

Module 6 – Enhancing Communication Skills

Suggested Time Frame – Five to six hours

Goal Statement –

The goal of this module is to utilize professional written and verbal language and communication skills to enhance ability to perform the role of a specific health occupation.

Module Description:

The goal Module 6 is to provide an overview of critical communication skills for students in health occupations. The content moves from the general description of the communication process in a variety of situations to the role of communication in the therapeutic or helping relationships inherent in health occupations. Numerous activities are included to enhance student involvement and to foster application to the clinical situation.

Objectives:

At the completion of Module 6, the student will be able to:

1. Identify and describe the chief components in the communication process.
2. Differentiate and describe verbal, non-verbal, and symbolic communication.
3. Identify and describe factors that positively and negatively affect communication.
4. Differentiate social, professional and therapeutic (helping) relationships.
5. Differentiate therapeutic and non-therapeutic communication in helping relationships and apply techniques designed to foster the therapeutic process.
6. Differentiate and apply the common communication styles in a given situation.
7. Given a patient situation, apply the principles of communication and evaluate the success of the interaction.

Resources:

- Katz, J, et.al. *Keys to Nursing Success*. Prentice Hall, Inc. New Jersey. 2001
- *Keirsey Temperament Sorter*. <http://keirsey.com>
- Potter and Perry. *Fundamentals of Nursing*. Mosby. St. Louis, Mo. 2001

Content Outline	Learning Activities
<p><i>Objective 1. Identify and describe the chief elements in the communication process.</i></p> <p>A Definition</p> <ol style="list-style-type: none"> 1 Communication is the process in which people affect one another through the exchange of information, signals or messages in the form of ideas and feelings. 2 Communication establishes a sense of commonness with another that facilitates interaction and understanding. <p>B Requirements of health care worker</p> <ol style="list-style-type: none"> 1 Initiation 2 Authenticity 3 Appropriate response <p>C Communication and Critical Thinking</p> <ol style="list-style-type: none"> 1 Draws upon theoretical knowledge 2 Interprets and analyzes content of messages 3 Evaluates effects of communication 4 Self-examines skill level <p>D Elements</p> <ol style="list-style-type: none"> 1 Sender <ol style="list-style-type: none"> a. Determines the manner in which the message is transmitted b. Delivers the message (source encoder). Encoding is the selection of signs and signals to use in the transmission of the message. c. Is responsible for the accuracy of the content and the emotional tone of the message. 2 Message <ol style="list-style-type: none"> a. Content that includes verbal, non-verbal and symbolic language b. Actual words used in transmission c. Includes body language 3 Receiver <ol style="list-style-type: none"> a. Receives and decodes the message b. Is responsible for listening, observing, and attending to the message c. Decodes or relates the message perceived to their own knowledge and experience in 	<p>A Lecture/Discussion</p> <p><i>Introduce with Video clip “Who’s On First?” Abbott and Costello</i> http://www.whos-on-first.com/</p> <p>B Lecture/Discussion</p> <p>C Lecture/Discussion</p> <p>D Lecture/Discussion</p> <p>Communication Flow Exercise 6.1</p>

<p>to their own knowledge and experience in order to sort out the meaning of the message.</p> <ul style="list-style-type: none">d. Probability that the message received is the one sent is enhanced when sender and receiver share common ground <p>4 Response (Feedback)</p> <ul style="list-style-type: none">a. Message returned by the receiver that indicates whether the meaning of the sender's message was understoodb. Requires openness, clarification and modification of the message by the health care worker <p>5 Meaning the sender intends with the verbal component of the message may be supported or contradicted by the non-verbal component.</p> <p>6 Meaning the receiver places on the message may be affected by the receivers attitude or emotional state (eg. fatigue, irritability, pain, fear, mistrust)</p>	<p>Communication Skill Survey Exercise 6.2</p>
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Objective 2. Differentiate and describe verbal, non-verbal and symbolic communication.

A Spoken messages have 3 components related to the probability that the message intended is the message received.

