

4

Communication and Cultural Diversity



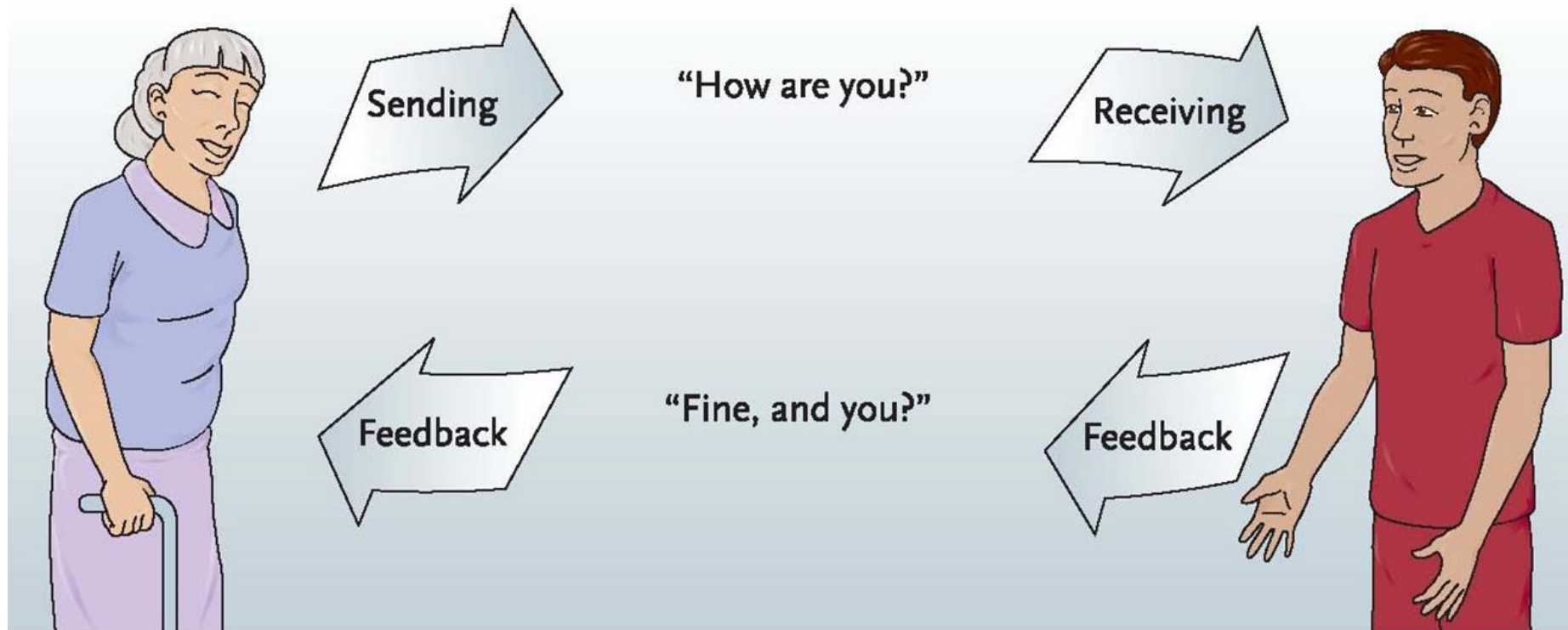
1. Define communication

Define the following term:

communication

the process of exchanging information with others.

Key Material 4-1: Communication Process



1. Define communication

HHAs should know the three parts of the communication process:

- Sender sends a message
- Receiver receives message
- Receiver provides feedback

1. Define communication

Think about these questions:

Who is the sender in the HHA-client relationship?

Is it always the same person?

2. Explain verbal and nonverbal communication

Define the following terms:

verbal communication

communication involving the use of words or sounds, spoken or written.

