

Division of Health Sciences

Clinical communication

Lesson plan (Module 4: does)

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**Skill focus: communicating with patients/clients**

A1 Adapting your own communication to the level of understanding and language of the patient, avoiding jargon

A2 Building and maintaining rapport and an empathetic relationship, and ensuring that the patient feels attended and listened to

A3 Relating to the patient respectfully, including ensuring confidentiality, privacy and autonomy, and recognising the patient as a partner in shaping a relationship

Contents

[Using this lesson plan 3](#_Toc469415823)

[Lesson plan rationale 3](#_Toc469415824)

[Skills overview 4](#_Toc469415825)

[Skill A1: Adapting your own communication to the level of understanding and language of the patient, avoiding jargon 4](#_Toc469415826)

[Skill A2: Building and maintaining rapport and an empathetic relationship, and ensuring that the patient feels attended and listened to 4](#_Toc469415827)

[Skill A3: Relating to the patient respectfully, including ensuring confidentiality, privacy and autonomy, and recognising the patient as a partner in shaping a relationship 5](#_Toc469415828)

[Skills rubrics 5](#_Toc469415829)

[Using the rubrics 5](#_Toc469415830)

[Rubric: Skill A1. Student adapts own communication to the level of understanding and language of the patient, avoiding jargon 6](#_Toc469415831)

[Rubric: Skill A2. Student uses techniques to build up and maintain rapport and an empathetic relationship and ensures that the patient feels attended and listened to. 7](#_Toc469415832)

[Rubric: Skill A3. Student relates to the patient respectfully including ensuring confidentiality, privacy and autonomy and recognizing the patient as a partner in shaping a relationship 8](#_Toc469415833)

[Lesson plan (does) 10](#_Toc469415835)

[Aim 10](#_Toc469415836)

[Overview 10](#_Toc469415837)

[Educator preparation 10](#_Toc469415838)

[Plan 10](#_Toc469415839)

[Educator reflection 11](#_Toc469415840)

# Using this lesson plan

This lesson plan is designed as the fourth and final module in a coherent series that develops students towards competency in three fundamental clinical communication skills (outlined on pp. 4-5). Each module corresponds to a level on Miller’s Pyramid:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Module 1 | Module 2 | Module 3 | Module 4 |

The first three modules were designed to build student knowledge of the verbal and non-verbal components of communication fundamental to clinical interactions, and provide opportunities to apply and practice this in a simulated setting.

The purpose of this module is to consolidate student learning by providing opportunities to explicitly practice and perform core communication skills in a clinical setting – on placement. In this module, you will provide students with an appropriate learning plan format from your discipline (or use those provided if none is available) to reflect on their current communication skills and set focussed communication learning goals for an upcoming clinical placement. Focussing on one or more of the three core communication skills above, the aim of this module is for you students to practice and perform selected communication skill/s effectively in a clinical setting.

## Lesson plan rationale

Communication in healthcare settings is complex, requiring specialised verbal and non-verbal skills which new students can find difficult to recognise and learn. Communication takes time to develop, and for students to demonstrate competency in core skills they require knowledge, opportunities to practice and get feedback, and explicit assessment in a clinical setting. This kind of scaffolding may not be possible for all aspects of communication, but for key communication skills or professional standards, these lesson plans can help to design a comprehensive approach for staging learning across a program.

This lesson plan can be used to address any of the three core communication skills identified below. However, for pre-clinical learning, it can be helpful to **focus on one skill at a time** so students can develop an understanding of how advanced skills such as 'building rapport' are achieved in practice. It’s important to allow time for students to develop an explicit understanding of how elements of communication such as tone of voice, body language, facial expression and topics of conversation contribute to successful communication. This is particularly important in the context of cultural and linguistic diversity, as the use of communication can differ significantly across cultures. Eye contact, for example, is generally seen as polite and respectful in Australia, but it can convey aggression or rudeness in other cultures. As students become more confident and competent with the elements of communication needed to be successful in Australian health settings, they will be better able to integrate multiple skills into their communication.

# Skills overview

## Skill A1: Adapting your own communication to the level of understanding and language of the patient, avoiding jargon

Adapting communication in response to others is one of the most challenging skills for health professionals. It requires well-developed interpersonal and linguistic abilities, and must be developed over time through observation, reflection, feedback, and the development of vocabulary and techniques.

Although this skill is challenging, it is also fundamental to clinical care. Students need to start developing an awareness of how this is done before they attend placement so they can observe experienced health professionals put this into practice.

This skill can involve the following capabilities:

* determining how much information is appropriate for a patient/client
* discussing advantages, disadvantages, uncertainty, possible outcomes and strategies for dealing with these
* clearly identifying one’s own opinion, if asked
* providing information in a range of forms (oral, written, diagrammatic, electronic and over the phone) that is both meaningful and comprehensive
* providing information in a patient-centred way, sharing as needed with the patient's consent (to colleagues, family etc.)

Broadly, this skill requires that students are able to *assess* understanding through interpreting non-verbal signals and using verbal checking strategies, and then *select* a range of appropriate communication strategies to convey information, options, and advice in ways that are meaningful.

