

Module 3

Communication and Interpersonal Skills

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- ## Objectives
- Explain the importance of appropriate communication skills, both verbal and non-verbal
 - Describe techniques for effective communication
 - List changes due to aging that affect communication
 - Describe the importance of good communication
 - Identify techniques for effective communication

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- ## What is Communication?
- A means of exchanging information and connecting to one another
 - A two-way process in which people exchange information (e.g., requests, feelings, socialize)
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Why Do We Communicate?

- To request information
- To find information
- To maintain social contact
- To provide information



Why do we Communicate?

- To get an info
- To give and info
- To get something done
- To share feelings
- To criticize
- To compliment

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Receptive Communication

- Listening/hearing
- Reading
- Watching



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Expressive Communication

- Verbal
- Writing
- Gestures
- Facial expressions



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What If We Don't Communicate?

- Needs are not known or met
- May become isolated, depressed, frustrated, angry, aggressive or belligerent
- Loss of self esteem
- Decreased social interaction



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What Prevents Communication?

- Talking too fast
- Changing the subject
- Clichés and false assurances
- Insensitivity
- Sensory impairment

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The Communication Process

- Sending messages
 - Verbal
 - Non-verbal/body language
- Receiving messages
 - Effective listening
 - Body language
- Feedback
 - Acknowledging the message

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Verbal vs. Non-Verbal

- Verbal
 - Spoken word
 - May be a challenge for some residents
- Non-Verbal
 - Posture
 - Eye contact
 - Hand movements
 - Facial expressions
 - Touch



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Positive Verbal Communication

- Speak on the resident's "good" side
- Use the resident's proper name
- Utilize a friendly tone
- Be patient
 - Speak slowly
 - Use short sentences or one step commands
 - Allow time for resident to process and respond
 - Repeat statements as originally made

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Positive Non-Verbal Communication

- Approach slowly and calmly
- Do not approach from behind
- Face the resident while speaking
- Make eye contact
- Smile, nod, move hands



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Effective Communication

- Pronounce words properly
- Look for non-verbal cues
- Be sensitive to the resident
- Use face-to-face communication
- Use simple language
- Practice repetition
- Listen attentively
- Be aware of symbolic meanings
- Use feedback
- Time communications carefully; and
- Be honest and sincere

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Effective Communication

Stay positive


- Be welcoming
- Listen carefully
- Stand or sit at the same level as the resident
- Use a relaxed pace of communication
- Display a relaxed, friendly facial expression
- Use encouragement and praise
- SMILE

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Effective Communication

Residents may be sensitive to

- Your tone of voice
- Body posture that may be perceived as threatening
- Conversations that leave them out
- Expressions that show lack of patience or disrespect



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Effective Communication

How to Start a Conversation

- Approach the resident in a calm and courteous manner
- Identify yourself by name and title and greet the resident by their preferred name
- Explain why you are there and what you are going to do

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Effective Communication

How to Avoid Barriers to Conversation

- Avoid interrupting or changing the subject
- Avoid expressing your opinion if it implies passing judgment
- Avoid pat answers
- Avoid questions that start with "why" to avoid defensive responses



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Effective Communication

Ending a Conversation

- Tell the resident that you are finished, that you have to leave, and, if appropriate, when you will be back
- Tell the resident that you enjoyed the conversation
- Leave the resident in a position of comfort and safety, with needed items within easy reach

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Effective Communication

Guidelines for Talking and Listening

- Get the resident's attention before speaking
- Speak courteously with the resident, listening and responding appropriately
- Use a normal tone of voice, adjust volume if needed
- Speak clearly and avoid mumbling.
- Be sure your verbal and non-verbal message match

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Effective Communication


- Use open posture while listening
- Give, receive, and request feedback to ensure understanding
- Use silence to allow the resident to think and continue talking
- Use open-ended questions
- Use responses that indicate you understand the resident's feelings

