

Therapeutic Communication Gerontology Assignment

Learning Objectives, Outcomes, Instructions, and Rubric

Therapeutic Communication Gerontology Assignment Learning Objectives and Outcomes		
Area	Objective	Course Student Learning Outcome (CSLO's), Baccalaureate Essential's & QSEN
Knowledge	<p>Apply therapeutic communication nursing concepts in the delivery of nursing care to gerontology patients.</p> <p>Examine the influence of age on nursing care decisions and actions for patients.</p>	<p>CSLO # 1 & 2 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>
Skills	<p>Apply therapeutic communication principles, concepts such as active listening, silence, focusing, open ended questions, clarification, exploring, paraphrasing, reflecting, restating, providing leads, acknowledgement, and offer of self.</p> <p>Increase their own self-awareness of judgments and pre-conceived notions that may affect their advocacy for older adults.</p> <p>Evaluate effectiveness individual performance.</p>	<p>CSLO # 1 & 4 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>
Attitudes	<p>Values the role of therapeutic communication in nursing care decisions and actions.</p> <p>Recognize personally held attitudes about working with patients from different age, ethnic, cultural and social backgrounds.</p>	<p>CSLO # 1 & 4 Baccalaureate Essential VIII QSEN Patient-Centered Care</p>

Therapeutic Communication Gerontology Assignment Instructions

This assignment is designed to help students feel comfortable initiating conversations with older adults and to raise awareness of older person's wishes, expectations, resources, cultural traditions, and strengths. Students will select an older adult to interview. Students will utilize therapeutic communication to explore the quality of life perceptions, risk the person is willing to take or has taken to preserve the quality of life. These interviews can be conducted in-person, over the phone, or using video-conferencing technology. Students should record all information within this document and turn this entire document into the Edvance 360 dropbox by the assigned due date.

Therapeutic communication is a fundamental component of nursing and is a complex concept. Ensuring positive encounters between nurses and patients is important for improving the quality of nursing interactions, performance of various nursing duties, and meet patients' diverse needs (Abdolrahimi et al., 2017).

References

Abdolrahimi, M., Ghiyasvandian, S., Zakerimoghadam, M., & Ebadi, A. (2017). Therapeutic communication in nursing students: A Walker & Avant concept analysis. *Electronic physician, 9*(8), 4968-4977. <https://dx.doi.org/10.19082/4968>

Step 1: Assessing Your Personal Thoughts Prior To The Interview

Students should answer the following questions to fully understand the quality of life, personal choice of decision making, and self-reflection. Complete this part of the activity prior to conducting the interview.

1. Which of these two statements is most important to you?

- I want to live as long as possible regardless of the quality of life that I experience.
- I want to preserve a good quality of life even if this means that I may not live too long.

If I made a face-value choice between the two statements, for me, quality of life supersedes longevity. The caveat I feel compelled to add is that I believe that, for some purposes, longevity is an essential component of satisfaction. For example, if I were given a choice between living an extraordinary life for only five more years or living long enough to see my daughter grow up but accepting whatever hardships come my way during that time, I prefer the latter. I have entered a stage in my life where I find myself more concerned with legacy and securing my family's future than I am with excitement or immediate gratification.

2. Do you feel you have full autonomy for decision making?

I feel that I have as much latitude in my decision-making as I can reasonably expect, given my school, work, and family obligations. Essentially, within those constraints, which are admittedly self-imposed, and the expectations that come with them, I have free reign to do as I please. My obligations primarily impact my schedule. As a result, I have complete autonomy in making medical decisions for

myself. I choose to make significant financial decisions only with my partner's consent, and I choose to honor my academic, professional, and social commitments.

3. How do you feel when people make decisions for you?

When a decision is made for me, depending on the gravity of the situation, I feel diminished and maybe somewhat resentful. For example, if my partner orders my meal for me at a restaurant when I am running late or if I am in the bathroom when the server comes, I'm unlikely to care much; it barely affects my day, much less my life. On the other hand, if she volunteered me for a multiple-day commitment to help her friends move without asking me, I would be irritated and would probably consider refusing to do it on general principle.

