

Healthcare

Making clients feel comfortable

Content and alignment

This resource is aimed at tutors working with learners employed in the healthcare sector. All aspects of work in a residential or homecare setting rely on professionals being able to connect to build trust and rapport with their clients, who in turn may not always be willing or able to connect. While the strategies outlined here are general, given the power imbalance in a care relationship they are worth specific attention so that carers get off to a good start with clients. The sequence is suitable for use with all employees working in this sector but particularly for those who lack the confidence to interact with clients and engage in talk during care.

The content aligns with the [Learning Progressions for Adult Literacy](#). It is focused on the *Speak to Communicate* strand, in particular the *Using Strategies to Communicate* and the *Interactive Listening and Speaking* progressions. It also makes reference to [Teaching Adults to Listen and Speak to Communicate: Using the Learning Progressions](#)

Speak: Using Strategies to Communicate progression	Interactive Listening and Speaking progression
Most adults will be able to:	Most adults will be able to:
select and communicate information, ideas and thoughts, using appropriate words and phrases with some fluency on very familiar topics monitor and modify speech to improve the clarity and effectiveness of the communication.	respond to and use skills and appropriate language to manage simple interactions and negotiate meaning respond to and use some non-verbal methods to monitor the effectiveness of interactive communication have an awareness of the conventions for taking part in interactions in familiar social and cultural settings, for example, during telephone conversations.
select and communicate information, ideas and thoughts, using appropriate vocabulary, expressions and grammar fluently and coherently on less familiar topics use appropriate gestures, tone, pace and intonation to improve communication.	respond to and use more sophisticated skills and appropriate language to monitor and improve the effectiveness of interactions respond to and use variations in tone of voice, intonation and stress (for example, the stress placed on specific words or sentences) recognise and use the vocabulary and other language features that mark the register appropriate to the topic, audience and context.

Fig 1. Speak to Communicate Learning Progressions

Intent

The intent of this resource is to provide tutors with a teaching and learning sequence that helps learners evaluate the strategies they already use and consider other ones that they could try out at work. It covers body position, speaking clearly, introducing yourself, making small talk, smiling, calling someone by the name they want to be called by, using feedback devices to show that you are interested. While these strategies are general in nature, the aim is to assist tutors in introducing their learners to these strategies and making explicit the cultural 'norms' that underpin them.

This resource is not designed to replace existing programme approaches, but to provide tutors with additional learning content.

Sequence

There are five parts to this sequence. Learners will:

1. discuss strategies they use to make a resident feel comfortable
2. evaluate a range of speaking strategies
3. notice speaking strategies in use
4. practise strategies in a role play
5. choose strategies to focus on at work.

1. *Discuss strategies learners use to make a resident feel comfortable*

Step one: Have learners break into groups and encourage them to talk about the current strategies they use to make a resident feel comfortable. If prompts are needed, the following questions may be useful:

- When meeting residents for the first time, what do you do to make them feel comfortable with you?
- What difficulties have you encountered when meeting with an anxious/frustrated client? How did you deal with that situation?
- What role does cultural sensitivity play when putting a resident at ease?

As they are talking, monitor the discussion so that you can get an idea of some of the things they are saying.

Step two: Get feedback from the groups to acknowledge the learners' contributions and explore these ideas a little. Don't try to push for 'right answers'; the point at this stage is to interest learners in these ideas. For the first two questions, you could put some of their ideas onto the whiteboard. For the third question, it is useful to acknowledge cultural difference (us / them) and also the power imbalance of the role (giver of care / receiver of care; able / dependent; client / employee etc.), because in a situation like meeting a new carer some cultural unease is likely to come into play.

A good way to explore the impact of culture on communication is to talk about eye contact and culture. *E.g., Is it normal / OK to make direct eye contact with someone of your status / someone older? What happens if you don't make eye contact? Is that OK? Should you hold eye contact? How long for? What are our clients' expectations here?*

For more ideas on observing learner discussions, see p.10 of [Teaching Adults to Listen and Speak to Communicate: Using the Learning Progressions](#)



2. Evaluate a range of speaking strategies

Step one: Hand out the list of speaking strategies (see [Healthcare: Speaking strategies](#)). Explain that learners should complete the strategies by using a word from the table. The point of this is that it will help the learners think about these strategies more effectively than just giving out a list. Do the first one as an example: a) Find out the name the client would prefer to use.

Step two: Have the learners check each other's answers in pairs. This helps them feel more confident about their answers and also enables them to negotiate if they are not sure.

Step three: Check the answers together to make sure all learners have the right answers. *Answers: a) prefer; b) small talk; c) level; d) simple; e) diagrams; f) decision-making; g) encouragement; h) cheerful; i) feedback; j) eye contact*

As you are getting answers, check understanding by asking the learners questions.

E.g., *small talk*- "what kind of topics would you use?"

Answer: everyday topics – weather, rugby, what's on TV; what's in the client's room.

feedback – "what do you say when you give feedback to someone speaking?"

Answer: "Yes; Umm; Uh ha; OK."