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Effective Communication

Active Listening

- Be attentive
- Show interest & ask clarifying questions
- Avoid interruptions and distractions
- Restate what the resident has said to check understanding



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Changes Due to Aging

- Sensory losses include:
 - Vision loss
 - Hearing loss
 - Problems with speaking
 - Problems with understanding
- Memory losses include:
 - Short term memory loss
 - Long term memory loss



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Communicating with Vision Loss

- Identify yourself by name and title as you approach
- Stand or sit comfortably in a good light
- Face the resident when you speak
- Speak in a normal tone of voice
- Use talk and touch to communicate
- Identify each food on the tray and explain where each item is on the tray
- Tell the resident when you are finished and when you are leaving

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Communicating with Hearing Loss

- Approaching from the front or side
- Lightly touch the resident's arm
- Speak at a slightly lower pitch at a normal volume
- Sit on the preferred side
- Face the resident when you speak
- Speak slowly, clearly, distinctly
- Do not chew gum or cover your face while talking

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Communication Tips

- Keep conversations short and limited to a single topic
- Do not convey negative messages by your tone of voice or body language
- Be sure resident is wearing hearing aid
- Ensure resident uses assistive listening device if prescribed
- Say the resident's name or tap gently to get the resident's attention
- Eliminate background noise
- Position yourself in front of the resident
- Have light on your face so your mouth can be seen
- Reduce glare from lights and windows
- Don't talk with anything in your mouth

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Communication Tips

- Kneel or bend in order to be at eye level
- Stay in the same room while talking
- Speak in a normal tone of voice or lower your voice pitch
- Don't shout
- Speak clearly, using short sentences
- Don't speak either too fast or too slowly
- Use non-verbal communication
- Rephrase or reword
- Use written words to help clarify your message
- Verify your communication
- Be patient!

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Aphasia

- Language disorder resulting from damage to the language centers of the brain
 - Receptive
 - Expressive
 - Global



The logo features a stylized human head profile with a brain inside. Five colorful balls (green, red, blue, purple, orange) are arranged in a circle around the head, with lines connecting them to represent juggling. Below the head, the word 'Aphasia' is written in a blue, sans-serif font, and 'Juggling language' is written in a smaller, orange, sans-serif font.

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Receptive Aphasia

If you have this, you may:

- Say many words that don't make sense
- Use the wrong words
- String together a series of meaningless words that sound like a sentence but don't make sense



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Receptive Aphasia

Receptive Language Suggestions

- Speak in a normal tone
- Use clear, concise communication
 - Limit adjectives, adverbs and prepositions
 - Use consistent phrases
 - Use gestures and motions to describe actions
- Use communication aids
 - Pictures
 - Spelling boards

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Receptive Aphasia

- Use simple sentences and words, and pronounce words clearly and slowly
- Keep conversation short and focused on a single topic
- Give simple, one-step instructions as appropriate
- Allow the resident adequate time to respond
- Monitor your body language
- Use gestures and expressions to enhance your verbal messages

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Expressive Aphasia

- Difficulty forming complete sentences
- Leaving out words like “is” or “the”
- Saying something that doesn’t resemble a sentence
- Trouble understanding sentences
- Making mistakes in following directions
- Using a word that’s close to what you intend, but not the exact word



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Expressive Aphasia

Expressive Language Suggestions

- Respond to all communication efforts
- Give adequate time to respond
- Allow completion of statements and thoughts
- Do not anticipate what the resident is trying to say
- Use techniques and triggers when difficulty is experienced
- Watch resident’s lips for verbal cues

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Expressive Aphasia

- Keep conversations short, but frequent
- Allow the resident adequate time to respond
- Listen carefully
- Validate what you think the resident is saying or feeling
- Take the time to complete each conversation
- Monitor your body language
- Encourage the resident to point/nod to communicate

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Global Aphasia

- This means you have both types
- Difficulty
 - Understanding words and sentences
 - Forming words and sentences



