

# Module 11 - Communication

## Introduction

Effective communication is essential in the day-to-day interaction between the home care aide and the patient. There are many variables that can affect communication. This module will focus on building upon the nurse aide's current communication skills and will offer insight into some common barriers to communication. This module will also focus on the importance of ensuring patient confidentiality and discuss necessary rules of documentation.

## Objectives

At the end of the module, the nurse aide will be able to:

1. Discuss general guidelines for effective communication
2. Explain why communication is important in the day-to-day interactions with patients, families, and co-workers
3. Describe rules for reporting and recording
4. Explain the importance of ensuring confidential patient communication

## Instructional Resource Materials

- Power Point for Module 11 – Communication
- Activities

## Module 11 - Communication

Slides	Instructor's Script	Notes
<b>Slide 1</b> Title Slide	<b>Script</b> <ul style="list-style-type: none"> <li>• <b>Module 11 - Communication</b></li> </ul>	
<b>Slide 2</b>	<b>Script</b> <ul style="list-style-type: none"> <li>• <b>Objectives</b> - At the end of the module, the nurse aide will be able to:               <ol style="list-style-type: none"> <li>1. Discuss general guidelines for effective communication</li> <li>2. Explain why communication is important in the day-to-day interactions with patients, families, and co-workers</li> <li>3. Describe rules of reporting and recording</li> <li>4. Explain the importance of ensuring confidential patient communication</li> </ol> </li> </ul>	
<b>Slide 3</b> Title Slide	<b>Script</b> <ul style="list-style-type: none"> <li>• <b>MODULE 11-A Patient and Family</b></li> </ul>	
<b>Slide 4</b>	<b>Script</b> <ul style="list-style-type: none"> <li>• Here are some basic principles that are important to review regarding communication:               <ul style="list-style-type: none"> <li>○ First, we are always communicating, even if we are not talking. We communicate messages that we may not even be aware of. Even when we turn our heads and walk away without saying a word, we are giving others a powerful message.</li> <li>○ All communication is interpreted. It is a two-way process of sending messages and receiving them. People may think you are communicating one thing when you really mean to communicate something else.</li> <li>○ Much of our communication happens with body language. This refers to our gestures, body movements, tone of voice, eye contact, touch, and not our words. Are we saying we care about someone when we are backing away from him? How would you feel if someone welcomed you into his house with warm words but had his arms folded tightly across his chest and a frown on his face? In these cases, the verbal and nonverbal messages do not match. Often the nonverbal message is the one that is remembered.</li> <li>○ For the home care aide, we need to remember that the most important part of communicating with patients and families is listening!</li> </ul> </li> </ul>	
<b>Slide 5</b>	<b>Script</b> <ul style="list-style-type: none"> <li>• There are several key factors that have a major impact on how we communicate. They include:</li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Language barriers – what is your patient’s native language? If it is not the same as your own, you may not understand each other as well as you might think.</li> <li>○ Emotional influence – how a person is feeling at the time that he or she receives information can change the meaning of that information for the recipient. High emotions can interfere with rational thought. If the patient has just received unwelcome news from his or her doctor, the patient may be upset so they do not remember other parts of that same conversation.</li> <li>○ Health literacy – this refers to how well a patient can understand, read, and comprehend health information. Being a home care aide, you are used to certain terminology and health information; however, your patient may not have this same training or background.</li> <li>○ Culture – this has major influences on communication, especially eye contact, who does the speaking for the patient/family, personal space, and how illness and/or death are perceived.</li> <li>○ Age - age can impact how comfortable a patient is when discussing personal information. An older patient may not be inclined to openly share personal information he/she deems to be embarrassing. The patient may need help using words that he/she is uncomfortable using, or the patient may use different words that the home care aide might not understand.</li> </ul>	
<p><b>Slide 6</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>● There are several barriers to communication with our patients.             <ul style="list-style-type: none"> <li>○ Does the patient hear you or understand what you are saying/asking? You may need to speak louder or slow down. Try to avoid a soft voice or whispering with your patients but remain pleasant. Do not scream at your patients. If they wear a hearing aide, check to make sure it is working properly.</li> <li>○ The patient is hard to understand. You may not understand his or her accent or the way a patient phrases things. Try to rephrase what the patient has said to make sure you received the message properly.</li> <li>○ As a home care aide, you may be used to certain terminology or abbreviations, but your patient is not. Try to avoid using medical jargon or abbreviations when talking with your patient.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Using closed-ended questions can be a barrier to effective communication. Closed-ended questions tend to limit a patient’s response to either a yes or no or a nod of the head. By only asking yes/no questions, you may not get a complete or accurate answer. Asking open-ended questions enables the home care aide to receive more information and have more of a conversation with a patient.</li> <li>○ Do you assume that your patient can understand the written information that was given to him/her? A patient may not tell you if he/she is unable to read well enough to understand. It is good practice to go over written instructions with patients, whether they have told you they can read or not.</li> <li>○ Always be aware of your body language and your patient’s body language. The real meaning behind a patient’s words may be shown through his or her movements or posture. Likewise, you may be saying one thing but sending a different message to your patient.</li> </ul>	
<p><b>Slide 7</b> Activity #1</p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>● <b>Activity #1 – Case Scenario</b></li> </ul>	
<p><b>Slide 8</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>● It may take some time to learn how to be a good listener with your patients. Active listening shows a patient that you are genuinely interested in what the patient is saying.</li> <li>● Listen to hear what your patients are saying and then respond appropriately. When you do not understand something, ask them to clarify what they mean. Make sure that you are really listening and not thinking about what else you need to do or what you want to say.</li> <li>● Let the patient and the family do the talking. By using active listening, you are doing what experts call being present. Just being there and showing that you care is more important than what you say.</li> <li>● Join them on their journey. Encourage your patients to think back on their lives and share stories with you.</li> <li>● When you respond to their stories, keep your comments brief and help patients see the significant role they played in other peoples’ lives. Help them understand the contributions they have made.</li> </ul>	
<p><b>Slide 9</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>● It is helpful to understand your own communication style. We all have unique ways of expressing ourselves. Are you quiet or talkative; direct or indirect? Do you</li> </ul>	