- 1 Verbal (7%) – actual words spoken in the message
- 2 Tone (38%) – vocal inflection while speaking (sincere, authentic, sarcastic, interested, bored)
- 3 Non-verbal (55%) – physical aspects while delivering the message (facial expressions, gestures, eye contact, posture)

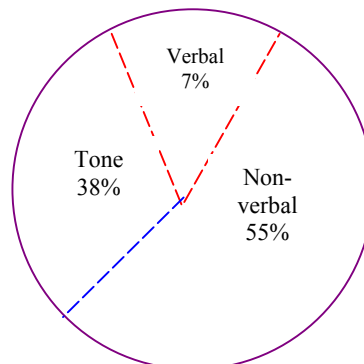
B Verbal Communication

- 1 Vocabulary
- 2 Common vs. technical meaning
- 3 Pacing and tone
- 4 Clarity and brevity
- 5 Timing and relevance

C Non-verbal Communication

- 1 Personal appearance
 - a. Clothing can communicate professionalism, economic status, occupation and values.
 - b. Patients may judge a professional's competence by the way they are dressed and groomed.
- 2 Posture and gait
 - a. The way a person walks and carries themselves (posture) are considered reliable indicators of self-concept, current mood and health.
 - b. Important for health care workers to clarify meaning of observed behaviors by describing the observation to the patient and asking what it means. (see Obj. 5)
- 3 Body orientation, arm and leg positions, general sitting positions are considered reliable indicators of emotional tone
 - a. Body turned away – avoidance
 - b. Crossing arms in front – defensive
 - c. Tapping of fingers – anger/impatience
 - d. Face to face position preferred in US

A Lecture/Discussion



B Lecture/Discussion

C Lecture/Discussion

Group Activity : Non-verbal communication.

Have students watch a video for 5-10 minutes with the sound muted. At the end of the allotted time, ask the students to write a short paragraph interpreting the content of the clip based on their observations of

- Facial expressions
- Body posture/gait
- Eye contact
- Personal space

Be sure to indicate that there are NO wrong interpretations.

When students have completed the task, re-run the video clip with the sound turned on. Invite students to share how close they came to the actual dialogue and/or how close they came to the actual message of the clip. Observe any age, gender or cultural differences in the interpretation of the non-verbal

<p>D Facial Expressions</p> <ol style="list-style-type: none"> 1 Feelings of job, sadness, compassion, fear, anxiety, surprise, anger, disgust can be conveyed by facial expressions. 2 Health care workers need to be especially aware of the messages their facial expressions are sending to another. <p>E Eye Contact</p> <ol style="list-style-type: none"> 1 Important in the US, but may be seen as a sign of disrespect in other cultures 2 Polite listener looks at speakers eyes or face 3 Hard stare indicates anger, aggression or defensiveness 4 Prolonged eye contact (staring) may be interpreted as aggression or challenge to speaker’s authority. 5 Looking down when being spoken to is viewed as a sign of disrespect or guilt in US, but is considered a sign of respect in other cultures. <p>F Gestures – hand gestures can be as expressive as facial expressions</p> <ol style="list-style-type: none"> 1 Stab of index finger to someone’s chest – aggression 2 Throwing hands and arms into the air – exasperation 3 Arms crossed in front of body – defensiveness 4 Wringing of the hands – anxiety, nervousness <p>G Territoriality and Personal Space (US 24-40”) </p> <ol style="list-style-type: none"> 1 Refers to the concept of the space and the things that an individual considers as belonging to himself 	<p>interpretation of the non-verbal communication depicted in the video clip.</p> <p>This activity can also be useful with a cultural diversity learning focus as well as the communication focus.</p> <p>D Lecture/Discussion</p> <p>E Lecture/Discussion</p> <p>F Lecture/Discussion</p> <p>G Lecture/Discussion</p>
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<ol style="list-style-type: none"> 2 Health care workers need to be aware that a hospitalized patient will consider that the things around their bed, personal items, hospital furniture, etc. belong to them. Permission needs to be gained prior to moving these items. 3 Territoriality and personal space also has meaning in communication and refers to the distance between the sender and the receiver 4 Personal space varies between and within cultures. 5 When invisible barriers are crossed, tension results. 	
<p>H Personal Space Zones (generalities)</p> <ol style="list-style-type: none"> 1 Intimate zone (0 - 18") 2 Personal zone (18" - 4') 3 Social zone (4' - 12') 4 Public zone ($\geq 12'$) 	<p>H Lecture/Discussion</p> <p><i>Group Activity:</i> Personal Space and Zones of Touch</p> <p>Form groups of four with each of the identified health occupations represented.</p> <p>Distribute occupation specific scenario to each group.</p> <p>Assign roles to each student:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health care worker <input type="checkbox"/> Client/patient <input type="checkbox"/> Observer <input type="checkbox"/> Recorder <p>Have a member of each group take the role of a patient of a diverse cultural group.</p> <p>Have students discuss their degree of comfort with personal space and zones of touch during simulation.</p>
<p>I Zones of Touch</p> <ol style="list-style-type: none"> 1 Social zone (permission not needed) – hands, arms, shoulders, back 2 Consent zone (permission needed) – mouth, wrists, feet 3 Vulnerable zone (special care needed) – face, neck, front of body 4 Intimate zone (great sensitivity needed) – 	<p>I Lecture/Discussion</p>

