

Activity sheet (Module 3: shows how)

This module is the third 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 |

In Modules 1 and 2, students

* develop *knowledge* and *awareness* of the verbal and non-verbal components of communication fundamental to clinical interactions, and
* identify *how* *to use* those verbal and non-verbal communication techniques to achieve a range of purposes in clinical interactions.

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

The purpose of this module is to provide opportunities for you to begin practicing these verbal and non-verbal communication techniques in preparation for placement (e.g. through role plays). The aim is for you to *demonstrate the use of* these techniques in a simulated setting to achieve a range of clinical purposes.

In this module you will participate in a series of role-plays with a small group, each time playing the role of either the patient/client, health professional or an observer. You will be introduced to the scenario you are about to perform in order to anticipate the communication challenges it may give rise to. You will then perform the scenario, analysing how communication could be improved.

You will be using the rubrics on pages 5-8 to help you plan, reflect on and then evaluate your performance.

## 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 rubric 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 plan, reflect on and evaluate your practice.

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 rubric 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 plan, reflect on and evaluate your practice.

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 rubric 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 plan, reflect on and evaluate your practice.

Task 1 – Communication role plays

#### Prepare for the role plays

Reflect on the details of the clinical scenario provided by your educator. Spend a few minutes thinking about your role, using the following questions as a guide. **When it is your turn to play the health professional, use the rubric/s on pp. 5-8, to make your notes in the PLAN column.**

As the health professional:

1. What are you aiming to achieve in this scenario (ie. initiate conversation, provide instructions)?
2. What emotions do you think you might experience during this encounter? What would be influencing these emotions?
3. How will you manage these emotions so you can achieve your purpose, and communicate well?
4. What aspects of patient/client communication will provide cues to help you make a judgement about how the patient/client is feeling?
5. How will you use each component of communication to perform the skill/s successfully, and still achieve your purpose?

As the patient/client

1. What will you be thinking or feeling prior to/or during this encounter?
2. What components of communication will you use to convey that to the health professional?

As the observer

* Reflect on the questions provided for the health professional, and anticipate how the interaction should go.

#### Conduct the role plays

Each role play should take about 10 minutes.

If your educator has advise that you are recording a video of your performance as the health professional, set up your recording device so each participant is free to engage fully in their role.

While the health professional and patient/client are playing their roles, the observer should use the rubric to record observations about patient/client and health professional communication. For each component of communication, consider what worked, and what did not. Make a note of examples to share in discussion.

Once your small group has completed one role play, reflect on and discuss how easy or challenging it was to remain mindful of each element of communication during the interaction. **All participants can use the rubric/s on pp. 5-8, to make notes on this discussion in the OBSERVATION AND REFLECTION column.**

* How did the health professional role feel during the interaction?
* How did the patient/client role feel during the interaction?
* How effective was the interaction from the perspective of each of the three roles in the simulation?

## Task 2 – Evaluation

After you have had the opportunity to play the health professional role, the aim of this activity is to evaluate how well you used each component of communication in the interactions.

If you recorded a video of your performance, review it a few times, looking closely at how you performed each component of communication, and the skill overall.

Use the rubric/s to take notes about what you did well and why, and where you need to improve and how. Use the **EVALUATION** column to record this.

Think about examples from your peers that were done well – what did they do, and how could you practice that next time?

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

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|  | Student *practises and reflects on* their own use of each aspect of communication in role-play or clinical simulation |
| **Plan** | **Observation and reflection** | **Evaluation** |
| 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.

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|  | Student *practises and reflects on* their own use of each aspect of communication in role-play or clinical simulation |
| **Plan** | **Observation and reflection** | **Evaluation** |
| 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

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|  | Student *practises and reflects on* their own use of each aspect of communication in role-play or clinical simulation |
| **Plan** | **Observation and reflection** | **Evaluation** |
| 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 *practises and reflects on* their own use of each aspect of communication in role-play or clinical simulation |
| **Plan** | **Observation and reflection** | **Evaluation** |
| **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 |  |  |  |