

# Home Health Aide

D I G E S T

## Pre-/Post-Test Good Communication (Jan-Feb 2004 issue)

All questions in this quiz are based on articles in the Jan-Feb 2004 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

1. Personal or communication style is:
  - a. As natural as being left- or right-handed.
  - b. Almost impossible to figure out.
  - c. A combination of two out of four basic personality groups.
  - d. All of the above.
  - e. a & c.
2. (True/False) Because opposites attract, a people-oriented/unstructured person will likely have an easy time communicating with a task-oriented/structured person.  
True.  
False.
3. A client who is task-oriented and structured would likely prefer an exercise program that:
  - a. Varies the time of day and the time spent on the exercise.
  - b. Sets specific goals to be reached.
  - c. Offers the chance to go to parties.
  - d. Has a written weekly plan.
  - e. b & d.
4. A goal can help motivate a person if:
  - a. The goal is defined.
  - b. The person will know when the goal has been reached.
  - c. There is a reward for reaching the goal.
  - d. All of the above.
  - e. b & c.
5. To learn a client's needs and wants:
  - a. Ask about favorite hobbies, foods, books, and movies.
  - b. Ask your supervisor, to avoid embarrassing the client.
  - c. Don't ask about activities the client can't do anymore, because the client may feel frustrated.
  - d. Avoid questions about upcoming big events, as the client might get worried.
  - e. None of the above.
6. (True/False) When a client says no, the wise HHA respects that client's wish and doesn't ask nosy questions.
  - a. True.
  - b. False.
7. When a family care giver starts "dumping" on you about personal problems, the best way(s) to redirect that person include(s):
  - a. Say you understand, then suggest that the care giver get out of the house for a while.
  - b. Remind the care giver that your job is to care for the client. Then suggest that the care giver find a solution rather than distract you from your work.
  - c. After giving some reassurance, suggest that the care giver phone a friend.
  - d. All of the above.
  - e. a & c.
8. When a care giver's behavior is frustrating you, try to approach the problem by:
  - a. Discussing concerns with your supervisor, who can then talk with the care giver.
  - b. Telling the care giver about your own problems, so that person will see that life is tough for other people too.
  - c. Keeping a cheerful attitude and smiling.
  - d. a & c.
  - e. b & c.
9. (True/False) Because a pharmacist is the person most knowledgeable about medications, it is wise to ask the pharmacist first, rather than wasting your supervisor's time with questions about a client's drugs.
  - a. True.
  - b. False.
10. When a client's prescription for a generic drug has been refilled with pills that look different, you should:
  - a. Be confident that the pharmacist has filled it correctly.
  - b. Check with your supervisor or the pharmacist to make sure it really is the same drug.
  - c. Have the client keep taking the medication, and watch to see if the drug has any new effects.
  - d. Ask the client if the medication seems to taste the same.
  - e. c & d.

I began reading *Home Health Aide Digest* at \_\_\_\_\_ am/pm.  
I finished reading *Home Health Aide Digest* at \_\_\_\_\_ am/pm.

name

date

signature



# Home Health Aide

## Worthy of RESPECT



**Spirit Profile:  
Jeannie Nelson**

**J**eannie Nelson doesn't wonder where Lake Wobegon is. She works there.

Every day, as a home health aide (HHA), Jeannie drives many miles throughout Central Minnesota, the setting for Garrison Keillor's fictional town. But, unlike Keillor's made-up characters, Jeannie Nelson cares for real people. And she does it very well.

For three years, Jeannie has been an HHA with Heartland Home Health Care and Hospice in St. Cloud, MN. In

her minivan, she drives among the many small towns of the region, caring for five clients a day, usually seeing 13-14 each week.

Jeannie caught the caring bug early in life. As a young girl, she volunteered as a "candy striper" in a nursing home. It became obvious, she says, that "I like caring for people." Later, Jeannie worked for 10 years as an aide in a long-term care facility. But the demands of working every other weekend burned her out. She shifted gears and went to work in a bridal shop. Caring for people was in her blood, however, and eventually she began to seek a home health care job.

Although the Heartland office was 30 miles from her home, Jeannie really liked the staff. So, she thought, *I'd like to try it out.* She's happy about that choice. Her nomination for Spirit Profile proves that her supervisors are happy about it, too. "The staff and clients are like family, like best friends," Jeannie says. "We work as a

**"People in society  
need to respect  
what an HHA  
really does."**

**—Jeannie Nelson**

team for the clients' benefit."

The advantage of home care, in Jeannie's opinion, is "one-on-one quality time with clients. The nursing

### Focus on

## Good Communication

**C**ommunication is easy. Just talk while the other person listens. Right? If only it were so simple.

In fact, the process is complex. It's not just words flying from a mouth to an ear. It's tangled up with factors such as personality, culture, mood, tone of voice, body language. That's why it's easy to be misunderstood—and to misread the other person's "signals."

For an HHA who deals with many different people, good communication is vital. And doing it well doesn't have to be hard. Many rules are a matter of simple common sense.

