Module 3: Communication/Interpersonal Skills
Minimum Number of Theory Hours: 2
Recommended Theory Hours: 6
Recommended Clinical Hours: 0

Statement of Purpose:
The purpose of this unit is to introduce concepts and skills required for the Nurse Assistant to communicate effectively and interact appropriately with patients/residents, patient's/residents' families and guests, and other members of the health care team.

Terminology

1. Anger
2. Aphasia
3. Basic human need
4. Body language
5. Communication
6. Conflict
7. Conversion
8. Defense mechanisms
9. Denial
10. Displacement
11. Dyslexia
12. Dysphasia
13. Empathy
14. Family
15. Identification
16. Medical chart
17. Message
18. Myth
19. Non-verbal communication
20. Personal space
21. Physiological
22. Projection
23. Psychosocial
24. Rationalization
25. Receiver
26. Regression
27. Report
28. Repression
29. Sender
30. Sublimation
31. Substitution
32. Sympathy
33. Verbal communication
34. Voice pitch
35. Voice tone

Patient, resident, and client are synonymous terms referring to the person receiving care

Performance Standards (Objectives):

Upon completion of two (2) hours of class plus homework assignments and clinical assignments, the learner will be able to:

1. Define key terminology.
2. Identify and discuss the five basic physiological and psychosocial needs of all humans, as described by Maslow's Hierarchy of Needs.
3. Recognize and report patient/resident behaviors that reflect unmet human needs.
4. Define communication and therapeutic communication and identify two routes of communication.
5. Describe the key steps involved in the communication process and methods used in communication.
6. Describe reasons for communication breakdown.
7. Describe effective communication/interpersonal skills used with patients/residents, their families and guests.
8. Describe conflict and measures for conflict resolution.
9. Discuss touch as a form of communication, including body language and personal space.
10. Identify common psychological defense mechanisms.
11. Describe family communication/interaction patterns and the role of the Nurse Assistant.
12. Describe social and cultural factors influencing communication and emotional reactions to illness and disability.
13. Describe communication between the members of the health care team.

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Content Outline	Recommended Teaching Strategies and Assignments	Clinical Demonstration/ Method of Evaluation
Objective 1 **Define key terminology** A. Review the terms listed in the terminology section B. Spell the listed terms accurately C. Pronounce the terms correctly D. Use the terms in their proper context	A. Lecture/Discussion B. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman, and concentration C. Encourage use of internet, medical dictionary, and textbooks D. Create flashcards for learning purposes E. Handout 3.1a- Communication Skills Crossword F. Handout 3.1b- Communication Skills Crossword- KEY	A. Have students select five words from the list of key terminology and write a sentence for each defining the term B. Administer vocabulary pre-test and post-test C. Uses appropriate terminology when charting and reporting to licensed personnel
Objective 2: **Identify and discuss the five basic physiological and psychosocial needs of all humans, as described by Maslow's Hierarchy of Needs.** A. Basic human needs and how they can be met by Nurse Assistant 1. Physiological a. Oxygen, food, water, elimination, shelter, sleep, sex b. Example: Delivers meal trays, assists patient/resident with set-up and feeding as needed 2. Safety and Security a. Clothing, protection from harm or danger, freedom from	A. Lecture/Discussion B. Handout 3.2- Examples of Human Needs as Related to Maslow C. Group Activity: in groups of 3-5, ask students to identify and categorize	A. Written test B. Identifies actions by Nurse Assistant to assist in meeting each of the five basic human needs for one or more patients/residents

fear, stability and order, family, economics b. Example: Responds promptly to patient/resident 's call light 3. Belonging a. Meaningful relationships with others, acceptance by peers and community, love, intimacy, and formal and informal social and work groups b. Example: Encourages family and friends to visit patient/resident 4. Esteem a. Respect, recognition, approval, self-confidence, self-respect, self-esteem b. Example: Addresses each patient/resident by the name they prefer 5. Self-actualization a. Achievement, creativity, success, full use of individual talents b. Example: Sincerely acknowledges a patient's/resident's accomplishments B. Value of using Maslow's Hierarchy of Needs 1. Satisfactory achievement of each level is based on meeting the needs of prior levels 2. Meeting basic physiological needs is essential to life 3. Provides a way to set priorities and organize activities 4. Encourages a holistic approach to patient/resident care planning 5. Increases awareness of reasons for patient/resident behaviors 6. Unmet basic needs may result from and/or contribute to illness, disease, or injury	additional examples of how Nurse Assistants meet patient/resident needs	C. Uses hierarchy to prioritize patients/residents' activities to meet needs
Objective 3: **Recognize and report patient/resident behaviors that reflect unmet human needs.** A. Behaviors that demonstrate unmet human needs 1. Physiological needs unmet a. Irritability, weakness, complaints of hunger, complaints of being cold or too warm b. Changes in vital signs and level of consciousness 2. Psychosocial needs unmet a. Anxiety, depression, anger, withdrawal, isolation	A. Lecture/Discussion B. Have students identify and discuss examples of observations or experiences in which physical or psychosocial needs were not met for	A. Written test B. Recognizes behaviors that may express a patient's/resident's unmet needs and reports to licensed nurse

b. Physical ailments with no apparent cause c. Expressions of feelings of loneliness and worthlessness B. Responses to patient/resident behaviors suggesting unmet basic needs 1. Look beyond uncooperative, demanding, and rude behavior 2. Recognize that a patient/resident has underlying needs for comfort and understanding 3. Respond with patience, caring, concern, kindness, and empathy 4. If problem continues, ask licensed nurse for assistance	self or others	
Objective 4 **Define communication and therapeutic communication and identify two routes of communication.** A. Communication is a sharing of ideas, thoughts, information, and feelings with at least one person B. Communication may be verbal or non-verbal C. Therapeutic communication is used to promote optimum wellness 1. Patient/resident-centered and goal oriented 2. Can be verbal or non-verbal D. Two routes of communication 1. What is seen, heard, touched - internal senses 2. What is spoken, written, or gestured - external senses	A. Lecture/Discussion B. Group Activity: How to fold a Napkin 1. Give each student a cloth napkin- Preferably at least 12 x 12 inches 2. Divide the class into three groups 3. Ask that students not look at what will be handed out, not discuss the activity with other classmates, and wait for directions 4. Each Group will have different tasks a. Group 1- give each student a copy of the written directions for folding a napkin (Handout 3.4a)	A. Written test B. Applies appropriate verbal and non-verbal actions to facilitate therapeutic communication with patients/residents

