CHCCOM005

Communicate and work in health and community services

Learner Guide

the **learning** collaborative

CHCCOM005 - Communicate and work in health or community services

Student's Workbook

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Contents

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CHCCOM005

Communicate and work in health or community services

Application:

This unit describes the skills and knowledge required to communicate effectively with clients, colleagues, management and other industry providers.

This unit applies to a range of health and community service contexts where workers may communicate face-to-face, in writing or using digital media and work with limited responsibility under direct or indirect supervision.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

Introduction

As a worker, a trainee or a future worker you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This unit of competency introduces you to some of the key issues and responsibilities of workers and organisations in this area. The unit also provides you with opportunities to develop the competencies necessary for employees to operate as team members.

This Learning Guide covers:

Communicating effectively with people

Collaborating with colleagues

Addressing constraints to communication

Reporting problems to supervisor

Completing workplace correspondence and documentation

Contributing to continuous improvement

Learning Program

As you progress through this unit you will develop skills in locating and understanding an organisations policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You should also become more aware of the effect that your own skills in dealing with people has on your success, or otherwise, in the workplace.

Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support you may:

- Search for other resources in the Learning Resource Centres of your learning institution. You may find books, journals, videos and other materials which provide extra information for topics in this unit.
- Search in your local library. Most libraries keep information about government departments and other organisations, services and programs.
- Contact information services such as the Equal Opportunity Commission, and Commissioner of Workplace Agreements. Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your local shire or council office. Many councils have a community development or welfare officer as well as an information and referral service.
- Contact the relevant facilitator by telephone, mail or facsimile.

Facilitation

Your training organisation will provide you with a flexible learning facilitator.

Your facilitator will play an active role in supporting your learning, will make regular contact with you and if you have face to face access, should arrange to see you at least once. After you have enrolled your facilitator will contact you by telephone or letter as soon as possible to let you know:

- How and when to make contact;
- What you need to do to complete this unit of study;
- What support will be provided;
- Here are some of the things your facilitator can do to make your study easier;
- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments;
- Check that you know how to access library facilities and services;
- Conduct small ‘interest groups’ for some of the topics;
- Use ‘action sheets’ and website updates to remind you about tasks you need to complete;
- Set up a ‘chat line”. If you have access to telephone conferencing or video conferencing, your facilitator can use these for specific topics or discussion sessions;
- Circulate a newsletter to keep you informed of events, topics and resources of interest to you;
- Keep in touch with you by telephone or email during your studies.

Flexible Learning

Studying to become a competent worker and learning about current issues in this area, is an interesting and exciting thing to do. You will establish relationships with other students, fellow workers and clients/residents. You will also learn about your own ideas, attitudes and values. You will also have fun – most of the time.

At other times, study can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it…..and your family and friends want you to spend time with them……and a movie you want to watch is on television….and…. Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources and time.

Space

Try to set up a place at home or at work where:

- You can keep your study materials;
- You can be reasonably quiet and free from interruptions, and;
- You can be reasonably comfortable, with good lighting, seating and a flat surface for writing;
- If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have quiet, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- a chair;
- a desk or table;
- a reading lamp or good light;
- a folder or file to keep your notes and study materials together;
- materials to record information (pen and paper or notebooks, or a computer and printer);
- reference materials, including a dictionary

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your flexible learning facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to "digest" the information in one section before you move on to the next, and everyone needs regular breaks from study to

avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in “deadlines” and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning 'styles'. Some people learn best by listening or repeating things out loud. Some learn best by 'doing', some by reading and making notes. Assess your own learning style, and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

Make notes. This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.

Underline key words when you are reading the materials in this learning guide. (Do not underline things in other people's books.) This also helps you to remember important points.

Talk to other people (fellow workers, fellow students, friends, family, your facilitator) about what you are learning. As well as helping you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view

Using this learning guide:

A learning guide is just that, a guide to help you learn. A learning guide is not a text book. This learning guide will

- describe the skills you need to demonstrate to achieve competency for this unit;
- provide information and knowledge to help you develop your skills;
- provide you with structured learning activities to help you absorb the knowledge and information and practice your skills;
- direct you to other sources of additional knowledge and information about topics for this unit.

The Icon Key

Key Points

Explains the actions taken by a competent person.

Example

Illustrates the concept or competency by providing examples.

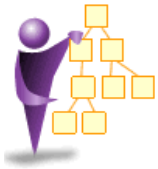
Learning Assessment

Provides learning assessment activities to reinforce understanding of the action. This is called formative assessment

Formative assessment

The goal of formative assessment is to monitor your learning to provide ongoing feedback that can be used by your trainer to improve their teaching and so you can improve your learning. More specifically, formative assessments:

- help you identify your strengths and weaknesses and target areas that need work
- help your trainer recognise where you are struggling and address problems immediately



Chart

Provides images that represent data symbolically. They are used to present complex information and numerical data in a simple, compact format.

Intended Outcomes or Objectives

Statements of intended outcomes or objectives are descriptions of the work that will be done. These are also known as your Performance Criteria

Assessment

Strategies with which information will be collected in order to validate each intended outcome or objective. This is called summative assessment.

Summative assessment

The goal of summative assessment is to *evaluate your learning* at the end of an instructional (learning) unit by comparing it against some standard or benchmark.

How to get the most out of your learning guide

1. Read through the information in the learning guide carefully. Make sure you understand the material.

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

- talk to your facilitator
- research the area using the books and materials listed under Resources
- discuss the issue with other people (your workplace supervisor, fellow workers, fellow students)
- try to relate the information presented in this learning guide to your own experience and to what you already know.

Ask yourself questions as you go: For example "Have I seen this happening anywhere?" "Could this apply to me?" "What if….?" This will help you to make sense of new material and to build on your existing knowledge.

2. Talk to people about your study.

Talking is a great way to reinforce what you are learning.

3. Make notes.

4. Work through the activities.

Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.

Additional research, reading and note taking

If you are using the additional references and resources suggested in the learning guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks and it will help you to find the book again if needed.

Keep your notes short and to the point. Relate your notes to the material in your learning guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Performance Evidence

The student must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the student has:

- demonstrated effective communication skills in 3 different work situations
- clarified workplace instructions and negotiated timeframes with 2 colleagues
- responded appropriately to 3 different situations where communication constraints were present
- completed 2 written or electronic workplace documents to organisation standards

Elements and Performance Criteria

CHCCOM005 - Communicate and work in health or community services		
Element		
1.	**Communicate effectively with people**	
	1.1	Use verbal and non-verbal communication to enhance understanding and demonstrate respect
	1.2	Communicate service information in a manner that is clear and easily understood
	1.3	Confirm the person's understanding
	1.4	Listen to requests, clarify meaning and respond appropriately
	1.5	Exchange information clearly in a timely manner and within confidentiality procedures
2.	**Collaborate with colleagues**	
	2.1	Listen to, clarify and agree timeframes for carrying out workplace instructions
	2.2	Identify lines of communication between organisation and other services
	2.3	Use industry terminology correctly in verbal, written and digital communications
	2.4	Follow communication protocols that apply to interactions with different people and lines of authority
3.	**Address constraints to communication**	
	3.1	Identify early signs of potentially complicated or difficult situations and report according to organisation procedures
	3.2	Identify actual constraints to effective communication and resolve using appropriate communication strategies and techniques
	3.3	Use communication skills to avoid, defuse and resolve conflict situations

4.	**Report problems to supervisor**	
	4.1	Comply with legal and ethical responsibilities and discuss difficulties with supervisor
	4.2	Refer any breach or non-adherence to standard procedures or adverse event to appropriate people
	4.3	Refer issues impacting on achievement of employee, employer and/or client rights and responsibilities
	4.4	Refer unresolved conflict situations to supervisor
5.	**Complete workplace correspondence and documentation**	
	5.1	Complete documentation according to legal requirement and organisation procedures
	5.2	Read workplace documents relating to role and clarify understanding with supervisor
	5.3	Complete written and electronic workplace documents to organisation standards
	5.4	Follow organisation communication policies and procedures for using digital media
	5.5	Use clear, accurate and objective language when documenting events
6.	**Contribute to continuous improvement**	
	6.1	Contribute to identifying and voicing improvements in work practices
	6.2	Promote and model changes to improved work practices and procedures in accordance with organisation requirements
	6.3	Seek feedback and advice from appropriate people on areas for skill and knowledge development
	6.4	Consult with manager regarding options for accessing skill development opportunities and initiate action

Foundation Skills

The Foundation Skills describe those required skills (language, literacy, numeracy and employment skills) that are essential to performance.

Foundation skills essential to performance are explicit in the performance criteria of this unit of competency.

Assessment Conditions

Skills must have been demonstrated in the workplace or in a simulated environment that reflects workplace conditions. Where simulation is used, it must reflect real working conditions by modelling industry operating conditions and contingencies, as well as, using suitable facilities, equipment and resources.

Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.

Knowledge Evidence

The student must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:

- legal and ethical considerations in relation to communication:
  - privacy, confidentiality and disclosure
  - discrimination
  - duty of care
  - mandatory reporting
  - translation
  - informed consent
  - work role boundaries – responsibilities and limitations
  - child protection across all health and community services contexts, including duty of care when child is not the client, indicators of risk and adult disclosure
- sources of information and the application of legal and ethical aspects of health and community services work
- ethical decision making and conflicts of interest
- principles of effective communication, including models, modes and types
- communication techniques:
  - open ended questions, affirmations, reflections and summaries
  - difference between motivational interviewing and coercive approach
  - difference between collaboration and confrontation
- influences on communication:
  - language
  - culture
  - religion
  - emotional state
  - disability
  - health
  - age
- potential constraints to effective communication in health and community service contexts

- health and community services industry terminology relating to role and service provision
- importance of grammar, speed and pronunciation for verbal communication
- when and how to use and recognise non-verbal communication
- structure, function and interrelationships between different parts of the health and community service system
- organisation structure and different models to support optimum client service:
    - principles underpinning person-centred service delivery
    - principles of rights-based service delivery
    - different roles and responsibilities of team
    - characteristics of multi-disciplinary teams and how they are used
    - relationships between different members of the health and community services workforces
    - role of support services
    - links and interrelationships with other services
    - funding environment
- digital media and use in community services and health sector, including:
    - web
    - email
    - social media
    - podcast and videos
    - tablets and applications
    - newsletters and broadcasts
    - intranet

Introduction

What is Workplace Communication?

Communication is the process of exchanging information and ideas. There are many means of communication. To be an effective and valuable member of your workplace it is important that you become skilled in all of the different methods of communication that are appropriate. This workbook looks at different types of communication and associated technology, but before that it is important to understand the communication process.

The Communication Process

For communication to occur it must pass from a sender to a receiver. This must occur irrespective of the form of communication. For communication to be effective it must be understood by the receiver and be able to be responded to. This means that total communication involves speaking, reading, listening, and reasoning skills. As communications pass from the source to the receiver there is plenty of opportunity for its original meaning to change or alter. Therefore, listening, reasoning and feedback is an important part of the process as it is an opportunity for the sender to make sure the receiver has understood the message. The other consideration is the “noise” associated with the communication – what else is happening, what are the distractions, the baggage etc. Noise can have a big impact on the message the receiver decodes.

Developing personal communication skills is vitally important in today’s workplace. Even though you are an individual contributor in the workplace, you still need to communicate effectively with your work colleagues as well as clients/residents. Almost all kinds of work require communicating of some description. When we communicate, we don't actually swap ideas, we swap symbols that stand for ideas. Words are just symbols that do not have inherent meaning; we simply use them in certain ways to convey an idea or give it a meaning, and no two people use the same word in the same sense at all instances. The symbols attached to these words are a function of who we are, our social upbringing and culture, which will pretty much vary quite widely in today's work environment.

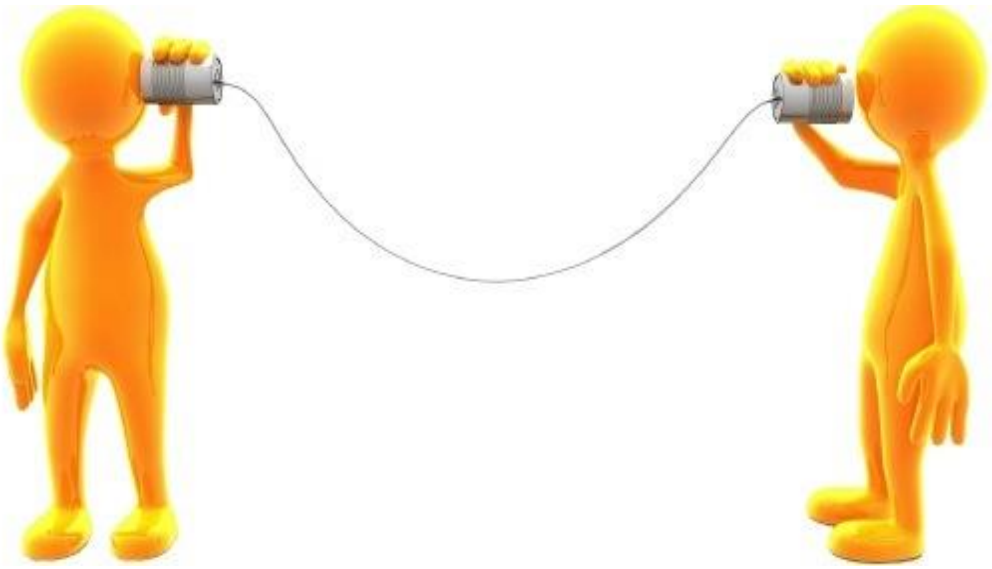
Our personal communication skills would be largely dependent on our cultural background and unique histories. As a result, there is a real possibility that when two of us get together there are chances that we are less effective at communicating with each other than we would like.

We cannot 'not communicate'. The very attempt not to communicate communicates something. When we are not communicating, i.e. when we are silent towards the other person, we are communicating silence. Silence has many meaning depending on the circumstances and cultures. In one Culture, it might be a polite thing to have a long pause before answering a question while in another culture it may be considered a dumb thing or lack of intelligence.

Any communication for that matter is based not just on words but also on body language, tonality, situation etc. Using these techniques, we constantly communicate with others. Even when you sleep, you communicate. Remember the basic principle of communication: people are not mind readers. Another way to put this is: people judge you by your behavior, not your intent.

Personal communication is irreversible. You can't really take back something once it has been said. The effect must inevitably remain. Despite the instructions from a judge to a jury to "disregard that last statement the witness made," the lawyer knows that it can't help but make an impression on the jury.

We will now see how communication is relevant in this following unit.



1. Communicate effectively with people

1.1 Use verbal and non-verbal communication to enhance understanding and demonstrate respect

1.2 Communicate service information in a manner that is clear and easily understood

1.3 Confirm the person's understanding

1.4 Listen to requests, clarify meaning and respond appropriately

1.5 Exchange information clearly in a timely manner and within confidentiality procedures

1.1 Use verbal and non-verbal communication to enhance understanding and demonstrate respect

If you chart your daily activities, you will find that much of your time is spent communicating in some way, be it verbal, nonverbal, or written communication. Communication skills affect your ability to be understood and to understand others, establish positive relationships, and perform your job well. For some people, communicating with others is one of the biggest challenges they face in their jobs.

Being a good communicator is important in both personal and professional aspects of life. Being able to communicate clearly with clients/residents/residents and co-workers is vital in the individual support industry. Miscommunication can lead to serious physical, and even legal, consequences. When you become an individual support worker, you must be able to communicate precisely and effectively. One tip to remember is that a simple smile can improve your ability to communicate. A smile can reassure an anxious client/resident or welcome a new co-worker on their first day

Verbal Communication

Verbal communication, also known as speaking, is an important form of communication in an individual support facility. During the course of a work day most individual support workers spend time talking with co-workers, supervisors, managers, or clients/residents/residents. Planning and organizing your thoughts is a critical part of verbal communication. This involves thinking about who will receive the message and what you want to convey. Making notes before a phone call, having an agenda for a meeting, or researching information you wish to give to someone in advance are all methods you can use to ensure clear communication.

According to motivational speaker and entrepreneur Pat Croce, effective communication involves much more than choosing the right words. Mr.Croce recommends five rules to incorporate while conveying a message, known as the **5 Cs of Communication**:

1. Clear. Speak in black-and-white terms to clearly state your message. Allow questions from the recipient of your communication to ensure you are understood.

2. Concise. Do not ramble. Your important message can be lost in the nonessential information you include—get to the point.

3. Consistent. Make the message consistent at all times. If you are telling your supervisor about an incident that you have observed, do not change your story to make it more dramatic. Report your findings in a consistent, accurate manner. Do not tell one person what you saw and later change your observations as you retell the story to another person.

4. Credible. People can tell if your words are insincere—make sure your message is real. Do not heap praise on someone just because you want to win their favour. It is important that you mean what you say.

5. Courteous. Words and phrases such as "hello," "thank you," "please," "excuse me," and "I'm sorry" are easy, effective ways to demonstrate respect. Being courteous when you communicate sets the right tone and attitude. Courtesy is mandatory in the workplace, even if you are interacting with someone you dislike. Keep your personal feelings out of your work interactions.

Having an open mind during verbal communication is also very important. Making assumptions about what someone is going to say before he or she speaks might cause you to miss the essence of the message. If you have had disagreements with the speaker, you might negatively translate a message into your assumption about what you are hearing. Keeping an open mind and listening respectfully without emotion is critical to open, clear communication.

Did you know?

Listening and Attention

Several studies have shown that 20 minutes is about the maximum amount of time listeners can stay attentive (Figure 7.2). After 20 minutes, listeners' attention levels begin to drop. Speaking is more stimulating than listening, so although it may be exciting to talk for long periods of time, chances are your listeners may be having a hard time staying focused

The most successful communicators in the individual support profession form positive relationships with co-workers and clients/residents/residents through mutual respect and professionalism (Figure 7.3). Having a bad day is no excuse for using an irritated tone when speaking with a client/resident or co-worker. Personal problems should not be brought into the workplace.

It is also important to be cognisant (having knowledge or being aware of) of how clients/residents/residents wish to be addressed. Some clients/residents/residents, especially the elderly, may feel disrespected if you call them by their first names. To be safe, use the titles Mrs.., Mr.., or Ms. and their last name when speaking to adult clients/residents/residents. They may ask you to call them by their first name, which is acceptable with permission. Pet names like “Honey” or “Sweetie” could offend many clients/residents/residents who feel you are talking down to them.

When addressing your client/resident, speak clearly and use a tone that can be easily heard. Shouting or mumbling will not help get your point across. Careless slang expressions, especially vulgarities, are also unacceptable when dealing with clients/residents/residents.

Some people have a tendency to be sarcastic, or use words that mean the opposite of what you feel, to express frustration or in an attempt to be funny. Sarcasm must be avoided with clients/residents/residents and co-workers. Sarcasm adds a biting edge to words and can be hurtful or misunderstood.

Verbal Communication Challenges

Anything that interferes with communication can lead to a misinterpretation of your message. However, various factors can interfere specifically with your ability to communicate verbally with your clients/residents/residents. Clients/residents/residents such as the hearing impaired, some intellectually disabled individuals, or a client who does not speak your language pose challenges for verbal communication, possibly requiring the use of a translator. Speaking may be difficult for a client/resident who has suffered a stroke or stutters badly.

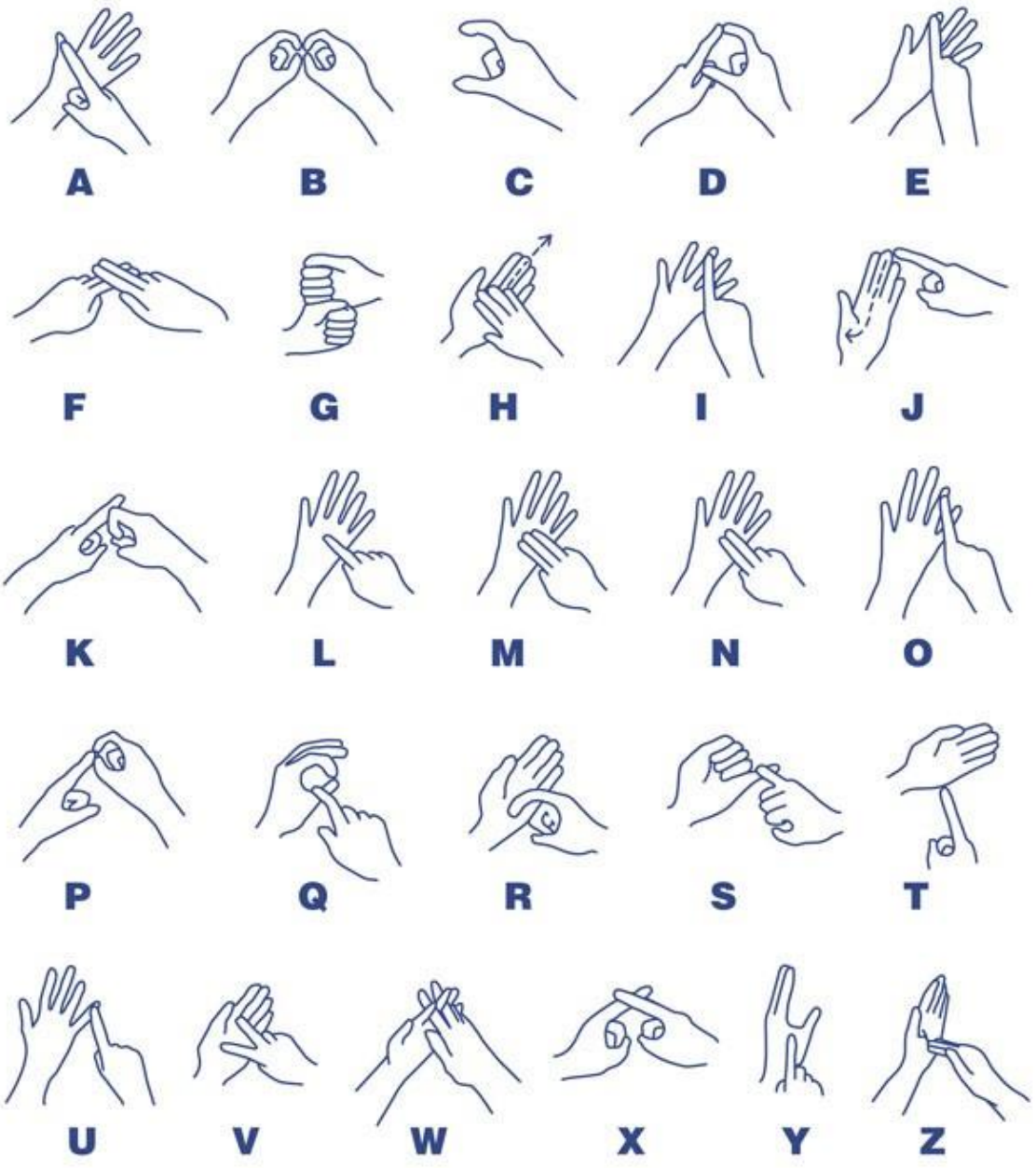
In addition to these considerations, communication must be geared toward a client/resident’s ability to understand. This often means substituting basic terms for challenging medical terms that could confuse some people. Even if a co-worker is translating for you, you can’t assume that a fellow employee unfamiliar with your specific field will understand your use of technical terms. You may want to simplify your language for both the translator and the client/resident.

Hearing Impaired Clients/residents/residents

Communicating with someone who is hearing impaired presents special challenges. If you have the opportunity, learning Auslan (Australian Sign Language) (Table 1) would be valuable as an individual support facility employee

However, many deaf people can read lips. If this is the case with your hearing-impaired client/resident, speak slowly and face the client/resident in a well-lighted area. When a hearing-impaired client/resident is accompanied by an ASL interpreter, your conversation is still with the client/resident, not the interpreter. Face your client/resident and speak directly with him or her. Speak in a normal tone of voice, slowly, and clearly. People often speak loudly when talking to a deaf person, but this tendency is unhelpful and should be avoided.

Table 1: Auslan Alphabet



Impaired Clients/residents/residents

Clients/residents/residents with visual impairments present unique communication challenges. Verbal communication is one of the main ways a visually challenged person communicates with the outside world. When working with a visually impaired person, you must hone your verbal skills so you are able to communicate successfully with your client/resident.

Many blind clients/residents/residents will be accompanied by someone who will help them adjust to the environment. However, the client/resident may be left with you temporarily, perhaps in a treatment room. Introduce yourself and address the client/resident by name, so he or she knows you are addressing them and not another person in the room. If the client/resident is standing, guide the client/resident to a chair by placing his or her hand on the chair. Remember to ask the client/resident what assistance is needed instead of assuming what is needed. Ensure that the client/resident is included in discussions about procedures and medical plans. Visually impaired individuals can still hear and understand what is being said. Be sure to inform the client/resident what you are doing throughout each step of the procedure. For instance, you do not want the client/resident to be startled when you apply a blood pressure cuff. Let the client/resident know what you are about to do by saying, “Now I’m going to place the cuff around your arm.”

Visually impaired clients/residents/residents may have a service animal. The animal must stay with the client/resident throughout the entire visit, including when the client/resident visits other facilities. Remember that the service animal is working and should not be petted or otherwise distracted.

