

Activity sheet (Module 2: knows how)

This module is the second in a four-part 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 |

This module builds directly on the foundation module, so you need to have that knowledge base to make the most of the activities outlined here. If you haven’t yet completed this, see the Student Activity Sheet (knows) and the Foundation Lesson to get prepared.

On completing the foundation module, you will have developed *knowledge* and *awareness* of the verbal and non-verbal components of communication fundamental to clinical interactions. The aim of this module is to build your understanding of *how* *to use* those verbal and non-verbal communication techniques to achieve a range of purposes in clinical interactions.

In this module you will observe and analyse a small set of clinical scenarios and apply your knowledge of communication to clinical settings. You will be introduced to the scenario you are about to analyse in order to anticipate the communication challenges it may give rise to. You will then be guided through an explicit discussion of the scenarios in order to identify how each component of communication contributes to the success of the interaction.

You will be using the notes templates on pages 5-8 to record your learning in preparation for demonstrating your skills in a simulation or role-play (module 3).

## 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.

The notes template on page 5 will help you identify the components of communication needed to perform this skill. Pay particular attention to these components as you analyse the clinical scenario/s and listen to the observations of other students.

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.

The notes template on page 6 will help you to identify the components of communication needed to perform this skill. Pay particular attention to these components as you analyse the clinical scenario/s and listen to the observations of other students.

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.

The notes template on pages 7-8 will help you to identify the components of communication needed to perform this skill. Pay particular attention to these components as you analyse the clinical scenario/s and listen to the observations of other students. Make comments on the notes template to help you answer the questions in Task 2.

Task 1 – Online quiz

In order to refresh your memory of the key concepts in the Foundation Module, complete the online quiz on clinical communication in your course site. In preparation for in class activities, make notes about what you remembered and what you did not.

Task 2 – Anticipate communication in a clinical setting

Reflect on the details of the clinical scenario described by your educator. Use the following questions to guide your thinking and discussion.

Guiding questions

1. What is the health professional aiming to achieve in this scenario?
2. What do you think the patient/client will be thinking or feeling prior to/or during this encounter?
3. Put yourself in the place of the health professional. What emotions do you think you might experience during this encounter? What would be influencing these emotions (ie. present or past experiences, knowledge/lack of knowledge about communication or the situation)?
4. What will be the main communication challenges in this scenario?
5. What components of patient/client communication will provide cues to help the health professional make a judgement about how the patient/client is feeling?
6. How will you use each component of communication to perform the skill successfully, and still achieve your purpose?
7. Which component of communication will you find most challenging?

## Task 3 – Video scenario analysis

The aim of this activity is to apply your knowledge of the verbal and non-verbal components of communication to evaluate the success of a clinical scenario, and analyse how different components of communication affected in the interaction.

You will be allocated one component of communication from the notes template/s on pp. 5-8. You will then watch two versions of a clinical interaction: Version A and Version B. Your task is to analyse how your component of communication affects the interaction.

First, watch and review version A and answer the following questions. Be prepared to report back.

1. How well did the clinician achieve the purpose of the communication? How do you know (what are the cues)?
2. How well did the clinician perform the communication skill/s you are focussing on? How do you know (what are the cues)?
3. How did your component of communication affect the interaction?
4. How would you feel if you were a recipient of this kind of communication? Do your feelings differ from your peers? How does culture, gender or age relate to these differences?
5. How could the clinician have improved upon your aspect of communication?

Next, watch and review VERSION B of the video scenario. Be prepared to report back to the class.

1. How well did the clinician achieve the purpose of the communication? How do you know (what are the cues)?
2. How well did the clinician perform the communication skill/s you are focussing on? How do you know (what are the cues)?
3. How did your component of communication affect the interaction?
4. How could the clinician have further improved upon your aspect of communication?

Summary discussion

1. What components of clinical communication seemed to be most important for achieving the purpose of the interaction while performing the key communication skill well?
2. What strategies have you learned that you will try on placement?
3. What components of communication would you like to spend more time working on, and why?

## Notes template

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

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| **Components of communication** | **In order to perform this skill well, health professionals need to…** | **Task 1 – Anticipate communication in a clinical setting** | **Task 2 – Scenario analysis (small group activity)** |
| Reading verbal and non-verbal signals | Attend to the patient’s/client’s verbal and non-verbal communication to assess understanding |  |  |
| Choosing words and phrases | Choose words and phrases to explain and instruct, adapting them as appropriate for the patient |  |  |
| Reflective listening | Use reflective listening to check patient understanding |  |  |
| Proxemics | Use proxemics to foster open dialogue |  |  |
| Body language | Use body language to encourage engagement |  |  |
| Voice | Employ facets of the voice to support an attentive, empathetic interaction |  |  |
| Support materials | Use support materials as appropriate (ie. written texts) to enhance verbal interactions |  |  |

## Notes template

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

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| **Components of communication** | **In order to perform this skill well, health professionals need to…** | **Task 1 – Anticipate communication in a clinical setting** | **Task 2 – Scenario analysis (small group activity)** |
| Reading verbal and non-verbal signals | Attend to patient’s verbal and non-verbal communication to assess the development of the relationship |  |  |
| Choosing words and phrases | Choose words and phrases that support the development of rapport and empathy |  |  |
| Active listening | Use active listening to develop attentiveness and responsiveness |  |  |
| Proxemics | Use proxemics to support the establishment and maintenance of relationship |  |  |
| Body language | Use body language to convey attention and empathy |  |  |
| Voice | Employ facets of the voice to demonstrate attention and empathy |  |  |
| Support materials | Use support materials as appropriate (ie. written texts) to build and maintain relationship |  |  |

## Notes template

## Skill 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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| **Components of communication** | **In order to perform this skill well, health professionals need to…** | **Task 1 – Anticipate communication in a clinical setting** | **Task 2 – Scenario analysis (small group activity)** |
| Reading verbal and non-verbal signals | Attend to patient’s verbal and non-verbal communication to assess the ongoing success of the interaction |  |  |
| Support materials | Use equipment (ie. curtains, sheets) as appropriate to maintain confidentiality and privacy |  |  |
| Active and reflective listening | Use active and reflective listening to respect the patient’s role as partner |  |  |
| Choosing words and phrases | Choose words and phrases that maintain confidentiality and privacy  AND  assure consent, and allow autonomy and patient involvement |  |  |

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| **Components of communication** | **In order to perform this skill well, health professionals need to…** | **Task 1 – Anticipate communication in a clinical setting** | **Task 2 – Scenario analysis (small group activity)** |
| Proxemics and body language | Use proxemics to maintain confidentiality and privacy  AND  with body language, build and maintain the patient’s role as partner |  |  |
| Voice | Employ facets of the voice (e.g. volume) to maintain confidentiality and privacy  AND  demonstrate respect and partnership |  |  |
| Artefacts | Use artefacts (e.g. case notes) in ways that maintain confidentiality and privacy |  |  |
| Support materials | Use support materials as appropriate (ie. written texts) to support the patient’s role as partner |  |  |