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General Communication Guidelines

- Reduce background noise and visual distractions
- Approach and gain the resident's attention
- Use the resident's name, identify yourself by name and what you plan to do
- Put yourself in a face-to-face position
- State what you plan to do
- Speak clearly and use short simple sentences
- Treat resident as an adult
- Limit use of language when resident is fatigued

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General Communication Guidelines

- Speak in a normal tone of voice; do not shout
- Begin a conversation with casual topics
- Avoid changing the topic of a conversation too quickly
- Allow extra time for the resident to understand
- Allow extra time for the resident to respond
- Use gestures to help get the message across
- Use a forced choice question technique
- Utilize additional communication methods

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Dementia

- A structurally caused permanent or progressive decline in several dimensions of intellectual function that interferes substantially with the person's normal social or economic activity
- Impacts memory, language, concentration, orientation, judgment, sequencing



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Communicating with Dementia

- Approach resident from the front to avoid startling the resident
- Call resident by name and use gentle touch to get the resident's attention
- Stand directly in front of the resident. Maintain eye and physical contact to hold attention
- Use a calm, soothing tone of voice and pleasant facial expression
- Use simple adult language and speak slowly
- Use resident's name frequently
- Give one message at a time
- Allow time for a response

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Communicating with Dementia

- Repeat statements or questions as often as necessary
- If it is necessary to repeat, use the same words
- Wait until one step is completed before moving on
- Use body language (gestures) to help explain statements
- Make questions into statements
- Don't ask questions to test the resident's memory
- Don't offer choices if there are none or if one of the options is not acceptable
- Use direct statements about what you are preparing to do

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Communicating with Dementia

- Don't argue, but instead try to change the subject
- Identify feelings rather than arguing facts
- Use non-confronting statements
- Ask for cooperation and help
- Make negative statements into positive ones
- Run activities without competing noises
- Stimulate resident with language about topic/task
- Allow for reminiscing

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Conversations with Residents

- Center on the resident being assisted
- Include the resident
- Focus on topics of interest to the resident; and
- Be informal, social, and non-judgmental



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Mealttime Conversation

- Topics of a general nature that may appeal to residents include:
 - Activities going on in the facility
 - The weather; and
 - Meals and food preferences
- Appropriate conversation with residents is an opportunity to offer one-on-one personal attention and conversation

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Inappropriate Conversations

- It is inappropriate to have discussions that:
 - Center on personal problems
 - Are negative discussions of coworkers, work related matters, or management



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Communicating with Visitors

- When family or friends of the resident ask you about the resident, tell them something about the resident's meal
- Refer visitors to the charge nurse for problems, complaints, or reports on a resident's condition

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Positive Effects of Communication

- Residents eat better at meals
- Staff time for serving meals and dining room cleanup are reduced
- Residents have a better quality of life

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FOCUS Technique

- F- Face to Face
- O- Orient
- C- Continue
- U- Unstick
- S- Structure




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FOCUS Technique

Face to Face

- Face the patient directly
- Smile
- Talk before you touch
- Maintain eye contact
- Speak in soothing tones




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FOCUS Technique

Orient

- Guide the conversation
- Redirect
- Allow plenty of time to respond
- Use visual aids



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FOCUS Technique

Continue the Same Topic

- Short attention span/ loss of interest in food in front of them
- If they refuse, offer them something else
- Use verbal reminders
- Try to stay with the resident

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FOCUS Technique

Unstick

- Residents may have difficulty finding the right words
- Be patient and respectful, not corrective, when they get the words wrong
- Ask them to point to what they want

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FOCUS Technique

Structure Your Question

- Sentences: short, simple, direct
- Provide only 2 choices at a time
- Example: "Do you want peas or potatoes"

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Key Points

- Good communication is important
- Communication involves active listening
- Communication is both verbal and nonverbal
- Special techniques help communication for residents with sensory impairment or dementia

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