This issue of the *Digest* will help you understand how to be a great communicator as you deal with clients, care givers, coworkers, and supervisors. And, as you improve your communication skills, you may find that your job (and even your personal life) has become more enjoyable and satisfying.

home always seemed short-staffed, so I had limited time to spend with people. In the client's home, I can do better quality care and get closer to the client."

Jeannie has a high regard for the HHA's  
continued on page 12

# Do It with

# STYLE

Understanding a person's "type" will help you communicate successfully

by Suzanne P. Campbell

You have a personal style. But, we're not talking about fashion. We're talking about communication. Your personal style has a great effect on how you communicate with each client or coworker. And the personal style of each of those people affects how each of them communicates with you.

For several years I have led workshops on this subject for community, church, and business groups. Many of those people, after learning the "secrets" of their own communication style, have entered a new level of success.

Style, or personality type, determines such things as:

1. How you get your energy.
2. How you prefer to accomplish tasks.
3. How you deal with others.

There are many tests that can help you define your own style. These are called *personality inventories*. Perhaps the best known is the Myers-Briggs Type Indicator (MBTI), which is used throughout the world by schools, businesses, the military, and other groups to help their people understand themselves. That is because understanding yourself is the first step toward understanding how to get along well with others.

To help explain the point, let's try a simple exercise. Fold a clean sheet of paper in half. On the first half, sign your name as you usually do. Now turn the paper over and use your other hand to sign your name. What did you notice? When you used your preferred hand, the signature looked normal, you felt natural, and you didn't even have to think about it. However, when using the other hand, you may have felt just

the opposite. It felt unnatural, you had to concentrate—which required more energy—and the result was harder to read.

## Style is your natural preference

Think of personality style as a natural preference, such as being right- or left-handed. Yes, you can use your other hand for writing, but that requires more effort and feels less natural. Now imagine that you are in a classroom and the teacher requires that you use your non-preferred hand to do all your assignments.

This isn't as farfetched as you may think.

During the era when my mother attended classes in a one-room country school, many teachers insisted that every student use the "correct," or right, hand. Because she was left-handed, my mother could have faced great difficulty. Fortunately, she had a wise teacher who let her use the hand she preferred. Teachers now know that forcing a student to change "handedness" causes all kinds of problems in learning. The same is true if you expect everyone else to change natural style, or personality, to what you feel is most natural.

Perhaps the main thing to remember about personality type is that you have certain ways of living your life that are most natural for you, and others have ways most natural to them. No one is without a personal style.

## What's your style?

Because I cannot sit down with you and give a test to find out your natural preferences, I will provide a way for you to explore it on your own. At its simplest, natural style can be divided

into four basic personality groups. Each person is two of the following:

1. People-oriented.
2. Task-oriented.
3. Structured.
4. Unstructured.

As everyone else, you combine two of these in your own personal style. You are either people- or task-oriented. You also are either structured or unstructured. By looking at these, you can better understand how you get your energy and how you are organized.

A *people-oriented* person is energized by being with others. If faced with a problem to solve, that person likes to bounce ideas off companions in order to get help thinking through the problem. A people-oriented person often "doesn't know what she thinks until she says it." If there is work to do, it's easier to do it with others. It isn't that this person doesn't value getting a task done; rather, when looking at the work, she thinks of how it will affect others.

A *task-oriented* person, on the other hand, gets energy from inside himself. Being with others for extended times drains his energy. This person needs time alone to re-energize. When faced with a problem to solve, he likes to think it through before he discusses it with someone else. The task-oriented person prefers to concentrate on the task at hand and get the work done. Then he's ready to socialize. Although this person values relationships, concentration on the task comes first, and time with people second.

A *structured* person is destination-oriented. This individual prefers clear



directions, wants a set of goals that can be accomplished, and is results-oriented. The structured person often likes to work in ways that have worked well in the past and that provide clear steps toward the desired goal. She enjoys bringing order out of chaos.

X An unstructured person is all about the journey. He knows what the goal is, but is willing and happy to get there in a variety of ways, tried or untried. The unstructured person values broad guidelines rather than strict directions. He likes flexibility and spontaneous action. This person feels confined by rigid guidelines and doesn't mind living with a certain amount of chaos.

Did you recognize yourself in the above types? What did you learn about yourself? What did you learn about your most difficult client? Chances are that the two of you have different personality types that may clash when you try to reach care plan goals.

Let's look at some examples and see how an HHA might deal with a client whose personality style clashes with the HHA's.

## Styles in action

### Example 1

Juanita is an HHA whose style is people/unstructured. Her client, Ed, has a care plan that calls for him to do exercises each day. Juanita knows that exercise can be boring, so every day she varies the time of day and the minutes spent on exercise. She tells Ed that if he gets stronger, he will be able to go to parties. After a week of this, Ed tells her he hates exercise and refuses to do it anymore.

*Suggestion:* Juanita is assuming that Ed has the same style as hers. She might consider that Ed's personal style is task/structured, so the thought of going to a party doesn't inspire him. She could ask him if he would prefer doing his exercises on a definite schedule so that he can plan for them. Perhaps he would like a written weekly plan that lists which exercises should be done each day. He is likely to be spurred by setting and meeting specific goals, rather than by the promise of a social

outing. Juanita could provide a list of his goals, which Ed could check off as each is achieved.

