Unit A
Nurse Aide Workplace Fundamentals

Essential Standard NA2.00
Apply communication and interpersonal skills and physical care that promote mental health and meet the social and special needs of residents in long-term care.

Indicator 2.01
Understand communication and interpersonal skills needed to provide resident care and relate to team members.

Communication modifications for individualized resident care
General Modifications to Assist Hearing:

1. **Reduce or Remove Noise**
   - Turn off or lower TV volume
   - Turn off or lower radio volume
   - Close resident’s door
Think
What are other ways to modify the resident’s environment that will improve the resident’s ability to hear?

Act
Raise your hand and share your thoughts.
General Modifications to Assist Hearing:

2. Get resident’s attention before speaking to them
   - Approach from the front
   - Lightly touch the arm
Think
Why do you think approaching the patient from the front is better? Why touch them lightly on the arm?

Act
Raise your hand and share your thoughts.
General Modifications to Assist Hearing:

3. **Face resident at eye level when speaking**
   - Care giver should adjust to resident’s eye level
   - Stoop down if resident in wheelchair
General Modifications to Assist Hearing:

4. Light should be on care provider’s face, not the resident's face
Think
Why is it important for light to shine on the care providers face, not the resident’s face?

Act
Raise your hand and share your thoughts.
General Modifications to Assist Hearing:

5. Speak clearly, slowly, with a lower pitch of voice using simple sentences
General Modifications to Assist Hearing:

6. Avoid sudden topic change
General Modifications to Assist Hearing:

7. Do not mouth words in an exaggerated way
General Modifications to Assist Hearing:

8. Direct speech to stronger ear but do not shout.
General Modifications to Assist Hearing:

9. **Use gestures to clarify statements**
General Modifications to Assist Hearing:

10. Use pictures or notepad
General Modifications to Assist Hearing:

11. Use basic signing
General Modifications to Assist Hearing:

12. Expect residents to hear less when tired or sick
Hearing Aids

Assist the resident in the use and care of hearing aids

http://www.hearingaidinfo.co.uk/
http://www.livestrong.com/article/5324-need-hearing-aid-maintenance
Hearing Aid Insertion

- Hearing aid with a red dot goes in the right ear, “red-right”
Hearing Aid Insertion

• Follow the natural shape of the ear
• Needs to fit snugly without forcing
Hearing Aid Insertion

• Whistling sound could mean: **hearing aid is not far enough to create a good seal**

• OR

• the **volume is up too loud**
Hearing Aid Insertion

Problem:
hearing aid is not in far enough to create a good seal

Solution:
Try to reposition FIRST
Hearing Aid Insertion

Problem:
After repositioning the hearing aide, it continues to whistle

Solution:
Turn the volume down
Hearing Aid – Handling & Care

Never allow hearing aid to get WET

- Remove before showers or bathing
- Remove at bedtime (H.S.) hour of sleep
Hearing Aid – Handling & Care

Hearing Aid Gets WET!!!

- Remove batteries immediately (stat)
- Wipe exterior case with a dry absorbent cloth
- Low setting hair dryer can be used for drying
- Notify Supervisor
Hearing Aid – Handling & Care

Protect hearing aid from exposure to extreme **HEAT** and **COLD**.

Hearing aids work best at room temperature.
Hearing Aid – Handling & Care

Never take a hearing aid apart to examine the inside; this will void warranties.
Follow the manufacturer’s directions for cleaning
Hearing Aid – Handling & Care

Store hearing aid in its case when not worn

If storing for extended time, remove battery
Hearing Aid – Handling & Care

Turn it OFF when not in use
Hearing Aid – Trouble shooting

- Be sure aid is turned ON
- Try a fresh battery
- Make sure tubing is not twisted or bent
- Make sure switch is on “M” (microphone), not “T” telephone
- Try a spare cord is resident using conventional body type aid
- Make sure ear mold if not plugged with wax
HAVE WE GOT IT?
LET’S CHECK AND SEE

STICK DIAGNOSTICS

Student Name A

Student Name B
Actions to facilitate communications with residents who have **DECREASED VISION**
Actions to facilitate communications with residents who have **DECREASED VISION**

Encourage and assist residents in putting on glasses (or sun glasses)
Actions to facilitate communications with residents who have DECREASED VISION

Make sure glasses are CLEAN:

✓ GLASS lens are cleaned with gentle soap and water and a soft tissue or cloth

✓ PLASTIC lens are cleaned with cleaning fluid and cleaning cloth
Actions to facilitate communications with residents who have **DECREASED VISION**

Cleaning glasses that have **Anti-Reflective Coating (ARC)** with Windex or any chemical will destroy the ARC on the glasses! Use soap, water, and a clean cloth.
Actions to facilitate communications with residents who have **DECREASED VISION**

