

# Communicating with People



## LEARNING OBJECTIVES

After finishing this inservice, you will be able to:

- Demonstrate good communication skills with patients, patient's representatives and caregivers as well as other agency staff.
- Explain the difference between verbal and nonverbal communication.
- List strategies for enhancing communication and cultural sensitivity.
- List strategies for communicating with people who have sensory impairments.
- Describe communication techniques that can be effective when discussing difficult topics.
- Describe how aides use communication skills to assist with teaching and reinforcing new information and skills.
- Describe the aide's role in communicating with family members.
- Describe the aide's role in making and reporting observations.
- Describe guidelines for recording information.
- Describe guidelines for using the telephone.



## Introduction

Most people think that communication is something we all do naturally every day. However, you probably realize from personal experience how common it is for people to misunderstand one another. Good communication skills need to be learned.

Communication is the process of sending and receiving information with others. In addition to spoken language, communication can also occur using signs and symbols, such as words, drawings and pictures or through behavior. Good communication skills are essential to

providing quality care. As an aide, you must be able to communicate effectively with those in your care as well as the patient's family and other members of the health care team.

## Communication Basics

### *Communication Model*

People express themselves both verbally and nonverbally. **Verbal communication** involves the use of words, spoken or written as well as *American Sign Language*, the system of hand movements used by many people with hearing impairments. Oral reports are an example of verbal communication. **Nonverbal communication** is the way we communicate without using words. It is the sharing of information and feelings through body language, including gestures, body position,

movement, facial expressions and tone of voice. Examples include shaking your head or shrugging your shoulders. Nonverbal communication also includes how a person says something. For example, you might say, “*I’ll be right there, Mr. Jackson.*” 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. JACKSON!*”

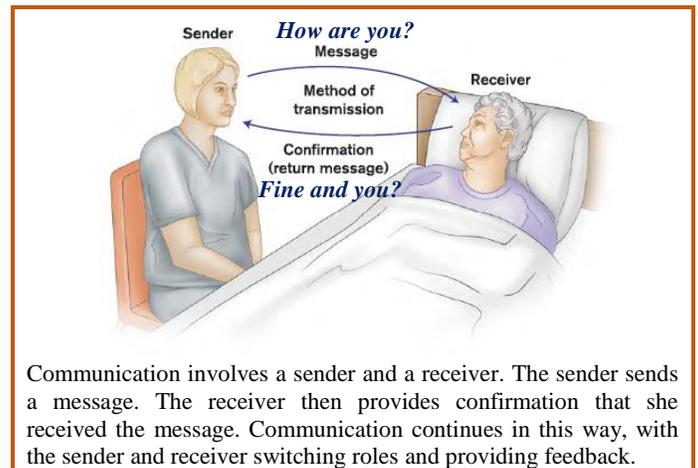
As an aide, you will use both verbal and nonverbal methods to communicate with others. For example, when you are caring for a person with dementia, it is often most effective to show as well as tell the person what you need them to do. If you want the person to sit down, you could say, for example, “*Mr. Johnson, please sit here*” (verbal communication) while patting the seat of the chair (nonverbal communication). To reassure a person, you might say, “*I’m here for you*” (verbal communication) while gently resting your hand on the person’s hand (nonverbal communication). You must also be aware of the methods others are using to communicate with you. Paying attention to a person’s nonverbal body language such as body movements, posture, and facial expressions can signal different attitudes or emotions and give you important information, in addition to what the person may be telling you. For example, a person may not complain of pain, but the way he/she carries their body or the expression on their face when they move a certain body part may tell you that something is wrong.

### *Strategies for Effective Communication*

To be a skilled communicator, you must be able to express yourself clearly in a way the other person can easily understand. You must also be able to receive information from the other person, which requires good listening and observing skills. Strategies for effective communication include the following:

- **Make sure your message is clear.** Communication can fail when the other person does not fully

understand your message. Tips for ensuring that your message is clear are provided in the picture below.



Communication involves a sender and a receiver. The sender sends a message. The receiver then provides confirmation that she received the message. Communication continues in this way, with the sender and receiver switching roles and providing feedback.

