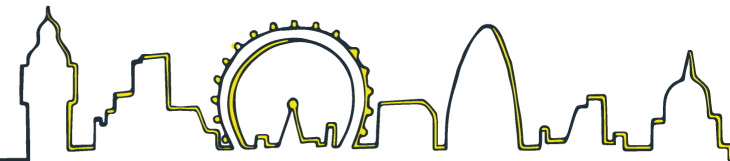


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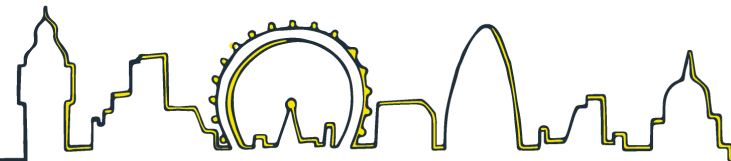
Accelerated Preceptorship: Communication Session **Desiree Cox**

For Newly Qualified Practitioners and Healthcare Professionals
on Temporary Register



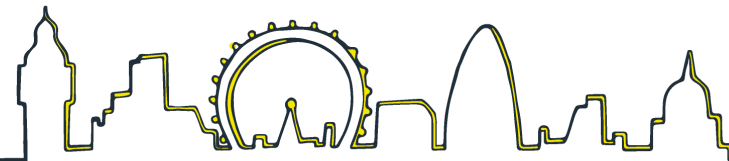
Objectives

- Understand the importance of effective communication at work
- Understand how to promote effective communication
- Understand different communication preferences



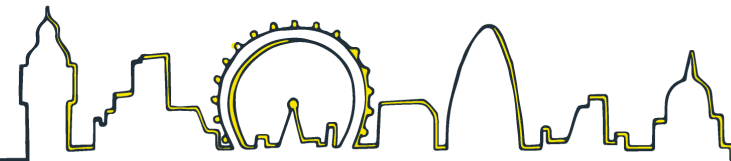
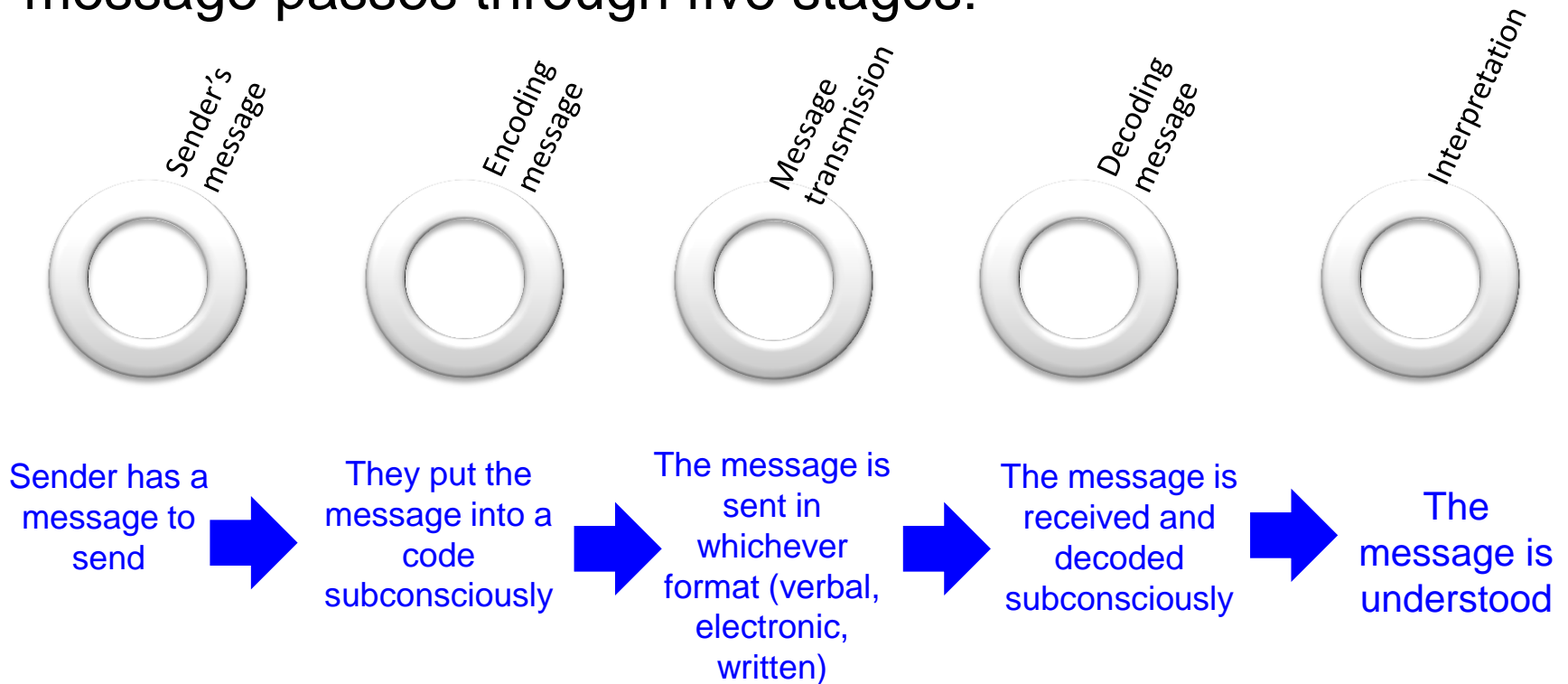
Topics