**Glasses in good condition?**

**Glasses fit well?**

*IF NOT... INFORM SUPERVISOR*
Actions to facilitate communications with residents who have **DECREASED VISION**

- **Use both hands to put glasses on resident**

- **Avoid poking resident’s eye or ear with the side pieces of the glasses**
Actions to facilitate communications with residents who have **DECREASED VISION**

Remove eye glasses when resident is napping or at bedtime.
Actions to facilitate communications with residents who have **DECREASED VISION**

- Store glasses in their case, place case in the bedside drawer
Actions to facilitate communications with residents who have **DECREASED VISION**

- Lay glasses down with the side pieces and frame touching the furniture surface
- Do NOT lay glasses down on the lens
BRAIN STORM

Think
What are other ways to handle eye glasses that would protect them from damage?

Act
Raise your hand and share your thoughts.
Actions to facilitate communications with residents who have **DECREASED VISION**

General guidelines to facilitate communications with residents with **DECREASED VISION**
Actions to facilitate communications with residents who have **DECREASED VISION**

**Knock** on door and **identify yourself** **BEFORE** touching resident
Actions to facilitate communications with residents who have **DECREASED VISION**

Let the resident know when you are leaving the room
Actions to facilitate communications with residents who have **DECREASED VISION**

Tell the resident what you are doing while caring for them
Actions to facilitate communications with residents who have **DECREASED VISION**

**Give specific instructions:** “on your right”, “in front of you”
Actions to facilitate communications with residents who have **DECREASED VISION**

**DO NOT TALK TO OTHER RESIDENTS OR STAFF** **without** telling the resident to whom you are talking
Actions to facilitate communications with residents who have DECREASED VISION

CHECK LIGHTING:
✓ Not glaring in eyes of resident
✓ Light shining on care provider’s mouth
✓ Tell resident when light is OFF or ON
Actions to facilitate communications with residents who have **DECREASED VISION**

When entering a new room with resident, describe locations of objects in relationship to the face of a clock:

“The recliner chair is at 4:00 o’clock”
“The couch is at 7:00 to 8:00 o’clock”
Actions to facilitate communications with residents who have DECREASED VISION

Do not move furniture or personal items without the resident’s permission!
Actions to facilitate communications with residents who have **DECREASED VISION**

Put everything back where it was found
Actions to facilitate communications with residents who have **DECREASED VISION**

Leave Door completely **OPEN** or **CLOSED**

Room 203
Actions to facilitate communications with residents who have **DECREASED VISION**

Offer **LARGE print reading materials**
Actions to facilitate communications with residents who have **DECREASED VISION**

Use large clocks, clocks that chime, and radios to keep track of time.
Actions to facilitate communications with residents who have **DECREASED VISION**

**Offer books on CDs or tapes.**
Actions to facilitate communications with residents who have **DECREASED VISION**

- Use descriptive words
- It is **OK** to say “see,” “watch,” “look,” in everyday conversation unless the resident says, “I am blind”…then ask what words the resident prefers
Actions to facilitate communications with residents who have **DECREASED VISION**

Do NOT feed, play, or distract a GUIDE DOG.
HAVE WE GOT IT?
LET'S CHECK AND SEE

STICK DIAGNOSTICS
Communication modifications for individualized resident care

Unit A
Nurse Aide Workplace Fundamentals

Essential Standard NA2.00
Apply communication and interpersonal skills and physical care that promote mental health and meet the social and special needs of residents in long-term care. (B2)

Indicator 2.01
Understand communication and interpersonal skills needed to provide resident care and relate to team members.
Letter B:
Actions to facilitate communications with residents who have DIFFICULTY SPEAKING
RAMP IT UP!

APHASIA

medical word that means
defective language function
Actions to facilitate communications with residents who have **DIFFICULTY SPEAKING**

Encourage to use hand to point out objects
Actions to facilitate communications with residents who have **DIFFICULTY SPEAKING**

Use communication boards or cards.
Actions to facilitate communications with residents who have DIFFICULTY SPEAKING

✓ Ask YES and NO questions
✓ Repeat what you heard to be sure you understood the resident
✓ Let other staff know the meaning of a sound or movement
BRAIN STORM

Think
What are other ways to communicate with residents who have difficulty speaking?