- **Provide and seek confirmation.** When you are the receiver, confirm that you have received the sender’s message by repeating, in your own words, what the sender said. If you have misunderstood the sender’s message, this will be clear to the sender and they can correct any misunderstandings immediately. Sometimes, when you are the sender, it may be necessary to prompt the receiver to provide confirmation. One effective way to do this is to ask an open-ended question. An open-ended question is one that requires more than a simple “yes” or “no” answer, such as “*Could you repeat back the plan for tomorrow?*” This type of question requires the person to repeat, in their own words, what they understand your message to be, which will allow you to correct any misunderstandings as needed. If you ask a close-ended question (one that can be answered with a simple “yes” or “no”), such as “*Do you understand what is happening tomorrow?*” the person might say “yes” even if they did not fully understand your message.
- **Be an active participant in the conversation.** When you are the receiver, give the sender your full attention. Be an active listener.

Avoid interrupting the person, or thinking about what you are going to say next. Instead, focus closely on what the person is trying to tell you, both verbally and nonverbally. Ask questions, as necessary, to make sure you understand the person correctly. As appropriate, prompt the person to give you more information or to continue talking by repeating the person’s own statement back to him. For example, if Mr. Jones says to you, *“I just don’t feel like myself today,”* you could respond by saying, *“You don’t feel like yourself today, Mr. Jones?”* This type of response indicates to Mr. Jones that you were listening to what he said, and that you would like him to tell you more about how he is feeling.

- Be mindful of the nonverbal messages you are sending. Remember that your body language sends a message too (See *Body Language* box). Just as with speaking, you send messages with your body. Other people receive them and interpret them. For example, slouching in a chair and sitting up straight send two different messages. Slouching sends the message that you are bored, tired or hostile. Sitting up straight sends the message that you are interested and respectful. Pay attention to things like your tone of voice, your facial expressions, your gestures and how you hold your body. Make sure that your nonverbal messages match your verbal ones.



- Remember the importance of touch. A caring touch, such as a hand on a shoulder, a pat on the back or a hug, is often a good way to make someone feel special or emphasize what you are saying. However, touching is not considered appropriate in all cultures, and some people simply do not like to be touched. Be sure you are aware of the person’s comfort level with this form of communication before using it!

BODY LANGUAGE		
	Sends a Positive Message	Sends a Negative Message
<b>Tone of Voice</b>	<ul style="list-style-type: none"> <li>• Moderate volume</li> <li>• Calm, relaxed</li> <li>• Clear</li> </ul>	<ul style="list-style-type: none"> <li>• Too loud or too soft</li> <li>• Sharp, rushed</li> <li>• Mumbling</li> <li>• Sighing Loudly</li> </ul>
<b>Facial Expressions</b>	<ul style="list-style-type: none"> <li>• Smiling</li> <li>• Concerned (depending on the situation)</li> </ul>	<ul style="list-style-type: none"> <li>• Frowning</li> <li>• Grimacing</li> <li>• Eye rolling</li> <li>• Yawning</li> </ul>
<b>Gestures</b>	<ul style="list-style-type: none"> <li>• Sitting down</li> <li>• Patting a person’s arm or holding a person’s hand</li> <li>• Nodding as the person speaks</li> <li>• Making good eye contact (unless this is considered disrespectful in the person’s culture)</li> </ul>	<ul style="list-style-type: none"> <li>• Checking watch or looking toward door</li> <li>• Glancing away from the person as he or she talks</li> </ul>
<b>Body Position and Movement</b>	<ul style="list-style-type: none"> <li>• Positioning yourself to be at eye level with the person</li> <li>• Leaning toward the person as he or she talks</li> </ul>	<ul style="list-style-type: none"> <li>• Standing over the person</li> <li>• Crossing your arms</li> <li>• Tapping your feet</li> <li>• Slouching</li> </ul>

- When communication is confusing, try to clarify it. Ask for an explanation of the message. For example, you could say something like *“Mrs. Conner, you’ve just told me something that I don’t understand, would you explain it to me?”* or state what you have observed and ask if the observation is correct. For example, *“Mrs. Conner, I see that you are smiling, but I hear by the sound of your voice that you may be sad. Are you sad?”* Take the time to clarify communication. It can help you

know your patients better and avoid misunderstandings.

