

Engaging Your Residents

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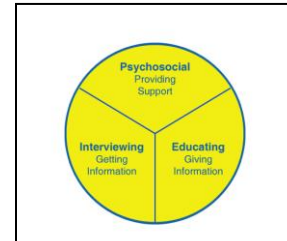
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Objectives

1. Demonstrate empathic & caring behaviors with residents / patients.
2. Apply powerful strategies for gathering information from residents / patients.
3. Employ effective techniques for educating residents / patients.



Overview – The PIE Model

Psychosocial Dimension (Providing Support). Apply empathic statements as a method to create strong resident / patient relationships.

Interviewing (Getting Information). Describe the different types of questioning techniques to gather the maximum amount of information from residents / patients.

Educating (Giving Information). Describe methods of teaching residents / patients to insure resident / patient safety and help with retention.

Providing an overview of what the resident / patient will experience is a communication tool known as: _____

I. Psychosocial Dimension (Providing Support)

Definition (Webster's): The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another.

Empathic responding does not take long periods of time. Clinicians are often concerned that with a busy schedule they will not have time for empathy. However, empathic responding could take as little as 30 seconds. The use of empathy could actually shorten resident / patient visits by immediately establishing rapport.

Don't Miss an Opportunity for Empathy

In the midst of gathering clinical data, we often overlook statements with a large emotional impact. We can get so caught up in the medical aspects; we lose sight of the important emotional dimension to what people are telling us. Of course, we need to be aware of clinical issues, however if a resident / patient mentions an emotional issue, it needs to be addressed and then we could move on to addressing the clinical aspects.

Case Studies (incorporating empathy)

1. "I wanted to take part in the event, but the doctor told me I need more time to heal. I was really looking forward to going"

2. "My daughter has become so difficult. She says mean things to me. We have never had a good relationship. I am thinking of just telling her never to visit again. What do you think I should do?" _____

II. Interviewing (Getting Information)

The Opening

The first few seconds of meeting a resident / patient are critical to establishing rapport, helping the resident / patient feel at ease and setting the tone of the interview. These are guidelines to begin an interview with resident / patient:

- The resident / patient's name
 - Ask the resident / patient their preferred name
 - Check pronunciation.
- Use the resident / patient's name first, then yours. We want the resident / patient to feel special and using their name first will set the stage for an excellent experience. Using your name first creates an authoritative feel to the interaction.
- Acknowledge others in the room, such as a family member or friend. Get their names. Shake their hands if appropriate. This acknowledgment is very important since you want to create a positive image with these family members.
- Start with an open-ended question, such as the question, "Tell me what is going on?"

The opening & closing are the most important parts of the meeting in terms of resident / patient recall. This phenomenon is called: _____

Avoid interrupting too soon.

Let the resident / patient talk at least 1 – 1 ½ minutes before interjecting a question or comment. The constant interrupting will then make resident / patient feel like you are leading them and being dominant. Many of your questions will be answered if you give them time to talk. Scenario to avoid:

Resident / patient:	My stomach has been bothering me, and ...
Clinician:	Where is the pain located?
Resident / patient:	Lower part, and ...
Clinician:	When did the pain start?

Sitting Guidelines

Don't lean back when talking to resident / patients. This may feel relaxed, but it also conveys a casual manner and disinterest. The leaning back position also indicates dominance in the interaction, which is to be avoided. We always want to emphasize the partnership aspect with residents / patients.

The ideal sitting position is leaning slightly forward facing the resident / patient. Numerous studies have shown that this position leads to the highest residents / patient satisfaction levels. When we say facing the resident / patients, this does not mean we have to face them exactly directly; a slight angle is acceptable.

Avoid the Dreaded "Why" question.

Using the word "why" can often be seen as judgmental and should be avoided. This will make the question seem much more comfortable for the resident / patient, rather than putting them on the defensive.

For example:

Why question: "Why didn't you call me?"

Better question: "I am concerned about you. I want you to feel better. What was reason you did not call me?"