## Skill A2: Building and maintaining rapport and an empathetic relationship, and ensuring that the patient feels attended and listened to

Just like the previous skill, building an empathetic relationship with patients/clients is something that students should develop awareness of early in their program but will need time in which to develop competency. This skill can be difficult to practice in health settings. Contact with patients/clients can be brief, infrequent, and is often subject to time pressures, particularly in busy or fast-paced settings. In this context, establishing rapport and practicing attentiveness must be achieved with a simultaneous focus on being efficient and effective with one’s time.

There is an emphasis in this skill on *interpersonal* interaction, so an awareness of both verbal and non-verbal communication is important. Students need to understand how communication is affected not only by words, but also by tone, volume, eye contact, body language, and proxemics (distance and positioning).

This skill can involve the following capabilities:

* observing the non-verbal communication (e.g. eye contact, gestures, facial expressions, posture) of the patient/client, and being mindful of one’s own
* making judgements about how the patient/client is feeling and responding appropriately
* using techniques of active listening (e.g. reflection, picking up patient's cues, paraphrasing, summarizing, verbal and non-verbal techniques)
* recognizing difficult situations and communication challenges (e.g. crying, strong emotional feelings, interruptions, aggression, anger, anxiety, embarrassing or sensitive issues, cognitive impairment, delivering bad news) and dealing with them sensitively and constructively

Broadly, students need to be able to *convey* attention and empathy with their own verbal and non-verbal communication, and *interpret* from a patient’s verbal and non-verbal communication whether they feel attended and listened to.

## Skill A3: Relating to the patient respectfully, including ensuring confidentiality, privacy and autonomy, and recognising the patient as a partner in shaping a relationship

Demonstrating respect for the patient/client is important for building a relationship, which in turn helps with establishing trust. When patients/clients trust their health professional and feel their values and needs are accommodated, there is greater compliance. In addition, the mutual understanding that has been established minimises miscommunications and errors, and therefore reduces complaints. There is also an emphasis in this skill on legal requirements – the need to comply with privacy laws to ensure that the rights of patients/clients are not breached.

This skill can involve the following capabilities:

* encouraging the patient/client to express their own ideas, concerns, expectations and feelings and accepting the legitimacy of their views and feelings
* considering the somatic, mental, social, gender, cultural, ethical and spiritual elements in the care and assessment of the patient/client and understanding divergences between own values and norms and the patient/client
* responding to the health beliefs and theories of illness of the patient/client, and contrasting and integrating these into one’s own theories of illness as a health professional
* using adequate strategies to solve conflicts (e.g. feedback on perception, impact, wishes)

Broadly, students need to be able to *appreciate* a diverse range of values and beliefs – including how these relate to their own – and *empower* the patient/client to engage as a partner in care.

# Skills rubrics

For each clinical communication skill, a rubric is provided that breaks the skill down into its core communication components. The rubrics are a vital foundation for the lesson plans, as they identify the main aspects of verbal and non-verbal communication that students need to develop in order to perform the skill, and provide educators and students with a *shared vocabulary* to discuss and develop the skill. The rubrics for each skill are provided on pages 6-9.

## Using the rubrics

In the student activity sheet, the rubrics have been adapted to form a placement plan, which can be used if your discipline does not have a standard format.

The rubrics could also be used or adapted in order to:

* be added to existing discipline placement learning plans
* assess student performance at this level (does), either informally or formally
* conduct guided peer assessment on placement
* prompt students to self-assess, and make a plan for their learning development
* evaluate cohort learning needs, in order to plan for future placement preparation

## Rubric: Skill A1. Student adapts own communication to the level of understanding and language of the patient, avoiding jargon

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Student demonstrates *awareness of* each aspect of communication that underpins the objective | Student *identifies how* each aspect of communication affects the success of observed clinical interactions | Student *practises and reflects on* their own use of each aspect of communication in role-play or clinical simulation | Student *effectively uses* each aspect of communication in a clinical setting |
| Attends to patient’s verbal and non-verbal communication to assess understanding |  |  |  |  |
| Chooses words and phrases to explain and instruct, adapting them as appropriate for the patient |  |  |  |  |
| Uses reflective listening to check patient understanding |  |  |  |  |
| Uses proxemics to foster open dialogue |  |  |  |  |
| Uses body language to encourage engagement |  |  |  |  |
| Employs facets of the voice to support an attentive, empathetic interaction |  |  |  |  |
| Uses support materials as appropriate (ie. written texts) to enhance verbal interactions |  |  |  |  |

## Rubric: Skill A2. Student uses techniques to build up and maintain rapport and an empathetic relationship and ensures that the patient feels attended and listened to.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Student demonstrates *awareness of* each aspect of communication that underpins the objective | Student *identifies how* each aspect of communication affects the success of observed clinical interactions | Student *practises and reflects on* their own use of each aspect of communication in role-play or clinical simulation | Student *effectively uses* each aspect of communication in a clinical setting |
| Attends to patient’s verbal and non-verbal communication to assess the development of the relationship |  |  |  |  |
| Chooses words and phrases that support the development of rapport and empathy |  |  |  |  |
| Uses active listening to develop attentiveness and responsiveness |  |  |  |  |
| Uses proxemics to support the establishment and maintenance of relationship |  |  |  |  |
| Uses body language to convey attention and empathy  |  |  |  |  |
| Employs facets of the voice to demonstrate attention and empathy |  |  |  |  |