### *Cultural Sensitivity*

Nonverbal communication may depend on personality or cultural background. A culture is a system of learned behaviors, practiced by a certain group of people. These learned behaviors are considered to be the tradition of that people and are passed on from one generation to the next. Each culture may have different knowledge, behaviors, beliefs, values, attitudes, religions, and customs.

Some people are more animated using lots of gestures and facial expressions when they speak. Others may speak in a calm quiet voice despite their mood. Some people stand close to the person they are speaking with or touch the other person. Other people from different cultural backgrounds may stand farther apart when talking with another other person.

The use of touch and eye contact also varies with cultural background and personality. For some people touching is welcomed, while other perceive touching as intrusive, threatening or even harassing. In the United States, we regard eye contact as a sign of honesty. However, in some cultures, looking someone in the eye may seem overly bold or disrespectful.

Learning each patient's behavior can be a challenge, but it is important part of communication, especially in a multicultural society. Be aware of the messages you send and receive. As you listen, observe carefully to better understand your patient's needs and feelings.

### *Ensuring a Clear Message*

When speaking:

- Use words that the person understands. Avoid using terms or abbreviations that are unfamiliar to the person you are communicating with. Use the simplest words you can to get the message across.
- Talk slowly enough to express your thoughts clearly and to give the person time to think about what you

are saying. Pause periodically to give the person the opportunity to respond or ask questions.

- Speak loudly enough to be heard, but not too loudly. If the person is having trouble hearing you, move closer to her.
- If the person speaks a different language than you do, hand gestures, drawings and picture boards can be effective for communicating simple messages. More complex messages may require the aid of a translator to ensure that your meaning is clear.

When writing:

- Write neatly. If your handwriting is hard to read, print instead.
- If you are writing something for a person with limited eyesight, use large letters. Write with a thick black or dark blue pen on white paper.
- Be specific. For example, if you are noting the time, be sure to write a.m. or p.m.

Spell correctly. If you are not sure of the spelling, look the word up in a dictionary or ask.

### **Communicating with Those in Your Care**

In your work as an aide, your ability to communicate can have a positive impact on the health and well-being of the people in your care.

### *Communicating with People with Sensory Impairments*

We rely very much on our senses of hearing and sight for effective communication. Many of the people in your care will have difficulty seeing or hearing. When you are caring for a person with impaired sight or hearing, there are strategies you can use to enhance communication.

### Visual Impairment

Visual impairment may have many causes, such as cataracts (a clouding of the lens in the eye that is caused by aging, injury or other diseases) or diabetes. When caring for a person with impaired sight, use your communication skills to help orient the person to surroundings and events.

- Knock on the person's door or tell him right away that you are there so that you don't startle him. Stand where he can see you, and call him by name: "*Good morning, Mr. Wilson.*" Then tell him who you are.
- Describe the person's surroundings and tell him what is going on. Describe the people or events in a way that helps to create a mental picture: "*Mr. Wilson, your daughter Susan is here, and she's wearing a beautiful red dress.*" Or "*It's sunny today, and the patio door is open if you would like to go outside.*"
- As you move through a skill, describe each step as you are doing it. When using a piece of equipment, describe it to the person. If it doesn't cause an infection control risk and if he is interested, let him touch what you are holding.
- When helping the person move around, encourage him to hold your arm just above your elbow for support, describe where you are going and mention things that are in your path: "*We're going up three steps now.*"

### Hearing Impairment

Some people who are hearing-impaired may be deaf, whereas others may have problems hearing only certain sounds. Learn what the patients in your care can and cannot hear. Hearing aids improve some hearing problems but are not always completely effective. If the person uses a hearing aid, encourage your patient to wear it whenever they are awake, and ask them from time to time whether it is working well.

Help your patient use and care for their hearing aid properly.

