



Health Workforce Initiative

Hi-Touch Healthcare: The Critical Six Soft Skills

Grab-N-Go Independent Training Module:

Interpersonal and Oral Communication

HEALTH WORKFORCE INITIATIVE STATEWIDE ADVISORY COMMITTEE, CALIFORNIA
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Interpersonal and Oral Communication

Background Information

Communication competency is a critical soft skill for the healthcare industry. “Good communication has been shown to improve patient satisfaction, patient compliance, and patient health outcomes.”ⁱ The Institute for Healthcare Communication (2011) summarized the impact this way: “Given the wealth of evidence linking ineffective clinician-patient communication with increased malpractice risk, nonadherence, patient and clinician dissatisfaction, poor patient health outcomes, the necessity of addressing communication skills deficits is of the utmost importance.”ⁱⁱ Clinicians are not the only professionals in need of communication skills training; all healthcare employees would benefit. In fact, ineffective communication has been consistently listed among the most frequently cited causes of sentinel events – resulting in death or permanent loss of function.ⁱⁱⁱ

Despite significant findings on subsequent impacts on health care, Kim Jelphs (2006), a senior fellow of the Health Services Management Centre at the University of Birmingham, bemoans: “Often the mere mention of the importance of communication causes less than positive reactions in healthcare professionals.”^{iv} Jelphs defends and asserts the primacy of communication as “the skill that can possibly have the greatest impact on effective healthcare delivery. It really is the



key to clinical governance and demands as much attention, respect and sustaining as other seemingly ‘harder’ targets in organizations.”^v

There are many studies citing effective or ineffective communication as impactful to a number of healthcare outcomes. Effective communication is essential to accreditation of residency programs and physician certification.^{vi} In daily healthcare efforts, the impacts influence patient dignity issues^{vii} and patient safety effective practices.^{viii} Additionally, effectual skills are clearly critical in patient relationships such as the nurse-patient bonds which impact patient satisfaction outcomes.^{ix}

The growth of interprofessional collaborative practice makes communication skills even more vital. A number of healthcare workers with varied educational and occupational training all have a hand in patient outcomes. “During the course of a 4-day hospital stay, a patient may interact with 50 different employees, including physicians, nurses, technicians, and others. Effective clinical practice thus involves many instances where critical information must be accurately communicated. Team collaboration is essential.”^x Individuals with diverse backgrounds make up these critical healthcare teams, making effective interpersonal and oral communicative exchanges crucial.

Communication includes: “oral, written, electronic, among staff, with/among physicians, with administration, with patient or family.”^{xi} The National Institutes of Health maintains that “Communication between and among human beings is



complex. It occurs at many levels simultaneously. Doctors, allied health professionals, public health communications experts grapple with how best to reach their audiences most effectively.”^{xii} Communication is broad and complex; therefore, for the purposes of this training module, we focus on two specific areas of communication: interpersonal and oral. We define each area as follows:

- 1) Interpersonal communication is one-to-one communicative interchanges as occurring in dyads and/or within small groups that impact personal relationships.
- 2) Oral communication is the use of spoken words and related nonverbal sounds used to transmit a message.

This module will focus on specific interpersonal and oral communication skills that enhance communication competencies for today’s healthcare environment.



Training



Overall Goal: Participants will learn techniques for the development of effective interpersonal and oral communication skills.

WIIFM: What's in it for me? Throughout their textbook, *Communication Skills for the Healthcare Professional*, authors Laurie McCorry and Jeff Mason (2011) convincingly make the case for improved communication outcomes for healthcare:

Today, poor communication is the single most common reason for patient complaints against healthcare professionals. One cannot overstate the importance of having good communication skills in any of the allied health professions. The healthcare provider who has strong communication skills will always be more effective in helping patients. (Preface)^{xiii}



Materials Provided:

1. Interpersonal and Oral Communication PowerPoint
2. Activity #1: Word to the Wise
3. Activity #2: Transactional Communication Model—Ping Pong
4. “Transactional Communication Model” handout
5. Activity #3: Transactional Communication Model—Using the Model & Case Study Activity
6. Activity #4: Fine
7. Activity #5: Perceptions on the Job Observation
8. Activity #6: Perception Checking: Reflection, Analysis, & Role Play



Directions for the Trainer: Activity preparation information is included in this document and/or within the PowerPoint presentation notes. Each PowerPoint slide, as appropriate, includes detailed explanations and instructions for the trainer. As with all Grab-N-Go Modules, you can use it all for a more detailed training, or simply use one or two of the many activities—a la carte



ACTIVITY #1

Word to the Wise



Goal: To demonstrate the ambiguous and symbolic nature of language. Participants will experience how language can be emotionally powerful and carry varied meanings, thus creating opportunity for misunderstandings.



