



**Communication with
Cognitively Impaired Patients
for Certified Nursing Assistants**

In-service Self-Study Packet & Test

*Meets the Communication with Cognitively Impaired Clients 1.0 In-service Hour
required by the Florida Department of Health/Board of Nursing for
Certified Nursing Assistants*



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COMMUNICATION WITH COGNITIVELY IMPAIRED PATIENTS and RESIDENTS

OBJECTIVES:

At the end of this class you will be able to:

1. Define communication.
2. Describe three kinds of communication.
3. Communicate with people who have cognitive impairments.

INTRODUCTION

Those who give care in the hospital, nursing home or in a person's own home communicate with their patients and residents many times every day. It is very important that we are able to speak to and communicate with those that we care for, even when they have a problem with their thinking, or cognitive ability.

WHAT IS COMMUNICATION?

The purpose of communication is to send a message from one person to another. This message can be sent with spoken words, by writing and with the person's body signs.



Communication can be:

- Written,
- Oral, and
- Sent with body signs

Some examples of written communication are letters, notes and signs, like the ones you see on the street.



Some examples of spoken, or oral communication are:

- talking,
- singing a song and
- watching a television show.

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Body signs also send a message. When a patient has a sad face and their teeth are tight together, they may be trying to tell you that they are in pain. When a person grunts or taps their table with their hand, they may be trying to get you to look at them.

Nursing assistants and others who take care of patients also send messages with body signs. For example, when you stand in a patient's room with your arms crossed in front of you or on your hips while you tap your foot on the floor, you are telling the patient that you are in a hurry. You do not even have to say one word. The person may get your message and know that you are in a hurry.

Communication has a:

- Message
- A sender of the message and
- A receiver of the message

Nursing assistants, and other people who take care of patients, must be able to send and get messages from the people that they take care of.

The sender of the message must send the message in a way that the receiver of the message understands it. Our patients must be able to understand the message that we are trying to send to them.



We must also be able to understand a message that a patient or resident is trying to send to us. We must be able to understand what our patients are trying to tell us, even when they are confused and/or not able to speak. We must also be a good *receiver of the message*.

Sending a message to a confused, sleepy or unconscious person is not always easy. It takes special skills. It also takes special skills to send a message to a person that has a mental problem or illness.

It is also not easy to get, or receive, a message from a person that is confused, sleepy or not alert and oriented. This too, takes special skills.

WHAT IS A COGNITIVE IMPAIRMENT?

A cognitive impairment is a loss that makes it difficult for a person to send a message and/or to get a message from another person. It makes it hard for us to communicate with the person with this kind of loss. The patient is not able to think, speak, understand and/or remember. It can last for only a short time or it can last for a long time.

For example, some drugs can make a person not able to speak to you or understand what you are trying to tell them while they are taking a certain drug. For example, drugs that calm a person down can make our patients not able to speak clearly. This loss may be just for a short period of time. This person may be able to again think and speak clearly as soon as this drug has been stopped. People with Alzheimer's disease, on the other hand, have this loss for a long time. It will not go away. It will only get worse as the disease continues.



Some groups of people who may not be able to speak and/or understand a message from a nursing assistant include:

- Babies,
- young children and
- many old people.

These people may not be able to send a message to you. They may also not be able to get a message from you. For example, the older person may not be able to speak or understand your message. They may be confused and not able to communicate because of their old age, an illness or medicines. Young children and babies are also not able to talk with you. You must use special skills when the patient or resident does not understand what you are trying to say. At times, you should include the parent of the young child or the family members of an older person in your talks with the patient or resident.

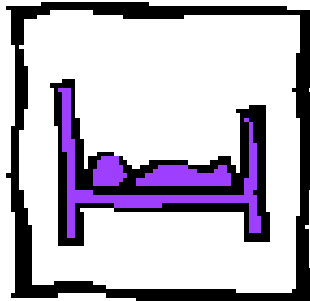
Some other people who may not be able to communicate include those who have:

- *Alzheimer's disease and other forms of dementia.* Many people with Alzheimer's disease and other kinds of dementia have trouble sending and receiving a message.
- *had a stroke or CVA.* People that have had a stroke may have trouble thinking. Some may know what they want to say, but they just can not find the word that will send a message to other people. This is called expressive aphasia. They may also have trouble understanding a message from other people. This is called *receptive aphasia.*

- *a brain injury.* People that have had an accident with a head or brain injury may have trouble both sending and getting a message. They may also be disoriented and even in a coma.



