State-approved Curriculum
Nurse Aide I Training Program

MODULE D
Culture and Communication

Teaching Guide
2024 Version 1.1

North Carolina Department of Health and Human Services
Division of Health Service Regulation
North Carolina Education and Credentialing Section

Module D – Culture and Communication
Teaching Guide

Objectives
1. Describe components of therapeutic and non-therapeutic communication.
2. Discuss the importance of appropriate communication skills.
3. Describe barriers to communication.
4. Explore how culture and religion impact communication.
5. Discuss the NA's role and responsibilities for effectively communicating with a variety of individuals.

Advance Preparation – In General
- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Set up computer/projector
- Establish internet connection

Supplies- Optional

Handouts
- **#D8 Types of Conversation / Goals**
- **#D20 Communication Techniques**

Instructional Resources/Guest Speakers
- **#D18 Guest Speakers:** Invite clergy from different religious affiliations to speak to the class. Be prepared to discuss questions that students may ask about a particular religion. Research websites students may go to for additional information.

Advance Preparation – Teaching Tips
- **#D12-1 Barriers:** Think about/make notes on barriers that students can analyze; include impairments such as hearing and visual. Consider what barriers, if any, can be corrected.
- **#D12-2 Role-play Activities:** Think about/make notes on how the NA will respond to the residents' statements.
- **#D17 Knowledge:** Research several cultures and record facts about the language, beliefs and customs that impact resident health and care.
  — Dress to represent a different culture. Bring food or items that help students identify that particular culture.
  — Bring personal items that having meaning to you and prepare to share their importance in your life.
- **#D18 Knowledge:** Research several religions found in the local area and record some facts about the practices and beliefs that impact health care.
- **#D20 Website:** Familiarize yourself skills & styles found at the following websites:
  https://jeopardylabs.com/play/communication-skills-58
  https://jeopardylabs.com/play/communication-styles7

Advance Preparation – Activities

- **#D8 Role-play:** Think about/make notes about ideas for role-play activities explaining positive and negative non-verbal communication skills. Be prepared to discuss how they impact others.
    - Role-play examples that demonstrate positive non-verbal communication
    - Role-play examples that demonstrate negative non-verbal communication
    - Role-play examples of non-verbal communication frequently used by students and how it may be perceived by others
    - Role-play examples that lead to breakdown in communication and what non-verbal cues to watch for

Module D – Communication
Definition List

Belittle – to speak slightingly of; to cause a person to seem little or less

Cliché – a phrase or expression that has become overly familiar or commonplace

Communication – is the process of exchanging information through sending and receiving messages using signs, symbols, words, drawings and pictures

Cultural sensitivity - being aware of, recognizing, acknowledging, and valuing that behavior patterns differ between and within different cultures

Culture – the characteristics of a group of people – language, values, beliefs, habits, likes, dislikes, customs - passed from one generation to the next

Demeanor - behavior toward others; outward manner

Gait - a manner of walking or moving on foot

Liaison - a person who establishes and maintains communication for mutual understanding and cooperation

Non-verbal Communication (also called body language) – body positions and actions that send an unspoken message along with the spoken message; the conscious or unconscious signals that a person's body sends

Paraphrase – to re-state a person's message in your own words

Prejudice - an adverse opinion formed without just grounds or before sufficient knowledge; preconceived judgment or opinion

Slang – language peculiar to a particular group; an informal nonstandard vocabulary

Therapeutic Communication – a type of communication that health care providers consciously use when talking with residents in order to influence residents or help residents to a better understanding

Verbal Communication – the act of sending/receiving the spoken message

Module D – Communication	

(S-1) Title Slide

(S-2) Objectives
1. Describe components of therapeutic and non-therapeutic communication
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4. Explore how culture and religion impact communication
5. Discuss the NA's role and responsibilities for effectively communicating with a variety of individuals

Content	Notes
(S-3) Communication – Definition Communication is defined as sending and receiving messages using signs, symbols, words, drawings, and pictures	
(S-4) Communication – Appropriate Methods Appropriate communication includes: • Use words that mean the same to the sender and receiver • Use words that are familiar • Be concise • State information in an organized, logical order • State facts and be specific	
(S-5) Communication – Three-way process Simplest form is a three-way process • Sender communicates the message • Receiver receives the message • Feedback allows sender and receiver to respond to each other in some way	
(S-6) Communication – Verbal • Using written or spoken words, pictures or symbols to send a message • Speak plainly • Involves active listening skills and silence • Includes paraphrasing, clarifying, and focusing • Asking direct, open-ended questions	
(S-7) Communication – Non-Verbal (1) Using body language such as movements, facial expressions, gestures, posture, gait, eye contact and appearance to send a message • Can be used to support or oppose spoken or written communication — Smiling reinforces the statement, "I am happy today!" while frowning or smirking opposes the statement.	