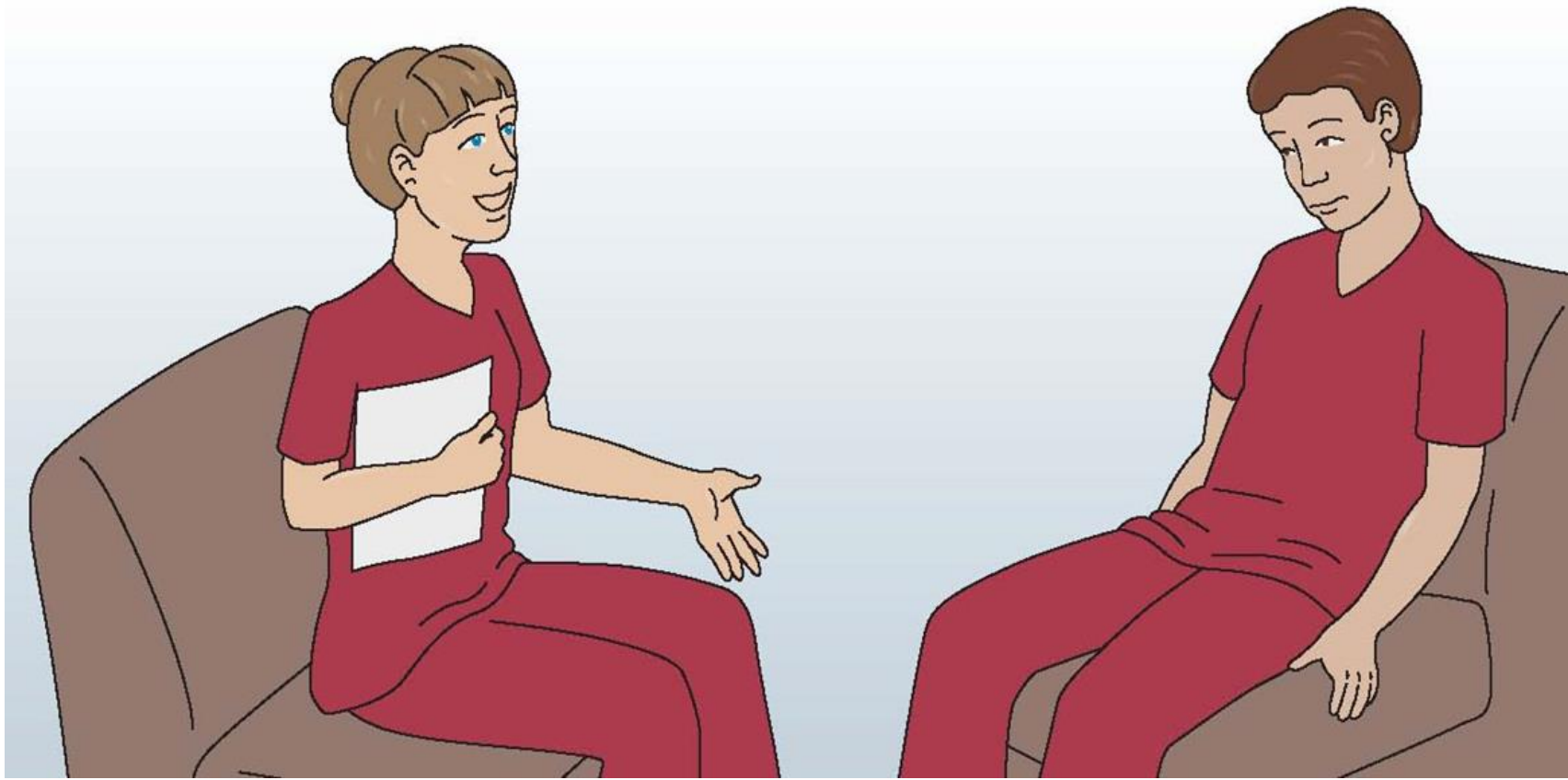
nonverbal communication

communication without using words.

culture

a system of learned beliefs and behaviors that are practiced by a group of people and are often passed on from one generation to the next.

Key Material 4-2: Body Language



2. Explain verbal and nonverbal communication

Think about the body language illustration and answer the following question:

Which of the people seems more interested in their conversation—the person who is looking down and slumped in his chair or the person on the left who is sitting up straight and smiling?

2. Explain verbal and nonverbal communication

Critical Thinking: Conversation Starter

- What are your preferences regarding the following communication issues: distance, touch, and eye contact?
- How can you use observation as a form of nonverbal communication with a client?
- When would it be especially important to watch for conflicts between verbal and nonverbal messages in clients?
- How could you use verbal or nonverbal communication to reach a specific goal (e.g., reassuring an anxious client)?

2. Explain verbal and nonverbal communication

Think about these questions:

How is body language a form of communication?

How can the HHA use observation as a form of nonverbal communication with a client?