	This group will do the napkin fold individually and without talking b. Group 2- Give each student a copy of the directions with pictures for folding a napkin (Handout 3.4b) This group will do the napkin fold individually and without talking Group 3- Give two students a copy of the directions with pictures for folding a napkin (Handout 3.4b) One student will give the directions verbally while the other demonstrates how to fold the napkin to the rest of Group 3 The students who are folding will be allowed to ask questions while in the folding process Note: Group 3 will need to work with students so they know how to fold the napkin	

	d. Stop the activity after 5 minutes (A shorter time may work also) e. Look at everyone's folded napkins 5. Topics for discussion: a. Differences between working alone and with two people? b. Any differences between written and picture directions? c. Amount of questions asked and directions repeated with Group 3? d. How can communication be improved? e. Application to clinical setting &communicating with patients/residents, families, guests, and other members of the health care team	

	C. Handout 3.4a- How to Fold a Napkin Written Instructions D. Handout 3.4b- How to Fold a Napkin with Pictures	
Objective 5: **Describe the key steps involved in the communication process and methods used in communication.** A. Important steps in communication 1. Message 2. Sender 3. Receiver 4. Interpretation B. Methods 1. Verbal; Spoken words 2. Non-verbal; Conscious and unconscious a. Types 1) Body language 2) Touch 3) Eye contact at patient's eye level b. Written 1) Labels; stickers or armbands for patient/resident precautions, room numbers, unit signs 2) Visual labels; name tag, picture, uniform, picture board 3. Electronic a. Devices to create sounds of words (verbal) 4. Computers/touch pads to type words/phrases onto screen(non-verbal) 5. Specialized communication skills a. Dementia-related communication skills including person-centered care, validation therapy, gentle orientation to time and place, reassure with words and touch b. Use of a continuum of verbal and non-physical techniques, such as redirect for combative patients	A. Lecture/Discussion B. Group Activity C. Telephone Game Create message that is at least three sentences long and contains several points of information 2. Have students form a line or divide into groups of 5-8 3. First student in line whispers the message to the second student who whispers what was heard to the third student, etc. 4. Final student in line reports what was heard as the message 5. Discuss what occurred where the message changed, how message changed	A. Written test B. Identifies all methods used by the facility and unit to communicate patient/resident information and precautions C. Correctly follows confidentiality and precaution measures

Objective 6 **Describe reasons for communication breakdown.** A. Verbal Factors- can be the patient/resident or health care worker 1. Criticism 2. Value statements 3. Interruptions 4. Judgment 5. Language differences 6. Changing subjects 7. Excessive talking 8. Cliché and automatic answers such as “Don’t worry” – “It will be OK” – “I know how you feel” B. Non-verbal factors; can be the patient/resident or health care worker 1. Body language 2. Eye contact 3. Cultural beliefs, customs, and practices 4. Environmental-time and space C. Physiological and aging factors 1. Hearing loss 2. Vision loss 3. Slowing of response time 4. Medication 5. Cognitive changes 6. Speech loss D. Not listening; can be either the patient/resident or health care worker 1. Lack of concentration a. Preoccupied b. Distracting noises c. Monotone voice d. Negative attitude 2. Selective hearing – what one wants or expects to hear C. Emotional - verbal or non-verbal responses to words or situations	A. Lecture/Discussion B. Have students recall Napkin Folding and Telephone Game Discuss factors that led to miscommunication and ways to avoid future miscommunication C. Discuss the role of listening in miscommunication	A. Written test B. Identifies verbal and nonverbal behaviors and actions in self and in patients/residents that may block effective communication

Objective 7: **Describe effective Communication/Interpersonal Skills used with patients/residents, their families and guests.** A. Communication/Interpersonal Skills for use with a patient/resident, family, or guest 1. Introduce self 2. Use the patient's/resident's formal name initially 3. After initial introductions, ask patient/resident how he or she would like to be addressed. Add this information to the nursing care plan so all staff members have the information 4. Explain all tasks to the patient/resident before doing them 5. Be patient and a good listener 6. Use short sentences, ask for feedback 7. Use eye contact 8. Speak clearly, avoid criticizing, and avoid interrupting 9. Clarify information or conversation as needed 10. Be aware of body language of self and others 11. Verbal and non-verbal messages should agree 12. Use words that are easily understood 13. Show interest and respect 14. Use a friendly tone of voice 15. Be positive while being appropriate to each interaction 16. Ensure confidentiality	A. Lecture/Discussion	A. Written test

B. Additional skills when communicating with patients/residents with special needs 1. Language/cultural differences a. Ask for an interpreter if the patient/resident or family speaks little or no English or the language of the Nurse Assistant b. Know cultural beliefs and practices for word meanings and uses, personal space, time and timing, gestures, and touching 2. Visual impairment a. Describe surroundings to a visually impaired patient/resident b. Encourage use of other senses c. Identify self when entering patient's/resident's room d. Speak aloud before touching patient/resident e. Explore the room with patient/resident f. Do not rearrange the room g. Provide patient/resident with explanations about what will be and is being done h. Let patient/resident know when you are entering and leaving the room i. Keep doors open j. Assist as needed with meal set-up and eating k. Speak in a normal tone of voice 3. Hearing impaired a. Gain the attention of the patient/resident, using touch as appropriate b. Determine which ear has hearing loss. It may be both ears c. Check to see if hearing aids are in, turned on and working d. Face the patient/resident directly e. Do not block/cover your mouth or chew gum f. Reduce/eliminate background noise and other distractions g. Speak slowly, directly, and clearly when addressing a hearing-impaired patient/resident. Do not speak loudly	B. Role play activity: Communication Challenges 1. Divide into groups of 4-5 students Assign each member of the group to one of these challenges- one visually impaired, one hearing impaired, one unable to speak, one confused, and one with Hemiplegia 3. Assign a topic to be discussed, including a written component (terminology, reviewing theory content) 4. Allow at least 15 minutes for group interaction	B. Demonstrates use of effective communication strategies and actions with patient/resident, families, guests, and other healthcare workers C. Provides care for patient/resident with a hearing, visual, or cognitive impairment Creates picture board for a patient/resident who has impairment in verbal and written communication