## Rubric: Skill A3. Student relates to the patient respectfully including ensuring confidentiality, privacy and autonomy and recognizing the patient as a partner in shaping a relationship

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Student demonstrates *awareness of* each aspect of communication that underpins the objective | Student *identifies how* each aspect of communication affects the success of observed clinical interactions | Student *practises and reflects on* their own use of each aspect of communication in role-play or clinical simulation | Student *effectively uses* each aspect of communication in a clinical setting |
| Attends to patient’s verbal and non-verbal communication to assess the ongoing success of the interaction |  |  |  |  |
| **Confidentiality and privacy** |  |  |  |  |
| Uses equipment (ie. curtains, sheets) as appropriate to maintain confidentiality and privacy |  |  |  |  |
| Chooses words and phrases that maintain confidentiality and privacy |  |  |  |  |
| Uses proxemics to maintain confidentiality and privacy |  |  |  |  |
| Employs facets of the voice (e.g. volume) to maintain confidentiality and privacy |  |  |  |  |
| Uses artefacts (e.g. case notes) in ways that maintain confidentiality and privacy |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Skill A3 continued… |  |  |  |  |
|  | Student demonstrates *awareness of* each aspect of communication that underpins the objective | Student *identifies how* each aspect of communication affects the success of observed clinical interactions | Student *practises and reflects on* their own use of each aspect of communication in role-play or clinical simulation | Student *effectively uses* each aspect of communication in a clinical setting |
| **Autonomy and patient as partner** |  |  |  |  |
| Chooses words and phrases that assure consent, and allow autonomy and patient involvement |  |  |  |  |
| Uses active and reflective listening to respect the patient’s role as partner |  |  |  |  |
| Uses proxemics to build and maintain the patient’s role as partner |  |  |  |  |
| Uses body language to build and maintain the patient’s role as partner |  |  |  |  |
| Employs facets of the voice to demonstrate respect and partnership |  |  |  |  |
| Uses support materials as appropriate (ie. written texts) to support the patient’s role as partner |  |  |  |  |

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# Lesson plan (does)

## Aim

The learning objective for this stage is for students to effectively practice and perform selected communication skills in a clinical setting.

## Overview

Building on previous modules, students will reflect on their communication confidence and competence so far, and set explicit learning goals for an upcoming placement. You will facilitate their reflection, discussion and planning in order to assist them in taking ownership of their learning.

## Educator preparation

1. Confirm students’ completion of Modules 1 -3. If some/all students have not completed these, see the relevant Lesson Plans for advice about how to develop this knowledge before you commence.
2. Identify the core clinical communication skill/s you want the students to focus on.
3. Read the Foundation Lesson and the Rubric for the skill/s you want to address.
4. Reflect on the elements of communication they describe: how do you understand them, and how might your colleagues understand them?
5. Consider how you can help students make practical connections between the abstract concepts in the rubrics (ie. proxemics) and the placement context they are about to experience.
6. Consider your own personal experiences – you may be able to add a few examples to the discussion that help students make a practical plan.

## Plan

|  |  |  |
| --- | --- | --- |
| Educator tasks | Suggested formats | Student resources |
| **Introduction and directions**Introduce students to the aim (above) and the skill/s they will focus on.Provide an outline of the tasks they are about to engage in.Direct students to read the Rubric in the Activity Sheet for the skill/s they will focus on developing on placement. | Short video in MoodleMoodle page In-class introduction | Activity sheet (does) |
| **Towards a plan – reflecting on current capabilities**Direct students to reflect on their current communication capabilities, using the Placement Plan document and questions in the Student Activity Sheet.Facilitate discussion between students (optional). | Reflective taskIn-class or online exercise and discussion | Activity sheet (does) |
| **Write a plan for placement** Direct students to use the Placement Plan document to set focussed communication learning goals for their upcoming clinical placement. Ask students to use the questions in the Student Activity Sheet to ensure they are specific about what they will do. | Reflective taskIn-class or online exercise and discussion | Activity sheet (does) |
| **On placement (optional educator assessment)**Provide clinical educators at the placement site with a rubric that allows them to assess student performance and learning on the relevant skill/s. | Placement assessment | Rubric/s |
| **On or post-placement (student reflection)**While on placement or shortly after students return, direct students to use the Reflection Tool on page 8 of the Student Activity Sheet to reflect on their learning.  | Placement reflection | Activity sheet (does) |

## Educator reflection

When the session is complete, reflect back on how it went. Do you think students found the session:

* Relevant?
* Engaging?
* Useful?

What aspects of student ability seemed to have improved?

* Effective use of core communication skills on placement
* Confidence in engaging in communication
* Clear purpose with regard to their own learning development

In the weeks following placement, follow up with the placement site:

* What did students do well?
* What do they need to work on?