### Example 2

Abram is an HHA whose style is task/structured. Juan, a client who lives in an assisted living community, is recovering from knee surgery. Abram prepares Juan's meals in the apartment's tiny kitchenette to spare Juan the difficult trip to the community dining room. However, he notices that Juan is becoming listless and has little appetite. Abram decides to make up written menus for the coming week so Juan will look forward to his meals and know what to expect. To give Juan some privacy during the meal, Abram goes to do the laundry while his client eats. After a week, Juan seems even more depressed and is eating less than before.

*Suggestion:* Abram means well but his solution doesn't fit Juan's people/unstructured personality. Juan may feel boxed in by the regulated menus, and lonely because of his isolation from others. Abram might talk to his supervisor about getting a wheelchair with a leg rest for Juan's affected knee. Then Juan could be wheeled in to join the others in the community dining room. This would give him needed contact with others, which will give him energy and improve his appetite. Also, the dining room might offer menu choices, so Juan could eat whatever appealed most to him that day. If this is not possible, Abram could offer to sit and eat meals with Juan, and perhaps play favorite music on the radio as they eat.

## Now it's your turn

Using what you have learned, figure out what you would do in the following scenarios:

### Scenario 1

Mary's client, Christine, is a retired teacher. Photos of friends and family adorn every tabletop in her home. In the past, she attended church every week, belonged to a book club, and played bingo on Thursdays. However,

Christine has been unable to take part in these activities since a massive stroke paralyzed her left side. The care plan calls for her to dress in street clothes each day, but the process is difficult and she hates making the effort. She now refuses to get dressed at all. How can Mary motivate Christine to get dressed?

### Scenario 2

Josephine receives help from her HHA, Elizabeth, because severe arthritis keeps her from doing many tasks that were once easy and pleasurable. When she arrives at Josephine's apartment, Elizabeth observes that there is a calendar in every room, the spices in the cupboards are in alphabetical order, and the canned goods in the pantry are lined up by category. Josephine's care plan calls for her to hand-wash her dishes after lunch. This is supposed to give her a sense of accomplishment and also get her hands into warm water, which will assist in flexing them. Josephine feels that the HHA should do this task because "that's what she's paid to do." What can Elizabeth do to encourage Josephine in this task?

Now you have had a chance to discover that you, and everyone else, has a personal style. That style governs how you get your energy, how you prefer to do tasks, and how you deal with others. Using this knowledge may help you figure out your client's style and thus help that person find ways to follow the care plan.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

### The Author

Suzanne P. Campbell is editor of Home Health Aide Digest. As president of Careerwise in Minneapolis, MN, and a certified MBTI presenter, she often conducts workshops on personal communication style. She holds a BS in sociology and an MA in psychology.

PEOPLE-ORIENTED...TASK-ORIENTED...STRUCTURED...UNSTRUCTURED

# Motivating Your Client to Say

# YES!

## Sales secrets that can help you help your client

by Lisa P. Olson

Ever have trouble getting a client to cooperate with some part of the care plan? Maybe the client doesn't want to eat or do the exercises that will aid recovery. At a time like this, a little "sales" training can come in handy.

Over the years, many large companies have spent millions of dollars learning how to overcome a customer's "no" and to persuade that person to say "yes" to a product or service. Having spent 23 years in the field of marketing, I've learned that many of these sales concepts can be applied to home health care as well. Following are some simple sales techniques that may help you gain a client's cooperation.

### Set some goals

Salespeople are excited by goals. They like to know what the goal is, how they'll know when they've reached the goal, and what their reward will be for doing so. This can be true of you and your clients as well. Think about the all the things you need to achieve with your client daily or weekly. Think how much easier your job would be if you and your client were working together as a team.

To do this, start by picking just one or two areas that you would like to improve. How would you define success in those areas? If your client resists eating breakfast, you might define success as increasing the number of times he or she eats a good

breakfast during the week. A realistic goal will help make both of you feel like winners.

### Do your research

Success in selling requires that you understand a customer's needs and wants. What is important to the client can be used by you to provide motivation. During your visits, take time to learn more about your client as a person. What are favorite hobbies, favorite foods, favorite kinds of books and movies? Are there activities once enjoyed by the client that can't be enjoyed again unless health improves? Is the client looking forward to a big event, such as the birth of a grandchild or a family wedding? Taking time to really listen and understand your client as a person will increase that person's trust in you. It also will give you knowledge needed to help encourage the person toward goals.

### Lead with a benefit

One of the most vital parts of good selling is showing a benefit that the customer can relate to. A benefit is something that person really wants or needs. Use the knowledge you've gained from talks with your client or his family to give motivation. For instance, "I know how much you want to attend your granddaughter's wedding. Let's work hard on your exercises so you'll be strong enough to go."

