

# Assignment brief

## Learning Outcomes and Assessment Criteria 2019-20

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**Sample number: Two**

**Unit Title: Professional Skills in Health Care GC8/3/AA/01G**

### **Overview of assessment task**

For this assignment you will watch three videos that demonstrate the use of interpersonal and communication skills between health care professionals and service users. Reflecting on the situations shown in the videos you will write 3 case studies including the following:

- a) Identify the interpersonal skills used in each video and analyse how effectively the health care professional has applied these skills.
- b) Identify at least one barrier to communication that occurred in each of the videos and analyse how these impeded on communication.

You need to ensure that you cover both verbal and non-verbal interpersonal skills. The word count should not exceed 600 words per case study. All of your sources must be referenced in-text and you should include a full reference list in accordance with the Diploma Referencing Guide.

#### Video 1 – Barbara’s story produced by Guy’s and St Thomas’ Hospital

Watch the video from 7 min 20 sec to 8 min 15 sec (interaction between nurse and Barbara in A&E).

[https://www.youtube.com/watch?v=DtA2sMAjU\\_Y](https://www.youtube.com/watch?v=DtA2sMAjU_Y)

#### Video 2 – Nottingham University Medical Students Training Videos

Watch the video from the start to up to 3 mins 28 sec, when Mrs Harcroft (the patient) leaves the GP’s room with the X ray request form

[https://www.youtube.com/watch?v=tWFVT-fUafQ&list=PLpREZu\\_k-By\\_X4INa4WwYFC2MTbkDHok&index=4](https://www.youtube.com/watch?v=tWFVT-fUafQ&list=PLpREZu_k-By_X4INa4WwYFC2MTbkDHok&index=4)

#### Video 3 – Medical Communication Skills Challenge – Cross Cultural Interviews V1

This video shows an interaction between a doctor and patient, with a family member acting as an interpreter.

Watch the whole video clip

<https://www.youtube.com/watch?v=phuMilh1MCK>

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### Learning outcomes and assessment criteria

Learning Outcomes	Assessment Criteria
1. Understand the importance of the interpersonal skills related to health care practice	1.1. Analyse the appropriate use of interpersonal skills in at least three health care
2. Understand the barriers to communication	2.1. Analyse barriers to communication.

# Grading Descriptors and Components 2019-20

Sample number: Two

Unit title: Professional Skills in Health Care GC8/3/AA/01G

## GD 5: Communication and presentation

Merit	Distinction
<p>The student, student's work or performance:</p> <p>shows <b>very good</b> command of</p> <ul style="list-style-type: none"><li>• language (including technical or</li><li>• spelling</li></ul>	<p>The student, student's work or performance:</p> <p>shows <b>excellent</b> command of</p> <ul style="list-style-type: none"><li>• language (including technical or specialist language)</li><li>• spelling</li></ul>

## GD 7: Quality

Merit	Distinction
<p>The student, student's work or performance:</p> <p>b. puts forward arguments or ideas which are <b>generally</b> unambiguous but which are in a minor way limited or incomplete</p>	<p>The student, student's work or performance:</p> <p>b. puts forward arguments or ideas which are <b>consistently</b> unambiguous and cogent</p>

Sample number: Two

Unit title: Professional Skills in Health Care GC8/3/AA/01G

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## Case study 1: Barbara's Story

### Verbal skill

The nurse addressed Barbara by Mrs Reece. Her tone of voice at the beginning was gentle, calm, clear and compassionate. The nurse also used some closed questions.

When addressing someone who has dementia it is best to use their name as words like darling, love and dear can be patronising. Alzheimer's society states, that by using the patients name as often as appropriate helps to keep their dignity intact and aids concentration (Alzheimer's society, date unknown). Using Closed-ended questions is a good way to get information out of dementia patients as its likely to get a response, by the nurse using these skills; Barbara seemed to be relaxed and responded well to her, at the time.