4. What do you see as important in your life?

My top priorities are achieving financial security for my family and setting myself up to have a healthy work-life balance through middle adulthood. In addition, I want to minimize stress and maximize the amount of quality time I spend with my daughter and partner. Because these are ends, the means to them are necessary; I devote a great deal of my time and energy to performing well academically and professionally. That is to say, I believe it is essential to work hard now to play more later.

5. What risks have you taken in the past that has affected your quality of life?

I have some chronic back pain resulting from injuries sustained during sports in high school. The pain is relatively minor and, thus far, has not required any medical intervention to manage. However, as I get older, I am less likely to participate in physical activities that I enjoy because I expect to be sore afterward.

6. What risks have you taken in the past and how has this affected you?

In addition to the injury I discussed in question 5, I made many risky, poor choices when I was young. For example, I dropped out of high school my senior year. At the time, I believed that I would make a living day-trading and spend my free time traveling. Instead, I ended up in significant debt and spent several years working a near-minimum wage factory job to repair my finances before deciding to pursue college seriously. Essentially, a choice I committed to over perhaps a few weeks of deliberation set my life back multiple years and, accordingly, has had a significant influence on my circumstances today. If I had graduated high school and went directly to college, I'd likely be in a much better financial position today. But, on the other hand, it is also unlikely I ever would have met my partner and would probably be in an entirely different field.

7. What risks do you want to take now?

The only significant risk that I am seriously considering is re-balancing my portfolio to include more small and mid-cap growth stocks. Beyond that, I think most of the changes in my five and ten-year plans to be relatively mundane and low-risk. Of course, there is always some implied risk in living life; for example, I could die in a car accident or become disabled after taking on a hefty financial obligation like a new mortgage. However, I think of these things as remote possibilities associated with living an everyday life rather than the common sequelae of a fast lifestyle.

8. What risks are you not willing to take?

I do not have much appetite for risk in the name of recreation and could never see myself doing something like diving with sharks, flying a plane, or hang-gliding. As a result of my experience attempting to day trade, I am unwilling to trade on margin again and am generally resistant to accepting debt obligations I perceive as unnecessary.

9. How would you explain to the people who love you why you want to take this risk?

In question 7, I indicated that I was considering re-balancing my portfolio to aim for a more aggressive growth target by including more small and mid-cap stocks. This desire is a conversation that I have had with my partner, and she supports the decision. When I discussed it with her, I shared my retirement goals and the required average annual growth my portfolio would need to achieve them. I explained that, as it stands, my portfolio is quite conservative has significantly underperformed relative to the S&P 500 over the past few years. I also shared that I could improve my returns by decreasing my holdings in bonds and international ETFs and gaining greater exposure to companies with a more significant potential for growth. Finally, I asserted that I believe my time horizon is long enough to tolerate the additional risk. I explained that I wanted to retire comfortably and leave a larger inheritance for our child.

10. What frightens you about taking this risk?

On the whole, I don't find the perspective of doing what I discussed in questions 7 and 9 frightening. I may take significant losses on my investment, which, indeed, I want to avoid. While a total loss would not financially ruin me, something that does scare me is the prospect of wasting time. Money lost for nothing represents the time that I could have spent with my family and the additional time to sacrifice to rebuild my position. However, because I plan to mitigate my risk and the potential reward is great, the risk becomes tolerable.

Step 2: Conducting Your Interview

Find an older adult to interview, the interviewee may be a family member and does not have to be a patient. Each interview should be a minimum of 20 minutes. Students should use therapeutic communication techniques to build therapeutic relationships within the

community. Students should ask a minimum of 5 question listed below. Students can rephrase the questions during the interview to convey a conversational tone. A student may ask a question not listed below but will need to write down additional questions asked in the post-interview evaluation. The interview process is not graded but will assist the student in completing their self-reflection.

