

Activity sheet (Module 1: knows)

This module is the first of 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 |

Before you can demonstrate or perform these skills in a clinical setting, you need to develop an understanding of the components of communication needed to perform them well. The aim of this module is to *develop knowledge* and *demonstrate awareness* of the verbal and non-verbal aspects of communication needed in clinical interactions.

In this module, you will first read the Foundation Lesson, which introduces key concepts. It covers the verbal and non-verbal elements of communication that underpin all interaction, and which are important for developing the quality and effectiveness of your clinical communication. You will then engage in discussions and/or practical activities that deepen your understanding, using the notes templates on pages 5-8 to record your learning development in preparation for applying your knowledge in a clinical context.

## 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 to identify the components of communication needed to perform this skill. Pay particular attention to these components as you read the Foundation Lesson.

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 read the Foundation Lesson.

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 read the Foundation Lesson.

## Task 1 - Reflect on the Foundation Lesson

The aim of this reflective activity is to deepen your awareness of your own communication practices. This will enable you to make more detailed observations of your own (and others’) communication, and identify aspects of your communication that need to be developed.

Identify with your lecturer which core clinical communication skill/s you will be focussing on. Read through the relevant notes template (pp. 5-8) to identify which aspects of communication are most important for performing the skill/s well. Read the Foundation Lesson, paying particular attention to the components of communication needed to perform your skill/s.

Make a note of any questions or observations you made. Spend some time making connections between the concepts in the Foundation Lesson and your own experiences with communication, using the questions below to guide your thinking.

1. What aspects of communication have I had experiences before? How have these aspects of communication been important for interacting with others?
2. Do I change any aspects of communication, depending on who I’m communicating with? If so, how?
3. Do I use each aspect of communication differently, depending on what context I’m in (e.g. with family, with friends, at work)? If so, how?
4. Do different people use these aspects of communication in different ways? And what effect does that have?
5. How does culture affect each aspect of communication?
6. How important is each aspect of communication for conveying a meaning?

Task 2 - Anticipate communicating in a clinical setting

Now that you have established an understanding of the main components of communication that affect clinical interactions, you will start to apply this in a professional setting. Read through the following scenario, and reflect on the questions provided in preparation for discussion.

*Insert scenario relevant to your profession here.*

 *It is recommended to use a unique scenario not already covered in the videos. The sample provided below is to indicate format, length and detail required*

*Sample scenario (from videos): 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.*

Questions for discussion

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 aspects 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 aspect of communication to perform the skill successfully?
7. Which aspect of communication will you find most challenging?

## Notes template

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

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| **Aspects of communication** | **In order to perform this skill well, health professionals need to…** | **Task 1 – reflection on prior experiences** | **Task 2 – applied communication in a clinical scenario** |
| 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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| **Aspects of communication** | **In order to perform this skill well, health professionals need to…** | **Task 1 – reflection on prior experiences** | **Task 2 – applied communication in a clinical scenario** |
| 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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| **Aspects of communication** | **In order to perform this skill well, health professionals need to…** | **Task 1 – reflection on prior experiences** | **Task 2 – applied communication in a clinical scenario** |
| 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 privacyANDassure consent, and allow autonomy and patient involvement |  |  |

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| **Aspects of communication** | **In order to perform this skill well, health professionals need to…** | **Task 1 – reflection on prior experiences** | **Task 2 – applied communication in a clinical scenario** |
| Proxemics and body language | Use proxemics to maintain confidentiality and privacyANDwith body language, build and maintain the patient’s role as partner |  |  |
| Voice | Employ facets of the voice (e.g. volume) to maintain confidentiality and privacyANDdemonstrate 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 |  |  |