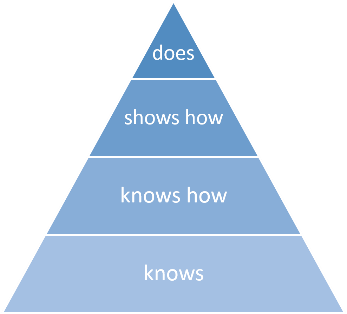


Division of Health Sciences

Clinical communication

Lesson plan (Module 3: shows 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

Contents

[Using this lesson plan 3](#_Toc469398811)

[Lesson plan rationale 3](#_Toc469398812)

[Skills overview 4](#_Toc469398813)

[Skill A1: Adapting your own communication to the level of understanding and language of the patient, avoiding jargon 4](#_Toc469398814)

[Skill A2: Building and maintaining rapport and an empathetic relationship, and ensuring that the patient feels attended and listened to 4](#_Toc469398815)

[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](#_Toc469398816)

[Skills rubrics 5](#_Toc469398817)

[Using the rubrics 5](#_Toc469398818)

[Rubric: Skill A1. Student adapts own communication to the level of understanding and language of the patient, avoiding jargon 6](#_Toc469398819)

[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](#_Toc469398820)

[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](#_Toc469398821)

[Lesson plan (shows how) 10](#_Toc469398823)

[Aim 10](#_Toc469398824)

[Overview 10](#_Toc469398825)

[Educator preparation 10](#_Toc469398826)

[Plan 10](#_Toc469398827)

[Scenarios 13](#_Toc469398828)

[Educator reflection 15](#_Toc469398829)

# Using this lesson plan

This lesson plan is designed as the third of four modules 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 |

This module assumes that students have a foundation knowledge of the components of communication that underpin clinical interactions (detailed in the rubrics on pp. 6-9) and can identify how these affect communication when observing clinical interactions (Modules 1 and 2). The purpose of this module is to provide opportunities for students to begin practicing these in preparation for placement (e.g. through simulations or role plays). The aim is for students to *demonstrate the use of* verbal and non-verbal communication techniques in a simulated setting to achieve a range of clinical purposes.

## 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 are provided in an adapted format to prompt students to plan, reflect on and evaluate their use of communication in the role plays.

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

* assess student performance at this level (shows how), either informally or formally
* conduct guided peer assessment after in-class 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 (shows how)

## Aim

The learning objective for this stage is for students to *demonstrate the use of* verbal and non-verbal communication techniques in a simulated setting to achieve a range of clinical purposes.

## Overview

Building directly on the first two modules, students will practice their verbal and non-verbal communication techniques in a range of clinical scenarios, in preparation for placement. You will facilitate student performance of a series of role-plays, conducted in small groups. Students will adopt the role of either the patient/client, health professional or an observer and in each scenario, analyse how communication could be improved and apply their learning to another scenario.

