“I know you believe you heard what you THOUGHT I said....... But I’m not sure you understand that what you heard is NOT what I meant!!”

Communication is the critical link to managing client care outcomes
Roles of the Nurse
• With every nursing function communication is essential to manage the client’s needs

Communication and Nursing Practice
• A lifelong learning process for nurses
• An essential attribute of professional nursing practice
• Builds relationships with clients, families, and multidisciplinary team members

Communication and Interpersonal Relationships
• The means to establish helping and healing relationships.
• The ability to relate to others is important for interpersonal communication.
• Developing communication skills requires both an understanding of the communication process and of one’s own communication experience.
Levels of Communication

- Intrapersonal
- Interpersonal
- Transpersonal
- Small Group
- Public

Levels of Communication

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intrapersonal</td>
<td>A. One-to-one interaction between two people</td>
</tr>
<tr>
<td>2. Interpersonal</td>
<td>B. Occurs within an individual</td>
</tr>
<tr>
<td>3. Transpersonal</td>
<td>C. Interaction with an audience</td>
</tr>
<tr>
<td>4. Small Group</td>
<td>D. Interaction within a person’s spiritual domain</td>
</tr>
<tr>
<td>5. Public</td>
<td>E. Interactions with a small number of people</td>
</tr>
</tbody>
</table>

COMMUNICATION PROCESS

- Active process between sender and receiver
  - Referent
  - Sender and receiver
  - The message
  - Channels
  - Feedback
  - Interpersonal Variables
Communication as active process between sender and receiver

Basic Elements of the Communication Process

<table>
<thead>
<tr>
<th>1. Referent</th>
<th>A. One who encodes and one who decodes the message</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Sender and receiver</td>
<td>B. The setting for sender-receiver interactions</td>
</tr>
<tr>
<td>3. Message</td>
<td>C. Message the receiver returns</td>
</tr>
<tr>
<td>4. Channels</td>
<td>D. Motivates one to communicate with another</td>
</tr>
<tr>
<td>5. Feedback</td>
<td>E. Means of conveying and receiving messages</td>
</tr>
<tr>
<td>6. Interpersonal variable</td>
<td>F. Factors that influence communication</td>
</tr>
<tr>
<td>7. Environment</td>
<td>G. Content of the message</td>
</tr>
</tbody>
</table>

Forms of Communication

Verbal
- Vocabulary
- Pacing
- Denotative and Connotative Meaning
- Timing & Relevance
- Intonation
- Clarity and Brevity
Nonverbal Communication

- Personal appearance
- Facial expressions
- Gestures
- Posture and gait
- Eye contact
- Sounds—intonation of voice

Zones of personal space and touch

Other Forms of Communication

- Symbolic
  - The verbal and nonverbal symbolism used by others to convey a meaning
- Metacommunication
  - A broad term that refers to all factors that influence communication
Professional Nursing Relationships

- Nurse-client helping relationships
- Nurse-family relationships
- Nurse-health team relationships
- Nurse-community relationships

Elements of Professional Communication

<table>
<thead>
<tr>
<th>Appearance, demeanor, and behavior</th>
<th>Courtesy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of names</td>
<td>Trustworthiness</td>
</tr>
<tr>
<td>Autonomy and responsibility</td>
<td>Assertiveness</td>
</tr>
</tbody>
</table>

Therapeutic Techniques

Active Listening can be identified by the acronym SOLER

S. Sit squarely facing the client
O. Observe an open posture
L. Lean toward
E. Establish eye contact
R. Relax
Therapeutic Communication Techniques

- Active Listening
- Sharing Observations
- Sharing Empathy
- Sharing Hope
- Sharing Humor
- Sharing Feelings
- Using Touch
- Using Silence
- Providing Information
- Clarifying
- Focusing
- Paraphrasing
- Asking relevant questions
- Summarizing
- Self Disclosure
- Confrontation

Blocks to Communication

- Asking Personal Questions
- Giving Personal Opinions
- Changing the Subject
- Automatic Responses
- False reassurance
- Sympathy
- Asking for Explanations
- Approval or Disapproval
During the nursing interview ask appropriate questions

INTERVIEW
Understand client response/reaction is determined not only by Condition/disease but also by age, sex, personality, culture, social and economic circumstances