Act
Raise your hand and share your thoughts.
HAVE WE GOT IT?
LET’S CHECK AND SEE

STICK DIAGNOSTICS
Actions to facilitate communications with residents who are DEPRESSED
Actions to facilitate communications with residents who are **DEPRESSED**

**SIT QUIETLY WITH THE RESIDENT**
Actions to facilitate communications with residents who are **DEPRESSED**

Return to resident’s room repeatedly until resident responds
Actions to facilitate communications with residents who are DEPRESSED

Allow time for resident to say things...
**BRAIN STORM**

**Think**
What are other ways to communicate with residents who are depressed?

**Act**
Raise your hand and share your thoughts.
HAVE WE GOT IT?
LET'S CHECK AND SEE

STICK DIAGNOSTICS

Student Name A

Student Name B

Nursing Fundamentals 7243
Actions to facilitate communications with residents who have ALZHEIMER’S
ALZHEIMER’S DISEASE

- CAUSES DEATH OF BRAIN CELLS
- BRAIN PARTS BECOME DISCONNECTED
- IMPAIRS MEMORY, THINKING, AND DAILY FUNCTION
Actions to facilitate communications with residents who have Alzheimer’s

NURSE AIDE must manage their own behavior, actions, words, and reactions.

Residents with Alzheimer’s CANNOT CHANGE!!!
Actions to facilitate communications with residents who have ALZHEIMER’S

Don’t argue with the resident, they are doing the best they can. They have dead brain cells.
Actions to facilitate communications with residents who have ALZHEIMER’S

DO NOT REACT ON IMPULSE…

RESPOND IN A DELIBERATE PURPOSEFUL MANNER
Actions to facilitate communications with residents who have ALZHEIMER’S

Being “RIGHT” does not necessarily translate into a good interaction outcome.
Actions to facilitate communications with residents who have ALZHEIMER’S

Relationship with the resident is MOST critical, not the outcome of the encounter.
Actions to facilitate communications with residents who have Alzheimer’s

**PHYSICAL APPROACH TO THE RESIDENT**

- Knock on door or table
- Approach the resident from the front
- Wave and smile (keeping the hand close to your face), and look friendly. This gives the resident a visual cue of your approach.
Actions to facilitate communications with residents who have ALZHEIMER’S

Call the resident by the name they prefer or at least say “HI”; PAUSE. Then start approaching or let the person come to you if he or she likes to be in control.

↓

Move your hand from a wave (beside your face) to a greeting handshake position.

↓

Move slowly toward the resident, take slow steps, stand tall, don’t crouch down or lean in toward the resident as you approach.
Actions to facilitate communications with residents who have **ALZHEIMER’S**

**Move toward the right side of the resident and offer your hand**, give the person time to look at your hand and reach for it; if he or she is doing something else, offer but do not force.

**Stand to the SIDE of the resident at arm’s length, respect person space** and be supportive, not confrontational.

**Shake hands with the resident**
Actions to facilitate communications with residents who have ALZHEIMER’S

↓

Slide your hand from a “shake” position to a “hand under hand” position for safety, connection, and function

↓

Give your name and greet the resident – “I am (name)…It is good to see you!”
Actions to facilitate communications with residents who have Alzheimer’s

Now, get to the resident’s level to talk; sit, squat, or kneel if the resident is seated and stand beside the resident if he or she is standing

(end of approaching the resident)
STAND UP & PAIR UP

PRACTICE THIS

APPROACHING THE RESIDENT WITH ALZHEIMERS
Actions to facilitate communications with residents who have Alzheimer’s

DELIVERING YOUR MESSAGE TO THE RESIDENT

SPEAK DELIBERATELY WITH THESE POINTS IN MIND

✓ Use a friendly tone of voice; not bossy or critical
✓ Use simple, short phrases; avoid verbal diarrhea
✓ Use a normal to deep pitch of voice; avoid high shrill voice pitches
✓ Speak in a slow and easy speed; not pressured or fast
✓ Use age appropriate speech; do not address residents as children
✓ Never assume that you aren’t heard or understood
Actions to facilitate communications with residents who have Alzheimer’s

**DELIVERING YOUR MESSAGE TO THE RESIDENT**

↓

**GIVE BASIC INFORMATION**, “IT IS TIME TO....”

↓

**GIVE SIMPLE CHOICES**, IF CHOICES CAN BE UNDERSTOOD.

↓

**GIVE SIMPLE INSTRUCTIONS ONE AT THE TIME**, **BREAK DOWN THE TASK**, “go to eat...lean forward...pull your feet in”
Actions to facilitate communications with residents who have **ALZHEIMER’S**

**DEVERIVING YOUR MESSAGE TO THE RESIDENT**

- **ASK THE PERSON TO HELP YOU**, it feels better to give than to receive
- **ASK THE RESIDENT IF THEY WILL AT LEAST TRY**...sometimes you’ll try even if you don’t think you can
- **DO NOT ASK**，“ARE YOU READY” OR “DO YOU WANT TO”
Think
How is “delivering the message” different for residents with Alzheimer’s? Why?