h. Use short sentences and simple words i. Repeat and rephrase statements as needed j. Ask the patient/resident to repeat instructions to ensure understanding k. Be aware of messages sent by facial expressions and body language 4. Speech impairment (dysphasia, aphasia) a. Provide writing materials and assistance as needed b. Let patient/resident use own words – Allow sufficient time for response c. Use picture boards or point boards d. Stand in front of patient/resident e. Avoid finishing words and sentences for the patient/resident 5. Mental impairment (confusion, dementia) a. Keep directions simple b. Repeat information as needed c. Offer frequent general reassurance d. Always have patient's/resident's attention before speaking		
Objective 8 **Describe conflict and measures for conflict resolution.** A. Definitions 1. Conflict a. A disagreement or controversy b. When what a person has and what a person wants is different c. A pattern of energy d. Nature's primary motivation for change 2. Conflict resolution; a range of processes aimed at alleviating or eliminating sources of conflict B. Conflict Myths 1. Conflict is a negative 2. Conflict is a contest 3. The presence of conflict is a sign of poor management 4. Conflict, if left alone, will take care of itself 5. Conflict must be resolved	A. Lecture B. Discussion C. Handout 3.8a- Myths about Conflict D. Handout 3.8b- Conflict Self-Assessment Activity E. Handout 3.8c- Five Conflict Handling Modes F. Handout 3.8d- 4 E's of Constructive Feedback	A. Written test B. Recognizes indications of potential and actual conflict for a patient/resident and reports information clearly and accurately to licensed nurse

C. Conflict handling modes, characteristics, and uses 1. Competing a. Assertive and uncooperative b. Power-oriented c. Uses 2. Accommodating a. Unassertive and cooperative b. Self-sacrifice c. Uses 3. Avoiding a. Unassertive and uncooperative b. Doesn't address conflict c. Uses 4. Collaborating a. Assertive and cooperative b. Seeks mutual satisfaction c. Uses 5. Compromising a. Somewhat assertive and cooperative b. Mutual satisfaction c. Middle ground d. Uses D. Potential Areas of Conflict for Nurse Assistant 1. Attendance 2. Punctuality 3. Safety a. Personal b. Patient/resident 4. Professional behavior 5. Attitude 6. Appearance and hygiene 7. Performance 8. Confidentiality E. Constructive Feedback 1. Definition 2. Use		

F. The 4 "Es" of giving constructive feedback 1. Engage a. Prepare b. Link feedback with goals c. Focus discussion 2. Empathize a. Environment b. Timing 3. Educate a. Describe observations b. Identify impact of behavior c. Remain objective 4. Enlist a. Elicit response b. Guide toward solution		
Objective 9 **Discuss touch as a form of communication, including body language and personal space.** A. Cultural beliefs regarding touch 1. Modesty; covering of head, face, arms 2. Gender of care giver 3. Touching of body after death 4. Hugging and kissing B. Observing body language 1. Hands and extremities 2. Eyes 3. Gestures 4. Posture 5. Regression to child-like postures or behaviors C. Personal space	A. Lecture/Discussion B. Activity: 1. Create a list of cultures and religious practices of students and instructors 2. Add cultures and religions not represented in the class 3. Identify specific information about touching, body language, and personal space for each culture	A. Written test B. Appropriately gathers information about patient/resident preferences regarding touch and personal space C. Provides culturally appropriate care for all patient's/resident's

Objective 10 **Identify common psychological defense mechanisms.** A. Denial B. Projection C. Anger D. Rationalization E. Regression F. Displacement G. Conversion H. Repression I. Sublimation J. Substitution/compensation K. Identification	A. Lecture/Discussion B. Flashcards for terms C. Handout 8.10- Defense Mechanisms	A. Written test B. Recognizes possible reasons for a patient's/resident's use of defense mechanisms C. Identifies and applies appropriate therapeutic communication techniques with patients/residents who are angry and/or experiencing regressive behaviors
Objective 11 **Describe family communication/interaction patterns and the role of the Nurse Assistant.** A. General principles when communicating with patient/resident families 1. Show respect for all family structures and members 2. Listen to family members a. Show courtesy, respect, and support b. Allow uninterrupted time c. Provide privacy as indicated 3. Avoid involvement in family matters 4. Maintain patient/resident confidentiality 5. Encourage family to participate in care planning and care as allowed by facility policy B. Provide information about the facility 1. Telephone numbers 2. Cell phone regulations 3. Visiting hours 4. Location of cafeteria/vending machines	A. Lecture/Discussion B. Have group share examples of communication difficulties C. Role play examples of providing clear and concise information to another student playing the role of a family member. Have the student playing the role of the family member give feedback regarding the communication. Use one of the Mandatory	A. Written test B. Interacts appropriately with others at all times when in the clinical facility. Maintains confidentiality

