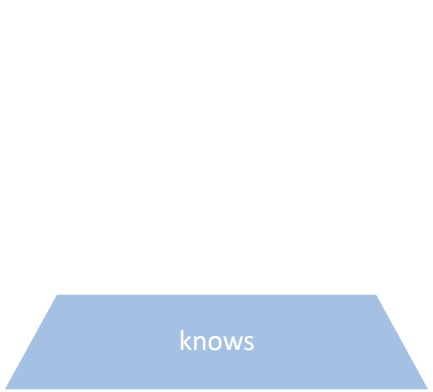


Division of Health Sciences

Clinical communication

Lesson plan (Module 1: knows)



**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 first 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 is the foundation module, and establishes an important knowledge base for the remaining three. It aims to provide resources and educational strategies to enable students to *develop knowledge* and *demonstrate awareness* of the verbal and non-verbal aspects of communication fundamental to 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 teaching, 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 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 (pages 6-9). In the left hand column are the behaviours that the student should be demonstrating. Along the top bar are descriptors which relate to stages of mastery. 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.

## 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 readings, discussions and 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | 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)

## Aim

The learning objective for this stage is for students to *develop knowledge* and *demonstrate awareness* of the verbal and non-verbal aspects of communication needed in clinical interactions.

## Overview

Students will read a Foundation Lesson, which introduces them to the verbal and non-verbal elements of communication that underpin all clinical interactions. You will then facilitate discussions that help students make connections between the concepts in the foundation materials, and the ways they are experienced and practiced in everyday life and/or in the discipline context. Part of this involves discussion of a scenario. An optional practical activity is included to further deepen students’ understanding of the key aspects of communication.

## Educator preparation

1. Identify the core clinical communication skill/s you want to focus on.
2. Read the Foundation Lesson and the Rubric for the skill/s you want to address.
3. Reflect on the *elements of communication* the foundation lesson and rubrics describe: how do you understand them, and how might your colleagues understand them?
4. Consider how you can help students make practical connections between the abstract concepts in the foundation materials (e.g proxemics), and their everyday communication (either in daily life, or in your professional setting).
5. Devise a scenario for the students to discuss which allows them to anticipate how different aspects of communication will be applied in your professional setting. A sample scenario is included on the student activity sheet to indicate a recommended length and level of detail.

## 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 Foundation Lesson on the elements of communication as preparation for further reflection and discussion. | Short video in MoodleMoodle page In-class introduction | Foundation Lesson Activity sheet (knows) |
| **Reflection**  Prompt students to reflect on their own experiences with each aspect of communication. Use the questions in the student activity sheet to encourage thinking. | Reflective journal task Online discussion  In-class small group discussion | Activity sheet (knows) |
| Educator tasks cont. | Suggested formats | Student resources |
| **Practical activity (optional)**  Divide students into groups of 3-4 and using the facets on the rubric, allocate each group an aspect of communication (e.g. body language or voice).  Instruct each group to create 5 different ways to communicate a simple instruction (ie. ‘please come in and take a seat’) by varying only that facet.  Ask each group to perform 1-2 for the whole class, explaining how their facet of communication most affects interactions. | In-class exercise  Video blogs (individual, online task) |  |
| **Scenario and discussion**  Using one scenario from your professional setting, guide a discussion on how communication might be practiced in your discipline. Use the questions on the student activity sheet as a guide. | Reflective journal task Online discussion  In-class small group discussion | *Activity sheet (knows)* |
| **Summary**  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 discussion  Whole-class discussion | *Activity sheet (knows)* |

## 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?

* Awareness and knowledge of the components of communication, and how they affect 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?