Other ways you can help improve communication with a person with impaired hearing include the following:

- Always approach the person from the front, and gently touch the person on the hand or arm to gain the person's attention before speaking.
- If someone hears more clearly in one ear than the other, find out which ear is better, and position yourself near that ear when you talk.
- Be aware that hearing-impaired people often learn to read lips and rely on watching your mouth move. When speaking with the person, position yourself so that she can see your mouth and facial expressions as you can see in this picture. Pronounce your words slowly and clearly, and speak in short sentences.
- If the person does not seem to understand what you are saying, change your words, not the volume of your voice, unless you spoke too softly. Shouting sometimes creates more distress for the person, and she still may not understand what you are saying.
- Reduce background noise as much as possible, because television or radio sounds can be very distracting to the person with a hearing impairment during conversation.
- Use gestures to help explain what you are saying. Or, if the person can read, write messages on paper. When you have important information to get across, make sure that the person understands you by asking her for confirmation.



### Communicating About Difficult Topics

A person receiving health care, and their family members, may face difficult situations, which are often accompanied by complex emotions. The patient in your care, or their family members, may express these emotions and thoughts to you. For example, a person who has just been admitted to home care might say, “*My family doesn’t care about me anymore.*” Or a family member whose mother is in the last stage of a terminal illness might say, “*I wish she would just die.*” Comments like this may make you feel uncomfortable, afraid, nervous or unsure about how to respond.

Your first response might be to try and end the conversation quickly by leaving the room or changing the subject. Or, you might say something like “*You don’t really mean that*” or “*Don’t be silly.*” However, these sorts of responses cut off communication with the person. Because part of your job is to listen and talk with those in your care, it is important to keep lines of communication open. The following suggestions may help you when it is necessary to communicate about difficult topics:

- Show the person that you care about her feelings by stopping what you are doing, paying full attention and making eye contact. If it is appropriate, hold or gently squeeze their hand or touch them on the shoulder. Sometimes all the person needs is someone to listen. If the person feels your interest and concern, your silent support can sometimes help more than words.
- Encourage the person to talk by asking a question that focuses on what she is telling you (for example, “*Are you saying that you miss being close to another person?*”) Or confirm the person’s message by repeating it in your own words: “*It sounds like you are saying that you*



*miss seeing and hearing from your family.*”

- If the person needs answers or help that you are unable to provide, involve other members of the health care team. Tell the person in your care that you will talk with someone who may be able to help. Then be sure to follow through.

### Teaching and Reinforcing New Information and Skills

As an aide, you play an important role in helping the people in your care achieve or maintain their best level of health and functioning. One way you will do this is by using your communication skills to provide people with information and skills that can help them to remain independent and regain their health to the greatest extent possible. You will also use your communication skills to provide ongoing support and encouragement as the person learns new skills and behaviors.

Because you will spend the most time with the person every day, you will often be in a good position to help reinforce (strengthen) the teaching that another member of the health care team has started. For example, the physical therapist has been working with Mr. Wilson to teach him how to walk with a cane. You can reinforce these lessons by observing Mr. Wilson’s use of the cane when you help him to get from one place to another, and reporting your observations about Mr. Wilson’s ability to use the cane to the nurse or physical therapist. You may also be responsible for teaching a person how to do certain things that are within your scope of practice. For example, Mrs. Simmons has weakness on her left side because of a stroke. You can show Mrs. Simmons techniques that will make it easier for her to dress herself.



As you provide care, you may recognize that a person does not fully understand information he has been given or skills he has been taught. For example, the person may make a comment or ask a question that alerts you to the need for more teaching. Reinforce the information the person has already been given, and then make sure to report the person's need for more information to the nurse. For example, Mr. Rivera, a 78-year-old man in your care, who had a stroke, takes medication that increases the amount of time it takes for blood to clot. Even a small cut may cause serious bleeding. The nurse has instructed you to have Mr. Rivera switch from shaving with a safety razor to shaving with an electric razor to help prevent nicking his skin. One morning, while helping Mr. Rivera shave, you have the following conversation with him.

Mr. Rivera: *"I don't see why I have to use this electric razor. I've been shaving with my razor for years, and I never had a problem."*

You could say: *"I know you like the safety razor better, Mr. Rivera, but because of the kind of medication you are taking, it is important that you don't cut yourself. The electric razor doesn't nick your skin, so it is safer for you to use."*

Mr. Rivera: *"I don't like electric razors, but I don't like bleeding either, so I guess I'd better try it."*

By providing Mr. Rivera with an explanation for the change, you have helped him become more accepting of it. You should also report this conversation to the nurse, because it is possible that Mr. Rivera needs more information about the medication he is taking (for example, why he is taking it and how it works).