When would it be especially important to watch for conflicts between verbal and nonverbal messages in clients?

How could an HHA use verbal or nonverbal communication to reach a specific goal

2. Explain verbal and nonverbal communication

Remember:

Nonverbal communication may depend on personality or cultural background. Each culture may have different knowledge, behaviors, beliefs, values, attitudes, religions, and customs and all of these can influence communication.

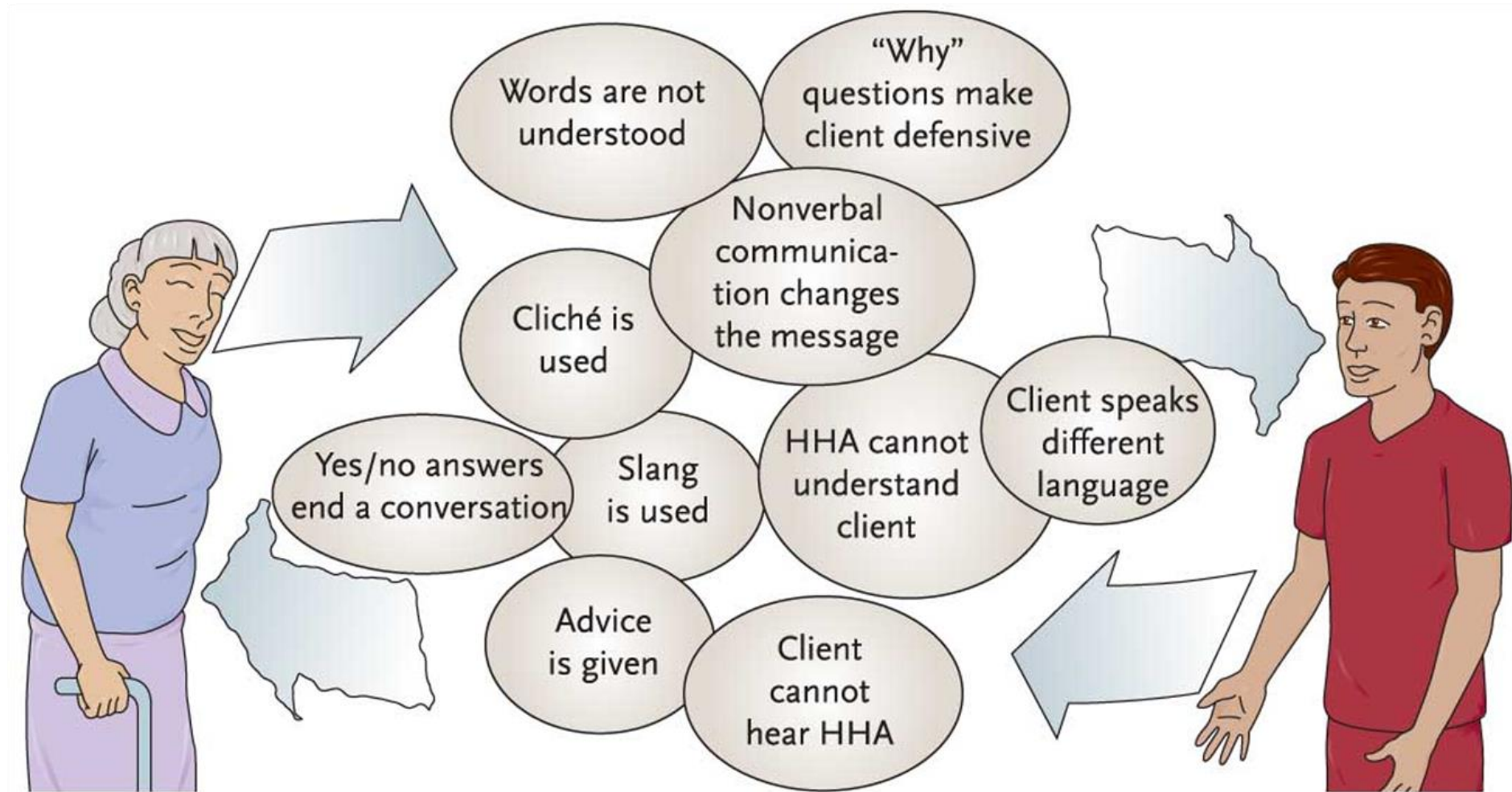
3. Identify barriers to communication

Define the following term:

clichés

phrases that are used repeatedly and do not really mean anything.

