Suggestions for Hospital Visitation & Patient Interaction

Hospital patients should be treated with sensitivity and respect for their privacy. The volunteer role is to make the patient’s visit as pleasant as possible. These suggestions for hospital visitation support our efforts:

**Introductions**
Make eye contact, smile and introduce yourself. Identify yourself as a hospital volunteer and address people by name. Use Mr., Mrs. or Ms, not their first name. Let the patient take the lead in shaking hands (always remember hand hygiene). Be aware of appropriate “personal distances” when talking to and sitting near individuals.

**Respond Quickly**
When people are worried or sick, every minute is an hour. If they have asked for something (i.e. a blanket or water) don’t hesitate to retrieve it and return quickly. If there is a delay, let them know. Call the hospital operator “O” for assistance when needed.

**Dignity**
Treat all patients, family, and visitors with dignity. Always knock and wait for a response before entering a patient’s room. Remain calm and listen openly and without judgment.

**Take Initiative**
If you see a need, help out or find someone who can. Take responsibility for resolving a need. Adopt a “can do” attitude.

**Treat Patients as Adults**
Your words and tone should never be insulting. If a person complains, don’t be offended. Listen and then communicate appropriately to the right staff person. Do not carry “emotional germs” from room to room (i.e. discussing negative occurrences… always stay positive!).

**Look the Part**
You are part of a caring tradition. Look and act appropriately.

**Keep it Quiet**
Noise annoys! It also shows a lack of consideration. Speak in soft tones and remind others to speak quietly.
Privacy and Confidentiality
It is critical to watch what you say and where you say it. You never know who is listening. Always show respect. Never take anything that you read or hear in the hospital outside of the hospital. Watch for “Isolation” or “No Visitor” signs on patient doors.

Treat with Care
Slow down, give time and imagine you’re on the receiving end. Help the patient relax by avoiding the appearance of being in a hurry. Treat each patient as if his or her need is the most important thing you have to do that day.

Helping with Directions
Does someone look confused? Stop and try to help. Offer assistance in clear, simple directions. Offer to accompany them to their destination if possible or to the nearest Information Desk for assistance.

Courtesy
Kind gestures and polite words make people feel comfortable and special. Give consideration by holding doors open when entering/exiting and when patients are in need of the elevator, allow them to go first.

Conversation Starters
Always introduce yourself letting the patient and family know what your role is as a volunteer. In addition, always make an assessment about what is happening in the patient room to determine if your visit is appropriate.

Choose words carefully and keep in mind that many patients may have chronic illnesses, so please refrain from saying “Get Well”. Saying “I hope you feel better soon”, is more appropriate.

An example of a conversation starter might be, “Hi, I’m Sallie and I volunteer here in the Burn Center (or wherever area you are volunteering) every Thursday morning. I just came in to see how you’re doing today. (Give them the opportunity to share as much or as little as they are comfortable with). Then you might ask, “Is there anything that you need right now like a warm blanket or a magazine”? If the patient and/or family members take the lead in discussing medical information, family, job or home life, your responsibility as a volunteer is to listen. Remember to refrain from disclosing personal information about yourself.
Questions not to ask:
Please do not ask a patient what their diagnosis, treatment plan or prognosis is. Many patients will share this information with you, but that should be their decision and prerogative.

Please do not discuss religion with patients and families as they come from diverse backgrounds and we need to respect their individual beliefs.

Do not make promises you can’t keep.

Professional Boundaries

Personal/Professional Boundaries
*Although you may develop a very personal relationship with some patients, always remember to keep that relationship within your role as a volunteer.*

- Do not purchase gifts for patients. Donations may be made through Volunteer Services, and will be distributed equally among patients.
- You may only visit patients during your volunteer shift. Never initiate a visit with a patient outside of the hospital or escort a patient from the hospital.
- If you know a patient prior to admission, you may not visit them on a volunteer level. If you would like to visit them personally, you may do so during your own time (Do not wear your name tag or vest. You are a friend, not a volunteer at this point).

