally sensitive when caring for your patient. Know the patient's social and religious practices and understand how these factors may affect your patient's needs and desires. This may be especially helpful for older patients.

What to do:

- Maintain privacy
- Speak loudly enough for the patient to hear you. Do not shout.
- Listen with full attention. Limit disruptions or distractions including the use of cell phones and texting.
- Acknowledge your patient's emotion with caring and empathy. It does not mean that you agree with the emotion but that you can empathize with how the patient feels.
- Give your patient time to ask questions and express thoughts.
- Use proper body language, tone of voice, and manners to communicate respect and understanding. Positive body language can include relaxed posture, facing the patient, an open stance, being at the same level rather than standing over the patient, not crossing arms, which may be perceived as being bored or closed to communication.
- Sit face-to-face, making eye contact and speaking directly with the patient and family members. Ensure you are aware of the patient's cultural practices. Ask the patient or family the most comfortable and appropriate way to communicate with the patient. Some cultures may find it offensive to talk directly to the patient, or to make eye contact which the nurse aide would not want to do.

Helpful statements to start the conversation:

- "Tell me more about," or "how do you feel about that?" will give you clues to your patient's emotional state.
- Stating: "I hear your concern, your worry, or your frustration" is a helpful way to acknowledge that you heard what the patient was saying.
- "What have the doctors and nurses told you about your illness?"
- "How has this illness affected your life?"
- "What are you most concerned about at this time?"
- Offer supportive comments to your patient for controlling pain and other symptoms. Let the patient and family know that you will express their concerns to the nurse. Offer emotional support to them and their loved ones as you share this journey together.

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Activity #2 – Statement Exercise

Instructor – cut the statements from this paper into strips. Some are patient statements, some are family statements, and the rest are co-worker or supervisor statements. Hand out the statement strips to the students until there are none left. Have each student stand and read their statement aloud and tell what their response would be. Discuss answers as a class.

I am such a burden. I just wish I could die.

You never do anything right; weren't you trained how to do your job?

I get so lonely on the weekends; nobody cares about me.

Stop asking if I am ok. I would tell you if I were not ok.

You ask too many questions; you are always in my business.

A patient's family member says,
"I am just about fed up with (patient). She ruins everything around here."

You are a paid caregiver and you are to do what I tell you do to.

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A family member states, “Don’t listen to him (patient); he is just old and senile.”

The patient’s son rolls his eyes and states,
“I don’t understand why you have to come so early.”

You are always late! Get there on time from now on.

Your flow sheets are not done correctly.
I have shown you 3 times how to do them.

The supervisor huffs and says,
“What is the problem? Why can’t you follow directions?”

Your co-worker says to you at an inservice,
“How do you stand Mr. Green? He is a real pain in the neck!”

You never told me you wanted tomorrow off. No, it is not ok.

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Handout #2 – Tips for What Should You Report About the Patient

Mind

- Sleeping a lot
- Not at all able to sleep
- Changes in attitude: suddenly angry or withdrawn or sad, increased irritability
- Suddenly unaware of surroundings
- Inability to recognize familiar people
- Agitation
- Sudden confusion
- Inability to be comforted

Body

- Complaints of pain
- Falling
- Signs of pain: frowning, moaning, groaning during movement or when still, refusing to move, refusing a bath, crying
 - For children, this can also include intense concentration on a game, book, or TV show or withdrawal from people and activities
- Changes in bladder or bowel function
- Skin problems including any sores anywhere, tears in the skin, changes in skin color (yellow, pale, red), bruises, rashes, itching
- Limbs that look different
- Dressings that have come off
- Sudden loss of sight or hearing
- Changes in breathing
- Weakness or changes in mobility

Spirit

- Angry and/or belligerent
- Talking about ending it all
- Sudden refusal to have visitors
- Expressions of anger toward God, caregivers, or those around them
- Disgust with self
- Sudden refusal to talk with anyone
- A sense that the patient is depressed
- Near death awareness such as seeing and hearing people who have died or talking about taking a trip

Other Issues

- Pills found in places where they do not belong. Is the patient hiding pills? Is the family hiding pills?
- Is the family refusing to give medications?
- Are there activities that might compromise your or the patient's safety?
- Have you ever found the patient alone? Lying in stool or urine? Complaining of being hungry or thirsty?
- Has the patient voiced concerns about loss of finances?
- Have you seen signs of caregiver stress like crying, anger, not caring for themselves?