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• Is often an unconscious gesture, movement or facial expression that blocks effective communication • Can be perceived in different ways by different individuals	
(S-8) Communication – Non-Verbal (2) Examples of non-verbal communication include: • Positive – face the resident while speaking, stand up straight, smile, nod with approval, place arms at sides, show relaxed movements • Negative – turn your back during communication, slouch, avoid eye contact, eye roll, frown, cross arms across chest, show tense movements	
ACTIVITY #D8: Role-play Role-play to reinforce the impact of positive and negative non-verbal communication skills: • Ask students to demonstrate *positive* non-verbal communication • Evaluate what was observed • Ask students to demonstrate *negative* non-verbal communication • Evaluate what was observed • Discuss the importance of using positive non-verbal communication • Ask students to demonstrate *their own frequently used* non-verbal skills that block communication • Discuss how non-verbal communication often becomes a part of one's personality and demeanor and how it impacts relationships	
HANDOUT #D8: Forms of Communication • Distribute to students and review forms of communication	
(S-9) Communication – Importance (1) • Learn about the resident in order to provide care that meets individual needs • Be a source of encouragement to the resident and family members • Establish trust • Build meaningful relationships that benefit the resident	
(S-10) Communication – Importance (2) • Serve as a liaison between the resident and healthcare team. • Provide information and respond to questions appropriately. • Listen, observe, report, and record details accurately	

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— Discuss the importance of being a liaison and patient advocate.	
(S-11) Communication – Barriers (1) • Language • Using inappropriate words, clichés or slang • Giving responses that cause confusion or frustration • Talking too fast • Giving advice or offering a personal opinion or point of view • Ignoring or belittling the resident	
(S-12) Communication – Barriers (2) • Using non-verbal communication skills when verbal communication is more appropriate • Prejudices and attitudes • Different life experiences • Age • Cultural differences • Noise and lack of privacy • Mental or physical impairments	
TEACHING TIP #D12-1: Barriers • Ask students to share barriers they have observed first-hand and how they were impacted. • Discuss how hearing and visual impairments can impact communication. • Identify barriers that can often be corrected to improve communication. **TEACHING TIP #D12-2: Role-play Activities** • Pair students to allow one to act as the resident and the other as NA. Select a statement from below and assign to each pair. The resident will deliver a statement and the NA will respond using verbal and/or non-verbal communication _barriers_. • Statement from resident: — "What time is it?" — "When will dinner be ready?" — "Why am I in here?" — "Are you in a bad mood?" — "How many times do I have to ask for water?" — "I don't want to go take a shower!" — "How come your hair is that color?" — "I need to go to the hopper!" — "How do I look today?" — "What have you done with my teeth?"	

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• Discuss how barriers impact communication and relationships.	
(S-13) Culture Is the characteristics of a group of people that are passed from one generation to the next • Varies from one group to another, and encompasses different races and nationalities • Tend to share biological and physiological characteristics	
(S-14) Culture – Characteristics • Includes language, values, beliefs, habits, likes, dislikes and customs • Not all individuals accept all characteristics of the group • People from different backgrounds may have different expectations	

(S-15) Culture – Knowledge (1)
• People react differently based on their beliefs and values
• Emotions can
  — Impact others in positive and negative ways.
  — Can promote or prevent emotional and physical healing
  — Should be acknowledged in a positive manner
• Personal space – standing close, touching, gestures, eye contact
• Should allow communication to occur comfortably	

(S-16) Culture – Knowledge (2)
• Family
  — Living together in one unit
  — Living in separate locations (other cities, states or countries)
  — Being isolated
• Can be supportive/destructive during illness	

(S-17) Culture – Knowledge (3)
• Hygiene
  — Bathing is not viewed the same by all cultures
  — Clothing styles and colors vary among cultures
  — Often impacts a person's feeling of self-worth
• Illness
  — Impacts self-image and lowers self-worth
  — Treatments are impacted/dictated in some cultures
  — Acceptance or denial could be a sign of strength or weakness
  — Becoming familiar with various illnesses helps provide improved or alternative means of care	

• Asking questions and researching treatment options opens doors for discussion and helps ease fear.	
TEACHING TIP #D17: Knowledge • Discuss different cultures in the area. • Ask students to research a culture and share facts about language, beliefs and customs and to include how cultural beliefs impact their health and care. • Encourage students to dress up, bring food, pottery or artwork that represents the culture they are researching. • Encourage students to talk about their own culture and share items that have special meaning.	
(S-18) Religions • Are recognized throughout the world — Buddhism, Christian, Hindu, Islam, Jehovah's Witness, Jewish, Mormon (these are only a few) • Play a vital role in the resident's life • Impact whether a resident accepts or rejects medical treatments and care • Are misunderstood due to lack of knowledge	
TEACHING TIP #D18: Knowledge • Discuss different religions found in the local area. • Ask students to research a religion and share facts about beliefs, practices and considerations that impact health and personal care. • Explore ways to provide care to individuals with different religious beliefs. **GUEST SPEAKERS #D18** • Invite clergy from different religious affiliations to speak to the class.	