Materials Needed (Quantities vary by how many in the group)

- One sheet of unused paper for each participant, all the same size and color (i.e. 8.5 x 11 copy-paper or binder paper).
- A writing instrument (pen or pencil) for each participant.
- PowerPoint slides 8-10.



Procedures:

Note to Trainer: Language is ambiguous; the meaning we give to symbols (words) lies within the individual and not the actual words (symbols). This is further illustrated by the concept that there are two parts to any message: the one intended by the sender and the one actually received by the listener. Although this activity has seemingly many instructions, it moves quickly and, when completed, illustrates the ambiguity.



I. Part One

1. Explain that this is a three-part activity and hand each participant a sheet of paper and writing instrument (or ask them to take out a piece of paper, in which case do not tell them what size or type of paper) and a pen or pencil.
2. Explain that you will be orally giving instructions for what to do with the paper and pen/pencil. Participants are not to talk during Part One. Specifically state that not asking clarity is part of the process and questions for clarity will not be answered. Participants are to comply to the best of their ability using the instructions as stated.
 - a. First, tell participants to write their names on the paper (do not tell them where on the paper and do not specify first and/or last names, titles, etc).
 - b. Second, tell them to fold the paper in half (do not give details regarding horizontal or vertical fold).



ACTIVITY #1

Word to the Wise

- c. Third, tell them to write their names and include both first and last names. Do *not* offer further instructions such as whether the paper should be unfolded, or if they should modify what they have already written. (Watch for nonverbal indicators of confusion or uncertainty).
- d. Fourth, tell them to fold the paper in half again.
- e. Lastly, ask them to remain quiet and place paper and pen/pencil on the table/desk top.

II. Part Two

3. Ask participants to close their eyes and to think about their “mom” or someone they love in a maternal way, or someone who loves *them* in a maternal way. Stress that regardless of the person they choose, the relationship should be loving and kind.
4. Once everyone has closed their eyes, invite them to envision a moment (recall a memory) when they felt extremely loving toward that person and imagine it vividly (eyes are closed still). After about 20-30 seconds ask them to open their eyes but remain quiet.
 - a. Now ask them to retrieve the folded paper and pen/pencil. Ask participants to write the word MOM in big bold letters on the outside of the folded paper.
 - b. Second, tell them to place the paper on the floor with the word MOM facing up toward the ceiling.
 - c. Third, ask participants to stand up and to once again think about their “MOM” and to picture that loving moment.
 - d. Fourth, encouragingly (you may need to prompt some participants) tell them to vigorously stomp on the folded paper on the floor. (Watch for hesitancy or non-compliance. Body language might include arms crossed over chest, frowns, and/or glares toward the presenter. Listen for comments such as, “I can’t that’s my mom...”).
5. Finally, have participants pick up the paper and return to their seats for processing.

III. Part Three

6. Processing the activity: Describe to the participants what you observed about any hesitancy or resistance to stomping on the paper and ask for a few to explain their reasons.



ACTIVITY #1

Word to the Wise

7. Then reinforce what they just demonstrated. Language is symbolic and powerful! Make the point that the meaning of a word is within the person and not in the word itself—we give the words their meaning and therefore emotional power stems from the person. We form our interpretation of a word's meaning from our upbringing, our culture, and many other influences.
 - a. To make this point very clear, ask participants to rotate the paper so that the word “MOM” is turned upside down and is transformed into the word “WOW.” The word is a symbol—language is symbolic. **We** give the symbols their meaning.
 - b. Allow time for group discussion about the power of language and as time allows, lead a discussion about other emotive words or words with more than one meaning.

8. Following the discussion, note the impact language ambiguity has on how we understand one another in communication situations.
 - a. Illustrate this by asking all participants to hold the folded papers above their heads and look at the variations of how the paper was folded. (There should be several not the same).
 - b. Ask them to put the paper down and unfold it. By show of hands, indicate how many wrote their name in the right hand corner? Left hand corner? Middle? (Recognize and comment that they did not all do it the same). Continue, as desired, questions related to how they responded to instructions for writing first and/or last name, first time, second time.
 - c. Finally, note that there were many variations despite the fact that everyone in the room heard the same directions with the exact same words. Explain and emphasize that in an interpersonal communication exchange (and in most communication situations), every message has two parts...the one that the speaker *intended* and the one the listener *received*.

