

Unit 2

Communication and Interpersonal Skills

Terminology Defined

1. **Abbreviation** – a shortened form of a word or phrase.
2. **ADL** – activities of daily living.
3. **Aphasia** – inability to express oneself properly through speech, or loss of verbal comprehension.
4. **Cognitive** – mental process by which an individual gains knowledge.
5. **Communication** – the exchange of information; a message sent is received and interpreted by the intended person.
6. **Feeling** – state of emotion, not able to be measured; subjective data.
7. **Legible** – written in a manner that can be easily read.
8. **Paraphrase** – repeat a message using different words.
9. **Resident record** – a written account of the resident's physical and mental condition
10. **Rapport** – a close relationship with another.
11. **Recording** – writing or charting resident care and observations.
12. **Reporting** – a verbal account of resident care and observations.
13. **Sensory** – relating to sensation involving one or more of the five senses (seeing, hearing, touching, smelling, tasting).

Unit 2 – Communication and Interpersonal Skills		
Objectives	Content	Learning Activities
	I. Communication Skills	
2.0 Demonstrate appropriate and effective communication skills	A. Elements that influence relationships with others 1. Prejudices 2. Frustrations 3. Attitudes 4. Life experiences	Instruct the class to identify examples of these elements and discuss ways to handle each of the examples presented.
	B. Requirements for successful communications 1. A message 2. A sender 3. A receiver	Role-play the process of communication.
2.1 Describe the importance of developing good listening skills 2.1.1 Identify five positive listening skills that can be used	C. Listening skills 1. Show interest 2. Hear the message 3. Avoid interrupting 4. Ask appropriate questions for clarification 5. Be patient and help resident express feelings and concerns 6. Avoid distractions 7. Note silence between sounds 8. Become involved with the message and the resident 9. Concentrate and be attentive	Discuss ways of showing interest. Instruct the class to divide into groups of three. Select a sender to give a message to two receivers (all senders will use the same prepared message). Instruct the receivers to write down what they heard. Follow small group discussions with class discussion. Role-play how the Feeding Assistant shows interest, is patient, and helps resident express feelings and concerns.

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2.1.2 Recognize barriers to effective communication	D. Barriers to effective communication 1. Labeling 2. Talking too fast 3. Avoiding eye contact 4. Belittling a resident's feelings 5. Physical distance 6. Sensory impairment a. confusion b. blindness c. aphasia d. hearing impairment 7. Changing the subject 8. False assurances and clichés 9. Giving advice 10. Ineffective communication a. disguised messages b. conflicting messages c. unclear meanings d. abstractions e. perception	Instruct the class to share past experiences when a communication barrier caused them to end a conversation. Role-play ways in which sensory impairment can lead to breakdowns in communication. List false assurances, for example, "Everything will be fine, you'll see." Consider clichés rather than abstracts and discuss how the meanings could differ for residents, e.g., 1. "The grass is always greener on the other side of the fence." 2. "A bird in the hand is worth more than two in the bush."
	II. Interpersonal Skills	
2.2 Explain how one will need to modify his or her behavior in response to the resident's behavior	A. Determined by 1. standards and values 2. culture and environment 3. heredity 4. interests 5. feelings and stress 6. expectations others have for us	

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	7. past experiences	
2.2.1 Define the terms sympathy, empathy, and tact	B. Dealing with resident behavior 1. Accept every resident 2. Listen to every resident 3. Comply with reasonable requests, when possible 4. Display patience and tolerance 5. Make an effort to be understanding 6. Develop acceptable ways of coping with your negative feelings a. Leave the room after providing for safety b. Talk with nursing supervisor about your feelings c. Involve yourself in physical activity d. Learn to use relaxation techniques that ease stress 7. Be sensitive to resident's moods 8. Be able to handle disagreements and criticism	Instruct the class to discuss why resident behavior shouldn't be taken personally. Define anger and role-play situations of an angry and worried resident that lashes out at a health care worker. Discuss how these situations could be handled.
	C. Treat residents as unique individuals 1. Do things their way when possible 2. Anticipate their needs 3. Ask for their opinion	
	D. Be able to see things from the other person's point of view	
	III. Communicating with Residents and Families	
2.3 Develop effective non-verbal communications in keeping with one's role with residents and their families 2.3.1 List four examples of nonverbal communication	A. Nonverbal communications 1. Body language a. posture b. gestures c. level of activity d. facial expressions e. appearance f. touch	Discuss effects of positions and postures when communicating.

