



Health Workforce Initiative

Hi-Touch Healthcare: The Critical Six Soft Skills

Grab-N-Go Independent Training Module:

Nonverbal Communication

HEALTH WORKFORCE INITIATIVE STATEWIDE ADVISORY COMMITTEE, CALIFORNIA
COMMUNITY COLLEGES CHANCELLOR'S OFFICE, AND ECONOMIC DEVELOPMENT PROGRAM



Nonverbal Communication

Grab-N-Go Independent Training Module

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Nonverbal Communication

Background Information

A leading worldwide human resource solutions provider concluded that although technical skills might be vital to getting an interview, soft skills would advance one's success. They posted "The 6 Soft Skills to Hire For in 2015" with communication ranking number one. What's important to note is the caution they add concerning nonverbal communication:

*Communication is key, no matter what line of work you are in. As workplaces become more connected with an increased focus on collaboration and social media tools, being able to communicate effectively in range of ways is becoming more important than ever. Strong verbal and writing skills, as well as active listening are important. **Also be aware of non-verbal communication conveyed through body language and facial expressions.** (emphasis added)ⁱ*

Nonverbal communication is an essential component to communication competency in the healthcare environment for patient-practitioner outcomes; it's an invaluable tool for diagnostics these should be end note indicator --smaller like the one after (emphasis added) above and a number of studies link nonverbal communications to such outcomes as reducing infant mortality and improving HIV immune functioning.ⁱⁱ (same issue with end notes in all of document-please fix)

Nonverbal communication also benefits patient satisfaction. One study determined the importance of eye contact and social touch on patient perceptions of empathy.ⁱⁱⁱ Significantly, this soft skill is a critical step associated with active listening—and active listening boasts a wide-range of benefits.^{iv}



Effective nonverbal communication has a little something for everybody. For instance, it's linked with one's popularity and well-being. Body language and other visual clues also influence persuasive skills and improving chances for success, from career to romance.v It is important to many other communication interchanges and is its own discipline of study.vi For this Grab-N-Go Training Module, we focus on providing a broad overview for understanding some nonverbal communication fundamentals. Also included are a variety of activities to give participants experience analyzing and exhibiting a wide range of nonverbal behaviors that can positively or negatively impact communication in any healthcare environment.



Training



Overall Goal: Participants will experience and analyze nonverbal communication for improved communication competency—paralanguage, body language, gestures, and physical space will be highlighted.

WIIFM: What's in it for me? As more and more technology emerges, face-to-face communication and vocal/oral communication have, in many instances, taken a back seat to other modalities. As we study and improve our communication competencies, reflect on the impact these evolving communication technologies are having on the way we communicate. Consider this:

“You can't learn nonverbal emotional cues from a screen in the way you can learn it from face-to-face communication,” said lead author Yalda Uhls, a senior researcher with the UCLA's Children's Digital Media Center, Los Angeles. “If you're not practicing face-to-face communication, you could be losing important social skills” (cited in Science Daily.Com, 2014). (does this need the end note?)



Materials Provided:

1. Nonverbal Communication Module PowerPoint (60-120 minutes)
2. Activity #1: Nonverbal Questionnaire Discussion (15-20 minutes)
3. Nonverbal Questionnaire
4. Activity #2: “Turnip” (10 minutes)
5. Activity #3: “Fine” (10 minutes)
6. Activity #4: “Dietician Role Playing” (15-20 minutes)
7. “Dietician Role Playing” instructions
8. Activity #5: “Are You Cold?” (15-20 minutes)
9. Activity #6: Pitch and Inflection: “Will You Clean Up This Mess With Me Tonight?” (10 minutes)
10. Activity #7: Case Study: “How Much Is That Ring Worth?” (10-15 minutes)
11. Case Study (Optional case studies for variation are provided)
12. Activity #8: “My Personal Bubble” (10 minutes)
13. Activity #9: “Stop You're On Fire” (10 minutes)



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 style! (the activities a la carte needs to be consistently spelled and capitalized on all modules)



ACTIVITY #1

Nonverbal Questionnaire



Goal: To help participants better understand the importance of nonverbal communication behaviors and patterns encountered in their everyday healthcare environments by bringing awareness to nonverbal elements we often overlook.



