Communication Skills In Simulating Role-play

INTRODUCTION

Communication in health and social is concerning making contact with others through verbal or non-verbal means of communication and being understood. It involves interaction between caregiver and service user/ staff-staff etc. As a care worker, there is a need to communicate effectively with other staff in the nursing home and service users in formal and informal situations using your own choice of communicating skills to attain its effectiveness on patients and staff as well.

In this assignment I would be considering a simulating role-play while I am volunteering at my chosen setting in health and social care selecting appropriate communication skills and demonstrating them in:

- one-to-one interaction with a member of staff
- group interaction with service users.

As a volunteer in my health and social care center, my preferred communication skills are based on verbal and non-verbal communication.

Effectiveness Of my Communication Skills

Communication is intrinsic to human characteristics, everyone communicates, yet not everyone takes time to communicate effectively. Communication has content and value, and for communication to be effectively productive, the focus must be placed on its core, especially in nursing practice. It is important to note that the type of nurse-patient relationship will be dependent on how the two parties appreciate the communication pattern which is also applicable between staff-staff. The failure to recognize and follow the two-way capability of communication often leads to negative generalizations and attitudes, which is the outcome of ineffective communication.

When communicating with a patient using verbal and non-verbal communication skills it has been proven through experience that every patient understands either or both communicating skills.

COMMUNICATION SKILLS USED IN A ONE-TO-ONE INTERACTION WITH A MEMBER OF STAFF

As a Care worker talking to work colleagues/members/staff, to people who use care services, and to their relatives is mostly on a one-to-one basis many times each day. Sometimes this involves formal communication, at other times it involves informal communication, for example when I speak to a colleague who is also a friend, or when we have got to know a patient or relative very well. Effective one-to-one interaction requires:

- Listening skills
- Information-giving skills
- Questioning skills.

People who use care services, and their relatives, talk to care workers about a wide variety of things that concern them. Care workers need to be able to help people talk about and express their concerns. This can be done by using open questions that give people a chance to talk at length rather than to give a one-word response (e.g. ‘How are you feeling today?’ is an open question) checking their understanding of what the person says to them by recapping,

summarising or just asking questions like, ‘Can I just check that you meant …’ using empathy to let the person know the care worker understands how they feel and what they think.

One-to-one communication skills are needed for basic everyday interactions in health and social care settings. They are also needed to establish and maintain supportive relationships with work colleagues and people who use care services.

COMMUNICATION SKILLS WITH USED IN A GROUP INTERACTION WITH SERVICE USERS.

The communication skills we use in group contexts are slightly different from those we use in one-to-one situations. One of the main differences is that people have to make compromises and must learn how and when to take turns speaking and listening. Communication in groups can sometimes feel challenging, competitive, and negative where a few members of the group dominate.

It is important to note that the most effective communication skills I employed as a volunteer in my health care center are basically to keep the consultation patient-focused.

A CASE STUDY

An of a group of patients with different impediments ranging from short sightedness, loss of hearing, diabetics, etc. The core skills used in interacting with them include the following;

Introduction phase

The introduction is important in building a foundation for relationship between me and a group of patients. The effectiveness of these communicating skills is that it involves engaging patients in their treatment, pro-vision of explanation and information, and answering questions. On meeting the group of patients, as a nurse, I introduce myself by name and professional status. The essence of the introduction is to give warm welcome words during this introductory stage to promote the connection between theme and patient. Patients can be addressed by their formal names first and then be inquired what they would prefer to be called.

Listening

The major focus is the patient, therefore it is important to also implore listening skills attentively to what patient says and inquire who-, what-, why-, where-forms of question to keep the patient

motivated to be more opened with description of his or her stories.

Listening skills helps to understand how to emphasize the goal and nature of the relationship. Here as a nurse, I provide information about the appointment, describes my role, help the patient provide relevant information and describe the purpose of the relationship. Once the patient knows what to expect and how participate in the establishment of the relationship, anxiety levels decreases. At the introduction level, data collection takes place. Obtaining data for assessment demands for active involvement of the patient to identify health state and functioning.