Do not distract a service dog who is accompanying a visually impaired client/resident.

Mentally Ill or Incompetent Clients/residents/residents

Mental illness may affect a person's judgment, making them incompetent, or unqualified to make decisions on their own. Most clients/residents/residents who have a mental illness that interferes with their judgment will be accompanied by a legal guardian. When communicating with someone who is mentally ill or incompetent, you should speak to the client/resident first and then to the guardian. Repeat any instructions you may give the client/resident, making sure that the guardian understands as well. You might also want to demonstrate to the guardian any task that the client/resident has been shown.

Distressed Clients/residents/residents

Clients/residents/residents can become nervous, confused, scared, sick, and angry when they enter the unfamiliar environment of a healthcare facility. Becoming angry or frustrated with an unsettled client/resident will only make the situation worse. Remain calm and speak in a steady, confident voice. Be sympathetic when you see the client/resident's distress. Sentiments such as "I am so sorry you are upset," and "let's see if we can make things easier for you" can be very helpful and calming to the client/resident. Put yourself in the client/resident's place and respond with compassion. Hopefully, the distressed client/resident has brought someone to help him or her understand what you are trying to communicate. If not, proceed slowly and carefully as you work with distressed, unaccompanied clients/residents/residents.

Communicating with Young Clients/residents/residents

When treating children, you must remember that the child is the client/resident, but the parent is also important in such interactions. Serious illness in children is overwhelming for all parents, but even minor illness can be frightening. The following points are important to remember when you work with children, especially in an individual support facility environment:

- Find out where the child is most comfortable—on a parent's lap or on the floor playing with toys.
- Pay attention to the distance between you and the child—many children like you to physically be at their level.
- Work with the child using an unstructured, open approach, perhaps even incorporating play during your time with a small child
- Take the child seriously and do not talk down to him or her.
- Offer the child support and praise.
- A child may be more relaxed during a procedure if you first demonstrate the procedure on a stuffed animal so the child will know what to expect

Did you know?

Children and the Truth

Part of treating a child with respect is being honest with him or her. Telling a child that an injection or a blood test is not going to hurt may cause lasting distrust of individual support professionals. Telling a child, "you may feel a little pinch" might be more appropriate.

Language Barriers to Communication

Some clients/residents/residents will not be able to communicate with you because they speak another language. Most healthcare facilities have a policy in place to deal with this situation. Additionally, many facilities have a list of employees who speak other languages in addition to English. Be particularly careful to avoid slang expressions as these can be especially confusing to non-English speakers.

Most importantly, make sure that the client/resident can understand the information being communicated. You should also make sure you understand any questions that the client/resident wants to communicate.

Telephone Etiquette

Regardless of where you work in a care facility, sooner or later you will be answering the telephone. The following steps are an introduction to proper telephone etiquette.

- Answer a ringing phone promptly! If you need to put someone on hold, get their permission before doing so. For example, you might say, "May I put you on hold, please?" Do not leave the caller on hold for more than a minute or two without returning to see if they wish to continue to hold.
- When answering the phone, identify the facility or department in which you work, and give your name and title. For example, "Laboratory, this is Jean Smith, laboratory secretary. May I help you?"
- Before making a call, plan what you are going to say.
- When you leave a telephone number, speak slowly and repeat the number twice.
- Speak clearly with a pleasant, professional tone Take a clear, concise message. Ask the caller to repeat the message if you are not sure whether you have heard or recorded it properly.
- A proper message must include the date and time of the call, the caller's name spelled correctly, and the telephone number (including the area code). You should also include your name as the person who took the call. Always repeat all numbers, including telephone numbers, addresses, numerical results, and times. Be sure to double-check that you have taken the message down correctly.
- If the message is for someone else, be sure you deliver the message to the correct person. If you are the recipient of a message, return the call as soon as possible.

- Pay special attention to the spelling of the caller's name. Ask for a full name in case the caller has a common name.
- Use "please" and "thank you" and avoid using slang expressions.
- Hold the receiver an inch or an inch and a half from your mouth and speak directly into the receiver.
- Make sure you have confirmed all aspects of the message before you hang up.
- When a doctor calls, answer questions promptly, or transfer the call as soon as possible.
- Remember that you are not authorised to give medical information to a family member or friend of a client/resident unless the client/resident has given written permission to do so.
- Do not allow any conversation that identifies a client/resident or contains personal information to be overheard by other clients/residents/residents or visitors.

Oral communication either in person or via phone calls have their own set of protocols. We don't often think about phone calls as documentation but they can contain certain information for which we have obligations such as advice that we may give to a client or a phone order that we may take from a doctor

It is a very good initiative to record or make a record of phone calls, a log of such phone calls could be included in the patients file and / or in a separate LOG file.

For a Client Call

- Date and time of call
- Caller's name and address
- Caller's request or chief complaint
- Advice you gave
- Protocol you followed (if any)
- Other caregivers you notified
- Your name

For a Physician/Doctor Call

- Date and time of call
- Physician's name and "T/O" to indicate order
- Verbal order, written word-for-word
- Documentation that you've read back the order, to be sure you heard it correctly
- Documentation that you've transcribed it according to your facility's policy
- Your name

Be sure to record your full name, credentials and job title for instance, Joe Bow, personal carer; in the required section on documentation forms. Some forms will ask you to record your initials as well. Your signature must be in cursive writing so a word of final caution: do take the time to sign your name legibly. Written documentation is to be in black in

What is nonverbal communication and body language?

It's well known that good communication is the foundation of any successful relationship, be it personal or professional. It's important to recognise, though, that it's our nonverbal communication—our facial expressions, gestures, eye contact, posture, and tone of voice—that speak the loudest.

The ability to understand and use nonverbal communication, or body language, is a powerful tool that can help you connect with others, express what you really mean, and build better relationships.

When we interact with others, we continuously give and receive wordless signals. All of our nonverbal behaviors—the gestures we make, the way we sit, how fast or how loud we talk, how close we stand, how much eye contact we make—send strong messages. These messages don't stop when you stop speaking either. Even when you're silent, you're still communicating nonverbally.

Oftentimes, what comes out of our mouths and what we communicate through our body language are two totally different things. When faced with these mixed signals, the listener has to choose whether to believe your verbal or nonverbal message, and, in most cases, they're going to choose the nonverbal because it's a natural, unconscious language that broadcasts our true feelings and intentions in any given moment.

Why nonverbal communication matters

The way you listen, look, move, and react tells the other person whether or not you care, if you're being truthful, and how well you're listening. When your nonverbal signals match up with the words you're saying, they increase trust, clarity, and rapport. When they don't, they generate tension, mistrust, and confusion.

If you want to become a better communicator, it's important to become more sensitive not only to the body language and nonverbal cues of others, but also to your own.

Nonverbal communication cues can play five roles:

1. Repetition: they can repeat the message the person is making verbally.
2. Contradiction: they can contradict a message the individual is trying to convey.
3. Substitution: they can substitute for a verbal message. For example, a person's eyes can often convey a far more vivid message than words do.
4. Complementing: they may add to or complement a verbal message. A boss who pats a person on the back in addition to giving praise can increase the impact of the message.

5. Accenting: they may accent or underline a verbal message. Pounding the table, for example, can underline a message.

Source: *The Importance of Effective Communication*, Edward G. Wertheim, Ph.D.

Types of nonverbal communication and body language

There are many different types of nonverbal communication. Together, the following nonverbal signals and cues communicate your interest and investment in others.

Written Communication

This is central to the work of any person providing a service in a health and social care environment when keeping records and in writing reports. Different types of communication need different styles of writing but all require literacy skills. A more formal style of writing is needed when recording information about a patient. It would be unacceptable to use text message abbreviations, such as 'l8er'.

Facial expressions

The human face is extremely expressive, able to express countless emotions without saying a word. And unlike some forms of nonverbal communication, facial expressions are universal. The facial expressions for happiness, sadness, anger, surprise, fear, and disgust are the same across cultures.

Body movements and posture

Consider how your perceptions of people are affected by the way they sit, walk, stand up, or hold their head. The way you move and carry yourself communicates a wealth of information to the world. This type of nonverbal communication includes your posture, bearing, stance, and subtle movements.

Gestures

Gestures are woven into the fabric of our daily lives. We wave, point, beckon, and use our hands when we're arguing or speaking animatedly—expressing ourselves with gestures often without thinking. However, the meaning of gestures can be very different across cultures and regions, so it's important to be careful to avoid misinterpretation.

Eye contact

Since the visual sense is dominant for most people, eye contact is an especially important type of nonverbal communication. The way you look at someone can communicate many things, including interest, affection, hostility, or attraction. Eye contact is also important in maintaining the flow of conversation and for gauging the other person's response.

Touch

We communicate a great deal through touch. Think about the messages given by the following: a weak handshake, a timid tap on the shoulder, a warm bear hug, a reassuring slap on the back, a patronizing pat on the head, or a controlling grip on your arm.

Space

Have you ever felt uncomfortable during a conversation because the other person was standing too close and invading your space? We all have a need for physical space, although that need differs depending on the culture, the situation, and the closeness of the relationship. You can use physical space to communicate many different nonverbal messages, including signals of intimacy and affection, aggression or dominance.

Voice

It's not just what you say, it's how you say it. When we speak, other people "read" our voices in addition to listening to our words. Things they pay attention to include your timing and pace, how loud you speak, your tone and inflection, and sounds that convey understanding, such as "ahh" and "uh-huh." Think about how someone's tone of voice, for example, can indicate sarcasm, anger, affection, or confidence.

Nonverbal communication can't be faked

You may be familiar with advice on how to sit a certain way, steeple your fingers, or shake hands just so in order to appear confident or assert dominance. But the truth is that such tricks aren't likely to work (unless you truly feel confident and in charge). That's because you can't control all of the signals you're constantly sending off about what you're really thinking and feeling. And the harder you try, the more unnatural your signals are likely to come across.

How non-verbal communication can go wrong

What you communicate through your body language and nonverbal signals affects how others see you, how well they like and respect you, and whether or not they trust you.

Unfortunately, many people send confusing or negative nonverbal signals without even knowing it. When this happens, both connection and trust are damaged.

Non-verbal communication and body language in relationships

Ted, Arlene, and Jack are all articulate speakers who say one thing while communicating something else nonverbally, with disastrous results in their relationships:

Jack Believes he gets along great with his colleagues at work, but if you were to ask any of them, they would say that Jack is "intimidating" and "very intense." Rather than just look at you, he seems to devour you with his eyes. And if he takes your hand, he lunges to get it and then squeezes so hard it hurts. Jack is a caring guy who secretly wishes he had more friends, but his nonverbal awkwardness keeps people at a distance and limits his ability to advance at work.

Arlene is attractive and has no problem meeting eligible men, but she has a difficult time maintaining a relationship longer than a few months. Arlene is funny and interesting, but even though she constantly laughs and smiles, she radiates tension. Her shoulders and eyebrows are noticeably raised, her voice is shrill, and her body is stiff. Being around Arlene makes many people feel uncomfortable. Arlene has a lot going for her that is undercut by the discomfort she evokes in others.

Ted thought he had found the perfect match when he met Sharon, but Sharon wasn't so sure. Ted is good looking, hardworking, and a smooth talker, but Ted seemed to care more about his thoughts than Sharon's. When Sharon had something to say, Ted was always ready with wild eyes and a rebuttal before she could finish her thought. This made Sharon feel ignored, and soon she started dating other men. Ted loses out at work for the same reason. His inability to listen to others makes him unpopular with many of the people he most admires.

These smart, well-intentioned people struggle in their attempt to connect with others. The sad thing is that they are unaware of the nonverbal messages they communicate.

If you want to communicate effectively, avoid misunderstandings, and enjoy solid, trusting relationships both socially and professionally, it's important to understand how to use and interpret nonverbal signals.

Setting the stage for effective nonverbal communication

Nonverbal communication is a rapidly flowing back-and-forth process requiring your full concentration and attention. If you are planning what you're going to say next, daydreaming, or thinking about something else, you are almost certain to miss nonverbal cues and other subtleties in the conversation. You need to stay focused on the moment-to-moment experience in order to fully understand what's going on.

To improve nonverbal communication, learn to manage stress

Learning how to manage stress in the heat of the moment is one of the most important things you can do to improve your nonverbal communication. Stress compromises your ability to communicate. When you're stressed out, you're more likely to misread other people, send confusing or off-putting nonverbal signals, and lapse into unhealthy knee-jerk patterns of behavior. Furthermore, emotions are contagious. You being upset is very likely to trigger others to be upset, making a bad situation worse.

If you're feeling overwhelmed by stress, it's best to take a time out. Take a moment to calm down before you jump back into the conversation. Once you've regained your emotional equilibrium, you'll be better equipped to deal with the situation in a positive way.

How emotional awareness strengthens nonverbal communication

In order to send accurate nonverbal cues, you need to be aware of your emotions and how they influence you. You also need to be able to recognise the emotions of others and the true feelings behind the cues they are sending. This is where emotional awareness comes in.

Emotional awareness enables you to:

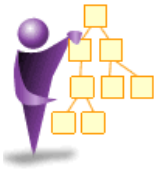
- Accurately read other people, including the emotions they're feeling and the unspoken messages they're sending.
- Create trust in relationships by sending nonverbal signals that match up with your words.

- Respond in ways that show others that you understand, notice, and care.
- Know if the relationship is meeting your emotional needs, giving you the option to either repair the relationship or move on.

Tips for reading body language and nonverbal communication

Once you've developed your abilities to manage stress and recognise emotions, you'll naturally become better at reading the nonverbal signals sent by others.

- **Pay attention to inconsistencies.** Nonverbal communication should reinforce what is being said. Is the person is saying one thing, and their body language something else? For example, are they telling you "yes" while shaking their head no?
- **Look at nonverbal communication signals as a group.** Don't read too much into a single gesture or nonverbal cue. Consider all of the nonverbal signals you are receiving, from eye contact to tone of voice and body language. Taken together, are their nonverbal cues consistent—or inconsistent—with what their words are saying?



- **Trust your instincts.** Don't dismiss your gut feelings. If you get the sense that someone isn't being honest or that something isn't adding up, you may be picking up on a mismatch between verbal and nonverbal cues.

Table 2: Evaluating non-verbal signals

Evaluating non-verbal signals	
Eye contact	Is eye contact being made? If so, is it overly intense or just right?
Facial expression	What is their face showing? Is it masklike and inexpressive, or emotionally present and filled with interest?
Tone of voice	Does their voice project warmth, confidence, and interest, or is it strained and blocked?
Posture and gesture	Are their bodies relaxed or stiff and immobile? Are shoulders tense and raised, or slightly sloped?
Touch	Is there any physical contact? Is it appropriate to the situation? Does it make you feel uncomfortable?
Intensity	Do they seem flat, cool, and disinterested, or over-the-top and melodramatic?

Evaluating non-verbal signals	
Timing and pace	Is there an easy flow of information back and forth? Do nonverbal responses come too quickly or too slowly?
Sounds	Do you hear sounds that indicate caring or concern?

As you continue to pay attention to the nonverbal cues and signals you send and receive, your ability to communicate will improve.

Respect:

It's much easier to see what a lack of respect looks like in others, than to recognise when you aren't showing respectful behavior. Quite simply – we don't always notice our own behaviors and non-verbal cues that can be perceived as a lack of respect.

Test out how you are doing by using this acrostic of **7 ways to show respect:**

Recognise how what you are saying is coming across. Pay attention and watch for feedback from others. Watch your tone and use good non-verbal skills.

Eliminate negative words and phrases from your vocabulary. Don't use words that can be hurtful, offensive or misinterpreted.

Speak with people — not at them, or about them. Engage in a conversation, not a debate, or a lecture.

Practice appreciation. Show appreciation to those around you daily through your words and actions.

Earn respect from others by modeling respectful behaviors. Don't expect respect from others if you are acting like a jerk.

Consider others' feelings before speaking and acting. Is what you are saying kind? Is it necessary?

Take time to listen. Don't interrupt

So, how did you do? Do you do them all, regularly? What could you do better? Pick out one of these descriptions of respect and work on making it a daily habit when you are communicating.

Showing respect is often something you don't think about. But, it's an incredibly important skill to develop to make your communication better for better results. Some of these behaviors will take time to practice and learn. But, it is well worth it! Learning to regularly show respect when you communicate will make a huge difference in your relationships at work and home.

Learning Activity 1:

1. As part of your learning journey you have discussed forms of communication, name the two forms.

1._____

2._____

2. Name four types of non-verbal communication'

1._____

2._____

3._____

4._____

On completion of this learning activity, check with your facilitator or assessor that you are on the right track.

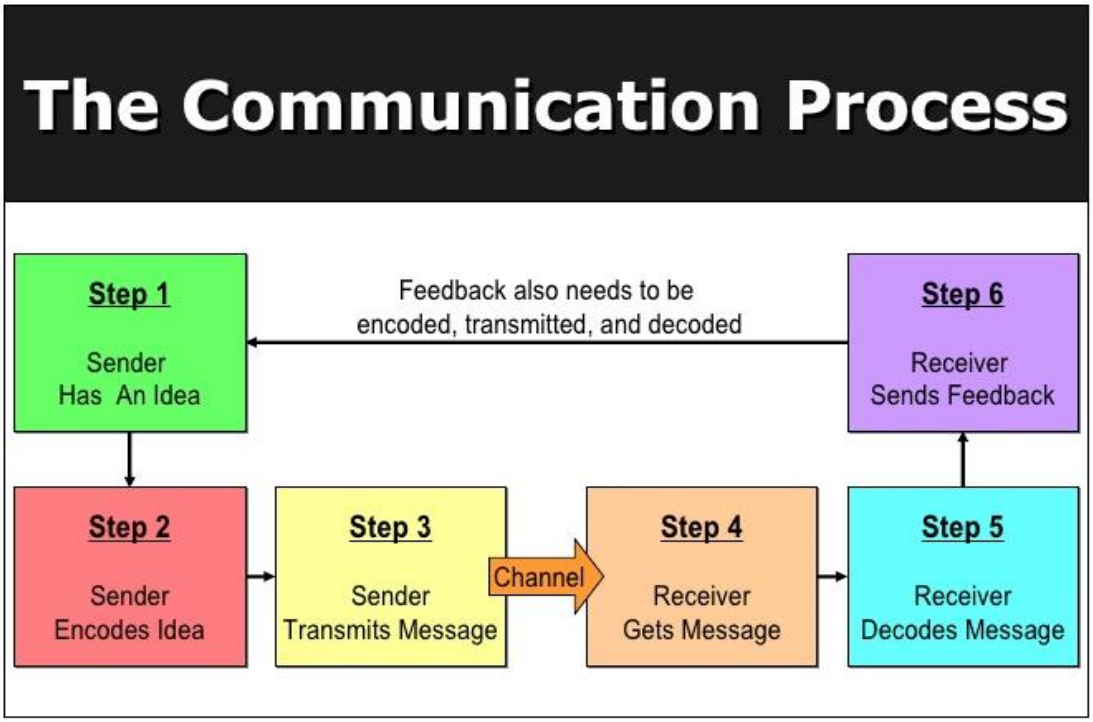
1.2 Communicate service information in a manner that is clear and easily understood.

In order to communicate you have to go through a process with another person. This process is called the communication process.

The communication process helps explain how we decode information that is being communicated to us and explains how we have to work out what another person's behaviour really means. The communication cycle is subdivided into 6 stages:

1. **An idea occurs** – this is the very first stage of the cycle, which is when you have an idea that you want to communicate.
2. **Message coded** – in this stage you think through how you are going to communicate what you are thinking and begin to put your thoughts into language, or even codes such as sign language.
3. **Message sent** – at this point you send your message in a form of speaking, writing or other ways such as sign language or Braille.
4. **Message received** – this stage focuses on the other person who has to sense the message by hearing your words or seeing your symbols.
5. **Message decoded** – this is a vital stage of the communication cycle where the other person has to now interpret the message. This is not always easy, as the other person will make assumptions about your words and body language.
6. **Message understood** – the final stage of the communication cycle is when the message is understood and they are able to communicate effectively.

Table 3: The Communication Process



The aim of clear communication is to ensure your client/resident fully understand what is being said to them and what they can get out of the information.

Standard 5 of Standards in action Ageing, Disability and Home Care, Department of Family and Community Services states that all service providers make information available about their services.

- Service providers are both proactive and responsive in providing people with a disability, their families and individual support workers information about the features and capacity of the services they offer
- Service providers' information about their services is in formats that can be readily accessed and easily understood by the diverse mix of people within their community
- Service providers use communication strategies that enable people with cognitive and/or sensory needs and diverse cultural styles to know how to access the service.

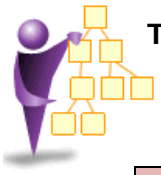


Table 4: How a good communicator puts their message across

Before communication	• Well prepared message and arguments • Has full knowledge of the message • Has full understanding or the message.

Responding to the recipient	• Understands the recipients' point of view • Actively listens to the response • Confidently defends the message • Is prepared to ask for clarification • Is flexible in developing a solution – collaborative, not competitive

Just because a person has heard a message once does not mean that they have correctly or fully understood it, or remembered it. Always consider whether you need to repeat or reinforce your message.

It's important that where possible you check that your communication is working - is the right message getting through to the right person?

The way you communicate has a big impact on your ability to get on with people and get the things that you want or need done.

Communication, whether verbal, written or visual can be expressed in positive (assertive) or negative (aggressive, passive) ways. People need to take feedback from how others interpret or perceive how they are communicating. Sometimes we can be perceived as aggressive even though it is not intended. It is all about how the other person has "heard" your communication.

Learning Activity 2:

As part of your learning journey your peers have been learning the importance of communicating clearly. Name the 6 steps in the communication process.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

In your own words identify how good communicators get their message across.

Once you have worked through these questions, check with your facilitator or assessor to see if you are on the right track.

1.3 Confirm the person's understanding

Service providers need to understand language needs and preferences of the people they are supporting. They may have to re-word messages so that they are in short, clear sentences, and avoid slang, jargon and dialect as much as possible. They explain details to people who cannot see and encourage them to touch things such as their face. They don't shout at those who cannot hear very well, but use normal, clear speech and make sure their face is visible. They employ a communicator or interpreter for spoken or signed language and show pictures or write messages, depending on what is best for the service user.

How to measure a person's understanding

- Prompt the listener to provide feedback by asking questions. For example, if your goal is to update colleagues about the changes in care plan, and care needs of your residents/clients/residents you could ask, "What are the changes the care plan"? This question will test the support worker understanding of changes in care needs of clients/residents and residents.
- Ask your audience to mirror what you have said. When talking to a peer, resident/client or family member, ask them to repeat important information. For example, you could say, "To be clear, can you tell me what you think I have just said?" Based on the response, offer additional information or confirm that the person has heard you correctly.
- Listen for questions or inconsistencies in the information you have provided. If the other person with whom you are communicating contradicts a statement you have made during the course of the conversation, acknowledge the miscommunication and offer additional information on the matter. Finish by asking the person if he/she understands the matter more clearly as a result of the new information. Ask him/her to repeat larger points before moving onto the next topic.
- Ask your audience to paraphrase larger objectives, goals and points of interest. In an attempt to get the listener talking and demonstrating the degree to which he/she has effectively understood what you have said. Ask him/her to sum up the larger issues you have raised. If his/her outline is thin, add to it by going over missing changes; do so with the knowledge that those larger points were missed or not seen as important. Use this time to express why the missed issues are important.

Barriers to clear and effective communication

Some things stop communication being as effective as it could be. People who work in a health or social care environment need to understand the barriers so they can overcome them.

It is very important to be able to communicate effectively in a health or social care setting. A service user will not be able to take part in a discussion about their care or planning their future if they do not understand what is being said. Equally, the person providing the service cannot help if they cannot find a way to understand what the service user is trying to ask for.

There are many factors that affect communication. They are:

- **Sensory deprivation** – when someone cannot receive or pass on information because they have an impairment to one or more of their senses, most commonly a visual or a hearing disability.
- **Foreign language** – when someone speaks a different language or uses sign language, they may not be able to make any sense of information they are being given by someone trying to help them if that person does not speak their language.
- **Jargon** – when a service provider uses technical language the service user may not understand. For example, the doctor may say that a patient needs bloods and an MRI scan. That can sound very frightening to someone who has been rushed into hospital. It is better if the doctor explains that they need to take some blood to do some simple tests and then explains what a MRI scan is. Understanding the facts can make something seem less scary.
- **Slang** – when a service user uses language that not everyone uses, such as saying they have a problem with their waterworks. This can mean their plumbing system but also means a problem going to the toilet. Sometimes it may be appropriate to use slang with your peers but in normal working with colleagues or service users you should avoid using any language that can be misunderstood or misinterpreted or that might cause offence.
- **Dialect** – when people use different words for everyday objects or feelings depending on the area of a country they come from. In some areas of England people say 'innit' instead of 'isn't it' or 'summat' instead of 'something.' It may cause confusion if someone says, 'A've got a pain in me heed' instead of, 'I've got a headache'.
- **Acronyms** – when words are shortened to initials. There are lots of acronyms in health and social care and they can be very confusing. Sometimes people don't realise that not everyone knows what they mean and mistakes can be made or people can just feel left out if these terms are not familiar to them. A health care professional might say, "he has those tablets TDS" (which means three times a day). Or someone might say "you need to go to the CAB" (which means Citisen's Advice Bureau). This also relates to jargon.
- **Cultural differences** – when the same thing means different things in two cultures, communication can be difficult. For example, it is seen as polite and respectful to make eye contact when speaking to someone in Western culture but in other cultures, for example in East Asia, it can be seen as rude and defiant. You will learn more about this in Unit 6 Cultural diversity in health and social care.
- **Distress** – when someone is distressed, they might find it hard to communicate. They may not listen properly and so misinterpret or not understand what is being said. They might also be tearful or have difficulty speaking. See also emotional difficulties.

