

Activity sheet (Module 4: does)

This module is the fourth and final module in a series that develops you towards competency in three important clinical communication skills:

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

Each module corresponds to a level on Miller’s Pyramid:

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|  |  |  |  |
| 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. If you haven’t yet completed these, speak with your educator about how you can get prepared.

The purpose of this module is to consolidate your learning by practicing and performing this in a clinical setting – on placement. In this module, you will use an appropriate learning plan format from your discipline to reflect on your 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 to practice and perform the skill/s effectively in a clinical setting.

## 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 listening and checking techniques.

Although this skill is challenging, it is also fundamental to clinical care. You need to start developing an awareness of how this is done before you attend placement so you 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
* clearly identifying one’s own opinion, if asked
* providing information in a range of forms (oral, written, diagrammatic, electronic and over the phone) that are 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 you 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 you should develop awareness of early in your 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 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. You 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, you need to be able to *convey* attention and empathy with your 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 their own – and empower the patient/client to engage as a partner in care.

## Task 1 – Towards a plan: reflecting on current capabilities

Focussing on one or more of the core communication skills, review the Placement Plan document (pp. 4-7) that lists the components of communication that are important for performing the skill/s well. Use the document to make notes on your reflections on the following questions:

1. Which components have I had the most/least practice with?
2. Which components am I most/least confident about?
3. What are the gaps in my ability I would like to develop?

## Task 2 – Write a plan for placement

Focussing on one or more of the core communication skills, use the Placement Plan document to set focussed communication learning goals for your upcoming clinical placement. Use the following questions to ensure you are specific about what you will do:

* What components of communication will you observe and note?
* What components of communication will you ask about?
* What components of communication will you get advice about?
* What components of communication will you ask a clinician to model for you?
* What components of communication would you like opportunities to practice, and receive feedback on?

## Task 3 – Reflection, on or post-placement

While on placement or shortly after you return, use the Reflection Tool on page 8 to reflect on your learning. Identify a situation where you had the opportunity to practice your communication. Working through the tool:

1. Reflect on your communication, paying particular attention to the core communication skills and the components needed to perform them well.
2. Make a plan for future learning and continual improvement.

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

|  |  |
| --- | --- |
|  | Student *effectively uses* each aspect of communication in a clinical setting |
| **Reflection****What are my current capabilities?** | **Plan****What is learning plan for placement?** |
| 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 |  |  |

## Placement plan: 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.

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|  | Student *effectively uses* each aspect of communication in a clinical setting |
| **Reflection****What are my current capabilities?** | **Plan****What is learning plan for placement?** |
| 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 |  |  |

## Placement plan: 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 *effectively uses* each aspect of communication in a clinical setting |
| **Reflection****What are my current capabilities?** | **Plan****What is learning plan for placement?** |
| 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 |  |  |

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| Skill A3 continued… | Student *effectively uses* each aspect of communication in a clinical setting |
| **Reflection****What are my current capabilities?** | **Plan****What is learning plan for placement?** |
| **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 |  |  |

# Reflection tool

|  |  |  |
| --- | --- | --- |
| Description | Describe the experience |  |
| Note key issues that need attention / reflection. |  |
| Reflection | What was I trying to achieve? |  |
| Why did I respond as I did? |  |
| What were the consequences for the patient, myself, others? |  |
| How were these people feeling, and how did I know? |  |
| How did I feel? |  |
| Influences | How were these feelings influencing me? |  |
| How did my actions match with my beliefs? |  |
| What else made me act in the way that I did? |  |
| What knowledge did, or should have, informed me? |  |
| How does this connect with previous experiences? |  |
| Could I have acted differently? |  |
| If I had, what would have been the consequences for the patient, myself, others? |  |
| Learning | How do I feel *now* about this? |  |
| In what ways could I now support myself, patients and others better? |  |
| What will I do to support myself, patients and others better? |  |
| What strategies and resources do I need to support myself, patients and others better? |  |

Adapted from:

* Christopher Johns (1995) ‘Framing learning through reflection within Carper's fundamental ways of knowing in nursing’, *Journal of Advanced Nursing*, Vol. 22, pp.226-234
* LaTrobe, Reflective practice in Health (<http://latrobe.libguides.com/c.php?g=443139&p=3021273>)
* Fred Korthagen & Angelo Vasalos (2005) ‘Levels in reflection: core reflection as a means to enhance professional growth’, *Teachers and Teaching: Theory and Practice*, Vol. 11, No. 1, pp.47-71 (<http://www.tandfonline.com.access.library.unisa.edu.au/doi/pdf/10.1080/1354060042000337093>)