- Communication dynamics
- Impact of communication in workplace
- Non-verbal communication
- Listening skills
- Barriers to communication and strategies
- VAK styles
- Transactional analysis



Communication Process

Based on Shannon and Weaver's communication model (1949), communication is seen as a chain along which a message passes through five stages:

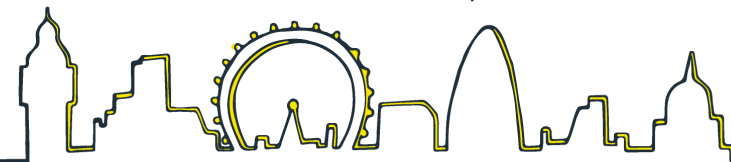


Impact of Communication channels

Research conducted by Albert Mehrabin showed that the words used are actually the lowest factor in understanding. Body language and tone account for more impact, however are often given less consideration in communication

	Telephone	Face-to-face
Words	20%	7%
Tone	80%	25%
Body language	-	68%

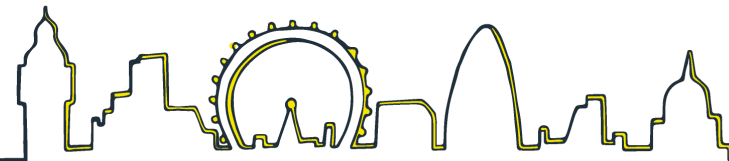
Albert Mehrabin, 1970s



Non-verbal communication

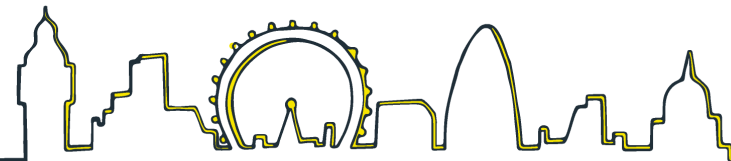
Non-verbal communication involves:

- Body language
- Eye contact
- Voice, tone, expression and quality
- Gestures
- Facial expressions
- Use of touch and the zones around us
- Head movements
- Posture

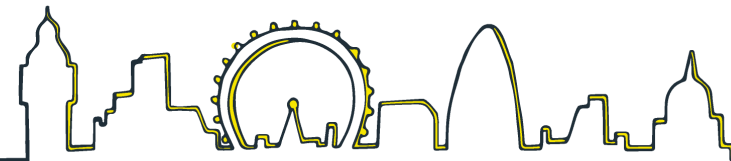


Listening skills

- Focus on the other person
- Observe facial expressions and gestures
- Listen to the tone and emphasis
- Listen to understand
- Avoid being distracted
- Empathise with the other person
- Reflect back your understanding



- L** look interested
- I** information seeking – ask questions
- S** stick to the subject concerned and focus
- T** test your understanding with feedback and summary
- E** evaluate the message to check interpretation
- N** neutralise your thoughts against previous assumptions



Impact of communication

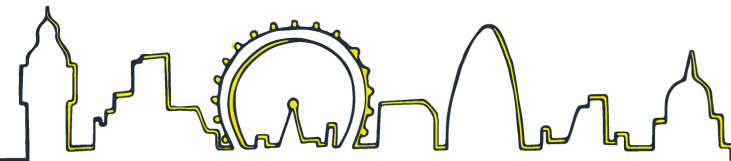
Communication can have both positive and negative results on relationships in the workplace and patient care:

Positive

- Develops trust between staff and patients
- Promotes a positive working environment
- Improved team working
- Encourages staff to share information
- Encourages transparency and honesty

Negative

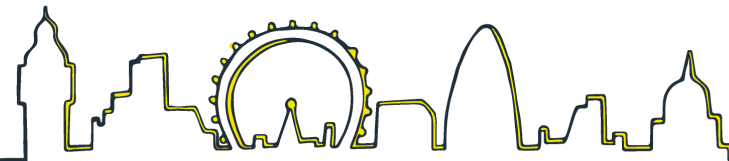
- Small things get missed
- Misunderstandings leading to mistakes
- Blame culture
- Staff feel demotivated – increased attrition
- Poor team working with impact on service
- Patient care suffers



Why is communication important?

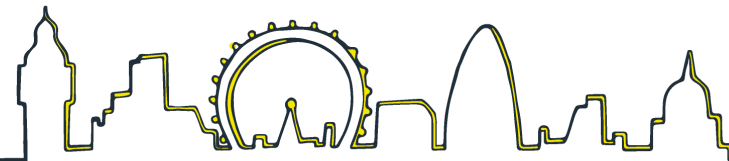
Studies conducted during the past three decades show that the clinician's ability to explain, listen and empathize can have a profound effect on biological and functional health outcomes as well as patient satisfaction and experience of care

Institute of Healthcare Communication



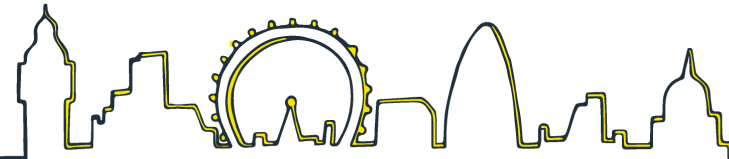
Activity

- Spend a few moments thinking about the barriers to effective communication both with colleagues and patients / service users
- For each barrier, identify strategies to overcome these



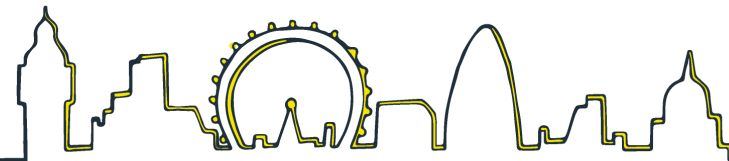
Barriers to Communication

- Age – generational differences in vocabulary
- Personal style – may be positive or negative
- Position / status / role
- Lack of clarity and consistency
- Lack of credibility
- Lack of trust or relationship
- Language, dialect, jargon, abbreviations
- Culture and religion
- Timing
- Method
- Physical environment



Overcoming barriers

- Choose most appropriate method for individual and the message itself
- Consider the environment
- Clear, concise, simple and direct
- Avoid information overload
- Be confident in yourself and quietly assertive
- Observe and listen
- Check understanding



VAK Communication Styles



Visual Communicators – around 65% - prefer face to face contact as they take the message from the eye contact and body language



Auditory Communicators – around 30% - take the message from the tone, expression and emphasis of the voice. They do not need to see other people, nor to make eye contact



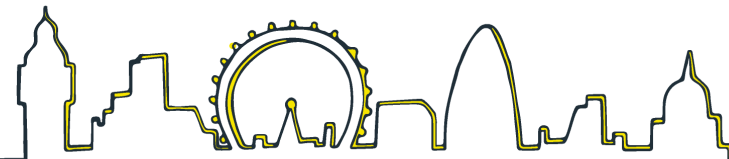
Kinaesthetic communicators – around 5% - like to be around people, the meaning of communication comes from body language and the 'sense' of the other person



Building Rapport

Building rapport with another person can be the difference between success and failure in communication. By building rapport with the other person, they will begin to trust you and communication becomes much easier and more effective. We can begin by smiling, using positive eye contact and tone of voice. Other techniques include:

- Mirroring and Matching
- Pacing and Leading

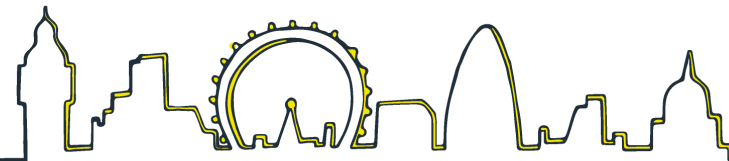


Mirroring and Matching

Mirroring and matching are NLP techniques that are used to build rapport sub-consciously. Although a form of mimicry, it should be very subtle and includes matching or mirroring the other person in terms of:

- Posture – how they are sitting / standing, body position (crossed legs or arms)
- Tone of voice
- Eye contact
- Body language

When someone is mis-matching the other person will feel uncomfortable and distrustful.