- **Emotional difficulties** – we all have emotional difficulties at times and become upset. You might have split up with your boyfriend or girlfriend or had an argument with someone or you may have had some bad news. The effect can be to not hear or understand what people are saying to you. This can lead to misunderstandings.
- **Health issues** – when you are feeling ill, you may not be able to communicate as effectively as when you are feeling well. This can affect your colleagues and service users. Similarly, people who are being care for in hospital because of an illness may not be able to communicate in their normal way. Some long-term (chronic) illnesses such as Parkinson's disease or Multiple Sclerosis also affect an individual's ability to communicate and you need to be aware of this if you are working with these people. See also distress and disability.
- **Environmental problems** – when communication is affected by the environment that people find themselves in. For example, someone who does not see very well will struggle to read written information in a dimly lit room. A person who is in a wheelchair may find it impossible to communicate with the receptionist at the dentist's if the desk is too high and above the wheelchair user's head.
- **Misinterpretation of message** – when someone reads a person's body language wrongly. For example, someone with their arms folded and tapping their feet might be impatiently waiting for someone else who is late but you might look at them and assume they are cross with you. This can put you off asking for help.

Aggression

Aggression is behaviour that is unpleasant, frightening or intimidating. It takes a variety of forms and can be physical, mental or verbal. It can cause physical pain or emotional harm to those it is directed at. It is caused by a range of factors, such as substance misuse, mental health, a personality problem, fear or an attempt to dominate someone else. People who are aggressive towards other people are often bullies.

Aggression is a form of communication in that it communicates a person's state of mind, such as annoyance. It is also a barrier to communication. Aggression is often emotion that is out of control and it can be destructive. When someone shouts at someone else, the other person can be afraid and will either shout back or shut the aggressive person out. If someone working in a health or social care environment is annoyed, frustrated or irritated (breathes quickly, shouts, has a clenched jaw and/or rigid body language) the person they are providing a service for may feel dominated, threatened and unable to respond. This will lead to a poorer service being offered due to the breakdown in effective communication.

Assertion

Assertion is the skill of being calm and firm but not aggressive in the way you communicate with others. It helps you to communicate your needs, feelings are thoughts in a clear confident way while taking into account the feelings of others and respecting their right to an opinion as well.

How to be assertive

You need to plan what you are going to say. Be polite, state the nature of t problem, how it affects you, how you feel about it and what you want to happen. Make it clear that you see the other person's point of view and be prepared to compromise if it leads to what you want. Control your emotions, such as anger or tearfulness and be calm and authoritative in your interactions with others. You need to be clear and prepared to defend your position and be able to say no. This won't cause offence if it is said firmly and calmly. Use questions such as, 'How can we solve this problem?' Use the 'broken record' technique where you just keep repeating your statement softly, calmly and persistently. At the same time, use body language that shows you are relaxed, e.g. make firm, direct eye contact with relaxed facial features and use open hand gestures.

There are other factors that can cause barriers to clear and effective communication and can cause an individual to not understand or misinterpret the conversation. There are also ways to overcome them.

How to overcome barriers in communication

- **Eliminating differences in perception:** The organisation should ensure that it is recruiting right individuals on the job. It's the responsibility of the interviewer to ensure that the interviewee has command over the written and spoken language. There should be proper Induction program so that the policies of the company are clear to all the employees. There should be proper trainings conducted for required employees (for e.g: Voice and Accent training).
- **Use of Simple Language:** Use of simple and clear words should be emphasised. Use of ambiguous words and jargons should be avoided.
- **Reduction and elimination of noise levels:** Noise is the main communication barrier which must be overcome on priority basis. It is essential to identify the source of noise and then eliminate that source.
- **Active Listening: Listen attentively and carefully.** There is a difference between "listening" and "hearing". Active listening means hearing with proper understanding of the message that is heard. By asking questions the speaker can ensure whether his/her message is understood or not by the receiver in the same terms as intended by the speaker.
- **Emotional State:** During communication one should make effective use of body language. He/she should not show their emotions while communication as the receiver might misinterpret the message being delivered. For example, if the conveyer of the message is in a bad mood then the receiver might think that the information being delivered is not good.

- **Simple Organisational Structure:** The organisational structure should not be complex. The number of hierarchical levels should be optimum. There should be an ideal span of control within the organisation. Simpler the organisational structure, more effective will be the communication.
- **Avoid Information Overload:** The managers should know how to prioritise their work. They should not overload themselves with the work. They should spend quality time with their subordinates and should listen to their problems and feedbacks actively.
- **Give Constructive Feedback:** Avoid giving negative feedback. The contents of the feedback might be negative, but it should be delivered constructively. Constructive feedback will lead to effective communication between the superior and subordinate.
- **Proper Media Selection:** The managers should properly select the medium of communication. Simple messages should be conveyed orally, like: face to face interaction or meetings. Use of written means of communication should be encouraged for delivering complex messages. For significant messages reminders can be given by using written means of communication such as: Memos, Notices etc.
- **Flexibility in meeting the targets:** For effective communication in an organisation the managers should ensure that the individuals are meeting their targets timely without skipping the formal channels of communication. There should not be much pressure on employees to meet their targets.

Learning Activity 3:

As part of your learning journey, you, your classmates and trainer have identified barriers to good communication. Name four:

1._____

2._____

3._____

4._____

Explain and name 3 factors that affect communication:

1. _____

_____

2. _____

_____

3. _____

Once you have completed this activity, check with your facilitator or assessor to see if you are on the right track.

3 ways you know your message has been heard AND understood

The critical element of the communications process to ensure what you said has been understood.

It's about how you make them think, feel and reflect.

1. Your communications style matches theirs. If they think in pictures and stories did you match their style or did you communicate from your preference which maybe numbers, data and logic or vice versa.
2. Did you ask them what they heard? Did you ask them how they would explain it to others?
3. Did they provide clear visual cues that their language and their words were congruent? If they really understood what you said, they usually can quickly and succinctly say it in their words what you said and their facial expressions will match. If they can't explain it quickly, assume your message hasn't landed.

Example of phrases that can be used to make sure you have been understood:

- Are we all on the same page?
- Have I made everything clear?
- Are there any (more, further) questions?

1.4 Listen to requests, clarify meaning and respond appropriately

As someone who works in the health services sector, you are part of a large team that provides a service.

What 'active listening' means

Do you sometimes hear but not listen (e.g, the radio in the background)? There's so much going on all the time and sometimes you just tune out.

At work, when you're dealing with clients/residents and co-workers, you can't tune out. It's vital that you listen carefully and respond appropriately. To do this, people often use a technique called ‘active listening’.

Active listening occurs when you focus on the message you're receiving from the other person, without thinking about what you want to say next. Your response to the sender is one that paraphrases what you've heard. That is, you summarise what you've heard, and say it back to the sender in your words. This ensures that you have understood the idea the sender wants to give you.

Key principles of active listening

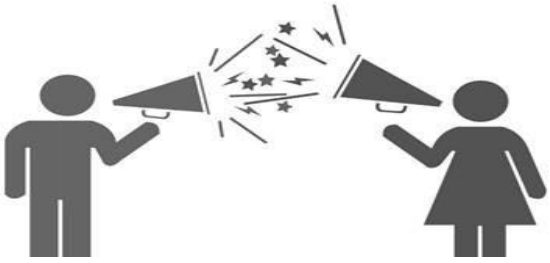
Do you sometimes come away from a conversation thinking that the other person didn't really say much? Perhaps you were guilty of not active listening! One of the key principles of active listening is allowing the other person to talk freely.

At the same time, be aware of spending too much time discussing what is not relevant to the task at hand. Below are more principles of active listening that aim to encourage the other person.

Table 4: Key principles of active listening

Principle	Description
Do more listening than talking.	Give the other person time to talk. Show that you are interested in what they have to say.
Show encouragement.	Use non-verbal as well as verbal cues to show you are listening. For example, maintain eye contact, nod, sit upright and say 'yes' or 'I see' at appropriate places, and use a positive tone of voice.
Avoid appearing tense.	For example, avoid sitting with arms and legs tightly crossed and speaking in a hurried and agitated tone of voice.
Try not to agree or disagree right away.	If you feel you have to disagree, wait until the other person's explained and then disagree but provide reasons for your stand.
Show empathy.	Imagine yourself in the other person's position. Respond to their feelings.

Principle	Description
Be 'other-directed'.	In other words, don't project your feelings or ideas on them.
Be accepting of the other person.	This means being non-judgmental and non-discriminatory.
Be non-defensive.	Instead, admit any errors or oversights on the part of yourself or your organisation and apologise for that.
Paraphrase (summarise) what the speaker is saying.	In other words, restate key facts, issues, perceptions and interpretations. When you receive a client request, even a simple one, it's important to check that you've understood it correctly.
Be aware of the other person's sensitivities	If you need to ask questions of a sensitive nature, ask them in a gentle, polite and supportive manner and tone of voice. Assure confidentiality. Wait for the right time to ask as well-that is, when the other person is relaxed and you have gained their confidence.
Reflect every now and again on what the other person is saying.	For example, you might say: 'So you were quite upset by that behaviour because you felt that it was quite unfair?' This shows the other person that you understand how they feel and that their concerns and feelings are valid.
Show warmth and support.	Smile, where appropriate. Put yourself in the other person’s shoes and try to emphasise. Avoid being cold or abrupt.
Admit it when you're lost.	Avoid pretending to understand. Simply say something such as: 'Sorry, could you just say that again?' Clarify anything you don't understand. This lets the other know that you have been listening and that you understand what they're saying.



Use of Technological aids

Technology is moving so quickly now that we have many electronic aids to help us communicate. For example, mobile phones can be used to make calls but we can also use them to send text messages and emails; and we have computers on which we can record, store and communicate information very quickly and efficiently over long distances. Some aids can turn small movements into written word and then into speech, such as the voice box most famously used by the scientist, Professor Stephen Hawking.

Use of appropriate language

How would you feel if your tutor suddenly started using swear words while they were teaching you? Why would you feel like this? You adjust how you speak depending on who you are with and who is listening to you. Things that are said with a group of friends or at a family gathering might not be understood by others because we use different types of language in different situations. People even unconsciously change their use of dialect depending on who they are speaking to. A person's accent or dialect may become more pronounced when they are speaking to someone from their family or from the area they grew up in.

Tone of voice

If you talk to someone in a loud voice with a fixed tone the person you are speaking to will think you are angry with them. On the other hand, if you speak calmly and quietly with a varying tone the other person will think you are being friendly and kind. So it is important to remember that it is not just what you say, but also the way in which you say it, that matters.

Pace

If you speak really quickly and excitedly, the person listening to you will not be able to hear everything you say. If you keep hesitating or saying 'um' or 'er' it makes it harder for people to concentrate on what you are saying. If you speak at a steady pace, however, you will be able to deliver your message more clearly and the other person will be able to hear every word you say.

Proximity

The space around a person is called their personal space. In a formal situation, such as a doctor talking to a patient, the doctor does not sit close enough to the patient to invade their personal space. In an informal situation, people who are friends or intimate with each other will often sit closer to each other. People usually sit or stand so they are eye-to-eye if they are in a formal or aggressive situation. Sitting at an angle to each other creates a more relaxed, friendly and less formal feeling.

Learning Activity 4:

As part of your learning journey, skills have been disgust how to respond to requests, clarify meanings and your responses.

What does active listening mean?

_____

_____

_____

_____

_____

_____

List four key principles of active listening.

1.

2.

3.

4.

Explain what 'pace' means when speaking

_____

_____

_____

_____

_____

Once you have answered these questions, discuss with your facilitator or assessor to see if you are on the right track.

1.5 Exchange information clearly in a timely manner and within confidentiality procedures

For doctors, counsellors, youth workers, interpreters, individual support workers, teachers and any other health professionals, confidentiality is part of the law. In most situations, doctors and other health professionals must keep information given to them by patients or clients/residents confidential. However, they are required to report information they receive if they have serious concerns about the clients/residents or someone else's safety.

It's also important to realise that confidentiality is not broken unless it absolutely necessary. It's not something that care workers take lightly. They want to do what's best for the client and a decision to break confidentiality only happens after a lot of thought, and should be done in consultation with the relevant supervising person at the facility that you they are working in. The care worker should only tell those who absolutely need to know, and this is usually a very small number of professional or relevant people.

In all areas of health and community work there will be many personal things that as a worker you will learn about the people that you care for. An individual support worker will be privy to information regarding a person's health, family, social history, personal needs and financial affairs. All this information is to be regarded as confidential unless consent for disclosure of such information is given by the individual or as stated earlier the care worker deems that there is a danger to the individual or to someone else. You are only permitted to talk about these things at work with other people who care for the same person. It is also important to note that when you do talk about a person's personal details that it is done in a respectful way.

All individuals have the right to have their details and personal information kept private. There are laws in Australia which state what you and your employer can and cannot do with confidential information. These laws are within the Commonwealth Privacy Act 2000 and include specific laws for privacy and confidentiality in various health and community agencies.

All care providers will have protocols and policies in place to protect the people in their care's right to confidentiality. Discussing confidential information of an individual in your care to other people outside your organisation may lead to legal action against your organisation. When you tell other people who are not allowed to know this information also constitutes breaking your 'duty of care' to that individual. An individual support worker may be asked by their employer to sign a 'declaration of confidentiality' before they commence working for the organisation to say that they will not break confidentiality.

Confidentiality is seen as an obligation to the provider of the information whereas privacy is an obligation to the source of the information. Confidentiality and Privacy require that all parties must ensure that information is restricted to those who genuinely need to know and that those people should only be told as much as they need to know and no more. For example, some people may need to know of the issue so that they can provide advice, but not of the identities of the persons involved.

Does age make a difference?

The answer to that question is yes and no. Throughout Australia, turning 18 means you are legally an adult. All young people aged 18 and over have automatic rights to confidential care. In QLD and South Australia this applies to a young person 16 and over and in the Northern Territory this applies to young people 14 and over.

In other words, even if a young person lives with their parents, they automatically have a legal right to go to a doctor on your own, for example, and receive confidential information and treatment no matter what. The doctor must not tell the young person's parents anything without their permission.

The exception to this is for a person of any age (under or over 14, 16 or 18) who may be at risk of killing or seriously harming themselves or someone else. In this situation the health professional might need to break confidentiality in order to keep them safe.

Confidentiality is a client's right in almost all circumstances - Even if you are under the age for 'automatic rights' for confidential care (see first paragraph above) a person is still entitled to confidentiality. This means that they can talk about personal things including feelings, sexuality, sex, smoking, drugs and relationships in private.

If, however it is discovered during a conversation with a client that there is a serious safety issue involved then they may be obliged to break confidentiality, as is the case, for example, of a minor where it is felt that the child is a "child at risk" and mandatory reporting to a relevant organisation such as the Department of Community Services is required. Under the Child Protection Act failure on the worker's part to report such incidents may result in action being taken against the worker.

Who can you give information to?

- You can give information to the following people:
- People in the care team
- The person's family and friends, only information that is allowed by your organisation's policies.

Rules for keeping information confidential

- All documentation on clients/residents must be secured so as to provide and maintain confidentially and respect client's personal details
- Records should be stored in a locked cupboard or filing cabinet
- The key to this locked area needs to be carried by the supervisor of the shift
- The key is only given to staff who have permission to look at these files. The supervisor may be the only one who is authorised to open and lock this storage area.
- Staff who are permitted to look at these files must not leave the files open or unattended

- A person's records cannot be given to anyone else to read. This includes family members, friends or anyone else who does not have permission
- If you are asked by someone to look at another person's files they must be referred to the supervisor or manager.
- Individual support workers are personally accountable for ensuring that all clients/residents information, irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs are maintained in a secure and safe manner and should be accessed on a need to know basis.
- If you are out on the road, or traveling between jobs and clients'/residents' homes, then client files should be secured in a locked case or bag in the boot of your car.
- Each clinic/ward/organisation will be provided with a policy folder which will be kept in an accessible place by a named nursing personnel, i.e. nurse in charge of wards, supervisor, and will be easily accessible to all staff.
- All record must for legal reasons be maintained for a minimum of 7 years from separation.

Learning Activity 5:

Case Study

Julie is a care worker in an aged care facility. Mr. Murphy is an elderly client that she cares and he has been depressed for a long time. He has severe pain in his hips from arthritis and spends most of his time in a wheelchair.

One day whilst giving him a shower, he confides in you that he has saved a lot of his pain tablets so that he can take them all at once so that he can die. He asks you to promise not to tell anyone.

As a care worker you know that you must respect information that is given to you in private.

Discuss with your trainer and fellow students.

1. Do you have a duty of care to Mr. Murphy?

_____

_____

2. Are you permitted to share confidential information in this case?

_____

_____

3. Why?

_____

_____

_____

_____

4. Are you required to notify your supervisor of what you have been told?

_____

_____

5. Are you required to inform Mr. Murphy's family of what you have been told?

_____

_____

_____

_____

Once you have answered these questions, please have your assessor or facilitator check your answer to see if you are on the right track.

A Timely Manner

When providing care for your client/resident it is important to document and report in a timely manner. The phrase in timely manner means quickly, promptly, within a reasonable time frame.

I'm sure you've heard the phrase, "If it wasn't documented it wasn't done." This is because documentation is evidence that the patient received proper care. Documentation allows you to demonstrate how you provided the client/resident with the level of care that meets their needs.

- Write illegibly. The judge or jury can interpret messy writing as a reflection of messy practice.
- Use uncommon abbreviations. Avoid abbreviations that are non-medical and never add texting language in patient records.
- Include subjective data. For example, refrain from documenting judgments you make about a patient like 'He is an angry old man,' 'She is irresponsible and rude,' or 'She's a spoiled little brat.' Keep the documentation objective.
- Leave large sections of time blank. Remember if it wasn't documented it wasn't done!
- Don't add in late entries. Try to squeeze in or add a late entry to the patient's record to look as if it was documented on time.
- Failure to document a change. It's extremely important that you document any change in patient or family status that occurs during your shift.

- Never document adverse events. Refrain from documenting in the patient's chart that an adverse event report was completed.
- Erase or use different colored ink. Don't use different colored ink, erase, or try to write over an entry. Although most facilities have electronic records, many places still have some handwritten documentation records. It's important that you continue to employ the handwritten standards of proper documentation.
- Include meaningless jargon. Avoid long unspecific notes. Instead stick to the basics and make the entry concise.

Now that you are aware of some of the documentation don'ts let's focus on the documentation dos. As you work to improve your documentation skills and form a positive attitude about the importance of documentation, the quality of patient care you provide will also improve.

When Documenting - Do

Use objective data. If a patient refused his medications document exactly what occurred in the chart. For example, you could document the following: "After giving the patient his oral medications he threw the medications on the floor and said, 'I refuse to take this poison!'"

Include the following: Date, time, your title, and your full name with your signature in every entry.

Follow the standards of care. Document how you provided care according to the standards of care outlined by the state and facility where you practice.

- Include nursing interventions. Add the interventions you provided and the patient's response to the treatment.
- Include any patient refusals. If a patient refused treatment, document the incident. Include the patient's verbal and non-verbal response using as much objective detail as possible.
- Include follow up care. Document how you followed up a medical situation with the appropriate patient care. For example, if the patient's status changed and you notified the physician, document the change in patient status and that you notified the physician. Be sure to include the changes the physician made and the patient's response to those changes.
- Make documentation a continuing, ongoing process. Do not leave large spaces of time in the patient's chart. Although you may know that you were there observing the patient, the court only has the patient's medical record to go by and a blank area in the patient's chart can be interpreted as a breach of duty.
- Document the discharge teaching. Include in the chart how the patient demonstrated an understanding of the discharge plan.
- Include what care you delegated. Document what you delegated to other staff members and when that care was provided. This demonstrates that you made sure the duties you delegated to the staff were provided to the patient in a timely manner.

- Chart according to you five senses. Include terms like ‘I palpated a pea size lump,’ ‘I observed a yellow tint to the skin,’ ‘Skin was hot to touch,’ ‘Crackles were heard upon auscultation of the lower lungs,’ or ‘Urine was dark amber in color with a strong rancid odor’ in the patient’s chart.
- Include any objections. Document in the patient’s chart any treatment plans or interventions that you objected to and how the situation was handled.

Good documentation is an important part of improving both client/resident care and nursing practice. Proper documentation promotes safe patient care, good communication among staff members, and the advancement of the nursing profession.

2. Collaborate with colleagues

2.1 Listen to, clarify and agree timeframes for carrying out workplace instructions

2.2 Identify lines of communication between organisation and other services

2.3 Use industry terminology correctly in verbal, written and digital communications

2.4 Follow communication protocols that apply to interactions with different people and lines of authority

2.1 Listen to, clarify and agree timeframes for carrying out workplace instructions

Strategies for obtaining, understanding and clarifying workplace instructions include:

- **correct sourcing and selection of information** - to ensure all employees have the same recent and up-to-date information
- **consult appropriate personnel** - to ensure information is obtained from those who are most knowledgeable and have the expertise to give correct information
- **active listening** - asking questions to fully understand what is required, taking into account non-verbal communication (like body language) and acknowledging what is said by rephrasing or summarising
- **open and closed questions** - open questions encourage the sharing of information and usually require longer answers; whereas closed questions require yes/no answers.

Listening for specific information. You need to listen carefully when you are given instructions at work. One way to improve your listening skills is to listen for specific information.

Make sure you know:

- how many tasks you need to complete
- what order you should do the tasks in
- how long the tasks should take to complete
- if you need to take any records
- what equipment you need.

As listeners we need to support the speaker by giving positive feedback. If the speaker is talking to us face-to-face we should look interested, lean forward and give spoken feedback such as “mmm” and “right” to show that we are listening. If we are listening on the telephone, we still need to give verbal feedback to show that we are actively listening.

Learning Activity 6:

Decide whether you agree, disagree or are not sure about the following statements.

- If someone doesn't understand when listening to instructions, they should ask a workmate later.
- It is best not to ask questions or the supervisor will think that the work is too difficult.
- Supervisors don't like it if someone asks questions because they think it means the person hasn't been listening.
- Supervisors prefer workers to ask questions as it shows that they want to carry out the work correctly.

Write down your reasons for your decision.

Once you have answered these questions, please have your assessor or facilitator check your answer to see if you are on the right track

Asking questions

It is important to know how to ask questions. Even if you think you have understood everything it is still a good idea to check that you have understood correctly. Repeat what you think you heard and check that this is correct.

What about when you didn't understand? The questions you ask are important. Your supervisor may be annoyed if they finish speaking and you just say: '*What?' 'Huh?' 'I didn't get any of that.'*

They might think you haven't been listening to anything. Try to ask questions that show which part you did understand and which part you didn't understand. For example*: 'Can you explain again please'*

Taking notes

Some people find that it assists them to remember details of what a speaker has said if they write down a few notes as they listen. Others prefer to simply listen and to memorise what they hear. It is important that you try each method and decide what best suits you.

Understanding spoken procedures

To work effectively we need to know how things should be done. In today's workplace workers often need to learn new procedures.

For example, they may need to learn about:

- new work rosters
- how to use new equipment
- new work practices which protect their health and safety.
- changes in clients/residents/residents care needs

When you receive any instructions you should have been clearly able to understand what may be required of the task:

- what the change was
- what tasks you needed to complete
- the order in which have completed the tasks
- how long each task should take
- if you needed to record any information
- what equipment you needed.

Follow written notices and instructions

In most workplaces we need to read some notices and instructions. The information that they give us can be important for carrying out our job. We need to develop the skills to read the written notices and instructions that are relevant to us. We also need the skills to ask for assistance if we do not understand what we are reading.

You will need to read written notices and instructions in your workplace.

Some examples of written texts you may see in your workplace are:

- work rosters
- safety notices
- labels
- instructions
- signs
- memos
- workplace policies and guidelines.

Reading notices

Notices usually give us information about such things as:

- work rosters
- salaries and leave
- how to carry out tasks at work
- future events such as staff socials.
- Notices can include instructions.

When reading notices, we should remember our reading skills.

First we should look at the heading and the key words and think about…

1. Who is this for?
2. What is it about?

This will help us to predict what words will be in the notice and will help us to understand what we are reading.

Taking messages

Messages are important and you must take each one accurately. When you are taking down a message, make sure you are not distracted by anything else happening around you. You must concentrate on the caller.

The message should contain the following information:

- who the call is for
- who the call is from
- the caller's telephone number
- the content of the message
- who the call was taken by, and the date and time received.