Materials Needed:

- PowerPoint Slide #6



Procedures: Hand each participant a copy of the “Nonverbal Questionnaire” sheet and then provide the following instructions:

1. Ask them to independently read and respond to each question on the sheet and advise them you will give them about 5 minutes.
2. After about 5 minutes, ask them to form small groups of 3 to 4 people.
3. Now ask them to first discuss their own ideas and then make notes or changes on their sheets accordingly.
4. Finally, advise them that the answers will emerge throughout the session and any lingering questions can be addressed at the end.

“Nonverbal Questionnaire” – Answer Key

1. Smiling, maintaining eye contact, arms unfolded
2. Frowning, arms crossed, avoiding eye contact
3. Eye contact, body posturing, position of arms and legs
4. 7%
5. Nonverbal
6. All
7. S-D-D-S
8. All



ACTIVITY #1

Nonverbal Questionnaire



As you answer these questions, think about your job in the healthcare environment.

1. Give 3 examples of positive nonverbal communication
 - 1)
 - 2)
 - 3)
2. Give 3 examples of negative nonverbal communication
 - 1)
 - 2)
 - 3)
3. Rank order from 1 to 3 (most influential to least influential), the following forms of nonverbal communication as the best indicators of what a person may actually be communicating to you:

_____ Body posture
_____ Position of arms and hands
_____ Eye Contact
4. How much of the meaning of a spoken message related to feelings and attitudes comes from the actual words spoken? (check one)

75%
 7%
 20%
5. When the words of a message don't match up with the nonverbal elements, most people will believe which? **Circle one: words or nonverbal cues**



ACTIVITY #1

Nonverbal Questionnaire

6. When a person crosses his or her arms during a conversation, this is an indication that (select all that apply):
- The person may not be in agreement
 - The person may be cold
 - The person may be nervous
 - The person may be uncomfortable
7. Circle the appropriate letter ("D" for dominant or "S" for submissive) for the following nonverbal communication behaviors:
- D or S: Smiles more often
- D or S: Uses big arm and hand gestures
- D or S: Uses a lot of personal space
- D or S: Allows others to interrupt while talking
8. Which of the following are considered elements of nonverbal communication (select all that apply):
- One's physical features
 - Photographs of family and friends displayed in one's office
 - The cleanliness or messiness of one's work space
 - The location of department meetings
 - One's tone of voice
 - One's choice in clothing and adornment (i.e. jewelry and tattoos)
 - One's perfume or colog



ACTIVITY #2

“Turnip”



Goal: To demonstrate the importance of body language and nonverbal communication in effectively communicating attitudes and feelings.



Materials Needed:

- PowerPoint Slide #8



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

- Ask participants to find a partner and pair up (or form triads). Explain that each person will be provided with instructions.
 - Partner one: Try to explain/describe what a turnip is without using words, *only body language and nonverbal communication*. (This is not really possible to do!)
 - Partner two: *Using only body language and nonverbal communication (no words)*, communicate to your partner how you feel about the taste of a turnip.
 - Partner three (if needed) or repeat with partner two: Describe/define to your partner, *using only body language and nonverbal communication*, what the Declaration of Independence is.
 - ALL: *Using just body language and nonverbal communication*, demonstrate frustration.
- Reflect: ask the partners to share with one another their observations and experiences of the activity.
- After the participants have shared with one another, bring the group together and ask questions such as:
 - How well did your partner/s communicate their message?
 - What behaviors did you observe that made you feel as though your partner did or did not understand your intended message?
 - What was it like for you in your role?