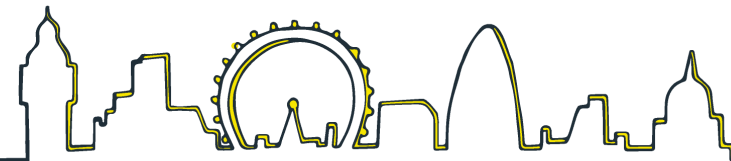


Transactional Analysis

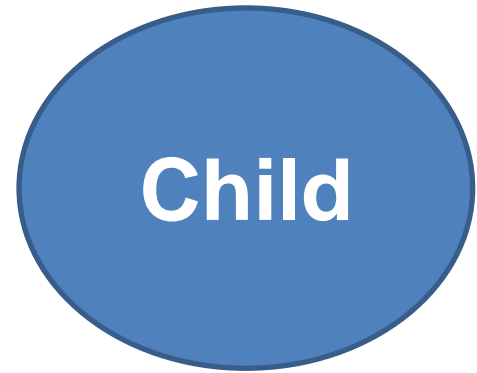
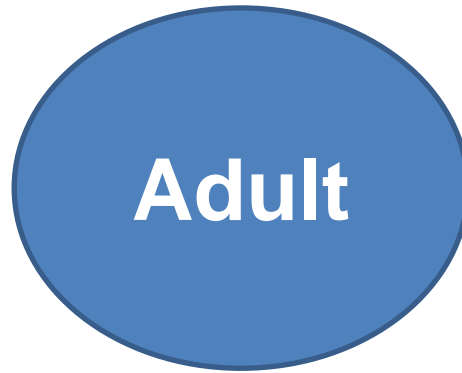
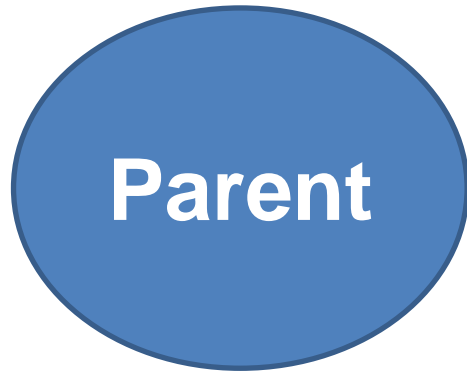
Transactional analysis was developed by Eric Berne (1964) as we communicate at both a psychological and social level.

It considers three different ego states used in our transactions with others. These are Parent, Adult and Child.

In the workplace, transactions should take place between 'adult' ego states and problems occur when different ego states are adopted. Example, a difficult person may assume the ego state of a 'child' to try and get their own way, causing the other person in the transaction to adopt the ego state of a parent, resulting in an ineffective dialogue or a crossed transaction



TA: Ego States

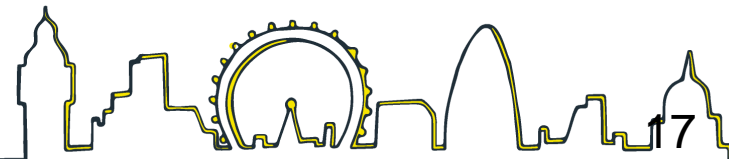


Nurturing Parent

Critical Parent

Free Child

Adaptive Child



Parent

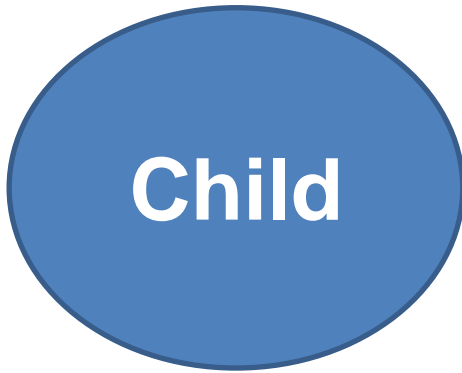
Parent

Seeks to keep the 'child' contented and calm their fears, can be overprotective, can stop the development of others

Controlling, Seeks to make the 'child' do what they say, critical, bossy, rule maker

