

Professional Communications

Course

Health Science

Unit XI

Occupational
Specific
Knowledge

**Essential
Question**

How do
healthcare
professionals
handle stressful
situations?

TEKS

130.204 (c)
2A, 2B
8G

**Prior Student
Learning**

Verbal and Non-
verbal
communication
lessons

Estimated time

1-3 hours

Rationale

Stressful situations are common in the healthcare field. Healthcare professionals are expected to use effective communication and techniques to lessen the stress.

Objectives

Upon completion of this lesson, the student will be able to

- Identify the components of effective communication
- Identify general responses to stressful situations
- Adapt appropriate communications to the needs of the individual
- Role play techniques used in stressful situations from the healthcare field

Engage

A family approaches you and is angry about the care or “lack of” care they feel their mother has been receiving. What is your reaction and response?

Key Points

- I. Communication
 - A. Communication is important in all aspects of our lives
 - B. It is **vital** in healthcare!
 - C. Miscommunication can lead to serious physical and legal consequences
 - D. Healthcare workers must communicate precisely with coworkers and patients
- II. Communication components
 - A. Verbal Communication – spoken or written words
 - B. Nonverbal Communication
 1. Words are not used. Instead, signals provide information
 2. Nonverbal is thought to be the more honest and universal for
 3. For example, a smile is seen as a positive expression in any language
 - C. Feedback tells the sender whether the receiver got the intended message. Feedback for written communication is usually not immediate. It is critical that written communication be as clear as possible
- III. Good Communication
 - A. Good listening skills are an extremely important part of good communication
 - B. Always try to face the patient

- C. Lean forward and make eye contact
- D. Pay close attention to both verbal and nonverbal messages. Watch for discrepancies
- E. Try to provide visual feedback by nodding and other body language
- F. Give verbal feedback – “Yes,” or “I don’t understand”
- G. Paraphrase to ensure understanding
- H. Informed Consent – patients must be given information in a way that they understand
- I. Remember questioning techniques:
 - 1. Use open-ended questions such as, “Tell me about your day,” rather than, “How was your day?”
 - a. Encourages elaboration rather than a 1 or 2 word answer
 - b. Creates an inviting atmosphere for sharing thoughts and feelings

IV. Non-Therapeutic Communication Skills

- A. Don’t use clichés such as, “Everything will be okay,” or “You don’t need to worry about that”
 - 1. Offers false reassurance
 - 2. Can be interpreted as though there is no cause for concern
 - 3. Puts a patient or coworker on the defensive
- B. Don’t give advice
 - 1. Denies the patient the right to make his or her own decisions
 - 2. Increases the patient’s dependence on healthcare providers
- C. Don’t keep changing the subject
 - 1. May keep the patient from talking about what is a concern to him or her
 - 2. Indicates that the healthcare worker is ignoring the patient
- D. Don’t use judgmental comments like, “You aren’t acting very grown up,” or “How do you think they would feel if they saw you like this?”
 - 1. Imposes the healthcare worker’s feelings on the patient
 - 2. Belittles what the patient is feeling

V. Communication Problems

- A. Anything that interferes with communication can lead to a lack of understanding or misinterpretation of the message
- B. Patients are often physically ill and emotionally upset when a health care worker is attempting to communicate with them
- C. Healthcare also has its own language – “medical terminology”. Patients often do not understand medical words
- D. Patients may also have sensory impairments that interfere with communication:
 - 1. Poor hearing, poor vision, confusion, and speaking problems
 - 2. Aphasia – absence or impairment of the ability to communicate through speech, writing, or signs (stroke patients)

- E. It is your responsibility to make sure that the patient understands the information you are trying to communicate, and that you understand what the patient wants to convey
- F. You may need to use special techniques to communicate properly with some patients
- G. Your patient is not your only customer; you need to keep the family members in mind

