

Providing Professional Care in Home Care

**Satellite Conference and Live Webcast
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Faculty

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Professional Care General Appearance

- **Personal hygiene**
 - **When you start out the day neat and clean, you have more confidence to face the day**

Professional Care Appearance

- **Personal hygiene includes**
 - **Mouth care**
 - **Good oral hygiene is necessary to stay healthy and keep you're your teeth and gums healthy**

Professional Care Appearance

- **Hair care**
 - **Neat and clean, up or back so your hair doesn't interfere with the field of work**
 - **Matching hair accessories are acceptable**

Professional Care Appearance

- **Nail care**
 - **Neat and clean**
 - **Natural nails should be less than a quarter of an inch in length with clear, neutral, pastel, or no polish**

Professional Care Appearance

- **Artificial nails are prohibited by personnel providing client/patient care**

Professional Care General Appearance

- **Uniform**
 - **Pressed and in good repair**
 - **Professional and well fitting**
 - **Original color**
 - **Not faded**
 - **No plunging necklines**
 - **No tight fitting clothing**

Professional Care General Appearance

- **Name tag**
 - **Departmental picture identification will be worn at all times displaying employee name and title**

Standards of Conduct

- **Employees must behave professionally**
- **Must have an attitude of cooperation**
- **Interaction with coworkers and clients/patients must not cause dissention or discord**

Standards of Conduct

- **Employees are expected to perform their assigned duties conscientiously and to respond readily to the direction of supervisors**

Standards of Conduct

- **Malicious or excessive griping, loud disruptive talking that affects the activities of coworkers or environment of clients/patients won't be tolerated**

Standards of Conduct

- **Vulgar, abusive, or threatening language and emotional outbursts at a coworker or client/patient won't be tolerated**
- **All employees must serve the public with respect, concern, courtesy, and responsiveness**

Standards of Conduct

- **No employee may disclose confidential information outside the agency or to any employee within the agency who does not "need to know" the information**

Standards of Conduct

- **Additional compensation**
 - **No employee may solicit or receive money or anything of value in addition to the salary and benefits**

Standards of Conduct

- **Valuable gifts**
 - **If the patient offers you a gift of value, thank them and explain that you are not allowed to accept the gift**

Standards of Conduct

- **Exception to this rule is:**
 - **Inexpensive items like key chains**
 - **Note pads**
 - **Inexpensive pens**
 - **Pencils**
 - **Coupons offering small discounts**
 - **Small amounts of food items**

Communication

The Key to Connection with Others

How Do We Communicate?

- Through our words
- Through our actions
- Through our notes and emails

Verbal Communication

- Everyone needs connections with others
 - How you speak with your patients can make or break their day
- Many of our patients are lonely
 - You may be the only contact they have for the day

Verbal Communication

- The tone of your voice, the speed at which you speak, and the inflection of your voice tells so much about you to your patient

Guidelines for Communication with Your Patients

- Address patients by titles or names they prefer
- Ask questions about the patient's interests and family
- Encourage patients to talk about themselves
- Avoid slang or medical terms

Guidelines for Communication with Your Patients

- Use the patient's name frequently
- Be aware of and respect generational differences
- Stay aware of your attitude toward the elderly
- Speak to the elderly patient as an adult regardless of behavior or confusion

Guidelines for Communication with Your Patients

- Encourage and assist with the use of hearing aids, glasses, and dentures to facilitate communication
- Position yourself at eye-level with the patient
- Avoid talking over the patient
- Include patient in your conversation

Guidelines for Communication with Your Patients

- Avoid blocking the view of a patient in a wheelchair or bed
- Honor and provide the space required to maneuver a wheelchair
- Remember that many non-ambulatory patients are able to communicate normally

Guidelines for Communication with Your Patients

- Be a good listener
 - Be attentive to what the patient is saying
 - Patients are aware when we are not paying attention!
 - Be non-judgmental in what the patient tells you

Guidelines for Communication with Your Patients

- Clarify what the patient has told you
- Be respectful if the patient does not want to talk

Listening Skills

- Use eye contact to show you are interested
- Wait quietly for the speaker to compose their thoughts
- Ask questions occasionally
- Don't interrupt thoughts that are being expressed
- Be courteous and tactful

Nonverbal Communication

- We often speak to our patients in ways without words
- Body language can tell how we are feeling, what we think about the patient, and how we feel about our work

Nonverbal Communication

- Body language includes:
 - How we stand
 - Tone of voice
 - Facial expressions
 - Body movements

Guidelines for Nonverbal Communication

- Be sure nonverbal communication matches verbal communication
- Be aware that nonverbal communication goes on at all times
- Avoid negative body language such as crossing your arms or placing your hands on your hips

Guidelines for Nonverbal Communication

- Use touch appropriately
- Observe the nonverbal communication of others
- Honor the other person's need for personal space
- Avoid hurried body movements

Written Communication

- Home Health Aides may use written communication to provide information to patients, or notes for coworkers
 - Write legibly
 - Never use all capital letters
 - Use correct grammar

Written Communication

- Be professional
- For those who have difficulty seeing, write so that the patient can read it

Barriers to Effective Communication

- Failure to be attentive
 - Only pretending to listen
 - Worrying about other things
 - Daydreaming

Barriers to Effective Communication

- Manner in which you speak
 - Speaking too fast
 - Speaking too loud or too low
 - Speaking in an angry tone