ACTIVITY #3

“Fine”



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



Materials Needed:

- PowerPoint Slide #12



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

- Ask participants to find a partner and pair up. Explain that each person will be alternating between asking a question and responding as prompted.
 - Partner one: Ask the other “How are you?”
 - Partner two: Answer with just the word “fine” but using non-verbal communication to indicate that you are NOT really ‘fine.’
 - Alternate partner roles between asking “How are you?” and responding according to the below situations:
 - Answer as if you are good
 - Answer as if you are angry
 - As if you are having the best day ever
- Reflect: ask the partners to share with one another their observations and experiences of the activity.
 - Ask partners to share how this communication situation occurs in their personal experiences.
 - Ask partners to share what other body language behaviors they observed.
- After the participants have shared their experiences with one another, bring the group together and ask questions such as:
 - How well did your partner communicate his/her message? How do you know? What did you see and hear?
 - What behaviors did you observe that made you feel as though your partner understood your intended message?
 - What might this mean in a healthcare setting?
 - What implications might this have for communicating with non-native English speakers? Or for superior/subordinate positions?



ACTIVITY #4

“Dietician Role Play”



Goal: To demonstrate the many ways nonverbal communication, specifically body position, posture and smiling, can positively or negatively impact effective communication outcomes in healthcare settings.



Materials Needed:

- PowerPoint Slide #14
- A copy of the Dietician, Doctor, and Patient role playing instructions.

Planning Note:

- Print the participant instructions on the following page (p.11). Print one page for every three people and cut each page in thirds, making three sets of instructions. Separate the pages into three sets so that each set has one copy per three-person partner scenario: Partner 1 (Dietician), Partner 2 (Patient), Partner 3 (Doctor).



Procedures: Announce that this is a role playing activity and then provide the following instructions:

- Ask participants to form triads. Explain that each person will be provided with instructions describing his or her role.
 - Distribute the instructions you have printed to the participants, making sure that one person has instructions for Partner 1(Dietician), another person has instructions for Partner 2 (Patient), and another for Partner 3 (Doctor). *Instruct the participants to announce the role they will be playing (dietician, patient, or doctor) but that they are **not** to show their instructions to their partners.*
 - Ask the triads to begin with Partner 2 (Patient). The other two partners will start as directed in their Partner scenarios. Explain that you will stop them after 3-4 minutes.
 - When time, ask the partners to share with one another their observations and experiences of the role playing activity.
 - After the participants have shared their experiences with one another, bring the group together and ask questions such as:
 - What behaviors did you observe that made you feel as though your partner was or was not listening?
 - Did you feel the patient was being understood? Why or why not?
 - What was the most positive nonverbal element or behavior you acted out? What was the impact?
 - What was the most negative nonverbal element or behavior you acted out? What was the impact?



ACTIVITY #4

“Dietician Role Play”

“Dietician Role Playing” Instructions

Partner 1 (Dietician role): *You will be playing the role of a dietician. You have two scenarios. Please announce that you will be playing the role of dietician but do not reveal any other specifics of your scenario.*

- **Scenario 1:** You are assessing the Patient and charting at the bedside. Your patient will start talking to you and making direct eye contact. You will pay attention to your patient for about 30-45 seconds and during this time, smile and ask the Patient to explain to you the foods s/he enjoys the most. When the Patient starts talking about the varieties of ice cream, cut him/her off, frown, and shake your head negatively as you ask him/her to give you *healthy* choices such as lean meats and salads. **Do not reveal your instructions to your partners.**
- **Scenario 2:** The patient’s doctor was hovering outside the hospital room and observed your interaction with the Patient. When the Doctor speaks to you, *your response is completely nonverbal*. Do not speak, but otherwise act as you deem appropriate. **Do not reveal your instructions to your partners.**

Partner 2 (Patient role): *Imagine that you are a patient in the hospital. Please announce that you will be playing the role of patient but do not reveal any other specifics of your scenario.*

Playing the role of an aging patient with a lack of appetite, begin to describe your symptoms and concerns of your new and overwhelming diagnosis to the Dietician. Be very descriptive and ask questions as if you are a patient concerned about his or her health. When the Dietician asks you to explain the types of foods you like best, *start by smiling and with great vocal enthusiasm begin to list your favorite types of ice cream*. When the Dietician tells you to provide healthy choices from foods like lean meats and salads, *become obviously annoyed or aggravated: cross your arms over your chest, frown, furrow your eye brows and in a sarcastic or pouty voice, tell the Dietician, emphasizing the word “that”: “Well, you didn’t ask me *that* now did you?!”* Do not reveal your instructions to your partners.