9. Wrap it up by asking if anyone has ever said something that someone misunderstood. Let a few participants offer personal examples. Then return to the concept that because language is ambiguous and symbolic and the meaning of words lies inside each individual, not the symbols themselves, that message intention and message reception are challenging. This challenge is even greater when we consider typical healthcare environments infused by intercultural considerations, language diversity, levels of education, medically specific jargon, pain, and stress.



ACTIVITY #2

Transactional Communication Model - Ping Pong



Goal: To introduce the transactional communication model and emphasize the complexity of human communication.



Materials Needed (Quantities vary by how many in the group)

- One copy of the “Transactional Communication Model” handout for each participant.
- One ping pong ball (or marble) for each participant
- A writing instrument (pen or pencil) for each participant.
- PowerPoint slide 12.



Procedures:

1. Reveal only the title of PowerPoint slide number 12 until prompted below.
2. Ask participants to find a partner and stand (if appropriate, ask participants to sit on the floor but everyone must accommodate the same position) approximately two feet across from each other. Each participant should be standing/sitting about one foot from the person(s) beside them. The participants are now in two parallel rows. The presenter may need to participate if there is an odd number.
3. Hand half of the participants a ping pong ball (or marble).
4. Ask the participants to gently toss (if standing) the ping pong ball (or roll if sitting) to each other. Monitor this and after about 5-7 tosses (or 30 seconds) ask participants to stop.
5. Explain that what they just completed was a physical illustration of the linear model of communication. This model offers a minimalistic perspective and views communication as a one-way or linear process in which the speaker speaks and the listener listens.
 - a. Note that all, or most, balls got to the intended receiver. Specify that in real-life, communication is much more complex.
6. Now hand out the remaining ping pong balls so that each participant has one.



ACTIVITY #2

Transactional Communication Model - Ping Pong

7. Again ask participants to gently toss the balls to each other but this time they should toss them *at the same time*. Monitor this and after about 5-7 tosses (30 seconds) ask participants to stop. You may need to ask them to retrieve loose balls.
8. Explain that the second ping pong ball added the concept of feedback into the model as well as the noise/interference from balls hitting surfaces as a result of failed catches. This created a more complex situation which reflects the model called the “Interactive Model.”
 - a. Note that there were more missed catches due to feedback and noise as the process demonstrated complexity.
9. Ask participants to realign into partner rows and make sure each person has one ball.
 - a. After doing so, ask every third pair to step further away from each other, taking them out of alignment from the rows.
 - b. Ask for a few other pairs (depending on how big the group) to align diagonally, taking them out of the originally ordered rows but remaining close to the rest of the participants. (Note: the intention is that as they toss their balls diagonally, they will perhaps interfere with another’s ball toss or catch).
10. Ask participants to once again gently toss the balls at the same time to their partner. Monitor this and after about 5-7 tosses (30 seconds), ask participants to stop. You may need to ask them to retrieve loose balls.
 - a. Note that this time there were many more missed catches and an increased amount of scattered balls. This demonstrates the additional role of context and captures the complexity of the last model called the “Transactional Communication Model.”
11. Ask participants to return to their seats. Hand each participant a copy of the “Transactional Communication Model” handout. Note that the handout will also be used in the next activity.
12. Finish this activity by revealing the transactional communication model on the PowerPoint slide. As a group, review the terms of the model.