Sometimes all your client may really want is a change of pace. Set a goal you both agree upon (make sure your supervisor approves), and plan a little celebration when the goal is reached. It might be as simple as a walk after breakfast, or a dish of favorite ice cream. If your schedule does not allow time for such a celebration, a friend or family member could be enlisted to help and thus share in their loved one's success.

Another approach is to schedule a favorite activity to follow a more challenging one. Perhaps you could find an interesting audiobook, and promise to play one chapter each day after exercise. Now you can say, "Let's get the exercises out of the way, so we

## What You Will Learn

After studying this issue of the Digest, you should:

1. Have an understanding of how to recognize personal style and the ways in which it can affect how a person communicates.
2. Know several ways to motivate a client who seems to resist your efforts to carry out the care plan.
3. Gain new insights into the needs of a family care giver, and know how to help and encourage a care giver.
4. Be aware of important questions that a pharmacist wants to answer.
5. Know several common courtesies that can help to make you a better communicator.

can find out what happens in the next chapter of your book." The point here is to give your client something to look forward to after completing other tasks.

### Assume they will say yes

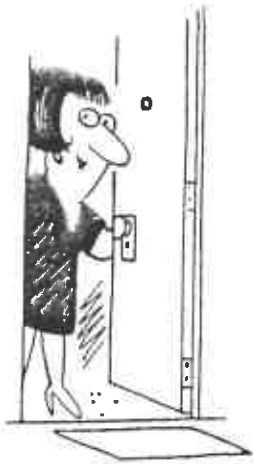
When you want your client's cooperation, always speak positively, as though you assume your client will agree with what you are saying. If you can, give your client a choice to make. For instance: "It's time to get dressed. What would you like to wear today—your pink blouse or that cozy blue sweater?" (You assume the client will get dressed, but you give the person control over what will be put on.)

### Overcome resistance by asking clarifying questions

In the world of sales, we view a "No, thank you," as, "Please tell me more."

# Communicating with Your Other Client

Secrets of supporting the family care giver



by Denise M. Brown,  
Executive Director, The Center  
for Family Caregivers

As vital as you are to your client, you are doubly vital to the client's family care giver. Because of you, a care giver can take a break, run errands, make phone calls, or meet a friend for

coffee. Often, without you, that person's world would consist of the inside of the house. For a few hours a week, you open up the world for that care giver.

Family care givers have much on their minds. They worry about finances and how to care for their loved one when you aren't there. They struggle to find five minutes to pay bills or to comfort their loved one on the bad days. They fight to keep a stiff upper lip when all they want to do is cry. And, as we all know, worry will wipe away one's sense a humor faster than a bad joke.

Family care givers are charter members of what I call the Walking Worried Club. Because they can be so distracted, you may find that you and the family care giver are prone to

miscommunication. Consider these ideas to help with the problem:

1. *Give a heads-up if you are running late.* Or, depending on your agency's policy, let your supervisor know as soon as possible so she can notify the care giver. Often, a family care giver has set appointments and planned other commitments during the time you'll be with the client. If you arrive late, you make the care giver late. Letting her know you're behind schedule allows her to make needed changes in her schedule.

2. *Expect a bad reaction to bad news.* Family care givers are stressed—so much so that they may not act like themselves. If you have bad news to share, such as being unable to come

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It means we haven't yet answered all objections or explained the benefits well enough. Therefore, when you "hit a wall" with your client, you may need to dig a little deeper to find out what the real issue is.

Let's say your client won't eat breakfast. He may say, "I'm not hungry." But what does that really mean? He might mean that food doesn't look good to him this early—that breakfast would be more appealing later. Or it may be that he hates oatmeal. In such a case, ask him what foods he likes best in the morning.

Let's say your client refuses to take her pills. Try to find out why. Do they make her feel nauseous or dizzy? Do they leave a bad taste in her mouth? Are they difficult for her to swallow? Is she confused about why she needs to take them? Almost any objection can

be dealt with once you've learned what's behind it.

## Make it visually appealing

Sometimes great selling is about making sure the product looks good to the buyer. You can perk up a meal and relieve boredom by sometimes serving coffee in a pretty teacup, or dinner on the good china. Or decorate the table with a colorful placemat and a simple bouquet of wildflowers (even dandelions make a bright display). Who wouldn't respond more positively to a cheerful setting?

I hope this short "sales seminar" has given you some useful ways to motivate your client and make life better and easier for both of you. Always keep in mind that your client needs what you have to offer. Therefore, don't accept a no. When you take time to understand a client's

needs and to present real benefits, that person's no often becomes a yes!

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

## The Author

*Lisu Olson has been a manager in sales and marketing with a large telecommunications company, and a communications manager for a large health care management firm. She holds a BA in communications with a minor in advertising from North Dakota State University.*

## Communicating with Your Other Client *continued from page 5*

on a scheduled day the following week, chances are that the care giver's response to your bad news will not be good. If you have to cancel, work with your supervisor to offer a plan that will be pleasing. (Be sure to follow your agency's policy about changing schedules and taking time off.)

For example:

- ❖ Recommend another HHA in the agency whom you know the care giver and client will like.
- ❖ Suggest another day that will fit your schedule as well as the care giver's.
- ❖ Propose that the social worker help the family make alternate arrangements, if possible.

