Therapeutic Communication

Code: 106101
ECTS Credits: 6

Degree	Type	Year	Semester
2500891 Nursing	FB	2	2

Contact

Name: Sabiniana San Rafael Gutierrez

Email: sabiniana.sanrafael@uab.cat

Use of Languages

Principal working language: spanish (spa)

Some groups entirely in English: No

Some groups entirely in Catalan: No

Some groups entirely in Spanish: No

Other comments on languages

Spanish and Catalan will be used indistinctly.

Teachers

María Isabel Bonilla Carrasco

Ariadna Huertas Zurriaga

Purificación Escobar García

Prerequisites

Although there are no specific prerequisites, it is highly recommended that students have successfully completed the first year's subject "Communication and ICT".

Objectives and Contextualisation

V. Henderson (1971) said that communication is the exchange obligation that human beings have with their resemblances; therefore, one of the basic needs of people is to establish effective communication that helps them to relate and achieve good personal growth.

It is known that there are many potential sources of friction and problems in communication. The objective of the Therapeutic Communication program (6 ECTS) is to promote the use of proper abilities to achieve an effective communication with the person who is receiving the nursing care for each situation and / or problem.

An effective communication with the patient, through interpersonal relationships, is considered as the main clinical ability that characterizes the nursing competences and at the same time provides professionals one of the most important satisfactions.

Developing effective communication is a highly complex process. It demands to acquire knowledge and deepening on specific aspects of communication; students must be capable and competent in the profession: "knowledge", "know-how" and "know how to be".

The objective of the subject is to give students the theoretical and practical knowledge needed to offer an integrated, individualized and quality care. Students must study and evaluate all psychosocial aspects that may influence the person, family and community needs.

Competences

- "Demonstrate an understanding of people without prejudice: consider physical, psychological and social aspects, as independent individuals; ensure that their opinions, values and beliefs are respected and guarantee their right to privacy, through trust and professional secrecy."
- Demonstrate that the interactive behaviour of the person is understood according to their gender, social group or community, within a social and multicultural context.
- Establish efficient communication with patients, family members, social groups and friends, and promote education for health.
- Generate innovative and competitive proposals for research and professional activities.
- Offer solutions to health and illness problems to patients, families and the community applying the therapeutic relation by following the scientific method of the nursing process.
- Students must be capable of applying their knowledge to their work or vocation in a professional way and they should have building arguments and problem resolution skills within their area of study.
- Students must be capable of communicating information, ideas, problems and solutions to both specialised and non-specialised audiences.
- Work with a team of professionals as a basic unit to structure the professionals and the other care organisation workers in a unidisciplinary or multidisciplinary way.

Learning Outcomes

1. Apply group management techniques.
2. Argue the plan of care for most prevalent health problems.
3. Communicate using non-sexist and non-discriminatory language.
4. Describe and explain the rights of people with respect to their beliefs and their privacy.
5. Display a cooperative attitude towards the different members of the team.
6. Draw up nursing care plans taking in to account the consensus and recommendation of the care team.
7. Identify and explore the conduct that defines the interactive behaviour of the person according to gender, group and community.
8. Identify the characteristics of team working.
9. Identify the following forms of communication: verbal, non-verbal and written.
10. Students must be capable of applying their knowledge to their work or vocation in a professional way and they should have building arguments and problem resolution skills within their area of study.
11. Students must be capable of communicating information, ideas, problems and solutions to both specialised and non-specialised audiences.
12. Use strategies and skills that allow for effective communication with the care receivers, their families, social groups and partners as well as the expression of their concerns and interests.
13. Use therapeutic communication skills in the nursing care process.

Content

Concepts' review: Communication. Empathy. Assertiveness. Active listening. Feedback.

1-The Help Relationship: Definition. Help relationship models: Rogers, Peplau, Orlando and Riopelle. Difference between help relationship and social relationship. Phases of the formal help relationship: description, objectives, attitudes of the attended person and attitudes of the professional.

2-The Interview: Definition. Types of interviews. Interview variables: context, characteristics of the attended person and characteristics of the nurse. Goal of the interview. The interview: duration, place and interviewer skills. The questions: type, number, order, formulation. Aspects that may influence the interview. Phases.

3- The Motivational Interview: Definition. The informative model and the motivational model. Factors that may influence the change. Model of Prochasca and DiClemente: phases and nurse's tools.

4 -How to Give Bad News: Definition. Reasons of discomfort of the professional. Usual fears when facing terminal illness. Six-step protocol to give bad news. People's reactions to bad news: adaptive behaviors and maladaptive behaviors.

5- The Grieving Process: Definition. Types of losses. Reactions to loss. Stages of the grieving process according to Kübler Ross. The conspiracy of silence.

6- Illness and Cultural Diversity: Definition of culture, ethnocentrism, cultural relativism, transculturalism and multiculturalism. The Transcultural Nursing (M. Leininger). Factors that nurses must bear in mind. Factors to consider when taking care of people of the most prevalent religions.

7- Teamwork: Definition. Difference between group and team. Objective of the teamwork. Composition of the team. Roles in the team. Phases of teamwork. Team's meeting: phases and organization.

Methodology

The teaching typology to be used is mixed
Theoretical classes-the contents of the subject are treated.

Seminars - held in groups of up to 25 students. This activity consists on different exercises related to the theoretical content (simulation, reading texts, viewing videos, etc.)