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	<p>tend to touch people or stand close when you talk? How do you feel about eye contact?</p> <ul style="list-style-type: none"> <li>• Understand that your own style may create difficulties for someone else or may cause us to label them. For example, someone who is reserved might be labeled as withdrawn or depressed.</li> <li>• Build on the strengths of each patient's communication style to better help the patient.</li> <li>• Just as our patients' communication styles have been shaped by years of beliefs, attitudes, and experiences, so have ours. If you approach our patients with an attitude of respect, our communication with them will reflect this respect.</li> </ul>	
<p><b>Slide 10</b> Handout #1</p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• As a home care aide, some of your patients will be seriously and/or chronically ill. Communicating with seriously ill patients can be one of the most challenging and difficult aspects of care. Patients, their families, and caregivers often do not want to mention the possibility of death and dying, even in the face of great suffering. Handout #1 includes tips about what you can do to help your patient, keeping in mind that conversations with the patient cannot always be planned.</li> <li>• <b>Handout #1 – Tips for Communicating with Seriously Ill Patients</b></li> </ul>	
<p><b>Slide 11</b> Title Slide</p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• <b>MODULE 11-B Co-workers and Supervisors</b></li> </ul>	
<p><b>Slide 12</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Communication with co-workers and supervisors can be challenging for the home care aide, as most of the aide's work is performed outside of the office, alone at a patient's home.</li> <li>• Your agency should have guidelines regarding communication within the agency, including frequency of contact with the supervisor and/or office staff.</li> <li>• Communication with the office and your supervisors can occur in many ways. It can be face-to-face, by a phone call or even written communication.</li> <li>• If you have a concern about a patient or if you feel like your question or concern requires immediate attention, do not just write it down on your flowsheet. Call the office.</li> <li>• A supervisor will always be available to you during work hours and he/she should be able to answer any questions that you may have.</li> </ul>	
<p><b>Slide 13</b></p>	<p><b>Script</b></p>	