6. Gift shop 7. Public restrooms 8. Orient to patient/resident activities 9. Social Services 10. Chaplain C. Encourage family to provide information about patient/resident preferences	Skills as an example	
Objective 12 **Describe social and cultural factors influencing communication and emotional reactions to illness and disability.** A. Culture 1. Shared, learned customs, beliefs and values of a group of people 2. Includes attitudes, beliefs, religion, values, likes and dislikes, rituals, celebrations, food, and language 3. Culture influences the reaction of residents and families to health and health care services 4. Rituals –ceremonies to cure or protect from disease based on beliefs about health, health care, and causes of illness B. Physical and psycho-social reactions to illness and disability 1. Stress responses a. Common physiological responses vary with each individual b. Can become a pattern of responses based on experiences c. Have desirable and undesirable effects 2. Physical loss or disability a. Loss of spouse, family, friends b. Loss of homes, employment, economics, security c. Loss of control of life, independence, driving d. Loss of control and function of body and mind e. Fewer choices and options 3. Emotional reactions a. Anger b. Uselessness c. Fear	A. Lecture/Discussion B. Activity: Using the cultures and religions identified in Objective 9, discuss health, illness, and health care beliefs and practices C. Have students share strategies for relieving stress	A. Written test B. Recognizes patient/resident behaviors that may be influenced by cultural beliefs and practices. Reports information appropriately C. Recognizes patient/resident behaviors that may be influenced by physical, social, and/or emotional factors. Reports information appropriately

d. Grief e. Feelings of damage f. Dependency g. Depression h. Suspicion i. Sense of helplessness j. Loneliness k. Anxiety l. Guilt m. Frustration C. Helpful Nurse Assistant actions 1. Observe patient/resident for indications of emotional stress 2. Be a good listener; take time to visit 3. Be patient and understanding; meet needs promptly 4. Help patient/resident function as independently as possible; focus on abilities not disabilities 5. Let patient/resident know that staff cares about his or her well-being 6. Be non-judgmental 7. Always treat all patients/residents with dignity 8. Be respectful of all cultures and belief systems 9. Take time to learn about cultures and practices		
Objective 13: **Describe communication between the members of the health care team.** A. Health Care Communication 1. Methods of communicating a. Verbal b. Non-verbal c. Written: chart, patient summary/care plan, report sheets, Activity of Daily Living form, and weight and vital signs forms d. Electronic: computer, fax, telephone, intercom system 2. Legal aspects of communications a. Must document what has been reported verbally to licensed nurse b. Must document statements heard from the patient/resident and family that are important	A. Lecture/Discussion B. Activity: Create a list of simulated patients/residents with various diagnoses, ADLs, etc. Divide class into small groups. Have students take turns giving report	A. Written test B. Interacts appropriately at all times with unit staff and other members of the health care team C. Communicates patient/resident information accurately and clearly both verbally and in writing D. Follows unit policy regarding answering telephone and intercom

B. Rules for effective communication 1. Identify self by name and title in any form of communication 2. Verbal reports should be a. Brief b. Organized c. Appropriate and focused 1) Diagnosis 2) Allergies 3) Activity and tolerance 4) Elimination 5) Special needs 6) Diet and appetite 7) Vital signs and weight 8) Code status d. Timely e. Respectful of patient/resident confidentiality 3. Telephone communication a. Take notes during the call b. Name of person the message is for c. Verify correct spelling of caller's name d. Indicate time of call e. Clarify the message with the caller by repeating it and repeating the telephone number f. Clearly sign full name and title to the message 4. Answering a patient/resident call signal a. Answer promptly, quietly, and in a friendly manner b. If an intercom is used, call the patient/resident by name, identify self and politely inquire as to the patient's/resident's need c. Make sure the patient/resident can always reach the call light		

Sample Test- Module 3- Communication/Interpersonal Skills

1. Which of the following is a physiological need?
    A. Employment
    B. Friendship
    C. Water
    D. Love

2. Which of the following would be a barrier to effective communication?
    A. Listening to a patient/resident tell stories about his or her past
    B. Letting a patient/resident express his or her fears and concerns about dying
    C. Changing the subject each time a patient/resident brings up an uncomfortable topic
    D. Allowing a patient/resident to talk freely about his or her health problems

3. Avoiding eye contact when talking to another person is an example of which type of communication?
    A. Verbal
    B. Non-verbal
    C. Written
    D. Electronic

4. A charge nurse uses a medical word that the Nurse Assistant does not understand. What should you do?
    A. Pretend to understand
    B. Look the word up in a medical dictionary
    C. Ask the nurse to explain the meaning
    D. Ask another Nurse Assistant what the word means

5. A patient/resident asks to see his chart. What is the correct action for the Nurse Assistant?
    A. Give the chart to the patient/resident
    B. Report this to the charge nurse
    C. Report this to the patient's/resident's doctor
    D. Make a copy of the chart for the patient/resident

6. When patients/residents express their feelings and concerns, the Nurse Assistant will best respond by:
    A. Adding his or her opinions
    B. Giving the patient/resident suggestions for feeling better
    C. Sharing personal problems and concerns
    D. Listening to the patient's/resident's concerns

7. A patient's/resident's family asks to meet their mother's new roommate who is sitting in the day room. The nursing assistant will most correctly:
    A. Inform the patient's/resident's family that this is against hospital policy
    B. Take the family and patient/resident to the day room and introduce them to the new roommate
    C. Ask the family to wait until the new roommate has been in the facility at least a week
    D. Report this request to the charge nurse to handle as time permits

8. A Nurse Assistant works on the first floor of a skilled nursing facility. The Nurse Assistant's uncle is a patient/resident on the second floor. Which statement is true about this relationship?
    A. The Nurse Assistant can access her uncle's medical record
    B. The Nurse Assistant can visit her uncle during lunch time
    C. The Nurse Assistant can attend patient/resident care conferences with her uncle
    D. The Nurse Assistant can assist with her uncle's care plan

9. Which form of communication may reveal the most about a patient's/resident's true feelings?
    A. Listening skills
    B. Written communication
    C. Verbal communication
    D. Body language

10. What is the most appropriate way to answer a patient's/resident's telephone?
    A. "Good morning. Mrs. Gray's room"
    B. "Good morning. Third floor"
    C. "Hello. Who is calling?"
    D. "Good morning. Mrs. Gray's room, this is Mary Jones, Nurse Assistant speaking"

11. What information must be included when giving an end of shift report?
    A. The full name and address of the patient/resident.
    B. Facts and specific information that were observed and care given by the Nurse Assistant.
    C. Number of visitors
    D. Personal feelings about the patient/resident

12. Listening skills are enhanced by:
    A. Engaging a patient/resident in an activity
    B. Being animated while listening
    C. Conversing in a public location
    D. Empathy