### Communicating with Family Members

As an aide, you must be able to communicate effectively with the family members of the people in your care. Because you will spend a great deal of time with the person and provide the most assistance with routine activities, you will often be the first member of the health care team family members ask for information about the person's physical health and

abilities, emotional status and overall well-being. If a family member asks a question that you are not qualified to answer, make arrangements for the family member to speak with the nurse.



Be aware that the way you communicate with family members contributes to the overall impression they have of the care their loved one is receiving. You can help family members feel more comfortable by explaining your role in providing care, and explaining why you do things in a certain way. Build a relationship with the family by getting to know the family members, learning about their family history, talking with them and listening to them. Family members often can provide valuable information. For example, what techniques they have found to be most effective in caring for their loved one. Welcome their input and feedback. The information provided by family members can make your job easier and increase the quality of the care you provide.

Sometimes, family members may voice a complaint or a concern about their family member's care. When this happens, it is important to respond in a professional manner, and to seek a solution to the problem. Avoid becoming defensive or angry. Instead, use your communication skills to gain a full understanding of the family member's concerns and to reassure the family member that you understand her concerns and will take the appropriate measures to resolve them.

### Communicating with Other Members of the Health Care Team

The members of the health care team must communicate effectively with each other to ensure coordinated, high-quality care. As an aide, you are often able to gather important information about those in your care. You must know how to report and record this information so that it is available to other members of the health care team.

### *Understanding Abbreviations*

To communicate effectively with other members of the health care team, you must be able to understand and use medical words and abbreviations.

When speaking with patients and their families, use simple, non-medical terms. Do not use medical terms because your patient or their family may not understand them. When you are speaking with the care team, however, using medical terminology will help you give more complete information.

You will also notice that the members of the health care team often use abbreviations, or shortened forms of words and phrases, when communicating with each other. Using abbreviations can make communication more efficient by saving time and space. Sometimes abbreviations are formed from the initial letters of each word in a phrase, such as “DHCS” for “director of health care services.” Others are just shortened versions of a word, such as “cath” for “catheter.” Some abbreviations used in health care do not seem to relate to the words they stand for at all, such as “NPO.” This is because “NPO,” which means “nothing by mouth,” comes from the Latin phrase “nils per os.” When using abbreviations, it is very important to only use those that have been approved by your employer. You may also need to know these abbreviations to read your patient assignments or service plan. This helps to ensure that the meaning of the abbreviation is clear to everyone.

### *Reporting*

**Reporting** is the verbal exchange of information between members of the health care team. Reporting happens throughout the patient’s care and when it is necessary to coordinate care or communicate a change in a person’s condition to other members of the patient’s health care team. You must always report to your supervisor any changes in the patient’s status or condition as well as changes in the patient’s body functions or skin condition when providing care to a patient as well as whenever else you think

it is necessary. You spend a great deal of time with patient’s in your care. You will often be the first to notice a change in a patient’s condition, abilities or emotional status that should be reported to your supervisor.

Anything that endangers patients should be reported immediately. Examples include the following:

- Falls
- Difficulty breathing
- Change in mental status
- High fever
- Los of consciousness
- Bruises, abrasions, skin tears, or other signs of possible abuse
- Chest pain
- Abnormal blood pressure, pulse, respiration
- Sudden weakness or loss of mobility
- Bleeding
- Change in patient’s condition

Sometimes your supervisor or another member of the care team will give you a brief oral report on one of your patients. Listen carefully and take notes if you need to. Ask about anything that you do not understand. At the end of the report, restate what you have been told to make sure you understand. An oral report from another home health aide can be helpful when you are new on a case.

Be careful of misunderstanding when giving or receiving oral reports. If an oral report seems to require a change in your assignment sheet, request that the change be made.