Time management

Individual care workers generally are required to manage their workday independently determined by the individual clients/residents/residents care needs. In addition to providing care, flexible time management should include time for administrative matters e.g. team meetings, documentation and reporting.

In the community and disability, the workload is not as structured as in residential facilities. Therefore, the use of a diary is essential for planning ahead.

Strategies for effective time management can include:

- **time management** - for both individuals and teams
- **seeking help/assistance** when needed so work flow is not interrupted.
- **contingency planning** - putting plans in place in case something goes wrong
- **effective use of technology** - saving time, money and resources

Skills that will assist:

- **consultation** - asking other people's opinions
- **negotiation** - working out the best course of action to achieve a goal
- **communic**ation - conveying information to appropriate people
- **prioritisatio**n - arranging in order of importance.

Appropriate persons to consult with:

- colleagues
- other staff members
- supervisors, mentors or trainers

2.2 Identify lines of communication between organisation and other services

Good internal communication, role modelled by leaders and managers, will also set the standard for staff to copy in their interactions with others, including colleagues, those needing care and support, individual support workers and professionals. However, every individual is personally responsible for the tone, content and the style of delivery of the communication.

Noticeboards, monthly newsletter, daily text communications between managers and supervisors and the care staff, encouragement of team get-togethers. Clear processes, rosters, and an open door policy (via text, phone or email) between all the team.

Communication tasks vary widely across the healthcare system and it is helpful to separate communication needs into the intra-organisational needs within particular groups, such as hospital, allied health, and Government agencies, or other health care providers. The communication boundary between care givers in the community and hospital based health services, for example, are characterised by the widely differing task styles and organisational structures of individuals within the two groups.

The care of patients now almost inevitably seems to involve many different individuals, all needing to share patient information and discuss their management. As a consequence, there is increasing interest in, and use of, information and communication technologies to support health services.

Indeed, if information is the lifeblood of healthcare then communication systems are the heart that pumps it. Yet, while there is significant discussion of, and investment in, information technologies, communication systems receive much less attention.

Whilst there is some significant advanced research in highly specific areas like telemedicine, the clinical adoption of even simpler services like voice-mail or electronic mail is still not commonplace in many health services. Much of this would change if it were more widely realised that the biggest information repository in healthcare sits in the heads of the people working within it, and the biggest information network is the complex web of conversations that link the actions of these individuals.

There remain enormous gaps in our broad understanding of the role of communication services in health care delivery.

EHealth

Whilst still in the early stages of implementation (July 2012), the personally controlled electronic health record (PCEHR) has been championed as a mechanism to facilitate the seamless communication of patient information from one healthcare provider to another. Each health professional's preference and resources will play a part in the utilisation of the Australian PCEHR to its full potential. In a qualitative study of communication between PHC and acute care, the general consensus from Swiss GPs was that they were not concerned about how the information was conveyed (email, fax or phone) as long as the communication happened.

Despite facilitating information exchange between PHC providers and subspecialists, e-technologies for referrals are prone to coordination breakdown.16

Barriers to the use of electronic health record-based referrals include: lack of both an institutional referral policy and standardisation in certain referral procedures; ambiguity in roles and responsibilities; and inadequate resources to adapt and respond to referral requests.

(http://www.phcris.org.au/publications/researchroundup/issues/27.php)

2.3 Use industry terminology correctly in verbal, written and digital communications

Each client, who is receiving aged care assistance, must have a Care Plan in place to ensure on-going care needs are met. Progress Notes contribute to the review and updating of Care Plans to ensure these care needs are adequate. Documentation of care and any changes is a legal requirement and affects the level of care and government funding.

Aged care providers' ability to meet their Duty of Care to clients/residents is dependent on changes being recorded in the Progress Notes. It is also important to be aware that clients/residents with dementia generally lose their ability to express, clearly, their needs and therefore individual support workers and providers become their advocates.

Important general information about documenting:

- Documenting needs to be completed as soon as possible after an event or incident
- Progress notes are legal documents and must be filled out in the following manner;
    1. Progress notes MUST be recorded in black ink and printed.
    2. No correction fluid (whiteout) can be used.
    3. A line must be drawn through any corrections, the correction initialled and the information rewritten.
    4. A line to the end of the page must be drawn where documenting does not use all the line space.
    5. All notes must be dated, including the time of incident.
    6. All notes must be signed and include the compiler's printed name and status (e.g. J Thomas J THOMAS PC).

The Writing Process

Documenting should be:

- by exception
- objective
- concise
- appropriate in language; and
- include only necessary information.

Documenting by Exception

In a healthcare environment there are mandatory requirements for reporting and recording an accurate description of each resident/clients/residents contact with health care providers.

Reporting means giving an oral account of care and observations. Recording means writing an account of observations and care. It is often called report writing.

It is necessary to record only events and instances that may affect the care plan. This includes client changes in behaviour, emotions and physical ability and any incidents involving the client.

In order for care staff to decide what needs to be documented, they need to ask themselves the following questions:

- Will it affect the direction of care or the Care Plan?
- Does it relate to the status of the client's health?
- Did client refuse care?
- Was any care omitted?
- Did the client make a complaint?

- Did the client do/not do something which will impact on the status of their health and overall well-being?

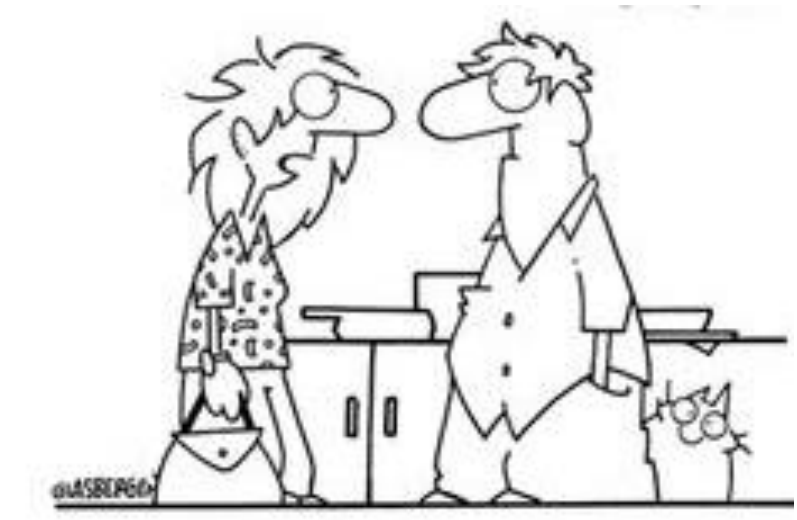
Example of a change that should be recorded

If a client has been able to eat independently, but this changes and he or she needs assistance, it should be noted in the Progress Notes so that the Care Plan can be updated and this assistance given.

Example of an event that does NOT need to be recorded

Mrs. Brown had a very happy day with her family today. They took her for a drive to the beach and this evening she is very tired.

https://www.qcal.org.au/archive/images/tip2011_06.pdf



"I was so tired at work, the other nurses had to revive me with C.P.R. — Coffee, Pepsi, and Redbull!"

Terminology and abbreviations

When reporting, it is vital that all documentation conforms to established professional and legal standards including those governing the use of abbreviations

On the next page are a few examples of abbreviated terminology used regularly in client/resident documentation in health care.

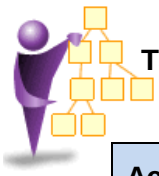


Table 5: Terminology

Acronym	Meaning	Acronym	Meaning
ADLs	Activities of daily living	DOB	Date of birth
A&E	Accident and emergency	dpm	Drops per minute
Ac	Before meals	Dr.	Doctor/medical officer
am	After midnight/before midday	DVT	Deep vein thrombosis
BO	Bowels open	Dx (diag)	Diagnosis
bd/BD	Twice a day	ENT	Ears nose and throat
BGL	Blood glucose level	FBC	Fluid balance chart
B/P	Blood pressure	FWB	Full weight bearing
BSL	Blood sugar level	HIV	Human immunodeficiency virus
BNO	Bowels not open	HNPU	Has not passed urine
BWO	Bowels well open	HNV	Has not voided
CN	Clinical Nurse	IM	intramuscular
CVA	Cere-vascular accident	LMO	Local medical officer
CPR	Cardio-pulmonary resuscitation	L&S BP	Lying & standing blood pressure
D/C	Discharged/discontinue	#NOF	Fractured neck of femur
DOA	Dead on arrival	NOK	Next of kin
DOB	Date of birth	02	oxygen
dpm	Drops per minute	O/A	On admission

Acronym	Meaning	Acronym	Meaning
Dr.	Doctor/medical officer	Obs	Observation/vital signs
DVT	Deep vein thrombosis	P	Pulse
Dx (diag)	Diagnosis	Post – op	Post-operative
ENT	Ears nose and throat	PV	Per vagina
FBC	Fluid balance chart	PWD	Partial weight bearing
FWB	Full weight bearing	QA	Quality assurance
HIV	Human immunodeficiency virus	QID	Four times a day
HNPU	Has not passed urine	R	Right
HNV	Has not voided	Rehab	rehabilitation
IM	intramuscular	RIB	Rest in bed
LMO	Local medical officer	ROM	Range of movement
LOC	Loss of consciousness	RTW	Return to ward
L	Left	Rx	Treatment/orders. prescription
Mane	Morning	SOB	Shortness of breath
mls	millilitres	SOOB	Sit out of bed
MS.	Multiple Sclerosis	Tds/tid	Three times a day
MSSU	Mid-stream specimen of urine	TPR	Temperature, pulse, respirations
N/A	Not applicable	U/A	Urine analysis

2.4 Follow communication protocols that apply to interactions with different people and lines of authority

Office protocol are attitudes, etiquette rules and guidelines for behavior that encompass the best way to act at work. It derives from social conventions, but also from laws that protect people from being harassed on the job.

Businesses and organisations depend on communication lines staying open and remaining dependable between different parts and divisions. Without the ability to communicate effectively, company functions start to fall apart really quick. However, everyone communicating their own way at the same time also leads to chaos. This is where workplace protocols come into play.

Protocols Defined

Simply said, protocols are internal rules that an organisation's members are required to follow and use. By making sure targeted activities are handled under protocols, the organisation ensures consistency and conformity at every level. The downside, however, is that too many protocols unnecessary delays. This works against an organisation trying to be nimble and flexible. Strike a balance between conformity and responsiveness.

Electronic Communication

To add to the challenge of managing how people in the same organisation communicate, electronic and computerised methods have complicated the issue. The speed of electronic communication frequently results in problems happen faster and spreading further when mistakes are made. Smart phones, email, instant messaging and computer files only add to a flurry of communications.

Written Communication

Written messages, the most traditional of business communication methods, are easily standardised by organisations so they can be correctly routed correctly and properly prioritised. This is done by choosing different methods for different levels of importance. Emails, notes and basic messages can be used for daily communication. Memorandums and letters on company letterhead present communicated issues in a more formal manner. Reserve issue papers and reports for policy discussions and important decision-making efforts.

Electronic Messaging

The problem with emails, instant messaging and the Internet is that organisations frequently lose control of the message and its audience very quickly. Organisations are well-served by regularly training staff on the risks and perils of electronic communication, reserving these tools for daily, regular communication and training staff on understanding how to regularly purge old communications and keep only important information. Too often, people use these tools for silly or personal messaging. The results can range from embarrassing to serious should these files later get resurrected in lawsuits or legal matters.

Writing Rules

As part of the protocols, organisations also benefit from making sure that any communications follow clear-use rules. This means making sure staff understands how to communicate properly in writing. Quick, techy acronyms, such as LOL, WTB, WU, LTR and so on, don't belong in professional writings. Staff should understand they need to communicate in proper language that places a premium on spelling and grammar.

Verbal Communications

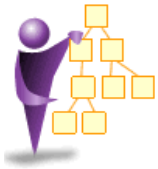
Protocols for verbal communication can be implemented in similar fashion as written documents. There should be levels for verbal meetings, including casual discussion, formal meetings, hierarchy meetings, and policymaking/decision-making interactions. Each of these contact events should have an understood expectation of how to communicate, for how long and how to process reactions and decisions. Failure to do this in a business frequently results in ad hoc interaction which, while comfortable in small groups, begins to cause problems as organisations grow.

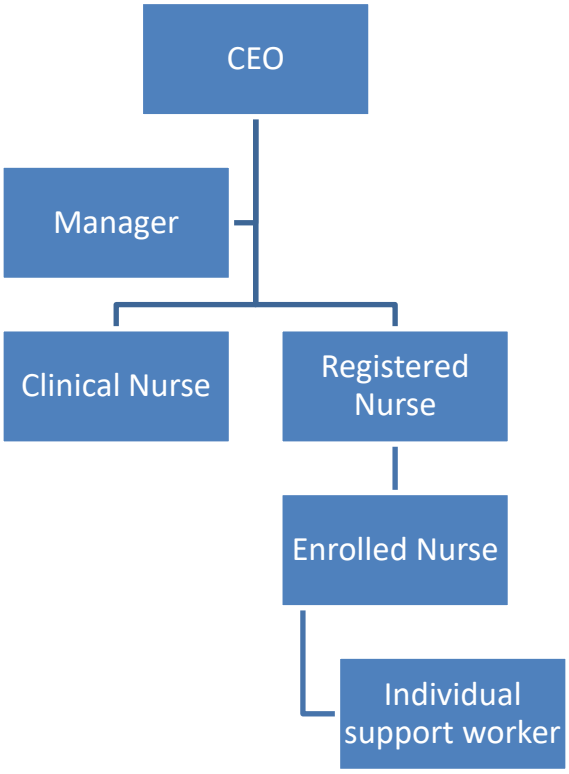
The lines of authority

The lines of authority are the links between employer, manager, supervisor etc. and the staff who are in roles below that status (or subordinates). Communication travels along this line to ensure each person on all levels receives the message required. Company directives, meanwhile, flow down lines of authority to managers, who become sources of official information for their subordinates and also the subordinates' representative to management above.

Below is an example of a line of authority or hierarchy;

Table 6: Line of authority





3. Address constraints to communication

3.1 Identify early signs of potentially complicated or difficult situations and report according to organisation procedures

3.2 Identify actual constraints to effective communication and resolve using appropriate communication strategies and techniques

3.3 Use communication skills to avoid, defuse and resolve conflict situations

3.1 Identify early signs of potentially complicated or difficult situations and report according to organisation procedures

As an individual support worker you can be sure that there will be difficult or complicated situations to deal with from time to time.

These difficult situations might include:

- Dealing with difficult clients/residents/resident
- Dealing with difficult family
- Medical emergency
- A process that it is not working
- Staff or other resource shortages
- Elder abuse and neglect

The majority of difficult and complicated situations are not predictable. If you are dealing with difficult clients/residents or family members, it is necessary to report to your supervisor who may be able to resolve any situations that have arisen. Ensure you document appropriately the situation and intervention in progress notes.

It could be necessary to call an ambulance if you have found your resident/client unresponsive or ill or has suffered a fall. In this event, contact your supervisor or manager to report the situation. He/she may require you to fill out an incident report with the appropriate details.

However, if you have received a phone call from a team member who is unable to work their shift tomorrow, this will give time to fill that shift. So it is necessary to contact your supervisor or the person responsible for rosters to divert the situation and prevent working with a staff member down and increasing the work load.

Mandatory/Compulsory Reporting:

If you suspect that the elderly person you are caring for is a victim of abuse, there are laws to protect them.

"Older people have the right to be treated with respect and dignity, whether they are being cared for in their own homes or in residential aged care."[1]

The abuse of an older person has been defined as "any act occurring within a relationship where there is an implication of trust, which results in harm to the older person. Abuse can include physical, sexual, financial, psychological and social abuse and/or neglect

Mandatory/Compulsory reporting of abuse of older people in aged care was introduced by the Australian Government in the Aged Care Act 2007.

It is the position of the Australian Nursing and Midwifery Federation that:

1. Any abuse of an older person is unacceptable.
2. Mandatory/Compulsory reporting is one element of a comprehensive response to the abuse of older persons. On its own, compulsory reporting will not prevent the abuse of older people.
3. In order for compulsory reporting to be effective, clear policies and protocols at the work place level must specify and support the process to be followed by the person making a report of any alleged abuse.
4. Registered nurses, enrolled nurses and assistants in nursing are required to report any suspected or actual abuse of an older person. They must report to their employer or directly to the Police or the Department of Social Services.
5. The person to whom the report is made has a legal obligation to investigate and take action, and to advise the person making the report that action has been taken, and in what manner.
6. If the person making the report is not satisfied with the action taken, they have an obligation to make the report to a higher authority.
7. The person making the report must not be subject to any victimisation or discrimination in the workplace as a result of making the report.
8. The Australian Government has a responsibility to adequately fund the authority to which reports of abuse of an older person are made so that a full and comprehensive investigation can be undertaken.
9. The person against whom the complaint is made has the right to be informed of the complaint, the nature of the complaint, is entitled to representation; and to be accorded a process which is fair, transparent and unbiased.

10. The employer has a responsibility to provide education to all employees regarding abuse of older people and compulsory reporting, and to promote a workplace environment that creates a culture of respect for older people.

11. Registered nurses and enrolled nurses are bound by codes of ethics and professional conduct3, 4 with which they are required to comply when providing care to older people and when responding to any maltreatment of older people in their care.

12. Registered health practitioners may be required to make a mandatory report on another health practitioner. Nurse and midwives should also refer to the Nursing and Midwifery Board of Australia's Guidelines for Mandatory Notifications5 for details of their obligations under the Health Practitioner Regulation National Law Act as a nurse or midwife.

13. Members are encouraged to contact their Branch for advice if they are concerned about any aspects of making a report, or if they are implicated in a report.

References

1. Australian Government Department of Social Services. Information on elder abuse concerns. Available at: http://www.myagedcare.gov.au/
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3. Australian Nursing and Midwifery Council, Australian Nursing Federation and Royal College of Nursing Australia. Code of Ethics for Nurses in Australia. August 2008. Adopted by Nursing and Midwifery Board of Australia (2010). Available at:

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   http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx

When to report an abusive situation involving an older person.

Care staff should report a situation of abuse to their supervisor in any of the following circumstances:

- If the older person states that they are being harmed by another person
- Another person states they are harming an older person
- Another older person, or significant other states they have observed abusive acts
- Someone is not responding to the financial/medical needs of the older person

- They observe an action or inaction that may be considered abusive
- When there is clear evidence that an abusive situation is occurring

Care Staff Checklist

When reporting reportable assaults staff are required to follow Compulsory Reporting requirements as set out in the Act and the Residential Care Manual

The following checklist is to assist care staff if they suspect or identify other forms of abuse (financial, psychological, social and or neglect) that an older person is experiencing.

- Report suspected cases of abuse immediately to their supervisor
- Offer the older person the opportunity to speak to the supervisor directly
- Record any direct observation, information or discussions with (or concerning) the older person that might indicate that abuse is occurring
- Follow the organisation policy and protocols when responding to an older person experiencing abuse
- Assure those involved that the older person's rights will be upheld
- Follow the actions recorded in the care plan
- Report back to supervisor of any changes or concerns about the directives or action steps recorded in the care plan which care staff are required to follow

Initial response to an abusive situation

All staff, once they are aware of an abusive situation, (link to when to report abuse) will need to take steps to respond (link to initial response) to it. When staff suspect or know that an older person is at risk of/or are being abused they should base their response on knowledge of the situation and principles of intervention.

IF YOU ARE PRESENT during an abusive incident you will need to determine if the situation is:

Urgent/Emergency

If it is assault, is the situation one that poses an immediate threat to the safety or wellbeing of an older person or other people?

- Your first priority is to remain calm
- Consider whether you can safely take immediate action to stop the abuse occurring
- Principles are doubly important in crises, in particular do no harm
- This may be a time when you have to escalate your response
- If safe to do so ask for the abuse to stop
- If need be, remove yourself from danger and seek assistance of others (e.g. staff or police)

Non urgent

If you become aware of, observe, or are told by others about an abusive situation you need to discuss the situation with your supervisor with the aim of planning the next steps.

If an older person discusses abuse with you, whether previously or presently, incorporate all of the intervention principles into your response. Regardless of the older person's ability to make decisions you will need to:

Listen to the older person

- Create an environment that has privacy and is respectful
- Enable them to tell their story
- Remain calm
- Do not jump to conclusions
- Pass no judgement
- Affirm you have heard them
- Acknowledge their wishes

Reaffirm they have rights

Confirm with the older person that abuse of any kind is not OK and they have a right to safety, dignity and to have their concerns addressed

If the older person is mentally competent, explain if appropriate, if confidentiality needs to be broken, or that their concerns are confidential within the organisation and will not be discussed with others outside without their permission unless it is a reportable assault as defined under the Act

If the older person is mentally competent assure the older person that no action will happen without their explicit permission unless it is a reportable assault as defined under the Act

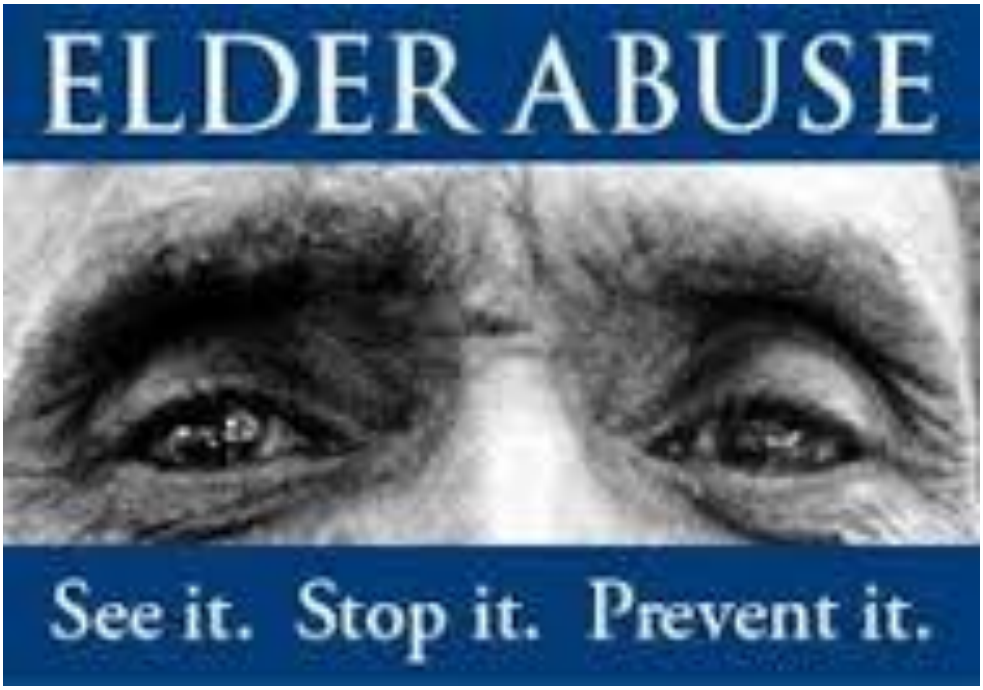
If the older person is not mentally competent assure them, you have a responsibility i.e. duty of care to assist them to resolve their concerns and aim for positive outcomes.

Help is available

- Let the person know you will need to inform your supervisor
- Let the person know the supervisor will need to gather facts about the suspected abuse
- Assure the older person the supervisor will seek information about who could help them
- Let them know care staff and the supervisor are there to support and assist them
- With your supervisor, identify a full range of strategies to stop the abuse

- Assure the older person they will be able to choose the strategy which best suits them unless it is a reportable assault as defined under the Act

(Aged Rights Advocacy Service Inc.)



3.2 Identify actual constraints to effective communication and resolve using appropriate communication strategies and techniques

There are many constrains or barriers to communication and these may occur at any stage in the communication process. Barriers may lead to your message becoming distorted and you therefore risk wasting both time and/or money by causing confusion and misunderstanding. Effective communication involves overcoming these barriers and conveying a clear and concise message.

Common Barriers to Effective Communication

- **The use of jargon**. Over-complicated, unfamiliar and/or technical terms.
- **Emotional barriers and taboos**. Some people may find it difficult to express their emotions and some topics may be completely 'off-limits' or taboo.
- **Lack of attention**, interest, distractions, or irrelevance to the receiver
- **Differences** in perception and viewpoint.
- **Physical disabilities** such as hearing problems or speech difficulties.
- **Physical barriers** to non-verbal communication. Not being able to see the non-verbal cues, gestures, posture and general body language can make communication less effective.
- **Language differences** and the difficulty in understanding unfamiliar accents.
- **Expectations and prejudices** which may lead to false assumptions or stereotyping. People often hear what they expect to hear rather than what is actually said and jump to incorrect conclusions.
- **Cultural differences**. The norms of social interaction vary greatly in different cultures, as do the way in which emotions are expressed. For example, the concept of personal space varies between cultures and between different social settings

Language and linguistic ability may act as a barrier to communication.

However, even when communicating in the same language, the terminology used in a message may act as a barrier if it is not fully understood by the receiver(s). For example, a message that includes a lot of specialist jargon and abbreviations will not be understood by a receiver who is not familiar with the terminology used.

Regional colloquialisms and expressions may be misinterpreted or even considered offensive.

Psychological Barriers

The psychological state of the communicators will influence how the message is sent, received and perceived.

For example, if someone is stressed they may be preoccupied by personal concerns and not as receptive to the message as if they were not stressed.

