Integrating communication skills training in the curricula of 5 healthcare professions: nursing, occupational therapy, physical therapy, radiography and midwifery

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Integrating communication skills training in the curricula of 5 healthcare professions: nursing, occupational therapy, physical therapy, radiography and midwifery

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Abstract:
Structured training of communication skills are needed in undergraduate healthcare education in order to prepare the future professionals to cooperate with patients. Often education in communication is not integrated in the curriculum – making it seem a side activity of less importance for professionals. In the effort of integrating communication skills training in the undergraduate curricula of nursing, radiography, occupational therapy, physiotherapy and midwifery, we established a communication skills laboratory and arranged a 5 day course for communication teachers from all 5 educational programs at University College North Denmark.

After the course communication skills training was offered at least once during every 3½ year program and after 3 years this is retained and in some cases developed further. The combination of getting a room where to train and developing the skills to train the students made it feasible to make communication skills training part of the curriculum in all 5 health care education programs.

Practice points:
- Having a dedicated communication skills laboratory enhance the opportunity of communication skills being trained
- Teaching facilitator skills in a learner centered way helps teachers to imagine how communication skills training could be a valuable contribution to their educational program and how it would best fit in
- Making resources and facilitation skills available encourage teachers to experiment with communication skills training and ongoing support helps them develop their teaching further
Introduction
Contemporary healthcare embraces the importance of effective and satisfactory cooperation between healthcare professionals and patients. Good communication is essential for the quality of the cooperation and allows implementation of treatment and care that suit the needs of the patient best.

The educational system for professionals in Denmark has not been focused very much on communication as a competence to be learned through undergraduate education - the ability to communicate efficiently with patients is often viewed as an untouchable personal trait that some people just happen to possess or have developed through their pre-professional lives. This is also the case for the future professionals we educate at University College North Denmark: nurses, occupational therapists, physical therapists, radiographers and midwives. And even though postgraduate courses on communication are offered, they rarely concern themselves with how the professionals develop their communication skills further in professional life practice situations.

However research shows that the ability to perform better in professional communication can be taught and that the most efficient way to do so is to apply both theoretical introduction, reflection on own communicative performance and structured skills training (Kurtz et al. 2005, Simmenroth-Nayda et al. 2012).

This article will give an account of how structured training of communication skills was integrated in the five undergraduate educational curricula at University College of North Denmark. All curricula contained small parts of communication education before, but none of them had integrated skills training. At the same time effort was put into establishing communication skills training in the postgraduate courses offered by University College North Denmark.

To try to encourage integration of communication skills training in the curricula a communication laboratory was established in 2010 and a training program for the teachers was offered in 2011.

Establishing the communication skills laboratory
Following an evaluation of a communication course for midwifes in 2006 - 2007 in which video and group discussions were used as a means to engage communication theory in developing practical communication skills in the midwifery practice, we went in 2008 on a visit to Cambridge University where integration of structured communication skills training has been used for some time in the medical school.

The visit to the medical school’s communication skills laboratories at Cambridge University showed us the impact of having dedicated rooms for communication training, a structured communication training curriculum, trained facilitators and a group of simulated patients to be able to simulate different kinds of medical problems and living conditions. In this spirit we started to work for the establishment of a communication skills training laboratory at the University College North Denmark. The reason for this first move was a preconception of the importance of having a space for communication skills training in the university college. The existence of a dedicated room for communication training, we expected, would enhance the possibility that communication skills would actually be trained because space otherwise clearly would be wasted – a reasoning we still believe to be valid. In the spring of 2010 the room was sat up and a small group of professional actors were engaged to be used as simulated patients. Also the Calgary-
Cambridge guide was translated into Danish and a few specific training guides were made in order to increase accessibility of the training resources.

**The facilitator course**

The course was designed for teachers in the healthcare professions at University College North Denmark who were interested in teaching communication with patients to their students or teachers who were already doing so. The intention was to show them how to use the resources in the communication skills laboratory and to give them an opportunity to develop some of the basic facilitator skills under supervision. The course was offered in the spring of 2011.

Facilitators were Birgitte Tørring who had been at Cambridge University for observation and later for a facilitator course and Annegrethe Nielsen who had also been visiting Cambridge University and later has been involved in different facilitator training activities. Susanne Hjorth Hansen was one of the participating teachers already teaching communication to students and eager to learn about the new opportunities.