ACTIVITY #2

Transactional Communication Model - Ping Pong

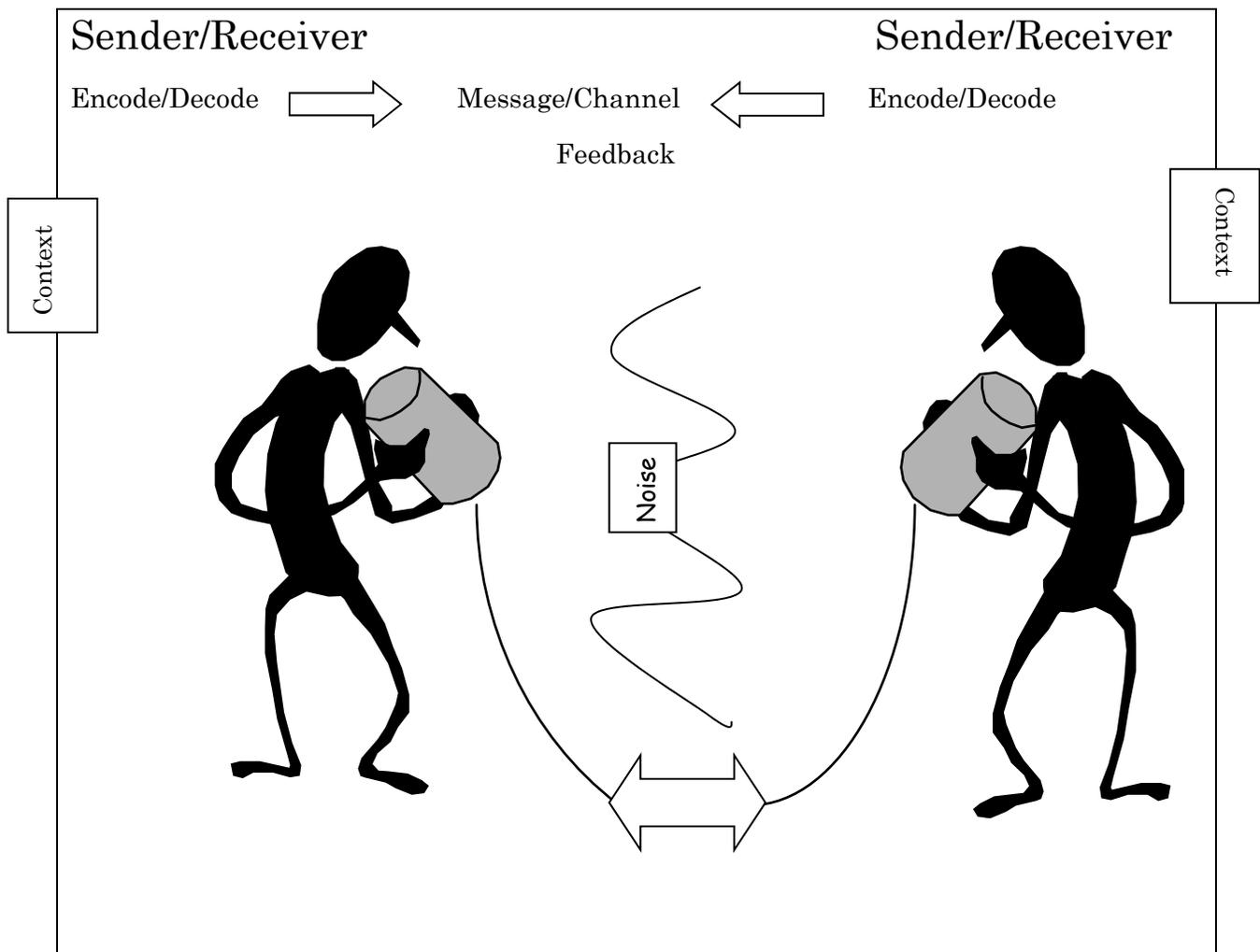
- a. Ask participants to offer their thoughts on how the terms of the transactional model compare to the ping-pong ball activity. (*Each term is defined below with general activity alignment also listed.*)
- MESSAGE—content of communication process
 - *The ball*
 - SOURCE/RECEIVER—person who creates a message and person who receives a message simultaneously
 - *Each person sent and received the ball at the same time*
 - ENCODE—process of converting thoughts into words/nonverbal
 - *What would be the best toss to reach my partner?*
 - DECODE—process of interpreting the message (words and nonverbals)
 - *Where is my partner throwing the ball?*
 - CHANNEL—medium through which the speaker sends a message (face-to-face, telephone, text, email, etc.)
 - *Ball through the air, on the floor*
 - FEEDBACK—response to a message
 - *Introduction of the second ball*
 - NOISE—3 types: internal (thoughts), external (noises in the room, etc.), and semantics (word choices)
 - *Introduction of the second ball, and the interference it caused. Participants may have second-guessed how high or low to toss balls and other participants caused increased noise. Toss and catch choices may have been misleading.*
 - CONTEXT/RHETORICAL SITUATION—anything that shapes the environment and influences the speaker/receiver, audience, and occasion
 - *The entire environment and interact*



“Transactional Communication Model”

Elements in the communication process:

1. **SOURCE/RECEIVER**—person who creates a message and person who receives a message simultaneously
2. **ENCODE**—process of converting thoughts into words/nonverbals