The nurse began to change the way she used her verbal skills when Barbara did not fully respond to her questions. Her voice got louder and higher pitched, she also asked open questions and repeated them even when Barbara answered with a yes.

This made Barbara more distressed. Speaking loudly and high pitched towards a dementia patient will come across as aggressive and using Open-ended questions can be confusing and patronising if repeated when the patient has responded.

### Non-verbal skills

The nurse approached Barbara from the front, smiling politely and her posture was open. She retained eye contact at the beginning.

Approaching from the front helps a dementia patient to be aware of who is walking towards them and will not shock or frighten the patient. It states in the agora business dementia booklet that approaching someone who has dementia should consistently be from the front, it also states that smiling shows a sense of relaxation, pleasure and sympathy and that dementia patients can perceive it well (agora business, date unknown). The nurse's posture was open which shows she is optimistic, confident and caring. Retaining eye contact shows that the person is listening and paying attention.

The nurse's facial expressions and body language radically changed towards Barbara when she became distressed. She scrunched her face, furrowed her eyebrows, and her eyes began to wander. The nurse used quicker body movements and rushed through her observations. This showed she was getting annoyed, impatient and stressed.

### Verbal and non-verbal, how it could have been more effective

The nurse should have started by sitting down at Barbara's level. The nurse should have retained eye contact, kept the tone of her voice calm and gentle with a positive facial expression and an open posture throughout. When Barbara became confused

**Sample number: Two**

**Unit title: Professional Skills in Health Care GC8/3/AA/01G**

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and distressed, the nurse should have remained calm and patient and allowed Barbara time to respond. If Barbara could not respond then the nurse should have paraphrased the question to help Barbara understand. The NHS dementia guide states by being patient and remaining calm can help a person to communicate easily (NHS, date unknown). If Barbara still continued to be distressed then a gentle touch or a hold of a hand helps to reassure.

This way Barbara would have mirrored the nurse's actions and become more relaxed, positive and less distracted this could have prevented Barbara from becoming distressed.

## **Barriers**

### **External**

With Barbara being in a healthcare setting there were external barriers and noise around her, keyboard taps, people talking amongst themselves, also pagers and telephones were ringing. With the curtain being left open there was a lack of privacy; it allowed others to look in at Barbara and also for her to get distracted by observing what was going on around her. This had a massive impact on the communication between Barbara and the nurse, as Barbara lost concentration and the nurse began to talk louder, leaving Barbara anxious, distressed and not taking in what the nurse was asking her.

If Barbara had been taken to a private room, then there would have been fewer distractions and noises and the nurse would have not of needed to talk louder. If a room was unavailable then the curtain should have been closed for more privacy.

## References

- Agora Business (2016). *Dementia Booklet. Tips for non-verbal communication with people with Dementia*, available at: [https://www.agorabusiness.co.uk/wp-content/uploads/2016/01/Tips for non-verbal communication booklet.pdf](https://www.agorabusiness.co.uk/wp-content/uploads/2016/01/Tips-for-non-verbal-communication-booklet.pdf) (Accessed September, 25<sup>th</sup> 2018)
- Alzheimer's Society (date, unknown). *Communicating with someone with Dementia/symptoms-and-diagnosis/symptoms/tips-for-communicating-dementia*, available at: <https://www.alzheimersorg.uk/about-dementia/symptoms-and-diagnosis/symptoms/tips-for-communicating-dementia> (Accessed September, 26<sup>th</sup> 2018).
- NHS (date, unknown). NHS Dementia guide. *Communicating with someone with Dementia*, available at: <https://www.nhs.uk/conditions/dementia/communication-and-dementia/> (Accessed September, 27<sup>th</sup> 2018).

Sample number: Two

Unit title: Professional Skills in Health Care GC8/3/AA/01G

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## Case study 2: Mrs Harcroft

### Verbal skills

The healthcare setting is a GP surgery where the patient, Mrs Harcroft went to see her doctor about her persistent chest infection. The doctor was sitting at his desk when the patient walked in.

