Answer Guidance

# Chapter 15: Core communication skills

## Activity answer guidance

### Activity 15.1

Reflect on recent conversations you have had with people you were caring for and friends.

How did your use of non-verbal communication differ?

How do you change your communication style with people who have limited English proficiency?

#### Answer guidance:

You have been asked to reflect on a recent conversation with a patient or a friend. You may have noticed that the way in which you communicate with them differs. When communicating with a patient you may be much more mindful of your body language, ensuring you are on their eye level and you use open body language and remain professional. You may use your hands more, demonstrate active listening, use more eye contact and facial gestures such as smiling and nodding your head. When communicating with a friend you might not even be facing them or looking at them, you might be multitasking. You might be more animated in your body language when having a lively conversation. You might laugh more!

You have also been asked to reflect on how you might change your communication style with people who have limited English proficiency. You might allow more time for them to speak and be patient if they take their time to respond, you might try to use more simple terminology and not talk so fast or use any jargon/slang/local phrases. You might even write things down, use an online translation tool, ask for their friend or family member to translate if they are able or request the support of a translator. You might point more or use more body language (while remembering to be professional and not cause offence in any way). You should provide written information in other languages as well as English. It’s also really important to close the communication loop by checking what you have said has been understood.

### Activity 15.2

Go online and search for neighbourhood statistics. This will enable you to search for data on people in your local area, including country of birth, ethnic group and main language spoken, and give you an overview of the potential for meeting patients who may be less familiar with our healthcare system due to being born in another country.

• How familiar are you with the different cultural beliefs of the range of ethnic groups in your area?

• How might this influence your ability to give culturally sensitive care?

#### Answer guidance:

*Here you are asked to go online and research the data of people in your local area and the demographics of your area. You will then discuss these and consider if you are familiar with the various cultural beliefs of people living in your local area. This may influence your ability to provide culturally sensitive care. A one size fits all approach is not appropriate and you will increase patient satisfaction and also their engagement with you by being culturally sensitive. This could apply to communication around a whole host of situations such as religion, mealtimes, family centred care, end of life care, stigma around certain conditions such as mental health, and certain treatments, for example, Jehovah’s Witnesses would not accept a blood transfusion in any circumstance.*

### Activity 15.3

Take a look at the website http://hellomynameis.org.uk:

• Do you always introduce yourself before starting a care activity?

• How could you ensure this becomes an intrinsic part of your communications with the people you care for?

#### Answer guidance:

*“Hello my name is” was first introduced by Kate Grainger, a doctor with Cancer. It’s really important to ensure you introduce yourself to your patient and their family when caring for somebody. You may do this already but it’s never too late to start! It’s the first step to ensuring a therapeutic relationship with your patient, as well as compassionate person centred care. You could make a pledge that you will: provide timely and effective communication, remember the little things, ensure the patient is at the heart of all decision making and see each patient as a person, not a condition or a bed number. These are Kate’s four key principles which accompany introducing yourself to your patient.*

## Case study answer guidance

### Case study 15.1: Jen

Jen kept a reflective journal of her experiences in clinical practice. These included the following incidents:

 Feeling uncomfortable but saying nothing when she saw a member of staff simply tick things on a menu rather than asking the patient, because “she was elderly and had dementia, so wouldn’t remember what she’d ordered the next day.”

 Avoiding a patient in A&E who was shouting and talking to himself.

 Failing to speak up when staff laughed and joked during handover about a patient with a learning disability who had got really upset when his personal belongings had been rearranged on top of his locker.

When reviewing the reflections she kept in her portfolio, she found there was a constant theme, highlighting her difficulties in challenging the behaviour of staff she felt was unacceptable. She realised that she needed to develop her skills of challenging others and being assertive. Jen discussed this with her practice educator, who suggested that clinical supervision could be a strategy to use to help her explore the challenges she faced in being assertive and to help her better manage challenging situations.

 Review your reflections— can you find any common themes?

 What do these help you to learn about yourself?

#### Answer guidance:

*Look back through your reflections and maybe also your testimonies from others. You may notice common themes about your communication. For example, your confidence and assertiveness, or your professionalism. By identifying themes within the reflections and testimonies you will be able to identify areas of strength but also areas of development, for which you might formulate an action plan.*

### Case study 15.2: Ellie

15 year old Ellie has a history of asthma and eczema. She was born prematurely after a difficult pregnancy and is an only child. She spent 3 months on a neonatal unit and Ellie’s mother found bonding with her difficult due to separation.

Ellie is in year 11 at school and is preparing to take her GCSEs. Ellie has difficulty concentrating at school, so the teachers are concerned about her, but the other pupils make fun of her and call her names. Ellie only has one close friend. Her father describes her as being different to other girls due to her eczema and being smaller than other children and her quiet nature. She tends to spend a lot of time alone in her bedroom and can be quite emotional at times, becoming angry and slamming doors at home.

Ellie arrived in the Emergency Department (ED) with her father following a self-harming incident at school where she was found crying in the toilets by a teacher and the School Nurse was alerted. The School Nurse noticed that Ellie was agitated and had cuts on her arms. Whilst dressing her wounds she talked to her, ensuring her tone was non-judgmental and paused regularly to allow Ellie to respond if she wished and to check how Ellie was feeling. Slowly, Ellie started to confide that she had had not slept all night and had had an argument with her mother that morning. Then on arrival at school a group of girls had made remarks about the eczema patches on her skin which made her feel worse. She could not face her lessons, so she went to the toilet to be alone and whilst there cut herself a few times with a blade that she uses when things get bad. She had begged the School Nurse not to tell her parents what happened but as Ellie was a minor this was not possible.

Ellie was seen by a member of the Child and Adolescent Mental Health Service (CAMHS) team in ED. The CAMHS doctor spoke with both Ellie and her father and then privately with Ellie in a separate room. Ellie revealed that her mother is always upset with her because she does not eat her meals and forces her to go to school even when she did not want to. Ellie feels that if she was slimmer the other girls might like her, and her skin might improve. She admitted that she cannot see the point in taking her inhalers, so she has stopped taking them.

The CAMHS Doctor suggested to Ellie that she might find talking to someone about the challenges that she finds in her life helpful and offers to arrange some CBT therapy for her from the CAMHS team. He also asks her to start keeping a journal while waiting for her appointment describing her feelings and thoughts each day.

Talking to children and young people with mental health difficulties can feel quite challenging if you have not done this before.

 Which communication skills were demonstrated in this scenario?

 Why did the Doctor talk to Ellie on her own?

 What verbal or non-verbal communication skills would you use to gain a child or young person’s trust?

#### Answer guidance:

*Ellie has difficulty concentrating which may impact on her ability to communicate. She is described as quite emotional, quiet and likes to be alone. She has self-harmed. The school nurse and ED doctor uses techniques such as small talk, being non-judgemental, ensuring regular pauses to allow Ellie to speak, offering information, suggesting Ellie keep a journal and ensuring privacy and dignity.*

*The doctor spoke with Ellie and her Dad, then with Ellie alone. This would allow her to discuss her feelings in private as she may not feel comfortable to disclose in front of her parents (especially as an argument with her Mum was the root cause of her self-harming today).*

*Tactics which may be useful when communicating with children include:*

 *Using age—appropriate communication—are they a child or an adolescent?*

 *Sitting on their level and using eye contact*

 *Listen and observe body language closely*

 *Use facial expressions to demonstrate understanding*

 *Use topics they are interested in to develop a relationship, for example, I like your Paw Patrol jumper, which puppy is your favourite? Did you watch X Factor last night? Who do you want to win?*