13. A patient/resident tells the Nurse Assistant that he misses participating in religious activities. The most helpful action by the Nurse Assistant at this time is to:
    A. Tell the patient/resident that it is against policy for the Nurse Assistant to discuss religion with patients/residents
    B. Memorize each patient's/resident's religious preference
    C. Insist that the patient/resident attend the religious services offered by the agency
    D. Talk with the patient/resident about religion to encourage discussion

14. A confused patient/resident was recently moved to a private room at the family's request. The Nurse Assistant understands that:
    A. The patient/resident may experience an increased appetite
    B. Patients/residents with dementia cannot tolerate isolation
    C. Any change in routine can produce anxiety in a patient/resident
    D. The patient/resident probably did not want to change rooms

15. Information that can be seen, heard, or smelled is called:
    A. Assessment
    B. Observation
    C. Objective data
    D. Subjective data

16. When should changes in a patient's/resident's condition be reported?
    A. Right away
    B. As soon as possible
    C. During the patient/resident care conferences
    D. During the end-of-shift report

17. When charting, it is essential to record:
    A. Safety measures performed
    B. What co-workers observed
    C. What co-workers did
    D. Comments of the family and guests

18. A patient/resident was moved out of her home and into a long-term care facility. She is angry about being moved. How will the Nurse Assistant be most helpful for this patient/resident?
    A. Ignore her behavior
    B. Sit with her and let her express her feelings
    C. Tell her that she will get used to the facility
    D. Ask another patient/resident to talk with the new patient/resident

19. Which action is best to do before transferring a telephone call?
    A. Explain that the call is going to be transferred and where
    B. Set the phone down and find out where to transfer the call
    C. Take a message
    D. Find out the reason for the call

20. Stress is best defined as
    A. A vague feeling of apprehension
    B. A response to any demand made on an individual
    C. The main cause of illness
    D. Blaming another for one's problems

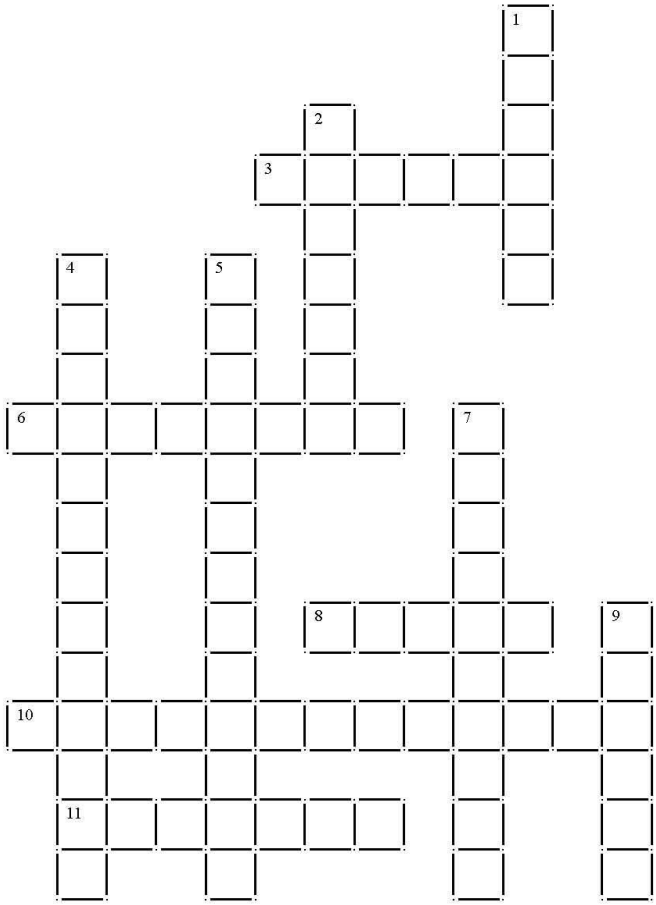
21. The Nurse Assistant is assigned to the care of a newly admitted patient/resident who does not speak English. What is the best approach for the Nurse Assistant when beginning care?
    A. Use pictures and gestures to communicate with the patient/resident
    B. Ask the charge nurse to get an interpreter
    C. Delay care until the family can come in to interpret
    D. Find a television station in the language the patient/resident understands

Sample Test Answers: Module 3

1. C
2. C
3. B
4. C
5. B
6. D
7. B
8. B
9. D
10. D
11. B
12. D
13. D
14. C
15. C
16. A
17. A
18. B
19. A
20. B
21. B

Module 3: Communication Skills Handout 3.1a- Crossword

Communication Skills Crossword



ACROSS

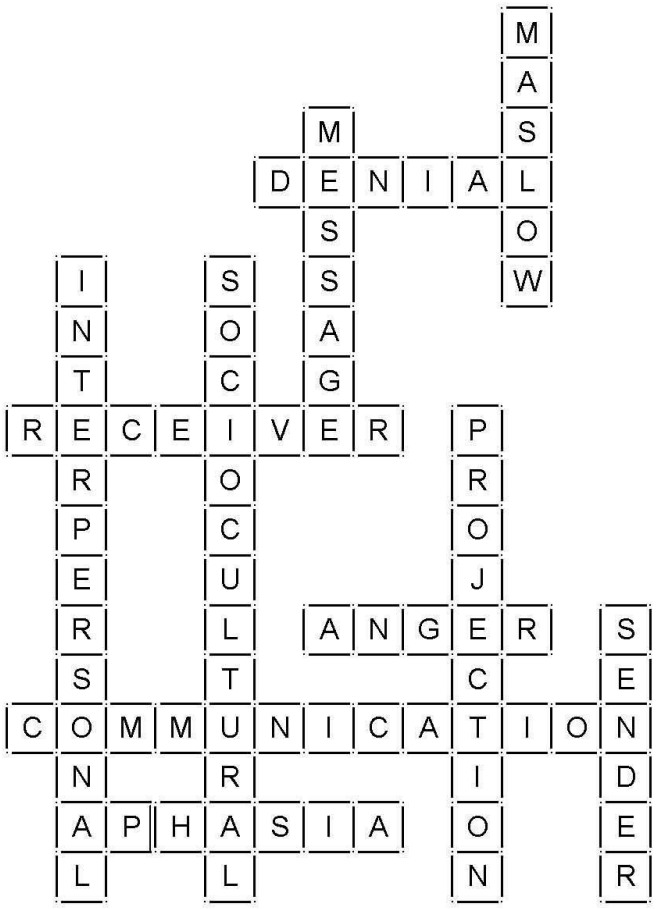
3 A refusal to believe or accept.
6 Person who takes the information.
8 Hostile feelings.
10 Exchange of information.
11 Loss of the ability to speak.