Key Material 4-3: Barriers to Communication



3. Identify barriers to communication

Remember these barriers to communication:

- Client does not hear, does not hear correctly, or does not understand
- Client is difficult to understand
- HHA, client, or others use words that are not understood
- Use of slang or profanity
- Use of clichés

3. Identify barriers to communication

Barriers to communication (cont'd):

- HHA responds with “why”
- HHA gives advice
- HHA asks yes/no questions
- Client speaks different language
- HHA or client uses nonverbal communication

3. Identify barriers to communication

Discussion:

Give examples of slang expressions that you use or that you hear others use.

3. Identify barriers to communication

Critical Thinking: Conversation Starter

- Can you describe a situation in which you have wasted much time and effort because of miscommunication? How could that have been avoided?
- Can you describe a situation in which effective communication resulted in a positive outcome?

4. List ways to make communication accurate and explain how to develop effective interpersonal relationships

These techniques can help in sending and receiving clear and complete messages:

- Be a good listener
- Provide feedback
- Bring up topics of concern
- Allow pauses
- Tune into other cultures
- Accept a client's religion or lack of religion
- Understand the importance of touch.
- Ask for more information
- Make sure communication aids are clean and work well

4. List ways to make communication accurate and explain how to develop effective interpersonal relationships

These strategies make for effective client/HHA communication:

- Avoid changing subject
- Do not ignore requests
- Do not talk down to client
- Sit near the client
- Lean forward when the client is speaking
- Talk directly to the client
- Approach the client
- Be empathetic
- Have time for client's family and friends

5. Describe the difference between facts and opinions

It is important to understand the difference between facts and opinions. Separating facts from opinions can make a person a better communicator.

- A fact is something that is definitely true
 - Example of a fact: “Mr. Ford has lost four pounds this month.”
- An opinion is something someone believes to be true, but is not definitely true or cannot be proven
 - Example of an opinion: “I think Mr. Ford looks thinner.”

5. Describe the difference between facts and opinions

Think about this question:

Why is it important for HHAs to report facts?

6. Describe basic medical terminology and approved abbreviations

Define the following term:

cyanotic

blue or gray skin color.

6. Describe basic medical terminology and approved abbreviations

Medical terms are made up of roots, prefixes, and suffixes.

- A root is a part of a word that contains its basic meaning or definition
- A prefix is the word part that precedes the root to help form a new word
- A suffix is the word part added to the end of a root that helps form a new word

6. Describe basic medical terminology and approved abbreviations

Remember:

Abbreviations help healthcare workers communicate more efficiently.

7. Explain how to give and receive an accurate oral report of a client's status

HHAs should know the occurrences which should be reported immediately:

- Falls
- Chest pain
- Severe headache
- Difficulty breathing
- Abnormal pulse, respirations, or blood pressure
- Change in mental status

7. Explain how to give and receive an accurate oral report of a client's status

Occurrences which should be reported immediately (cont'd):

- Sudden weakness or loss of mobility
- High fever
- Loss of or change in consciousness
- Bleeding
- Swelling of a body part
- Change in condition
- Bruises, abrasions, other signs of abuse

7. Explain how to give and receive an accurate oral report of a client's status

These points are important to remember when making oral reports:

- Write notes first so as not to forget details; do not rely on memory alone
- After making an oral report, these facts regarding the report need to be documented:
 - When it was made
 - Why it was made
 - What it was about
 - To whom it was given

7. Explain how to give and receive an accurate oral report of a client's status

Remember:

Use oral reports to discuss your experiences with clients or family members and your observations of clients' conditions. Use facts, not opinions, when making these reports.

8. Explain objective and subjective information and describe how to observe and report accurately

Define the following terms:

objective information

information based on what a person sees, hears, touches, or smells; also called *signs*.

