

Volunteer Patient Visitors – Creating Conversation Flow

Volunteer patient visitors enhance the experience of patients and families by providing companionship, emotional support and comfort. One of the aims of volunteer patient visiting is to improve the psychological wellbeing for patients by reducing social isolation, loneliness and anxiety. The following information is being provided to help visiting volunteers with starting conversations and helping with conversation flow.

Awareness of hospital environment:

- Check in/introduce yourself to the charge nurse/staff when entering the unit, and ask if there are any changes or priorities to the patient visiting list.
- Unit staff will advise volunteers regarding which patients to visit. Ask for any background information about the patient that may be relevant before approaching (e.g., language barriers, cognitive/visual/hearing impairments, if they are up for a visit today, etc.) and any recommendations for activities or conversation topics. Confirm if the unit has a patient log book (a place for volunteers to make notes about the visit).
- Masking may be required in your unit; read the signage and follow-direction from the staff.
- Speak in a moderate voice to avoid disturbing other patients who may be sleeping or trying to rest.
- Familiarize yourself with any medical equipment sounds within the unit/patient rooms (alarms, beeps, etc.).
- **Be sure to practice hand hygiene before and after each patient visit.**

Opening statements and questions for your first encounter with a new patient:

- Be sure to introduce yourself as a volunteer as patients may mistake a volunteer for a health professional team member (remember to smile- even with a mask on you can still smile with your eyes).
- “Hello! My name is XX and I am an LHSC volunteer. My volunteer role is visiting with patients.”
- Offer to chat, read to them, or play a game (if games are provided by the unit/area)
- Offer to do crafty things with them – draw, colour, puzzles etc. (if materials are provided by the unit/area)

Helpful questions in creating conversations:

- 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.
- Most patients enjoy talking about their lives – jobs, families, pets, etc.
- Ask where they are from.
- If there are pictures in the room, ask about the people/animals in the pictures.
- Comment on any flowers or cards in the room.
- Ask about their employment or if the patient happens to be retired, where they used to work.
- Ask them about their past travels – you may have some common travel experiences.
- Talk about weather, food, music, the local area (shops, restaurants, etc.), sports and current news events. These are safe, traditional talking points.

Other suggestions:

- Smile, be empathetic and enjoy the role – friendly first impressions go a long way.
- Grab a chair and sit at eye level, if possible. If a patient is in an elevated bed or chair, standing may be a better alternative.
- Speak up, speak clearly and speak slowly.
- Be an active listener –
 - Look engaged- face the individual, make eye contact, nod, be aware of body language or facial expressions as giving or receiving information.
 - Allow the individual to finish what they are saying before responding.
 - Refrain from making assumptions about the individual, their needs, and their sense of humour
 - Avoid judgement or giving advice.
 - Stay away from topics or statements such as:
 - Religion or politics.

- “I’m sure you will be fine”, “You will feel better” or “It will go great” (we don’t know the outcome).
- “Hopefully this is your last visit” (we don’t know if this will be their last visit to the hospital or not).
 - For more information about active listening skills: https://ggia.berkeley.edu/practice/active_listening
- Watch for cues- If the patient/visitor does not respond or answers with brief “thanks, but I’m okay”, do not initiate further conversation. If the patient/visitor engages in conversation, follow their cues to keep the conversation going.
- Ask for help if you don’t know the answer to a patient question.
- If a patient seems in pain or you are concerned about their behavior and escalation is needed, please raise this with the patient’s nurse.
- Ask the nurse and clerk staff, who will know the patient better, if there is anything particular you might be able to do to help.

Questions to ask yourself during the conversation:

- Am I giving the other person an opportunity to talk about themselves before jumping in with a comment or another question?
- Am I actively listening by using cues such as “that’s interesting” and referring back to something they shared previously in the conversation?
- Am I speaking about a sensitive topic that could potentially impact or trigger the patient?
- Am I being accepting of occasional silences while also being aware of when the conversation is reaching a natural end?

Dealing with sensitive issues:

- During your conversation, the patient might ask questions about their conditions (Am I going to die? Will I get better? When am I going home?). Please refer these questions to staff and let the patient know that they need to ask their care provider.
 - “Can I connect you with someone that you can speak with about that?” or “Make sure you connect with your healthcare provider about that.”
- If the patient asks you to connect with someone, speak to the patient’s nurse and tell the patient that you have done so.
- Sometimes the patient just wants to talk. You can be a listening ear, while refraining from giving any medical advice or making assumptions.

Boundaries:

- Refrain from speaking about the patient’s illness or asking questions about why they are here.
- Avoid making 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. Do not discuss personal problems or details of your private life.
- Refrain from giving advice or comparing stories. A patient may wish to discuss their circumstances and ask your advice; please refer them to their clinician. Do not probe for details about the patient’s condition.
- Refrain from giving a patient your address, phone number, Facebook/Twitter/Instagram contacts.
- Do not purchase items (e.g. from cafeteria or gift shop) on behalf of the patient.
- If a patient asks for food or a drink, advise the patient’s nurse.
- If a patient crosses a boundary during a conversation or seems agitated, advise the patient’s nurse.

Wrapping up the patient visit:

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

1. You can say: “Thanks for chatting with me”, or “I’ve enjoyed spending time with you”.
2. Let the patient know there will be more opportunities to talk. “I’m here on Wednesday afternoons, but there should be another volunteer in this week.”
3. If the patient was concerned about something, let them know you will advise their nurse.