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## Effective Communication

Hello everyone. Laurence Lephherd is my name and I would like to introduce to you one of the fundamental aspects of being a pastoral visitor and that is **effective communication**. I am a trained pastoral carer and have volunteered in hospitals and aged care for about 20 years now so I would like to share with you some of what I have found to be so important when we are trying to help people. They don't have to be old and they don't have to be in a formal setting. Pastoral Visitors can talk to anyone at any age or any time – at home, at work, at school or college, in a hospital or an aged care setting. Or in a bus, on the phone and many other circumstances. The fundamental principles are the same. And, incidentally, we can use these skills in any everyday conversations with our friends and others at any time. People don't have to be ill or under stress for us to listen to them effectively.

So, what are the three fundamental aspects of communication? **Listening, Listening, and Listening!** If we really care about the people with whom we interact, we will always make sure we listen to them. When you read the PVP Handbook, you will find a number of different forms of listening. Now, in this video, I'm not going to go through the Handbook blow-by blow, but I would like to highlight just a few key aspects of communication and listening. I will deal with these first and then give a few practical examples of the way we can be effective listeners and communicators with people.

One of the most important forms of listening is **Active Listening**. But isn't all listening active? No, not always. Have we ever been talking with someone who seems to be listening to what we are saying but then we realise their eyes are glazing over, and/or they are waving to someone going past or are generally fidgeting or not paying attention. Now that might be a problem with what we are saying, but the essential thing here is that they are not listening actively. To do this we need to focus on what the other person is saying and respond in some way – such as a raised eyebrow, a nod of the head, an “Huh, Huh”. Coupled with this is our need to look at them while they are speaking. (By the way, this may not happen in return. The person with whom we are talking may not be well enough to look at us, or they may have a cultural problem with looking directly at a speaking person.)

So active Listening should be coupled with what you will see in the PVP Handbook as the LACE model for listening – where **L means, listen, A means Acknowledge, C means Check and E means**

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**explore.** So, as a quick example, someone we are visiting says to us “I’m not feeling too well today. I have a pain in my leg and I am waiting for the doctor who will be coming soon.” Our response might be “Huh, huh. (**Listen**). That doesn’t sound too good. (**Acknowledge**) So, you have a painful leg, (**Check**) And how long have you been in pain? (**Explore**) It’s a simple process and there are many variations to the way we can respond. But we are demonstrating that we are listening actively and showing we understand the person’s circumstances. So, as an introduction I am stressing to you the need to Listen actively to the person speaking and recommend using the **LACE** model as a process for listening actively.

Now, how do you start a new conversation? This will depend on the circumstances of your visit. But the first example I will use relates to an older person in an aged care home. So, you come to the door of the room, knock and try to listen for a response, but then enter after a slight pause to enable the person to adjust to someone coming into the room. **As I am going in**, I swiftly look for the person I am going to speak with and cast an eye around the room (as unobtrusively as possible) to see what is in the room. Are there flowers, cards, photographs, paintings, examples of art or craft. Is there a cup of tea and a biscuit on the mobile table – anything you can see that will help you understand the person’s circumstances. The older person may not actually be ill. You may be simply visiting to keep company. The slow 20-30 second walk into the room can help you a lot with understanding the possibilities about the person. My next step will be to introduce myself. “Hello, I’m Laurence and I’m a pastoral visitor. I’ve just come to say hello to you today, Margaret. How are you feeling today?” **This approach does a few things** – it shows that you care – you have made the effort to visit; it shows that you know the person’s name (it is probably on the door, or you’ve found it in the register or the request to visit has been made by the spiritual care coordinator). It shows that you care about how the person **feels**. This is important. I rarely ask, “How are you today?”. If you ask this, a person may respond with a long list of illnesses, but this does not necessarily indicate how they are actually **feeling**. Remember, as a **Pastoral Visitor** we are concerned about their inner person – their feelings.

An important issue in a visit is **where you are located in relation to the person you are visiting**. If the person is in a chair or lying in bed, you will automatically be in a higher position which means that the person may be straining to see you or hear you. If this is the case you should try to reposition yourself – but, always ask permission! (Avoid sitting on the bed with them.) I usually, ask if they would like me to chat with them for a while and if the answer is ‘yes’, I will ask if I can bring

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up a chair. Be careful not to 'invade' their space though! The other difficulty can often be the location of the window or the light source. It is always better to let the person look at you with darkness behind you rather than have them try to make out your 'person' by having to squint into the light and only see a silhouette of you. In most circumstances it is possible for you to arrange yourself so that neither of you is having to squint.

Another frequent problem with older people is that they may be watching TV when you come into the room (or listening to the radio or music). I **always ask** if I can turn the volume down or off. They usually don't mind this as often they are only watching for something to do. I find it impossible (because of my own hearing impairment) to carry out a conversation when there are other competing noises in the room.)

**During your conversation, you may find an opportunity to talk about some of the things you noticed as you came into the room.** Photos of family are often in a person's room. "Aren't they lovely photos. Are they of your family?" Another important issue in conversations – **avoid assumptions!** It's always better for the person to provide information themselves!

In this video then, we have stressed the importance of a few key aspects of a visit. (1) The need for us to **actively listen** and use the **LACE** model – what was it again? Listen, Acknowledge, Check and Explore, and (2) use some simple basic principles during your visit – take notice of the environment and position yourself so that conversation is easy for both of you. And, an all important aspect of a visit – do not make **assumptions** about anything. It is safer to ask a question.

There are, of course many other important aspects of communication and some of these are in your Handbook, but **these are absolutely vital in your conversations with people at any age.** I do hope you can master these simple skills as it will make your communication and your visit with anyone more effective.

Laurence Lepherd

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