Partner 3 (Patient’s Doctor Role): *You will be observing the other two partners as if you are standing in the hallway outside the hospital room. Imagine you are the long-time doctor of the patient and are very fond of him/her. Please announce that you will be playing the role of doctor but do not reveal any other specifics of your scenario.*



ACTIVITY #4

“Dietician Role Play”

When the Patient becomes annoyed or aggravated and says to the Dietician, “Well, you didn’t ask me *that* now did you,” pretend to enter the room, cross your arms over your chest, frown, and say to the Patient in a *warm and jovial manner* with emphasis on the word KNOW: “Now Mr./Mrs. Green, you **know** you need to eat your vegetables.” *Give the Patient a big smile and touch the shoulder or hand in a patting affectionate gesture.* Then, stand up tall and again *cross your arms over your chest, move toward the Dietician, frown, and in an annoyed tone of voice,* emphasize the word KNOW and say: “You **know** Mrs. Green needs to eat her vegetables.”



ACTIVITY #5

“Are You Cold”



Goal: To demonstrate the ambiguity of body language and why it’s important to avoid jumping to conclusions about the meaning of body language.



Materials Needed:

Paper and pen/pencil



PowerPoint Slide #16

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

- Ask participants to take out pen and paper.
- Next, ask them to all cross their arms over their chests.
- Now ask them to work independently and quietly brainstorm and list on the paper all of the meanings they can think of for the body position of arms crossed over chest. Give them 2 minutes to brainstorm.
- Ask participants to find a partner and pair up.
- Ask the partners to share with one another their lists.
 - Ask partners to share how this communication situation has occurred in their personal experiences.
 - Ask partners to share what other body language behaviors they have observed and may have misinterpreted.
- After the participants have shared their experiences with one another, bring the group together and ask questions such as:
 - What might the ambiguity of body language mean in a healthcare setting?
 - What implications might this type of ambiguity have with doctor-nurse communication, peer-to-peer communication, or patient and healthcare provider communication?
- Conclude by emphasizing the need for **perception checking** rather than immediately assigning meaning to body language. Remind them that body language is ambiguous and we often misread signals.
 - Demonstrate the following **perception checking technique** as a way to help improve communication effectiveness:
 - **State the behavior:** “I noticed your arms were crossed during our meeting today.”
 - **First Interpretation:** “I wonder if you were angry with what was being presented...”
 - **Second Interpretation:** “...or if you were just cold.”
 - **Request for Clarification:** “What was going on?”
- If time allows, you can have participants pair up and try perception checking.



ACTIVITY #6

“Pitch and Tone: Will you clean up this mess with me tonight?”



Goal: To demonstrate the power vocal inflection and pitch can have when communicating an intended message.



Materials Needed:

- PowerPoint Slide #19



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

- Ask participants to find a partner and pair up. Ask them to alternate between acting as Partner 1 and Partner 2. When statements are made, be sure to emphasize each the one word that is in all caps, bold and italicized.
 - Partner One: “***WILL*** you clean up this mess with me tonight?”
 - Partner Two: “Will ***YOU*** clean up this mess with me tonight?”
 - Partner One: “Will you clean up this ***MESS*** with me tonight?”
 - Partner Two: “Will you clean up this mess with ***ME*** tonight?”
 - Partner One: “Will you clean up this mess with me ***TONIGHT?***”
 -
- Reflect: ask the partners to share with one another their observations and experience of the activity.
- After the participants have shared their experiences with one another, bring the group together and ask questions such as:
 - What happened to the meaning as the inflection and pitch changed?
 - What implications might this have for communicating with non-native English speakers? What about superior-subordinate communication?
- Conclude by re-explaining and reinforcing the notion that the ambiguity of our actual words makes paralanguage important to effective communication. Emphasize that the sentence didn’t change but the meaning did. Most likely participants noticed that other body language changes emerged such as smiling or perhaps frowning, hands up, open body posture, etc.



