



Communication skills

Communication is a vital part of CNAs' jobs. They must consistently exchange information with residents, fellow CNAs, nurses, and supervisors in order to ensure the proper care and safety of the facility's residents.

There are two facets of direct communication: verbal and nonverbal. This issue will focus on what can be achieved through effective **verbal communication** (i.e., the words that are chosen, the way they are spoken, and the tone used—all of which play a role in expressing thoughts to others).

This issue addresses information that CNAs need to communicate to their immediate supervisors, how that information can best be shared, and how CNAs can avoid potentially frustrating **communication problems** within the facility. In addition, CNAs will learn how they, as well as their residents, can benefit from the routine use of **specific communication skills**.

Have a good day of training, and stay tuned for next month's issue of **CNA Training Advisor**, which will cover range of motion and contracture prevention and recognition.

Right balance of speaking and listening

When you hear the word "communication," what comes to mind? Many of us immediately think of face-to-face conversations, particularly speaking to someone else. Sharing your own thoughts and ideas is certainly part of conversing, but it's also important to remember that half of effective conversation and communication is listening.

PROGRAM PREP

Program time

Approximately 30 minutes

Learning objectives

Participants in this activity will learn how to:

- Discuss issues of concern with coworkers and supervisors
- Overcome common communication problems
- Communicate in difficult situations
- Use good communication skills

Preparation

- Review the material on pp. 2–4
- Duplicate the **CNA Professor** insert for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

Method

1. Place a copy of **CNA Professor** and a pencil at each participant's seat
2. Conduct the questionnaire as a pretest or, if participants' reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers

Tips and tools for CNA training

Looking for more information about CNA training? Sign up to receive the **LTC Nursing Assistant Trainer**, a free biweekly e-newsletter that addresses all of your training needs. The **LTC Nursing Assistant Trainer** provides training tips on nursing measures, best practices, and other crucial aspects of job training for CNAs. This free e-newsletter gives you valuable information and tools to help you conduct efficient, innovative training for every CNA in your facility.

To sign up for your free subscription, visit www.hcmarketplace.com/prod-1983.html. If you experience difficulty subscribing online, please call 800/650-6787.



COMMUNICATION SKILLS

The duty of a CNA is to responsibly and professionally provide the best possible care to residents. To do this, CNAs must relay information concerning the safety and status of their residents to their coworkers and supervisors. CNAs work closely with nurses and therefore must be able to effectively communicate information pertaining to the preferences and conditions of residents.

CNAs often look to nurses for immediate leadership, to establish assignments, and to maintain continuity on the floor. Nurses can and should provide this, but they rely on CNAs too. Without consistent and thorough communication from CNAs regarding the care of residents, nurses lack information that is necessary to make critical decisions. Barriers in communication between CNAs and nurses can have extremely detrimental effects on residents. Use the information in this lesson to eliminate those barriers and improve communication within your facility.

Communicating issues of concern

Something that could be easily overlooked, such as a wobbly table or a loose wheel on a walker, could seriously jeopardize the safety of a resident. Although such a thing may seem like just another worry in an already busy day, it's essential to the success of a facility to ensure constant communication between frontline staff and supervisors.

Some of the problems or issues CNAs should report include:

- **Changes in the status or symptoms of a resident.** If a usually cheerful resident suddenly won't get out of bed or a resident's blood pressure or pulse changes, a CNA needs to tell the supervising nurse. A change in demeanor or vital signs could be an indication of something serious.
- **Broken or malfunctioning equipment.** If you discover that a piece of equipment is broken or not functioning properly, report it

immediately. In an environment where residents have limited mobility, fall easily, and rely on lifesaving equipment, everything must work correctly at all times. Additionally, speak up about shortages of briefs or linens, as these are important to quality care.

- **Incompetent coworkers.** If a CNA appears to be behaving recklessly—doing his or her job incorrectly or without regard for the well-being of a resident—his or her immediate supervisor should be notified. Imagine that one of your coworkers tells a resident to void in bed because he or she is too busy to bring the resident to the bathroom. You need to report this type of behavior.
- **Abusive or inappropriate behavior.** CNAs have an ethical obligation to protect their residents. Elder abuse can take the form of physical, emotional, financial, and sexual abuse. If a CNA overhears or sees a visitor behaving inappropriately toward a resident by abusing or otherwise taking advantage of that resident, he or she must inform a supervisor.