1. Which of these two statements is most important to you?

- I want to live as long as possible regardless of the quality of life that I experience.
- I want to preserve a good quality of life even if this means that I may not live too long.

Notes: The interview subject, DS, answers that he would prefer a high-quality life over a long life. When I ask DS what makes him feel that way, he answers “If you’re in pain all day and have nothing to look forward to, whats the point in living forever?”

2. Do you feel you have full autonomy for decision making?

Notes: DS requests clarification on what is meant by full autonomy. I rephrase the question as “Do you feel like you are in control of your life or do you sometimes feel as if other people decide things for you?” In response, the DS replies that he feels in control “most of the time.” When I ask about what DS sees as stopping him from feeling in control all of the time, he explains that he feels like nobody can control everything “except God.” I am able to clarify with DS that he feels as if he can exercise make his own decisions within that framework. We talk about what is happening at DS’ church for several minutes.

3. How do you feel when people make decisions for you?

Notes: DS feels that it is “insulting” and dislikes it when other people make choices for him. He additionally feels like if he is making a mistake that he should be allowed to make it but clarifies that he would want to know about it if someone thought he was doing something that could have negative consequences for him.

4. What do you see as important in your life?

Notes: I did not ask this question.

5. What risks have you taken in the past that has affected your quality of life?

Notes: I did not ask this question.

6. What risks have you taken in the past and how has this affected you?

Notes: I rephrased this question as “What are the biggest risks you think you’ve taken in life and how have they affected you?” DS jokes by saying the biggest risk he had ever taken was getting married. He also discusses his military service at some length. DS does not regret his service in the Marine Corps; rather, he believes that the experience helped him strong character and succeed in life.

7. What risks do you want to take now?

Notes: DS shares that he has always wanted to try mountain climbing and that he feels as if at his age doing so is a risky proposition. I follow up by asking if there are any personal risks he would like to take, for example, in his relationships. DS tells me that his relationship with his younger sister has been strained for many years due to a disagreement they had over their parents’ inheritance. He would like to reach out to his sister and attempt to repair the relationship “before one of us dies and we can’t anymore.” He volunteers several details about the dispute.

8. What risks are you not willing to take?

Notes: I did not ask this question.

9. How would you explain to the people who love you why you want to take this risk?

Notes: I did not ask this question.

10. What frightens you about taking this risk?

Notes: I rephrased this question as “What do you feel is stopping you from trying to reconcile with your sister?” DS voices a fear of rejection or failure. He states, “I said some really rotten things I shouldn’t have said; we both did, and I’m not even sure how you start to take those things back out of the blue after all this time.” DS believes that his sister’s negative view of him may be entrenched and that any overture he makes may not be sufficient to overcome that.

Step 3: Completing A Self-Evaluation After the Interview

After interviewing an older adult, students are to complete a self-reflective evaluation. When completing this portion of the activity, the student should consider the information collected in previous steps, as well as the interview experience. Self-reflection is a powerful tool that nurses in all stages of their career utilize to improve their practice.

1. What therapeutic communication techniques did you use during the interview? Provide examples

There were three therapeutic communication techniques discussed in Holman et al. (2019) that I can consciously recall using during our encounter. First, I used therapeutic silence on several occasions to allow the interviewee to consider his answer and elaborate

further if he chose to do so (Holman et al., 2019). One example of this is that I remained silent after the subject said, "... I'm not even sure how you start to take those things back out of the blue after all this time" while discussing his hesitancy to attempt reconciliation with his sister. As a result, he continued to volunteer information about what he perceives as hurdles to repairing the relationship. Another technique that I used is asking follow-up questions to ensure my understanding and demonstrate my attention (Holman et al., 2019). For instance, when the interviewee responded that he feels in control "most of the time," I asked him, "What do you believe stops you from feeling in charge all the time?" In return, the subject clarified that he believes that God is ultimately in control of what happens to him but that, to the extent that he can exercise free will, he has full agency to do so. Finally, I paraphrased the subject's statements to make sure he communicated his intended message (Holman et al., 2019). An example of this occurred when the interviewee discussed his Marine Corps service with me as a risk he had taken in his life. After the client shared, "I couldn't sleep the night before I left. I was scared and I didn't feel ready at all," I replied by saying, "You're saying that you were uneasy because you didn't feel prepared for boot camp." The subject subsequently corrected my understanding by clarifying, "No, it wasn't boot camp that made me nervous. It was wondering if I could handle whatever I would need to after boot camp. Being a Marine and very possibly going to war, you know?"