ACTIVITY #7

“Case Study: How Much Is That Ring Worth?”



Goal: To provide participants an opportunity to think critically about the impact and implications of communication competencies in everyday encounters.



Materials Needed:

- PowerPoint Slide #22
- One copy of the case study on page 16 for each participant and a pen (Optional/alternative Case Studies are provided on pages 17-18).



Procedures: Announce that this is both a solo and partner activity and then provide the following instructions:

- Hand each participant a copy of the case study to be used.
- Next, ask them to read the case study quietly to themselves. Give them about 2 minutes to read the study and the questions.
- Now ask them to work independently and think about the questions posed, writing down brief notes. Give them 3-4 minutes.
- Ask participants to find a partner and pair up or get into small groups of 3-5.
- Reflect: ask the partners/groups to share with one another their feelings about the case study and what ideas they had to address the questions.
- After the participants have shared their experiences with one another, bring the group together and ask for volunteers to share.



Case Study-How much is that ring worth?



You are a few years out of respiratory therapy school and are working at a local hospital specializing in gerontology. It's a great place to work with room for advancement and the ability to be active in many areas of the hospital that interest you. The hospital is rapidly growing and your manager mentions the need to hire someone to work in a new program for community outreach and asks if you might know someone. You immediately think of your friend Bob. He minored in Marketing Communication and always had an outgoing and friendly demeanor. He's been working for a non-profit organization focusing on social media marketing. You reach out to Bob and pass on his resume to your boss.

When Bob shows up for the interview, you are a bit unsettled and shocked. You had mentioned to him that the hospital environment is traditional and conservative, with professional attire as the norm. You also informed him the job would be interacting with an aging population—potential and existing clients, families, and hospital administrators. Bob arrives wearing a suit and tie but he also has a series of facial adornments including a nose ring, eyebrow ring, and very large ear gauges.

You are worried that your boss will think you have wasted her time with a candidate who clearly is less serious about this important role for the hospital. You are angry with Bob.

Question for discussion:

- Why might Bob have failed to consider the meaning of “conservative and professional attire”?
- If you could go back in time and start the situation over, would you be more specific with Bob? If so, what more could you have done to prepare him? Or would you now choose not to recommend him at all?
- What could Bob have done in advance of the interview to determine if his personal adornment would be of significance?
- What else might you do in this situation?



OPTIONAL CASE STUDIES FOR VARIATION



Optional Case Study # 1

Maria, the central services manager, is meeting with one of her employees, Michelle, for Michelle's annual evaluation. Michelle has worked in her position for 8 years and Maria has been the manager for six months. Michelle had applied for the manager position, but did not get the job.

Maria knows that Michelle has had a chip on her shoulder since Maria became manager and she is anxious about the evaluation. Overall, Michelle has been doing well in her position, has been completing her work assignment in a timely manner, is polite to co-workers, and has excellent attendance.

Questions:

1. How could Maria set up the meeting space for optimal verbal and non-verbal communication?
2. Where should the meeting take place? Why?

Michelle comes to the evaluation 10 minutes late, sits in the chair, crosses her legs and arms, and turns her chair slightly away from Maria. Maria begins by telling Michelle what a great job she is doing, and that she appreciates her as an employee. Michelle yawns, mutters an "hmm" under her voice, and makes no eye contact with Maria.

Questions:

1. How should Maria continue with this evaluation?
2. Is there anything Maria could have done to prepare Michelle for the evaluation?
3. What could Michelle do differently? Why?



OPTIONAL CASE STUDIES FOR VARIATION



Optional Case Study # 2

Judy is a unit clerk in an outpatient pediatric clinic. It is an especially busy day, and the second unit clerk has called in sick for the day. A young mother arrives for her 10:30 appointment a few minutes late, carrying a very upset, and crying, 4-month-old baby boy. The mom says “I am so sorry I am a little late; it was hard to get him here. He’s SO sick!” Without looking up, Judy sighs heavily and says, “You’re going to have to wait now, three people are ahead of you.” She turns her chair away from the mother and mumbles, “First, you need to fill out this new paperwork.” Judy cannot see that the young mother has started to cry. Judy hands her the paperwork, again without looking at her. The mom asks, “Can I have a pen please?” Judy rolls her eyes, and searches her drawer for a pen. She hands her the pen as she answers the phone.

