

In-Service Education Workbook 1

By Hartman Publishing, Inc.

THIRD EDITION



Credits**Managing Editor**

Susan Alvare Hedman

Copy Editor

Kristin Calderon

Cover Designer

Kirsten Browne

Production

Thad Castillo

Illustration

Thad Castillo

Proofreaders

Kristin Calderon

Kristin Cartwright

Notice to the Reader

Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility or agency.

The publisher, author, editors, and reviewers cannot accept any responsibility for errors or omissions or for any consequences from application of the information in this book and make no warranty, express or implied, with respect to the contents of the book. The publisher does not warrant or guarantee any of the products described herein or perform any analysis in connection with any of the product information contained herein.

Information about CEUs and In-Service Workbooks

There is a specific number of credits listed at the top of the first page of each in-service, as well as in the table of contents on the next page. They reflect estimates of the number of CEUs (continuing education units) that *might* be awarded for completion of this in-service.

These numbers should serve as a guide only. Hartman Publishing does not assign these credits, nor issue CEUs. Depending upon the state, actual CEU assignment is done by a facility, agency, or state department.

In addition, the instructor and readers should know and follow their state's guidelines for self-study in-service programs.

Copyright Information

© 2014 Hartman Publishing, Inc. All rights reserved. No part of this book may be reproduced, in any form or by any means, without permission in writing from the publisher.

ISBN 978-1-60425-045-9

PRINTED IN CANADA

Table of Contents

Establishing Trust Through Communication (2 credits)	1
Basics of Nutrition (3 credits)	13
The Keys to Correct Documentation (2 credits)	25
Preventing Skin Breakdown (3 credits)	37
Strokes and Related Care (3 credits)	47
Guidelines for HIV and AIDS (2 credits)	57
Domestic Violence (1 credit)	71

Establishing Trust Through Communication

(2 credits)

After completing this section, the student should be able to do the following:

1. Describe the effects of body language on communication
2. Discuss important ways to establish trust with residents/clients
3. Describe the use of touch as an effective communication tool
4. List helpful communication skills to use with residents/clients
5. List guidelines for communicating with residents/clients with special needs

1. Describe the effects of body language on communication

Nonverbal communication is communicating through tone of voice, body language, facial expressions, mannerisms, gestures, drawing pictures, touching, and any other unspoken or nonverbal behavior.

Body language can express different messages, attitudes, and emotions, even if a person is not aware of what is being conveyed (Fig. 1-1). Some examples of body language include slouching, sitting up straight, crossing the arms in front of the body, making eye contact, avoiding eye contact, crossing the legs, pacing, making a fist, tapping the fingers, rubbing the eyes, and so on.



Fig. 1-1. Body language sends messages just as words do. Which of these people seems more interested in their conversation—the person on the right who is looking down with her arms crossed or the person on the left who is sitting up straight and smiling?

Facial expressions convey as much meaning as spoken words. To illustrate how important expressions are, one can think of the phrase

“poker face,” which means a face that lacks emotion or expression. This is valuable to a poker player because he wants to conceal what he is thinking about his cards.

If someone a nursing assistant is caring for says she is feeling fine but winces in pain, she is sending two different messages: one verbal and the other nonverbal. This is called a mixed message. In this case, the NA should clarify the message. She can state what she has observed and ask if the observation is correct. For example, “Mrs. Jones, I know you said you’re feeling fine, but you appear to be in pain. Are you in pain?”

2. Discuss important ways to establish trust with residents/clients

Appearance and attitude play an important role in the process of communication for caregivers. Making a positive first impression is key. An NA/HHA with a neat, well-groomed appearance communicates professionalism. The resident/client may feel he or she is in capable hands and will be cared for properly. Along the same lines, the NA’s/HHA’s attitude relays messages to people in their care. Keeping a positive attitude and being polite, cheerful, and caring at all times promotes trust and professionalism.

NAs/HHAs should follow these guidelines to help establish trust with residents/clients:

- Always be on time.
- Introduce yourself using the name you wish to be called.

- Call a resident/client “Mr.,” “Mrs.,” “Ms.,” or “Miss,” and his or her last name, or by the name he or she prefers. Use that name frequently.
- Be sensitive to impairments such as those that affect vision, hearing, or ambulation.
- Keep all resident/client information confidential. Respect the privacy of the person in your care, as well as the privacy of the family.
- Honor promises and agreements.
- Always explain care before providing it.
- Offer choices whenever possible.
- Be a good listener. The resident/client should be allowed to express her ideas completely. Concentrate on what the person is saying and do not interrupt.