2. What went well?

On the whole, the interview went smoothly. I think I did well at allowing ample time for the interviewee to develop his thoughts and give answers that satisfied him. For example, when I asked the interviewee about how he felt when other people decided for him, he initially responded only with "I don't like it." At that point, I remained silent for several seconds, and he elaborated by saying, "I think it's insulting when someone else makes a choice for you," and "I'm not a child, and I can make decisions for myself." I also believe that I could clarify and use follow-up questions effectively to help the client expand on his thinking. For example, during the same

line of questioning, I followed up by asking, "What if the person making the decision for you had your best interest at heart; say they knew that the choice you were making could hurt you?" The subject responded by saying, "Well, then that's my mistake to make." I again used a period of silence for several seconds, and the interviewee expanded by explaining that if a person thought he was making a mistake that he would want them to tell him, but that he'd still want the freedom to decide for himself.

3. What would I do differently next time?

The subject I selected is a relative of my significant other that I have known for several years. Because I already have a considerable rapport with and trust from the interviewee, I felt very comfortable conducting the interview. In retrospect, I may have gotten more out of this exercise if I had picked a subject that I did not know personally. Ideally, I would have also performed the interview face-to-face rather than by telephone. Without speaking to someone in person, an interviewer cannot observe body language or facial expression and risks missing essential cues. In fact, according to Holman et al. (2019), non-verbal communication is often a more significant component of client communication than words themselves. Finally, there were times where the subject got off-track, and I felt I could have done a better job of keeping him focused. For example, during the question about his perceived autonomy, we ended up spending several minutes talking about happenings at the subject's church. On another question about the risks he had taken in life, he went on several asides about his time in the Marine Corps. While neither of us was pressed for time, and quickly getting critical information was not a priority, if it were, I would not have indulged in divergent conversation as frequently.

4. What are the major take-home lessons after interviewing an older adult?

My most significant impression is that older adults are concerned with time, not necessarily extending their lifespan but rather maximizing the quality of their remaining years. Moreover, regrets from long ago can resurface and cause them stress. During our interview, the subject's most emotional moments were when he spoke about his unsatisfactory relationship with his younger sister

and his desire to set things right. Something he said that remains with me is, "if I could do it all again, I'd give up every cent they left me if it meant I got my sister back." Although I found it interesting, I did not attempt to discuss my observation that he was willing to share a deep personal regret with me but had not yet tried to reconcile with his sister. Another theme I noticed is that the subject, somewhat frequently, attempted to give me advice during his answers. While I withhold judgment about whether the advice was good, I recognize the broader significance is that older adults have a wealth of life experience that they want to share; there is validation in knowing that others value your wisdom.

5. How can I adapt my nursing practice to be more responsive to the unique needs of an older adult client?

While it was manageable during this interview, the subject I chose has a hearing deficit and, even with his hearing aids, sometimes required me to repeat questions or statements. It nevertheless occurs that vision or hearing problems can represent a significant impediment to effective therapeutic communication. I know I'm occasionally guilty of pursuing a less in-depth casual conversation with hard-of-hearing clients than I would with clients with intact auditory faculties. Another impression I have is how much I take autonomy for granted. As previously discussed, the interviewee felt that other people making a decision for him felt "insulting" and would prefer to make mistakes to his detriment rather than lose the agency to make those mistakes. At times, it feels easier to do things for a client. But when we do something the client could do and wants to do independently given adequate time or accommodation, it robs them of their agency. Moving forward, I would like to plan for allowing more time to accommodate having in-depth conversations with hard-of-hearing clients. I will also make an effort to ask if a client would like my help when I see them struggling with a task rather than assuming I should do it for them.