It's best to go to an immediate supervisor with a problem. The charge nurse, the nursing supervisor, or (as a last resort) the director of nursing are your best bet. Don't go to an administrator or social worker first unless the issue directly concerns that person. This is because all members of a facility are busy with their daily duties, but your direct supervisor should be able to take the time to listen to your concerns.

Communication problems

In an ideal world, everyone would communicate freely and honestly, and there wouldn't be any barriers to getting information to the proper person at the proper time. In reality, though, there are several reasons why staff may not speak up about a problem or concern. The hierarchy of a facility can be intimidating and may not encourage open communication. Supervisors are often busy with their own duties and may not regularly check in with their staff. Members of management may be poor communicators and discourage conversation.

CNAs cite the following as major reasons for not telling supervisors about issues they are concerned about:

- **Don't want to complain.** Some CNAs are worried that their concern will sound like a complaint. Supervisors should let them know that it's okay to express their concerns without fear of being negatively judged.

Questions? Comments? Ideas?

Contact Associate Editor
Justin Veiga

E-mail jveiga@hcpro.com

Phone 781/639-1872, Ext. 3933

Editorial Board

HCPPro

Group Publisher: **Emily Sheahan**
Associate Group Publisher: **Jamie Carmichael**
Associate Editor: **Justin Veiga**
jveiga@hcpro.com

CNA Training Advisor (ISSN: 1545-7028 [print]; 1937-7487 [online]) is published monthly by HCPro, Inc., 75 Sylvan St., Suite A-101, Danvers, MA 01923. Subscription rate: \$149/year; back issues are available at \$15 each. • Copyright © 2011 HCPro, Inc. All rights reserved. Printed in the USA. Except where specifically encouraged, no part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro, Inc., or the Copyright Clearance Center at 978/750-8400. Please notify us immediately if you have received an unauthorized copy. • For editorial comments or questions, call 781/639-1872 or fax 781/639-7857. For renewal or subscription information, call customer service at 800/650-6787, fax 800/639-8511, or e-mail: customerservice@hcpro.com. • Visit our website at www.hcpro.com. • Occasionally, we make our subscriber list available to selected companies/vendors. If you do not wish to be included on this mailing list, please write to the marketing department at the address above. • Opinions expressed are not necessarily those of CTA. Mention of products and services does not constitute endorsement. Advice given is general, and readers should consult professional counsel for specific legal, ethical, or clinical questions.

COMMUNICATION SKILLS

Communicating in difficult situations

When trying to understand why some people act the way they do, it is helpful to remember the following: *Rational people have a meaningful reason for their actions.* There are very few people who are truly mean-spirited or so foolish that they act irrationally.

Often, problems that occur between people are the result of poor communication. When we do not understand the reasons behind other people's behavior or misinterpret that behavior, communication difficulties may arise. Instead of trying to understand the reasons for their actions, we become defensive.

Another common reaction to miscommunication is a feeling of stress and an inability to respond at the time. Once some time has passed, we may begin to feel angry, and the more we think about the event, the more we realize how we could or should have initially responded. Even then, we often feel we cannot confront the other person in an angry manner because he or she is a resident, family member, or supervisor. Instead, we may tend to avoid the person, pay less attention to his or her needs, or keep vital information from the person. These types of actions destroy any chance for meaningful communication and understanding. The quality of care being provided to residents can also suffer as a result.

There are several other reasons why we do not follow through to discover the causes for another person's behavior:

- We assume we know the reasons for that behavior
- We have our own problems to worry about
- We do not want to pry into what might be a personal matter
- We do not want to offend the other person
- Frequently, we believe if we just wait, things will work out

However, handling matters in these ways usually does not improve the tension between the people involved. In order to

maintain active communication, we must attempt to learn and truly understand the reasons behind others' behavior jumping to conclusions. Responding to a difficult situation by saying, "I can see you are upset. Do you want to tell me more about it?" or, "Can you explain to me what is causing you to feel the way you do?" can dramatically benefit staff-to-staff and staff-to-resident relationships.