II. Interviewing (Getting Information)

Convert these “why” questions:

Why didn't you eat your lunch?

Why didn't you tell us you had to go to the bathroom?

The Closing

Just as a good opening is crucial, an excellent closing is equally important in establishing a positive relationship with the resident / patient. The last moment of the interaction will reflect on the entire experience a resident / patient has just had. A wonderful visit can turn sour with a poor closing. You want your resident / patient leaving the office feeling good about the meeting.

Close with a partnership statement.

III. Educating (Giving Information)

Healthcare professionals spend a great deal of time educating their residents.

Partner with your resident.

Do not think in terms of telling your residents what do you. Offer suggestions and choices and then together come up with the best possible solution. The healthcare professional-resident relationship has moved from paternalistic to partnership.

“These are the possible choices ... this is what I suggest ...”

Avoid medical jargon. Unless your resident is also a healthcare professional, use everyday language.

What we want in life

Positive

What we want for our residents

Negative

Use brochures. Provide written information for residents. Just before giving the brochure to the resident, briefly review key sections with them. Keep a pen or highlighter nearby; you may want to mark certain parts of the brochure.

The "Teach Back" Method

There are serious problems associated with the question, "Do you understand?"

Just because the resident says, "Yes," does not mean they truly understand. How can you be sure they understand? Use the "teach back" method.

III. Educating (Giving Information)

Teach back is a powerful communication tool to assess a resident's understanding. After the professional shares new medical information with the resident and family, the resident is asked to "teach back" what they just heard, verbally or in the form of a demonstration. This allows the professional to correct misunderstandings and provide additional information, if necessary.

Don't simply tell a resident, "Repeat back what I just said!"

The above comment will put them on the spot and cause anxiety. They will feel like a school kid who was just told they are having a pop quiz. A better approach would be to say, "I have given you a lot of information -- just to make sure you understand everything, I would like you tell me what you heard."

Sample of open-ended questions to assess understanding:

“How would you describe your health condition to your daughter?”

Resources

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Communicating with Residents who have Alzheimer's Disease

There are many strategies to improve communication with people who have Alzheimer's Disease. Here are top tips.

Get their attention.

Be sure you have their attention before beginning to speak. Always approach the person from the front, never from behind, which can startle people. Identify yourself, and call the resident by his / her name.

Be at their level.

Move your head to be at the same level as their head. Bend your knees or sit down to reach their level. Do not stand or hover over them – it is intimidating and scary. They can't focus on you and what you are saying if they are focused on their fear.

Look carefully at non-verbal behaviors.

When verbal skills diminish, resident often use gestures to communicate. Look carefully at facial expressions and gestures.

Speak distinctly, but don't shout.

Speak at a slightly slower rate pausing frequently to give the person time to process what you are saying. Use short, simple, and familiar words; only one idea to a sentence. Take a breath between each sentence.

Keep it simple.

Give one-step directions. Ask only one question at a time. Identify people and things by name, rather than saying he / she or him / her.

Turn negatives into positives.

- Say, "Let's try this," instead of saying, "Don't do that."
- Say, "Let's go here." instead of "Don't go there."

Rephrase rather than repeat. If the listener has difficulty understanding what you're saying, find a different way of saying it. If he or she didn't understand the words the first time, it is unlikely he or she will understand them a second time.

Be patient. Encourage the person to continue to express his or her thoughts, even if he or she is having difficulty. Be careful not to interrupt. Avoid criticizing, correcting, and arguing.

Always treat with dignity and respect. Don't speak down to the person or speak to others as if he or she is a child or isn't present.

NEVER say, "Do you know who I am?" State who you are and role. Also encourage others do this, such as family members and friends who visit. For example, have a family member state, "Hello Mary. I am Barbara, your niece."

Go along to get along. If they say something that is not true, do not try to correct them, you will only make them angry. If they say something not factually true, go along with them. For example, if they say they went to their high school senior prom last night, do not argue with them. You can say, "That sounds nice, but let's talk about ... " **Don't correct, redirect!**