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	<ul style="list-style-type: none"> <li>Follow your rules of maintaining confidentiality with communication. For instance, do not call from Ms. Smith's home to discuss Mr. Jones. While it is important to communicate, it must be exercised in a manner that preserves the privacy of patients.</li> <li>With all communication, be clear, be respectful and always communicate your needs or concerns in their entirety. This will ensure that your needs are heard and that your supervisor understands what your needs are.</li> </ul>	
<b>Slide 14</b>	<b>Script</b> <ul style="list-style-type: none"> <li>Communication can also be exercised by means of documentation on your flowsheets or patient care record. This module will discuss documentation further.</li> <li>Communication with co-workers should contain limited patient information unless assigned to the same patient. Remember that information should be discussed on a need to know basis only. Always ask yourself before discussing, "Does this person really have a need to know this information?"</li> </ul>	
<b>Slide 15</b> Activity #2	<b>Script</b> <ul style="list-style-type: none"> <li><b>Activity #2 – Statement Exercise</b></li> </ul>	
<b>Slide 16</b> Title Slide	<b>Script</b> <ul style="list-style-type: none"> <li><b>MODULE 11-C Reporting and Recording</b></li> </ul>	
<b>Slide 17</b>	<b>Script</b> <ul style="list-style-type: none"> <li>An important task of the home care aide is to accurately report on the patient's care and progress daily. It is imperative that the home care aide follows his or her agency's guidelines for communication, including reporting and recording.</li> <li>The home care aide will also report observations and changes in a patient.</li> </ul>	
<b>Slide 18</b>	<b>Script</b> <ul style="list-style-type: none"> <li>The home aide will be asked to complete specific documentation that shows what care has been provided.</li> <li>One example of this would be called a flowsheet. A flowsheet is completed every day that care is performed and is completed the same day care is performed.</li> <li>The home care aide will record what was seen, done, or said that day. The aide will also record the patient's response to care, and note any changes, differences, or problems encountered or described by the patient.</li> </ul>	
<b>Slide 19</b>	<b>Script</b>	

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Handout #2	<ul style="list-style-type: none"> <li>• Because the home care aide tends to be in a home more frequently than other team members, the home care aide is the person who often learns things first about a patient and family. Some things need to be told to the nurse supervisor so that appropriate interventions by other team members can be made. The nurse assigned to your patient must be notified of any changes noted in the patient or family.</li> <li>• Handout #2 includes suggestions of the things to report to the nurse supervisor.</li> <li>• <b>Handout #2 – Tips for What Should You Report</b></li> </ul>	
Slide 20	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• When documenting regarding a patient, all information must be completely accurate and up to date. Do not copy previous information.</li> <li>• You must document observations and what care was given. However, only document the care you provided, not what another team member may have provided. It is unethical and illegal to document tasks that you intend to do in the future; in other words, tasks that you have not completed yet.</li> <li>• Only document things that you personally witnessed or experienced, not what you think may have happened or what a patient told you.</li> <li>• It is important to describe behavior without including your personal judgment. For example, instead of writing, “Susan is quite sick today,” write, “Susan said she feels tired and achy. She has a temperature of 101.1 degrees.” Stick to facts, observations, and quotes from the patient.</li> <li>• Documented reports must also be completed in a timely manner. Other people may need the information that you will provide, and memories are always the freshest right after an event happens.</li> </ul>	
Slide 21	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• <b>Activity #3 – Correcting Statements</b></li> </ul>	
Slide 22 Title Slide	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• <b>Module 11-D Confidentiality and HIPAA</b></li> </ul>	
Slide 23	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Confidentiality means that the information that a home care aide is entitled to about patients is privileged information and should not be shared with anyone other than members of the health care team and the nurse supervisor.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• HIPAA plays a leading role regarding patients, communication, and confidentiality.</li> <li>• HIPAA stands for Health Insurance Portability and Accountability Act.</li> <li>• HIPAA establishes a set of national standards for the protection of health information, while at the same time allowing the flow of health information to necessary providers.</li> <li>• The original intent was to allow a patient to move easily from one health plan to another. To do this, there must be a transfer of information.</li> <li>• With any transfer of information comes the possibility that the information may be used for purposes other than what it is intended for and received by someone other than the intended recipient. Information that should never be shared includes a patient's name, address, diagnosis, or medical history.</li> </ul>	
<p><b>Slide 24</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• In 2009, the American Recovery and Reinvestment Act was signed into law (also known as The Stimulus Bill).</li> <li>• This law created incentives for physicians and hospitals to use Electronic Health Records (EHR).</li> <li>• Part of this bill is called the Health Information Technology for Economic and Clinical Health Act, or HITECH Act.</li> <li>• While the government is pushing for more physicians and hospitals to use EHR, this system comes with more HIPAA concerns.</li> <li>• To protect patient information and prevent HIPAA violations, those using EHR must use data encryption. Data encryption changes data into another form, or code, so that only people with access to a secret key or password can read it.</li> <li>• If a home care aide is assigned a laptop to use in the field, this laptop will need the same data encryption and password protection.</li> </ul>	
<p><b>Slide 25</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Breaches in confidentiality can have significant consequences, including fines and/or jail time.</li> <li>• Even accidental breaches can result in fines and may compromise one's employment status.</li> <li>• Depending on the severity of the action, an employer could take disciplinary measures that could lead to termination. Authorities may also get involved, which could lead to hefty fines, probation, and jail time.</li> </ul>	
<p><b>Slide 26</b></p>	<p><b>Script</b></p>	