### *Observe and Report Accurately*

Observations you make about the person’s condition can take two main forms:

- **Objective observations** relate to information that you obtain directly, using one of your five senses. For example, you may feel that a person’s skin is hot and dry, or you may measure a person’s blood pressure using a blood pressure cuff.
- **Subjective observations** relate to information that you cannot detect with one of your five senses or cannot measure using equipment.

For example, a person may tell you that she has a headache or that she did not sleep well the night before. These observations are subjective because you cannot detect the person's pain or tiredness with your own senses. Instead, you must rely on what the person is telling you.

As you make observations, you must decide what information to pass on to other members of the health care team. When deciding what to report, focus on the word change. Report observations that indicate changes in the person's:

- ✓ Skin condition or color
- ✓ Urine or bowel movements
- ✓ Mental awareness
- ✓ Level of independence
- ✓ Comfort level
- ✓ Breathing (e.g., increased SOB)
- ✓ Care/Services (e.g., refusing a service)
- ✓ Mood
- ✓ Appetite
- ✓ Sleep habits
- ✓ Behavior
- ✓ Vital signs
- ✓ Pain

If you are ever in doubt about whether you should report an observation to the nurse, remember the following guideline: "*When in doubt, report.*" It is best to share your observations with the nurse and let the nurse determine whether additional follow-up is needed.

Remember that the members of the health care team, who do not have the opportunity to spend as much time with the patient as you do, rely heavily on your observations. When reporting, include as many accurate details as possible, and focus on facts rather than your personal opinions. Look at the following examples:

**Example 1.** Mrs. Holt is recovering from a broken hip. You are to help her stand three times a day. Usually she can stand for 2 or 3 minutes each afternoon. Today, using your arm for support, Mrs. Holt stood for 5 minutes.

Helpful: "*Mrs. Holt stood for 5 minutes this afternoon. She leaned on my arm. In the past, she has only been able to stand for 2 or 3 minutes at a time.*"

Less helpful: "*Mrs. Holt stood for longer than usual.*"

**Example 2.** Since his stroke, Mr. Monte has been working with an occupational therapist to relearn how to shave using an electric razor. When he started therapy last week, he had a hard time holding the razor and making his hand move the right way. He got frustrated and asked you to finish the job. Today you notice that he shaved his whole face.

Helpful: "*Mr. Monte has made progress with his shaving skills. He is able to shave his whole face.*"

Less helpful: "*Mr. Monte is doing better holding the razor.*"

**Example 3.** Mrs. Kotch has dementia. This morning while you were trying to help her with her morning care, she picked up a brush, threw it at you, and yelled "*Get out!*" Usually, Mrs. Kotch is cooperative when you provide care.

Helpful: "*This morning while I was trying to help Mrs. Kotch get dressed, she picked up her hairbrush and threw it at me, telling me to get out. She does not usually behave like this.*"

Less helpful: "*Mrs. Kotch tried to hit me with a hairbrush this morning.*"

### Recording/Documenting

**Recording**, also called documenting, is the written exchange of information between members of the health care team.

Recording takes place on various forms, which are contained in the patient's record (a legal document that details the patient's condition, the measures taken by the health care team to diagnose and manage the condition, and the patient's response to the care provided). Traditionally, patient records have been kept on paper, but electronic medical records (kept on a computer) are becoming increasingly more common.

When working with a patient's record, it is very important to remember what you learned in HIPAA about maintaining the person's confidentiality. Always return paper records to their proper location in

your agency’s office when you are finished using them or when turning in your notes. If electronic patient records are in use, always log off the computer when you are finished using it. Remember that only the members of the health care team who are directly involved in providing care to the patient need to have access to the patient’s record.

**Key forms**

The patient’s record contains many different forms. There are two forms that are of interest to the aide: the care/service plan and nursing notes.