**Examples of when you are “Over the Line”**
- Buying things out of your own money for individual/specific patients and families (including snacks, small things).
- Inviting patients and families to join in social activities of your own.
- Accepting tips or personal expensive gifts from families.
- Making exceptions for certain families regarding the policies/procedures.
- Sharing personal information beyond basics of name.
- Visiting the home of patients/families for any reason.
- Maintaining contact that is clearly not professional and not directly related to your volunteer role (ex. babysitting, phone calls).
- Confusing patient/family as to what your role is and how you can help them-doing something not related to your volunteer role.
- Becoming emotionally upset at the time of a patient’s death to the point the family becomes the consoler to the volunteer.
Questions to Consider in Examining Potential Boundary Issues

- Is this in the patient’s best interest?
- Whose needs are being met?
- How will others be affected by my actions?
- Should I make a note of my concerns or talk with my supervisor to be sure my actions are OK?
- How would my actions affect the patient’s extended family and friends in the way they might have planned to help?
- Am I treating this patient or family differently (length of time spent with them, extent of personal disclosure)?
- Does this patient mean something “special” to me?
- Do my questions of concern and interest violate the privacy of patient or family?
- Could I repeat what I did everyday for every patient and family whom I serve?

Escort/Transport

Volunteers must never transport patients. It is the responsibility of trained staff to transport patients to and from medical procedures and destinations throughout the medical center. Volunteers may assist staff when transporting patients by helping to carry patient and/or family personal belongings. It is the responsibility of staff to handle all patient medical records and/or other personal information contained in written form.

Examples of transport may include:
- Taking a patient to radiology for a procedure (i.e. CT Scan, MRI, PET Scan, X-Ray, etc.).
- Taking a patient to and/or from surgery.
- Taking a patient to and/or from procedures (Heart Cath, Upper GI, Endoscopy, etc.).
Volunteers may be asked to *escort* patients to and from places within the medical center.

Examples of *escorting* may include:
- Volunteer ambassador’s giving directions and helping patients, families and visitors find their way around the medical center.
- Admitting volunteers escorting a patient or family to a specific area in the medical center upon admission. For example, the patient is identified to be stable and not needing medical support prior to hospital procedure.
- Children’s Hospital volunteers may escort a patient and/or family member to and from the playrooms, performance stage area and theater for a patient and family special event with approval of staff (i.e. bedside nurse, charge nurse).

**Medical Abbreviations and Definitions**

**Cardiac Cath**
Inserting a tube into the heart for diagnostic procedures.

**EEG**
Electroencephalogram-the recording of electrical impulses in the brain, used in the diagnosis of epilepsy and other brain disorders.

**EKG**
Electrocardiogram - the recording of electric current produced by the action of the heart muscle, used in the diagnosis of disease affecting the heart.

**EMG**
Electromyogram - the recording of the electrical activity taking place in the muscle, used in the diagnosis of nerve and muscle disorders.

**ICU**
Intensive Care Units (i.e. Surgical, Medical, Pediatric, Neonatal, Neurosurgery). Patients in need of specialized care.

**MICU**
Medical Intensive Care Unit - a unit for patients requiring specialized care.

**NGT**
Nasogastric Tube - A method of decompressing the GI tract by removing fluid and gas.

**NICU**
Neonatal Intensive Care Unit - a unit for newborns requiring specialized care.
NCU
Neurosurgery Intensive Care Unit – a unit for patients requiring specialized care.

NPO
Nothing by mouth - ordered before and after operations and in preparation for many diagnostics studies.

PCCU
Pediatric Critical Care Unit - a unit for children requiring specialized care.

SICU
Surgical Intensive Care Unit - a unit for patients requiring specialized care.

STAT
Immediately – medical emergency.

Step Down Unit
Intermediate Care Area.

Tomography
CT Scan/Cat Scan - any of several techniques for making x-rays of a predetermined cross section of a solid object by blurring out the image of other sections.

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**Hospital Building Abbreviations**

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>DOT</td>
<td>Doctor’s Office Tower</td>
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<tr>
<td>MCE</td>
<td>Medical Center East</td>
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<tr>
<td>MCN</td>
<td>Medical Center North</td>
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<tr>
<td>MRB</td>
<td>Medical Research Buildings</td>
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<tr>
<td>OHO</td>
<td>Vanderbilt Health One Hundred Oaks</td>
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<tr>
<td>PRB</td>
<td>Preston Research Building</td>
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<tr>
<td>TVC</td>
<td>The Vanderbilt Clinic</td>
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<tr>
<td>VICC</td>
<td>Vanderbilt Ingram Cancer Center</td>
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<tr>
<td>VUH</td>
<td>Vanderbilt University Hospital</td>
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<tr>
<td>VUMC</td>
<td>Vanderbilt University Medical Center</td>
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