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	B. Verbal communications 1. Speak clearly and concisely 2. Give message by tone of voice 3. Face resident, at eye level, when speaking 4. Avoid words having several meanings 5. Present thoughts in logical, orderly manner 6. Learn to paraphrase 7. Types of communication a. person to person b. oral report	Role-play examples of body language that differ from the verbal message being sent. Have the class use paraphrasing for a message and discuss their understanding of the message.
2.3.2 Communicate effectively with the resident's family and visitors	C. Communicating with the resident's family and visitors 1. Ask how they are doing 2. Indicate that you are glad to see them 3. Be warm and friendly 4. Use talking and listening skills you would use with resident 5. Share knowledge about your unit a. visiting hours b. restrictions to visitors c. any restrictions on bringing resident's food 6. Report stressful or tiring visits to supervisory nurse 7. Refer requests for information on the resident's condition to the supervisory nurse 8. Share information from family/visitors that would affect feeding resident with the supervisory nurse 9. Report visitor concerns or complaints to the supervisory nurse	Provide examples of information from family members that would affect feeding of a resident.
2.3.3 Describe specific factors that should be considered when communicating with the hearing-impaired resident	D. Factors to consider when communicating with hearing-impaired residents 1. Encourage resident to use hearing aid 2. Speak slowly using simple sentences 3. Face resident at eye level when speaking	

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	- Allow resident to lip read if that helps - Lower pitch of your voice - Direct speech to stronger ear - Use gestures when possible to clarify statements - Write when necessary - Learn some basic signing if interested	
2.3.4 Identify factors to consider when communicating with residents that have decreased vision	E. Factors to consider when communicating with the resident with decreased sight - Speak as you enter room - Sit where resident can best see you - Make sure lighting is sufficient - Allow resident to touch objects and yourself - Encourage resident to wear glasses if they help - Use touch and talk frequently to communicate your location - Encourage resident to use magnifying glass if it helps - Use descriptive words and phrases - Make large print materials available	Invite a guest speaker to discuss blindness and adaptations
2.3.5 Consider factors that would assist the resident that has difficulty speaking to communicate	F. Factors to consider when communicating with residents who have difficulty speaking - Encourage resident to use hands to point out objects - Use communication boards/cards - Repeat what you heard to be sure you understood resident - Allow resident to express feelings - Ask yes and no questions	Charades may be used to point out frustration of not being able to speak. The class can explore ways to turn this game into a helping tool for residents who have difficulty speaking.
2.3.6 Recognize techniques that can be used to help the resident communicate	G. Communicating with depressed residents - Exercise patience - Allow time for resident to express feelings	
2.3.7 Identify ways one can communicate with	H. Communicating with residents with memory loss - Encourage resident to talk - Talk about things resident remembers	Have class members share personal experiences with

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residents with memory loss	3. Ask one question at a time containing one thought 4. Keep questions simple 5. Rephrase questions that are not understood 6. Avoid asking resident to make a choice	individuals with memory loss.
	IV. Observation and Reporting	
2.4 Observe by using the senses to report resident behavior to the nurse	A. Using Senses for observation and reporting 1. Sight a. rash b. skin color 2. Hearing a. wheezing b. moans 3. Touch a. cold b. perspiration c. hot 4. Smell a. odor of breath b. odor of wounds c. odor of body	
2.4.1 Recognize changes that are inconsistent with normal behavior	B. Recognizing Changes 1. Observe continuously using senses method 2. Listen and talk to the resident 3. Ask questions 4. Be aware of a situation and any changes 5. Observe for changes in attitude, moods, and emotional condition 6. Pay attention to complaints 7. Be alert to changes in condition or unusual happenings	Have the class prepare a group list of behaviors and physical changes that would be inconsistent with normal behavior.
2.4.2 Discuss differences between objective and subjective data	C. Reporting 1. Reports are made to the supervisory nurse a. promptly b. thoroughly c. accurately	Practice reporting information in small groups with group members changing roles.

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	2. Use pad and pencil to jot down information for reporting 3. Report only facts, not opinions a. objective data b. subjective data	Role-play a situation and have the class report objective and subjective data.