

Communication Skills

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Helping the Conversation to Flow

**PART OF THE 'FIRST 33
HOURS' PROGRAMME FOR
NEW VOLUNTEERS AT
CAMBRIDGE UNIVERSITY
HOSPITAL.**

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Communication Skills for New Volunteers

HELPING THE CONVERSATION TO FLOW


I *can listen to patients. That's not a problem for me. I think I have trouble with starting a conversation*'. Emma - volunteer.

There is considerable evidence to show that 'caring conversations' can enable patients to access thoughts, feelings and experiences and gain new perspectives on these – even while they are stuck in hospital.

Ward volunteers' interactions with patients are usually brief encounters. Although humans are social creatures, it is natural to be cautious of strangers. The volunteer ID badge and uniform inspires trust and raises expectations of kindness and consideration. People in hospital are, just like volunteers, out of their home environment and reliant on staff and volunteers to be self aware – that's aware of what they themselves are thinking, feeling and doing, and how that impacts upon other people, especially vulnerable patients. Volunteers have chosen to be on the wards – patients have not!

Beware of being judgemental and of making assumptions – we all do it, more often than we are aware. That's not wrong or bad as such, but it is sometimes unhelpful because our reading of a situation and our reaction to it might be very different from someone else's in the same situation. Keep that in mind while you volunteer.

TIPS FOR OPENING A CONVERSATION

The most important thing you can do is to introduce yourself – say who you are and why you're there. There is a campaign  #hello my name is...

The campaign was set up by Kate Granger, a doctor and terminally ill cancer patient, who was deeply concerned that hospital staff looking after her did not introduce themselves. So she started a campaign to encourage and remind people of the importance of introductions in health care settings. You can find out more from:

www.hellomynameis.org.uk

Volunteers are an important part of the NHS. It's just as important for you to introduce yourself to the patients as it is for a member of staff.

So, smile, clearly say 'hello, my name is ___ and I'm a volunteer. I'm here to help on the ward until 7pm tonight'. If you're new or nervous, there's nothing wrong with saying that too. A lot of patients will respond positively to your stated nervousness as most of us enjoy helping others – that applies to patients just as much as volunteers. Being able to help someone else feel comfortable *may* be exactly what the patient needs at that moment in time!

WHAT NEXT?

You will learn to read the situation, taking your lead from the patient.

PATIENTS WHO DON'T ENGAGE

If the patient doesn't need or want your interaction, they will make it clear by not engaging, or by answering with a brief 'thanks – but I'm okay' – which is fine. It's not a reflection on you as a volunteer. If a patient is very quiet and withdrawn, it may be worth gently probing a little further – 'Is there anything I can do for you?' If a patient seems in pain or you are otherwise concerned, please raise this with a senior member of ward staff and be guided by them.

KEEPING THE CONVERSATION GOING

Even when patients clearly want to engage, it may sometimes seem difficult to keep a conversation going. Remember, if you are going to spend even a few minutes with a patient, it's worth getting a chair and sitting down – don't stand over them.

SAFE, TRADITIONAL TALKING POINTS

The weather.

The traffic/parking.

The local area – shops, eating places, etc.

The ward environment – hot, cold, busy, quiet.

Look around the area you're in for other talking points – pictures, cards, books, decoration, even hospital equipment.



QUESTIONS

Once a conversation starts, questions may be appropriate. Be aware that questions starting with 'are' or 'do' are closed questions because they generate yes or no answers. Open questions – for example, starting with 'what', 'where', 'which', 'who' and 'in what way' – generate fuller answers.

There are only two things to beware of:

Never ask anything about the patient's condition, and

Never ask or give an opinion about the patient's condition or treatment.



If a patient is confused, it's best to avoid questions altogether. See Skills Builder number 4, Helping People with Dementia.

DEALING WITH SENSITIVE ISSUES

Volunteers may be fearful that they won't be able to cope with a difficult question and they find it hard to relax and engage with patients who are less outgoing. The sorts of questions some volunteers dread are:

- Am I going to die?
- Will I get better?
- When am I going home?

These are questions for which you don't have the answers. Volunteers do not know anything about patients' medical conditions, so you'll need to tell the patient this. Don't panic – stay calm and thoughtful. Does the patient want answers – in which case you'll need to speak to the nurse in charge and tell the patient that you have done so. Sometimes, though, the patient just wants someone to talk to. If this is the case, are you willing to sit and listen? For more about listening, see Skills Builder number 2.

PEOPLE WITH ENGLISH AS A SECOND LANGUAGE

This is clearly a potentially major barrier to the effective communication. Humour can be helpful but it is also risky as there are considerable national differences in what's considered funny and what's experienced as offensive.

In some cultures, making eye contact is regarded as intrusive or over familiar. Be as friendly and open as you can. Ask the ward staff, who will know the patient better, if there is anything particular you might be able to do to help.

BOUNDARIES

Follow these simple rules to ensure you keep the conversation within boundaries.

- Never give a patient your address, phone number, Facebook/Twitter/Instagram contacts.
- Never discuss your personal problems or private life.
- Never give an opinion.
- Never make yourself the topic of the conversation – although it's fine to share interests and a little relevant background. You can explain why you volunteer, for example, or whether you're exploring a career in health care. If the patient is interested in dogs, for example, and you are too – that's helpful.

If a patient crosses boundaries for you during a conversation please get help and advice from the nurse in charge or a member of the Voluntary Services team.

WRAPPING UP

There are some simple techniques for ending a conversation in a way that feels good for you and the patient.

1. Check how the patient feels. Ask 'How are you feeling now?'
2. Acknowledge how the patient feels. Say 'I'm sorry that you still feel upset/angry' or 'I'm really pleased you feel a bit better'.
3. Let the patient know there will be more opportunities to talk. 'I'm only here on a Wednesday afternoon, but we volunteers work in teams so there should be another volunteer here tomorrow'.

You can say:

'Thanks for chatting with me', or 'I've enjoyed spending time with you'.

One of the aims of the volunteering team is to improve psychological wellbeing for patients by reducing social isolation, loneliness and anxiety.

It's good to talk.