<p>genitalia</p> <p>J Symbolic Communication</p> <ol style="list-style-type: none">1 Involves the symbolism used by others to convey meaning: dreams, drawings, metaphorical language and child's play2 Health care workers need to pay attention and use the symbolism used by the patient as a basis for communication.3 Symbolic communication is communication about communication so that messages can be conveyed and understood. (congruence and consistency between non-verbal and verbal messages)	<p>J Lecture/Discussion</p>
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<p><i>Objective 3. Identify and describe factors that positively and negatively affect communication.</i></p> <p>A Respect and appreciation for diversity</p> <ol style="list-style-type: none"> 1 Diversity is the variety that occurs in every aspect of human relationships. 2 Basic to appreciation and respect for diversity is an open mind and willingness to learn. (affective disposition for critical thinking) 3 Diversity occurs among and within cultures. 4 Diversity involves races and cultures, but also gender, life style and sexual preferences. <p>B Barriers to understanding</p> <ol style="list-style-type: none"> 1 Stereotyping – assumptions made about a group based on insufficient data that have the potential to perpetuate destructive generalizations that can lead to discrimination 2 Reasons for stereotypes - categorizing or labeling others <ol style="list-style-type: none"> a. Can be an attempt to make sense out of complexities in life. b. Takes less time than getting to know someone different as an individual. 3 Prejudice – preconceived judgment or opinion formed without just grounds or sufficient evidence caused by <ol style="list-style-type: none"> a. Ethnocentrism b. Previous hurt. c. Jealousy and fear. 4 Dealing with differences <ol style="list-style-type: none"> a. Analyze sense of discomfort and avoid judgments b. Broaden horizons and take advantage of opportunities to develop relationships with people different from oneself c. Become informed about other cultures, life-styles, ethnicities, religions d. Look for common ground in terms of basic human needs. 	<p>A Lecture/Discussion</p> <p>B Lecture/Discussion</p> <p><i>Group Discussion:</i> Involve class in discussion about whether they or a member of their families have ever experienced a situation where stereotyping has occurred as consumers of health care.</p> <p>Have students identify behaviors that may have changed the outcome of the situation.</p>
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<p><i>Objective 4. Differentiate social, professional and therapeutic (helping) communication and relationships.</i></p> <p>A Characteristics of social relationships</p> <ol style="list-style-type: none"> 1 Satisfy a mutual need of both persons or satisfied a self-need only 2 Can be superficial 3 Generally involves friends and family but can involve strangers 4 Governed by boundaries of time and place <p>B Characteristics of professional therapeutic (helping) relationships</p> <ol style="list-style-type: none"> 1 Intellectual and emotional bond between the health care worker and the client with the focus on meeting the health related needs of the client 2 Based on mutual acceptance, trust and respect 3 Respects the client as an individual, including <ol style="list-style-type: none"> a. Maximizing abilities to participate in decision making and treatment plans b. Consideration of cultural and ethical aspects of care c. Consideration of family relationships and values 4 Goal directed to support patient's growth and well being 5 Respects patient confidentiality 6 Has boundaries <ol style="list-style-type: none"> a. Objectivity of health care worker b. Limited to health care setting c. Acknowledged need to respect territory and personal space <p>C Therapeutic (helping) relationships</p> <ol style="list-style-type: none"> 1 Professional Behavior Continuum <ol style="list-style-type: none"> a. Zone of helpfulness b. Under-involvement c. Over-involvement 2 Requirements of health care worker in therapeutic relationships <ol style="list-style-type: none"> a. Self-awareness <ol style="list-style-type: none"> (1) Open-minded in attitudes and beliefs 	<p>A Lecture/Discussion</p> <p>B Lecture/Discussion</p> <p>C Lecture/Discussion</p>
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<ul style="list-style-type: none"> (2) Professional in interactions (3) Aware of personal needs in the interaction (4) High degree of personal integrity and genuineness in role of patient advocate b. Self-monitoring <ul style="list-style-type: none"> (1) Ability to monitor feelings (2) Awareness of own verbal and non-verbal communication (3) Ability to keep focus of goal of therapeutic interaction c. Power differential in helping relationships <ul style="list-style-type: none"> (1) Patient is in a vulnerable position as the person requiring assistance (2) Health care worker has access to client personal and private data (3) Nature of the helping relationship has the potential for abuse, especially in long-term and continuing relationships (oncology, rehabilitation settings, etc.) d. Pyramid of Over-involvement <ul style="list-style-type: none"> (1) Boundary crossing (2) Boundary violation (3) Sexual misconduct e. Limit setting <ul style="list-style-type: none"> (1) Limit physical contact to that which is therapeutic (2) Limit social contact to on-duty time (3) Avoid financial dealings (4) Limit self-disclosure to superficial information (5) Avoid making clients problems your own f. If feelings of attraction are felt: <ul style="list-style-type: none"> (1) Do <i>NOT</i> act on the feelings (2) Do <i>NOT</i> discuss feelings with the patient (3) <i>DO</i> discuss feelings with trusted colleague (4) <i>DO</i> transfer care of the client to another health care worker g. Prevention of over-involvement <ul style="list-style-type: none"> (1) Be constantly aware of potential 	<p>c <i>Group Discussion</i>: Openly involve students in interactive discussion of “what-if’s” in the section on boundaries and limit setting in the “helping” relationship.