

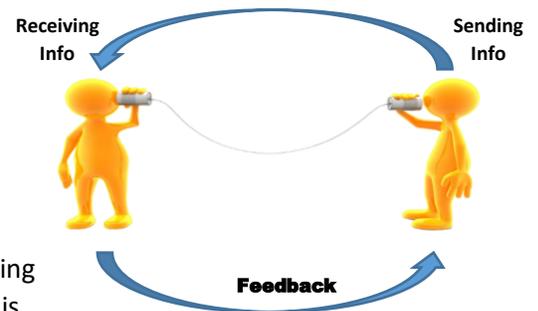
Communication Inservice

Communication is the process of exchanging information with others. It is a process of sending and receiving messages. People communicate by using signs and symbols, such as words, drawings, and pictures. They also communicate by their behavior.

Communication can be verbal or nonverbal.

Verbal communication involves the use of words and sounds, spoken or written. Oral reports are an example of verbal communication.

Nonverbal communication is the way we communicate without using words. Examples include shaking your head or shrugging your shoulders. Nonverbal communication also includes the way we say something using words. For example, you might say, "I'll be right there, Mr. Jones." This communicates that you are ready and willing to help. But if you say the same phrase in a different tone or emphasizing different words, you communicate frustration and annoyance: "I'll *be* right *there*, Mr. Dodd!"



Body language is another form of nonverbal communication. Body movements, facial expressions, and posture can express different attitudes or emotions. Just as with speaking, you send messages with your body language. Other people receive them and interpret them. Be mindful of what you are "saying" to your patient and their family without even opening your mouth; as well as making sure your body language matches your positive verbal communication.



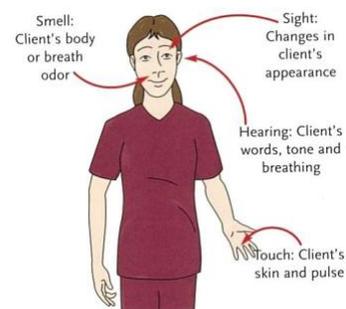
Don't be afraid to ask someone to clarify their communication if you do not understand – this includes verbal and nonverbal communication.

Using clues of verbal and nonverbal communication, you can see if your patient might have a change in mood. It is important to observe the verbal and nonverbal communication signs that could lead to seeing a patient's pain, illness, discomfort, depression, etc. When you see changes in your patient's behavior, it is important to report these changes to a nursing supervisor.

Accurate Oral (Verbal) Reporting of Patient's Status

Home health aides must make brief and accurate oral and written presentations to patients, coworkers, and supervisors. Reports of a patient's status are used in two ways. Oral reports are used to discuss your experience with a patient or family member and your observations of the patient's condition and care. These reports should be factual, not opinions.

Factual information includes: Objective information and Subjective information. ***Objective information*** is based on what you see, hear, touch, or smell. Objective information is collected by using the senses (see figure). ***Subjective information*** is something you cannot or did not observe, but is based on something that the patient reported to you that may or may not be true. An example of objective information is, "The patient has lost 2 pounds." A subjective report of the same situation might be, "Patient says he has no appetite." Both objective and subjective reports are valuable.



Even for oral reports, write notes so you do not forget to report any details. Anything that endangers your patient should be reported ***immediately to a nursing supervisor***. Examples include, but are not limited to:

• Falls	• Loss of consciousness
• Chest pain	• Change in level of consciousness
• Severe headache	• Bleeding
• Difficulty breathing	• Change in patient's condition
• Change in patient's mental status	• Bruises, abrasions, or other signs of possible abuse
• Sudden weakness or loss of mobility	• Abnormal swelling, redness, itching
• High fever	• Weeping or oozing sores
• Seizures	• Calling 911
• Open wounds, skin tear	• Hospitalizations

Sometimes your nursing supervisor or another member of the patient's healthcare team will give you a brief oral report on one of your clients. Listen carefully and take notes if you need to. Ask about anything you do not understand. At the end of the conversation, restate what you have been told to make sure you understand.

Keeping accurate patient records is important for the following reasons:

1. It is the only way to guarantee clear and complete communication between all the members of the care team.
2. Documentation is a legal record of every part of a patient's treatment. Medical charts can be used in court as legal evidence.
3. Documentation protects you and the agency from liability by providing what you did on every visit with your patient.
4. Documentation provides an up-to-date record of the status and care of each patient.

Healing Hands utilizes KanTime for accurate and timely charting of the care you provide to your patients. Each patient has their own physician approved care plan developed according to the patient's needs. In order to accurately record your charting, you must clock in and out for your visit. Healing Hands employees must also obtain their patient's or patient authorized representative's signature for each visit completed via the Signature Sheet.



Cultural Sensitivity and Diversity

Cultural diversity has to do with the variety of people who live and work together in the world. Positive responses to cultural diversity include acceptance and knowledge, not bias, or prejudice. A culture is a system of behaviors people learn from the people they grow up and live with. Each culture may have different lifestyles, religions, customs, and behaviors. You will take care of patients with different backgrounds and traditions that your own. Respect and value each person as an individual. Behavior and communication are influenced by our cultural backgrounds. This can include: language, religion, dietary restrictions, and living accommodations.

Whatever your patients' beliefs are regarding religion and spirituality, respect them. Never question your patients' beliefs, and do not discuss your own beliefs with them.



Nonverbal communication may depend on personality or cultural background too. Some people are more animated when they speak using gestures, hand motions, and facial expressions. Physical distance when speaking to a patient, eye contact, and touch are nonverbal communications that you should be aware of depending on your patient's personality or cultural background when communicating. When in doubt, let your patient set the standard for their preference in communicating regarding these nonverbal cues.