

Study Guide- Chapter 6 Health Team Communications & 7 Understanding the Person

Chapter 6

When you work with people in a healthcare setting, you often have to communicate important information about patients to co-workers. What does “good” communication look like for a CNA?

Why could it be dangerous for a CNA to use **subjective** data when communicating information about a patient?

A person’s medical record is a permanent legal document that could be used as legal evidence in court if needed. Agencies have policies about how to make entries, who can record information, what abbreviations to use, etc.

For each part of the medical record listed below, describe the information that you would find in it and why it is important to collect this information.

Admission Information:

Health History:

Flow Sheets and Graphic Sheets:

Progress notes and Nurses’ notes:

Why do nursing agencies use a Kardex?

The **Nursing Process** is a five-step method that nurses use to plan and deliver nursing care. **Assessment** is the first step- they have to know as much as they can about the patient and their problems. How can a CNA assist an RN with assessment?

What is the difference between a sign and a symptom? Which one is subjective and which one is objective?

After the RN collects all the data from the assessment stage of the nursing process, they make a **nursing diagnosis**. Making a nursing diagnosis is the **second step** in the 5-step Nursing Process. What’s the difference between a medical diagnosis and a nursing diagnosis?

Planning is the **third step** in the 5-step Nursing Process. Explain why a nurse would use **nursing interventions** in this step of the Nursing Process.

OBRA requires a **comprehensive care plan**. Why is it important for nursing agencies to keep accurate, up-to-date comprehensive care plans?

The next step in the 5-step Nursing Process is **implementation**. What happens during this step?

The last step in the 5-step Nursing Process is **evaluation**. Why is this step so important?

As a CNA, you act as the nurse's eyes and ears by recording patient observations and care given to patients. Why is it important to record specifics about the patient's condition? Why do you think you want to record what time observations are made and told to the nurse?

You need to be able to convert a regular time (2:30pm) to 24 Hour Time, or military time (1430). Remember, in 24 Hour Time, there is **NO** punctuation and **NO** am/pm designation.

Be able to explain what **anterior** and **posterior** are in relation to the body.

In the following words, circle the prefix and define what the prefix means:

Arthritis **Dermatology** **Osteoporosis**

In the following words, circle the suffix and define what the suffix means:

Paraplegia **Dysphagia** **Rhinoplasty**

Describe what good computer etiquette looks like for a CNA when they have to use the agency computer to log observations.

You are teaching a new CNA how to answer phones in the nursing agency. What are the most important things you would tell them about how to answer the phones and why? How should they treat an emergency call differently than a regular call?

Conflicts between co-workers can happen in a work environment, and they should be addressed in a respectful, fact-focused way. Why is it important to focus on facts and specific behaviors when solving a conflict? How is this reflected in the process of conflict resolution in the book?

Chapter 7

Maslow created a "pyramid of basic needs" that all humans need. The bottom of the pyramid is the most important, and a person cannot reach the top of the pyramid without the things

underneath. Describe one way a CNA helps to meet the basic needs of a patient for each of the bottom three levels of the pyramid: **Physical needs, Safety and security, Love and belonging.**

Our personal **culture** affects our behaviors, our beliefs, and our desires. No one culture is more worthwhile than another. In what ways can a CNA show respect for a patient's culture when it is different than their own?

A CNA may have patients that have recently learned that they have a disability or illness that will affect them for the rest of their lives. Review the six **behaviors** that can be seen in patients. If you found yourself diagnosed with a disability while being cared for in a medical setting, how do you think you may react to the people who are caring for you? Which of the six behaviors do you find the most surprising?

What is the difference between **verbal** and **nonverbal communication**? Why is it important for a CNA to be able to control both their verbal and nonverbal communication in times of stress?

Sometimes, patients have brain damage, memory problems, or need extra time to understand what is being asked of them. How should a CNA communicate with them if they don't understand a question that is being asked? What should a CNA do if a patient repeats the same question over and over?

When a patient is distressed, they often feel cared for and safe if someone listens to their concerns. How do you know when someone is listening to you?

Open-ended questions allow someone to elaborate about feelings, thoughts, or ideas. There isn't one simple answer. When might a CNA use this type of questions when caring for a patient?

In what situations are **direct questions** more useful than open-ended questions when caring for patients?

Describe the differences between **paraphrasing, clarifying, and focusing.**

Even if a CNA has the best intentions, sometimes they communicate in an ineffective way.

Review the nine **communication barriers** listed in the book. Which of these might be something you have to personally work on when you start working with residents? What do you think are your strengths when you are communicating with residents?

Review the term **pat answers** in the list of communication barriers. People can be uncomfortable when someone is sad or upset, and as a CNA you may have residents who cry or worry about their health. What could you say to them to show that you care and are listening?

A CNA often cares for residents that are in wheelchairs. What do you think are the most important ways to show a person in a wheelchair that you are listening to them when you communicate?

It's never safe to assume that a person in a **coma** cannot hear you. Because you know that they cannot see what you are doing, what are some extra things you need to do when you are caring for someone who is in a coma?

Explain the ways that family and friends help to meet the **basic needs** for patients.

A CNA may need to provide care to a patient when visitors are in the room. The care would require some of the person's body to be exposed. How would you handle this situation?

Friends and family members are often supportive, but other times they could upset a resident or attempt to learn more about the resident's medical history. How should you respond if a visitor upsets a resident or asks to know about their health?

Bonus:

Resident rooms in long-term care centers often include a personal phone for the resident to use if they want to talk to friends or family. Your resident is asleep when the phone rings, and they gave you permission to answer the phone for them if they were unable. When answering their personal phone, it's most appropriate to say, "*Good afternoon, this is Mrs. A's room,*" rather than, "*ABC Nursing Center, this is Stephanie Mateo, CNA, how may I help you?*" Why do you think this is?