

# Communication Skills

# 1



## Your Concerns

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

Inspired by



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# Communication Skills for New Volunteers

## Your Concerns

### **W**elcome, and thank you for volunteering.

This is the first in a series of 14 volunteering information sheets which make up the Volunteering Skills Builders for the First 33 Hours Programme. You can read them in any order you like, so choose the ones most relevant for you. This one addresses common concerns that many new volunteers have.

New volunteers sometimes find the prospect of talking to patients daunting. So what makes it so difficult to get started? Potentially, there are lots of things. Here are a few:-

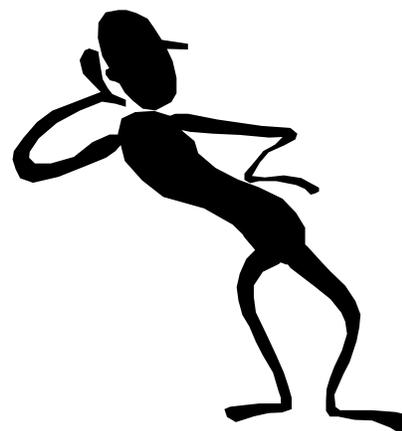
- Distractions in a room, e.g. other people, noise, smells.
- An uncomfortable place for you to sit – or no place for you to sit.
- No privacy. In the middle of a ward, everyone can hear everything you say.
- Worrying that the patient won't respond to you.
- Worrying that staff, patients or even other volunteers will be critical of you.
- Concerned that you'll say 'the wrong thing'; something that will upset or annoy the patient.
- Worrying that the patient will break down and not knowing how you'll deal with that.
- Concerned that the patient might ask you if they're going to get better.
- Worrying that the patient will be confused and start to say things that aren't really happening – for example, an elderly person wanting to pick up children from school or insisting that the TV is talking to them.

- Concerned that the patient will ask you to do something you're not able to do, such as help them to the toilet or to get out of bed.
- Concern about your emotional response, because of similar difficult or traumatic experiences you've had, for example bereavement.

That's a lot of worrying. So you'll be pleased to know that, in fact, most volunteers encounter very few difficult situations.

So let's start again. You don't have a magic wand – no one does, not even the consultant! You don't have any knowledge of the patient or their condition. You are a unique individual, one of a team of volunteers who are here to try to make a positive difference to patients. You don't have the answers. But you CAN learn to listen.

So often volunteers feel they can't help a patient. Yet listening correctly REALLY HELPS and is very therapeutic. Patients don't necessarily need answers, actions or problem solving. The process of being heard is validating and trust-building and can often lead to patients working things out by themselves. But you can't listen properly if you are worrying, so we'll explore the points raised one by one.



- **DISTRACTIONS.** In your first weeks, it will be easy for you to notice all the distractions. The ward or clinical area is a strange environment to you. It is full of staff who appear to know what they are doing, often rushing around, and of patients who are often just lying in their beds looking dejected or agitated or simply very poorly. Then there are the many pieces of clinical equipment, such as hoists, which look quite scary; there are the routines, which you become vaguely aware of; and the confusing array of staff in different uniforms. There are unpleasant smells from behind curtains and all sorts of drips, drains and catheters. It is natural that you should find this difficult, just as many patients find it difficult. Give yourself time to acclimatise, to watch and learn what is happening. Ask yourself if you are confident in this environment or if you find it difficult. Explore a little more – ask yourself what specifically it is that you find difficult. Is it the smells, the noise, the 'busyness'? Imagine you are a patient, and how it might feel for them. Remember that different people find different things challenging. Accept it may take you some time to feel comfortable, and that's okay.

- **A PLACE TO SIT.** This is important. You need to find a chair to sit and talk to patients. Sometimes there will be a chair free next to the patient's bed, but at other times you'll need to collect a light weight plastic visitor's chair from the corridor or rest room and use this instead. It is important that you find a place to sit. You'll need to sit at eye level, close enough to hear but not close enough to invade the patient's personal space.