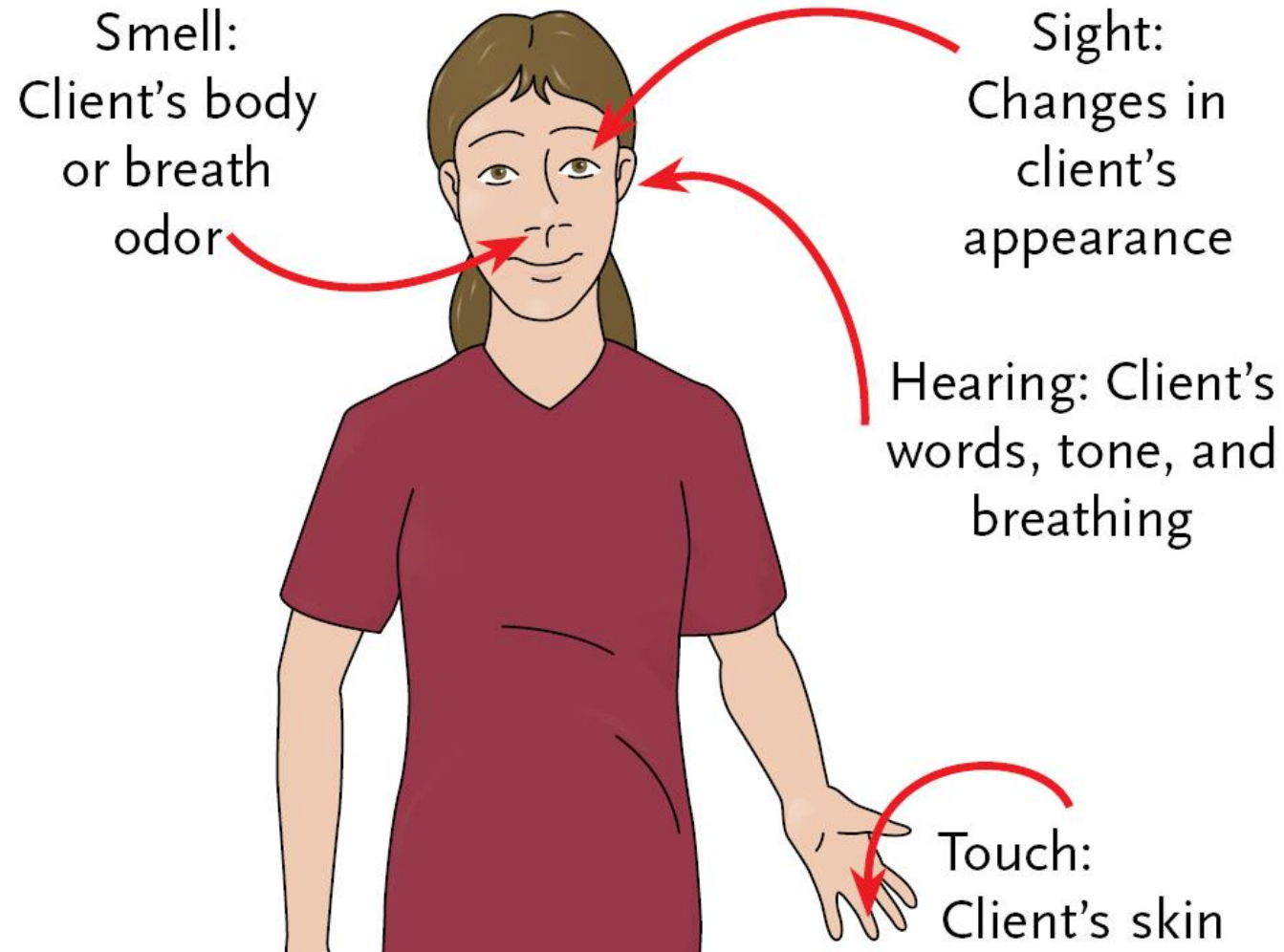
subjective information

information that a person cannot or did not observe, but is based on something that a person reported that may or may not be true; also called *symptoms*.

pertinent

significant or useful.

Key Material 4-4: Using Your Senses



8. Explain objective and subjective information and describe how to observe and report accurately

HHAs should know how to use the four different senses when observing and reporting:

- Smell
- Sight
- Hearing
- Touch

8. Explain objective and subjective information and describe how to observe and report accurately

There are three areas an HHA must observe:

- Client
- Family
- Home

8. Explain objective and subjective information and describe how to observe and report accurately

Using the sense of smell when observing and reporting:

- Odors from the client's body could suggest inadequate bathing, infections, or incontinence
- Breath odor could suggest use of alcohol or tobacco, indigestion, or poor oral care
- Odors in the home may suggest housecleaning is needed
- Food odors could indicate spoilage

8. Explain objective and subjective information and describe how to observe and report accurately

Using the sense of sight when observing and reporting:

- Look for changes in client's appearance These include rashes, redness, paleness, swelling, discharge, weakness, sunken eyes, and posture or gait (walking) changes
- Look for changes in the home. Does the home appear disorganized or dirty? Is food needed? Do safety hazards exist?