DOWN

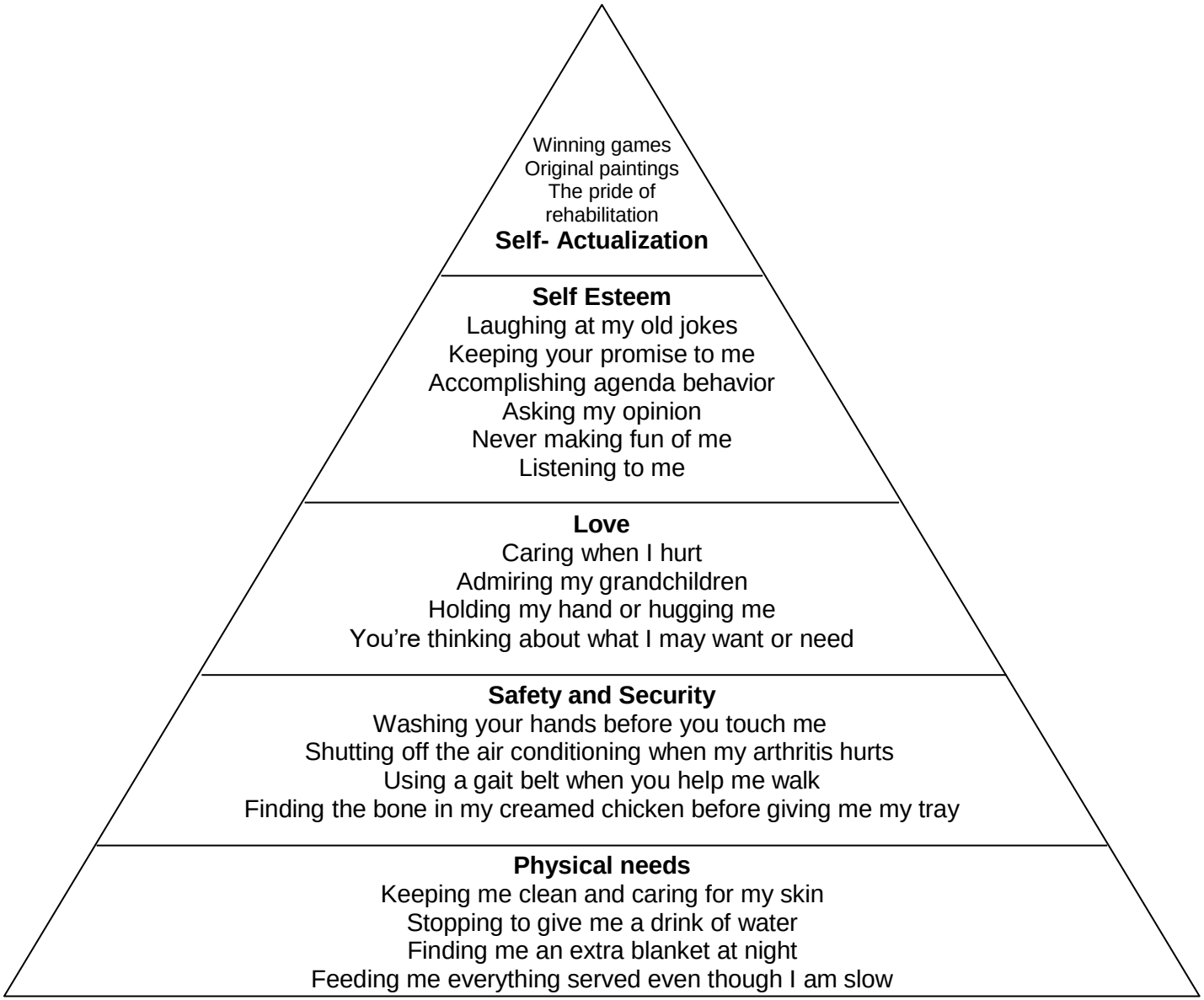
1 The person who wrote about the needs of humans.
2 The information sent to the receiver.
4 Type of communication that occurs between two people.
5 Factors which influence communication.
7 To extend one's feelings onto someone else. Rationalization/ To make up acceptable explanations for one's beliefs or acts.
9 The person who sends the message.

Module 3: Communication Skills Handout 3.1b- Crossword Key

Communication Skills Crossword



Examples of Human Needs as Related to Maslow

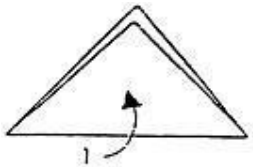


How to Fold a Napkin- Written Instructions

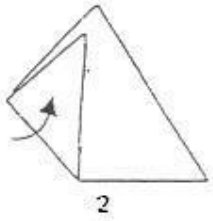
"Fleur de Lis" Shape

1. Fold napkin in half diagonally to form a triangle.
2. Bring right and left points to the center to form a diamond.
3. Fold bottom points up to about one inch from top and fold it back on itself.
4. Turn napkin over bringing corners together, tucking one into the other.
5. Turn the napkin back over.
6. Peel down the right and left side from the top center to make petals.
7. Open base to stand upright.

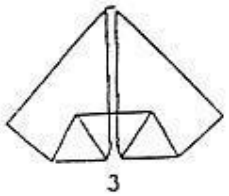
How to Fold a Napkin—Fleur de Lis



Fold napkin in half diagonally to form a triangle.



Bring right and left points to the center point to form a diamond.



Fold bottom points up to about one inch from top and fold it back on itself.

Turn napkin over bringing corners together, one into the other.

Turn napkin back over. Peel down the right and left side from the top center to make petals. Open base to stand.