Stress management is an important personal skill that affects our interpersonal relationships.

Anger is another example of a psychological barrier to communication, when we are angry it is easy to say things that we may later regret and also to misinterpret what others are saying.

More generally people with low self-esteem may be less assertive and therefore may not feel comfortable communicating - they may feel shy about saying how they really feel or read negative sub-texts into messages they hear.

Physiological Barriers

Physiological barriers may result from the receiver's physical state.

For example, a receiver with reduced hearing may not grasp to entirety of a spoken conversation especially if there is significant background noise.

Physical Barriers

An example of a physical barrier to communication is geographic distance between the sender and receiver(s).

Communication is generally easier over shorter distances as more communication channels are available and less technology is required. Although modern technology often serves to reduce the impact of physical barriers, the advantages and disadvantages of each communication channel should be understood so that an appropriate channel can be used to overcome the physical barriers.

Systematic Barriers

Systematic barriers to communication may exist in structures and organisations where there are inefficient or inappropriate information systems and communication channels, or where there is a lack of understanding of the roles and responsibilities for communication. In such organisations, individuals may be unclear of their role in the communication process and therefore not know what is expected of them.

Attitudinal Barriers

Attitudinal barriers are behaviours or perceptions that prevent people from communicating effectively.

Attitudinal barriers to communication may result from personality conflicts, poor management, and resistance to change or a lack of motivation. Effective receivers of messages should attempt to overcome their own attitudinal barriers to facilitate effective communication.

Strategies for effective verbal communication

- Focus on the issue, not the person. Try not to take everything personally, and similarly, express your own needs and opinions in terms of the job at hand. Solve problems rather than attempt to control others. For example, rather than criticising a co-worker's personality, express your concerns in terms of how to get the job done more smoothly in the future.
- Be genuine rather than manipulative. Be yourself, honestly and openly. Be honest with yourself, and focus on working well with the people around you, and acting with integrity.
- Empathise rather than remain detached. Although professional relationships entail some boundaries when it comes to interaction with colleagues, it is important to demonstrate sensitivity, and to really care about the people you work with. If you don't care about them, it will be difficult for them to care about you when it comes to working together.
- Be flexible towards others. Allow for other points of view, and be open to other ways of doing things. Diversity brings creativity and innovation.
- Value yourself and your own experiences. Be firm about your own rights and needs. Undervaluing yourself encourages others to undervalue you, too. Offer your ideas and expect to be treated well.
- Present yourself as an equal rather than a superior. Even when you are in a position of authority, focus on what you and the other person each have to offer and contribute to the job or issue.
- Use affirming responses. Respond to other in ways that acknowledge their experiences. Thank them for their input. Affirm their right to their feelings, even if you disagree. Ask questions, express positive feeling; and provide positive feedback when you can.

Strategies for effective listening

- **Stop.** Focus on the other person, their thoughts and feelings. Consciously focus on quieting your own internal commentary, and step away from your own concerns to think about those of the speaker. Give your full attention to the speaker.
- **Look.** Pay attention to non-verbal messages, without letting yourself be distracted. Notice body language and non-verbal cues to allow for a richer understanding of the speaker's point. However, avoid getting distracted from the verbal message.
- **Listen.** Listen for the essence of the speaker's thoughts: details, major ideas and their meanings. Seek an overall understanding of what the speaker is trying to communicate, rather than reacting to the individual words or terms that they use to express themselves.
- **Be empathetic**. Imagine how you would feel in their circumstances. Be empathetic to the feelings of the speaker, while maintaining a calm centre within yourself. You need not be drawn into all of their problems or issues, as long as you acknowledge what they are experiencing.
- **Ask questions**. Use questions to clarify your understanding, as well as to demonstrate interest in what is being said.

3.3 Use communication skills to avoid, defuse and resolve conflict situations

Handling conflict in ways that lead to increased stress can be detrimental to your health. Poor conflict management can lead to higher production of the stress hormone cortisol, and also cause hardening of the arteries, leading to increased risk of heart attacks, and high blood pressure.

Learning to deal with conflict in a positive and constructive way, without excessive stress, is therefore an important way to improve your well-being as well as your relationships.

What is Conflict?

Interpersonal conflict has been defined as:

> "An expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from the other party in achieving their goals".

For a disagreement or conflict to erupt, there needs to be:

- Some element of communication: a shared understanding that there is a disagreement;
- The well-being of the people involved need to depend on each other in some way. This doesn't mean that they have to have equal power: a manager and subordinate can be equally as interdependent as a married couple;
- The people involved perceive that their goals are incompatible, meaning that they cannot both be met;
- They are competing for resources; and
- Each perceives the other as interfering with the achievement of their goals.

Conflict is not always a bad thing.

Conflict can be destructive, leading people to develop negative feelings for each other and spend energy on conflict that could be better spent elsewhere. It can also deepen differences, and lead groups to polarise into either/or positions.

However, well-managed conflict can also be constructive, helping to 'clear the air', releasing emotion and stress, and resolving tension, especially if those involved use it as an opportunity to increase understanding and find a way forward together out of the conflict situation

Preventing Conflict

Before starting any conflict one should take some time out to think, *"How will this fight benefit me?" "Is it going to provide me any solution?"*

Nothing beneficial and productive comes out of a conflict. It is simply a wastage of time and energy for and thus every individual should try his level best to prevent conflict

First learn to keep a control on your emotions. Never ever get too hyper or overreact as it leads you nowhere. Always remember the other individual you are dealing with might not be as educated as you, might not be from the same background as you are, but you have no right to ridicule his opinions. Be a good and a patient listener.

Listen carefully what the other person has to say and then only give your expert comments. Even if you don't agree to his suggestions, don't just start fighting, instead discuss with him. Both of the individuals must try to compromise to some extent and find a solution. Conflicts only add on to your anxiety and thus it must be avoided at any cost. Never be rigid on any point, instead be flexible and try to find out an alternative.

Learn to keep a control on your tongue. One must think before he speaks. Don't unnecessarily shout on others as it not only spoils the ambience but also brings a lot of negativity around. Soften your voice while interacting with others and learn to adjust with others. Sit with the other person and try to sort out your differences.

Misunderstandings also lead to conflicts, so be very clear and transparent in your communications. Never play with words and the content of your communication has to be specific to avoid conflicts. Do cross check with the speaker whether he has understood everything in the desired form or not, failing which would lead to misunderstandings and eventually to a fight.

Effective communication goes a long way in preventing conflicts. Don't always expect the other person to understand everything on his own. It is your moral responsibility to make him aware of what you exactly expect out of him.

Every individual has the right to express his views and opinions, and you have no right to criticise him. If you respect other individuals, you will get respect in return. If a conflict arises among group members; make sure you address all the participants together. The issues and problems must be addressed on an open forum. Personal favours and biases must be avoided for a peaceful environment. Listen to each and everyone's opinion and then only take a decision. Be a good leader and try to take everyone along. Keep your mind calm and composed.

Don't feel guilty if you have done anything wrong, instead admit it. Never hesitate to accept your faults. Be the first one to apologise. A small sorry can work wonders and prevent conflicts and unnecessary tensions.

If the other individual is too demanding and adamant and is just not willing to listen, the best solution is to avoid him. You can't be everyone's favourite, learn to ignore people who are just not flexible and always ready to initiate a conflict.

Don't always bother what the other person has to say about you. Always act in a manner which you think is appropriate and don't just blindly trust the rumor mills.

No one wins in a fight and you gain nothing out of it. As they say "Prevention is better than cure", thus a conflict must be prevented at its early stages as it snatches one's mental peace and harmony.

The five styles of managing conflict

Many experts have studied the ways in which people respond to conflict. One tool that's been developed is the Thomas-Killman Instrument (TKI). It identifies five different styles, or tactics, that people commonly use when faced with a conflict: accommodating, collaborating, compromising, avoiding, and competing. Each of the five styles comes with its own set of advantages and disadvantages.

Do you recognise your preferred style of dealing with conflict here?

1. **Accommodating** refers to smoothing things over. The goal with this tactic is to yield – to preserve harmony and relationships at all costs (although sometimes this means ignoring the issue at hand, which can be detrimental to a long-term solution). It may be used effectively when you've realised you're in the wrong, when the issue is clearly more important to the other party than it is to you, and when you want to build goodwill and demonstrate that you're reasonable. But beware! If you use this style too often, you may be seen as weak, ineffective, or fearful of change.

2. **Compromising** refers to a bargaining process that often results in a less-than-ideal solution as concessions are made (one party may be willing to give up something on this issue to gain leverage for another). Still, this tactic may be useful in arriving at a temporary settlement on a complex issue, or a quick fix when time is of the essence. It's best used for issues of mild to moderate importance – you wouldn't want to compromise on an issue of patient safety, for example.

   And it may work well when both parties have equal power in the hierarchy and are equally committed to their position. Overuse of this style can have negative consequences, however. Parties may lose sight of long-term goals or become cynical as concessions are made to keep people happy without resolving the original conflict. A frequent compromiser may be seen as having no firm values.

3. **Collaborating** is true problem solving. The goal is to find a mutual solution when both sets of interests are too important to be compromised – for example, when an issue of patient safety is at odds with the need to use limited resources strategically. The process of collaborating involves high amounts of both assertiveness and cooperation, as parties with different perspectives attempt to merge their insights and work through the conflict. This is generally considered the most effective style of managing conflict, yet it also has pitfalls – use it for everything and you'll find yourself spending exorbitant amounts of time sorting out trivial issues.

4. **Avoiding** conflict is not generally advised. Yet even this tactic can be used strategically, for example to create a delay that allows people to cool down or gather more information. Experts recommend using avoidance only when the issue is of small importance, when you know you can't prevail against a more powerful opponent, or when the potential damage of a confrontation outweighs the benefits. Nurses who avoid conflict at all costs are at odds with the profession's goal to advance the standard of care delivery – they are not leaders.
5. **Competing** is generally a negative way to manage conflict. The goal is to "win" at all costs and the style is characterised by high assertiveness and low cooperation – for example when a person uses her rank to force an issue to resolution. Yet it might be a useful tactic in an emergency when quick, decisive action is vital, or where an unpopular course of action must be implemented. A manager who uses this tactic too often, however, will likely end up with a team of un-empowered nurses who are indecisive, slow to act, and prone to withhold feedback.

Workplace Conflict Resolution Tips and Strategies

1. **Act immediately.** Conflicts do not go away. Unresolved conflicts can lie dormant for days, weeks or months, only to explode on another occasion. Avoiding conflict is one of the main causes of claims being made against an organisation. Workers that make claims often feel that no one has listened or done anything to resolve the conflict. They feel they have no choice but to seek the help of professionals. Unresolved workplace conflicts can quickly impact on workplace climate or culture (in smaller organisations). Whole teams are quickly affected as conflict spreads and other employees become involved. Productivity, performance and workplace relationships are impacted quickly when conflict takes hold.
2. **Meet with people involved in the conflict separately.** Get a clear understanding of the issues before you try to intervene. People often have very different perceptions of what has occurred. Understanding their perceptions will help you to focus on what is important to each person, and to find common ground.
3. **Perception is reality.** Focus on what the people involved need and what's important to them, not on trying to judge who is right or wrong. Often both people have contributed something to the situation. Judging who is right and wrong, and particularly commenting on these judgements, can escalate conflict quickly.
4. **Decide whether to mediate or to call in others to help.** Once you have discussed the issues with all or both of the people involved, decide whether you will be able to mediate yourself or you will need the help of HR or external mediators. Managers often successfully resolve simple disputes involving two people that have only been alive for a few hours, days or weeks. Generally complex and long-standing issues involving a number of people are best left for experienced mediators to deal with. These kinds of workplace conflicts are often sensitive and require high-level skill to bring them to a resolution.

5. **Arrange the next stage as soon as possible.** While it can be difficult to arrange meetings in busy work places ensure resolving the conflict is a top priority. Generally, the longer the conflict goes on for, the harder it is to resolve

So as a team member what are the key tips for dealing with difficult situations?

Tip 1: Establish facts first

When difficult situations arise, it is all too easy to jump to solution mode too quickly. While there may be a limited amount of times when fast action is absolutely necessary, your first step to successful resolution it to establish facts. Remember that facts as opposed to hearsay or opinion are verifiable.

Tip 2: Ask lots of questions

Questions, especially the short powerful variety are a great way of getting to the core issue rather than all the detail that someone is trying to provide to you. Think of it a bit like peeling an onion, each layer is getting you closer to the core.

Tip 3: Actively listen

There is little point in asking great questions if you are not actively listening to what is being said. Resist the temptation to jump in before you have properly listened to the different points of view.

Tip 4: Avoid pre-judgement

We all, if we are honest will form some judgements immediately. While these might be right at the end of the day, don't let pre-judgement get in the way of establishing the real issues.

Tip 5: Act professionally

The challenge for you is to remain professional at all times. A good test of this is to ask yourself how you would like to be treated if you were not the manager or leader but an aggrieved party.

Tip 6: Aim for win-win

While this is not always possible, you should aim to find solutions that don't result in a feeling from one party that they have lost while another has won. This might require some careful negotiation around what would constitute a good outcome for all those involved.

Tip 7: Remember there is no one size fits all approach

Each situation is different. While there might be some common ground, remember there is unlikely to a one size fits all approach to difficult situations. Adapt your approach depending on the situation.

Bottom Line – Handling difficult situations is just part and parcel of managing and leading. So where do you need to focus your attention in terms of developing your competence?

4. Report problems to supervisor

4.1 Comply with legal and ethical responsibilities and discuss difficulties with supervisor

4.2 Refer any breach or non-adherence to standard procedures or adverse event to appropriate people

4.3 Refer issues impacting on achievement of employee, employer and/or client rights and responsibilities

4.4 Refer unresolved conflict situations to supervisor

4.1 Comply with legal and ethical responsibilities and discuss difficulties with supervisor

Ethical responsibility is the duty to follow a morally correct path. In your personal life, you might feel the greatest sense of ethical responsibility to your family and close friends. But individual support workers also have ethical responsibilities the organisation they work for and to the many people who count on them to do the right thing.

What is Ethics?

Simply stated, ethics refers to standards of behavior that tell us how human beings ought to act in the many situations in which they find themselves-as friends, parents, children, citisens, business people, teachers, professionals, and so on.

It is helpful to identify what ethics is NOT:

- Ethics is not the same as feelings. Feelings provide important information for our ethical choices. Some people have highly developed habits that make them feel bad when they do something wrong, but many people feel good even though they are doing something wrong. And often our feelings will tell us it is uncomfortable to do the right thing if it is hard.
- Ethics is not religion. Many people are not religious, but ethics applies to everyone. Most religions do advocate high ethical standards but sometimes do not address all the types of problems we face.
- Ethics is not following the law. A good system of law does incorporate many ethical standards, but law can deviate from what is ethical. Law can become ethically corrupt, as some totalitarian regimes have made it. Law can be a function of power alone and designed to serve the interests of narrow groups. Law may have a difficult time designing or enforcing standards in some important areas, and may be slow to address new problems.
- Ethics is not following culturally accepted norms. Some cultures are quite ethical, but others become corrupt -or blind to certain ethical concerns (as the United States was to slavery before the Civil War).

"When in Rome, do as the Romans do" is not a satisfactory ethical standard.

- Ethics is not science. Social and natural science can provide important data to help us make better ethical choices. But science alone does not tell us what we ought to do. Science may provide an explanation for what humans are like. But ethics provides reasons for how humans ought to act. And just because something is scientifically or technologically possible, it may not be ethical to do it.

Why Identifying Ethical Standards is Hard

There are two fundamental problems in identifying the ethical standards we are to follow:

1. On what do we base our ethical standards?
2. How do those standards get applied to specific situations we face?

If our ethics are not based on feelings, religion, law, accepted social practice, or science, what are they based on? Many philosophers and ethicists have helped us answer this critical question. They have suggested at least five different sources of ethical standards we should use.

Five Sources of Ethical Standards

The Utilitarian Approach

Some ethicists emphasise that the ethical action is the one that provides the best or does the least harm, or, to put it another way, produces the greatest balance of good over harm. The ethical corporate action, then, is the one that produces the greatest good and does the least harm for all who are affected-customers, employees, shareholders, the community, and the environment.

Ethical warfare balances the good achieved in ending terrorism with the harm done to all parties through death, injuries, and destruction. The utilitarian approach deals with consequences; it tries both to increase the good done and to reduce the harm done.

The Rights Approach

Other philosophers and ethicists suggest that the ethical action is the one that best protects and respects the moral rights of those affected. This approach starts from the belief that humans have a dignity based on their human nature per se or on their ability to choose freely what they do with their lives.

On the basis of such dignity, they have a right to be treated as ends and not merely as means to other ends. The list of moral rights -including the rights to make one's own choices about what kind of life to lead, to be told the truth, not to be injured, to a degree of privacy, and so on-is widely debated; some now argue that non-humans have rights, too. Also, it is often said that rights imply duties-in particular, the duty to respect others' rights.

The Fairness or Justice Approach

Aristotle and other Greek philosophers have contributed the idea that all equals should be treated equally. Today we use this idea to say that ethical actions treat all human beings equally-or if unequally, then fairly based on some standard that is defensible.

We pay people more based on their harder work or the greater amount that they contribute to an organisation, and say that is fair. But there is a debate over CEO salaries that are hundreds of times larger than the pay of others; many ask whether the huge disparity is based on a defensible standard or whether it is the result of an imbalance of power and hence is unfair.

The Common Good Approach

The Greek philosophers have also contributed the notion that life in community is a good in itself and our actions should contribute to that life. This approach suggests that the interlocking relationships of society are the basis of ethical reasoning and that respect and compassion for all others-especially the vulnerable-are requirements of such reasoning. This approach also calls attention to the common conditions that are important to the welfare of everyone. This may be a system of laws, effective police and fire departments, health care, a public educational system, or even public recreational areas.

The Virtue Approach

A very ancient approach to ethics is that ethical actions ought to be consistent with certain ideal virtues that provide for the full development of our humanity. These virtues are dispositions and habits that enable us to act according to the highest potential of our character and on behalf of values like truth and beauty. Honesty, courage, compassion, generosity, tolerance, love, fidelity, integrity, fairness, self-control, and prudence are all examples of virtues. Virtue ethics asks of any action, *"What kind of person will I become if I do this?" or "Is this action consistent with my acting at my best?"*

Putting the Approaches Together

Each of the approaches helps us determine what standards of behaviour can be considered ethical. There are still problems to be solved, however.

The first problem is that we may not agree on the content of some of these specific approaches. We may not all agree to the same set of human and civil rights.

We may not agree on what constitutes the common good. We may not even agree on what is a good and what is a harm.

The second problem is that the different approaches may not all answer the question "What is ethical?" in the same way. Nonetheless, each approach gives us important information with which to determine what is ethical in a particular circumstance. And much more often than not, the different approaches do lead to similar answers.

Making Decisions

Making good ethical decisions requires a trained sensitivity to ethical issues and a practiced method for exploring the ethical aspects of a decision and weighing the considerations that should impact our choice of a course of action. Having a method for ethical decision making is absolutely essential. When practiced regularly, the method becomes so familiar that we work through it automatically without consulting the specific steps.

The more novel and difficult the ethical choice we face, the more we need to rely on discussion and dialogue with others about the dilemma. Only by careful exploration of the problem, aided by the insights and different perspectives of others, can we make good ethical choices in such situations.

We have found the following framework for ethical decision making a useful method for exploring ethical dilemmas and identifying ethical courses of action.

A Framework for Ethical Decision Making*

Recognise an Ethical Issue

1. Could this decision or situation be damaging to someone or to some group? Does this decision involve a choice between a good and bad alternative, or perhaps between two "good" or between two "bad"?
2. Is this issue about more than what is legal or what is most efficient? If so, how?

Get the Facts

3. What are the relevant facts of the case? What facts are not known? Can I learn more about the situation? Do I know enough to make a decision?
4. What individuals and groups have an important stake in the outcome? Are some concerns more important? Why?
5. What are the options for acting? Have all the relevant persons and groups been consulted? Have I identified creative options?

Evaluate Alternative Actions

6. **Evaluate the options by asking the following questions:**

- Which option will produce the most good and do the least harm? (The Utilitarian Approach)
- Which option best respects the rights of all who have a stake? (The Rights Approach)
- Which option treats people equally or proportionately? (The Justice Approach)
- Which option best serves the community as a whole, not just some members?
  (The Common Good Approach)

- Which option leads me to act as the sort of person I want to be? (The Virtue Approach)

Make a Decision and Test It

7. Considering all these approaches, which option best addresses the situation?

8. If I told someone I respect-or told a television audience-which option I have chosen, what would they say?

Act and Reflect on the Outcome

9. How can my decision be implemented with the greatest care and attention to the concerns of all stakeholders?

10. How did my decision turn out and what have I learned from this specific situation?[1]

There are many people in the community who have no family, or anyone who can look after their health and financial needs at the time when they lose capacity. At this time, it is necessary to have a Guardian appointed by the Office of the Adult Guardian.

The Office of the Adult Guardian's mission is to promote and protect the rights and interests of vulnerable adults with impaired capacity by providing a timely and strategic service in accordance with our statutory responsibilities.

The officers of the Office of the Adult Guardian are public servants. The office is a business unit of the Department of Justice and Attorney-General. Officers are given statutory delegations from the Adult Guardian to make certain decisions and accordingly represent the Adult Guardian in the fulfilment of their duties. The statutory role of the Adult Guardian is to protect and promote the rights and interests of adults with impaired - decision making capacity for a matter.

Adults with impaired decision making capacity may have:

- an intellectual disability
- an acquired brain injury
- a psychiatric disability, or
- an organic or deteriorating condition that affects capacity (such as dementia)

The statutory functions are set out in section 174 (and other relevant sections) of the *Guardianship and Administration Act 2000* and include:

- protecting adults with impaired capacity from abuse, neglect or exploitation
- investigating allegations of abuse, neglect or exploitation of adults with impaired capacity
- investigating complaints about the actions of attorneys under Enduring Powers of Attorney, guardians or administrators

[1] http://www.scu.edu/ethics/practicing/decision/*

- acting as guardian of last resort under an order of the Guardianship and Administration Tribunal where there is no family or friends available or appropriate to act as Statutory Health Attorney of last resort
- as personal attorney of last resort where the Adult Guardian has accepted an appointment under an Enduring Power of Attorney or Advance Health Directive
- making representations or seeking assistance from agencies on behalf of adults with impaired capacity
- informally mediating or conciliating disputes between attorneys and between private guardians or between attorney and guardians and others, including health care disputes, if the Adult Guardian considers this appropriate to resolve issues, and educating and advising people about the two Acts, and in particular on the role of the Adult Guardian.

What is a Guardian?

A Guardian is a person appointed by the Tribunal to make personal and lifestyle decisions for an adult with impaired capacity. A Guardian can make decisions about an adult's lifestyle and/or health care. For example, decisions about where the adult lives, what they eat and certain decisions about their medical treatment.

However, a Guardian cannot make decisions about special health matters such as sterilisation. Nor can they make decisions with regard to special personal matters such as consenting to the adult adopting a child or making the adult's Will.

Case History and Activity

End-of-Life Decision Making

You have been appointed as a Guardian for Ms. Long, part of your role is to make healthcare decisions for her care. Ms. Long is a 78-year-old woman with severe dementia, diabetes with impaired vision, and poor kidney function, recent recurrent pneumonia, and prior strokes. You are seeing her for the first time in an aged care facility. She was transferred there yesterday following a four-month hospitalisation.

When you arrive at the aged care facility to see Ms. Long, she looks very thin, and the nurse tells you that there is a large necrotic pressure sore on her sacrum. The aides are repositioning her so that the speech therapist can do her evaluation. There is an IV running fluids in the patient's left arm, and her right arm lies limp on the bed.

Some of the time she seems to look at a face and track movements, but sometimes not. She does not give any answers to simple questions, either verbally or with nods or shaking her head, and does not consistently look at the person who is talking to her. She does not give any social smile in response to the speech therapist's attempts to engage her.

You notice that the patient grimaces when she's moved, and cries in apparent pain when she is rolled on her back. She opens her mouth when offered a straw but does not suck on the straw. She takes a small amount of ice cream that is offered by spoon, but after two more tries by the speech therapist she pushes it away and slaps using her left hand.

Learning Activity 7:

As part of your learning journey you have been discussing many ethical situations. After reading this scenario, answer the questions, giving thought to 'ethics'. Know that there ae no right or wrong answers for ethical situations. However, they may be confronting.

For more information on the roles of The Adult Guardian, visit their website:

http://www.justice.qld.gov.au/_data/assets/pdf_file/0010/24040/AGannualreport0607.pdf

Is Ms. Long terminally ill?

What are the treatment decisions at this point?

Artificial nutrition and hydration?

CPR / DNAR?

On what basis will these decisions be made?

_____

_____

_____

_____

_____

_____

Case History and Decision Making

End-of-Life Decision Making

Mrs. Doe requires care because of her severe dementia and has been a resident in an aged care facility for more than five years. She has no family and left no written instructions about her health care wishes. In the past two years, she has become unable to walk or follow any simple commands. She has not spoken in months. During the past year, she has required spoon-feeding, and she has been taking progressively longer to eat each meal. Because of episodes of coughing and possibly choking, her diet has been changed to puree with thick liquids. She still seems to prefer some foods, and the staff can tell you which foods she will usually spit out. She has been hospitalised twice for pneumonia in the past year but has recovered without needing ICU treatment.