Act
Raise your hand and share your thoughts.
HAVE WE GOT IT?
LET’S CHECK AND SEE

STICK DIAGNOSTICS

Student Name A

Student Name B
Actions to facilitate communications with residents who have ALZHEIMER’S

THREE INTERACTIONS

WITH RESIDENTS WITH ALZHEIMER’S

1. Attempting to get the resident to **DO SOMETHING**

2. Attempting **FRIENDLY INTERACTION**

3. Attempting to **DEAL WITH RESIDENT’S FRUSTRATION, DISTRESS, AGITATION, OR ANGER**
Actions to facilitate communications with residents who have Alzheimer’s

1. Attempting to get the resident to **DO SOMETHING**

   ✓ Give a short direct message about what is happening
   ✓ Give simple choices about what the resident can do
   ✓ Ask the person to help you do something
   ✓ Break down the task, give it one step at a time
   ✓ Encourage resident to do for themselves all they can
   ✓ **DO NOT** ask “are you ready to”…unless you are willing to come back later if resident says no
Actions to facilitate communications with residents who have ALZHEIMER’S

2. Attempting FRIENDLY INTERACTION

a. Go slow and go with the flow

✓ Validating accepts a resident’s fantasies without attempting to reorient him/her to reality

✓ Reminiscence therapy is encouraging residents to remember and talk about the past
Actions to facilitate communications with residents who have ALZHEIMER’S

2. Attempting **FRIENDLY INTERACTION**

b. Acknowledge **EMOTIONS**, “sounds like…seems like…, I can see you are…”
BRAIN STORM

Think
How do residents act when they are happy, sad, frustrated, or angry? How can we learn to identify emotions?

Act
Raise your hand and share your thoughts.
Actions to facilitate communications with residents who have ALZHEIMER’S

2. Attempting FRIENDLY INTERACTION

c. Use words the resident would use

- “pass water”
- “pee”
- “Bathe”
- “Wash off”
- “take a nap”
- “rest for a while”
Actions to facilitate communications with residents who have Alzheimer’s

2. Attempting FRIENDLY INTERACTION

d. Know who the person has been, values, likes, interest, etc
Actions to facilitate communications with residents who have **ALZHEIMER’S**

2. **Attempting** **FRIENDLY INTERACTION**

e. Use familiar objects, pictures, actions to help and direct
Actions to facilitate communications with residents who have ALZHEIMER’S

2. Attempting FRIENDLY INTERACTION

f. Be prepared to have the same conversation over and over, be patient

g. Look interested

h. Be prepared for some emotional outburst
Actions to facilitate communications with residents who have Alzheimer’s

3. Attempting to DEAL WITH RESIDENT’S FRUSTRATION, DISTRESS, AGITATION, OR ANGER

a. Change the basic physical approach to the resident
   • Look concerned, not happy
   • Let the resident move toward you, keeping your body turned to the side (supportive, not confrontational)
Actions to facilitate communications with residents who have ALZHEIMER’S

3. Attempting to deal with resident’s frustration, distress, agitation, or anger

b. After the greeting, try one of these two options

• “Sounds like you are (give an emotion for the feeling that seems to be true)?
• Repeat the person’s words to you…If he or she said, “Where’s my Mom?”…you would say “You are looking for your Mom (pause)…tell me about your Mom”
Actions to facilitate communications with residents who have Alzheimer’s

3. Attempting to deal with resident’s frustration, distress, agitation, or anger

c. Always be careful about personal space and touch with the distressed resident
• Block physical blows or step out of the way, NEVER HIT BACK AND NEVER THREATEN A RESIDENT!
• Do not use gestures that could frighten or startle the resident
Actions to facilitate communications with residents who have **ALZHEIMER’S**

3. Attempting to **deal with resident’s frustration, distress, agitation, or anger**
Actions to facilitate communications with residents who have **ALZHEIMER’S**

3. Attempting to **deal with resident’s frustration, distress, agitation, or anger**

   d. **Use EMPATHY**, not forced reality or lying
   
   e. **Allow residents to express feelings, ideas, and frustrations**
   
   f. **Get the resident to a QUIETER PLACE if appropriate**
Actions to facilitate communications with residents who have ALZHEIMER’S

3. Attempting to deal with resident’s frustration, distress, agitation, or anger

  g. Consider WHAT PROVOKED THE RESIDENT…what does the resident need or want?
     ✓ Hungry or thirsty?
     ✓ Tired or too much unspent energy?
     ✓ Elimination issues?
     ✓ Temperature regulation?
     ✓ Pain?
     ✓ Change in caregiver?
Actions to facilitate communications with residents who have ALZHEIMER’S

3. Attempting to deal with resident’s frustration, distress, agitation, or anger

LOOK FOR AND MEET THE RESIDENTS NEEDS!
Actions to facilitate communications with residents who have **ALZHEIMER’S**

3. Attempting to **deal with resident’s frustration, distress, agitation, or anger**
MAKE the CONNECTION

Think
What are other needs a resident may have that would cause them to act out? How could you

Act
Raise your hand and share your thoughts.
Communication modifications for individualized resident care.