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Nursing student assigned to a young patient in a psychiatric unit develops a caring relationship with the patient’s mother, helping her through the grief process. Mother asks for the student’s phone number to contact her after her assignment in the unit is over. ▪ Nurse notices that he pays particular attention to grooming and uniform when assigned to a particular attractive patient. ▪ Nurse assigned to Acute Rehab finds herself requesting assignment to a spinal cord injured patient feeling that no one else can really care for him as well as she can. ▪ Patient who reminds nurse of a beloved grandmother who recently died, asks patient to handle some of her banking for her as she does not trust her son. ▪ Nurse finds herself particularly attracted to a young male oncology patient and feels as if she cannot objectively care for him any longer.
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<ul style="list-style-type: none">(2) Be reflective – examine own behavior and motivation(3) If discomfort is felt, respect the disease(4) Keep client’s needs in focus3 Elements of professional communication<ul style="list-style-type: none">a. Courtesy – knock on doors before enteringb. Use of names<ul style="list-style-type: none">(1) Conveys respect for human dignity(2) Use of last names is considered more respectful, unless age, mental status or patient’s preference warrants use of first name(3) Terms of endearment are considered demeaning (‘grandma’, ‘sweetie’, ‘bro’, ‘dude’, ‘boy’, ‘girl’)(4) Referring to patients by room number or diagnosis is considered disrespectfulc. Privacy and confidentiality – patient has a right to privacy and confidentiality and it is the health care worker’s legal and professional responsibility to respect that right (See Module II – HIPAA)d. Trustworthiness – health care worker demonstrates trustworthiness by<ul style="list-style-type: none">(1) Communication that conveys interest and respect(2) Behavior that demonstrates congruence, reliability, honesty and competencee. Autonomy – supported by health care workers when they respect and uphold a patient’s right to participate in his care in concert with his or her own values and decisions (See Module II- Patient Care Partnership [Patient’s Bill of Rights])4 Therapeutic Communication – Overview<ul style="list-style-type: none">a. Interactive process between the health care worker and the patient that helps the patient to<ul style="list-style-type: none">(1) Overcome temporary stress(2) Get along with other people(3) Adjust to situations that cannot be altered	
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<ul style="list-style-type: none">(4) Overcome psychological blocks interfering with health and growthb. General barriers to therapeutic communication in the helping relationship<ul style="list-style-type: none">(1) Inaccurate perception of self and others(2) Failure to focus on patient needs(3) Failure to identify content and feelings in the communication or situation(4) Inaccurate interpretation of message(5) Failure to maintain therapeutic professional 'self'(6) Failure to set limits and boundaries	
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<p><i>Objective 5. Differentiate therapeutic and non-therapeutic communication and apply techniques designed to foster this process.</i></p> <p>A Specific Communication Barriers (non-therapeutic communication)</p> <ol style="list-style-type: none"> 1 False Reassurance – “Don’t worry. Everything will be all right.” 2 Advice Giving – “Why don’t you do this __?” “If I were you, I would __.” 3 Approval/Disapproval – <ol style="list-style-type: none"> a. implies that the patient is either right or wrong and that the health care worker is in a position to judge. b. blocks people from their own choices. 4 Defensiveness – “We’re only trying to help.” <ol style="list-style-type: none"> a. an attempt to protect the person or health care services from admitting deficiencies in the service b. blocks people from expressing true concerns. 5 Challenging - “Why would you think that?” <ol style="list-style-type: none"> a. Giving a response that makes the patient prove their statement or point of view. b. Asking for an explanation 6 Minimizing feelings – <ol style="list-style-type: none"> a. “I know just what you mean.” b. “Everyone feels that way sometimes.” 7 Social/stereotypical comments <ol style="list-style-type: none"> a. Minimizes patient feelings and concerns b. “Keep you chin up” or “Tomorrow is another day.” 	<p>A Lecture/Discussion</p>
<p>B Therapeutic Communication techniques</p> <ol style="list-style-type: none"> 1 Attentive (active) listening is 80% listening and <20% speaking <ol style="list-style-type: none"> a. Most important and basic to all other techniques b. Listener listens to identify content and feelings with a focus on the patient c. Requires energy and concentration to pay attention to the total message <ol style="list-style-type: none"> (1) We speak at 125 words/minute and listen or think at >1000 words/minute (2) Attend to both the verbal and non-verbal message 	<p>B Lecture/Discussion</p> <p>Effective Listening Exercise 6.3</p>

