DAY 1

- Communication
  - Transfer of information
  - Always occurring
    - Verbal connection
    - Body language
    - Emotions
    - Technology
  - Effective communication
    - Increases client safety
    - Nurses must ensure that clear messages are clearly received
- Levels of Communication
  - Intrapersonal communication: Communication within an individual
    - "Self-talk"
    - Helps to critically think before verbally communicating
    - EX: nurse gathering thoughts before calling an MD
  - Interpersonal communication: Communication between two people
    - Most common in nursing
    - Between nurse and patient, or nurse and another member of the healthcare team
  - Public communication: Communication to, within, or between large groups of people
    - EX: nurse teaching community group about cancer screening guidelines
  - Small group communication: Communication within a group of people, often working toward a mutual goal
    - EX: Support groups
- Elements of Communication
  - Sender – the one who starts the message
  - Message – the information being shared
  - Channel – how the message is transmitted
  - Receiver – the one who receives the message
  - Noise – any environmental distractor that can interfere with the message
  - Feedback – how the receiver demonstrates understanding of the message
    - Teach-back
- Methods of Communication
  - Verbal
    - What is said
    - What is heard
    - Emotional triggers
  - Auditory Communication
    - What the receiver hears when the sender speaks
    - Tone and speed
    - Influenced by physical and intellectual disabilities
      - Noise
      - Client mistrust of caregiver
  - Non-verbal
    - Body language
      - Closed or poor posture

- Eye contact
- Often unintentional
- Must understand cultural differences
- o Emotional Communication
  - The speaker's emotional state influences how a message is accepted
  - Condescension will not be well received
- o Energetic Communication
  - How we project ourselves influences how our messages are received
  - Emotional state influences health status
  - Distraction, biofeedback, meditation
- o Written
  - Lacks non-verbal cues
    - Can make understanding difficult
      - o Literacy, language differences, visual impairments can impact understanding
- o Electronic
  - Email, text, video conferencing, social media
    - Efficient
    - Many privacy implications
      - o Encryption
      - o HIPAA
- Influencing Factors
  - o Development
  - o Gender
  - o Values & Perception
  - o Personal Space
  - o Territoriality
  - o Roles & Relationships
  - o Environment
  - o Congruence & Incongruence
  - o Interpersonal Attitudes
  - o Emotions
  - o Sociocultural
  - o Knowledge
  - o Transference & Countertransference
- Communication Styles
  - o Aggressive
    - Verbally, even physically, abusive
    - Blaming, "You" statements
  - o Assertive
    - Cooperative and straightforward, with focus on the message
    - "I" statements
  - o Passive
    - Conflict aversion, anxious and fearful
      - Will agree rather than state their feelings
  - o Passive-aggressive
    - Passive on the surface only
    - Indirect, subtle expression of anger
    - Sarcasm, wit

- Communication Influencers
  - Psychosocial and Physiological Factors
    - Nurses'
      - Time, staffing
    - Clients'
      - Hearing, vision loss
  - Developmental and Cognitive Factors
    - Autism Spectrum Disorder
    - Chronic Pain
    - Parkinson's Disease
    - Multiple Sclerosis
      - We must learn about these conditions and how they affect our clients in order to create the best communication plan to meet their needs
  - Environmental Factors
    - Excessive noise
    - Extreme temperatures
    - Lighting
    - Distraction
    - Ventilation
    - Privacy
    - Outside distraction
      - Texting, excessive note taking during communication sessions
  - Situational Factors
    - Factors causing strong emotions can hinder effective exchange
      - Fatigue
      - Anxiety
      - Fear
  - Cultural Factors
    - Language
    - Religion
    - Sexual orientation
    - Age
    - Gender
    - Nurses' cultural competency or biases
    - Inequitable access to care based on race
- Therapeutic and Non-therapeutic Communication
  - Use of listening skills and empathy to build professional relationships with clients
    - Enhances safety, patient care, and satisfaction with the caring relationship
- Therapeutic Relationships
  - Compassionate, caring, and empathy are hallmarks of nursing
- Phases of Helping Relationships
  - Orientation
    - Pre-interaction phase
      - When the client reaches out for help
  - Identification
    - Introductory
      - Establishment of a mutually respectful relationship
  - Exploitation
    - Working phase

- Nurse educates the client to make positive changes
        - Resolution
            - Termination
                - Client's issue(s) is resolved, and the relationship ends until the next event
    - Therapeutic Communication Techniques
        - Silence
            - Offering self, presence
            - Allows time to absorb what's been shared, determine what to do next
        - Active listening
            - Requires full focus on the speaker, not planning what you'll say next
        - Open-ended questions
            - Requires more than a simple yes/no answer
            - Elicits more information
        - Accepting
            - Acknowledging that you've heard and understood the client
        - Restating / Summarizing
            - Repeating the client's message in your own words
                - Gives the client opportunity to clear up any misunderstanding or miscommunication
        - Reflecting
            - Attempting to reveal the client's feelings behind their message
                - Empowers client's accountability for own life and actions
    - Motivational Interviewing
        - **O**pen-ended questions to elicit more information
        - **A**ffirmations encourage the client, by focusing on positives
        - **R**eflective listening restates what the client said to encourage clarification of feelings
        - **S**ummarizing uses paraphrasing to ensure understanding
    - Non-Therapeutic Techniques
        - Not listening / Rejecting
            - Likely will shut down the conversation
        - Criticism / Judgment
        - Reassurance
        - Giving advice
            - Telling client what to do can be perceived as disrespectful
            - Best to use reflection to help client find their own answers
    - Overcoming Communication Barriers
        - Language
            - Translation services
        - Cultural differences
            - Nurses must develop cultural competence / humility
            - Show respect and compassion for patients
                - Active listening, respectful touch when appropriate
                - Help to relieve suffering
        - Cognitive and developmental impairments
            - From other medical conditions / medications
                - Speak clearly in uncomplicated language
                - Supportive environment
                - Ensure client's ability to see and hear
    - Nurse Patient Relationship

- Relationships are the foundation of clinical practice & an essential part of caring
- Nurse recognizes the client as an individual with unique health needs, human responses, & patterns of living
- Goal directed Relationship
  - Facilitates growth by helping clients manage their problems in living more effectively, & becoming better at helping themselves
  - Created with skill & care by the nurse
  - Built on trust in the nurse.
  - May take weeks or minutes (ED situation)
- Phases:
  - Pre-interaction
    - Review chart
  - Introductory / Orientation
    - Establish trust
  - Working
    - Exploring & Understanding Thoughts and Feelings
    - Facilitating & Taking Action
  - Termination
    - Summarize, review, add closure to the relationship – provide referrals