The duration of the course was five full days organized as four consecutive days and one more day after two month. In order to facilitate learning and create a reassuring working environment during the course, it was requested that the participants were able to take part in all the course’s activities for the first four days – this point being a challenge for many educational institutions as it turned out to be for us also. Still it is our conviction that it is important to try to create an atmosphere of commitment within the group of participants to encourage innovative and playful learning behavior.

Participants were teachers from all five undergraduate programs plus two teachers working with postgraduate education of nurses and other healthcare professionals. Number of participants in the course was 15.

<table>
<thead>
<tr>
<th>1st day</th>
<th>2nd day (small groups)</th>
<th>3rd day (small groups)</th>
<th>4th day</th>
<th>5th day (2 month later)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback – how to make it helpful?</td>
<td>Roleplaying and video as a tool for teaching</td>
<td>Training of facilitation skills</td>
<td>Assessment of communication skills</td>
<td>Presentation of teaching plans from the programs</td>
</tr>
<tr>
<td>Use of video and skills spotting (what should we teach the students?)</td>
<td>Using simulated patients in training communication skills</td>
<td>Training of facilitation skills</td>
<td>How to integrate training of communication skills in the curricula?</td>
<td>Arrangement for networking and supportive activities</td>
</tr>
</tbody>
</table>

Course content was as shown above an introduction to descriptive feedback, how to recognize communicative skills, working with video, working with actors as patients, training facilitator skills with a group and some of the options and problems involved in assessing communication skills.

The form of the course was highly experiential and learner centered thus trying to model the most important facilitation skills in communication skills training. During the course it was interesting to observe how the communication teachers were able to integrate theories and knowledge of not only communication but also about the professions and the specific challenges their professions witness. The
professional tasks in for instance midwifery and occupational therapy will be different, but the recognition that the communicative skills used might very well be the same and that those skills could be named and trained, was eye-opening and encouraging for the participants.

As a conclusion of the first 4 days all participants were encouraged to make a plan for implementation of communication skills training in their current curriculum. It was arranged that we should make a follow-up on this development 2 month later.

At the 5th day of the course - 2 month later - almost all participants were planning to use communication skills training with their students and were in progress of implementing the training in their specific curriculum. All the participants found themselves to be prepared to and wanting to try to work with students in the experiential setting of the communication skills laboratory. As a support for this effort all the participants were offered to participate in network activities up to 4 times a year for discussion of problems and to maintain mutual encouragement and most of them did attend some of the network activities.

**Conclusion**

As a direct result of the establishment of the room and the later facilitator course all 5 undergraduate educations at the end of 2011 contained at least one communication skills training session for the students during the 3½ year long curriculum and this is still the status after 2 years. In some of the educational programs efforts have been made to take the training further by engaging more teachers and clinical supervisors in communication skills training.

The establishment of a dedicated laboratory and the course for future facilitators seems in this case to be the key to awareness about the importance of communication skills training in the undergraduate education of nurses, occupational and physiotherapists, radiographers and midwives. Having a room provide space for training activities and having at the same time a group of trained facilitators and a group of actors willing to perform the roles of patients, makes it possible to include communication training in all 5 undergraduate programs at University College North Denmark. 3 years after the establishment of the laboratory the training activities are retained and some of the participating teachers have evolved even more training opportunities during this time.

**Discussion**

Working with communication skills in the laboratory provides an opportunity to focus on development of communication skills in a way that enables the professionals and the professionals –to-be to work with problems in their professional practice in an environment of shared reflection and problem-solving. Also they have the opportunity to try out different approaches towards cooperation with the patients – to reflect on their experiments with the help of video, practically and theoretically based reflection with the help of the group and the facilitator and the opportunity to try again with the help of the simulated patient. This approach is effective in the sense that it enhances learning of the skills (Silverman et al. 2013). Furthermore it helps creating an environment for professional reflection on problems in practice which can support further quality development in the field of healthcare services.

The effort of integrating communication skills training in the curriculum of the professional educations may lead to greater understanding of how good communication with patients may contribute to better
problem-solving in the healthcare sector and thus encourage cooperation between patients and healthcare
providers.

References:


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Declaration of interest:
The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.