As you listen, allow the other person time to fully express his or her thoughts and feelings. Do not interrupt if the individual hesitates in trying to find the right words or the correct way to express specific feelings. Encourage the person to continue by saying things like "go on" or "uh-huh." Wait until you are certain he or she has finished speaking before you respond. It may be necessary to clarify what the person is saying by asking, "Could you explain that part to me again so I am sure I understand it?" or, "Could you give me an example of what you mean?"

It is important to recognize that we cannot always solve the other person's problem. Sometimes all the person needs is to talk and have someone listen. In situations where corrective actions can be taken, let the person know that you will either correct the problem or refer the matter to someone who can.

We often assume that we know how people feel or what they mean because we judge their actions by the way we think we would feel or act in a similar situation. However, every individual, whether a resident, family member, or staff member, has had life experiences that impact the way he or she reacts to and views certain problems and situations. We all see things differently. We need to keep the lines of communication open at all times in an attempt to understand the behavior of others and perceive the situation as they do.

- **Don't want to get anyone in trouble.** Members of a facility's staff work closely and often spend more time with each other than with any other people in their lives. As such, friendships form, and it can become difficult to objectively look at a situation involving a coworker. Regardless, it is the responsibility of CNAs to care for their residents above all else.
- **Think their concerns are ignored.** In some facilities, there is a clear power distinction between the CNAs and the nursing supervisors. CNAs may think that they are not respected or that their input doesn't matter. It's the job of management to create an environment that facilitates communication.
- **Don't want to appear nosy or feel that it's none of their business.** Nobody wants to look like a busybody. Some people keep their mouths shut because they don't want to create

the impression that they are too concerned with other people's business. But CNAs are the eyes and ears of a facility—if they don't speak up, no one will.

- **Don't think anything will be done about it.** Maybe in the past you mentioned that a resident's hearing aid has gone missing and nothing was done about it. That doesn't mean that no one listened. The day-to-day operations of a facility take many hours and many dollars. Some things require time or money that is not immediately available. Communicate your concerns to management about ill-functioning equipment and processes.
- **Assume management already knows.** The charge nurse or nursing supervisor spends hours every day walking the floor and speaking to CNAs; he or she would know if something is wrong, right? Not necessarily. Just like a CNA, a nurse has a lot on his or

COMMUNICATION SKILLS

her plate and may not notice something that seems obvious to the rest of the staff. That is why you should never assume that your supervisor already knows about your concerns.

Management must encourage open communication with staff and make it clear that supervisors will listen to and respect them. CNAs should know that the reasons stated above, although valid concerns, should not be used as excuses for keeping silent.

Discuss developing a communication strategy in your workplace. Decide who should be the resource for staff members who have a complaint or concern and make sure everyone is clear on who that person is.

Good communication skills

Focus on these tips to improve your communication with others in the facility:

- **Listen.** Don't assume you know what someone is going to say. Don't interrupt. Just as you want your supervisor to listen to concerns, listen to his or her response. If you're confused, say so. Try to see the point from the other person's perspective.
- **Be honest.** Suppose a piece of equipment broke when you were using it. You may be afraid of punishment and keep the information from your supervisor because you think he or she will be angry. Explain what happened. Don't leave it for someone else to discover.
- **Be understanding.** If nurses or managers don't respond to you immediately, understand that they are busy and may have other things on their mind. Although your concern may be important, they may have more pressing issues to deal with before they can address it.
- **Don't be defensive.** Suppose you tell your supervisor about a coworker whom you believe is mistreating a resident. He or she responds abrasively or asks whether you can prove it. Because of

this response, you think your supervisor doesn't believe you and get angry. It's common to become defensive when you think someone doesn't understand or believe you, or that he or she isn't listening to you. Stay calm and explain the situation again. ■

Breaking the ADL Code

Don't let inaccurate ADL scoring hinder your reimbursement under the MDS 3.0. Use this comprehensive, 20-minute video to train your entire nursing team—CNAs, RNs, and MDS coordinators—on the new ADL documentation requirements under the MDS 3.0.

Familiar scenarios illustrate the ADL coding changes, provide concrete examples of each level of scoring, and walk CNAs and RNs through the correct ways to code the four late-loss ADLs. In addition, MDS coordinators will discover how to tabulate the ADL scores of each resident to come up with the final ADL codes, which ultimately determine reimbursement.