- **NO PRIVACY.** No, there isn't much in the middle of a busy ward. It's regrettable and can be acknowledged, but you can't change it. Volunteers never go behind the curtains – so if the curtains are drawn around the bed space please respect this and do not enter.
- **PATIENTS WHO DON'T RESPOND.** If the patient turns their head away, says 'no thanks' or just shuts their eyes, it means they are not ready to communicate right now. It is not a reflection on you. It doesn't mean you won't make a great volunteer.
- **WORRYING ABOUT CRITICISM.** Stop worrying. You will be listening and responding to the patient; nobody will be criticising you, except possibility yourself!
- **SAYING THE 'WRONG THING'.** A lot of people worry about saying the wrong thing. Try to relax. If you are able to listen and show concern, you won't say the wrong thing, providing you remember the golden rule – never give an opinion about the patient's treatment or medical condition. It's especially important to remember this if you have a healthcare background (for example, students or retired nurses) or if you have some personal knowledge of the patient's illness.. You may need to develop confidence in your listening skills – more detail in Communication Skills 2.
- **PATIENTS WHO BREAK DOWN.** This happens rarely. On the rare occasions it happens, it is because the patient feels confident enough in your presence to 'let go'. But you're not alone, there are staff to help you and the volunteer duty supervisor can be contacted too. If you have a difficult conversation you can get support by speaking to the nurse in charge or contacting Voluntary Services.

- **PATIENTS WHO ASK IF THEY'LL GET BETTER.** Always introduce yourself as a volunteer, so it is easy to explain that you don't have any access to clinical information. You can ask for a nurse to come and talk to the patient.
- **DEALING WITH CONFUSION.** Some patients will have dementia or delirium. Remember the VERA method discussed at induction? We validate the emotion – say what you see. 'You seem anxious, worried, concerned? I'm a volunteer, my name is xx, I'm here to listen to you' may be a really good way to help people to start to calm down. If you yourself are worried – or anxious – about being on the ward, you'll probably be able to use these feelings and with a bit of imagination be able to connect to the patient's emotion. You might then offer reassurance and an activity, such as a cup of tea. Use our resources for helping people with dementia and don't panic! See Skills Builder 4 – helping people with dementia. Always ask ward staff for guidance in helping any patient who appears confused.
- **BOUNDARIES.** Be clear about the boundaries of your role before you start. Read your role description and refer to the 'do's and don'ts' card attached to your lanyard. Don't feel guilty about 'not helping'; you have a clearly defined role and you must not put patients or yourself a risk by attempting to do something you have not be trained to do.
- **YOUR EMOTIONAL RESPONSE** is important. If you feel upset, you should discuss this with the Voluntary Services duty supervisor on the day – don't leave it until next time. We can organise a one to one session for you to discuss any aspect of your volunteering role, just ask a member of Voluntary Services staff. We also have a free telephone counselling service available – Care First. You can call them on 0800 174319.

## HELPING YOU COPE WITH YOUR WORRIES.

You are part of a volunteering team whose main purpose is to make a difference to patients. That's why all our volunteer roles involve interacting directly with patients. Some volunteers are great communicators already when they join us and thoroughly enjoy their time helping patients, right from day one. But some new volunteers feel nervous and unsure. You'll see from this information sheet that there are sometimes difficulties, *but that all can be solved*, with the right approach and the right support.

This week we've been exploring coping with your concerns. Be sure you understand:

- You are part of a team and people are here to help you. Share your concerns.
- Explore your own feelings and emotions to gain insight, while remembering everyone is different.
- Take your time. People learn at different speeds.
- Read over your role description just before you start your volunteering session.
- Follow our Skills Builders, taking one week at a time. The information, when you apply it, will help you to build your communication skills and your confidence.
- Report any concerns you have as soon as possible, either to the nurse in charge or to the Voluntary Services team.

## INSTANT FEEDBACK.

We have an instant feedback station that allows volunteers to tell us, anonymously, how they feel about their volunteering. We hope you will make use of it – you'll find it in the Voluntary Services office next to the signing in book. You may like to know that 97% of volunteers answered YES to the question 'Do you feel you made a difference today?' (over a 7 day period in October 2014).

You can make a difference and we will support you.

## WELCOME TO THE TEAM.