<ul style="list-style-type: none">(3) Note if the verbal and non-verbal messages are congruent.d. Speaker should not be interrupted either verbally or non-verbally. (if you are formulating a response, you may be hearing but not listening)e. Listener thinks about the message before responding; to do otherwise would be reacting rather than responding <p>2 Myths about the skill of listening</p> <ul style="list-style-type: none">a. Listening is easy. Perhaps passive listening is easy, but active listening for meaning, message behind the words and congruence requires active attention.b. Most people are good listeners because they do it all the time. Current research finds that most people listen at only 25% efficiency.c. Training in listening is unnecessary. <p>3 Non-verbal techniques to encourage communication can be grouped under the heading of “Physical Attending” – a manner of being present with another to convey involvement</p> <ul style="list-style-type: none">a. Face to face involvementb. Maintain eye contactc. Lean toward the speakerd. Maintain open posture <p>4 Verbal techniques to encourage communication and assist the patient to express himself more effectively</p> <ul style="list-style-type: none">a. Broad openings<ul style="list-style-type: none">(1) Open ended questions(2) “Tell me more...”(3) “Tell me more about how you are feeling today.”b. Reflecting/Clarifying feelings<ul style="list-style-type: none">(1) Comments reflect observed behavior(2) “It seems as if you feel angry.”(3) “I wonder if you are feeling sad.”c. Reflecting content<ul style="list-style-type: none">(1) In descriptive words, verbalize the main idea being expressed by the patient.(2) “It sounds as if you are worried about the results of the tests.”	
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<p>(3) “So, you are wondering how you are going to manage the baby’s bandages at home?”</p> <p>d. Acknowledgment/feedback</p> <p>(1) Indicates that the listener understands the message.</p> <p>(2) “I’m listening”</p> <p>(3) “I hear what you are saying...”</p> <p>(4) Take care not to overuse trite expressions.</p> <p>e. Validation –</p> <p>(1) Confirms the speakers frustration about a situation</p> <p>(2) “Yes, it is frustrating to”.</p>	<p>Listening Skills Exercise 6.4</p>
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Objective 6. Differentiate and apply common communication styles in a given situation.

