

Unit 1. Introduction to Resident-Centered Care and Active Listening

60 minutes

Learning Objectives

By the end of this activity, participants will be able to:

Define resident-centered care.

Describe new CMS guidelines and MDS 3.0 revisions for resident-centered care.

Explain the role of good communication in resident-centered care.

Explain the importance of active listening, especially as it relates to effective communication in the work setting.

Describe body language as an aspect of active listening and its impact on communication.



Key Content

- Resident-centered care is based on principles of person-centered care, which has been described as “the practice of basing key long term care decisions...on individual resident needs, preferences, and expectations.”¹
- Centers for Medicare and Medicaid Services (CMS) Interpretive Guidelines (2009)—and subsequent MDS 3.0 revisions—promote resident-centered care in nursing home facilities. The purpose of these revisions is to support efforts to change nursing homes into places that feel more “homey” through resident-centered caregiving and through making changes in the ways the nursing home typically operates.²

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

² <http://phinational.org/archives/cms-guidelines-call-for-homelike-environments-in-nursing-homes/>

Unit 1. Introduction to Resident-Centered Care and Active Listening

- Resident-centered care emphasizes honoring the individual resident’s needs and preferences. In order for nursing home staff to know the resident’s needs and preferences, good communication between residents and workers, and between co-workers, is essential. Thus, communication skills become core competencies for all workers who have direct contact with the residents.
- Active listening—that is, listening with your full attention—is essential to clear, effective communication. Aspects of active listening include:
 - Using attentive body language to help you stay focused and to show that you’re listening.
 - Paraphrasing to check your understanding.
 - Asking open-ended questions to clarify and get more information.
- Active listening requires constant, conscious effort in the beginning, because these skills are new to most people.
- Active listening is the foundational communication skill for resident-centered care 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 great deal of what is being communicated.
 - 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.
- Nonverbal communication—or, body language—refers to the way people communicate without actually speaking. It includes facial expressions, eye contact, and gestures. Body language can communicate more strongly than words, and people often respond to body language rather than to words. Because of the power of body language, it is necessary to become aware of one’s own body language and learn to use it effectively.




Supplies and Other Training Materials

- Flip chart, easel, markers, and tape
- Paper and pens or pencils
- *Instructor’s Guide, Unit 1: Scripted Role Play—Body Language for Active Listening*
- *Instructor’s Guide, Unit 1: Tips for the “Listener” in the Demonstration Role Play on Body Language*

Handouts

- Handout 1-A: Overview of Workshop Series
- Handout 1-B: Resident-Centered Care and the MDS 3.0 Revisions
- Handout 1-C: Resident-Centered Care and Quality of Life
- Handout 1-D: Active Listening and Body Language
- Handout 1-E: Using Effective Body Language for Active Listening

Advance Preparation

- Review the teaching materials for each activity. Note that icons are used to remind the instructor of the following:
 -  When you are presenting or covering Key Content in the discussion. (Key Content is also addressed in many of the handouts.)
 -  When it is important to ask a particular question to get participants’ input.
 -  When it is time to distribute and discuss a handout.
- Copy the handouts for all participants.

- ❑ Prepare the following flip chart pages:
 - “Strengthening Communication and Problem-Solving Competencies for CNAs” (Step 1)
 - “Introduction to Resident-Centered Care and Active Listening: Learning Objectives” (Step 2)
 - “What Could Staff Do to Make Things Better for Me?” (Step 6)
 - “Distracting Body Language” (Step 16)
 - “Effective Body Language” (Step 18)


- ❑ Identify who will conduct the demonstration role play for active listening (Steps 14-18). The ideal situation is to have two instructors do the role play. If you are the only instructor, ask an agency staff person to join you for this activity to play the role of the “speaker” (the person who is telling the story). In the Activity Steps, we refer to this staff person as your “assistant.”

- ❑ Make one copy of the *Instructor’s Guide, Unit 1: Scripted Role Play—Body Language for Active Listening* (p. 15-16) for the person playing the role of the “speaker.” The lead instructor should be in the role of the person demonstrating distracting body language at first, and then effective body language. There is no script for the “listener” role—this is all done with body language. However, tips for how to play that role can be found in *Instructor’s Guide, Unit 1: Tips for the “Listener” in the Demonstration Role Play on Body Language* (p. 17).

- ❑ Set up the workshop space to allow for large-group discussion and small-group work. Set up the flip chart easel for optimum viewing by all participants.

Activity Steps (1-21)

Interactive Presentation—5 minutes

1.  **Welcome participants.** Welcome participants to the first session in a six-session program on “Strengthening Communication and Problem-Solving Competencies for CNAs: In-Service Training to Improve Geriatric Care in Long-Term Care Facilities.” Distribute **Handout 1-A: Overview of Workshop Series.** Then post the prepared flip chart page and briefly review the content of the six units, following the handout.