Do not attempt to talk with the patient or family about how to solve the things that you are observing until you have discussed them with the nurse assigned to your patient.

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Activity #3 – Correcting Statements

Practice better ways of communicating the following statements:

Instead of this...	Document it like this...
Mr. Jones has a black eye; I think his son hit him.	
Mrs. Smith must have a urinary tract infection.	
The patient does not seem like himself today.	
Bath not done. No running water.	
The house is so dirty; no one ever cleans up.	
The patient fell, there were no injuries, so I did not call the office.	
I am an aide, not a maid.	
Patient is in a bad mood today.	

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Activity #3 – Correcting Statements – Faculty Guide

Practice a better way of communicating the following statements:

Instead of this...	Document it like this...
Mr. Jones has a black eye; I think his son hit him.	Arrived at home to find that Mr. Jones has a bruised area around his right eye. Patient states that his son hit him. Sam Smith, RN notified of findings. Mary Jane, NAI 10-25-21 9:00am.
Mrs. Smith must have a urinary tract infection.	Mrs. Smith's urine has a strong odor and she reports pain when she urinates. Sam Smith, RN notified of findings. Mary Jane, NAI 10-25-21 11:00am.
The patient does not seem like himself today.	Mr. Jones is quiet today. He only speaks when spoken to. Daughter Julie states that he did not sleep well last night. Mary Jane, NAI 10-25-21
Bath not done. No running water.	Patient does not have running water. Unable to give a bath. Patient's son will get the water fixed today. Mary Jane, NAI 10-25-21
The house is so dirty; no one ever cleans up.	Arrived at home to find dishes all over the counter and trash all in the floor. Sam Smith, RN notified of findings. Mary Jane, NAI 10-25-21
The patient fell, there were no injuries, so I did not call the office.	Patient fell while transferring from bed to wheelchair. Sam Smith, RN notified. Mary Jane, NAI 10-25-21 at 1:00pm.
I am an aide, not a maid.	Do not document this thought – you are there to assist.
Patient is in a bad mood today.	You may document comments verbatim and only objective (factual) information. Discuss with your supervisor if you feel like you have been disrespected or if you feel in danger.

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Activity #4 – Case Scenarios

1. You are caring for Ms. White. She asks you how Ms. Brown (also one of your patients) is doing, stating, “She is on our prayer list for church and we have been friends for years.”

How do you handle this situation?

2. You were in a car accident and your car was towed. You have left the patient care plans in your car in an unlocked file box.

What should you do?

3. Your patient reports to you that his family member has been abusing him but asks that you not tell. Your patient says that you must abide by his wishes due to the privacy standards.

What do you do?

4. You have 30 minutes before your next patient. You stop at a local store that has a grill. The grill is in a rural area and you have on your uniform and nametag. You ask the waitress, “How far down the road is 625 Racetrack Rd?”

How does this break the privacy rule?

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Activity #4 – Case Scenarios – Faculty Guide

1. You are caring for Ms. White. She asks you how Ms. Brown (also one of your patients) is doing, stating, “She is on our prayer list for church and we have been friends for years.”

How do you handle this situation?

“Ms. White, I cannot discuss this. According to the law, I am unable to verify if someone is a patient or not. It is important to me and to my agency to ensure that I protect everyone’s privacy, just as I do yours. I hope you understand.”

2. You were in a car accident and your car was towed. You have left the patient care plans in your car in an unlocked file box.

What should you do?

Immediately notify your office and supervisor. You will need to get to your car and secure the information. It is best to have your patient information in a file box or other type of container that locks.

3. Your patient reports to you that his family member has been abusing him but asks that you not tell. Your patient says that you must abide by his wishes due to the privacy standards.

What do you do?

It is your duty to report. It is the law that any suspected abuse or neglect be reported. Inform your patient that you must tell your supervisor because his safety is important to you and to the agency. The agency will contact the appropriate resources to ensure a proper investigation happens.

4. You have 30 minutes before your next patient. You stop at a local store that has a grill. The grill is in a rural area and you have on your uniform and nametag. You ask the waitress, “How far down the road is 625 Racetrack Rd?”

How does this break the privacy rule?

By disclosing the address, you have disclosed that a person who lives at this address is a patient of yours and the agency that you work for. If you are looking for the road, you may ask about the road itself or you may contact your office and they can assist you with directions.