One Saturday evening, Mrs. Doe is congested. She begins running a fever, and her breathing seems labored. The aged care facility staff call an ambulance and sends the patient to the hospital. The emergency room physician consults with the internist, and the patient goes to the intensive care unit. She is intubated and put on a ventilator. After two days of antibiotics and vigorous suctioning, she seems to be breathing better, but she has required restraints to keep her from pulling out the breathing tube and sedatives so she does not try to hit the ICU staff.

You come to see Mrs. Doe in the ICU on Monday afternoon. On your way to see her, you get a message that the nursing home has just called you to see if Mrs. Doe will have a feeding tube placed while she is in the hospital. They point out that she has been losing weight and takes so long to eat a meal that it is impacting the staff's ability to get other jobs done. When you arrive in the ICU, the patient is still on the ventilator, and each wrist has a binder that secures her to the bed frame. Although she is somewhat sedated, she seems uncomfortable, and there is still an aura of panic that penetrates her drug haze.

The ICU physician is glad to see you because he has lots of questions about what happens next with the patient.

Learning Activity 8:

Does Mrs. Doe have an NFR order (not for resuscitation) i.e., should she be resuscitated if she suffers a cardiac arrest?

Do you give permission for them to continue to restrain her arms so that she does not pull out the tubes?

Can the nursing home do IV antibiotics?

Will the nursing home accept her back if she overstays her seven-day bed hold?

Will she be transferred back to the hospital again for her next bout of pneumonia?

Once you have answered these questions, discuss with your classmates and facilitator to see if you are on the right track. Remember, you may not have all the answers and these questions may be confronting.

4.2 Refer any breach or non-adherence to standard procedures or adverse event to appropriate people

A Standard Procedure is a set of instructions having the force of a directive, covering those features of operations that lend themselves to a definite or standardised procedure without loss of effectiveness. Standard Operating Policies and Procedures can be effective catalysts to drive performance improvement and improving organisational results. Every good quality system is based on its standard operating procedures.

There are many definitions of an 'adverse event'. Below are some of the more common definitions of the term:

- Injury resulting from a medical intervention, not the underlying condition of the patient, and is also referred to as iatrogenic injury, which has been defined as "unintended or unintentional harm or suffering arising from any aspect of health care management". An adverse event is preventable if it is due to "an error in management due to failure to follow accepted practice at an individual or system level", where accepted practice is "the current level of expected performance for the average medical practitioner or system that manages the condition in question".
- An untoward, undesirable, and usually unanticipated event, such as death of a patient, an employee, or a visitor in a health care organisation. Incidents such as patient falls or improper administration of medications are also considered adverse events even if there is no permanent effect on the patient.
- Adverse Drug Event (adverse drug error) any incident in which the use of a medication (drug or biologic) at any dose, a medical device, or a special nutritional product (for example, dietary supplement, infant formula, medical food) may have resulted in an adverse outcome in a patient.
- In the context of physical activity, a negative health event. Examples of adverse events as a result of physical activity include musculoskeletal injuries (injury to bone, muscles, or joints), heat-related conditions (heat exhaustion), and cardiovascular (heart attack or stroke) events.
- A specific undesirable medical occurrence. It can be either:
- a new undesirable medical problem, or,
- Worsening of a medical problem that you already have. Undesirable medical problems might include symptoms (e.g., headache), signs (e.g., enlarged liver) or abnormal laboratory tests. An adverse event may or may not be related to any treatment that has been received.
- *"Unintended or unintentional harm or suffering arising from any aspect of health care management".* An adverse event is preventable if it is due to "an error in management due to failure to follow accepted practice at an individual or system level", where accepted practice is *"the current level of expected performance for the average medical practitioner or system that manages the condition in question"*

- instances which indicate or may indicate that a patient has received poor quality care—the term is used widely in healthcare quality measurement and improvement activities

It has long been recognised that adverse events pose a threat to the safety clients/residents/residents. Adverse event data has not been studied or published in the past for many reasons. Adverse events in medicine were never reported systematically, like aviation accidents or motor vehicle accidents, and the scope of the problem has never been previously defined. Medical culture also urges the health care professional to strive for error-free practice.

Making an error is seen as a failure of character and there is a reluctance to report adverse events for fear of individual blame and litigation. Other reasons that have been suggested include that it is difficult to access confidential client files, and that most errors arising from sub-standard performance are believed to be self-regulated within the profession.

The changing role of the client in relation to the doctor/carer is also a factor, with the better informed client now having the social power to ask about error and failure. Progress in medical technology means that policy and management struggle to maintain protocols and safeguards to keep pace with new advances.

Adverse Event Study Data

Serious injury is not an everyday occurrence for those involved in caring for clients/residents, giving the appearance of each being an isolated and unusual event. Studies such as those performed in the USA, Australia and New Zealand that pool adverse event data from a large source over a period of time can detect events that may seem insignificant of themselves, but when aggregated, reveal a pattern. Identifying these patterns can hopefully lead to improvements in the system to decrease the likelihood of similar events in the future.

A report prepared for the Organisation of Health in the UK indicated that an adverse event was associated with 10% of admissions, with over 850,000 events per year, costing more than £2 billion per year in direct care costs.

In one year, error involving medical devices led to death or serious injury in 400 people, 10,000 patients had serious adverse events involving medication, and the National Health Service received 28,000 written complaints about clinical treatment in hospital. The cost of hospital-acquired infection was over £1 billion in direct health care costs alone, of which 15% were considered to be preventable. Clinical negligence claims currently amount to £400 million annually, with an estimated potential liability of £2.4 billion in existing and expected claims.

The most common adverse events are medication errors, technical errors, diagnostic errors and failure to prevent injury. If costs arising from other sources such as mental health institutions, nursing homes, day surgeries, domiciliary care, GP and specialist rooms, and hospital emergency organisations were included, the preventable cost of adverse events may be as much as $2 billion annually, or 5% of the $40 billion spent each year on health care.

In addition, costs arising from legal expenses and compensation for medical error currently total $400 million per year, which consumes a further 1% of the health budget.

There are many other costs that arise from adverse events in the medical system apart from direct medical and legal costs. It is estimated that for every dollar spent on medication another dollar is spent to treat the new health problems caused by the medication. Indirect costs to health care are made up of increased insurance premiums, lost opportunity costs, and, importantly, human costs to both patients and health care professionals.

The cost to the patient comes in the form of increased pain, disability, psychological trauma, loss of trust in the health care system, loss of independence and loss of functionality and productivity. Human costs to health care professionals include a loss of morale and confidence, depression, stress, and feelings of frustration, shame, guilt and inadequacy. There is also an indirect loss to society in the decreased productivity of patients who have suffered a serious adverse event.

Types of Error

Any system or organisation, such as the health care system, is a "complex interaction between human behaviour, technological aspects of the system, socio-cultural factors and a range of organisational or procedural weaknesses", any of which may lead to error. Error has been classified into many different categories, with overlap between human and system causes. System error tends to be a "latent" condition, where an environmental, management or work-condition factor leads to circumstances in which it is easy to make mistakes.

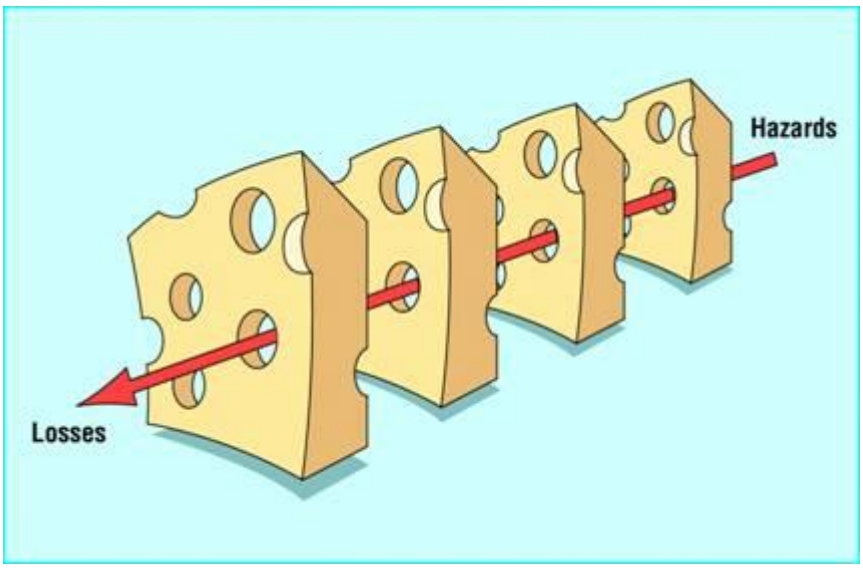
Examples are poor management decisions, attitude of the corporate culture, lack of resources and organisational processes leading to staff fatigue or inexperienced staff on duty, time pressures and inadequate equipment. This can produce an environment in which individuals are more likely to make a mistake, or to violation-producing conditions, where an individual has little choice but to violate protocol. Human error tends to manifest as "active failures" (unsafe acts by individuals).

This includes knowledge-based errors, rule-based errors, skill-based errors, such as slips or lapses, technical errors and violations. Latent conditions produce the environment in which active failures will lead adverse effects. Addressing only the active failures will lead to an accumulation of latent conditions, and an inevitable error will ultimately occur, completing the cascade and resulting, potentially or actually, in a tragic outcome.

A system, or organisation, is a set of interdependent elements interacting to achieve a common aim, where the elements are both human and non-human, such as equipment and technology. Organisations may implement systemic defences against error, either hard defences, such as physical containment, automation and engineered features, or soft defences such as procedures, protocols and guidelines.

The model for error suggested by James Reason uses Swiss cheese as an analogy. The holes in defence mechanisms due to latent conditions and active failures are always changing, and serious danger develops when these holes happen to line up.

Figure 7: Reason's Swiss Cheese model.



When the holes in defences due to latent conditions and active failures line up, error will occur.

Health care is particularly at risk of error due to the increasing complexity and role of new technology and high-risk procedures. The serious consequences of error make it all the more important to focus on reducing the incidence of adverse events, especially in Australia where the ageing population is more susceptible. A focus on the root cause of the problems, and not the immediate event, will lead to a reduction in the current unacceptable rate of iatrogenic injury.

Many commonly employed quality improvement mechanisms, such as incident reporting, occurrence screening, significant event auditing, processes for dealing with complaints, and (in the UK) the national confidential enquiries into various areas of clinical care are essentially focused on such adverse events. Even traditional medical quality improvement mechanisms such as mortality and morbidity conferences or death and complications meetings are predicated on the idea that by identifying and examining adverse events, we can learn lessons and change practice in ways that will make such events less likely in future and hence improve the quality of health care.

The principle that studying adverse events can produce information which leads to quality improvements is far from new and has been much used outside of health care

While it is believed that having reliable information about the occurrence of the most flagrant health care errors that cause patient harm will lead to improvements in patient safety, the primary reason for identifying a standardised set of serious reportable events that would be reported on a mandatory basis was to facilitate public accountability for the occurrence of these adverse events in the delivery of health care. Originally, the intention of developing a consensus list of reportable events was to create the core of a national State-based event reporting system that would increase the public accountability of health care.

Public accountability is the obligation or duty of specific individuals and/or institutions to make information about their actions or performance available to the public or a public agency (or its designee) that has responsibility for oversight and is answerable to the general public. Reporting in this context is a different matter than whether or how the reported information might be disclosed to the public after being reported to the responsible agency. Reporting and disclosure are often misunderstood as being the same.

The public expects health care providers to take all appropriate measures to ensure that care is safe, and the public looks to government and other oversight bodies to make sure that such actions are taken. The occurrence of a serious preventable adverse event in health care suggests (but does not prove) that a flaw exists in the health care organisation's efforts to safeguard patients.

It is reasonable for the public to expect an oversight body to investigate such occurrences. In many ways, this is similar to the reporting of airplane crashes, train derailments, and school bus or tractor-trailer truck crashes. When these types of events occur, the public expects that they will be reported to a responsible transportation oversight agency, investigated, and steps taken to eliminate or remedy whatever caused the event to prevent such occurrences from happening in the future. These serious reportable events are health care's equivalent of airplane or other public-transportation crashes.

Accountability entails both an obligation of health care providers to report on their performance and of oversight bodies to investigate specified occurrences and to enforce compliance with accepted standards of care for ensuring safety. Both parties have a responsibility to use the information to improve public safety. Having a standardised set of reportable adverse events should facilitate fulfillment of this obligation.

Lapses in patient safety are a major health care quality problem, and the occurrence of patient harm due to such lapses is remarkably common. A large majority of these lapses are preventable and are the unintended consequences of a highly complex and imperfect health care delivery system, in which individual minor mishaps sometimes combine to cause harmful—or even disastrous—results. Few of these adverse events are related to negligence or professional misconduct.

Identifying where and when in the care process mishaps occur, and changing processes of care to reduce the chance of harm, requires reliable data about the occurrence of preventable adverse events. However, few such data exist, as there is no standardised national reporting system to provide information on the number and type of even the most serious preventable adverse events. A number of States require reporting of some types of adverse events, from at least some health care settings; however, it is widely agreed that even in States where there is mandatory reporting, these events are grossly underreported, due at least in part to uncertainty about what has to be reported.

As part of a comprehensive approach to improving patient safety, it has been recommended that health care errors and adverse events be reported in a systematic manner.

Some examples of adverse events in a care facility are:

- Death or serious disability associated with an electric shock while being cared for in a health care facility
- Death or serious disability associated with a burn incurred from any source while being cared for in a health care facility
- Death or injury associated with a fall while being cared for in a health care facility
- Death or serious disability associated with the use of restraints or bedrails while being cared for in a health care facility
- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider
- Abduction of a patient of any age
- Sexual assault on a patient within or on the grounds of the health care facility
- Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of the health care facility
- Patient death or serious disability associated with patient disappearance for more than four hours
- Death or serious disability associated with the use or function of a device in client care, in which the device is used for functions other than as intended
- Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a health care facility
- These are only a few examples there are many more that could be mentioned.

Learning Activity 8:

Along this learning journey you and your class have been discussing breaches and non-adherence to standard procedures and adverse event to appropriate people, take a look at the questions and answer with reference to what you have read.

List at least 5 adverse advents that you see could happen in the facility that you are working in and explain how the event could have been prevented.

Once you have answered these questions, please have your assessor or facilitator check your answers to see if you are on the right track.

Documentation is the key where adverse events are concerned. Firstly, the event needs to be documented in the clients/residents notes and all, if any, further management clearly noted along with the condition and injury/harm that was sustained. This reporting is particular important should the incident become a matter for legal action.

Each individual facility will have an accident/ incident reporting procedure which will need to be followed should an incident occur. An incident report needs to be precise and concise with all the relevant details leading up to or contributing to the incident included. The names of any witnesses to the event also need to be documented.

An incident report should also contain details about treatment that was given and any further management that may be required. This form is then submitted to your supervisor who would then be responsible for conducting a risk management assessment and provide and suggestions on how the incident could be prevented in the future.

Many organisations now have computerised documentation systems and you may be required to fill out a paper form at the scene, if you don't have access to a PDA (personal digital advice) or laptop. You will then be required to complete a digital form at the office.

Figure 8: Example of an incident report form:

UNUSUAL INCIDENT/INJURY DEATH REPORT

Instructions to the facility licensee: Notify the licensing agency within the agency's next working day and, as applicable, person(s) and/or placement agency(ies) responsible for client(s)/resident(s) of any unusual event, incident, injury requiring medical treatment as determined by the physician, or death. Complete and return the original copy of this form to the licensing agency within seven (7) days of the event. Retain a copy in the clients/residents/residents file. If additional space is needed, please attach sheet(s). For category specific requirements and time frames, refer to CCR Sections: 80061 (CCF); 87061 (FFH) 87561 (RCFE); 87861 (RCF-CI); 101212 (CDC).

NAME OF FACILITY:_____

ADDRESS: _____

FACILITY FILE NO. _____ **PHONE NO.** _____

Client(s)/ Resident(s) involved	Date occurred	Tick appropriate box			Age	Sex	Date of admission
		Unusual Incident	Injury	Death			
1.							
2.							
3.							
4.							
Date incident reported		Other agency(ies) notified					

1. **UNUSUAL EVENT OR INCIDENT** – UNUSUAL INCIDENTS INCLUDE CLIENT/RESIDENT ABUSE, UNEXPLAINED ABSENCES, OR ANYTHING THAT AFFECTS THE PHYSICAL OR EMOTIONAL HEALTH OR SAFETY OF ANY CLIENT/RESIDENT AND EPIDEMIC OUTBREAKS, POISONINGS, CATASTROPHES, FACILITY FIRES OR EXPLOSIONS.

Describe event or incident, (include date, time, location, nature of incident and how clients/residents/residents were affected):

_____

_____

_____

_____

Explain what immediate action was taken (include person(s) contacted and if injury occurred (complete sections 2):

_____

_____

_____

_____

_____

Describe what follow up action is planned (include steps taken to prevent reoccurrence):

_____

_____

_____

_____

_____

Injury requiring medical treatment.

Describe how, where and to whom injury occurred:

_____

_____

_____

_____

Learning Activity 9:

Research the procedures/policies that the facility that you work in have in regards to reporting an adverse event or incident.

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Once you have research the policy/procedures, check with your facilitator or assessor that you are on the right track.

Mandatory or compulsory reporting has been disgusted previously, here is more information to refresh your memory.

Mandatory reporting means the worker has a legal responsibility to report abuse, for example child, disabled or elder abuse.

What is Abuse?

Five different types of abuse have been identified:

- ***Financial or material abuse****:* the illegal or improper use of the older person's property or finances. This would include misappropriation of money, valuables or property, forced changes to a will or other legal document, and denial of the right of access to, or control over, personal funds. Indicators-belongings go missing, unpaid bills, recent will when person incapable of making one, frequent cheques made out to cash.
- ***Psychological abuse****:* the infliction of mental anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity and powerlessness. Examples include verbal intimidation, humiliation and harassment, shouting, threats of physical harm or institutionalisation and the withholding of affection. Indicators-fear, anxiety, apathy, withdrawal, depression poor decision making ability.

- ***Physical abuse:*** the infliction of physical pain or injury, or physical coercion. Examples include any form of assault such as hitting, slapping, pushing, burning, chemical restraint, forced feeding. It includes physical restraint such as tying an older person in a chair or bed. Indicators-bruising, welts, rope marks, fractures, dehydration, malnutrition, poor personal hygiene, unattended health problems.
- ***Sexual abuse:*** sexually abusive or exploitative behaviour, ranging from violent rape to indecent assault and sexual harassment. Indicators-STI's, blood stained under clothing, bruising around genital area, reports of sexual harassment, unexplained fear when showering, dressing or toileting.
- ***Neglect:*** the failure of a caregiver to provide the necessities of life to an older person, i.e., adequate food, shelter, clothing, medical care or dental care. Neglect may involve the refusal to permit other people to provide appropriate care. Examples include abandonment, non-provision of food, clothing or shelter, inappropriate use of medication, and poor hygiene or personal care. Indicators-poor well-being, dry skin, lips, hair; weight loss; skin and mouth sores.

The abuser may be a family member, friend, neighbour, care worker, another home resident or other person in close contact with the victim. The abuse of people receiving care services is only one aspect of the much broader issue of the safety and security of older and disabled people.

Aged, disabled and community care providers and their staff have a duty of care to ensure the safety of their residents or clients. Many aged, disabled and community care providers have developed policies and procedures to be followed by staff to assist them in meeting their duty of care. Not all of these policies are explicitly titled elder or disabled abuse, they may be covered under, for example, occupational health & safety, difficult behaviours and discipline. Commonly, providers will refer criminal activity, such as sexual assault, to the police immediately on becoming aware of such behaviour.

What do you do if you suspect or observe abuse?

As part of a workers duty of care if there is any suspicion or observed abuse you need to protect the person being abused, report verbally to your supervisor, complete documentation. In the organisations policy and procedure manual there will be policies in place for the specific type of abuse and a flow chart to follow. If these are followed then you are complying with the legislation, organisational policies and following your duty of care.

Clearly greater support and protection needs to be built into the system to ensure that abuse is prevented where possible and dealt with effectively when it does occur. No system will be 100% foolproof but we owe it to our youth, disabled, and elders to make the system as good as it can be.

All stakeholders – the health care industry, Australian Government, State and Territory Governments, public and consumer advocacy groups – have a role to play in improving and strengthening the system's ability to address abuse.

Any response to abuse must start from a position of recognising the inherent dignity and worth of all people, irrespective of disability, age or any other characteristic. Combating stereotypes of disabled and older people will go a long way to setting a scene where the disabled and older people are valued and treated with the respect they deserve.

Mandatory reporting will apply in your workplace, look at the organisational policies and procedures manuals. If in doubt discuss this with your supervisor.

Remember, mandatory reporting means that you must report suspected abuse; you do not have a choice.

4.3 Refer issues impacting on achievement of employee, employer and/or client rights and responsibilities

Rights of your Client

Your clients have a right to be looked after properly, treated well and given high-quality care and services. To make sure they get the best care, all service providers have responsibilities and must meet certain standards.

When receiving a community care or aged care service your client has basic rights and responsibilities. Their rights define how they should be treated and what they are entitled to. Their responsibilities outline what their contribution to the care arrangement should be.

The Australian Government has clearly outlined these rights and responsibilities in:

- The Charter of Residents Rights and Responsibilities – For those living in residential aged care facilities.
- Charter of Rights and Responsibilities for Community Care – For those receiving a service in their home.

For more information: http://www.qada.org.au/about-qada/rights-responsibilities#sthash.yn7SWDPT.dpuf

Rights of Clients.

- Be treated with respect and dignity, irrespective of culture, language, age, disability and/or lifestyle.
- Be consulted about your needs and preferences, and be able to refuse or accept assistance.
- Be involved in decisions about your assessment for services and agree with the services to be provided.
- Be provided with a clear explanation of the service/s you will receive.
- Have access to and receive professional, competent services that match your needs and are provided by appropriately qualified workers – within the scope of Individual support workers ACT's contracted program guidelines.

- Have access to information about any other services that may be of assistance and be free to choose services from available alternatives to enable you to make informed choices.
- Have access to information about Individual support workers ACT, including services offered, policies and procedures, user rights and grievance procedures.
- Be advised of any changes to services or supports.
- Be able to involve an advocate or interpreter at any time.
- Have your privacy and confidentiality respected regarding client records or any personal information held by Individual support workers ACT.
- Have, subject to the rights of others, access to any personal records held by Individual support workers ACT within the guidelines of the National Privacy Principles.
- Be able to discontinue the service or refuse to have a particular staff member of Individual support workers ACT or a brokered service provider without recrimination or jeopardising future access to Individual support workers ACT's services.
- Be free to complain or express grievances about any aspect of Individual support workers ACT's services or operation, and to appeal decisions about service provision and expect to be treated fairly, promptly and without retribution.

Responsibilities of a Client

- To provide Individual support workers ACT with all the necessary information to achieve a suitable service for you and your dependents.
- To ensure you advise us of any changes to your contact details.
- Respect the rights, privacy and dignity of Individual support workers ACT staff.
- Respect the rights of other Individual support workers or clients of Individual support workers ACT.
- Honour agreements made with Individual support workers ACT staff about service provision and support and advise us of changes in support requirements.
- Adhere to the confidentiality of other Individual support workers or clients, where applicable.
- Take responsibility for yourself and results of any decisions you make.
- To ensure your home is a safe and healthy place for staff or brokered services' staff when they visit your home for the purpose of providing assessments or services.

Caring for someone

Caring for someone can be challenging, both emotionally and physically. It can also be a rewarding experience. However, from time to time individual support workers may need some extra help and support. This could include counselling or independent aged care advocacy for you as a carer, or respite services for the person you care for – which would allow you to take a break. Respite care can also give the person you care for variety and extra social opportunities.

You might not think of yourself as a carer. In truth many individual support workers see themselves as a family member who looks after a person they love, not as a carer. This means that you may not think to look for, or ask for help. There are a wide range of services available to help you in your caring role. Whatever the service, whether it's short-term respite or counselling, it is designed to lend you the support and assistance you may need. It's things like having some extra help and support that may mean you can stay in your caring role for longer.

Who is a carer?

A carer is a person who provides regular and ongoing care and assistance to a dependent person. Often, a carer is a family member, partner, friend or neighbour who freely and willingly provides this support without payment.

A carer may give care for a few hours a week or all day every day, depending on the level of support needed. Care could be provided within the person's home, a residential aged care home or at your home.

What if I'm caring for someone who is not aged?

Some aged care programs provided by the Department of Social Services may also be able to give you some help and support if you care for somebody who is not aged. For example, the National Respite for Individual support workers Program provides respite, information and other support for individual support workers of older people and, in some instances, younger people with a disability.

Becoming a carer

Everyone's path to becoming a carer is different. Sometimes your family member or friend could need help suddenly – for example if they've had a stroke. Other times, it's a gradual process with physical and/or mental changes slowly making it harder for them to care for themselves.