Flip Chart

STRENGTHENING COMMUNICATION
AND PROBLEM-SOLVING
COMPETENCIES FOR CNAs

- Resident-Centered Care
- Active Listening
 - Body Language
 - Paraphrasing
 - Asking Open-Ended Questions
- Managing Emotions—Pulling Back
- The Exploring Options Approach to Problem-Solving
- Giving Constructive Feedback

2. **Introduce Unit 1.** Describe the learning objectives of this first unit by posting and reviewing the prepared flip chart page.

Flip Chart

INTRODUCTION TO RESIDENT-CENTERED CARE AND ACTIVE LISTENING

Learning Objectives:

- Define resident-centered care.
- Describe new CMS guidelines and MDS 3.0 revisions for resident-centered care.
- Explain the role of good communication in resident-centered care.
- Explain the importance of active listening for effective communication in the work setting.
- Define body language and describe its impact on communication.


Teaching Tip

This is the maximum amount of writing to put on a flip chart page. You may want to prepare two pages, or create a handout with these learning objectives.

Resident-Centered Care

Individual Exercise: Guided Imagery—5 minutes

3. **Brainstorm.** Ask participants:

 *What does resident-centered care mean to you?*

Encourage a small number of responses. Thank participants for their responses. Explain that they will discuss this further during the next exercise.

Teaching Tip

Note that you are NOT trying to define “resident-centered care” in this step. You are only getting a sense of what participants already know and think about the term. The definition will come after the guided imagery and discussion.

4. **Conduct the guided imagery exercise.** Explain that the purpose of this exercise is to help participants think about resident-centered care from their own perspective—as if they were residents in this facility. Ask participants to close their eyes and just listen, while you describe a situation and read a series of questions for them to think about—but not answer out loud. Note that you will PAUSE AFTER EACH QUESTION, to give them a few moments to think about it.

“Imagine that tomorrow on your way to work you are in a bad car accident. You survive, but you will need surgery, a hospital stay, and eventually long-term care. You are now ready to leave the hospital and go into a long-term care facility like this one. You begin thinking about what that will be like for you.

- *What will the staff be like? How will they treat you? [PAUSE]*
- *What aspects of day-to-day life will be the most difficult for you? [PAUSE]*
- *What could staff do to make things better for you? [PAUSE]*
- *How will you communicate your wishes to the people taking care of you? [PAUSE]*
- *How do you think they’ll respond?”*

Teaching Tip

When you pause after each question, SILENTLY COUNT TO 10, to give participants time to think about each question. It will seem like a long time, but it's necessary to let people imagine being in the role of the resident, instead of the caregiver.

Pairs Work—5 minutes

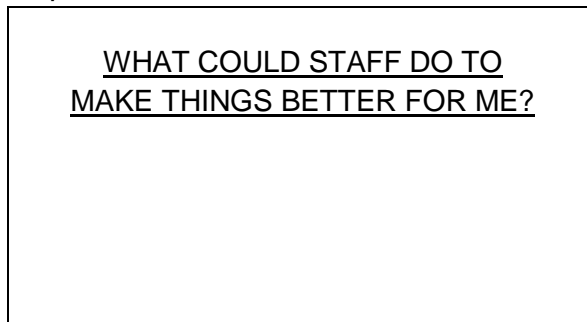
5. **Tell participants to open their eyes.** Ask participants:

? *How did it feel to do this exercise?*

Encourage a few comments, and then move on to pairs work.

6. **Form pairs and give instructions.** Ask participants to find a partner and sit together. Ask them to get some paper and a pen or pencil. Post the prepared flip chart page. Explain that they will have five minutes to share their guided imagery experience with their partner, focusing in particular on the question that is listed. Ask them to be ready to share some of their answers to this question with the group. (Suggest that they may want to make notes on their paper.)

Flip Chart



Teaching Tip




If there are an odd number of participants, put three participants in one group.


After two minutes, remind partners to switch so that both will have a chance to share their thoughts.

Pairs Reporting—5 minutes

7. **Facilitate brief reports from each pair.** Ask each pair to give two examples (one for each person) of the things that they would like staff to do to make things better for them. Note each item on the flip chart page (from Step 6).

Interactive Presentation—15 minutes

8.  **Define resident-centered care.** Note that their answers to the question, “What could staff do to make things better for me?” are what resident-centered care is all about. Distribute and review **Handout 1-B: Resident-Centered Care and the MDS 3.0 Revisions.** Read the definition and note how it compares with their understanding (Step 3).
9.  **Compare the new guidelines to participants’ experience in the guided imagery.** Explain that resident-centered care is so important to the Centers for Medicare and Medicaid Services (CMS) that new guidelines were announced in April 2009 to support efforts by nursing homes to move toward more resident-centered services and environments. As you review the handout, note how the specific points are similar to what participants mentioned during their brainstorming for “resident-centered care” (Step 3) and their discussion of how they would want to be treated by staff (flip chart, Step 6).
10.  **Identify ways that participants already address resident-centered care.** Distribute and review **Handout 1-C: Resident-Centered Care and Quality of Life.** Ask participants:

 *What are some of the things you already do in these areas?*

Encourage participants to offer at least one example (in addition to the one on the handout) for each element of Quality of Life.