VI. Sample problems

- A. The patient does not hear well
 - 1. Be sure the patient knows you are approaching
 - 2. Face the patient, and speak slowly and clearly
 - 3. Be sure hearing aids are adjusted properly
 - 4. Raise your voice a little but don't shout
 - 5. Increase your nonverbal communication
 - 6. Use plenty of feedback to ensure understanding
- B. The patient does not see well
 - 1. Speak clearly – they cannot see your nonverbal communication
 - 2. Announce yourself when entering the room and make it clear that you are leaving
 - 3. Explain any unusual noises
 - 4. Don't shout – they may be able to hear just fine
 - 5. Use plenty of feedback to ensure understanding
 - 6. Put things back where the patient can find them
- C. The patient is confused or is having a behavioral emergency
 - 1. Be sure to announce yourself when you enter and leave the room
 - 2. When you can, involve trusted family members or friends to help keep the patient calm and stay with the patient
 - 3. Don't make any quick movements
 - 4. Always tell the truth – never lie to a patient
 - 5. Do not "play along" with a visual or auditory disturbance
 - 6. Remain calm
 - 7. Be patient – they may need extra time to think or respond
 - 8. Keep things short and simple
 - 9. Use whatever appropriate form of communication works for the patient
 - 10. Use plenty of feedback to ensure understanding
 - 11. If the patient becomes aggressive, get extra help for your and the patient's safety
- D. Problem – the patient has aphasia or a similar problem
 - 1. Face the patient, and speak slowly and clearly
 - 2. Use both verbal and nonverbal communication
 - 3. Be patient; they need extra time
 - 4. Use closed questions whenever possible so that the patient

does not need to express complex thoughts (questions answered with yes or no, etc.)

5. Be aware that the patient may use incorrect words that might change the meaning
6. Use plenty of feedback to ensure understanding

VII. Communication and grieving – if you are working with a patient who has a terminal illness or a family member of someone who has suffered a sudden acute illness or trauma, they may be working through the different stages of grieving, which may make communication difficult

A. The five stages of emotion that a patient or family member might experience during grieving are

1. Denial or “No, not me”
2. Anger or “Why me?”
3. Bargaining or “Yes, but”
4. Depression or “It’s me”
5. Acceptance or “It’s part of life”

B. Remember

1. People don’t move through the stages in a linear progression
2. People may vacillate between stages
3. People may stay in one stage until death

C. Fear is often an element when an individual encounters the prospect of death or dying

1. Emotionally and physically based reasons that people might fear death
 - a. Fear of helplessness
 - b. Fear of dependence on others
 - c. Fear of loss of physical faculties
 - d. Fear of mutilation by surgery or disease
 - e. Fear of uncontrollable pain
 - f. Fear of being unprepared for death
2. Socially based reasons that people might fear death
 - a. Fear about separation from family or home
 - b. Fear of leaving behind unfinished tasks or responsibilities
3. Interventions that healthcare professionals might offer
 - a. Talk as needed
 - b. Avoid superficial answers, like “It’s God’s will”
 - c. Provide religious support as appropriate
 - d. Stay with the patient as needed
 - e. Work with the family so they might be strong enough to offer support to the dying person

VIII. Regardless of the situation, patients and family members appreciate and expect good customer service. As you interact with patients and their families, you can provide them with good customer service by following these service fundamentals:

- A. Acknowledge – friendly greetings, eye contact, smile
- B. Introduce – introduce yourself and what role you have in the patient's care
- C. Duration – let patients and families know about anticipated wait times
- D. Explanation – explain what patients or families can expect during the visit/procedure
- E. Thank You – thank patients and families for visiting

Activity

- I. Determine the emotional stages of grieving in specific scenarios. Divide the class into 5 small groups. Give each group one of the numbered handouts for the group to work through and determine what stage of grieving the patient is dealing with and what types of communication issues they should be aware of. Groups should summarize and present to the whole class.
- II. Pair up students to work together on “Professional Communication” scenarios. Pairs should role play and discuss. Then pick certain scenarios for students to role play and discuss in front of the whole class.

Assessment

Successful completion of activities

Materials

Copies of “Grieving Scenarios” for each group
Copies of “Professional Communication”

Accommodations for Learning Differences

For reinforcement, the student will outline communication problems and provide an example to solve each.

For enrichment, the student will create a healthcare scenario depicting a communication problem and solution, and present it with multimedia technology.

National and State Education Standards

National Health Science Cluster Standards
HLC02.01 Communications

Health care workers will know the various methods of giving and obtaining information. They will communicate effectively, both orally and in writing.