	Nurturing Parent	Critical/Controlling Parent
Words	Don't worry, let me help you, it's ok, I'll sort it,	Should, Must, Don't, good, Bad, Haven't you?, Why not?
Tone (para-verbal)	Soothing, consoling, protective	Harsh, Abrupt, Authoritative, dismissive, patronising
Body Language	Pat on arm, Nodding encouragingly, Smiling, Proud eyes	Finger pointing, arms crossed, rolling eyes, scowling, furrowed brow, Standing over someone

Child

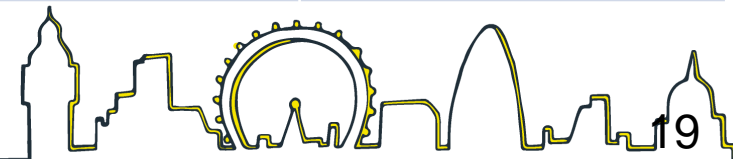


Child

Unencumbered by rules and what you 'should do, genuine feelings, immature, inconsiderate

Compliant (learned to do what they were told to be accepted) or
Rebellious (fights back against the system), attention seeking

	Free Child	Adaptive Child
Words	I wish, wow, love, hate, I want	Please, sorry, I can't, I'll try, Yes of course, I won't, may I?
Tone (para-verbal)	Joyful, noisy, energetic, emotionally, crying	Complaining, surly, appealing, nodding, sighing, helpless
Body Language	Exaggerated movements, uninhibited, smiling freely,	Head tilt, fidgeting, slouching, downcast, not engaged,



Adult

Adult

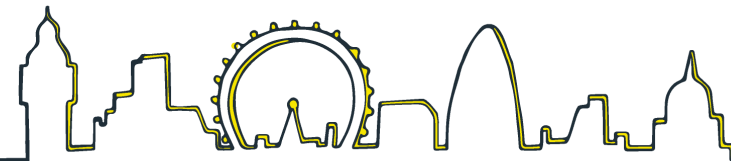
Decisions and beliefs are scrutinised.
Opinions are made up from rationale analysis of all available information.
Functions in the here and now.
Logical practical thinking

	ADULT
Words	How, when, I understand, tell me more, what do you think? let's try, lets find,
Tone (para-verbal)	Calm, clear, even tone, open
Body Language	Level eye contact, thoughtful facial expression, relaxed,

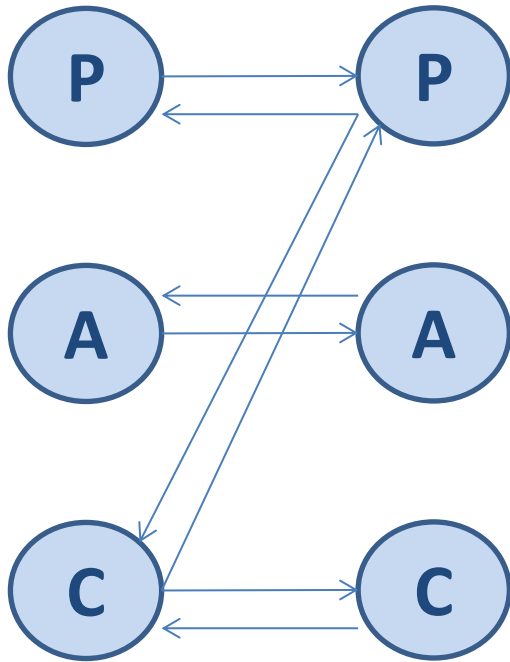


Types of Transaction

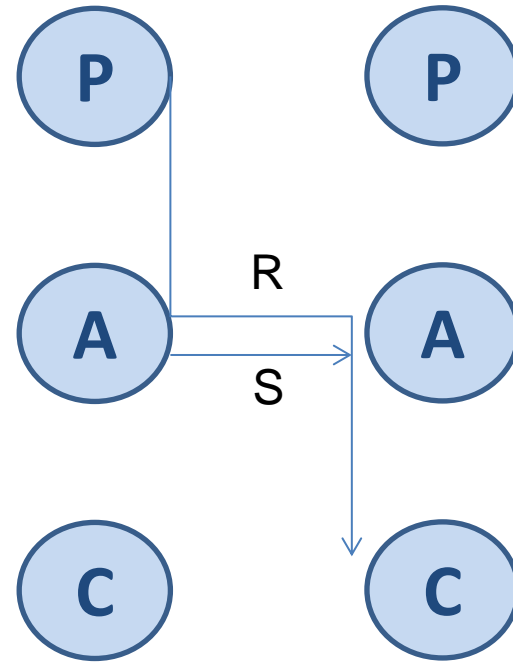
- **Complementary** – stable ego states, expected responses.
 - *Example: “Awful weather today.”*
 - *Response: “Yes, it is”*
- **Crossed** – unexpected responses from different ego states, may be unproductive and transaction is unstable.
 - *Example: “what time is it?”*
 - *Response: “Why do you need to know?”*