The distribution of theoretical classes and seminars by topic is shown in the following table:

Themes to work	Theoretical hours	Seminar hours
The Help relationship	4	4,5
The Interview (clinical and motivational)	5	4
How to Give Bad News and the Grieving process	4	4
Illness and cultural diversity	2	2
Teamwork	2	2

However, there are 4 Laboratory practices (four hours each)where students, in groups, will carry out a simulations of one situation /problem based on the topic to work.

The topics to work in these sessions are:
- The help relationship

- The interview
- How to give bad news and the grieving process
- Teamwork

Students will be asked to do evaluation in pairs and in writing.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
SPECIALIZED SEMINARS (SESP)	32.5	1.3	1, 2, 3, 5, 4, 6, 7, 9, 8, 11, 10, 12, 13
THEORY (TE)	17	0.68	4, 7, 9, 8
Type: Supervised			
TUTORIALS	2	0.08	7, 11, 10
Type: Autonomous			
BIBLIOGRAPHIC SEARCH	5	0.2	9
DOCUMENT PREPARATION	10	0.4	11, 10
READING ARTICLES / REPORTS OF INTEREST	5	0.2	2, 7, 9, 8
SELF-STUDY	71	2.84	2, 6, 7, 9, 8, 12

Assessment

Practical evaluation: objective and structured evaluation (40% of the final mark):
Evaluation based on the 4 simulations in which students participate and which will be carried out at the end of the sessions for each of the topics that are evaluated. This evaluation is mandatory and the student's non-attendance to a the simulation will be scored with a 0.
Aspects to be evaluated vary depending on the topic to be treated. Students will have, well in advance, in the subject's Moodle the situation to work on as well as the evaluation chart that will be used by the teacher.
Once the test is done, the teacher will give feedback to the students on the aspects observed during the simulation.

Attendance and active participation in classes and seminars (20% of the final mark):

Continuous evaluation throughout all the seminars of the subject.

Students receive from the teacher an individual mark according to the following criteria:
- Attendance to the sessions and compliance with class schedule.
- Active participation (essentially the participation in the seminars' activities but students' active listening and assertiveness will also be considered)
- Approach level to the teacher's evaluation in the evaluation in pairs that is done in the theoretical applied evaluation.

Written evaluation: Objective test (40% of the final mark):
Knowledge test consisting on short questions. Exam at the end of the subject. In order to prepare it thoroughly, students should consult the recommended bibliography.
Attendance to the scheduled seminars and laboratory practices is mandatory.

To be able to make the average of the marks obtained in the different evaluations it is necessary to have a minimum mark of 4 in each of them and the final mark after adding all the sections must be equal or greater than 5.

No disrespect will be tolerated towards classmates, peers or teachers. Homophobic, sexist or racist attitudes will not be tolerated. Any student in whom any of the attitudes described above are detected will be graded with a failing grade in the subject.

Students that do not attend 30% of the sessions of seminars will be considered "non-evaluable".

Recoveryexam: Students who have not passed the subject through continuous evaluation but have attended at least 75% of the seminar sessions, with a positive evaluation in both Attendance and active participation in classes and seminars and the Practical evaluation, and have done all the evaluation tests; may sit for a final recovery exam.

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Attendance and active participation in classes and seminars	20%	3	0.12	1, 2, 3, 5, 4, 6, 7, 9, 8, 11, 10, 12, 13
Practical evaluation: objective and structured evaluation	40%	3.5	0.14	1, 2, 3, 5, 4, 7, 9, 8, 11, 10, 12, 13
Written evaluation: Objective test	40%	1	0.04	2, 3, 4, 6, 7, 9, 8

Bibliography

Borrell F. Manual de entrevista clínica. Barcelona: Doyma; 1994

Buckman R. Com donar les males notícies. Una guia per a professionals de la salut. Barcelona: EUMO Editorial; 1998

Cibanal L, Arce MC, Carballal MC. Técnicas de comunicación y Relación de Ayuda en Ciencias de la Salud. Madrid: Elsevier España S.A; 2014

Chalifour J. La Relación de Ayuda en Cuidados de Enfermeria. Una perspectiva Holística y Humanista. Barcelona: S.G. Editores S.A; 1994

Henderson V. Principios basicos de los cuidados de enfermeria. Ginebra: Consejo Internacional de Enfermeria (CIE); 1971

Madrid Soriano J. Los procesos de la relación de ayuda. Bilbao: Desclée de Brouwer S.A.; 2005

Peplau H. Relaciones interpersonales en Enfermería. Barcelona: Salvat; 1990

Riopelle L., Grondin L., Phaneuf M. Cuidados de enfermería. Un proceso centrado en las necesidades de la persona.Madrid: McGraw-Hill-Interamericana; 1993

Surdo E. La magia de trabajar en equipo. Madrid:S&A Cierzo; 1997.

Tazón Ansola MP i Col. Relación y Comunicación.Madrid: Obra Enfermería 21. Difusión Avances de Enfermería. (DAE S.L.); 2009

Vallverde Gefaell C. Comunicación Terapéutica en Enfermería. Madrid:Difusión Avances de Enfermería. (DAE); 2007

Software

Tazón Ansola MP i Col. Relación y Comunicación.Madrid: Obra Enfermería 21. Difusión Avances de Enfermería. (DAE S.L.); 2009

Vallverde Gefaell C. Comunicación Terapéutica en Enfermería. Madrid:Difusión Avances de Enfermería. (DAE); 2007