8. Explain objective and subjective information and describe how to observe and report accurately

Using the sense of hearing when observing and reporting:

- Listen to what the client says about his or her condition, family, or needs
- Is the client speaking clearly and making sense?
- Does the client show emotions such as anger, frustration, or sadness?
- Is breathing normal? Does the client wheeze, gasp, or cough?
- Is the area calm and quiet enough for the client to rest as needed?

8. Explain objective and subjective information and describe how to observe and report accurately

Using the sense of touch when observing and reporting:

- Does your client's skin feel hot or cool, moist or dry?
- Is pulse rate normal? The sense of touch is also important for testing bath water and ensuring the home's heating/cooling systems are functioning properly.

8. Explain objective and subjective information and describe how to observe and report accurately

Remember:

Using all your senses will allow you to make the most complete report of a client's situation.

8. Explain objective and subjective information and describe how to observe and report accurately

Define the following term:

incontinence

the inability to control the bladder or bowels.

9. Explain why documentation is important and describe how to document visit records and incident reports

HHAs should understand the reasons why current documentation is essential:

- Guarantees clear and complete communication
- Provides legal record of treatment
- Protects HHA and employer
- Provides up-to-date record of client's status and care

9. Explain why documentation is important and describe how to document visit records and incident reports

Remember:

If something does not appear in a client's chart, it did not legally happen. Failing to document your visits with clients could cause very serious legal problems for you and your employer. It could also cause harm to your client.

9. Explain why documentation is important and describe how to document visit records and incident reports

Think about these questions:

What is meant by the phrase, “If it was not documented, it was not done”? Why is knowing this important?

9. Explain why documentation is important and describe how to document visit records and incident reports

Remember:

Medical charts are confidential.

9. Explain why documentation is important and describe how to document visit records and incident reports

Define the following terms:

visit records

progress notes, or clinical notes, that serve as a record of a home health aide's visit and the care provided; they also include observations of the client's condition, change, or progress.

incident report

a report documenting an accident or other significant event that occurs during a visit; also known as an *occurrence*, *accident*, *accident/incident*, or *event report*.

9. Explain why documentation is important and describe how to document visit records and incident reports

Know these rules for writing visit records:

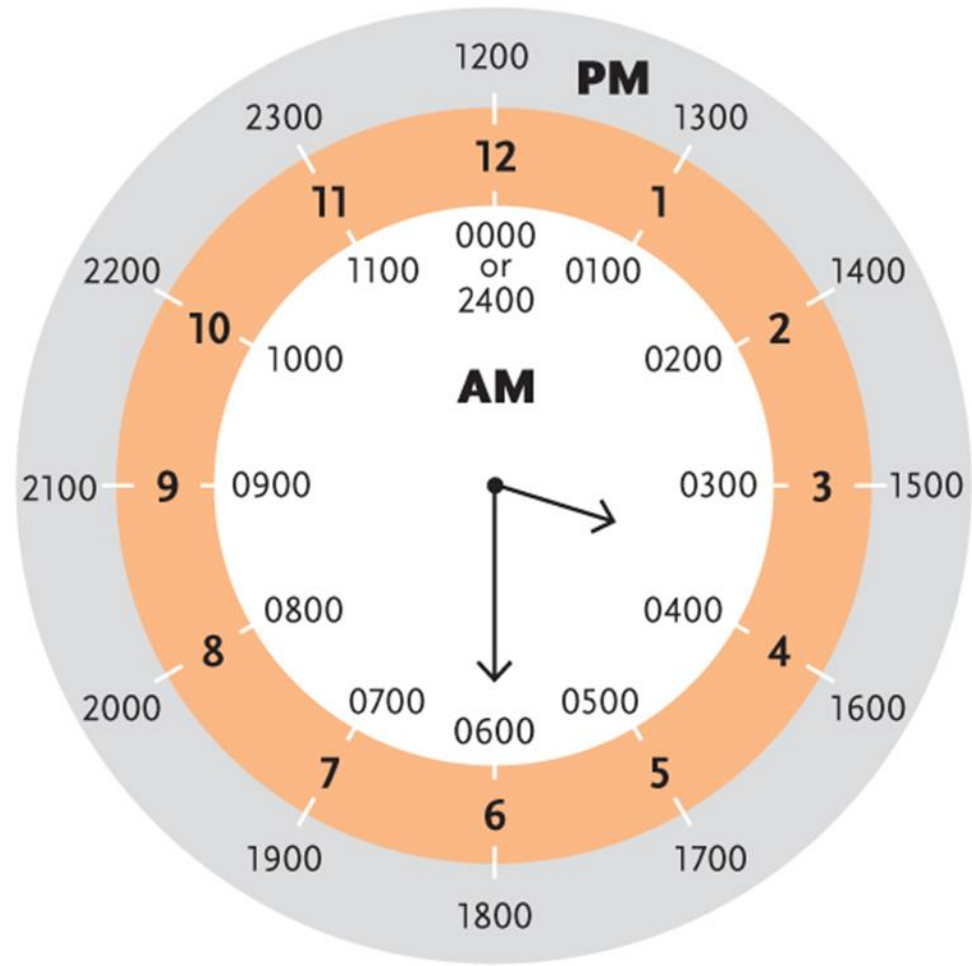
- Document care immediately after visit
- Think before documenting
- Use facts, not opinions
- Use black ink when documenting by hand
- Correct errors properly
- Sign full name, title, and date
- Document according to the care plan
- If documenting on a computer, remember the HIPAA privacy guidelines apply to computer use