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	<ul style="list-style-type: none"> <li>• To ensure that you do not breach a patient's confidentiality, never discuss your patients with your friends, family, church members, etc.</li> <li>• Even in general conversation or with good intentions, breaches may happen. An example would be if you ask your church to pray for your patient, Jane Doe, and her family. She has cancer and has been transferred to hospice care since she only has a short time left to live.</li> <li>• You do not have to say a patient's name to disclose personal information especially if you live in a small community. If you discuss your patient's health information, the listener might be able to figure out who you are talking about based on other information you have provided. Do not ever give personal, identifiable information to anyone not involved in your patient's care.</li> <li>• Another example would be if you were providing care for a child who is getting ready to start school. You decide to call the teachers to give them detailed information regarding the patient's medical history, family dynamics and means by which you feel the child learns best. You do not receive authorization to do so before your conversation.</li> <li>• Never discuss your patient's care with anyone without consent and approval from your supervisor.</li> </ul>	
<p><b>Slide 27</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• There are other important things NOT to do with regards to confidentiality.             <ul style="list-style-type: none"> <li>○ Never have your family or friends take you to your patient's home. If you do not have transportation, then discuss this matter with your supervisor.</li> <li>○ If you are unsure where your patient lives or are lost, never stop at a neighbor's home, and ask, "Could you tell me where Mr. John Doe lives? I am a home care aide who has been assigned to provide care for him after his accident."</li> <li>○ Never give out your patient's phone number to friends or family. This is a breach of confidentiality. If your family needs to reach you, then they may contact your office and your supervisor will notify you.</li> <li>○ Never store your patient's phone numbers in your cell phone. If the cell phone is lost, so is identifiable information.</li> <li>○ Do not assume that it is ok for you to discuss your patient's care with other family members. There could be complex family dynamics of which you may not be aware. Without consent from the patient, no part of your patient's care should be discussed with</li> </ul> </li> </ul>	