The DVD includes a set of valuable tools that you can download and distribute to your staff, including:

- A 10-question comprehensive quiz to test your nursing staff's retention and understanding of the video's content
- An achievement certificate to document training
- CMS' ADL self-performance algorithm
- A flow sheet for CNAs to document ADLs
- A list of definitions related to ADLs and the MDS 3.0

For more information about Breaking the ADL Code: A Team Approach to MDS 3.0 Documentation, visit www.hcmarketplace.com/prod-8756.

CTA Subscriber Services Coupon

Start my subscription to **CTA** immediately.

Options	No. of issues	Cost	Shipping	Total
<input type="checkbox"/> Electronic	12 issues	\$149 (CTAE)	N/A	
<input type="checkbox"/> Print & Electronic	12 issues of each	\$149 (CTAPE)	\$24.00	
Order online at www.hcmarketplace.com. Be sure to enter source code N0001 at checkout!		Sales tax (see tax information below)*		
		Grand total		

For discount bulk rates, call toll-free at 888/209-6554.

HCP Pro

***Tax Information**
Please include applicable sales tax. Electronic subscriptions are exempt. States that tax products and shipping and handling: CA, CO, CT, FL, GA, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, NC, NJ, NM, NV, NY, OH, OK, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV. State that taxes products only: AZ. Please include \$27.00 for shipping to AK, HI, or PR.

Your source code: **N0001**

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-mail address

(Required for electronic subscriptions)

Payment enclosed. Please bill me.

Please bill my organization using PO # _____

Charge my: AmEx MasterCard VISA Discover

Signature _____

(Required for authorization)

Card # _____ Expires _____

(Your credit card bill will reflect a charge to HCP Pro, the publisher of CTA.)

Mail to: HCP Pro, P.O. Box 3049, Peabody, MA 01961-3049 **Tel:** 800/650-6787 **Fax:** 800/639-8511 **E-mail:** customerservice@hcpro.com **Web:** www.hcmarketplace.com



COMMUNICATION SKILLS

Mark the correct response.

Name: _____

Date: _____

1. Changes in a resident's symptoms should be immediately communicated to _____.
 - a. another CNA
 - b. the director of nursing
 - c. the supervising nurse
 - d. the administrator
2. If a CNA discovers broken or malfunctioning equipment, he or she should _____.
 - a. fix it on his or her own
 - b. cover it up so others don't blame the CNA for the damage
 - c. ignore the damage; someone else will take care of it
 - d. immediately report the damage to a supervisor and, if necessary, label the equipment as being unfit for use
3. CNAs have an ethical obligation to protect their residents from all forms of elder abuse, even if it means reporting inappropriate actions of a coworker.
 - a. True
 - b. False
4. CNAs should be wary of how they voice concerns to nurses because they don't want to sound like they're complaining or whining.
 - a. True
 - b. False
5. It is the job of _____ to create an environment that encourages communication so that _____ and _____ feel free to share information and ideas.
 - a. CNAs; residents; nurses
 - b. nurses; residents; management
 - c. residents; management; CNAs
 - d. management; CNAs; nurses
6. One of the most common communication problems in a SNF is that CNAs _____. This usually occurs because CNAs don't want to overstep their role; however, CNAs must remember that they are the eyes and ears of the facility and therefore ought to share any and all pertinent information.
 - a. fear getting others in trouble with management
 - b. think that their concerns are ignored
 - c. don't want to appear nosy
 - d. assume management "knows all"
7. Which of the following is not a good communication skill?
 - a. Listening
 - b. Being honest
 - c. Being understanding
 - d. Being defensive
8. If a nurse or manager doesn't respond in a timely fashion, a CNA should demand an answer.
 - a. True
 - b. False
9. Avoidance is the best method for handling a difficult communication situation.
 - a. True
 - b. False
10. Which of the following is not an appropriate response aimed at seeking clarification in a difficult conversation?
 - a. "That doesn't make any sense."
 - b. "Could you explain that part to me again so I'm sure I understand it?"
 - c. "Please give me an example of what you mean."
 - d. All of the above.