The doctor commenced the conversation by addressing the patient by “Mrs Harcroft, what can I do for you”. His tone of voice was in an abrupt discourteous manner, he continued on by using closed-ended questions, wanting to achieve quick and rapid responses and rudely told the patient to remove her top.

When communicating with somebody in an abrupt manner, the person may not want to respond due to feeling intimidated and embarrassed. The Care Certificate Workbook states, that when a worker is abrupt due to time limits, by not having enough resources or their mood, the person they are speaking to may feel intimidated or frustrated and not want to communicate (SFC, date unknown). Using closed questions to receive a rapid response can lead to the patient feeling frustrated and dissatisfied. The doctor instructed the patient to remove her top without asking if she felt comfortable in doing so. A patient must be asked in a courteous manner if they are able to remove their clothing. In the Social Care Institute For Excellence, it states that not respecting a person when receiving care or treatment in a dignified way, will embarrass, humiliates or expose them (SCIE, 2014).

The skills used were not as effective as it made the patient confused, frustrated, body-conscious and uncomfortable. It left the patient with unanswered questions as she felt embarrassed to communicate or propose further questions.

### Non-verbal skills

The doctor had a closed body posture. He was sitting looking at his computer and typing with little eye contact with the patient.

These skills were also ineffective as it made Mrs Harcroft feel uncomfortable. Her body language changed, she looked down instead of at the doctor showing she felt intimidated, her arms crossed and her posture become closed. This showed she did not want to communicate further.

The doctor conveys the impression he was disinterested and bored by having a closed body posture and lack of eye contact. The University of Northern Iowa College Of Business Administration notes that closed posture may give the impression of boredom, hostility or detachment (Livestrong, 2014). It is crucial that good eye contact is given when working in healthcare it shows you sympathise, care and that they are interested in what has been said.

Sample number: Two

Unit title: Professional Skills in Health Care GC8/3/AA/01G

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## **Verbal and non-verbal, how it could have been more effective**

The doctor should have welcomed the patient by having eye contact, an open posture and a gentle and caring voice. By standing up, relaxed, facing and looking at the patient is a positive way to get the patient to trust and feel comfortable. The doctor should have used open questions, had a good active listening skills and being able to paraphrase so that the doctor could reflect on what the patient was saying. This will get the patient to answer in more depth and have a better outcome. The doctor should have respected the patient's dignity when examining her by asking if it was ok and allowing her to cover her personal parts.

This way the patient would have felt respected cared for and listening to. She also would have felt the doctor gave the best advice and treatment possible at that time.

## **Barriers**

### **Internal**

The doctor is disinterested in the patient. This may be due to the previous experiences with her or due to the way the doctor was feeling, himself, through work or home problems. The doctor has poor listening skills.

If the doctor did not provide these internal barriers, then communication between the patient and him would have been better. The patient would have received the help she needed.



## References

- Livestrong (2014). *Posture & Nonverbal Communication article*, available at: <https://www.livestrong.com/article/197390-posture-nonverbal-communication/> {Accessed on September, 29<sup>th</sup> 2018}.
- SCIE (2014). *Social Care Institute for Excellence, Dignity in care*, available at: <https://www.scie.org.uk/publications/guides/guide15/factors/privacy/> {Accessed on September, 29<sup>th</sup> 2018}.
- AFC (Date, unknown). *Skills for Care Certificate Workbook*, available at: <https://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate-workbook.aspx> {Accessed on, October 1<sup>st</sup> 2018}.

Sample number: Two

Unit title: Professional Skills in Health Care GC8/3/AA/01G

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## Case study 3 – patient, doctor and family interpreter

### Verbal Skills

The nurse spoke clearly and her tone of voice was gentle and calm. The nurse used open questions. These skills worked effectively as the patient was relaxed, and appeared to have a positive body language.