Caring for someone at home

If you're caring for someone at home, there are a number of services to help and support you in your caring role. There are also things that you can do to make your home safer and more comfortable for the person you care for.

Caring for someone in an aged care home

Deciding to move into an aged care home is often a challenging and emotional decision for the person moving and their family, friends and individual support workers. It's important to know that this range of emotions and concerns are normal, and many others have faced them as well. These tips from other individual support workers may help you work your way through this difficult time.

Respite care

Respite care (also known as short-term care) is a form of support for individual support workers. It gives you the opportunity to attend to everyday activities and have a break from your caring role. Respite care may be given informally by friends, family or neighbours, or by formal respite services.

Counselling and support for individual support workers

It's easy to become isolated or lonely when you're a carer. You may be too busy to keep up with family, friends and people may visit you less often. Sharing your experiences with someone you trust – family, friends, neighbours, other individual support workers or health workers – can help.

My health and wellbeing

When you spend most of your time looking after other people it's easy to forget to look after yourself too. It's worth asking yourself a few questions on a regular basis as a way of checking how you're feeling about your caring role.

Young individual support workers

It's important to look after yourself as well as the person you care for, which means taking time out to live your own life.

Carer payments and carer allowance

There are two types of payments that a carer may be able to access – Carer Payment and Carer Allowance – to support them to stay in a caring role.

Legal support for family and individual support workers

Sometimes as a carer it may be that you're asked to make a range of decisions that may impact on the personal affairs of the person you're caring for. As a carer you may need legal support to carry out some of the things the person you're caring for will need you to do. This may mean you need to organise a power of attorney or apply for guardianship or administration rights.

Caring for someone with a particular need

Everyone's care needs are different. If you're caring for someone with a particular need, you're not alone. There are lots of services and support groups that cater for particular medical conditions, cultural and other needs.

Caring for someone at the end of their life

Caring for someone approaching the end of their life can be emotionally draining. If you're a carer, you might be trying to support others as well as the person you're caring for. Often individual support workers mention feeling tired and being unable to manage. You should know that you're not alone. There are other family members, friends and individual support workers who have experienced similar things.

Tips for being confident in your caring role

Individual support workers are important, both in their caring role and as individuals. Ensuring others understand your needs will help you balance your role as a carer with other aspects of your life.

Useful contacts for individual support workers

If you're caring for someone, there are a range of organisations and programs around Australia that may be able to help you – whether by providing respite care to help you take a break, or through counselling, information and advocacy services.

Rights and Responsibilities of Individual Support Workers and advocates.

An advocate is someone who supports or promotes the interest of another.

In the majority of cases the caring role is assumed by women. The caring role is complex and the relationship between carer's clients and advocates can change frequently. It may also vary according to the age of the client. There are many issues that arise for people living with, caring for, or acting as an advocate for people with mental health problems or mental disorders.

Individual support workers & advocates have a right to respect for individual human worth, dignity and privacy.

Individual support workers & advocates have a right to comprehensive information, education, training and support to facilitate the understanding, advocacy and care of those clients they care for.

With the consent of the client, individual support workers and advocates are entitled to:

- have access to the client;
- be consulted by service providers about measures under consideration for treatment of the client or for his or her welfare;
- arrange support services such as respite care, counselling and community nursing facilities;
- exchange information with those providing treatment concerning the client's lifestyles and their relationships with others.

There may be circumstances where the client is unable to give consent or may refuse consent because of their failing capabilities or confused state.

In such cases it may be appropriate for service providers, cares and/or advocates to initiate contact and involve those who may be able to assist:

- Individual support workers & advocates have the right to put information concerning family relationships and any matters relating to the mental state of the client to health service providers.
- Individual support workers & advocates have a right to seek further opinions regarding the diagnosis and care of the client.
- Individual support workers & advocates have a right to place limits on their availability to clients.
- Individual support workers & advocates have a right to mechanisms of complaint and redress.
- Individual support workers & advocates have a right to help with their own difficulties which may be generated by the process of caring for or acting as an advocate for a person with a mental health problem or mental disorder.

Individual support workers & advocates have a responsibility to:

- respect the human worth and dignity of the person who has a health problem or mental disorder;
- consider the opinions of professional and other staff and recognise their skills in providing care and treatment for the person who has a health problem or mental disorder; and;
- co-operate, as far as is possible, with reasonable programs of treatment and care aimed at returning the client to optimal and personal autonomy.

The parent/guardian/carer of a child or adolescent has a responsibility to obtain appropriate professional assistance if they have reason to believe that the child may have a mental health problem or mental disorder.

Learning Activity 10:

As part of your learning journey you have discovered that not only the clients have rights and responsibilities, the support worker too has not only responsibilities but rights also.

Name the two Charters that the Australian Government has outlined these rights and responsibilities.

1. _____

_____

2. _____

_____

Give 2 examples of each Rights and responsibilities of the client

Rights:

1. _____

_____

2. _____

_____

Responsibilities

1. _____

_____

2. _____

_____

Give 2 examples of each Rights and responsibilities of the support worker

Rights:

1. _____

_____

2. _____

_____

Responsibilities:

1. _____

_____

2. _____

_____

Once you have answered these questions please check with your assessor or facilitator check your answers to see if you are on the right track.

4.4 Refer unresolved conflict situations to supervisor

Unresolved conflict in the workplace can impact in a lot of areas, trust can be lost, continuing communication styles change, individual stress levels rise and perceptions of a situation can be misinterpreted more easily.

Managing conflict is a critical competency for every manager, supervisor, and employee, regardless of the size of the organisation. Managers, supervisors and employees who are not trained in conflict resolution often do not understand that conflict can be resolved as quickly as it comes on.

Conflict resolution skills regardless of an employee's role is necessary because the fact is human beings always have different filters of the world that result in different perceptions, beliefs and values. This is expected and normal. As result it should be expected that normal human beings will have disagreements sometimes. But when they are not resolved in a collaborative way and instead are left to fester, then the conflict has the opportunity to escalate.

Supervisors and managers usually have conflict management skills and are able to use these skills effectively to achieve the outcomes required timely.

The longer a conflict is left, the greater the effort to solve the problem. Managers who know the value for dealing with conflict understand its benefits,

More and more organisations are becoming pro-active in dealing with conflict by putting in place conflict resolution strategies such as volunteer mediation and conflict resolution training to help employees better deal with conflict.

Reporting conflict to your supervisor or manager can be done in a variety of ways. Check what the policy and procedures are for your organisation. Examples of ways to communication can be: face to face, on the phone, written report via email or handed in.

Learning Activity 10

As part of your learning journey you have been learning about conflict management. Why would you refer any unresolved conflict to your supervisor or manager?

_____

_____

_____

_____

_____

_____

_____

Once you have answered these questions please check with your assessor or facilitator check your answers to see if you are on the right track.

5. Complete workplace correspondence and documentation

5.1 Complete documentation according to legal requirement and organisation procedures

5.2 Read workplace documents relating to role and clarify understanding with supervisor

5.3 Complete written and electronic workplace documents to organisation standards

5.4 Follow organisation communication policies and procedures for using digital media

5.5 Use clear, accurate and objective language when documenting events

5.1 Complete documentation according to legal requirement and organisation procedures

Documentation is part of every person who works in health daily routine. Documents can include but no limited to:

- Progress notes
- ACFI (Aged Care Funding Instrument) assessments
- Care plans
- Incident reports
- Hazard reports
- Phone messages
- Transfer forms

To ensure that continuity of resident care is provided by all health care professionals through professional, accurate and contemporary documentation in keeping with legislative and ethical requirements

We can communicate what is happening. Funding can be dependent on what is contained in reported information. Continuity of client care – so that we all are 'on the same page' - If a particular worker records everything accurately in notes and care plans, the next workers can easily take on the support of the clients, without missing any details of what has already occurred, what is in process and what needs to be do

Familiarise yourself with all of the types of forms used in your organisation - assessment, admission, care plans, case notes, incident reports, ACFI, Records are always confidential - keep them secure – shut down computer screens, return paperwork to correct storage area, don't leave identifiable items in public areas

Handover is a brief information exchange at the change of a shift, it is information you need to pass on:

- details of client preferences
- details of anything which happened that was out of the ordinary new treatments,
- symptoms any information required to provide continuity of care
- Doctors' appointments, day leave etc.

There are basic rules to documentation in the health sector:

1. Be factual, concise and accurate
2. be objective and nonjudgmental
3. Make sure your writing is neat, clear and legible
4. Writing should be in blue or black ink
5. Use exact words when quoting - use quotation marks to show it is a direct quote
6. Never use whiteout - draw a single line through the error, initial and date the change
7. Record the date and time - especially when relating incidents that have occurred
8. Present information in logical sequence
9. Use abbreviations approved in your organisation
10. Use correct spelling, punctuation and grammar - use a dictionary!
11. Edit your report before presenting it - get rid of errors and mistakes
12. Always sign and date each entry, with your surname printed and designation at the end
13. Make sure you check your organisation's requirements regarding documentation and use of abbreviations

It is not necessary to write progress notes daily – known as by exception. E.g. any change in behaviour, or health, mobility are to be documented. Daily tasks that are in the long term care plan do not to be written about.

Documenting is part of the carer's direct responsibility, rather than a clerical function, it is a vital part of the professional care practice, providing a permanent record of what you want to achieve, how, when and why you do it.

Many health care providers and organisations have digital care systems in place. iCare, and Sarah are two of the client/resident care management systems that you may come across. You will be shown on orientation how to use the systems effectively. It is common to give staff individual passwords to ensure confidentiality is maintained, and others can't interfere or change your entries.

All care providers and organisations have policy and procedures specifically addressing documentation.

5.2 Read workplace documents relating to role and clarify understanding with supervisor

Once you have been employed by an organisation as an individual support worker, you will need to take part in an orientation program, most facilities have these for new employees. At orientation sessions, the facility's policies and procedures are explained. Your skills may also be checked, that is, the facility may ask you to demonstrate some procedures in your job description. This is to make sure you do them safely and correctly. You will also be shown how to use the centre's supplies and equipment.

Policy and procedure direct the roles and responsibilities of the carer in all community and residential facilities. Carers are primarily unregulated workers. To protect the clients in your care from harm, you must understand what you can do, what you cannot do, and the legal limits of your role. In some states, this is called 'scope of practice.

Your training prepares you to carry out certain duties, but the organisation for which you work will define what you can or cannot do in your roll. Although you may have training in a particular task, you should not carry out that task unless it is within organisational guidelines. However, you may be asked to carry out tasks that you have no training. You should not carry out these tasks until you have received training and are confident in undertaking them.

Remember, no employer can force you to do something beyond your legal role. It is important that you are not threatened or harassed by your supervisor or manager if you decide not to carry out the task or procedure. If you are working under an individual workplace agreement, make sure you know what wage and conditions you want written into your agreement before you sign. Understanding the legal and ethical aspects of your role is equally important. This has been discussed previously.

It is important that, before you start in a new job as an individual support worker, you are familiar with you job description, as it reflects the laws and regulations that affect your practice.

Here are tips on how to clarify the scope of your work responsibilities:

- Request a meeting with your supervisor to have a clear understanding of your scope of work duties and responsibilities in details.
- Write down in advance all the problems, questions and things that bother you and want to be answered by your supervisor. Make sure to focus the discussion in work duties only. Avoid making a long list of questions otherwise it can create an impression that you are complaining instead of seeking clarifications.
- In a meeting proper, let your supervisor understand your reasons why you seek to clarify your job responsibilities. Make it clear to him that what motivates you to seek this meeting is for the purpose of eliminating confusions as to who is responsible to do a certain task. Always maintain your professionalism and politeness when talking to your supervisor.

- If your supervisor is new, ask him what his priorities and expectations are. His views and visions could be too far different from your previous supervisor. Ask questions, take notes and repeat in your own words the expectations of your new supervisor to make sure that you clearly get what he means.
- When giving feedbacks to your supervisor, make sure that it is realistic and believable. Also, avoid making promises that you cannot deliver.
- Request to follow up on issues that you and your supervisor have discussed and talked about. Don't request for another meeting immediately. It is a bit inappropriate. Just let him know that you might follow a meeting with him next time if you have further clarifications about your work responsibilities.

You should also discuss opportunities for further training, especially in the tasks you are not trained to do.

Individual Support workers provide care, supervision and support for the aged and people with disability in residential facilities, clinics, some hospitals and private residence. Individual support workers assist with the maintenance of personal care, domestic duties and management of illness. They also provide companionship and emotional support, and promote independence and community participation.

Your supervisor may be a registered nurse (RN) or an enrolled nurse (EN), however as an individual support worker you will often work independently and without supervision. You will be required to report changes to your supervisor and document all 'exceptional' care you have given during your time with the client/resident.

Individual support workers may perform the following tasks:

- assist people with self-medication
- assist in care programs for those in residential establishments
- provide in-home support with health issues and daily living tasks such as washing, dressing, eating, transport and budgeting
- assist with the delivery of activities to enhance the physical, social, emotional and intellectual development of those in their care
- ensure those in their care are washed, dressed, fed and ready for educational and recreational activities
- assist during domestic activities such as eating meals and showering
- provide companionship and support during daily activities
- cook and serve meals, clean premises, wash, iron and perform other household tasks
- organise refuge accommodation
- implement appropriate strategies for managing problems related to dementia
- work with a team of health professionals, family, friends and carers to implement a program of support.

Individual support work in private homes and community establishments. They may be required to work evenings, weekends and public holidays and may be required to live on the premises. Some positions may be casual.

Personal Requirements

- patient, flexible and understanding
- supportive and caring nature
- commitment to the rights of the elderly to live dignified lives
- able to accept responsibility
- good communication skills
- able to work as part of a team
- able to cope with the physical demands of the job
- able to perform domestic duties efficiently.

Learning Activity 12

As part of your learning journey you have been discussing understanding roles descriptions. Is it important to be aware of your job description?

YES **NO**

What do you do if you are asked to do a task that you have not training in?

_____

_____

_____

_____

_____

Name 4 duties that Individual support workers may perform:

1. _____
2. _____
3. _____
4. _____

_____

Once you have answered these questions please check with your assessor or facilitator check your answers to see if you are on the right track.

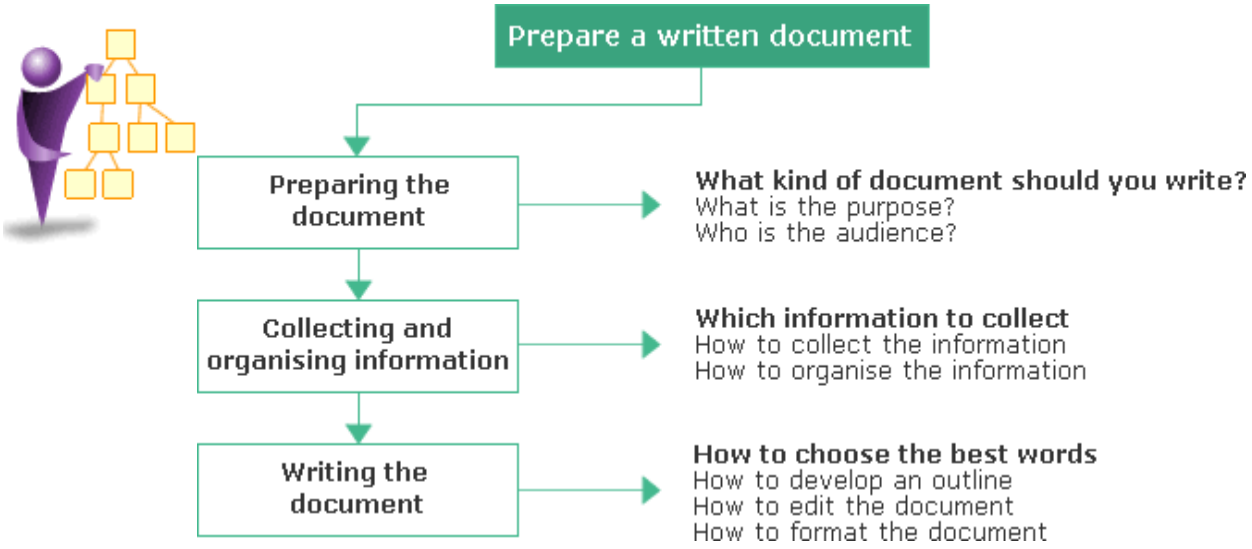
5.3 Complete written and electronic workplace documents to organisation standards

Documents are part of the regular role of Individual support worker. Your day-to-day communications may include:

- progress notes
- reports – hazard, incident
- assessments
- emails
- letters to clients
- letters to external service providers
- emails to co-workers/managers.

General principles for effective writing in different situations apply to any organisational writing. The following chart may be a good starting point for writing effectively:

Figure 8: Prepare a Document



All written correspondence should be examined for:

- style
- format
- accuracy

Both the electronic and the paper copy should be proofread and corrections made to spelling, grammar and punctuation.

For support workers, confidentiality and clients' right to privacy is a primary consideration in what information is written down, how it is communicated, where it is filed, and who is allowed access to read it.

Tips for better written communication

- **Language**. Use plain language and short sentences and paragraphs. Avoid jargon – terms used by people within a particular organisation or profession.
- **Tone**. Consider the tone of the communication. Is the tone too formal or informal, does it convey an appropriate attitude?
- **Editing**. Have another person edit your work if appropriate (remember confidentiality, etc.)
- **Graphics**. Consider whether the use of graphics would be a better way to convey some information.

Writing for organisational purposes

When you write to someone inside your own organisation, you must consider the organisation as your audience. In many cases, documents will be kept on file.

Your organisation may have a corporate style guide or style manual that provides instructions on how documents are to be written, to whom they should be addressed and in what format they should be written.

The tone of your writing will depend on your intended audience:

When you are writing to a senior person in your organisation, or to a person outside your organisation, your tone will be more formal.

When you are writing to a colleague whom you know well, your tone may be less formal.

Your organisation may also have specific guidelines for writing to a client.

Learning Activity 13:

As part of your learning journey written and electronic communication has been discussed.

Give three example of types of documentation as an individual support worker you might complete in a shift.

1. _____
2. _____
3. _____

Once you have answered these questions please check with your assessor or facilitator check your answers to see if you are on the right track.

5.4 Follow organisation communication policies and procedures for using digital media

Organisations now have policy and procedures about engaging in social media. All employees are responsible for being aware of the policy and understanding their responsibilities around using social media in their professional and personal capacity.

Online communication and new media tools are important avenues to provide employees and clients with a two-way conversation to provide information, e.g. workplace changes, education available and new services for clients.

- ***Social media*** refers to online services, mobile applications and virtual communities that provide a way for people to connect and share user-generated content and to participate in conversation and learning.
- A social network connects online identities who share digital media, interests, activities, backgrounds or real-life connections.
- ***Digital media*** refers to text, graphic, audio, video and other content that is captured, uploaded and communicated online and through mobile devices.
- A ***mobile application*** is a software program used on mobile devices such as smartphones and tablet computers.
- A '***friend'*** is an 'online profile' (personal, organisational or conceptual) that is added to your social media network. A 'friend' may be able to view more of your online profile and content depending on your privacy settings.
- ***A 'like'*** increases your participation in a social media service but does not necessarily require a 'friend' connection.
- An ***online profile*** or '***online identity'*** is information that represents a person, organisation or other social identity that is shared with public and private audiences through social networks.
- ***Privacy settings*** allow the user to control who can view online profiles and user generated digital media.
- A ***password manager*** is software that helps a user to secure logons with strong and protected passwords.

5.5 Use clear, accurate and objective language when documenting events

Each client, who is receiving aged care assistance, must have a Care Plan in place to ensure on-going care needs are met. Progress Notes contribute to the review and updating of Care Plans to ensure these care needs are adequate. Documentation of care and any changes is a legal requirement and affects the level of care and government funding.

Aged care providers' ability to meet their Duty of Care to clients is dependent on changes being recorded in the Progress Notes. It is also important to be aware that clients with dementia generally lose their ability to express, clearly, their needs and therefore carers and providers become their advocates.

Important general information about documenting:

- Documenting needs to be completed as soon as possible after an event or incident
- Progress notes are legal documents and must be filled out in the following manner.
    1. Progress notes MUST be recorded in black ink and printed.
    2. No correction fluid (whiteout) can be used.
    3. A line must be drawn through any corrections, the correction initialed and the information rewritten.
    4. A line to the end of the page must be drawn where documenting does not use all the line space.
    5. All notes must be dated, including the time of incident.
    6. All notes must be signed and include the compiler's printed name and status (e.g., J Thomas J THOMAS PC).

The Writing Process

Documenting should be:

- By exception
- Objective
- Concise
- Appropriate in language and
- Include only necessary information.

Documenting by Exception

It is necessary to record only events and instances that may affect the care plan. This includes client changes in behaviour, emotions and physical ability and any incidents involving the client.

In order for care staff to decide what needs to be documented, they need to ask themselves the following questions:

- Will it affect the direction of care or the Care Plan?
- Does it relate to the status of the client's health?

- Did client refuse care?
- Was any care omitted?
- Did the client make a complaint?
- Did the client do/not do something which will impact on the status of their health and overall well-being?

Structure

The 5 w's + how is a good way to ensure the necessary information is in in the progress notes or report:

Who - Who is it about

Where - where did it happen?

When - when did it happen?

What - what happened?

Why - why did it happen?

How? -include this if there is evidence e.g. sighted event/incident

Remember to add **what** you did about it if appropriate. Information about what care staff did for the resident can be written like a procedure. Below are examples. Note that each sentence starts with a verb (a doing or action word).

Example: Assisted *Mary to eat her dinner by cutting her food up.* ***Prompted her*** *to use her cutlery.*

Using Appropriate Language

Notes should not be written using slang, unless recording a client's exact words. Language should be simple but appropriate.

Figure 9: Using appropriate language:

Use Inappropriate Language	More appropriate language
She went round the twist when support worker turned off the light	She complained loudly when support worker turned off the light.
He smeared poo all over his cupboard door.	He smeared faces all over his cupboard door.
He went off his head at me when I tried to remove his teeth	He shouted angrily at me when I tried to remove his teeth.
He pissed in another resident's cupboard	He urinated in another resident's cupboard
She did her narnna when I tried to shower her	She became angry and yelled 'don't touch me!' when I tried to shower her.

She did a runner when the door was open	She left the room when the door was open
He touched me up when I was undressing him	He put his hands on my breasts when I was dressing him.
I had to pick up all the crap she had thrown around the room	I picked up all the items she had thrown around the room

Include only necessary information

Progress Notes are a legal document not an opportunity to be creative and write an interesting story.

Below is an example of a note which is too long. It has been rewritten objectively, more concisely, in the active voice and only necessary information included.

Figure 10: Examples of Unnecessary information

Long Note	**Rewritten note.**
Client was taken to the day room by staff at approx. 09.30am. When she got to the day room staff assisted her to sit in one of the big comfortable arm chairs near the TV. She sat there for about 30 minutes and then started to have mood swings. She would be as sweet as pie one minute and then the next she'd be like Attila the Hun carrying on and on about something or other and swearing over and over. All of a sudden she stood up out of her chair and walked over to Mr. Long who was sitting across the room and punched him in the arm	*Client was continuously swearing and speaking loudly in the day room at approx. 09.30am. She walked over to Mr. Long and punched him in his left arm. Spoke gently to client and guided her back to her room. Sat her in a chair and gave her a cup of tea. She stopped swearing and was quiet.*

Examples of a change that should be recorded:

If a client has been able to eat independently, but this changes and he or she needs assistance, it should be noted in the Progress Notes so that the Care Plan can updated and this assistance.

Example of an event that does **NOT** need to be recorded

Mary had a wonderful day today. She attended bingo and was happy she won a prize.

Learning Activity 11:

As part of your learning journey, write a progress not entry about Mr. Smith.

Mr. Smith (Bert) is a 92-year-old resident in an aged care facility, Bert has dementia. You care for him on a regular basis and know his habits well. Normally he is easy to awake up and encourage to walk to the bathroom unassisted, however today he is very sleepy and has difficulty walking to the bathroom without assistance. Once he is showered and dressed he seems like his old self.

_____

_____

_____

_____

Once you have written the progress note entry, check with your facilitator or assessor to see if you are on the right track.

Objective Documentation

Only information that is seen, heard, tasted, witnessed or initiated should be included in Progress Notes, in other words, facts. Information that is subjective should NOT be included. Subjective information is based on assumptions or the feelings of the carer about the event or incident.

Example of an objective progress note entry:

> At approx. 1430hr (24hr clock) Mrs. Jones was observed with a huge graze on her knee. She was rubbing it and looking very upset. She had just come in from having a walk in the garden.

Example of a progress note entry that is both subjective and objective:

> Mrs. Jones must have had a fall in the garden while on her walk as she has a nasty graze on her knee when she returned at 1430. She was looking very upset and rubbing it.

In the above note, the carer has included both objective and subjective information. The fact that a graze on her knee can be observed, is objective. But that the client 'must have had a fall' is subjective and therefore an assumption. The carer did not observe any incident that may have caused it. The terms 'huge', 'nasty graze' and 'looking very upset' are also subjective as they are personal judgements about what was observed.