**3. Take note of family tensions.** You may notice that the care giver and the client seem testy, angry, or just unhappy with each other. If you have concerns about how the care giver and client are interacting, talk with your supervisor. Together you can figure out the best course of action to address these problems.

**4. Teach with sensitivity.** You have knowledge and skills that the family care giver could really use, as she may be doing many things the hard way. If you sense that she is struggling to provide hands-on care, try this approach: "I've found a great way to move John in bed without disturbing him—but, I'd like your opinion. May I show you how I do it?"

**5. Watch for signs of burnout.** You may notice that the care giver seems so overwhelmed that you worry about his well-being, as well as that of the client. If you think they need more help, urge your supervisor to make a visit to talk about possible answers.



**6. Would a different HHA be better?** What if you are having a hard time getting along with your client? Perhaps you'd like to request a different client. Talk with your supervisor about your concerns. The supervisor can then discuss other options with the family care giver. This type of news may be easier for the family care giver to manage if it comes from your supervisor.

**7. Keep your cool.** If you're frustrated by the client, venting to the family care giver will only add to her stress—and yours. Instead, try asking for her help in finding a solution. For instance, you might say, "I notice that your husband becomes very anxious during the first 15 minutes I'm here. Does he have certain CDs or tapes I could play that might help calm him?"

**8. Redirect their frustration.** Does the care giver often dump problems on you that don't involve your client's care? By the time you leave the home, you may feel overwhelmed and weighed down by the care giver's baggage. When the person does this, try redirecting him. For instance, you might say, "I understand how mad you are at your sister. What a frustrating situation! While I'm here, why don't you get a change of scenery? Go for a ride or stop at the library. I'll take care of everything here." Or, you might say: "I can imagine how upsetting this is for you. I know I feel better when I talk to a friend about problems like this.

While I'm here to take care of Frank, why don't you phone a friend or someone from your support group?"

**9. Be a professional.** At times, the care giver's conduct may seem to border on rudeness. This can feel very threatening. Try

to keep in mind during such times that you are a professional and should behave in a professional manner. Try to keep a cheerful attitude and to keep smiling. Keep in mind that, when your visit is over, you will leave but the care



**Be a PRO!**

giver must stay there, trying to cope and deal with feelings of being overwhelmed.

Whether or not she shows gratitude, you can be sure that the family care giver feels it inside. You are, after all, the person who gives that person a chance to connect with the outside world, a few hours at a time.

*This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.*

### The Author

Denise M. Brown is publisher/editor of Caregiving! newsletter and caregiving.com. She is also executive director of The Center for Family Caregivers. Caregiving.com is an online haven and resource for persons caring for an aging relative or friend. Information on Caregiving!, and Denise's new book, *The Caregiving Years: Six Stages to a Meaningful Journey*, can be found at caregiving.com or by calling 773-334-5794.



**"It is not easy to find happiness in ourselves, and impossible to find it elsewhere."**

— Agnes Repplier

# Any Question Is a GOOD QUESTION

## How to communicate with a pharmacist



by Joy Morton, PharmD

Ever wanted to ask a pharmacist something about medication but felt your question was silly? Or perhaps the pharmacist seemed busy and you thought she must have something more important to do than answer your question. Perhaps your client has mentioned feeling this way, too.

As a pharmacist, I'd like to assure you and your clients that *no* question is silly if it involves medication. Each of us pharmacists has gone to school for many years to prepare us for your questions. And, we're always looking for chances to make full use of our learning.

Any medication questions you have should first be addressed to your supervisor. However, if you feel that you still don't fully understand, don't be afraid to ask a pharmacist. By learning more about medications, you will be better able to serve your clients.

Following are some common questions I hear. I hope they will help you as you work to give your client the best care possible.

### **What are common side effects of this medication?**

This is a great question that can help the pharmacist give you important knowledge about what to expect from a medication and indications that there may be a problem. It will assist you and your client in watching for bad effects and reporting them before the problem becomes more serious.

### **Why does a person take several different medications for the same problem?**

This is a question that doesn't get asked enough. Typically, a doctor prescribes different medications because each drug works differently. High blood pressure is a good example of this situation. Often, the doctor prescribes two or three different medications for different aspects of this problem.

However, if a person sees more than one doctor, it is important that each doctor knows what medications the other doctors have prescribed. If you have a concern about the number of drugs your client is taking, ask your supervisor to review your client's medications.

### **When a prescription gets refilled, why do the contents look different than the contents of the last fill?**

Particularly in the case of generics, several companies produce the same drug. A pharmacy may buy the product from one manufacturer one time, and from another manufacturer the next. This results in different colors, imprints, and even sizes, although the drug is the same.

However, if the medication looks different than what you are used to, don't be afraid to ask about it. If a mistake has been made, you may help to prevent an emergency.

### **Is there a difference in effectiveness between generic and brand-name drugs?**

Generic drugs are available only because they have been approved by the US Food and Drug Administration (FDA). To receive FDA approval, the generic drugs must be as effective as the brand-name drug for which they are being substituted. There is no difference, therefore, between brand-name and generic drugs.

Remember, asking the pharmacist questions is a great way to become better informed about your client's medications. This helps you to do a better job as an HHA. It also helps the pharmacist to provide information he would not otherwise have the chance to tell you.



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### **The Author**

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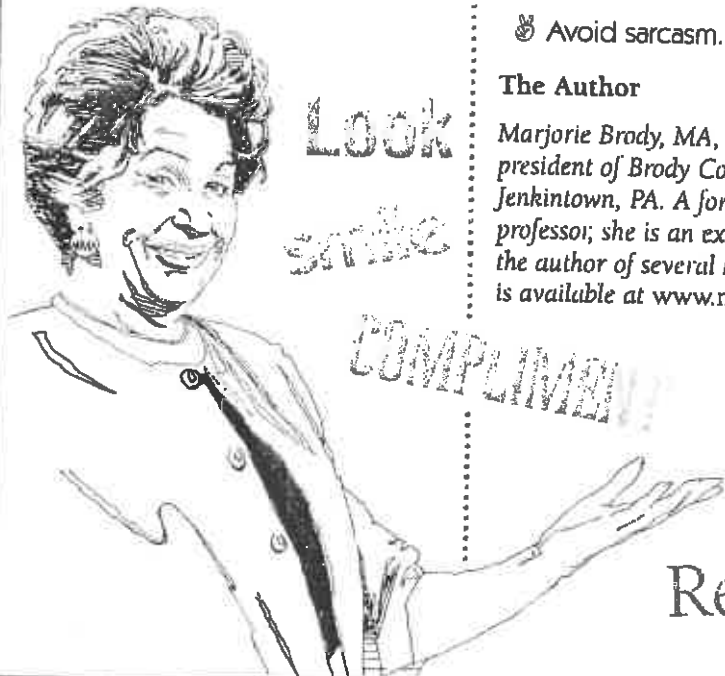
## Common Courtesies

That Can Make You a

# Better Communicator

**B**ecoming a good communicator is really quite simple. Just using some simple common courtesies can give a big boost to your communication skills. Here are some common-sense tips from expert Marjorie Brody:

- ☞ Say please and thank you, hello and goodbye.
- ☞ Smile and look interested in others.



- ☞ Look at people when you talk to them.
- ☞ Respect people's time.
- ☞ Compliment people.
- ☞ Do what you say you will do.
- ☞ Be aware of slang.
- ☞ Avoid foul language.
- ☞ Avoid gossip.
- ☞ Don't use humor that hurts others.
- ☞ Avoid sarcasm.

### The Author

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# The Right Way to Criticize

**C**riticism can build up or destroy—depending on how it's given. Here are some pointers, from communication expert Jan Boucher, on how to give criticism so that the other person will be helped instead of hurt:

- See yourself as a teacher or a coach. Your goal is to help people improve.



- Choose the right time to make suggestions. If someone's overwhelmed or stressed, they may be less able to hear you out.
- Be specific. Vague suggestions can cause worry and stress.
- Be sincere. If someone believes you truly want to help, they're more likely to take your recommendations seriously.
- Avoid saying "you should" or "you shouldn't."
- Try to show how the person will benefit from taking your suggestions.
- Be prepared to take criticism yourself.

From *Love the Job You Hate* by Jane Boucher, (Reno, NV: Beagle Bay Books, 2004, [www.beaglebay.com](http://www.beaglebay.com)).

**"One of the interesting things about love is that it is not a mathematical entity. When divided, love multiplies."**

—Richard A. Swenson, MD

# CARE TIPS

## Signs in the Stars

When logging a client's activities (such as ROM, urine and bowel outputs, breathing, etc.), I use colored star stickers to highlight problems. At the front of the log book I provide a color code so that nurses, physical therapists, and others involved in the client's care can know what the stars mean. The stars make it easy for these professionals to know when a problem started, and thus give the client better care.

Thanks to Gwen Van Steenbert, an HHA with WRC Senior Services in Brookville, PA.



## Back-up Baggies®

Run out of gloves while working with a client? Check in the kitchen for sandwich bags. In a pinch, a sandwich bag can be a handy substitute glove for applying creams to the body.

Thanks to Sylvia Spinner, an HHA with Gentiva Health Services in Lynchburg, VA.



Have a care tip you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your client care tips (along with your name, address, phone number, and name of your agency) to:

Care Tips, *Home Health Aide Digest*, 2122 10th St. E., Glencoe, MN 55336

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HHA-Na  
-na  
HAH!

## Keep That Dirty Laundry Handy!

On a very icy day I was driving to a client whose home was on a steep hill. Partway up the hill, my car lost traction, and couldn't move forward or backward.

Remembering that I had dirty laundry in the trunk, I took out the clothes and laid them behind each back tire—all the way down the hill. The dry fabric gave my tires the needed "bite" and I was able to back my way out of trouble!

Thanks to Janet Fellers, HHA, of Panhandle Home Health in Martinsburg, WV.

Have a humorous work experience you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your story (along with your name, address, phone number, and name of your agency) to:

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**"Happiness**  
comes from being a  
little uncomfortable as  
often as possible so  
you're always learning  
and growing."

Rich Hatch (Survivor winner)

# HEALTH CARE SAVVY

## Aspirin Powerful in Preventing Heart Attack

The little aspirin can offer big protection to those at risk of heart attack. A daily aspirin can lower one's risk of first heart attack by 32 percent!

People at greater risk of first heart attack in the next 10 years—and that includes men over age 40 and women over age 50—should strongly consider aspirin therapy.

Yet only about one-third of the estimated 62 million Americans at risk of heart disease actually take that daily aspirin. Whether it's the "it can't happen to me" mindset or some other reason, two-thirds of those who should be taking aspirin do not.

According to Dr. Charles H. Hennekens, MD, "The evidence is conclusive that the more widespread and appropriate use of aspirin in men and women, whose 10-year risk of a first [heart attack] is 10 percent or more, would avoid hundreds of thousands of first heart attacks each year in the United States alone. Aspirin is also proven to reduce the risk of a second heart attack by 20 percent, the risk of death by 15 percent in those who have had a previous cardiovascular event, and the death rate by 23 percent if taken during a suspected heart attack and continued for 30 days thereafter."

Dr. Hennekens knows. Co-director of cardiovascular research at Mount Sinai Medical Center and Miami Heart Institute, and professor of medicine and epidemiology and public health medicine at the University of Miami School of Medicine, he is a world authority in preventive cardiology and was the main researcher in the study that first demonstrated aspirin's ability to help prevent first heart attack.

(Source: DGNews)

## Botox Banishes Overactive Bladder

Those "gotta go, gotta go, gotta go right now" television ads make light of overactive bladder, but it's no laughing matter for those who have it. The condition can be life-changing, forcing sufferers to give up activities and travel they enjoyed in order to stay close to home. Called interstitial cystitis, the condition causes discomfort and the need to urinate very frequently.

A new treatment with Botox offers hope, however. Often used as a cosmetic age-fighting tool for those who want to erase and prevent frown lines, Botox paralyzes or weakens the muscles and nerves into which it is injected. When injected into the bladder, Botox disables the nerves and thus calms the "gotta go" muscles.

Urologist Christopher Smith, M.D., has treated about 30 patients this way and says the results look very good. Dr. Smith, of Baylor College of Medicine in Houston, TX, inserts a tiny scope and needle into the bladder and gives multiple injections. Generally within five to seven days, the patient sees results.

The treatment usually has to be repeated every six months, but this is a small inconvenience for those who have been treated and now have their lives back.

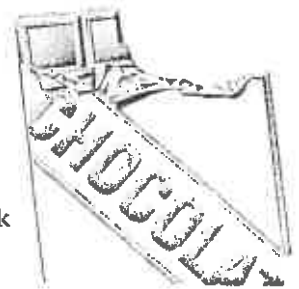
(Source: Ivanhoe Newswire)

## Blood Pressure Studies Include Sweet News

Several factors affecting hypertension (high blood pressure) were reported at the recent annual congress of the European Society of Cardiology,

including the exciting news that chocolate may help to lower blood pressure levels! Study reports included these findings:

- Hypertension appears, in some cases, to be caused by air pollutants.
- While exercise helps to lower high blood pressure, less exercise than previously thought appears to do the job.
- Penicillin, but not other antibiotics, may help to reduce risk of stroke in elderly patients with hypertension. Study continues on this.
- That losing weight lowers blood pressure was once again confirmed.
- The sweet news that dark chocolate reduces blood pressure was reported. However, another study found that milk chocolate does not have the same effect, nor does dark chocolate if taken with milk. Truffles, anyone?



(Source: Medscape Cardiology)

## More Falls Among Elderly With Chronic Diseases

Elderly women with chronic diseases may be more prone to fall, according to researchers from the University of Bristol (England).

The researchers studied more than 4,000 women aged 60 to 79, asking them about any falls they'd had in the past 12 months, whether medical

attention was required as a result, how often they fell, and noting a full history of medications the women were taking.

Nearly 75 percent of the women in the study suffered from at least one chronic illness. While about 17 percent of the women had fallen during the previous year, having a chronic illness meant a 30 percent greater risk of falling. That is almost double the risk.

The illnesses connected with higher risk of falling included arthritis, circulatory disease, chronic obstructive pulmonary disease, and depression. There was no link found between the number of drugs one took and falling, although sedatives and antidepressants did increase the risk of falls.

According to the authors of the study, "Chronic diseases may increase the risk of falls through direct effects of the disease, and indirect effects such as reduced physical activity, muscle weakness, and poor balance."

As an HHA, you can help your clients avoid falls by watching carefully for any hazards such as rumpled or slippery rugs, obstacles in or cords lying across walkways, slippery floors, and so on. Be especially aware of this for clients whose conditions or medications put them at greater risk of falls.

(Source: *British Medical Journal*, 2003)

## Sleep Apnea and Heart Trouble

Sleep apnea, the condition marked by loud snoring and short but repeated pauses in breathing, can mean more than a poor night's sleep. It may be a sign of heart disease.

Researchers at the Mayo Clinic in Rochester, MN, studied data from 154 investigations of sleep-related breathing disorders. They found that 1 in every 15 adults has at least moderate sleep apnea; 1 in 5 adults has at least mild sleep apnea. The researchers also found that sleep apnea, which is easily spotted and

treated, often occurs in patients with cardiovascular disease.

The sleep apnea, by disturbing sleep all night long, seems to hinder the effectiveness of sleep on the cardiovascular system. It appears to spur disease mechanisms that lead to damage to the heart and vascular system. Sleep apnea may also be a factor in the advance of heart disease and to the patient not seeing results from usual treatments.

The heart patient with sleep apnea may well not realize that he has apnea. If you are caring for a heart patient, ask often how well he is sleeping. If you are there when the client is sleeping, listen for the characteristic snore. If you suspect the client might have sleep apnea, tell your supervisor. It is important that measures be taken to treat it.

(Source: *Journal of the American Medical Association*, 2003)

## Goof-proof Microchip Meds

The biggest problem with taking medicine is human error. A person may take the wrong pill or the wrong number of pills, or take the pills at the wrong time. Or the person may simply forget to take them. Enter the microchip, the tiny techno-miracle that gives computer power to everything from toys to missiles.

Scientists are testing a microchip that can be placed in the body to automatically release the exact amount of medicine that the person needs. Only a half-inch long, the chip is covered with grooves filled with the needed drugs. The drugs then get a special coating that slowly releases each drug at the right time. A single chip may hold enough medicine for up to four months.

This device could be a big help for a client who takes many pills each day, or for a client who suffers from dementia.

(Source: *BBC News*)

## OUR MISSION:

To educate, encourage and elevate Home Health and Hospice Aides as vital participants in the delivery of health care.

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## Spirit Profile *continued from cover*

role. "People in society need to respect what an HHA really does," she says. "The TV news reports only the bad things that happen in home care. Why don't they ever show anything good? We're not just doing clients' personal care. We're there to hold their hands."

Hospice care, which is a large part of Jeannie's work, brings her much satisfaction. She finds that caring for the family is as important as caring for the client. "When a person is dying," she says, "emotions are up and down a lot. I listen to them, which is very important. I give them hugs. They need a break from being with a dying parent or spouse."

At the core of Jeannie's caring heart is respect for the client. "I respect the opinions of the client and family—even if I don't agree with them. I also show respect by following the care plan and Heartland's policies. If I don't follow the policies, I won't be able to care for my client anymore." And, of course, she respects her clients' privacy. "A lot of people in the area are getting to know me," she notes, "and they'll ask about a client. I have no problem telling them, 'It's confidential, I'm not allowed to say.'"

Punctuality, according to Jeannie, is a big part of showing respect. "Respect and responsibility go together," she insists. "I hate when someone's late. If I were a client, I wouldn't want to be

kept waiting." So, she gives extra effort to being on time.

Even the tough clients receive her respect and concern. "If clients don't want to do therapy, such as range of motion exercises, that's their right—but I'll keep encouraging them. I'll say, 'This is going to help you keep up your strength.' Most of the time they'll cooperate.

"Alzheimer's and Huntington's clients are most challenging," Jeannie admits, "but I do the best I can to make sure they get their personal care. You just do it," she says. "It's so important to just be there for the client and the family."

A Huntington's client is especially tough, and Jeannie learned much from her first such client. "The whole body is constantly moving, and the person feels out of control," she observes. After her first visit with a Huntington's client, Jeannie went online to learn more about Huntington's disease. "What the client needs most is the certainty that I'm there for him." The next time she cares for such a person, she says, "I'll get closer to the client, right away and try to understand the person better. I'll get to know the client better so I can really be there for him."

Communication, for Jeannie, is a key to first-rate care. For immediate needs, she and her supervisor each wear a pager. "You need to communicate with everybody, and to document," Jeannie asserts. "I do a lot of paging to

nurses and office staff, to order supplies, to get insights on a client. I never hold back from asking questions or reporting."

To keep communication going, the staff meets every week to discuss client and staff needs. "We go over each client, any changes, any need for more services. The physical therapist and occupational therapist teach us transfer techniques. Even if there's a care plan for a client, the HHAs will ask for insights," Jeannie explains.

Sometimes, she says, "Documenting can be forgotten when you're busy, but you need to update the staff on the condition of the client. Usually I take care of it quickly, either by paging the nurse or by writing it down."

Eventually, Jeannie says, "I'd like to be an HHA trainer," but that dream will have to wait. "I like working in the office and being right in the middle of everything, but I know I'm needed in the field." So she keeps giving clients her best, every day, every week.

Sometimes the work gets overwhelming, and at such times, Jeannie admits, "I've wondered, 'Should I quit my job?' But I know I couldn't. Those people need me."

The address of the office that nominated Jeannie Nelson is:

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and Hospice  
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# Home Health Aide

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