9. Explain why documentation is important and describe how to document visit records and incident reports

Know these rules for visit reports documented on computers:

- Legal documentation rules apply to both electronic and paper medical charts.
- HIPAA privacy guidelines apply to electronic documentation.
- Do not have someone else enter information for you.
- Make sure you are logged in to the correct client's chart before beginning.
- Make sure any autofill entries are accurate and double check your entries.
- Treat computers carefully.
- Do not use the agency's computers or tablets to browse the internet or access personal accounts

Key Material 4-5: 24-Hour Clock



9. Explain why documentation is important and describe how to document visit records and incident reports

Understand how to convert regular time to military time:

- To change the regular hours between 1:00 p.m. to 11:59 to military time, add 12 to the regular time
- To change from military time to regular time, subtract 12.
- Minutes and seconds do not change
- Midnight may be written as 0000 or 2400; follow agency policy

9. Explain why documentation is important and describe how to document visit records and incident reports

The following are considered incidents and require that an HHA complete an incident report:

- Falls
- Damage
- Mistake in care
- Requests that are out of scope of practice
- Sexual advances or remarks
- Unsafe or uncomfortable situations
- Injuries
- Blood or body fluids exposure

10. Demonstrate the ability to use verbal and written information to assist with the care plan

Remember:

You will spend much more time with each of your clients than other members of the care team will. Because of this, you may notice things about your clients that the nurses or doctor cannot know. You will not diagnose or recommend treatment. However, your observations provide a lot of valuable information about your clients that will help in care planning.

10. Demonstrate the ability to use verbal and written information to assist with the care plan

Think about this question:

What can you, as an HHA, contribute to care planning conferences?

11. Demonstrate effective communication on the telephone

Know these steps for making a call to your supervisor:

- Ask permission if using the client's phone
- Identify yourself
- Ask for the person
- Identify yourself again and say why you are calling
- If person is not available, leave a message
- Message should be brief and clear
- Thank the person

11. Demonstrate effective communication on the telephone

Critical Thinking: Conversation Starter

Review the sample phone conversation on page 46 in textbook.

- Can you think of problems that could occur in telephone messages and actions to prevent or correct them, as in these examples?
 - Message never gets to person called
 - HHA forgets to ask who they left message with
 - Call is disconnected

11. Demonstrate effective communication on the telephone

Think of problems that could occur in telephone messages and actions to prevent or correct them, such as in the following situations:

- Message never gets to person called
- HHA forgets to ask who they left message with
- Call is disconnected

12. Describe cultural diversity and religious differences

Define the following terms:

cultural diversity

the different groups of people with varied backgrounds and experiences who live together in the world.

bias

prejudice.

yarmulke

a small skullcap worn by some Jewish men as a sign of their faith.