Questions:

1. What could Judy have done to improve the interaction with the mother?
2. What could the mother have said to Judy to improve the situation?



ACTIVITY #8

“My Personal Bubble”



Goal: To demonstrate the way we communicate using personal space and how personal space affects our comfort/discomfort. This activity can also provide practice with the development of eye contact skills.



Materials Needed:

- PowerPoint Slide #24

Note to Trainer: You may want to ask anyone in ill-health to not participate due to the close physical interactions during the final step of the activity. You may need to make modifications for other ambulatory considerations. If you have an odd number, ask one person to simply observe and take notes in order to report observations and points of interest to the large group.



Procedures: Announce that this is a partner activity where each person will need to make eye contact, smile, and move closer and closer together based on Hall’s Proxemics Zones and then provide the following instructions:

- Ask participants to pair up, forming two parallel lines at **public distance** of 12 feet. Pairs should stand directly across from each other. Ask each participant to smile and make eye contact.
- Next, participants should continue to smile and make eye contact while moving closer together--each partner should take four or five steps inward, creating a **social distance** of about 4 feet.
- Ask participants to stand in place for one minute and engage in a short conversation about the weather.
- After one minute, participants should continue to smile and make eye contact while moving closer together—each partner should take three or four steps inward, creating a **personal distance** of about the length of one person’s arm.
- Again, ask them to engage in conversation for two minutes, this time about what they had for breakfast.
- After two minutes, participants should continue to smile and make eye contact while moving closer together—each partner should take one or two steps inward, creating an **intimate distance** of about 18 inches apart.



ACTIVITY #8

“My Personal Bubble”

- Ask participants to engage in conversation for two minutes about their best/most fun/most memorable date. After 20 seconds or so, you may want to remind them to maintain eye contact during this part of the activity.
- After two minutes, participants should continue to smile and make eye contact while moving closer together—each partner should take a small step inward, creating the **closest intimate distance** which is toe-to-toe.
- Ask them to engage in conversation for about one minute about the eyes of their activity-partner.
- After just a brief few seconds, you will notice people are either very comfortable or very *uncomfortable*.
- Reflect: ask the partners to share with one another their observations and experience of the activity.
 - Ask them to share what kinds of personal examples they have regarding their own “bubble” situations.

After the participants have shared their experiences with one another, bring the group together for large group report out:

- What did you notice about *your own* nonverbal communication and specifically body language during the distance experience?
- How did you *feel* as you moved closer together?
- What did you notice about the *other* person’s nonverbal behaviors?
- If time allows, ask for personal stories of bubble violations they have encountered.



ACTIVITY #9

“Stop You’re On Fire!”



Goal: To demonstrate the way body language and nonverbal communication impacts “message intentions.”



Materials Needed:

- PowerPoint Slide #26



Procedures: Announce that this is a partner activity and that everyone in the room will be saying the same sentence at the same time.

- Ask participants to pair up at **personal distance** or about the length of one person’s arm.
- Next, ask them to make eye contact with each other (and not with you).
- Finally, ask them to communicate the following sentence using different contexts: “Stop you’re on fire.”
 - Say it as if the person is *really on fire*
 - *use vocal urgency*
 - Say it as if the person is boring
 - *use vocal sarcasm*
 - Say it as if the person is doing something worthy of praise
 - *use vocal enthusiasm*

(Depending on the cultural norms and organizational culture, the trainer may choose to add an optional category intended for humor which is **not included** on the PowerPoint slide).

- Say it as if you and the person are on a “hot date”
 - *use vocal innuendo*
- Bring the group together for large group report out and ask questions such as:
 - What changes in volume and tone did you observe?
 - What did you notice about your own and your partner’s body language?
 - Ask for personal examples of when an exaggerated tone or overly enthusiastic body language situation emerged. What were the outcomes?



References

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