Myths About Conflict

Myth #1: "Conflict is Negative"

Conflict is natural, neither positive nor negative, it just is. It is the outcome of conflict that can be good or bad. In nature, friction between elements (wind, sand, and water) acts as its primary motivator for change, creating beaches and canyons, mountains, and pearls. It is not the situation that causes upset and bad feelings, but how people handle it. A disagreement between friends can lead to an end of the friendship or a chance to gain a better understanding of how the other person views things.

Myth #2: "Conflict is a Contest"

Conflict is not a contest. Conflict just is. People choose whether to make it a contest, a game in which there are winners and losers. There doesn't always have to be a winner and a loser. That's great for a game, which people decide to play that way, but to be a loser at work or in a family or community doesn't feel great for anyone. The ideal is to create solutions in which everyone's needs are met and they are all winners. Resolving conflict is rarely about who is right. It is about acknowledgement and appreciation of differences.

Myth #3: "The Presence of Conflict is a Sign of Poor Management"

An effective leader anticipates conflict when possible, deals with conflict when it arises and enjoys its absence when possible. Conflict, in itself will not affect the way other people feel about someone else. If however, they choose to ignore the conflict and allow it to continue, their employees will see them as a less-than-effective leader. On the other hand, if they address the conflict and motivate the staff, they will win their support and respect. They may avoid future conflicts as well.

Myth #4: "Conflict, if Left Alone, Will Take Care of Itself"

This is a half-truth. People can avoid conflict – it is a valid coping strategy, but not the only strategy. The intensity of the conflict varies. Left unchecked, conflict can escalate as easily as dissipate.

Myth #5: "Conflict Must Be Resolved"

This myth stifles creativity, causing the leader to become solution-oriented. Some conflict is best managed by endurance, while other events require multiple solutions. Quick movement toward resolution can limit success.

Conflict Self- Assessment Activity

Directions: Answer each of the following questions. This self-assessment will not be handed in nor graded.

1. What is your definition of conflict?

2. What is your definition of conflict resolution?

3. Give an example of a previous conflict in your life and your method of resolving the conflict.

4. What are the ways you usually resolve conflicts?

5. Give an example of a conflict and/or conflict resolution that you have observed in a clinical setting.

The Five Conflict-Handling Modes

A. **Competing:**
   1. Assertive and uncooperative.
   2. Power-oriented.
   3. Useful for:
      a. Standing up for rights.
      b. Defending an important position.
      c. Trying to win.

B. **Accommodating:**
   1. Unassertive and cooperative.
   2. Involves self-sacrifice.
   3. Useful for:
      a. Charitable causes/generosity.
      b. Obeying orders.
      c. Yielding to another point of view.

C. **Avoiding:**
   1. Unassertive and uncooperative.
   2. Does not address the conflict.
   3. Useful for:
      a. Diplomatic sidestepping.
      b. Avoiding until a better time.
      c. Withdrawing from a threatening situation.

D. **Collaborating:**
   1. Assertive and cooperative.
   2. Seeks to satisfy both sides.
   3. Useful for:
      a. Gaining additional insights.
      b. Avoiding negative competition for resources.
      c. Solving interpersonal problems.

E. **Compromising:**
   1. Somewhat assertive and somewhat cooperative.
   2. Solutions are mutually satisfying; acceptable to all.
   3. Middle ground mode.
   4. Useful for:
      a. Splitting the difference.
      b. Making concessions.
      c. Finding a quick middle-ground position.

4 “E’s” of Giving Constructive Feedback

Definitions:

1. **Feedback:** Information given to and received by an individual about his or her performance.
2. **Behavior:** What an individual does or says.
3. **Objective:** Specific description of a behavior or action rather than judgment, evaluation or interpretation.
4. **Constructive Feedback:**
   A. Provides information to improve performance
   B. Is a vehicle to promote constructive relationships
   C. Promotes an environment of openness and mutual respect
   D. Provides a way to monitor how things are going
   E. Creates a way for issues to come to the forefront before they become major problems
   F. Keeps lines of communication open and assists staff in owning problems and creating solutions

4 “E’s”:

Engage: Set the stage to convey your positive intent in the spirit of mutual respect and learning.

- Preparation:
  - Think about the positive outcome you want to achieve. Even if you are giving feedback “on the spot,” frame it in terms of what behavior, issue, and situation you want to improve. Don’t give feedback unless there is a constructive outcome you wish to achieve. Have that outcome in mind when you give feedback
- Link feedback to common goals:
  - How will the feedback improve processes, meet deadlines, enhance the work environment
- State what you want to discuss
  - “I have a concern about…”
  - “People need to talk about…”
  - “I have some thought on…”

Empathize: Determine the best time and place to convey the message focusing on facts and feelings, while utilizing active listening.

- Environment and Timing
  - Think about distraction, other people that may be around, or whether or not the person is upset
  - Address feeling that may emerge to enable you to move on to the point of the discussion
  - If “on the spot” feedback is necessary, move to a private area

Educate: Describe observation and impact of behavior: Focus on the situation, issue or behavior, not the person.

- Descriptive observation
  - State the facts and avoid judgment, evaluation, or interpretation
  - Be specific and to the point
  - Convey respect and support
  - Stay focused on the issue at hand; avoid past or unrelated situations
  - Don’t let issues go unaddressed or you run the risk of unleashing stored up concerns
- Impact of behavior
  - Describing the impact of the behavior helps to keep the discussion objective and will help minimize defensive responses
  - Link behavior to business goals or challenges:
    - Improved patient/resident care
    - Customer satisfaction
    - Better access to patient/resident information
    - Improved work environment
  - Point out one or two of the most significant consequences
- Remain objective
  - Avoid getting caught up in your own emotions
  - If this may be a “hot button” issue for you, practice ahead of time or role-play with a colleague

Enlist: Set the stage for the person to respond: Focus discussion on solutions. Promote open discussion.