Let client talk
LISTEN
Share your plans for treatment
Understand own feelings, attitudes and vulnerabilities
Understand interviewing is an ongoing process

Adapting Communication for clients with special needs

Clients who:
• Cannot speak clearly
• Are Cognitively Impaired
• Hearing Impaired
• Visually Impaired
• Unresponsive
• Do Not Speak English
Communicating with Culturally Diverse Clients

Recognize own culturally-derived values and beliefs
Understand perceptions of health and health behavior within a cultural context

Communicating with Clients Across the Life Span

Infants
Talk softly
Use firm gentle physical contact

Toddlers/Preschoolers
Interact with parent(s) first
Be at eye level
Allow to touch objects they will come in contact with
Use simple words and short sentences
Use objects such as dolls, puppets... to communicate with before questioning directly

Children
Approach slowly
May talk to parent first
Soft voice, unhurried manner
Use correct terminology
Give correct reason for why something is done
Be honest
Allow time for questions
Use drawing or play
Adolescents
Undivided attention
Listen, Listen, Listen
Respectful
Open minded
Avoid judging
Clear expectations
Encourage expression of ideas and feelings
Praise good points and tolerate differences
Respect their privacy and views

Older Adults
Avoid fatigue - set limits
Create quiet environment without distractions
Provide frequent opportunities

General Nursing Interventions for Altered Communication
Genuine concern, patience, encouragement
Honesty, praise, build on positive
Make short term goals and outcomes
Teach and inform client/friends/family/staff
Process Recording

Purpose
Recording the conversation
Analysis
Format, written work

Elements of a Process Recording

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Analysis</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client, Nurse</td>
<td>Techniques, Rationale, Possible meanings of client communications, Theme</td>
<td>Approaches, Selected techniques, Personal reactions, Modifications proposed</td>
</tr>
<tr>
<td>Verbal &amp; Nonverbal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Process Recording: Therapeutic Communication
Mrs. W, a 70 y/o Latina female who is three days post surgery for a fractured hip puts on the call light for help

<table>
<thead>
<tr>
<th>What the Patient Said and Did (include verbal and nonverbal responses)</th>
<th>What I Thought and Felt (as you listened and before you spoke)</th>
<th>What I said and what I did (include verbal and nonverbal responses)</th>
<th>Principles/Techniques Used</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Squinting and frowning &quot;Aahh, my back&quot;.</td>
<td>She doesn't look comfortable at all.</td>
<td>&quot;Mrs. W. can you tell me more about what's wrong?&quot; (I sat down on the chair next to her and gave her direct eye contact).</td>
<td>Clarifying Therapeutic. I wanted the pt. to know that I cared and wanted to figure out what I could do, but I needed more information.</td>
<td></td>
</tr>
</tbody>
</table>
Non-Therapeutic Communication

<table>
<thead>
<tr>
<th>What the Patient Said and Did (verbal &amp; nonverbal responses)</th>
<th>What I Thought and Felt (as you listened and before you spoke)</th>
<th>What I said and Did (include verbal and nonverbal responses)</th>
<th>Principles/Techniques Used</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I'm really worried about whether the surgeon will be able to get all the cancer&quot;</td>
<td></td>
<td>&quot;I wasn't expecting the patient to say this to me. I feel really uncomfortable right now!&quot;</td>
<td></td>
<td>False reassurance</td>
</tr>
<tr>
<td>&quot;Don't worry, you have a great surgeon, everything will be alright&quot;</td>
<td></td>
<td></td>
<td>Not therapeutic: Minimized the patient's feelings and discouraged continued communication</td>
<td></td>
</tr>
</tbody>
</table>

Process Recording: Evaluate Effectiveness of Your Own Communication

Analysis allows evaluation
- Encourages openness
- Identifies missed oral or nonverbal cues
- Identifies if our responses blocked communication or facilitated it
- Identifies missed opportunities to use humor or silence or touch
Documentation

Guidelines for documentation vary in accordance with state and federal laws and regulations, accreditation standards, and institutional requirements.

Confidentiality

- Nurses are legally and ethically obligated to keep client information confidential.
- Nurses are responsible for protecting records from all unauthorized readers.
- HIPAA act requires disclosure or requests regarding health information.

