

Handout 1-A: Overview of Workshop Series

Resident-Centered Care

- New guidelines from CMS (Centers for Medicaid and Medicare) and MDS (Minimum Data Set) revisions emphasize resident-centered care. This series of six in-service workshops prepares CNAs to use communication and problem-solving skills to make residential care more resident-centered.

Active Listening

- Active listening includes:
 - Body language [Unit 1]
 - Paraphrasing [Unit 2]
 - Asking open-ended questions [Unit 3]

Managing Emotions—Pulling Back [Unit 4]

- “Managing emotions” means being able to set aside emotional reactions and judgments in stressful situations.

The Exploring Options Approach to Problem-Solving [Unit 5]

- The Exploring Options Approach to problem-solving is based on respect for the viewpoints and needs of everyone affected by a problem.

Giving Constructive Feedback [Unit 6]

- Constructive feedback means giving another person information they can use to improve their approach, skills, and/or actions.

Handout 1-B: Resident-Centered Care and the MDS 3.0 Revisions

- Resident-centered care is “the practice of basing key long-term care decisions...on individual resident needs, preferences, and expectations.”¹
- New CMS Interpretive Guidelines (2009) and MDS 3.0 revisions promote resident-centered care in nursing home facilities.

Purpose of the revisions: “To support efforts to change nursing homes into places that feel more ‘homey’ through resident-centered caregiving and through making changes in the way the nursing home typically operates (that is, its environment).” This includes:

- Supporting personal choice in the full range of daily activities, including waking, bathing, dining, and sleeping.
 - Allowing visitors to have 24-hour access to residents, regardless of family status.
- These revisions emphasize:
 - Communication—Talk directly with the resident to get the most accurate information about preferences.
 - Daily Practices—Honor individual preferences as much as possible in things they do each day.

¹ <http://www.leadersincare.org/PersonCenteredCare.htm>

Handout 1-C: Resident-Centered Care and Quality of Life

The MDS 3.0 revisions also speak to elements of Quality of Life. They recommend that CNAs:

- Support residents to be as independent as they are able and wish to be.

Example: Being able to and wanting to take care of one's personal belongings.

- Support residents' wishes to be self-directing and have their preferences honored.

Example: Having choice and flexibility in the type and timing of one's bath.

- Support the relationships that the resident finds meaningful.

Example: Being able to visit with friends and family when they wish to.

- Support the resident's sense of continuity and identity.

Example: Being able to practice one's faith.

- Pay attention to the resident's physical well-being and sense of safety and order.

Example: Alerting residents of changes in their regular routine—with as much advance notice as possible.

Handout 1-D: Active Listening and Body Language

Listening well is essential to clear and open communication. When providing resident-centered care, a very conscious and intentional level of listening is required. We call this *active listening*.

Active listening means giving our full attention to the person who is speaking. This is the foundation of all communication skills because:

- When people listen with their full attention, they remember and understand more of what is being communicated. On the other hand, when they listen inattentively, they miss a lot of what is being said.
- Being listened to attentively feels caring and helpful to the speaker. Not being listened to, or being listened to in an inattentive manner, often feels hurtful and unhelpful.

Body Language is one aspect of Active Listening.

Body language refers to the way people communicate without actually speaking. This includes facial expressions, eye contact, and gestures.

Handout 1-E: Using Effective Body Language for Active Listening

Here are some of the ways we show that we are listening actively—or not—with our body language.

Effective Body Language

- Looking at the person who is talking (except in cultures where eye contact is a sign of disrespect)
- Turning your cell phone off if it rings while the other person is talking
- Sitting still or leaning towards the person who is talking
- Nodding, smiling (if appropriate)

Distracting Body Language

- Looking at a clock, watch, or cell phone while someone is talking
- Answering your cell phone or making a call
- Whistling, humming
- Writing, sketching, doodling
- Fidgeting, yawning, stretching
- Looking away

Effective body language can help improve resident-centered care:

- Be aware of your own body language. Show that you are listening and paying attention to the resident when he/she is talking with you.
- Be aware of the resident's body language and what it may be telling you about the resident's comfort level.