- Elicit the person’s response.
  - Use feedback as a tool to ascertain what the person thinks
  - Use questions to probe, such as:
    - “What are your thoughts about…?”
    - “How do you think people can improve this situation?”
    - “What do you suggest can be done?”
  - Listen and summarize what you heard. This will let you validate what you heard and demonstrate that you are interested in what the person has to say
  - Proceed based on the person’s response
- Guide toward a solution
  - Move the discussion toward a solution based on standard practice and/or your expectations. Avoid telling the person exactly what to do
  - Guide and assist the person in developing possible solutions to promote ownership of the problem
  - Assist the person in selection and implementation of behaviors supporting resolution

DEFENSE MECHANISMS

Introduction:

In order to better understand patient/resident behavior, as well as our own and our co-workers, it is necessary to know something about mental mechanisms, what they are and how and when they are used.

Assignment:

1. What are the basic needs of every individual? List them below:

   _____

   _____

   _____

2. What happens when these needs are not met? Sometimes they can't be satisfied because of:

   A. Cultural and social restrictions. Give an example:

   _____

   B. Environmental limitations. Give an example:

   _____

   C. Personal, social, religious beliefs. Give an example:

   _____

   D. Personal, physical or intellectual limitations. Give an example:

   _____

3. When people's needs cannot be met – they feel insecure, their self-image (the way they see themselves) is threatened, they may experience frustration and develop anxiety and tensions. This is often true of patients/residents in the hospital. Hospitalization often makes a patient/resident feel:

    A. Helpless and insecure
    B. Isolated
    C. That self-identify is threatened or lost

    What are some of the symptoms of anxiety? List them below.

    _____

    _____

4. What do people do when their needs cannot be met and they are frustrated and anxious? If their actions are:

    A. Successful – they will:
        1. Recognize the problem troubling them
        2. Think through possible solutions
        3. Do something about the situation – change their environment, themselves or both

    B. Unsuccessful – this may lead to all sorts of problems, mental illness, psychosomatic disorders, etc.

    C. People may resort to using mental mechanisms to assist in coping with frustrations and anxieties.

5. Mental mechanisms are patterns of behavior that consciously or unconsciously help people handle their anxieties and feel better and more comfortable with themselves. These are actions which keep people from facing reality. They help the symptoms but not the real problem. They protect a person's self-image. They are useful if used in moderation and can help people in trouble. When used habitually, they can become like big thick walls which protect people from reality. It is hard to get through to people who have developed such strong defenses. They may never learn to face and solve problems maturely. Mentally ill people sometimes carry this to the extreme. People may use several of these mechanisms and tend to use those which have been successful in the past, so that this sort of response may become habitual.

    A. **Regression-** Reverting to childish behavior. There aren't as many responsibilities to face and this type of behavior gets attention. For example, a child may return to thumb sucking when a new baby is born, or a sick patient/resident may make childish demands and become increasingly dependent on the nurse for personal care. At the other extreme there is the mentally ill patient/resident who curls up on the floor in the fetal position, soils himself, and is dependent on the nurse for feeding, bathing, toileting, and daily hygiene.

    B. **Rationalization** - Is an unconscious mechanism sometimes confused with reasoning. It is important for people to think well of themselves. Rationalizing can make this possible. It is face-saving. It is developing good, socially acceptable reasons to explain behavior and feelings so that the self-esteem and the approval of others are retained. Continual dependence on this mechanism develops the type of personality who never assumes responsibility for personal behavior, rather goes through life making excuses for personal failures. For example, an individual who is unable to do acceptable schoolwork drops out of school and claims it is because he can no longer go along with "the dumb stupid type of education that is being offered". Another example is a patient/resident who states he cannot give up smoking because he would gain weight and that would be more dangerous to his health than cigarettes. Remember this is <u>not</u> a conscious deception.

    C. **Projection** – Is an <u>unconscious</u> mental mechanism which is close to rationalization. A person attributes or imputes to other people his own intolerable and unacceptable feelings, wishes or thoughts. For instance, a nurse may dislike a particular patient/resident very much. As a good nurse she may feel she shouldn't dislike a patient/resident and it hurts her own self-image as a good nurse, so she may say that the patient/resident does not like her. A student, who cheats and wishes that he could stop, may accuse other people of cheating. In the mentally ill patient/resident this may lead to blaming others and paranoia.

D. **Displacement** – Is the redirecting of thoughts, feelings and impulses directed at one person or object but t a k e n out upon another person or object "unconsciously". For example, a hospital administrator criticizes a head nurse when something has gone wrong. The head nurse feels hurt, his self-image as a good head nurse is threatened, and he feels insecure. He returns to the floor and criticizes the team leader. The team leader in turn criticizes the nursing assistant and the Nurse Assistant becomes crabby and irritable with a patient/resident.

E. **Denial** – Is one of the simplest and most primitive of a person's ego defenses. Material, facts, feelings, and experiences that are intolerable are disowned by the unconscious denial of their existence. For example, parents may have all sorts of evidence that their children are misbehaving, but do not believe it. "Our children wouldn't do that."

F. **Conversion** – Substituting acceptable physical symptoms for unacceptable emotions and feelings. For example, a student has a test and is nervous and afraid of failing, develops nausea and vomiting.

G. **Repression** – Probably the most widely used defense mechanism. It is an unconscious, involuntary, and automatic pushing away of a person's intolerable ideas and unacceptable impulses into the subconscious where they are not normally subject to recall. One example is forgetting a dentist appointment. Feelings associated with the repressed material may still be present. For example, a man who was rejected by his mother as a child has difficulty in relationships with women, even though he has long forgotten the initial rejection.

H. **Sublimation** – Consciously unacceptable drives (urges) are channeled into personally and socially accepted behaviors. Those who work off sexual drives in athletic competition, or an angry housewife who scrubs the kitchen to work off her temper are two examples.

I. **Substitution (or compensation).** An unconscious process by which an unacceptable emotion or unattainable goal or object is replaced by a more acceptable or attainable one. Example: a childless woman becomes a nursery school teacher.

J. **Identification** – the process, unconscious, by which an individual patterns himself on another, perhaps by transferring to himself the thoughts, behaviors, and body language of the other person. For example, a person may believe he is Napoleon, or that she is Queen Mary.