Having a gentle and calm tone of voice helps the patient to communicate easily. Open questions are a good way to get a more detailed answer. It stated in questioning techniques article, that Open questions elicit longer answers. They usually begin with what, why, how. An open question asks the respondent for his or her knowledge, opinion or feeling (MT, date unknown).

The nurse solely talked to the interpreter. She referred to the interpreter's opinions and judgement rather than the patient's. She paraphrased what the interpreter had said. These skills were not as effective, as the patient began to get frustrated, angry and argumentative.

Paraphrasing is used effectively when rewording patient's words to help clarify what has been said. This was not effective at his time due to not being the patient's answers being reworded.

### Non-verbal skills

The nurse had an open body posture, positive facial expressions, and retained eye contact with the patient at the beginning. She had good active listening. These skills worked effectively as the patient was positive towards the nurse smiling back and also having an open posture, this showing she was ready to communicate with the nurse openly.

Having an open posture clarifies that they are ready to communicate and ready to listen. The non-verbal communication page on skills you need website states, that an open posture can be used to communicate openness or interest in someone and a readiness to listen. (SYN, date unknown). The nurse is smiling which was a positive approach and shows happiness and love. In a healthcare setting, it conveys that person is caring. Retaining eye contact will make a person feel they are being listen too.

The nurse's actions, body language and facial expression changed. The nurse began to have little to no eye contact with her patient. When the patient got argumentative with her interpreter, the nurse used a hand gesture to get the patient to stop. She furrowed her eyebrows and also turned her body on an angle to face the interpreter, showing a closed body posture towards the patient. These skills did not work effectively as the patient got frustrated and angry due to not been acknowledged and not been able to understand or answer what has been said.

Sample number: Two

Unit title: Professional Skills in Health Care GC8/3/AA/01G

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## **Verbal and non-verbal how it could have been more effective**

The nurse should have retained eye contact, used hand gestures, and had positive body language and an open body posture with her patient throughout.

This would have been more effective for the patient and the nurse, as the patient would have felt acknowledged and understood a little more by the hand gestures and body language. This would also have kept a positive outlook on the situation by the patient mirroring the nurse's attitude.

## **Barriers**

### **Message**

The patient did not speak or understand the English language, so she had a family interpreter with her to translate. The family interpreter did not explain to the patient what has been said by the nurse or allowing her to answer the questions been asked, this caused a barrier between the nurse and patient, as the message was not getting across effectively. Therefore, the nurse referred to the interpreter's own opinions and judgements, rather than the patients.

The nurse should have explained to the family interpreter that the patient must understand what is being said and the questions being asked and also explained to her the answers must come from the patient only, then the nurse would have been able to get more information from the patient and the patient would have been able to get her point across had the interpreter allowed this to happen.

The family interpreter may not follow this through, so then a trained interpreter should have been used. This would be the most effective way to get information and to communicate well when there are language barriers. This would have prevented the patient from becoming angry and frustrated, and would have helped the patient to communicate well. It states on the Partnership Website that, adult family members or friends who act as interpreters often do not interpret accurately. Untrained interpreters are prone to omissions, additions, substitutions, opinions and volunteered answers and that trained interpreters can ensure confidentiality, prevent conflict of interest, and make sure that medical terms are interpreted correctly (PPHP, date unknown)

## References

- MT (Date, unknown). Mind Tools. Questioning Techniques available at: [https://www.mindtools.com/pages/article/newTMC\\_88.htm](https://www.mindtools.com/pages/article/newTMC_88.htm) {Accessed on October, 4th 2018}.
- PPHP (Date, unknown). *Partnership. Why Relying on Family Members, Friends and Children is Not Advisable*, available at: <http://www.partnership.org/Providers/HealthServices/Documents/Health%20Education/CandLToolkit/6%20Why%20Rely.pdf> {accessed on October, 5<sup>th</sup> 2018}.
- SYN (Date unknown). Skills You Need. Body Language, Posture and Proximity, available at: <https://www.skillsyouneed.com/ops/body-languate.html> {accessed on October, 5<sup>th</sup> 2018}.