- *a mental illness.* People with a severe mental illness may be unable to communicate because of their illness or as a side effect of the medication that they are taking.
- *a developmental problem.* This kind of problem is found in about 1 in 10 families in our country. A developmental problem can happen before a person is born, when they are born or while they are growing up as a young child. Some of these people are not able to talk or understand what a person is saying to them.
- *severe sleepiness.* It is difficult to communicate with people that are very sleepy and lethargic. We often see these kinds of patients in our hospitals and nursing homes.



- *a coma state.* You should always speak to a person in a coma in the same way that you would speak to them when they are awake, however, they may not understand what you are saying and they will not be able to tell you what they want or need.

HOW TO COMMUNICATE WITH PATIENTS THAT HAVE COGNITIVE PROBLEMS



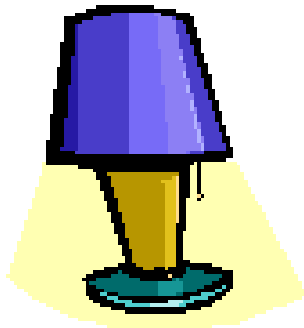
You must use simple, plain words that a person can understand when you communicate. Do not use words like "hospital", "NPO", "ambulate" or "void" if the person does not know what these special healthcare words mean. You should say, "You can not eat or drink anything after 12 midnight", instead of saying "NPO". You may want to ask the person if

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they "would like to walk", instead of asking them if they "would like to ambulate". Also, use the word "urinate" or show the male patient the urinal, instead of using the word "void" unless the person understands that word.

Some of the other things that you should do to help when you communicate with a person who is cognitively impaired are:

- include the family and friends in the communication when a patient is not able to understand what you are trying to say;
- ask the family and friends how the person can be helped to communicate with you;
- speak in a plain way, using words that are simple. For example, instead of asking if the person is hungry, ask, "Would you like to eat some eggs?";
- talk to patients in a place that is quiet and that does NOT have a lot of distractions. Turn off the radio and TV while you are talking to the person, after you ask them if you can;



- make sure that the person can see you. Turn on the lights if the room is too dark;
- keep the message as short and simple as you can. Many people do best with short talks rather than long ones with a lot of information at one time. It is better to talk for a couple of short sessions, rather than one or two long ones;
- discuss one thing at a time;

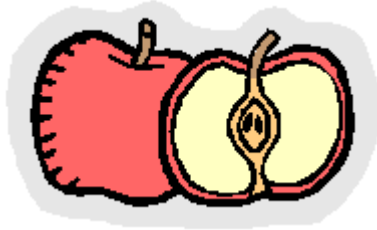
- repeat the message as often as needed;
- ask one question at a time and listen to or observe for the answer;
- draw pictures or write things down for the person if this helps them understand what you are trying to say;
- let the patient draw a picture or write things down for you if this makes it easier for them to tell you what they want or need;





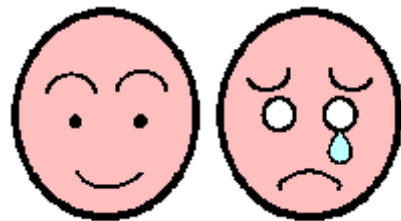
- ask "yes" or "no" questions. For example, if you want to know if a patient wants to eat fruit, ask "do you want an apple or a pear?", instead of "do you want to eat a piece of fruit?";

• use real objects whenever you can. For example, show the person the real object, like an apple, if you are asking the patient if they would like to eat it.



- speak slowly and in a clear way;
- talk with a low pitch, not with a high pitched voice;
- face the person that you are talking to;

- make eye contact with the person
- listen to the person;



- look at the person's face. Is the person trying to tell you something? Do they look like they are in pain? Are they holding a part of their body, like their hand or their head? Do they look sad? Do they look angry?; give the person their eyeglasses and hearing aid, if they wear them;

- always show respect and caring; and
- communicate with touch and a calm voice when you want to tell a person that you care and they can not understand the spoken word.



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SUMMARY

Communication is a very important part of patient care. You must use the special skills described in this self study when your patient has a cognitive impairment so that messages can be sent and received.

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