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	<p>family. Ask your patient if you have his or her permission to discuss the patient's care. Inform your supervisor if you have a request from the patient or family to do so.</p> <ul style="list-style-type: none"><li>○ Never leave patient care information where others could see it. This includes any type of demographic information containing name, address, phone number, social security number, medical diagnosis, etc., as well as the care plan and flowsheets documenting care.</li><li>○ Never take your patient's information into a public place to complete your documentation or for any other reason.</li><li>○ Never take information about one patient into the home of another patient. Even if you feel this information is secure in your bag or notebook, others may still have access to it. Your agency will advise you about proper methods to store information. Locks for bags or file boxes are an easy and inexpensive way to store patient information when not in use and when the need for transport exists.</li><li>○ Never leave patient's information in your car where someone can see it (e.g. on the dashboard, face-up on a seat, etc.)</li><li>○ Never leave patient's information in your home where others have access to it.</li><li>○ When your supervisor makes a visit to the patient's home while you are there, never discuss other patients in front of the current patient. If you need to discuss another patient's care with your supervisor, ask to speak with him or her in private. Walking your supervisor to his or her car is an appropriate option to discuss other patients.</li><li>○ Never telephone the office to discuss one patient when you are at another patient's home. The patient or family may overhear your phone call. If you must call the office to discuss another patient, do so in another room and never give the patient's name or other identifying information. You should say, "I am calling about my first patient of the day." Your supervisor has your schedule and will know that you wish to speak about Mr. Jones, your first patient of the day.</li><li>○ If you see your patient outside of their home, for example at the grocery store, never introduce the patient to your friends or family as your patient.</li><li>○ If your patient has guests, for example, insurance agents, friends, etc., never discuss your patient's care with them if questioned. You should ask your</li></ul>	
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	<p style="text-align: center;">patient if he/she wishes for you to leave the room if there are visitors or guests.</p>	
<p><b>Slide 28</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Innocent and non-malicious accidents will happen. There are times when unintentional breaches of personal information occur.</li> <li>• An example would be if a missent email or fax was received by your agency. The sender would be notified, and the message deleted with no further use or disclosure of the personal information. This is not a breach.</li> <li>• Another example is if you start discussing your patient's care, including personal and identifiable information, with a coworker. It turns out that the coworker is not assigned to your case and did not need to know that personal information. This was an inadvertent mistake and is not a breach if that staff member does not further disclose that information or use it inappropriately.</li> <li>• If you make an unintentional breach, the best thing to do is to tell your supervisor immediately. You can work as a team to try to rectify the situation as best as possible.</li> <li>• You may discuss patient care with any member of the health care team that is directly involved with your patient's care.</li> <li>• However, consider this scenario: as you come into the office, you speak to one of the receptionists and the receptionist tells you that Mr. Brown is his or her neighbor and asks you how he is feeling. Although the receptionist is a staff member of the agency and saw your patient's name listed somewhere, he/she has no reason to know the medical condition of this patient. Be careful that the people that you discuss patient care and concerns with are those who need to have information about your patient.</li> </ul>	
<p><b>Slide 29</b></p>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Your agency may undergo various audits to ensure that proper patient care is being carried out. Your supervisor would notify you and someone would notify the patient if such an audit were to happen. Your patient would first have to consent to the visit.</li> <li>• The auditor may ask you questions about why various parts of care are provided. Speak with your supervisor to make sure that the auditor is from a credible establishment and get approval from your supervisor prior to answering any questions.</li> <li>• Ask your supervisor how your agency documents those individuals that the patient has agreed to release</li> </ul>	

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	<p>medical information to. It is safe to discuss care with these individuals.</p> <ul style="list-style-type: none"> <li>• This means that someone from your agency has obtained consent to speak to these individuals about the patient's care.</li> </ul>	
<b>Slide 30</b>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• Report any breaks in confidentiality to your supervisor. Your agency may have a privacy officer who needs to further educate staff. Do your part to ensure that your agency is compliant with privacy and security standards.</li> <li>• If you overhear someone talking about a patient where others can hear, let that person know that you are able to hear the conversation and that he/she is breaking privacy rules.</li> <li>• If you overhear a past employee talking about a patient or the agency, report this as well. You are to abide by privacy standards even after the time you are no longer employed with your agency.</li> </ul>	
<b>Slide 31</b>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• HIPAA mandates that agencies provide written information to the patients stating how their information will be used.</li> <li>• Patients are notified that they have access to their own medical records if they wish to see them. You would notify your supervisor or privacy officer if your patients express a desire to view their medical records.</li> <li>• Your agency, supervisor, and professional staff are responsible for notification of the patient and having necessary information and forms completed.</li> <li>• Reassure your patients that all the information you know about them will remain confidential. Patients worry that others will be made aware of their health status and need for care.</li> </ul>	
<b>Slide 32</b> Activity #4	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• <b>Activity #4 – Case Scenarios</b></li> </ul>	
<b>Slide 33</b>	<p><b>Script</b></p> <ul style="list-style-type: none"> <li>• As you can see, there is a great deal that falls under the category of communication. Please be mindful of just how important communication is as you progress towards becoming a home care aide.</li> </ul>	