11. **Facilitate a discussion about the role of communication in the MDS 3.0 Revisions.**

Ask participants:

 *Which of these revisions requires communication between resident and staff, or*

between co-workers?

Teaching Tip



The answer is that ALL of the revisions in the MDS 3.0 require communication between resident and staff, or between co-workers, in order for the workers to learn about the resident's needs and preferences.

Explain that this is why this workshop series focuses on developing communication skills in order to provide resident-centered care.

Active Listening and Body Language

Interactive Presentation—5 minutes

- 12. Introduce body language.** Ask participants to share what they think “active listening” means (or what it means to listen “actively”) and discuss responses. After a few responses, distribute and review **Handout 1-D: Active Listening and Body Language**. Explain that active listening means staying engaged in the speaker's story, using both verbal and nonverbal communication skills. In this session they will learn about the *nonverbal* skills of active listening, which are also known as “body language.”
- 13. Explain the importance of body language.** The way someone holds his or her body while listening to another person says a lot about whether the listener is paying attention and whether the listener understands the speaker. Ask participants for one or two examples. After a few examples, thank participants for their ideas, and explain that the instructors will now demonstrate how our body language can affect communication when we're listening.

Teaching Tip

Body language is also important when the CNA is speaking. Note that this will be addressed in the units on Paraphrasing and Constructive Feedback.

Demonstration Role Plays and Discussion—15 minutes



**STRENGTHENING COMMUNICATION AND PROBLEM-SOLVING
COMPETENCIES FOR CNAs: In-Service Training
to Improve Geriatric Care in Long-Term Care Facilities**

- 14. Set up the role play demonstration.** Explain that you and a co-instructor (or staff person—see Advance Preparation) will act out a role play in two parts. In this role play, you would like participants to focus on the person who is listening (indicate which one of you that will be) and look for body language that tells you that the person is really listening.
- 15. Conduct Part 1 of the role play.** Follow the *Instructor’s Guide, Unit 1: Scripted Role Play—Active Listening* until it says “STOP.”

Teaching Tip

In Part 1, the *speaker* keeps telling the story despite distractions, and acts genuinely—meaning he or she can show frustration or annoyance with the “listener’s” non-listening behaviors. The *listener* should demonstrate distracting body language—becoming increasingly preoccupied with *anything but* the story being told.

The listener must exaggerate poor body language for this exercise to work well. Behaviors may include: looking at the clock, glancing away, fidgeting, yawning, slouching, crossing arms, checking your cell phone, etc. See *Instructor’s Guide: Tips for the “Listener” in the Demonstration Role Play on Active Listening* for more ideas about how to conduct this role play.

- 16. Debrief Part 1 of the role play.** Ask participants:

? Would you say this was a demonstration of “effective body language” or “distracting body language”? [Answer: Distracting body language]

? What made you think it was “distracting body language”?

Post a flip chart page entitled “Distracting Body Language” and list participants’ responses.

Flip Chart



**STRENGTHENING COMMUNICATION AND PROBLEM-SOLVING
COMPETENCIES FOR CNAs: In-Service Training
to Improve Geriatric Care in Long-Term Care Facilities**

DISTRACTING BODY LANGUAGE

Ask the “speaker”:

? *How did it feel to not be listened to?*

Then, note how little information you (as the listener) were able to take in. Bring up the word “multi-tasking” (if it wasn’t already mentioned) and note that we all multi-task at times. Note that although we may be open to listening, and we may have good intentions, multi-tasking or other distracting body language has a negative impact on communication, both on the person who is speaking and on the listener’s ability to really listen and remember.

Teaching Tip

Remember that the focus is not simply on how good it feels for the speaker to be listened to, but also on the importance of listening in order for the listener to clearly understand the information being shared.

17. Continue with Part 2 of the role play. Explain that you will continue the role play from where you left off. Ask participants to see if they notice anything different about the listener’s body language.

Teaching Tips

Nonverbal signs of active listening include looking at the speaker, nodding, leaning forward, and using one-word verbal cues like “uh-huh, okay, yeah” etc. Including one-word verbal cues allows this demonstration to be more realistic. However, to emphasize the importance of body language alone, try to limit verbal responses and do not use any other verbal communication. Do not ask questions, for example.