Step four: Have learners evaluate these strategies in small groups. Using these questions may help:

- How well do you use these strategies?
- How successful are they?
- What else do you do?

Key learning point: Although these strategies may seem obvious and some learners may say they already apply them, they are planned and practical and learners can use the strategies to take control of a situation. For example, small talk is sometimes something that just happens 'naturally', but imagine you are stuck in the lift with your socially awkward accountant. You need a small talk topic you know they will respond to well to get you to the ground floor safely.

Key learning point:

A strategy is something you can plan and control to overcome a difficult situation. Talking to someone who is in pain or who feels helpless are examples of situations when, as a health professional, you need speaking strategies.

For more ideas on assisting learners with meeting, greeting and parting, see p.25 of [Teaching Adults to Listen and Speak to Communicate: Using the Learning Progressions](#)



3. Notice speaking strategies in use

You are going to show learners a short video clip of a carer talking with a client so they can see some of the strategies in use: [Healthcare: Active listening](#)

Step one: Tell the learners to pay attention to the carer's body language and facial expressions. Play the clip with no sound. Afterwards, ask them what they noticed. (*Answer: eye contact, same level, smiling, use of gesture*). Ask them what they think the carer and client were talking about.

Step two: Tell the learners to focus on the words the carer uses this time. This time play the clip with sound. Before you play the clip, hand out [Healthcare: Noticing strategies - worksheet](#) and ask learners to tick the strategies they notice as they are watching the clip. After watching the clip, get learners to talk in pairs about what they noticed. Next, discuss with the whole group, asking questions like: "Did you notice.?" And then ask a follow-up question: "How did she do this...?"

Step three: Now, tell learners that they are going to watch the clip again and focus on the way that the carer showed she was listening actively. Before watching, show the learners the [Healthcare: Active listening - worksheet](#) and check that they understand what is meant by each of the categories. Then watch the clip again. Learners should record what the carer says / does under each category as they watch.

Two-minute task idea: The importance of feedback

Put learners in pairs. Put some easy small talk topics on the board (*what's on TV, family, tonight's dinner*). One learner talks for a minute about the topic. The other gives no feedback. Try it again giving as much feedback as possible. It will make people laugh and makes the point!

4. Practise strategies in a role play

Activity: Role play: putting a resident at ease

Role plays are fun in a training situation but can also be scary for some learners, so you need to set them up really carefully. They are 'unnatural' by nature, but still useful.

Before the role play:

Put the learners into pairs. Learner A is a carer relieving for a colleague who is sick. Learner B is a new rest home resident.

Explain the situation: "The carer is meeting the resident for the first time. The resident needs help to shower and dress."

Hand out the [Healthcare: Role-play cards](#) to Learner A and Learner B and tell them to think about the situation and what they will say.

Then say, "You need to act out the beginning of this sequence – e.g., from when the carer comes into the room."

Together, the learners decide on the location and room layout (e.g., where the bed is, where the door is, what the resident was doing just before).

Do the role play:

Count learners down so that the role plays all start at the same time. Monitor and watch for strategies from the [Healthcare: Noticing strategies - worksheet](#) which are being used and are not being used. Be prepared to stop learners and intervene if necessary.

After the role play:

Have learners provide feedback to each other: What made the resident feel comfortable? How could the carer improve? Refer learners to [Healthcare: Noticing strategies - worksheet](#) if that helps.

Repeat the role play, changing the roles around so Learner A is now the resident.

5. Choose strategies to focus on at work

Activity: Goal-setting task

Step 1: Refer learners to [Healthcare: Speaking strategies goal-setting](#). Get learners to choose three strategies from the list that they want to focus on at work. They should then tell their partner what they want to try and why.

Step 2: They should make a plan by recording who they are going to practise these strategies with and how they will evaluate progress. Encourage more confident learners to choose challenging people to practise their strategies with – e.g., people who they don't feel they currently have a good relationship with.

Step 3: After a week, encourage learners to meet over a coffee and talk about what they did and how the strategies are helping.

Noticing progress

There are lots of ways learners can notice progress:

- ask a colleague or supportive manager / RN
- ask the resident; often residents will be happy to 'coach'
- think about whether their relationships are improving at work
- feel more confident.

Summary

The speaking strategies presented here are probably not new to the learners but they may never have thought about their application and how they can use them at work to take control of a situation. They are also strategies that learners can apply to other aspects of their lives when talking to different people. The sequence aims to open up opportunities for learners to consider the impact of culture on an interaction and also the implications inherent in the power imbalance between the carer and the cared for. There are five parts to the sequence in which learners:

1. discuss strategies learners use to make a resident feel comfortable
2. evaluate a range of speaking strategies
3. notice speaking strategies in use
4. practise strategies in a role play
5. choose strategies to focus on at work

This sequence works well with the following resources:

[Healthcare: Speaking strategies](#)

[Healthcare: Noticing strategies - worksheet](#)

[Healthcare: Active listening - worksheet](#)

[Healthcare: Active listening](#)

[Healthcare: Role-play cards](#)

[Healthcare: Speaking strategies goal-setting](#)