(S-19) Communication – NA's Role (1)
• Develop skills that enhance effective communication
  — Use appropriate verbal and non-verbal communication skills
  — Listen to what is being said
  — Ask questions for clarification and acknowledge understanding
  — Avoid interrupting	

(S-20) Communication – NA's Role (2)
  — Do not express personal opinions or disapproval
  — Develop patience
  — Reduce or eliminate environmental distractions
  — Understand and use silence appropriately and in a supportive manner	

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HANDOUT #D20: Communication Techniques • Distribute to students and review examples of each technique**.**	
Teaching Tip - WEBSITE #D20: Jeopardy https://jeopardylabs.com/play/communication-skills-58 https://jeopardylabs.com/play/communication-styles7	

(S-21) Culture and Communication – NA's Role
• Accept each resident as an individual
• Follow the nursing care plan that incorporates cultural and religious beliefs
• Demonstrate respect
  — Greet the resident using his/her title such as Mr., Mrs., Miss and their last name
  — Do not refer to the resident as *sweetie, honey, dearie, gramps* or *sugar.* These terms are disrespectful and degrading.
  — Attempt to pronounce the name correctly, speak slowly and ask for clarification.
• Follow appropriate cultural preferences (eye contact, distance)
• Communicate in a non-threatening, therapeutic manner	

(S-22) Communication - Special Approaches (1) • Use a caring tone of voice and facial/body expression • Speak slowly and distinctly, but not loudly • Keep messages simple • Repeat the message in different ways as needed • Focus on a single idea or experience	
(S-23) Communication - Special Approaches (2) • Avoid medical terms and abbreviations • Allow silence • Pay close attention to non-verbal behavior • Note and use words the resident seems to understand • Reference a language translator as needed (i.e. interpreter, google, computerized apps)	
(S-24) Communication - Health Care System • Language • Beliefs - standardized definitions of health and illness, believes in the power of technology • Practices - encourages maintenance of health (annual physical examination/routine diagnostic procedures) and prevention of illness • Rituals - limiting visitors and specific visiting hours	

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• Expectations – punctuality such as arriving for appointments on time	
(S-25) Communication • Listen more and speak less to improve communication.	

Handout #D8: Types of Conversation / Goals

Type of Conversation	Goal
Social Conversation	To create a comfortable, relaxed atmosphere to enjoy conversation with others. Share information about things that are of mutual interest. Not to discuss problems or complaints. To learn new things and get fresh information.
Interview	To ask questions with kindness and provide information in a way that does not scare the resident. To demonstrate sincere interest and create trust. To identify the resident's personal preferences, likes and dislikes. To help determine ways to plan and improve nursing care and assist with scheduling activities of daily living. To reinforce your interest and concern in the well-being of the resident.
Teaching	To show and tell the resident something that he or she may not already know. To offer an explanation of why something is done and how it can benefit quality of care.
Reporting	To report accurate information through observation and interaction with the resident. To communicate facts to the nurse, not assumptions or personal opinions.
Problem Solving	To help meet the resident's needs. To focus on the resident's wants or preferences. To find a way to meet the requests while following the nursing care plan. To offer alternative/creative ways to meet the resident's expectations.
Therapeutic Communication	To encourage/allow the resident to discuss feelings openly. To gain insight and be receptive to the resident's thoughts and feelings. To not be judgmental, belittle or degrade the resident. To respond with kindness using supportive verbal and non-verbal communication skills and acknowledge understanding of the resident's feelings.

Handout #D20: Communication Techniques

Successful Techniques

- Accepting – "Yes, I understand."
- Offering Self – "I'll sit with you a while."
- Giving Broad Openings – "Where would you like to begin?"
- Giving General Leads – "Tell me about it."
- Making Observations – "I notice you are crying."
- Encouraging – "What does the voice seem to be saying?"
- Reflecting – "So, this causes you to feel angry?"
- Exploring – "Tell me more about that."
- Presenting Reality – "I see no one else in the room."
- Summarizing – "So, let's see, do I have this correct?"

Non-successful Techniques

- Rejecting – "Oh, you don't want to talk about that."
- Disapproving – "You shouldn't talk that way."
- Challenging – "How do you know that?"
- Requesting an Explanation – "What makes you think that way?"
- Belittling – "Everybody gets down in the dumps."
- Stereotyping – "Everybody who works here does that."
- Interrupting – "Wait, what you really mean is. . ."
- Changing the Subject – "Let's talk about something different."