Standards

- The Joint Commission requires each client have an assessment:
  - Physical, psychosocial, environment, self-care, client education, and discharge planning needs
- Federal and state regulations, state statutes, standards of care, and accreditation agencies set nursing documentation standards.
Multidisciplinary Communication Within the Health Care Team

- Records or chart:
  - Confidential permanent legal document
- Reports:
  - Oral, written, audiotaped exchange of information
- Consultations:
  - A professional caregiver providing formal advice to another caregiver
- Referrals:
  - Arrangement for services by another care provider

Purposes of Records

<table>
<thead>
<tr>
<th>Communication</th>
<th>Legal documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal documentation</td>
<td>Education</td>
</tr>
<tr>
<td>Financial billing</td>
<td>Auditing/monitoring</td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
</tbody>
</table>

Guidelines for Quality Documentation and Reporting

- Factual
  - A record contains descriptive info about what you see, hear, feel, and smell.
  - An objective description is the result of direct observation and measurement.
- Accurate
  - Use exact measurements "Intake 560 ml"
- Complete
  - Descriptions of nursing care that is administered and the pts response
- Current
  - Timely entrees are essential in on going care
- Organized
  - The nurse communicates information in logical order.
Methods of Recording

- **Narrative:**
  - The traditional method
- **Problem-Oriented Medical Record (POMR):**
  - Database
  - Problem list
  - Nursing care plan
  - Progress note

Example of Criteria for Recording

**Assessment**
- Subjective data
  - What the patient says
- Objective data
  - Observations or measurements
  - made by the data collector

**Nursing Intervention & Evaluation**
- Treatments
- Medication documentation
- Client teaching
- Discharge planning

Methods of Recording: Progress Notes

- **SOAP:**
  - Subjective, objective, assessment, plan
- **SOAPIE:**
  - Subjective, objective, assessment, plan, intervention, evaluation
- **PIE:**
  - Problem, intervention, evaluation
- **Focus Charting (DAR):**
  - Data, action, response
Methods of Reporting

- Source records:
  - A separate section for each discipline
- Charting by exception (CBE):
  - Focuses on documenting deviations
- Case management plan and critical pathways:
  - Incorporates a multidisciplinary approach to care

Common Record-Keeping Forms

<table>
<thead>
<tr>
<th>Form Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission nursing history form</td>
<td>Flow sheets and graphic records</td>
</tr>
<tr>
<td>Client care summary or Kardex</td>
<td>Acuity records</td>
</tr>
<tr>
<td>Standardized care plans</td>
<td>Discharge summary form</td>
</tr>
</tbody>
</table>

Computerized Documentation

- Software programs allow nurses to enter assessment data.
- Computers generate nursing care plans and document care.
- A complete computer-based patient care record (CPCR) is not without legal risks.
Reporting

• Change of shift
• Telephone reports
• Verbal or telephone orders
• Transfer reports
• Incident reports

General guidelines -
Change-of-shift done quickly & efficiently
Data needs to be objective, current, & concise
Include
  Background info
  Assessment
  Nsg Dx
  Teaching plan
  Treatments
  Family info
  Discharge plan
  Priority needs

Types of Reports

Oral - Allows for questions or clarification of explanations
Taped - Efficient, allows to report when time available
Telephone - Used to inform Dr. of change in condition & to other units about transfer
Rules for Charting

Don’t erase
Don’t write judgmental comments
Do not skip lines
Record legibly & in black ink
Chart only for yourself
Begin entry with time & end with signature & credentials
Never sign an entry for someone else
Do not tamper or back date entries’

Countersign consciously and conscientiously
Quotation marks around clients comments
If space is left, draw line through & sign name & credentials @ end
Never use pencil (kardex an exception)

Study Guide

Know principles to promote effective communication.
Identify gender, space, and sociocultural aspects influencing communication.
Apply principles that convey empathy
List barriers to effective communication.
Summarize nonverbal and verbal communication concepts.

Study Guide

Select appropriate therapeutic communication responses.
Apply communication techniques to different developmental stages and those with alterations in communication.
Incorporate basic principles of documentation when writing in the chart.
Be familiar with guidelines for effective charting.
Understand the purpose of client records.