Limiting your responses to only nonverbal cues may seem awkward. If you or

participants bring this up, note that you are breaking down the skill of active listening in order to show the various components of it—and that body language is the first component you’re looking at. Acknowledge that responding in a real situation with only body language would be unlikely.

18. Debrief Part 2 of the role play. Ask participants:

? *Would you say this was a demonstration of “distracting body language” or “effective body language”? [Answer: Effective body language] Why?*


Post a flip chart page entitled “Effective Body Language” and list participants’ responses, describing what “effective body language” looks like.

Flip Chart

<p><u>EFFECTIVE BODY LANGUAGE</u></p>

Ask the “speaker”:

? *How did it feel to be listened to this time?*

19.  **Wrap up the activity.** Thank participants for their observations, and thank your “assistant” for helping with the role play. Note the key role that body language played in making a difference between distracting and effective listening in the role play. Distribute and review **Handout 1-E: Using Effective Body Language for Active Listening**. Encourage participants to apply what they’ve learned about active listening at work and with friends or family. One way is to simply notice what kind of body language they see people

using (including themselves) when they're listening to someone. Also, they can try using more effective body language and see if it makes any difference in their interactions.

Large-Group Exercise—5 minutes

20. Conduct a closing go-round. Wrap up the session by asking participants:

? *How can you use what we discussed to be more “resident-centered” in your work?*

Teaching Tips

Conducting this as a “go-round” means that **each person** gets a chance to answer, without anyone interrupting or asking questions. Usually, you ask for a volunteer to start and then you move to the next person, and the next, until everyone has answered. Participants can “pass” if they wish, but you always come back to them at the end to give them another chance to answer.

It's important for every person to say something about what they learned and how they can apply it. It not only shows what they are thinking, but, in some cases, it may trigger their thinking in a way that did not happen earlier in the session.

21. Thank participants for their participation!

Instructor’s Guide, Unit 1: Scripted Role Play—Body Language for Active Listening

PART 1.

CNA 1: Let me tell you what happened yesterday JUST as I was about to leave. It was 10 minutes to 3 o’clock and, as usual, I was ready to be out of here so I’m not late picking my daughter up from school.

CNA 2: *Fidgeting and looking around the room (see Instructor’s Guide, Unit 1: Tips for the “Listener” in the Demonstration Role Play on Distracting Language).*

CNA 1: I had just finished with my last resident of the day and I’m walking down the hall when I passed the room of one of my residents who ALWAYS goes to the bathroom by himself. As I walk past the room, I catch a whiff of this AWFUL smell! I’m thinking, why does it smell like he’s had a bowel movement? So being me, I’m curious and I go into his room and I say, “Mr. Jones, do you want to go to the bathroom?” And he says, “No. Why are you asking me?”

So I go over to him, and I tell him I just want to be sure his sheets are arranged right, AND when I pull back the blanket—he’s got poop all over the sheet and his legs! And now he’s upset with me and starts YELLING at me that no one ever answers when he calls.

[STOP the role play here. Facilitate the discussion about “Distracting Body Language”...then continue.]



PART 2.

CNA 1: Well, I'm thinking, 5-10 minutes to go—maybe one of the other CNA's can help out or maybe he can just wait for the shift change. But, you know, I'm really feeling torn because I know I shouldn't leave him like that—AND I know everyone else is trying to leave now too. AND I don't want my daughter hanging around by herself outside the school, waiting for me.

CNA 2: *Now show complete attention to the speaker (see Instructor's Guide, Unit 1: Tips for the "Listener"...)—no fidgeting, no doing other tasks or moving around.*

CNA 1: So I stick my head out the door and I see one of my co-workers that I get along with really well. I tell her what's going on—and that I really can't stay AND I don't want to leave him that way.

You know, she's such a good person. She tells me right away, "Don't worry, I'll help you." So I go back in to clean Mr. Jones and she changes the linens while I'm doing that, and we both managed to get on our way pretty close to 3 o'clock. I can't tell you how much I appreciate having her for a co-worker!

Instructor’s Guide, Unit 1: Tips for the “Listener” in the Demonstration Role Play on Body Language

In the “Distracting Body Language” role:

Be prepared to *not* listen! Think in advance of a few things you can do to demonstrate “poor listening” body language. It might help to think of what you might be doing if you were alone or busy at work. You may also want to bring a few props to use (such as a cell phone, a nail file, pen and paper, etc.).

Make sure your nonverbal body language is “big” enough for the participants to see it.

At the same time, be careful not to exaggerate your body language *too* much.

In the “Effective Body Language” role:

Maintain eye contact with the speaker. Nod your head, lean toward the speaker (as appropriate).

Do NOT fidget with anything! Do NOT get up and move around.

Speak very little, if at all—the purpose of the exercise is to focus on your *body language*. One-word listening cues, for example “okay,” “uh-huh,” “right,” are okay, but try not to use them, if at all possible.