TEKS

130.204 (2)(A) demonstrate therapeutic communication appropriate to the situation;

130.204 (2)(B) execute verbal and nonverbal skills when communicating with persons with sensory loss and language barriers; and
130.204 (8)(G) role play techniques used in stressful situations such as trauma, chronic, and terminal illness

Texas College and Career Readiness Standards

English-Listening:

B.1 Listen critically and respond appropriately to presentations

B.2 Listen actively and effectively in a one-on-one communication

GRIEVING SCENARIOS – 1

SCENARIO 1

Howard is an architect who has recently been diagnosed with advanced colon cancer. He has recently been hospitalized with pneumonia that developed after his last doses of chemotherapy. The night nurse reports that Howard openly talks about the seriousness of his illness and alludes to the fact he has little time to live. When his family comes to visit, Howard does an about face, chatting sincerely about his plans far into the future.

SCENARIO 2

Helen has learned that she has an aggressive form of breast cancer. She will require a radical mastectomy, followed by radiation therapy. Her priest came to visit the night before the surgery and found that Helen wanted to talk about the fact that she will no longer be a complete woman.

SCENARIO 3

Gordon has Huntington's chorea. He has known this for some time, and the symptoms have become more intense over the past year. Realizing that he will reach a point where his awareness of his environment and other people will deteriorate, he has called his sons together and told stories of his early life. He hopes that they will pass these stories on to their children.

SCENARIO 4

Randy had lived life to the fullest. He was profoundly overweight, and drank excessively every night. Earlier in his life he had experimented with illicit injectable drugs. Recently, he had been having some fatigue and noticed that his abdomen constantly looked distended. He also noticed that he would bleed profusely, even with the smallest of cuts. When he finally went to the doctor, he was told that he was in an advanced stage of Hepatitis C, and that his condition was terminal. Almost overnight, Randy began to eat a balanced diet, to stop drinking alcohol, and to lose some of his excessive weight. He was overheard saying that his change in habits will make all of the difference in his illness.

GRIEVING SCENARIOS - 2

SCENARIO 1

Amanda has been told that she has Multiple Sclerosis. She underwent extensive tests before the diagnosis. In the last week, Amanda has made an appointment with a doctor in town whose practice was with a different group of doctors. She told the receptionist that she had been suffering from weakness in her extremities and had some numbness, as well. She never mentioned her diagnosis.

SCENARIO 2

Hal was just told by the doctor that he has a very large aortic aneurysm, and would die if he didn't have immediate surgery. His family visited him shortly after the doctor left and asked if the doctor had given him any information about his condition. Hal sincerely replied that the doctor had been in but had not offered any explanation for his current condition.

SCENARIO 3

Margaret had suffered from severe indigestion for over one year. The doctor had prescribed antacids, told her to sleep more upright in bed, using several pillows, and tried several of the medications to decrease acid secretion in the stomach and reduce motility. Nothing seemed to work. After extensive testing, a diagnosis of terminal stomach cancer was rendered. She was overheard saying, "This is so unfair. I have been in such pain for so long and now I'm told I will die. Why has God done this to me?"

SCENARIO 4

Pat was dying from an oat cell carcinoma that had metastasized to her brain. She drifted in and out of consciousness. When conscious, she would ask for her husband and talk to him about her funeral arrangements – what music she wanted, the fact that she wanted to be cremated, and that she only wanted a memorial service.

GRIEVING SCENARIOS - 3

SCENARIO 1

Pearl was diagnosed with non-Hodgkin's lymphoma. She often talked of her illness calmly, and seemed at peace that everything possible had been done. She talked with her children openly about their future and the fact that she would not be a part of it. Pearl indicated that she would be always with them, looking down on them from heaven. One day you walked into Pearl's room and found her agitated and repeatedly slamming her fist on the furniture. "It's not fair," she said. "I should be given a chance to see my grandkids and watch them grow up. Why is this happening to me?"

What stages are represented in this scenario? What can you say about the fact that Pearl has changed stages?

SCENARIO 2

Kevin was told that he has advanced cancer of the liver several weeks ago. Kevin's wife told neighbors of his diagnosis. When they expressed their regret over his diagnosis, Kevin sincerely appeared confused about their comments. He even responded that he had no idea to what they were referring.

SCENARIO 3

Eric had a persistent cough for several months. He finally went to the doctor, who ran a number of tests. The chest x-ray was consistent with advanced tuberculosis, which was further confirmed in his sputum test. When informed of his diagnosis, Eric insisted that the x-rays had been mixed up in the hospital and really belonged to someone else.