Barriers to Effective Communication

- **Distractions**
 - Noise, such as a TV, radio, or music
 - Bright light
 - Odors

Barriers to Effective Communication

- **Feelings**
 - Anger
 - Defensiveness
 - Embarrassment

Barriers to Effective Communication

- **Hearing impairment**
 - Speak into the better ear, if possible
 - Be sure patient is wearing their hearing aid
 - Face the patient when speaking, but do not exaggerate lip movements

Barriers to Effective Communication

- Carefully explain everything, one step at a time
- Speak slowly and clearly
- Use written messages, if necessary

Barriers to Effective Communication

- **Speech impairment – Aphasia**
 - Aphasia is the loss of ability to express yourself
 - It occurs most commonly with stroke, dementia, and Alzheimer patients

Barriers to Effective Communication

- Aphasic patients may or may not understand what is being said
- Aphasic patients cannot find the words they want to use

Guidelines for Communicating with Speech Impaired Patients

- Treat the patient as an adult
- Speak in a normal voice
- Don't speak for patient or fill in words
 - Allow time for response
- Do not correct or criticize
- Ask questions that can be answered with simple words

Guidelines for Communicating with Speech Impaired Patients

- Encourage drawing or writing if the patient is able
- Stand where the patient can see you when you are talking
- Don't assume the patient understands
- Be sensitive to the patient's emotions

Cultural Barriers

- Become aware of cultural differences
 - Direct eye contact is common when communicating for Americans
 - However, Japanese, African, and Latin American customs are to avoid eye contact to show respect

Cultural Barriers

- Arabic cultures make prolonged eye contact to show respect

Cultural Differences

- A handshake is common in the U.S.
 - However, Islamic and Hindu cultures do not use their left hand

Cultural Differences

- Islamic cultures generally don't approve of any touching between genders, such as hand holding and hugs, but it is OK between same-sex
- Americans avoid offensive natural smells
 - Other cultures find it normal

Cultural Differences

- Learn about the cultures of your patients
- Be aware of differences in personal space requirements, privacy issues, and levels of formality
- Understand and accept that family interactions may differ

Cultural Differences

- Realize that hand gestures may have different meanings
- Avoid being judgmental
- Be aware of your own feelings and discomfort
- Show respect for individual customs and beliefs

Emotional Control – How To Handle Difficult Situations

- There will be times when patients or coworkers will upset us
 - How do we handle these situations?
 - Patients or family members sometimes make rude or offensive comments

Emotional Control – How To Handle Difficult Situations

- Coworkers may say something to upset us
- Supervisors may provide constructive criticism that hurts our feelings

Emotional Control – How To Handle Difficult Situations

- Remember
 - Patients and family members are often worried or do not feel well, and may take it out on you
 - Coworkers have bad days just like the rest of us

Emotional Control – How To Handle Difficult Situations

- Supervisors are there to help us, and sometimes that means delivering difficult news or information

Emotional Control – How To Handle Difficult Situations

- Do not take rude comments personally
- Remain professional at all times
- Let patients and family members know that you are aware that they are going through a difficult time

Emotional Control – How To Handle Difficult Situations

- Try to listen to their concerns and be sensitive to their situation
- Learn to take constructive criticism and accept suggestions from your supervisor and coworkers

Emotional Control – How To Handle Difficult Situations

- Do not get upset when it's necessary to repeat yourself several times
- Don't get angry if the patient/caregiver says something negative to you
- Before you respond to negative comments, think about what you are about to say

Professional Relationship with Patient/Family Members

- Know your boundaries
 - Provide the services that are on the care plan
- Do not take orders from family or visitors
 - Contact the nurse if there is a question regarding your assigned tasks

Professional Relationship with Patient/Family Members

- Listen to visitors and family members and be courteous
- Do not get involved in family affairs or conflicts
 - Stay neutral!

Professional Relationship with Patient/Family Members

- Do not give confidential information regarding your patient to visitors or family members
 - Respect the patient's privacy

Professional Relationship with Patient/Family Members

- If visitors ask questions about your patient, refer them to the nurse or family
- Report the roles family and visitors play in the life of your patient

Respecting Patient Rights in Home Care

- Establish a relationship with your patient based on honesty and ethical conduct

Respecting Patient Rights in Home Care

- Property/patient/client treated with respect
 - Fairness
 - Dignity
 - Courtesy

Respecting Patient Rights in Home Care

- Personnel respond to patient/client request for assistance in the home
 - Follow the telephony care plan
 - When the request is questionable call the Supervisor

Respecting Patient Rights in Home Care

- The patient/client/caregiver have the right to refuse services
 - Attempt to provide services ordered
 - Contact Supervisor if patient/client refuses care

Respecting Patient Rights in Home Care

- The patient/client may request a change in worker
 - You may be reassigned
 - Reassignment does not mean you are not doing your job

Respecting Patient Rights in Home Care

- **The patient must be able to complain without fear of reprisal**

Respecting Patient Rights in Home Care

- **Maintain confidentiality**
 - **Guard the patient/client medical record**
 - **Financial circumstances**
 - **What takes place in the home**

7 G's in Home Care

- **Look good**
- **Act good**
- **Talk good**
- **Good control of your actions**
- **Good care**
- **Treat good**
- **Be good about not talking about it**