

Division of Health Sciences

Clinical communication

Lesson plan (Module 2: knows how)

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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

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# Using this lesson plan

This lesson plan is designed as the second of four modules in a coherent series that develops students towards competency in three fundamental clinical communication skills (outlined below). Each module corresponds to a level on Miller’s Pyramid:

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

This module builds directly on the foundation module, so it relies on students having an established knowledge base to make the most of the activities outlined here. The aim of the first module was to enable students to *develop knowledge* and *demonstrate awareness* of the verbal and non-verbal aspects of communication fundamental to clinical interactions. This module incorporates guided, explicit engagement with clinical scenarios in order to develop students’ knowledge about *how* *to use* those verbal and non-verbal communication techniques to achieve a range of purposes in clinical interactions.

## 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

At this level, you may choose not to use the rubrics for assessment. Instead, the communication components from the rubrics have been used to develop notes templates in the student activity sheets. Students will use these to capture their notes from the activities.

If you would like to use the rubrics, they could be used or adapted in order to:

* assess student performance at this level (knows), either informally or formally
* conduct guided peer assessment after activities
* prompt students to self-assess, and make a plan for their learning development
* evaluate class learning needs, in order to plan the focus of follow up sessions

## 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

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | 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 (knows how)

## Aim

The learning objective for this stage is for students to develop and demonstrate knowledge about *how to use* verbal and non-verbal communication techniques to achieve a range of purposes in clinical interactions.

## Overview

Building directly on the foundation module, students will observe and analyse a small set of clinical scenarios which require them to apply their knowledge of communication to evaluate clinical interactions. Students will be introduced to the scenario they are about to analyse in order to anticipate the communication challenges it may give rise to. You will then guide them through an explicit discussion of the scenarios to help them identify how each component of communication contributed to the success of the interaction.

## Educator preparation

1. Confirm students’ completion of Module 1 (knows). If some/all students have not completed this, see the Lesson Plan (knows) for advice about how to develop this knowledge before you commence.
2. Identify the core clinical communication skill/s you want to focus on.
3. Select 1-2 video scenarios that address this skill, and any other relevant teaching points (see matrix to assist in selection).
4. Copy the online quiz (available on the resource site) to your Moodle site.
5. Read the Foundation Lesson and the Rubric for the skill/s you want to address.
6. Reflect on the elements of communication they describe: how do you understand them, and how might your colleagues understand them?
7. Consider how you can help students make practical connections between the abstract concepts in the rubrics (ie. proxemics) and the video scenarios. For example, identify moments in the videos that can be used to illustrate each component and its effect on communication.
8. Consider your own personal experiences – you may be able to add a few examples to the discussion that help students understand these concepts in other ways.

## Plan

|  |  |  |
| --- | --- | --- |
| Educator tasks | Suggested formats | Student resources |
| **Online quiz (completed before the session)**In order to refresh students’ memories of the Foundation Module, ask them to complete the online quiz (available in the resource site).Direct them to make notes about what they remembered, and what they did not. | Online, independent task | Online quiz |

|  |  |  |
| --- | --- | --- |
| Educator tasks cont. | 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 Notes Template in the Activity Sheet for the skill/s you are focussing on as preparation for further reflection and discussion. | Short video in MoodleMoodle page In-class introduction | Activity sheet (knows how) |
| **Anticipate communication in a clinical setting**Introduce students to the video/s you have chosen. First, briefly *describe* the scenario that the videos depict and facilitate a discussion about the questions on the Student Activity Sheet. The aim is for students to predict key features of the communication before they watch an example. This helps engage their prior learning, and prompts applied and critical thinking.In describing the scenario, include information about the profession, communicative purpose (ie. closing down and providing final instructions), and key details about the patient/client. For example:*A physiotherapist is concluding her clinic session with a young man in his early 30s. His knee is in a splint and he requires crutches to get around. The physiotherapist is conscious of time, and needs to conclude the session. She provides final exercise instructions, and recommends a follow-up appointment.* | Online discussionShort written analysisIn-class small group discussion | Activity sheet (knows how) |
| **Video scenario analysis (small group version)**Divide students into groups of 3-4 and, using the components of communication identified in the rubric (e.g. body language or voice), allocate one to each group.Ask the students to watch and review VERSION A of the video scenario, examining how their aspect of communication affects the interaction. Direct students to use the questions on their Activity Sheet to guide their analysis.Ask each group to report back to the class about what they observed.Next, ask students to watch and review VERSION B of the video scenario, again examining how their aspect of communication affects the interaction. Direct students to use the relevant questions on their Activity Sheet to guide their analysis.Ask each group to report back to the class about what they observed. | In-class exerciseOnline group task | Video scenario/s, Versions A and BActivity sheet (knows how) |
| **Video scenario analysis (online student version, tools permitting)***This task requires video annotation tools, and is provided as a useful option for online students. It can be used for formative or summative assessment. Ensure students have first engaged in the ‘Anticipate’ activity on p.11.*Introduce students to UniSA’s video annotation tool and provide instructions for using it. Allocate each student a component of communication from the relevant rubric (e.g. body language or voice).Ask the students to watch and review VERSION A of the video scenario, making annotations in key places where their aspect of communication affects the interaction. Direct students to use the questions on their Activity Sheet (Task 2) to guide the content of their annotations.Next, ask students to watch and review VERSION B of the video scenario, making annotations in key places where their aspect of communication affects the interaction. Direct students to use the relevant questions on their Activity Sheet (Task 2) to guide their analysis.Ask students to report back about what they observed, and the key features of communication that change in Version B.Use the rubrics to assess how well each student *identifies how* their aspect of communication affects the success of observed clinical interactions. This may be peer or educator assessment. A simple score from 1-5 may be used, or a more formal grading scheme with feedback. | Individual or group video annotation (technology permitting) | Activity sheet (knows how)Rubrics (if using, provide to the students) |
| **Optional Activity: Patient Clients perception of the video clinical interaction**Ask students (individually or in groups) to compare the client/patient feedback with their responses to questions asked in Task 3 (video analysis).The aim of this activity is to look at the interaction from the patient/client perspective.  | Reflective exercise Online discussionIn-class small group discussion | Feedback from patient/client on video interaction |
| **Script editing (optional)***A more advanced exercise, available if scripts of clinical interactions are available.*Divide students into groups of 3-4 and give each group a script of an authentic interaction.Using the components of communication identified in the notes template/s (e.g. body language or voice), ask students to revise these scripts including directions for verbal and non-verbal behaviour. Ask each group to report back to the class about the amendments they made and why. | Reflective journal task Online discussionIn-class small group discussion | Clinical interaction script (provided by lecturer)Activity sheet (knows how) |
| **Summary**Lead the summary discussion, using the questions on the student activity Ensure the key points are summarised at the end of session, by either you or the students. Ask students to reflect on the aim and check with students if it was achieved. Perhaps, ask students what they remain unsure about, and for recommendations on how to improve the session. | Online discussionWhole-class discussion | Activity sheet (knows how) |

## 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?

* Knowledge of *how to use* verbal and non-verbal communication techniques to achieve a range of purposes in clinical interactions
* Confidence in engaging in communication
* Clear purpose with regard to their own learning development

In the weeks following the session, follow up with tutors and other staff:

* What did they remember from the sessions?
* What concepts do they need to be reminded about?