Writing objectively can be difficult as we view events from our own perspective and assumptions.

Documenting Concisely

This means giving not too much, or too little, information. If too much information is given, it may obscure the main point of the note. If too little information is given, the client may not receive the correct care. This could cause suffering to the client or may lead to legal consequences.

Concise documenting depends on;

- the information included
- the words used
- the structure of both the sentences and information.

If care staff document only by exception and record objectively, this is a good basis for keeping notes concise since they will be necessary and factual. Often fewer words can be used to get the same message across.

Below are some examples of using one word instead of a phrase:

Figure 11: Concise Documenting

Common Phrases	Alternative words
Kept an eye on/watched over	Monitored/observed
Put client's/residents legs/arms up	Raised, elevated
All the time/a lot	Frequently, often, continually, constantly
Make the swelling go down	Reduce, alleviate, decrease
Take off	remove
Looks the same as	resembles
Going on about	complaining
Put client/residents clothes on	dressed
Pulls faces	grimaces

Examples:

Mr.Webb keeps going on and on about the noise from the fan

Mr.Webb *continually* complains about the fan.

I put Mrs.Smith's legs up, to make the selling go down'

I r*aised* Mrs.Smith's legs to *reduce* the swelling.

Structuring Progress Notes

Sentence structure

Using the active voice rather than the passive voice will get the message across more directly as the active voice places the focus on the doer of the action.

Example:

Active Voice	Passive Voice
Mrs. Lee refused dinner.	Dinner was refused by Mrs. Lee
The RN changed Mr. Fords bandage	Mr. Fords bandage was changed by the RN
Staff assisted Ms. Johnson to dress	Ms. Johnson was assisted to dress by staff
Staff heard Fred shouting	Fred was heard shouting by staff.

Learning Activity 15:

As part of your learning journey you have discovered how to use clear, accurate and objective language when documenting events. In this exercise, revisit the previous Learning Activity and read the scenario again, review your answer (progress note entry), using your new skills see if it can be written better.

Once you have completed this activity, check with your facilitator or assessor to see if you are on the right track

6. Contribute to continuous improvement

6.1 Contribute to identifying and voicing improvements in work practices

6.2 Promote and model changes to improved work practices and procedures in accordance with organisation requirements

6.3 Seek feedback and advice from appropriate people on areas for skill and knowledge development

6.4 Consult with manager regarding options for accessing skill development opportunities and initiate action

6.1 Contribute to identifying and voicing improvements in work practices

The process of identifying and contributing to improving work practices involves:

- talking about issues
- listening to and raising concerns
- understanding your role
- understanding relevant organisation policies and procedure relating to your role
- seeking information and sharing views
- discussing issues in a timely manner
- considering what is being said before decisions are made
- attending scheduled meetings.

Participating and contributing at staff meeting or being a member of a committee and giving feedback on policy and procedures when asked is a way to be heard.

To continuously improve your workplace there are many areas work practices can be improved. Including:

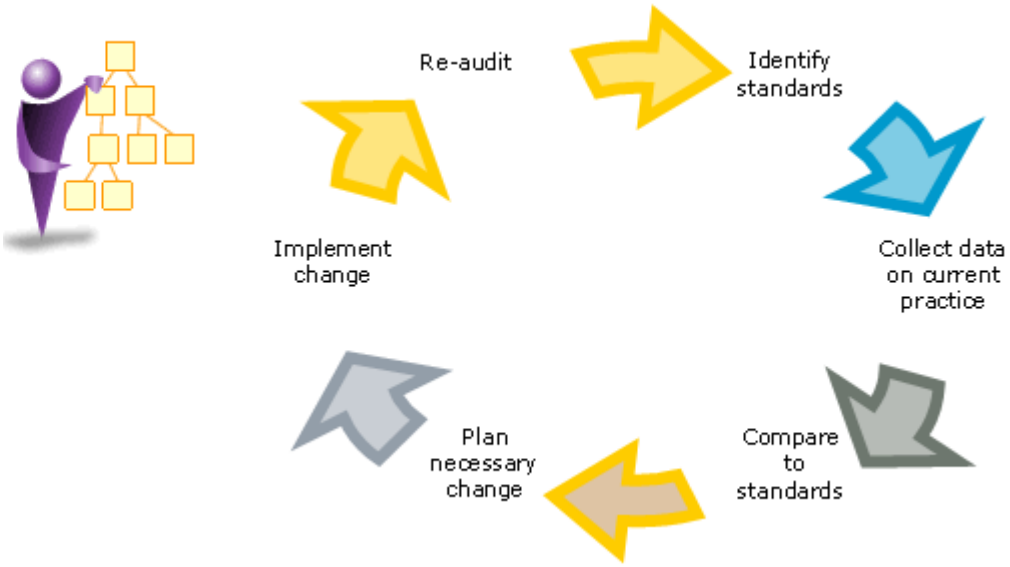
- infection control
- WHS (workplace health and safety)
- Client/resident services
- Quality control
- Security issues
- Conflict management
- Workplace bullying

- **Emergencies, including;**
  - Fire
  - Bomb threats
  - Smoke alarms
  - Medical emergencies

Funding for Service Providers is governed by industry standards, the steps taken to ensure they meet the criteria include:

- Establish a quality system
- Review customer and stakeholder feedback
- Conduct service provider self-assessment
- Undertake quality improvement
- Demonstrate compliance

Figure 12: Quality Improvement Cycle:



Aged and Disability Services Care and Community Care are all funded by Department of Health and Ageing (DoHA). All of these services have standards that are required to be met, it is important individual support workers are aware of them.

The Industry Standards describe essential systems and processes necessary to support people requiring care to achieve planned outcomes. It also ensures that their rights are safeguarded and those of their family members, carers and support workers. Service providers must meet the Industry Standards.

The Industry Standards

- Service access: Fair and equitable practices are applied when managing and allocating resources.
- Individual needs: Planning and support is tailored flexible, responsive and appropriate to the individual.
- Decision making and choice: Support options are planned, developed, implemented and reviewed in a manner that is responsive to decisions, choices and aspirations of individuals.
- Privacy, dignity and confidentiality
- Participation and integration: Support options build opportunities for individuals to participate in the life of the community.

- Valued status: Support options recognise the skills, abilities and potential of individuals and enable their achievement of valued roles in the community.
- Complaints and disputes: Complaints and disputes are addressed promptly, fairly and respectfully without compromising services to the individual.
- Service management: Management and governance practice is sound, accountable and consistent with current disability policy and practice.
- Freedom from abuse and neglect: Supports are provided in safe and healthy environments that support individuals to exercise their legal and human rights.

Outcome Standards

They form the basis for measurement of outcomes. They prompt us to consider the influence and impact our service has upon political, cultural, health and wellbeing, economic and social outcomes for people who require care. These Standards guide approaches to recognise, understand and respond to the things that are important to each person who uses disability services.

The Outcome Standards

- Individuality: Each individual has goals, wants, aspirations and support needs and makes decisions and choices about their life.
- Capacity: Each individual has the ability and potential to achieve a valued role in the community.
- Participation: Each individual is able to access and participate in their community.
- Citisenship: Each individual has rights and responsibilities as a member of the community.
- Leadership: Each individual informs the way that supports are provided.

Care Service Providers are required to comply with the Industry Standards and provide evidence of their planning for meeting Outcome Standards.

Service providers must meet the Industry Standards as well as undertake an organisational self-assessment (incorporating a consumer assessment) and plan for improvement activities.

Figure 7: The self-assessment and quality process

Establishing a positive environment for self-assessment

Before embarking on self-assessment, staff and management should take the opportunity to discuss the standards, the process and the outcomes the organisation is seeking. A useful start might be to brainstorm together:

- achievements of the organisation to date
- perceived strengths of the organisation
- 'if we could change anything about the organisation what would it be?'
- 'in 5 years' time this organisation ideally would be…….'
- will the standards help us to think about improvements and future directions?

Make sure those involved have time to become familiar with the content and structure of the standards. Small groups could each take an area of the standards to look at and discuss. Then they could report back to the main group to outline what the standards cover and anything that they found interesting or useful. Finally, there could be a discussion on the goals of undertaking the process and what it would take to make it a positive learning experience for individuals and the organisation as a whole.

Setting the right atmosphere for self-assessment is important. If it is approached as a test, with a pass/fail attitude, the process of self-assessment will be reduced to a superficial checklist. As a result, the opportunity to build knowledge, to reflect and improve will be lost and there will be little impact on the outcomes the organisation is striving for. Allow people to voice concerns, encourage discussion of what might be gained and also what pressures might be added to the current workload.

Not all of these Standards listed below will necessarily be relevant to you. However, look at their websites and then research your own workplace to see if you can add to this list.

- NHMRC, National Health & Medical Research Council: http://www.nhmrc.gov.au
- AACQA, Australian Aged Care Quality Agency https://www.aacqa.gov.au/for-providers/residential-aged-care/copy_of_processes/continuous-improvement
- QIC, Quality Improvement Council (QIC)Health and Community Services Standards http://www.qip.com.au/standards/quality-improvement-council-qic-health-and-community-services-standards/
- NDIS, National Disability Insurance Scheme http://www.ndis.gov.au/continuous-improvement
- ACHS, The Australian Council of Healthcare Standards: www.achs.org.au
- DECC, The Department of Environment and Climate Change http://www.environment.nsw.gov.au/
- WorkCover risk assessment: http://www.workcover.gov.au

It is probable that the organisation you work for will have a mission statement. On employment or at orientation you will find the mission statement will be on documentation you will receive. If not, ask for a copy.

Every organisation has a reason for being. It is not there just because it is there. Banks are there to lend and look after people's money. Schools are there to educate people. Doctors are there to make people well. Farmers farm to feed people. Care Providers are there to ensure the highest possible care etc.

Learning Activity16:

As part of your learning journey you have been learning about improving your workplace. Read your workplace "mission statement' think about how it could be improved and rewrite it with your recommendations for improvements.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Once you have completed this task. Share it with your peers and facilitator to see if you are on the right track.

6.2 Promote and model changes to improved work practices and procedures in accordance with organisation requirements

It is no secret that many people do not like change. When it comes to workplace change it is harder to manage. The attitude 'we have always done it like this' is quite common in the health industry, people find it difficult to adapt to change, is it fear? Or is it laziness? Or lack of education?

For change to happen it is suggested by Maslow that employers should:

> "Assume that everyone prefers to feel important, needed, useful, successful, proud, respected, rather than unimportant, interchangeable, anonymous, wasted, unused, expendable, disrespected".

Organisations today need to frequently change and even transform in order to survive. For organisational change, such as workplace change, to be successful, the workforce needs to the ready for the change.

To assist organisations in getting workplace change right, we can draw from the psychology research on 'readiness for change,' and apply some of the learnings below to a structured change management program.

Research (e.g. Armenakis, et al.) has identified five beliefs underlying change readiness:

1. The change messages must create a sense of discrepancy—or a belief that change is needed and will improve effectiveness (employee and business).
2. In addition, employees must believe that the proposed change is an appropriate response to a situation.
3. The change messages must create a sense of efficacy, which refers to an employee's perceived capability to implement a change initiative.
4. Employees must believe that their organisation (including their managers and team members) will provide tangible support for change in the form of resources and information. This belief contributes to an employee's sense of efficacy about his or her capability to implement change successfully
5. The final change belief—valence—is concerned with an employee's evaluation of the benefits or costs of a change for his or her job and role. If an employee does not believe that change has benefits, then it is not likely that he or she will have a positive overall evaluation of his or her readiness for change.

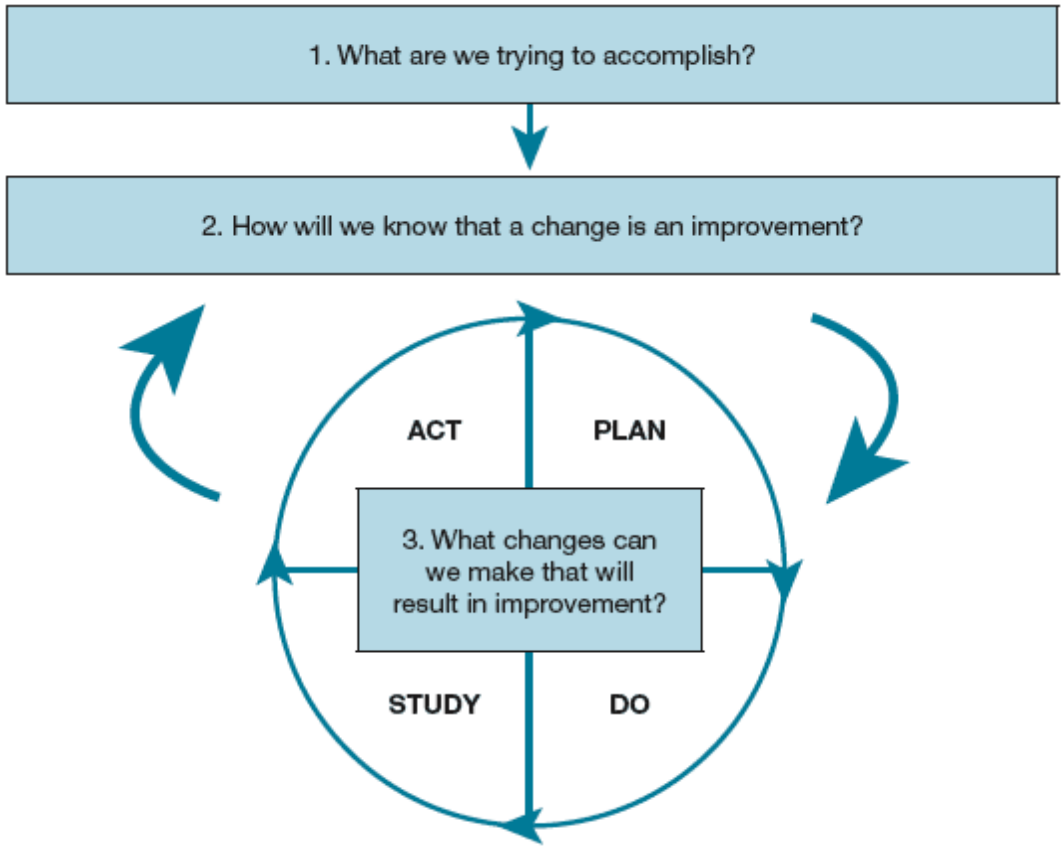
In workplace change management programs, we need to respond to the above 'change readiness' beliefs with adequate communication and support. At the end of the day, the change must be appropriate and benefit the employees and the business with ease.

When changes are implemented there must be professional development or training, there is a systematic approach designed to ensure that individual workers and organisational goals and needs are met.

The five steps to systematic approach to professional development are:

1. Conduct a needs assessment for individuals, teams and the organisation
2. Set goals for professional development
3. Develop a professional development plan
4. Identify and implement appropriate professional development (PD) activities
5. Conduct an evaluation

Figure 13: Change Process



Professional Development

Professional development is the ongoing provision of opportunities to improve skills, competencies and knowledge. Professional development is often viewed simply as providing education and training.

Some of the key professional development activities include:

- Mentoring
- Clinical supervision
- On-line learning
- Professional association membership
- Education and training
- Competency

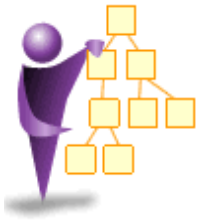
Professional development encompasses a range of activities that are designed to:

- Support and promote career growth
- Create succession pathways within organisations
- Facilitate the development of new skills
- Improve on existing knowledge, skills and abilities
- Build confidence, motivation and perceived role legitimacy
- Facilitate evidence-based practice.

Professional development activities can also benefit organisations in regard to:

- Enhanced worker adaptability
- Decreased resistance to change
- Improved retention
- Higher levels of organisational commitment

Figure 14: Performance development



Learning Activity 12:

As part of your learning journey you have been learning about workplace improvements and how to promote the model changes within organisational requirement.

Below, list the five step approach to professional development;

1.

2.

3.

4.

5.

Discuss why you think professional development is linked with workplace change.

Once you have completed the tasks above, please have your assessor or facilitator check your responses to see if you are on the right track.

6.3 Seek feedback and advice from appropriate people on areas for skill and knowledge development

There are avenues within an organisation that can offer advice to a worker to increase their skill and knowledge. Depending on the skills and knowledge that need to be developed it will depend on the person or department to discuss this with.

Workers can seek advice from any or all of the following:

- Senior colleagues
- Supervisors
- Registered nurse
- Educators
- Managers
- Look on the staff notice board for conferences
- Regular in-services organised by the organisation
- One-on-one training/tutoring if needed

When seeking advice for skills and knowledge development it is important that you do research, have an idea what skills and knowledge development is required. This may stem from performance appraisals or self-reflection. The way skills and knowledge is developed is through training and learning.

Training suggests putting stuff into people, when actually we should be developing people from the inside out - so they achieve their own individual potential - what they love and enjoy, what they are most capable of, and strong at doing, rather than what we try to make them be.

'Learning' far better expresses this than 'training'.

Training is about the organisation. Learning is about the person.

Training is (mostly) a chore; people do it because they're paid to. Learning is quite different. People respond to appropriate learning because they want to; because it benefits and interests them; because it helps them to grow and to develop their natural abilities; to make a difference; to be special.

Training is something that happens at work. Learning is something that people pursue by choice at their own cost in their own time. Does it not make sense for employers to help and enable that process? Of course it does.

The word 'learning' is significant: it suggests that people are driving their own development for themselves, through relevant experience, beyond work related skills and knowledge and processes. 'Learning' extends the idea of personal development (and thereby organisational development) to beliefs, values, wisdom, compassion, emotional maturity, ethics, integrity - and most important of all, to helping others to identify, aspire to and to achieve and fulfil their own unique individual personal potential.

Learning describes a person growing. Whereas 'training' merely describes, and commonly represents, transfer of knowledge or skill for organisational gain, which has generally got bugger-all to do with the trainee. No wonder people don't typically enjoy or queue up for training.

When you help people to develop as people, you create far greater alignment and congruence between work and people and lives - you provide more meaning for people at work, and you also build and strengthen platform and readiness for any amount of skills, processes, and knowledge development that your organisation will ever need.

Obviously do not ignore basic skills and knowledge training, for example: health and safety; how to use the phones, how to drive the fork-lift, etc - of course these basics must be trained - but they are not what makes the difference. Train the essential skills and knowledge of course, but most importantly focus on facilitating learning and development for the person, beyond 'work skills' - help them grow and develop for life - help them to identify, aspire to, and take steps towards fulfilling their own personal unique potential.

Emotional maturity, integrity and compassion

Focus on emotional maturity, integrity, compassion - these are the characteristics that really matter

When organisations work well it's always due to emotional maturity and integrity, which together enable self-discipline and right thinking and actions. Compassion helps you to sustain people, and to foster a culture of cooperation and mutual support. Compassion is the bedrock of tolerance and understanding, which governs the effectiveness of internal and external communications and team-working.

Develop the person, not just the skills and knowledge

Skills and knowledge are the easy things. Most people will take care of these for themselves. Helping and enabling and encouraging people to become happier more fulfilled people is what employers and organisations should focus on. Achieve this and the skills and knowledge will largely take care of themselves.

Give people choice

Give people choice in what, and how and when to learn and develop - there is a world of choice out there, and so many ways to access it all. People have different learning styles, rates of learning, and areas of interest. Why restrict people's learning and development to their job skills? Help them learn and develop in whatever way they want and they will quite naturally become more positive, productive and valuable to your organisation. (You may need to find bigger and/or different roles for them, but that's entirely the point - you want people to be doing what they are good at, and what they enjoy - this is what a good organisation is).

Talk about learning, not training, focus on the person, from the inside out, not the outside in, and offer relevant learning in as many ways as you can.

Training policy and training manuals - definitions, structures, and template examples

A training policy is different to a training manual. A policy is a set of principles. A manual is a far more detailed set of operating procedures and supporting notes for trainers and trainees. This generally dictates that training manuals are required in two different formats - one for trainers and one for trainees.

A policy is more fixed and concise than a manual. A manual is subject to greater and more frequent and detailed changes. A policy provides the principles and system on which the manual(s) can be built. A policy reflects philosophy and values and fundamental aims. A manual deals with how the aims are to be achieved in terms that describe (and if appropriate illustrate too) specific tasks and duties.

Because training manuals contain operating procedures, instructions and supporting notes that are specific to the training concerned, most training manuals are more liable to change than a policy, and this flexibility for changing and updating content is an important aspect in deciding the overall system for producing and administrating training manual documentation, which is best addressed and defined in the training policy.

While a training policy tends to be established and agreed at a higher executive or managerial level than individual training manuals, the above point demonstrates why input from and consultation with training design and delivery staff are important in designing an effective training policy.

Learning Activity 13:

During your learning journey you have discovered the importance of seeking advice and guidance from.

List people you could seek advice from to increase skill and knowledge development

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_____

In your own words, discuss the difference between training and learning.

_____

_____

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_____

From your experience, when doing any sort of training/learning what have you found that makes a training session interesting?

_____

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_____

Once you have written your answers please have your assessor or facilitator check your answers to see if you are on the right track.

6.4 Consult with manager regarding options for accessing skill development opportunities and initiate action

There are many options for accessing skill and knowledge development, there is a process that is in the policy and procedure manual to follow. Other colleagues, educator and your supervisor can also help in the process.

Skill and knowledge development opportunities can be formal and informal may only come about by:

- Looking at staff notice boards
- Talking to your supervisor
- Networking with other colleagues, friends
- Looking on the internet
- Becoming members of associations,
- Being a union member
- Discussing with an educator what you are interested in
- Asking the educator

Once you have identified the skills and knowledge that needs development the possible course or conference you are interested in then you need to complete the appropriate paperwork, decide on whether you pay for the course, the organisation pays for the course or you get paid for day.

There are many options so it is important that you understand the policy and procedures or talk to the supervisor and manager. The manager can help the completion of the forms and also let you know whether or not you can go to the study day. As it is not just you who needs to be thought of, look at the barriers to skill development below.

Professional development does not start with the provision of educational opportunities but by a mindset that thirsts for development. It is evident from literature that nurses identify the need for ongoing opportunity to enhance their knowledge and skills.

Continuing education is of the utmost importance to all nurses in Australia. The presence of continuing learning opportunities has been found to enhance the self-esteem, aid networking and promote personal and professional development of those who take part (Anderson & Kimber: 1991).

Alternatively, lack of learning opportunities can deter nurses from bothering to wanting to development their skills and knowledge and hence impact their nursing practice.

Barriers to skill development

It has also been found that barriers to skill and knowledge development for nurses/support workers are:

Workplace focused

- problems with staffing levels and replacement for staff undergoing continuing education
- an increasing withdrawal of management and employer support for continuing education.
- lack of funding (both personal and institutional)

Personal focused

- family commitments (particularly child care and responsibilities to family)
- lack of time, both personally and professionally
- may have to do skill development in own time

Educational provider focused

- lack of information about available courses
- a lack of access to relevant and appropriate courses
- inappropriate course content

There have been studies that have shown most nurses appreciate courses which have face to face content and have hands on skill development. It is also true that most nurses do not like distance education courses or computer based courses.

The following sites may be useful to you in your search for more information on training for jobs in aged care:

- Skills Tasmania
- training.com
- Community Services and Health Industry Skills Council
- http://www.ntis.gov.au/
- http://www.rsllifecare.org.au/default.asp?id=38
- http://www.training.com.au
- http://www.sts-training.com/
- http://www.whichtraining.com.au/
- http://agedcareohs.info/pages/ohs_manage/ohs05_training.html
- http://www.vetab.QLD.gov.au

Learning Activity 14:

As part of your learning journey complete the questions below.

Q1. Give an example where on-the-job learning has been or would be useful to assist you learn a new task.

_____

_____

_____

_____

_____

Q2. Identify three work colleagues who are very good at a certain job task that you would be able to learn from them:

Person	What you can learn from them

Q3. List some strategies that would help you successfully complete a formal course:

_____

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_____

Once you have answered the questions, please have your assessor or facilitator check your answer to see if you are on the right track.

Resource Evaluation Form

Please return to this page when you have finished working on this resource and complete this form. Your feedback can assist us to continually improve this resource.

Course Unit: CHCCOM005 – Communicate and work in health or community services	
RTO: The Learning Collaborative	**Date at finish of unit:**

	Please Circle			
Was your learning totally external, with occasional phone contact with a designated trainer/teacher?	**Yes**		**No**	
Was your learning externally supported by a study group of other students studying the same unit?	**Yes**		**No**	
How many workshops were given to support your learning? (Please circle a number 0,1,2,3)	**0**	**1**	**2**	**3**
Did your learning involve class support material at your college?	**Yes**		**No**	
Did you find this resource easy to use?	**Yes**		**No**	
Any Comments?				
Was the content useful/clear/relevant?	**Yes**		**No**	
Any Comments?				
Please comment on any ways this resource could be improved for future students				
What other resources did you find that helped you with your studies?				

Thank you for your time to give us your valuable feedback. Please give this to your trainer/facilitator/teacher who can send it to us at the address below – or if you prefer you can do it yourself.

The Learning Collaborative

PO Box 5867 Q Supercentre QLD 4218