Once trust has been established, the NA/HHA should try to build upon this mutual trust every time she interacts with every person in her care.

3. Describe the use of touch as an effective communication tool

It is important to understand that touch is a form of communication. For some people, touching is welcome. It expresses caring and warmth. For others, it seems threatening or harassing. The following are some non-threatening, safe ways for nursing assistants and home health aides to use touch to send positive messages:

- Extend your hand to the person
- Place your arm around the person's shoulders
- Softly pat the person's back or shoulder
- Hold the person's hand
- Touch the person's arm or hand

Touch can be accompanied by other nonverbal forms of communication, such as a smile, leaning forward, or nodding (Fig. 1-2). It can also be used with verbal communication such as a word or phrase that conveys caring.



Fig. 1-2. Placing an arm around a person and smiling are examples of positive ways to use touch as a form of communication.

Some people's backgrounds may make them less comfortable being touched. The NA/HHA should ask permission before touching residents/clients. He should be sensitive to their feelings. NAs/HHAs must touch residents/clients in order to do their jobs. However, they should recognize that some people feel more comfortable when there is little physical contact. The NA/HHA should learn about the people for whom he cares, and adjust his care to fit their needs.

4. List helpful communication skills to use with residents/clients

Part of an NA's/HHA's job is to properly and clearly communicate with the people in her care and with other members of the healthcare team. Sometimes communicating with the elderly requires special skills. Being sensitive to residents/clients and gaining their trust through effective communication is very helpful in determining their day-to-day conditions.

Personal care provides a good opportunity for the NA/HHA to observe a resident's/client's skin, mental state, mobility, flexibility, comfort level, and ability to perform activities of daily living (ADLs). While assisting with personal care, the NA/HHA should look for any problems or changes that have occurred. Communication is especially important during personal care. Some people will talk about symptoms they are experiencing during personal care. They may say that they have been itching or that their skin feels

Establishing Trust Through Communication

Exam

Multiple Choice. Circle the correct answer.

1. Which of the following is an example of a mixed message?
 - (A) Mr. Carter smiles happily and tells his NA he is excited because his daughter is coming to visit.
 - (B) Mrs. Sanchez looks like she is in pain. When the NA asks her about it, Mrs. Sanchez tells her that her back has been bothering her.
 - (C) Ms. Jones agrees with the NA when she says it is a nice day, but she looks angry.
 - (D) Mr. Lee will not watch his favorite TV show. He says he is a little depressed.
2. Which of the following scenarios is an example of how an NA/HHA can best promote trust with residents/clients?
 - (A) Mrs. F likes to be called by her maiden name, but the aide who cares for her calls her "Sweetie" or "Dearie" because she cannot remember her last name.
 - (B) Ms. K wants to wear her favorite sweater today, but it is being laundered. The aide explains why she cannot wear the sweater and suggests several other sweaters that Ms. K likes to wear.
 - (C) Mr. C just had a terrible argument with his daughter while an aide was present. The aide talks about the argument to a friend.
 - (D) Mr. D has arthritis and it takes him a long time to button his shirt while he is getting dressed after his bath. The aide says she will do it for him since she does not have all day to wait for him to finish.
3. Which of the following statements is true of touch?
 - (A) All people like to be touched.
 - (B) NAs/HHAs do not need to touch people for whom they care.
 - (C) NAs/HHAs can softly pat residents'/clients' shoulders to communicate caring.
 - (D) All residents/clients will feel more comfortable when there is little physical contact.
4. The best thing to do if an NA/HHA is not certain how a resident or client will react to touch is to
 - (A) Ask the person's permission to touch him or her
 - (B) Touch the person as often as possible to accustom him or her to touch
 - (C) Not touch the person at all
 - (D) Tell the person that he is just going to have to get used to being touched during care
5. Which of the following reflects a positive attitude towards the elderly?
 - (A) The elderly tell the same stories over and over again; they never have anything new to say.
 - (B) Most elderly persons are stubborn and grumpy because they do not like being old.
 - (C) It is hard to be patient with someone who is too old to take care of him- or herself.
 - (D) Most elderly people have had interesting lives, and I can learn a lot from their experiences.
6. An example of active listening is
 - (A) NA/HHA looking around the room while the person is speaking
 - (B) NA/HHA finishing the person's sentences to make communication faster
 - (C) NA/HHA focusing on the person and providing feedback
 - (D) NA/HHA talking constantly so that there are no pauses in the conversation