Open Mindedness

As a nurse there is need to have open mind to be able to grasp and understanding the patients' perception of the problem and the need for the treatment, and respond appropriately.

Empathizing

Another important skills is empathizing with the group of patient by saying something to show I really appreciate (not understand or sympathize) how they seems to be feeling. For example I would say something like "Everything has happened so fast, no wonder you are finding it difficult to take in.'

Making Educated Guesses

Seeing or hearing something (cues) that gives me hintss about how the group of patient is feeling. For example I can say: "You are telling me you know what is going to happen, but you look a little confused."

Looking and listening for cues

Cues are hints and can be words, gestures or body language. Noticing verbal and non-verbal cues is important to understanding the patient's needs. This skills has been very effective in such a way that several patients have been help by feeling they are been understood by their carer. I get to understand and get these clues why the patients are trying to explain their problem.

Psychological Focus

Recognizing and responding to emotions, feelings and concerns. Patients appreciate healthcare professionals asking about their feelings which makes this communicating skills very effective when interacting with group of patients.

Using Pauses And Silence

I realize that pauses and silence provide a slower pace and will help the person to engage in the conversation and give them time to think what they want to say. It also gives room for patients to explain themselves and think to not to forget mentioning some of the problems.

Using minimal prompts

When dealing with group of patients, the interacting becomes straighten by using small, encouraging words and gestures. Sometimes I use signs language such as nodding or saying ‘go on’ or ‘I’m with you’ or ‘smiling to signify yes’.

Negotiating

Negotiating and asking permission. For example: ‘Would it be okay to talk about what is worrying you?’. This is one of the most important aspect of communicating with group of patient in my center. It is effective as it has the capability to showcase and explore the problem of every patient without compromising.

Active listening: acknowledging

Showing a response to what I am noticing or hearing. For example: ‘I can see you are very upset about this.’

Active listening: Summarising

A clear way to prove that I have heard all the cues, concerns or questions. For example: ‘So what you told me you are concerned about is the treatment, your husband and how long you may need to be off work.’

Reflecting

Reflecting is a helpful way to pick up a cue. Reflection can also function like a question, but is easier for the person to respond to. Reflect to the patient or relative their own words, or use your own words to check that you understand. For example: ‘You have been thinking, what will happen… [pause].’

CONCLUSION

In summary, effective communication remains a key factor in getting the improvement of the patient’s care and the quality of patients’ recovery. Effective communication requires an understanding of the patient and the feelings they express, therefore effective communication demands for skills and sincere intention of the nurse to understand what concerns the patients. The aforementioned communication skills are very effective in getting the best out of every patients if used rightly. As a volunteer in health and social care center I understand that the patient talking only is insufficient but as a nurse, I also must pass my message to patient is manner that is clear, understandable and acceptable. Often, through simple gestures by the care giver such as warm greetings and/or a thoughtful question can help put the patient at ease and strengthen communication, and such actions require no great effort but can yield significant results. In due course, what is significant to remember by all care givers is that all forms of non-verbal communication pass a message

Recommendations

The area of effective communication is a very broad aspect of health and social care, therefore further studies could be done about the means to improve effective communication and more

trainings to create awareness about barriers to effective communication in related to nursing intervention, because of the very busy schedule of nurses in majority of healthcare settings, they become less aware of the problem of ineffective professional communication style especially with one-on-one and group interactions. This goal can be achieved by shortening the working hours and workload by recruiting more nurses or practical nurses, this will reduce stress and make available more time to thoughtfully communicate more professionally. More training can be implemented to; educate care givers about effective communication given specific examples on one-on-one and group interaction; equip them with effective communication skills and strategies and thereby enhance their receptivity to patient's cues.

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