12. Describe cultural diversity and religious differences

Think about this question:

What are some examples of cultures you are familiar with?

12. Describe cultural diversity and religious differences

HHAs should understand basic information about the following religions or beliefs:

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Spirituality
- Native American spiritual traditions

12. Describe cultural diversity and religious differences

Think about these questions:

Are any of these religions practiced by you or your friends and family? If yes, share some of these practices with the class. How can religious and cultural differences affect the HHA-client relationship?

12. Describe cultural diversity and religious differences

Define the following terms:

agnostics

people who believe that they do not know or cannot know if God exists.

atheists

people who believe that there is no God.

12. Describe cultural diversity and religious differences

Remember:

Agnostic and atheist beliefs may carry as much meaning to people who identify themselves as agnostics or atheists as religious beliefs do to people who identify themselves as belonging to a particular religion.

12. Describe cultural diversity and religious differences

Remember:

It is extremely important that you accept and respect, not judge, clients' personal beliefs.

13. List examples of cultural and religious differences

Define the following terms:

dietary restrictions

rules about what and/or when individuals can eat.

fasting

not eating food or eating very little food.

vegans

people who do not eat any animals or animal products, including milk, cheese, other dairy items, or eggs; vegans may also choose to not use or wear any animal products.

13. List examples of cultural and religious differences

Think about these questions:

What are some possible dietary restrictions of clients? How could they be a challenge in providing proper nutrition?

13. List examples of cultural and religious differences

Cultural background affects many things, including the following:

- Physical contact (physically expressive versus preferring not to be touched)
- How friendly people are to strangers
- How a client feels about having you in the home
- How close a person wants you to stand during conversation
- How a client feels about you performing care or discussing personal health issues with them

13. List examples of cultural and religious differences

Critical Thinking: Conversation Starter

Do you follow any particular diet due to religious or personal beliefs?

How would you handle a client who is very expressive (likes to hug a lot)? How would you handle a client who does not want to be touched at all?

14. List ways of coping with combative behavior

Define the following term:

combative

violent or hostile.

14. List ways of coping with combative behavior

HHAs can cope with combative behavior in these ways:

- Block physical blows or step out of the way
- Let client calm down
- Give client space
- Remain calm
- Be flexible and patient

14. List ways of coping with combative behavior

Ways of coping with combative behavior (cont'd):

- Stay neutral. Do not respond to verbal attacks
- Do not use gestures that could frighten or startle client
- Try to keep hands open and visible/in front of you
- Be reassuring and supportive
- Consider what provoked client

15. List ways of coping with inappropriate behavior

Inappropriate behavior includes the following:

- Asking personal questions
- Requesting visits on personal time
- Asking for favors
- Giving gifts and tips
- Lending or borrowing money
- Asking HHA to perform tasks not on care plan
- Making sexual advances

15. List ways of coping with inappropriate behavior

HHAs can handle inappropriate behavior in these ways:

- Use a light approach
- Address the behavior
- Respond to personal questions appropriately
- Refuse gifts
- Always report the behavior to a supervisor

Role play activity

In pairs or small groups, role-play the following situations:

A client offers an HHA a piece of her family jewelry as a gift

A client does not speak any English, but the HHA wants to gain his trust

A client requests that an HHA come on her day off to have lunch

An HHA must telephone the supervisor to report a client's temperature of 103°F

An HHA suspects his client's family is not providing proper nutrition, but he is not certain at this point

An HHA realizes she has been documenting her information on the wrong client's visit form

Role play activity

A client falls in the shower and complains of pain in her left hip

An HHA is visiting a bed-bound client for the first time. The supervisor has specifically requested that the HHA report on the client's skin condition. What senses does the HHA use?

The HHA calls the agency to speak to the case manager, who is not available

A client states that her religion prevents her from having the HHA visit on Saturday as planned

An HHA is an atheist and her client asks her to pray with her

An HHA prepares a cheeseburger for a Jewish client, who tells the HHA that it is not kosher and he will not eat it

Critical Thinking: Case Study

You are in a client's home. The attending physician calls and gives you an order to allow the client to shower. The client makes sexual advances that you handle by saying, "That makes me extremely uncomfortable." The client becomes angry and begins a very aggressive verbal attack.

- How should you respond?
- Should you leave the home or call your supervisor?