- A The style a person uses when communicating is a combination of the verbal, tone and non-verbal components of a message.
- B Communication styles
- 1 Enhance or inhibit probability that message will be received as intended by sender
 - 2 Four Basic Communication styles (based on Keirsey Personality Styles – Module 4)
 - a. Intuitor
 - (1) More interested in ideas than details
 - (2) Communicates in concepts and generalities without examples
 - (3) Values insights/revelations (Ah-ha!)
 - (4) Envisions the future
 - (5) Oriented toward the spiritual
 - b. Senser
 - (1) More interested in details and concrete facts rather than ideas
 - (2) Focus on the ‘here and now’ rather than the past and future
 - (3) Interested in parts rather than the whole
 - (4) Suspicious of insights or revelations – “seeing is believing”
 - c. Thinker
 - (1) Prefers to analyze situations and use logic to solve problems
 - (2) Considers examples useful if they help to solve problems
 - (3) Impatient with feelings and emotions
 - d. Feeler
 - (1) Prefers ideas and examples that relate to people
 - (2) Reacts emotionally
 - (3) Concerned with values and how they affect others
 - (4) Dislike too much detail or ‘cold’ logic

A Lecture/Discussion

B Lecture/Discussion

Student Activity:

Identifying Personal Communication Style with Keirsey Temperament Scale

Go to <http://www.keirsey.com>

Click on *Take the Keirsey Sorter* on the top left hand square of the page. Complete the information in the center of the page. The sorter is free and you are under no obligation.

Remember to unclick the box that asks if you want email to come to you from the site.

Follow the directions and complete the survey. Click “calculate”. Print a copy of your *Temperament Sorter* and bring to class.

Questions:

- Does the Temperament Scale interpretation “fit” with your evaluation of yourself?
- Are you comfortable with your style?
- What insights did you gain from this exercise?
- Are there any adaptations that you may want to try to communicate with a diverse working group.

Objective 7. Given a patient situation, apply the principles of communication and evaluate the success of the interaction.

A Techniques for Direct Communication

- 1 Organize your thoughts (Message).
 - a Have key points.
 - b Eliminate unnecessary information.
- 2 Speak directly to the person(s) concerned.
 - a Keep eye contact.
 - b Make statements personal. Example: “Mary, I like your idea.” Rather than “Mary’s idea is good.”
- 3 Make “I” statements.
 - a “We” is appropriate if you are speaking for a group, but if the statement or opinion is yours, use “I”.
- 4 Own your feelings.
 - a Don’t guess others’ feelings or opinions. Speak for yourself and your feelings rather than projecting them upon others. If you have a statement concerning something, say “I think” instead of “we think”.
- 5 Practice listening checks.
 - a Use the listening skills you just learned to ensure your direct communication was understood. Ask for the listener’s response.

B Demographics Impact Communication

- 1 Age
- 2 Race
- 3 Education Level
- 4 Gender
- 5 Marital Status

A Lecture/Discussion

Communication Skills Activity
Exercise 6.5

B Lecture/Discussion

Communication Scenarios
Exercise 6.6