HC Unit 1 readings 3 ( from chapter 16 in the book)

Vocabulary:

Active listening Paraphrasing culture differences

Barriers in communication probing questions self esteem

Closed-ended questions leading questions

Open-ended questions reflecting

Empathy sender

Sympathy receiver

Feedback message

Nonverbal communication gossip

Pantomime self esteem

Trust body language

In the health care field we will be giving and receiving information from patients. We build upon the activities we have been doing since we early interacted with our caregivers (parents, guardians). We have a sender and receiver and a message that is being sent.

Being able to communicate effectively is so is so important for the well-being of your patient. When working with a patient from a different culture the development of good communication skills is even more important to bring well-being to your patient.

It has been stated, even in your textbook, that good communication skills can increase the speed of recovery.

Examine the scenarios below and describe why good communication skills would be important:

1. Pt. just finds out they have a terminal illness
2. Pt. will need additional surgery, after just recovering from the first surgery
3. Pt. will need to be admitted to the hospital after entering the Emergency room, presenting with just a sore throat.
4. Pt will need to have instructions how to use crutches.

When we communicate we actually do it in steps.

1. You think about what information you want to say, demonstrate or teach
2. You set your outcome, and organize your thoughts, gather materials( models or diagrams)
3. You deliver your message with words, and maybe a demonstration
4. You listen for the person to respond
5. You give some of your thoughts and **reflect (** restate what the person said I understood you said…**)** on what is said by giving **feedback** ( responding to what they said **)** to the person. Paraphrasing ( You said you find it difficult to brush your back teeth, because)
6. You check for understanding
7. Evaluate the encounter

Other interaction skills you should develop to enhance your communication skills: Develop trust (eye contact, answer all questions, explain for understanding) Show that you care about them ( don’t act like you are in a hurry, smile and listen carefully) Enhance the patients self- esteem ( involve the pt. in decisions) Who gets the information? In the US culture a pt. must sign a release to designate who receives health care information. Some cultures designate a family member ( oldest son or husband) to make decisions. ( this will be discussed further in the ethics unit)

**Types of questions:**

Open-ended – you want your patient to give you more than a yes or no response

Closed-ended- you would like the patient to just give you a yes or no

Probing question- you would like you patient to give you more information

Leading question- after the patient offers little information you might lead with a word : example with the pain sharp or dull.

**Body Language:** How you position your body and use your hands when communicating

This could include: how are you standing, are your arms crossed tightly to your chest, what facial expression are you using? How you are using your hands when you talk. What distance is between you and the patient?

Culture plays a large role in the use of body language. Pointing can be insulting, touching the head or patting on a child’s head would be considered disrespectful. Standing above someone older than you can be disrespectful.

**Use of Touch**: In health care you will be required to touch a patient, either giving care, helping positioning in a bed, wheel chair, dental chair, or on an x-ray machine. Always describe what you want the patient to do and where you will be assisting them.

**Physical Environment**: Where are you interacting with the patient? Is the room well lite? Is it too hot or cold? Are there other people in the area? Are you facing the patient? Is the area private? Is the pt. comfortable and not in extreme pain? A room well lite, comfortable room temp. quite, private and attentive health care worker helps with a positive outcome in communication.

**Good Listening skill:** Both the sender and receiver need to listen attentively. Asking questions and listening to responses can be cues to good listening skills.

**Special Needs and Communication:**

Terminally ill: Patients might have the need to share their feelings, cares and concerns. Good listening skills from a health care worker has been identified as a key part of communicating with the terminally ill patient

**Patient in pain, confused or disoriented**

Speak slowly, have eye contact, use short sentences, give the patient time to respond, repeat the information, if given permission by the patient give the information to the family member or write the information down.

**Patient with hearing , visual or speech impairments:**

Face the patient, repeat information, use various forms ( i.e. diagrams, pictures, written information) , have a good light source and reduce noise, speak slowly, watch for signs of misunderstanding.

**Visual limitations;**

Announce your presence and identify who you are. Use descriptive language in describing procedures, explain even noises that might occur, announce that you are leaving the room and when you will be back.

**Patients that are Angry,**

Anger is an emotional response. In a clinical setting the anger expressed might be a response of medication the patient is receiving as well as an outside issue that has occurred ( family , job, financial issue)

Never respond back with anger, remain calm, listen and show concern for the patient, answer the patient’s questions, bring an additional health care worker in or your supervisor to help resolve a particular problem.

**A Patients Who do not Speak English:**

Use simple words and sentences, do not use slang , repeat your message using different words, use a smile ( can mean good will) use pictures and write the message down, Use an interpreter ( or the computer machine that many hospitals have to translate the message)

**Gossip**:

“Gossip is unnecessary conversation often negative about people that are not present”

Gossip should be avoid and you should walk away if this a occurring or change the subject

**Humor:**

Use humor with care, what you think is funny might not be funny to your patient.