3. **DECODE**—process of interpreting the message (words and nonverbals)
4. **MESSAGE**—content of communication process
5. **CHANNEL**—medium through which the speaker sends a message (face-to-face, telephone, text, email, etc.)
6. **FEEDBACK**—response to a message
7. **NOISE**—three types: internal (thoughts), external (noises in the room, etc.), and semantics (word choices)
8. **CONTEXT/RHETORICAL SITUATION**—anything that shapes the environment and influences the speaker/receiver, audience, and occasion



ACTIVITY #3

Transactional Communication Model—Using the Model & Case Study Activity



Goal: To introduce participants to one method of communication competency skills improvement through self-analysis using the transactional communication model.



Materials Needed (Quantities vary by how many in the group)

- One copy of the “Transactional Communication Model” handout for each participant.
- A writing instrument (pen or pencil) for each participant.
- PowerPoint slides 13-14.



Procedures:

1. Show only the title of slide 13.
2. Begin by stressing the complexity of communication. Assert that there is no “perfect” communication. There are opportunities for excellence and we can create these opportunities by being competent. Competency is understood as: 1) appropriate to the situation and 2) effective in intended outcomes.
3. Reveal the communication scenario on PowerPoint slide 13 and read it out loud.
4. Ask participants to use the “Transactional Communication Model” handout to help them analyze the scenario and determine how the social worker could have been more competent (remember, appropriate and effective). Ask for volunteers to share ideas.
(If time is an issue, you may choose to skip the second part of the activity which is the partner/case study beginning on step 4 and included in PowerPoint slide 14).
5. Next, ask participants to form dyads or triads.
6. Explain that each person is to first discuss with his/her partner(s) a recent on-the-job interpersonal communication experience that was either not appropriate to the situation or not as effective in the outcome achieved. Suggest changing names of key players for anonymity.



ACTIVITY #3

Transactional Communication Model—Using the Model & Case Study Activity

7. Next, ask the group to write one case study (one brief description of a communication situation that was not as effective or appropriate as it might have been). Advise them that the case studies will be seen and used by other people in the training. Change names for anonymity as appropriate. Write as legibly as possible. Give participants 5 – 10 minutes to complete this task.

8. Collect the case studies and distribute one case study to each group (do not allow groups to work on their own case studies).

9. Instruct the groups to reflect on what they have learned in this workshop by using the transactional communication model (TCM) as a framework or lens. Groups should describe in detail what courses of action they suggest to improve the communication outcomes. Tell them to support the terms of the TCM with examples.

10. When all groups have finished, ask each group to read the case study out loud. Briefly discuss the application TCM and to share in detail their recommendations for improvement.

11. Conclude the activity by reiterating the importance of self-reflection and desire to improve. Effective communication skills are only achieved by consistent and repeated work. Remind participants that the goal is not perfection but excellence.



ACTIVITY #4

Fine



Goal: To demonstrate that words alone are not enough to effectively convey messages.



Materials Needed:

- PowerPoint slide # 18



Procedures:

Announce that this is a quick partner activity and then provide the following instructions:

1. Ask participants to find a partner and pair up. Explain that, as prompted, each person will be alternating between asking a question and responding,
2. Partner one: Ask the other “How are you?”
3. Partner two: Answer by simply saying the word “Fine.” However, using only non-verbal communication, indicate that you are really NOT ‘fine.’
4. Alternate partner roles (who asks and who responds) between asking “How are you?” and responding according to the below situations:
 - a. Say “Fine” and use nonverbal communication to indicate that you are good.
 - b. Say “Fine” and use nonverbal communication to indicate that you are actually angry.
 - c. Say “Fine” and use nonverbal communication to indicate that you are having the best day ever!
5. Reflect: ask the partners to share with one another their observations and experiences of the activity.
 - a. Ask partners to share how this communication situation occurs in their personal experiences.
 - b. Ask partners to share what other body language behaviors they observed.



ACTIVITY #4

Fine

6. After the participants have shared their experiences with one another, bring the group together and ask questions such as:
 - a. How well did your partner communicate his/her message? How do you know? What did you see and hear?
 - b. What behaviors did you observe that made you feel as though your partner understood your intended message?
 - c. What might this mean in a healthcare setting?
 - d. What implications might this have for communicating with non-native English speakers? Or for superior/subordinate positions?



ACTIVITY #5

Perceptions on the Job Observation



Goal: To demonstrate how perceptions in our everyday encounters influence how we experience the world around us and how this complicates the communication process.