## Educator preparation

1. Confirm students’ completion of Modules 1 and 2 (knows and knows how). If some/all students have not completed these, see the Lesson Plan (knows) and Lesson Plan (knows how) 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 or devise 1-3 scenarios appropriate for developing the skill/s. See pp. 13-14 for examples.
4. Read the Foundation Lesson and the Rubric for the skill/s you want to address.
5. Reflect on the elements of communication they describe: how do you understand them, and how might your colleagues understand them?
6. Consider how you can help students make practical connections between the abstract concepts in the rubrics (ie. proxemics) and the role plays. For example, which components of communication do you think will be most important in each scenario?
7. 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 |
| **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 you are focussing on as preparation for performing in the role-play or simulation. | Short video in MoodleMoodle page In-class introduction | Activity sheet (shows how) |
| Educator tasks cont. | Suggested formats | Student resources |
| Communication role-plays  Ask the students to form groups of three, and in each group assign roles of patient/client, health professional, and observer.  *Depending on the time available, there are different ways to conduct role plays. Options are provided below, followed by sample scenarios and details on conducting the role plays.*  *Option 1*  Give every group the same scenario. When each group has completed the task, bring the whole group back together and ask each observer to feed back their observations to the larger group.  As a class, discuss how the interaction might be improved and make general suggestions for a second scenario.  Repeat this exercise with a different scenario. After 10 minutes ask each health professional to feed back to the larger group. As a class, discuss how the interaction might be improved and make general suggestions for a third scenario.  Repeat with a third scenario, this time asking each patient/client to feed back to the larger group. As a class, discuss how the interaction might be improved and make general suggestions for future practice.  *Option 2*  As above, but each time rotate the role of each member so after 3 rotations each member of the group will have played each role. All students will get the opportunity to experience being the patient/client, health professional and the observer and will get an opportunity to feedback and learn from their experiences.  *Option 3*  If time is limited you might give a different scenario to each group. When you call the whole group back together, ask for feedback from patients/clients, health professionals and observers. | In-class role-play | Activity sheet (shows how) |
| *Conducting the role plays*  The student playing the patient/client is given a brief scenario outline and is permitted to ad lib but follow the rules in the outline. The patient/client scenario outline should guide their response to the health care professional. Playing the role of the patient/client provides an opportunity for the student to gain a little insight in to the patient/client perspective.  The student playing the health professional is also given a brief scenario outline. The student is permitted to ad lib but must follow the rules in the outline. The student needs to attempt to perform the task required in the interaction.  The patient/client and health professional should be given a few minutes to consider how they will apply each component of communication in the rubric to the role play.  Each role play should take about 10 minutes.  Ask the observer to use the notes template to record observations about patient/client and health professional communication.  At the end of the role play, ask each group of three to discuss the verbal and nonverbal communication of the patient/client and health professional using the prompting questions on the Student Activity Sheet.  *Scenarios*  See pages 13-14 for a set of possible scenarios. You may like to write your own, based on your professional context |  |  |
| **Group reflection**  Ask students to reflect on and discuss how easy or challenging it was to remain mindful of each element of communication during the interaction.   * How did the clinician (simulated role) feel during the interaction? * How did the patient/client (simulated role) feel during the interaction? * How effective was the interaction from the perspective of each role in the simulation? | Online discussion  Whole-class discussion | Activity sheet (shows how) |
| **Evaluation**  Ask students to use the rubric to evaluate themselves on how well they used each aspect of communication in the interactions.  Direct students to use the rubrics to take notes about where they need to improve, and how.  Prompt students to think about examples from peers that were done well – what did they do, and how could students practice that next time?  *Video and self-assessment option*  If technology is available (ie. video recorder, or student-owned devices), students could be asked to video their own performance as the health professional, and the self-assess using the rubric/s as directed above. | Self- and peer-evaluation | Activity sheet (shows how) Video recording equipment (optional) |
| **Summary**  Lead a summary discussion, using the questions on the student activity. Ensure the key points are summarised at the end of the 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 (shows how) |

## Scenarios

**Role play 1, focus on skill A1**

*Health professional* *task*

You need to give your patient/client a set of instructions. [These instructions may be developed by the educator or the student, depending on the student level]. Provide these instructions, ensuring you have explained them clearly.

*Patient/client A*

You find it difficult to understand English and will need to have the instructions written down, possibly some illustrations will help. You will become offended and frustrated if the health professional does not understand you.

*Patient/Client B*

You are not able to understand English very well but you are embarrassed to express this, wanting to fit in to this new culture you are settling into. You are keen to follow the instructions but need them to be demonstrated or drawn and explained. You are anxious to get them right.

**Role play 2, focus on skill A2**

*Health professional* *task*

You need your patient/client to make another appointment but you have limited times available. You have a time on Monday or Tuesday afternoons at 3.00pm, Wednesdays at 11.00am or on Thursday at 2pm. Nothing is available on Fridays but you sometimes make evening appointments.

*Patient/client*

You have difficulty getting time off work to attend appointments and so you have little flexibility to come in the middle of the afternoon. You would prefer an evening appointment. You will try hard to explain that your work is not happy about you leaving for appointments and that you could be dismissed if you keep coming to appointments. You have had to take a lot of time off work recently and you do not think that work is happy about that.

**Role play 3, focus on skill A2**

*Health professional* *task*

You need your patient/client to lie down on the couch so you can conduct an assessment of them.

*Patient/client*

You have a lot of pain when you lie down, particularly if you lie on your back and you do not want to lie down. You are afraid that the health professional will be going to do something that is going to increase your discomfort and you will become very upset at the suggestion that you should lie down, you will assume they are not going to assist you. You will be reassured if they pay appropriate attention to your concerns and offer alternatives, like manual assistance or a compromise of lying on your side.

**Role play 4, focus on skill A3**

*Health professional* *task*

You need your patient to remove their clothing down to their underwear do you can conduct an appropriate examination. To do this you will need to explain to your patient what you would like to do and gain their consent.

*Patient/client A*

In your culture it is inappropriate for you to remove your clothing unless another person of the same gender is present. You will insist that this is provided and refuse to undress until an acceptable solution is provided.

*Patient/client B*

You are very shy about your body as you have some scars you do not want people to see and are concerned someone else may walk in to the room whilst you are undressed, so you will not want to remove your clothing until you are given adequate reassurance that your modesty will be respected and no one will walk in.

## 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?

* Demonstration of the verbal and non-verbal communication techniques needed 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?