SCENARIO 4

Belinda was dying from terminal cystic fibrosis. Her family frequently came in to give her support. At each visit, they would begin to cry, and Belinda would be the one to support and comfort them. She had a calm about her that seemed unchanging.

GRIEVING SCENARIOS - 4

SCENARIO 1

Sandra was in such an advanced state of cancer that she knew death was only a few days away. Her son would be married in the next month. Day after day Sandra was found crying profusely about her impending death. Nothing anyone said seemed to alleviate her sadness.

SCENARIO 2

Fred has hepatitis B. His liver is so damaged that it is unlikely that he will live through the week. Fred has expressed that he will closely follow all of the orders given by the doctor; by doing so he might get an extension of a couple of days without pain or physical discomfort.

SCENARIO 3

Mike has an end-stage cardiomyopathy. He keeps his call light on and complains constantly about his roommate, who is extremely ill. Mike feels that he has paid so much money for some peace and quiet and privacy. He can become so verbally abusive to the nurses that it will cause him to become dyspneic.

SCENARIO 4

Ellen is dying from melanoma. Her daughter is to be married, and Ellen said that she hoped she could have the chance to see the wedding. With the help of hypnosis and pain medication, she was able to attend the wedding. Upon her return, she was tired and pale but said, "Don't forget, I have another unmarried daughter."

ANSWER SHEET: GRIEVING SCENARIOS

NUMBER 1

1. Denial
2. Depression
3. Acceptance
4. Bargaining

NUMBER 2

1. Denial
2. Denial
3. Anger
4. Acceptance

NUMBER 3

1. Acceptance, then anger. Patients can vacillate between stages.
2. Denial
3. Denial
4. Acceptance

NUMBER 4

1. Depression
2. Bargaining
3. Anger
4. Bargaining

Professional Communications

Role play the following scenarios with a partner. Remember to practice the following effective communication skills: be straightforward, understandable, and accurate; listen attentively, verify accuracy, exhibit respectful and empathetic behavior; interact appropriately and respectfully among diversity; and collaborate with the team for best result for the client.

1. You come to work and realize there have been many sick calls, and the facility is short staffed. The patient load is high and your assignment is heavy. You are on a team with two other healthcare providers. Discuss how you will manage the patient load and prioritize care.
2. You are assigned a patient that calls all of the time – most of the time for nothing. You are in the middle of caring for another patient. What do you do? How do you respond? Discuss all options.
3. You have a client that is blind. Your supervisor has asked you to assist the client to the physical therapy room. Discuss and role play how you would accomplish this assignment.
4. A family member approaches you and is angry about the care or “lack of” care they feel their mother has been receiving. What is your reaction and response? Role play and discuss.
5. You are having a difficult time working with a coworker. You cannot seem to get along with him. Constant contention is felt and teamwork cannot be accomplished. How do you respond to this situation? Who do you discuss the problem with? Role play and discuss.
6. A patient complains of the care given by another healthcare provider. The patient accuses the other caregiver of a wrongful action taken against her. What would be your initial reaction? What should or should not be done? Role play and discuss.
7. You have been asked to give a patient of the opposite gender an enema. How will you approach the patient? Role play the approach and discuss privacy and comfort issues.
8. You have been assigned to give a deaf client a bath. Discuss and role play the approach and challenges you may have.
9. You have a confused client whose vital signs you need to measure. The client refuses to let you perform the task and begins yelling and becoming combative. How do you respond? Role-play and discuss.
10. You are admitting a non-English speaking client to the hospital. You do not speak the language of the client. What options do you have to make communication effective? Role-play and discuss.

11. You do not agree with the assignment you have been given. How do you approach the supervisor who made the assignment? Role play and discuss alternative solutions to the situation.
12. You are in a person's room and the person is in the restroom. The telephone rings and you answer. Role play and discuss how you would proceed with this telephone conversation.
13. Your mother's best friend is a patient at the facility you work in. Your mother asks you how the friend is doing. How would you respond? Role play and discuss.
14. You are assigned to a patient who has AIDS. Discuss and role play your interaction and fears in working with an infectious patient. Should extra precautions be used?
15. You are working and see a coworker shove a client into a chair. Role play and discuss your initial reaction and what actions would be appropriate to take. Also discuss your feelings of abuse among those receiving healthcare.