Materials Needed:

- PowerPoint slides #24-26.



Procedures:

1. Until prompted, show only the title of PowerPoint slide number 24.
2. Explain that individual perceptions are influenced by health, age, fatigue and hunger, psychological challenges, cultural differences, and social roles. One's relational roles and organizational status also have a huge impact on perception.
 - a. As a humorous illustration, offer these situations: "Have you ever concluded a phone call with your romantic partner and because s/he didn't end by saying 'I love you' too, you assumed the relationship was in trouble?"
 - b. Or perhaps the boss says, "I need to see you in my office" and you automatically assume you are in trouble.
3. Emphasize that the type of work we do also influences our view of the world and our perceptions of specific situations.
4. Bring up the first bullet on the PowerPoint and ask participants to find a partner.
5. Instruct participants that they will be shown three different situations and they are to discuss with their partner how the perceptions of each employee might vary based on work-related titles. (*Option: change the job titles for specific participant groups*).
6. Bring up the next bullet point on the PowerPoint slide to reveal situation number one. Have groups discuss their interpretations of/reactions to the situation before discussing as a large group.
 - a. **Situation One:** The nurse, custodian, and volunteer are walking from the parking area to the front door. They see a group of scrub-wearing



ACTIVITY #5

Perceptions on the Job Observation

- nursing students clustered near the smoking section. (Note this question prompt also appears: What are the varied perceptions of what they see?)
- b. Ask for volunteers to report their ideas.
7. When done, advance to PowerPoint slide number 25 for situation number two. Have groups discuss their interpretations of/reactions to the situation before discussing as a large group.
 - a. **Situation Two:** An administrator, a CAN, and a social worker are eating breakfast in the cafeteria and observe a surgeon complaining to an anesthesiologist. They overhear the surgeon exclaim: “What a needless waste of time having to attend communication training sessions when I could be saving lives!” (Note this question prompt also appears: What are the varied perceptions of what they hear?)
 - b. After a few minutes, ask for volunteers to report their ideas.
 8. When done, advance to PowerPoint slide number 26 for the final situation, number three, and conclude the activity.
 9. Start by making certain everyone recognizes this situation is different and calls on participants to reflect on their own organization. Have groups discuss their interpretations of/reactions to the situation before discussing as a large group.
 - a. **Situation Three:** A patient, a family member, and a prospective new employee are walking down a hallway in YOUR organization.
 - b. What does each one see, hear, smell, feel, or notice?
 - c. After a few minutes, ask partners to share with the large group as they are comfortable.

Conclude by noting that when we believe our perceptions are the only truths, we limit the opportunity for alternative views. Ask them to think about how many problems could be avoided by realizing we have different perceptions of the same experiences. And reinforce, given the situations provided in this activity, the principle that “we can never not communicate.” Nothing means something to someone.



ACTIVITY #6

Perception Checking: Reflection, Analysis, & Role



Goal: To provide participants with an opportunity for improvement in communication and perception-checking.



Materials Needed:

- PowerPoint slide 28-29.
- Writing instrument and paper for each participant.



Procedures:

1. Have participants think about or imagine a brief problematic communication situation that led to misunderstanding with another person due to incorrect perceptions. Perhaps they observed or experienced one recently.
2. Ask participants to briefly write a description of what occurred.
3. Reveal and display the perception-checking steps on slide 28.
 - a. Ask them to write down the steps to use as a template and then reveal on the ppt slide the prompt: “Your turn.” This reflection prompt is the overall outcome for this activity and will lead to an opportunity to role play.
 - b. Advance to slide 29 and review the example. Continue the activity and conclude.
4. Have participants use the perception-checking steps to analyze the communication encounter they wrote about. This process will result in the creation of individual examples of perception-checking.
5. Have them form partners and share their examples of perception-checking. What was the difference between the original description of the situation and the analysis using the perception-checking steps? What can be learned by comparing the two versions?
6. Invite volunteers to “role play” for the large group by acting out the original description of the communication situation and then again using the perception-checking steps.



ACTIVITY #6

Perception Checking: Reflection, Analysis, & Role

7. Conclude by reminding participants that both spoken language and nonverbal communication are ambiguous; the given meaning is heavily influenced by the individual. There are two parts to a message: 1) the intended meaning and 2) the received meaning. Perception-checking is a powerful antidote to misunderstandings and can benefit all types of interpersonal relationships.



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