6. In what way am I building my nursing skills?

I enjoyed this exercise because it allowed me to reflect on and think critically about my communication skills and habits. While it is true that I interact with clients at work every day, the reality is that during a shift, I usually focus on getting tasks done and keeping my day on schedule rather than introspecting. I think there is an art to asking clients questions in a way that elicits the information you're looking for while still being open enough to permit them to share what they would like to. Too often in my professional practice, I am preoccupied with efficiency and ask clients closed questions to learn what I think I need to know to do my job and keep moving. This feeling, I believe, is described well in the article by Abdolrahimi et al. (2017) as a superficial relationship wherein physical problems supersede psychological care. Performing this exercise has helped me think about why doing that is a mistake; when we rush through questions or conversation, we risk missing out on revelatory information that can help us build better relationships with and ultimately take better care of our clients.

Other questions I asked the subject:

1. "What do you think makes you feel that way?" (I asked this as a follow-up to the subject's answer that he would rather live a shorter high-quality life than a longer life).
2. "What do you believe stops you from feeling in charge all the time?" (I asked this as a follow-up to a subject answer about his perceived level of autonomy).
3. "How about personal risks; for example, in your social life or in your relationships?" (I asked this as a follow-up to a subject answer about risks he would like to take).
4. "What if the person making the decision for you had your best interest at heart; say they knew that the choice you were making could hurt you?" (I asked this to encourage the client to fully explore his feelings about other people making decisions for him).

References

Abdolrahimi, M., Ghiyasvandian, S., Zakerimoghadam, M., & Ebadi, A. (2017). Therapeutic communication in nursing students: A Walker & Avant concept analysis. *Electronic physician, 9*(8), 4968-4977. <https://dx.doi.org/10.19082/4968>

Holman, H. C., Williams, D., Sommer, S., Johnson, J., Ball, B. S., Morris, C., Leehy, P., & Hertel, R. (2019). *Fundamentals for nursing care review module* (10th ed.). Assessment Technologies Institute, LLC.

Step 4: Submission

Students should record all information in this document. Utilize Grammarly to check your grammar, spelling, clarity, and mechanics. Review the rubric to ensure all components are addressed. This document should be submitted to the Edvance360 drop box per the due dates listed in the course syllabus.

Therapeutic Communication Gerontology Assignment Rubric

STUDENT NAME _____

Assessing Your Personal Thoughts Prior To The Interview

Objective	Unsatisfactory 0 points	Satisfactory 5 point	Grade Received
Increase own self-awareness of judgments and pre-conceived notions that may affect their advocacy for older adults.	The student's answer is inadequate with superficial thought and preparation. The student does not address all aspects of the task	The student's answer is well developed. The student fully addresses and develops all aspects of the task.	
Content Contribution	The information provided is off-topic, incorrect, or irrelevant to discussion.	The information provided is factually correct, reflective, and substantial.	
Clarity & Mechanics	The student's answer included 2 or more errors in clarity, spelling, grammar, or mechanics.	The student's answer includes 1 or less errors in clarity, spelling, grammar, or mechanics.	

Conducting Your Interview & Completing A Self-Evaluation After The Interview

Objective	Unsatisfactory 0 points	Satisfactory 10 point	Grade
Evaluation therapeutic communication process with older adult	The student's answer is inadequate with superficial thought and preparation. The student does not address all aspects of the task	The student's answer is well developed. The student fully addresses and develops all aspects of the task.	

Content Contribution	The information provided is off-topic, incorrect, or irrelevant to discussion.	The information provided is factually correct, reflective, and substantial.	
Clarity & Mechanics	The student's answer included 2 or more errors in clarity, spelling, grammar, or mechanics.	The student's answer includes 1 or less errors in clarity, spelling, grammar, or mechanics.	
TOTAL POINTS FOR BOTH ASSESSMENT AREAS			____/45

Instructor Comments:

