

HEAD, HANDS, & HEART:

Tips for Communication & Customer Service with Elders

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Communication: Hearing & Vision Impairments

When You Speak

- Use gentle touch to get person's attention before beginning to speak.
- Use person's name to get attention before beginning to speak.
- Make sure hearing-impaired person can see your face & mouth.
- Speak slowly & speak clearly -- Enunciate!
- Don't shout or speak loudly. Instead, lower your pitch and use an even, moderate tone.
- Do not speak directly into ear -- This causes distortion & doesn't allow for facial cues.
- Get rid of gum, food, or anything else in your mouth before speaking.
- Announce yourself entering or leaving a room.
- Use short, simple sentences.
- Use simple gestures (Ex: lift coffee cup & pantomime drinking).
- Allow ample time for person to comprehend, and then respond.
- Verify that you were understood.

Assistive Devices

- If used, make sure hearing aides are in place & working correctly. (Check batteries!)
- Use personal amplification systems when available.
- Keep notebook & pen handy to write messages.
- If used, make sure eye glasses are positioned correctly & clean!

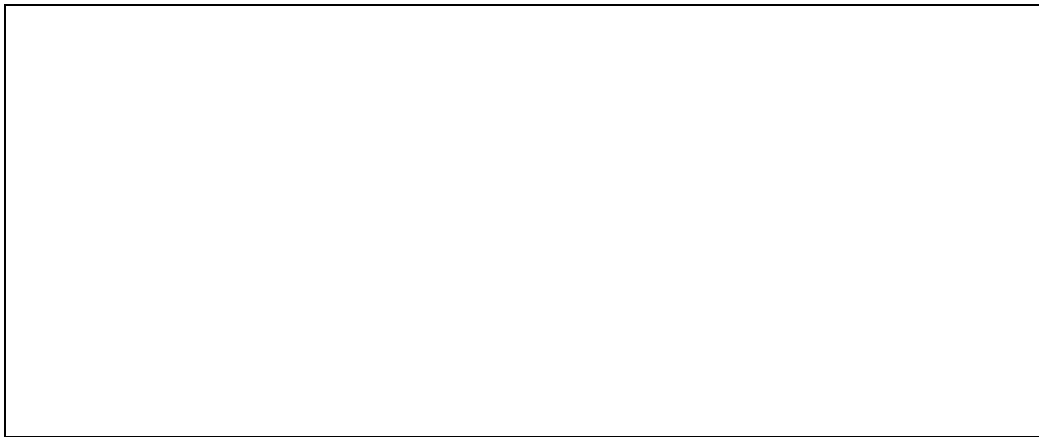
Communication: Stroke

Communication Strategies for Stroke

- Help person focus on you, by using her name or gently touching cheek or chin to direct her attention toward you.
- Minimize distractions, such as TV, radio, other conversations, etc.
- Allow ample time for person to respond.
- Don't assume the aphasic resident can't understand what you are saying.
- Know that "yes & no" are sometimes reversed, as are many other words.
- Ask resident to sing -- Many aphasic individuals can still sing!
- Use simple statements and concrete language.
- Use simple hand gestures to convey your message.
- Use communication boards & communication sheets.

Communication: Environmental Factors

- Find a quiet place, free of distractions (Ex: Away from radio, television, vacuum cleaners, loud air ventilation systems, other conversations, etc.)
- Face the person directly -- Avoid speaking from behind or from the side. Facial cues are important!
- Get at eye level -- Avoid speaking down at the person.
- Make sure the light source is behind the listener. (Light shouldn't be behind speaker)
- Avoid dimly lit areas, or shadowed areas.



Our Attitude

- Start the day right
- Surround yourself with positive people
- Share your inner light – smile!
- On-Stage vs. Off-Stage
- Forget everything on your name badge, except your name!
- Regard each person you serve as more important than yourself
- Treat customers as the most important part of your job
- Do the right thing
- Offer sincere compliments
- Take a breath, focus, & step into the person's world before you respond to a concern or question (& write down the concern or question!)

Communication: Alzheimer's & Other Dementia

The First Impression

- Treat every single interaction as if it's your first -- it may feel that way to the person!
- Carefully monitor your facial expression, body language, and tone of voice.
- Smile & approach with a warm, unthreatening manner.
- Offer a handshake, hug, or kiss (unless person responds negatively to touch).
- Approach from the front, calmly -- not from the side or from behind.
- Introduce yourself -- use your name and the person's name.
- Mention something specific & personal relating to the person's life.
- Simply describe what you will be doing.

Language

- Use short, direct sentences & concrete language.
- Graciously "fill-in the gaps," preventing embarrassment when language or memory fails.
- Avoid "baby talk" or a childish tone of voice
- Use positive responses whenever possible, rather than negative.
- Use the language familiar to the person

General Guidelines

- Find a quiet place, free of distractions Make eye contact -- even kneeling below the stooped person.
- Use visual cues & hand gestures
- Allow ample time for a response.
- NEVER ARGUE, DEBATE, OR "CORRECT."
- Provide ample opportunities for reminiscing.
- Include lots of humor -- laughing at yourself is best!
- Ask person for advice, for opinions, for help, for a hug -- Reinforce their value and worth.
- Find a way to close each interaction -- another handshake, hug, kiss, warm thank-you, shared joke, or song.

Anxious, Paranoid, or Combative Responses

- Take a breath, focus, and step into the person's world before you respond.
- As always, use non-threatening tone of voice, body posture, facial expression.
- Focus on & respond to the emotional content of the message, not the literal words.
- Understand & use Validation approaches or "getting into the person's world."
- Use touch when it is safe to do so, including massage, stroking, rocking, patting, hand-holding, etc.
- Neither Reality Orientation nor Behavior Modification therapies are appropriate for Alzheimer's-type and related dementias. In fact, these approaches make many situations worse.

Communication:

Tips for Respectful Communication with Elders

Do

- Communicate sincerity and warmth through tone of voice and body language.
- Speak to the resident at eye level.
- Speak slowly & clearly, adjusting volume & tone as necessary.
- Praise the resident's strengths.
- Find something you have in common with the resident and communicate this commonality.
- Use touch with residents who don't mind it -- always find out first!
- Ask for advice & input from residents.
- Show a non-judgmental attitude.
- Welcome residents by name each time they come to a program, a meal, or other social situation.
- Do introduce residents to yourself and others in the room, especially if they experience memory loss.
- Ensure that communication devices are in place and functioning (hearing aides, eye glasses).
- Allow ample time for the resident to respond.

Don't

- Criticize.
- Mock or use sarcasm.
- Talk over or around residents, as if they are not there.
- Say you'll be "right back," (unless you really will be!)
- Use nicknames, unless the resident specifically requests that you do.
- Don't be too quick to reassure or minimize problems -- instead, listen to show that you take the problem seriously.
- Use labels, such as "The diabetic in 402"
- Communicate disapproval or shock through facial expressions or body language.
- Use negatives (ex: "Don't do that"), instead use positive (ex: "Please come with me".)
- Patronize or use condescending tone.
- Rush the resident, or overwhelm the resident with multiple questions or instructions.
- Startle the resident.

Discuss: Alternatives to "Facility" or "Task" Language

Dietary	Unit	Patient	Transport	Ambulate
Care for	Facility	Wanderer	Reposition	Meds
BM	Feeders	Feed	Void	
Problems	Admit	Expired	Toileted	
ADLs	Manage	Industry	Bed -- Census	
Aide	Supplement	Tray	Intake	
"Cares"	Therapy	Screamer	Quad	
Activities	Rehab	Regs	Low-Functioning	

Is There Harm in Using This Type of Language?

Customer Service: Definitions

What is “good” customer service in long-term care?

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Key Points – Definitions:

- Customer service means _____
- Most customer service definitions have _____ in common.
- Customer service _____ can be taught, but customer service is more a “_____”

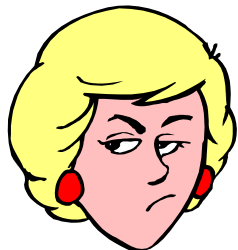
*Adapted from Carlaw, P. & Deming, Vasudha Kathleen, The Big Book of Customer Service Training Games, McGraw-Hill (1999).

Training Resources:

Customer Service for Dummies (2nd Edition) – Leland & Bailey
The Big Book of Customer Service Training Games – Carlaw & Deming

Customer Service: Strategies for Body Language, Non-Verbals, & The First Impression

Eye Contact



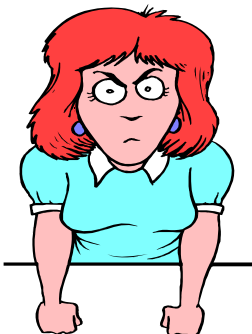
- Hard gaze = _____
- Looking down = _____
- Looking all around = _____
- Eye roll = _____
- _____ = _____
- _____ = _____

Facial Expression



- Blank look = _____
- Furrowed brow = _____
- Wrinkled nose = _____
- Tightly set lips = _____
- _____ = _____
- _____ = _____

Gestures & Body Language



- Hands in pockets = _____
- Clenched fists = _____
- Slouching = _____
- Walking fast = _____
- Tapping fingers – Clicking pen = _____
- Pointing finger = _____
- Crossed arms = _____
- Drawn-up shoulders = _____
- _____ = _____

Tone of Voice



- Abrupt, very curt rhythm = _____
- Monotone, droning = _____
- High pitch, fast rate = _____
- _____ = _____
- _____ = _____

Customer Service: Strategies for Customer-Focused Language & Empathy

Avoid the words “they” & “them”

“They set the housekeeping schedule, not me!” vs.

Avoid saying, “I’ll have to”

“I’ll have to go down to laundry and see if your sweater is there.” vs.

Avoid saying, “I don’t know”

“I don’t know when your medicine is coming. I don’t work this wing.” vs.

Avoid saying, “I’ll be right back.”

“I’ll be right back. . . Just hold on a sec. . .” vs.

Never say, “No”

“No, you can’t have any more soup. The kitchen is locked up for the night.” vs.

Never say, “I’m not supposed to”

“I’m not supposed to take people to the bathroom.” vs.

Never say, “It’s not my fault.”

“It’s not my fault your mother didn’t get her heart pill last night. vs.

Never say “calm down”

“I know your dad is soaking wet, but you just need to calm down.” vs.

Never say, “I’m busy right now.”

“I’m busy passing pills right now” vs.

Use “thank you” frequently & genuinely!

“The activity is over now, I’ll take you back to your room.” vs.



Gemini Consulting: Making Life Matter

Who is Erin Bonitto?

Described as a “rare find” and “a breath of fresh air,” Erin Bonitto is a nationally-recognized educator and consultant whose career sprang from her first job as a 16-year-old working in the dish-room of a nursing home in her small hometown in Minnesota. A Certified Activity Director who holds a Master’s Degree in Gerontology, Bonitto founded Gemini Consulting in 1998 and has presented workshops at more than 300 conferences.

Bonitto also is a sought-after consultant serving long-term care communities in 15 states. Her innovative, multi-module “Life Enrichment Program” is currently being funded and studied by the New York State Department of Health, which began working with Bonitto in 2006 to implement each module of her program for persons with dementia in three nursing homes. Her program caught the health department’s attention when it recognized one of the nursing homes that implemented her “Alzheimer’s Lounge” module with a 2005 Patient Safety Award, when the program was linked to a 50% fall reduction rate. Long-term care professionals from all backgrounds — in more than 40 states — have praised Erin’s down-to-earth style and uplifting, real-life stories.

What is Gemini Consulting?

At her husband’s urging, Erin Bonitto, M.S., A.D.C, founded Gemini Consulting in 1998, offering a single educational workshop, “*Activities & Administration: A Successful Partnership*,” to a small group of Activity Professionals in Redwood Falls, Minn. The success of that single workshop sparked the development of four additional workshops for Activity Directors – all offered in the Midwest. By 1999, due to national demand for Gemini Consulting Activity Director workshops, Bonitto left her full-time employment as an Alzheimer’s Unit Director to focus her energies on developing and presenting additional workshops.

Today, long-term care trade associations routinely invite Gemini Consulting to present workshops, not only for Activity Directors but for all long-term care professionals, including Administrators, Nurses, Social Services and more. Gemini Consulting has presented workshops in 42 states, including “breakout” sessions and high-profile keynote sessions. Bonitto currently offers 15 standard workshops and countless “customized” workshops.

As a consulting and training firm, Gemini Consulting has filled a niche that previously had not been adequately addressed: Resident Quality of Life. Gemini Consulting has developed very specific consulting and training packages to assist long-term care providers who desire to move away from the rigid, Medical Model of Care to less-institutional models of care. Gemini Consulting’s most-requested on-site packages include: Activity Department Check-Up and Overhaul; Alzheimer’s Lounge Start-Up; Alzheimer’s Lounge Follow-Up; In-Depth Dementia Training; Therapeutic Small Group and Roving Cart Activities; Medium and Large Group Activities; and Communication and Customer Service.

These consulting and training modules comprise Bonitto’s “Life Enrichment Program.” The complete program is currently being funded and studied by the New York State Department of Health. From early 2006 through mid-2007, Bonitto will spend nearly two weeks per month in New York, working with three nursing homes and the state’s health department to implement each of the program’s modules for persons with dementia.

One of the facilities, Huntington Living Center in Waterloo, N.Y., was recognized by the New York Department of Health with a 2005 Patient Safety Award for its Alzheimer’s Lounge Module entitled “Circle of Hands.” Residents who participated in the program experienced significant reductions in anxiety, sleep disturbances, wandering/pacing, accidental falls, and behavioral symptoms of Alzheimer’s Disease and dementia.

Though the content of the Bonitto’s “Life Enrichment Program” is unique and acclaimed; much of Gemini Consulting’s success is due to how the consulting is provided. Most long-term care consulting firms offer a few days of limited on-site support simply telling care providers what they should do better. Bonitto’s visits focus on demonstrating how to do things better. Gemini Consulting typically provides several visits to each client – each visit 4-5 days in length. Most of the on-site time is spent “on-the-floor,” providing actual hands-on training to all levels of staff in all departments; and actually working with the residents who have dementia. In fact, no other firm nationally provides this depth of hands-on, dementia-related training. Additionally, no other firm nationally provides this basic “nuts & bolts” coaching required to support culture change initiatives.

Gemini Consulting also is supported by Bonitto’s husband, Chris, a successful nursing home administrator and her sister Kathleen Ferguson, , Director of Nursing at Gianna Homes in Minnetonka, Minnesota.

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