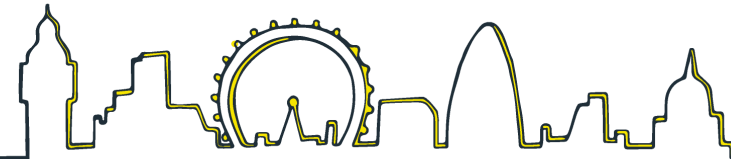
Transactional Analysis



Complementary Transactions



Crossed Transactions



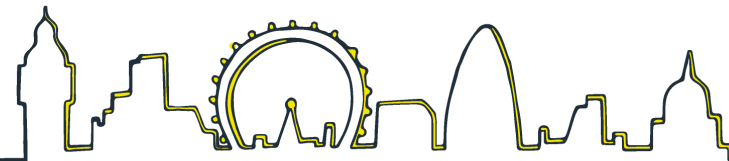
Reflection

Reflect on examples you have experienced of crossed and complementary transactions and the resulting impact

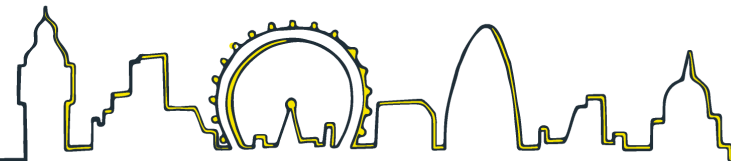
Consider a recent or past situation that you felt you were lacking in confidence; where you didn't know what to do or felt that you were isolated without support or help.

- What thoughts were running through your head at the time?
- Did it trigger an emotional response?
- What behaviours did you ultimately display?

- Do you feel fundamentally you're not as good as others?



**Any questions?
Please contact your preceptor**

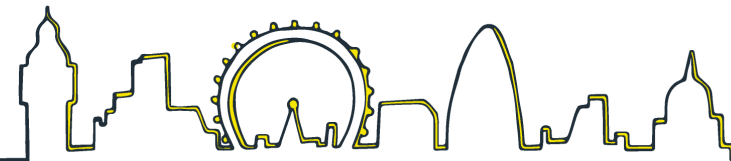


Acknowledgments



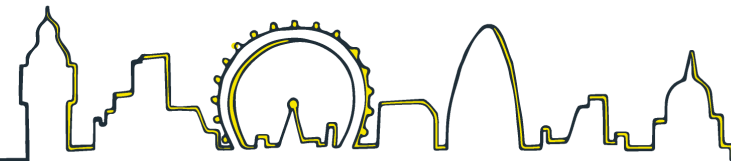
Health Education England

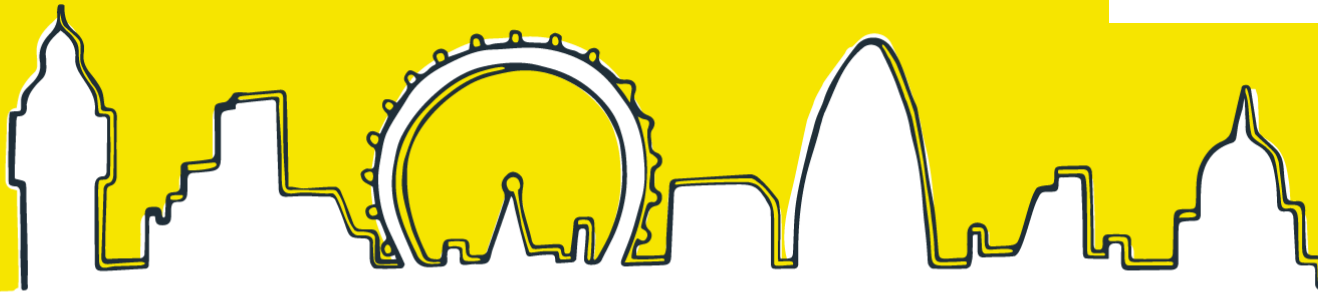
- Desiree Cox, Preceptorship Project Manager, CapitalNurse
- Joseph Lynch, Practice Educator, Whittington Health
- Kristen Leonard, Preceptorship Lead, Imperial College Healthcare



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THANK YOU

