

Remediation: Intro to Professional Nursing

Kayla Cox Schrubb

Organizational Communication: 4 topics.

1. Organizational Structure and Discussing Progression of Orientating Nurse
 - a. Ineffective communication techniques: passive, aggressive, passive-aggressive, shaming, and dismissive behavior.
 - b. There are different organizational structures that nurses need to understand. Many workers need supervisor is one example. We also need to understand size affects communication and decision making. Large organizations find difficulties with communication.
 - c. We also need to understand the people that hold power over us, or in other words your chain of command. This is the lines of authority, communication, and greatest authority at the top.
2. Preparing for Telephone Report to Provider
 - a. We need to understand formal and informal structures of communication. Formal structures are visible, highly planned, written policies and procedures. You also need to follow the chain of command. Informal structures are hidden and unplanned. They are day-to-day interactions.
 - b. We need to be able to communicate a plan to understand policies. For example, making sure that when we are calling a Dr, we are giving them all the important information that they need to know. Even critical lab values are very important.

- c. We need to be able to understand the policies of certain situations so that our patient gets what quality care that they need. For example, getting a result on a critical lab value. We need to know that we need to call the doctor and let them know in case they want to do further testing on this patient.
3. Relationships with Assistive Personnel
- a. Having assertive communication is a huge thing in nursing. It needs to be affective, but difficult to master. Also combines honesty. You also need to be able to actively listen and provide feedback.
 - b. Organization relationships are important. There are peer/colleagues. This needs effective communication enhancing healthy interactions. Then there are superiors, which channels may occur in many different directions. Then lastly subordinates. This is a traditional form of communication.
 - c. There is also diagonal, continual and grapevine communication. Diagonal communication is when the manager engages with managers of other departments or health care providers. Continual communication occurs between superiors with subordinates. Lastly grapevine. This is informal and involves 3-4 people on any level.
4. Using SBAR technique
- a. SBAR: situation, background, assessment, recommendation, improves communication of client information.
 - b. Situation: identify self, client and situation that is going on that you want to address.
 - c. Background: state the client diagnosis, admission date, and code status.

Client Education: 4 topics.

1. Identifying Factors that Interfere with Client Learning
 - a. Need to realize the best learning environment for our patient. Individual needs vs. group needs and content needs. Also need to pay attention to privacy and confidentiality.
 - b. We also need to promote a positive learning environment. Needs to be light and appropriate for content. Make sure the patient feels comfortable in the environment.
 - c. Culture is another thing we need to take in consideration. We need to encounter differences, avoid ethnocentrism, accept, and respect other cultures with appropriate interventions.
2. Identifying Factors to Support Learning
 - a. Know all the different learning styles and be able to individualize the information for the patient. Examples of this: visual, auditory, tactile, observation, interviews and administer tools.
 - b. Understanding visual preference with reading content and observing demonstrating. Strategies include handouts to read, videos to watch and demonstration of techniques.
 - c. There are auditory and specific strategies of learning too. Auditory is verbalize information and client restates information. Then specific strategies are talk about information, encourage group discussion, and use audiotapes.
3. Steps in the Client Education Process

- a. Have the patient express interest in learning using PEEK. Physical, emotional, experimental and knowledge.
 - b. 5 factors of physical readiness are measures of ability, complexity of task, environmental effects, health status and gender.
 - c. And emotional readiness. These factors include anxiety level, support system and motivation.
4. Teaching Clients who have Hearing Loss
- a. Barriers of learning means there are obstacles, and these obstacles can affect learning in a negative way.
 - b. For a patient with a learning deficit, we need to identify what learning needs they will need. For example, you can incorporate family when they visit.
 - c. The main thing to know is that having a learning disability does not mean lack of intelligence. It just means we need individualize our education to our patients needs. For example, a patient with ADD, you would want a quiet room, minimal distractions.

Factors that Affect Communication with Individuals and Groups: 2 topics.

1. Cultural Factors that Affect Communication
 - a. There could be a bridging cultural gap and this addresses knowledge of value systems, life of clients. Culture needs to be taken into consideration for values, beliefs, language, attitudes, and customs.
 - b. There is also culturally focused nursing care. This is diversity of country's population, ease of global travel, and international trade.

- c. We also need to understand cultural groups share beliefs, values, experiences, but diversity exists. Two ways of recognizing diversity is to avoid stereotyping and provide individualized care.
2. Demonstrating Cultural Sensitivity through Clarifying Information
- a. A nurse needs to make sure they are open, nonjudgmental, honest communication.
 - b. We also need to assess to patient for interpreting client's beliefs, practices and needs. For example, this helps maintain therapeutic relationships.
 - c. Communication style could affect communications as well. There is verbal. Some of these are different languages, pronunciations, grammar, and vocabularies. You could have nonverbal as well. These are silence, touch, eye movements, facial expressions, and body postures.

Therapeutic Communication: 2 topics.

1. Actions to Maintain Professional Boundaries
- a. Setting boundaries is a huge priority. Physically and emotionally. Clear boundaries need to be set to define the relationship. Without boundaries, nurse-client interaction is at risk.
 - b. The major thing nurses need to understand is the hindrances of situations. We need to have self-disclosure, no gift given or acceptance, no touch and no romance with our patients.
 - c. Developing a rapport with a client is mutual feelings of acceptance, nonjudgmental attitude, warmth, and friendliness. This shows genuine concern, consistency, and helps assists in problem solving.
2. Techniques for Client Communication by Clarifying

- a. Focused questions can help understand and clarify message, collect data, encourage feedback, and confirm clients' ideas, beliefs.
- b. There are also open-ended questions. These are when the client takes lead. Client gets to explore ideas and feelings. These questions also expand conversations.
- c. Exploration helps us dive deeper into patient information. This is useful when client remains vague and superficial. We need to be careful using this method because it could make our patient feel uncomfortable.

Types of Communication: 2 topics.

1. Components of verbal Communication During Initial Assessment

- a. There are 6 components of communication. They are sender, message, channels, receiver, response/feedback, and noise. Sender component transmits message.
- b. The message is what is said and body language. The channel is the visual, auditory, and tactile.
- c. The receiver decodes the situation, then responds. When the message that the receiver returns is the response/feedback. This also is when the sender assesses feedback and offers clarification.

2. Modes of Communication for Beneficial Client Outcome

- a. Verbal and nonverbal communication. Verbal: values, perceptions, culture, age, education and socioeconomic. Nonverbal: may not match.
- b. There is also written communication. This is the nursing recordings. Needs to be in a timely and accurate. Need to demonstrate findings and supports actions.
- c. There are 10 components of nonverbal communication that it beneficial to understand for client outcome. These are vocal inflection, identifying vocal

inflection, volume, posture, eye contact, facial expressions and gestures, personal appearance, and personal space.

Module: Client Education
Tutorial: Nurse's Touch: Professional Communication

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