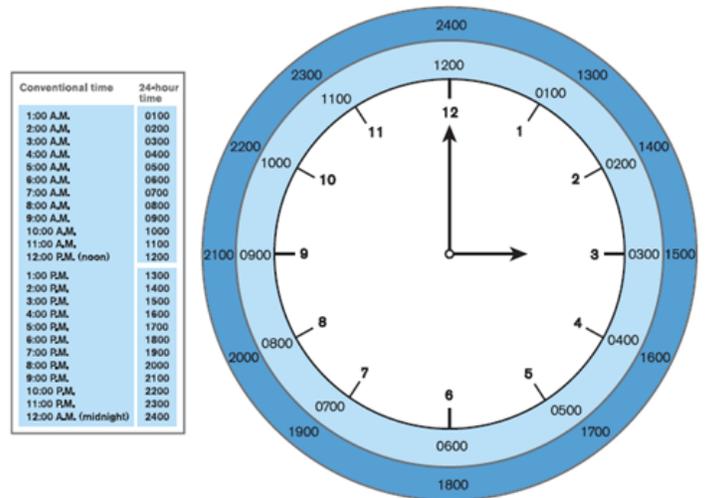
- Care/Service plan. Each visit/shift, the first form you will refer to is the patient’s care/service plan. The care/service plan details the care/services the patient requires, and the methods, equipment and frequency for providing that care/service. Because the patient’s condition may change, the care/service plan is updated frequently, so you must check it every visit/shift. The care/service plan may take the form of a computer print-out, or it may be kept as a hand-written form.
- Nursing notes. This form is used by the nursing staff to document the person’s condition, the nursing care provided to the person, and any significant events that took place during the visit or shift. You are required to report your observations to the nurse so that he or she can update their notes as well as provide communication and coordination of care with other team members as applicable.

**Guidelines for Recording**

Depending on your agency’s policy, you may be responsible for recording electronically or by hand writing the care/services you provided. Aides must document the care/services they provide and the observations they make in their

aide visit/shift notes. It is important to do it correctly and accurately. The patient’s record is a legal document. As such, it is a formal accounting of the care/service a person receives while in your agency’s care, and can be used as evidence should a legal problem or dispute arise. In addition, other members of the health care team rely on what is documented to evaluate the patient’s condition (for example, how well the person is responding to treatment) and to make decisions about future care measures. Also, it is important to understand that in home care agencies that receive federal funding (for example, Medicare or Medicaid payments), accurate documentation is essential to ensure that the agency receives the proper payment for services that were provided, and that the patient continues to receive services that they are eligible for.

Whenever you record information in the patient’s record, include the date, the time and your initials or signature/title.



When documenting, use the time method that your employer has designated to express time such as AM/PM (e.g., 3:00 AM, 3:00 PM) or the 24-hour clock (also called military time) 0300, 1500). Other guidelines for proper documentation are given below.

AIDE DO's and DON'Ts		
RECORDING / DOCUMENTATION		
<p><b>DO</b> make sure that you are recording the information on the correct patient's record</p>	<p><b>DO</b> record facts, not opinions</p> <p><b>DO</b> use black ink.</p>	<p><b>DON'T</b> record services before you actually provide them.</p>
<p><b>DO</b> include the date, the time and your initials or signature for every entry you make.</p>	<p><b>DON'T</b> erase mistakes. Instead, follow your agency's policy for correcting mistakes. For example, draw a line through the mistake, note the correct entry next to or above the stricken mistake and initial and date it.</p>	<p><b>DO</b> record only services that you have personally provided and observations that you have personally made.</p>
<p><b>DO</b> use proper medical terminology and abbreviations, per your agency's policy.</p>	<p><b>DO</b> record promptly after providing care or making observations.</p>	<p><b>DO</b> remember that, in a legal situation, care/service that was not recorded is considered care/service that was not provided.</p>

*Using the Telephone*

**Telephone:** In your work, you may use the phone to receive or make calls.



When using the phone:

- **Be professional.** Know how to use the office's telephone system when you are calling into the office to reach the correct person, leave a voice mail, transfer a call or use any other features.

- **Identify yourself.** When you answer the phone, greet the caller and state your name and ask how you can be of assistance. For example, *"Hello, this is Melissa Schmidt speaking. How can I help you?"*. When you are placing a call, identify yourself as soon as the other person picks up.
- **Be courteous.** Answer the telephone as soon as you hear it ring. Speak slowly and clearly, in a pleasant tone of voice. If you must put a caller on hold, do it for only a short time. If the wait is going to be longer than a minute, get back on the line to let the caller know, and offer to call them back.
- **Take accurate messages.** If you are asked to take a message, write it down carefully and repeat it to the caller to make sure the information is correct. Include the date and time of the call on the message, and sign your name. Make sure that your message is complete. To make sure that you have not made any mistakes, check over what you have written before you deliver the message.
- **Respect privacy.** Visitors may ask questions about someone's health or may request other personal information. Do not provide any information unless you are sure that your employer and your patient permits it, and be sure that any information you provide is correct. If you are unsure about what information to provide to the caller or visitor, ask your supervisor.

## Barriers to Communication

Communication can be blocked or disrupted in many ways. Following are some barriers and ways to avoid them.

Barriers	Better Communication
<b>Patient does not hear correctly or does not understand.</b>	Stand directly facing the person. Speak slowly and clearly. Do not shout, whisper or mumble. Speak in a low, pleasant professional tone of voice.
<b>Patient is difficult to understand.</b>	Be patient and take time to listen. Ask the person to repeat or explain the message. Restate the message in your own words to make sure you have understood.
<b>Aide, patient and family use words that are not understood.</b>	Do not use medical terms with patients and families. Speak in simple, everyday words. Ask what a word means if you are unsure.
<b>Aide uses slang or profanity.</b>	Avoid using slang words or expressions. They are unprofessional and may be misunderstood. Do not use profanity even if the patient does.
<b>Aide responds with “why”.</b>	“Why” questions make people defensive. Asking “why not?” may get you an angry response. Instead ask an open-ended question that cannot be answered with a yes or no. For example, “Are you too tired to take a walk or is there something else you would like to do?”
<b>Aide gives advice.</b>	Do not offer your opinion or give advice. Giving advice is not within the scope of an aide’s practice and could be dangerous. Giving advice about running the household can seem pushy and intrusive.
<b>Patient speaks a different language.</b>	Speak slowly and clearly. Keep your messages short and simple. Be alert for words the patient understands as well as for signs that the patient is only pretending to understand you. You may need to use pictures and gestures to communicate. Be patient and remain calm.
<b>Aide uses clichés (phrases that are used over and over again that don’t really mean anything).</b>	Instead of using a cliché such as “Everything will be fine”, listen to what your patient is really saying. Respond with a meaningful and thoughtful message. For example, if a patient is afraid to take a shower, say “I understand that it seems scary to you. What can I do to make you feel more at ease?” instead of saying “Don’t worry, it’ll be over in a minute”
<b>Aide asks questions that require yes/no answers.</b>	Ask open ended questions that need more than a yes or no response. Yes/no answers end conversation. For example, if you want to know what your patient likes to eat, do not ask “Do you like vegetables?” Instead “Which vegetables do you like best?”
<b>Aide or patient uses nonverbal communication</b>	Be aware of your body language and gestures when you are speaking. Look for nonverbal messages from your patient and clarify them. For example, “Mr. Taylor, you say that you feel fine but you seem to be in pain. Is that true? What can I do to help you?”

## Summary

Communication skills include the ability to read, write, and verbally report clinical information to patients, representatives, and caregivers as well as to other home health care staff. Communication is the process of giving and receiving information. Good communication skills include listening, verbal and nonverbal communication, clarifying, confirming, respect, empathy, friendliness, and confidence. These attributes are essential for providing quality care and for communicating effectively with patients, their family, and caregivers and other members of the home health care team.

### Suggested Reading:

Providing Home Care, A Textbook for Home Health Aides-4<sup>th</sup> Edition, by William Leahy, MD with Jetta Fuzy, RN, MS and Julie Grafe, RN, BSN

Mosby’s Textbook for the Home Care Aide-3<sup>rd</sup> Edition, by Joan Birchenall and Eileen Straight; Home Care: Patient and Family Instructions, Zastocki, Rovinski-Wagner

Communication Skills for the Workplace, The Balance <https://www.thebalance.com/communication-skills-list-2063779> accessed May 31, 2017

Hearing Loss Association of America: <http://www.hearingloss.org/>

National Institute of Health (NIH), Eyes and Vision: <http://health.nih.gov/category/EyesandVision>

National Institute on Deafness and Other Communication Disorders (NIDCD) [www.nidcd.nih.gov](http://www.nidcd.nih.gov)