Retrospection of Communication Strategies Used in a Simulated Patient Interaction

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Reflection

The intensive four-day summer simulation course (COMM700 Entry to Practice Communication) offered insight into preparing for professional communication that often emerge in complex situations experienced in clinical practice. The introductory sessions provided an opportunity to engage in concepts of reflection, conceptualizing the various communication skills/techniques and its corresponding function and advantages, attribution theory, components of feedback, and the ladder of inference. It was informative to grasp onto those concepts and strategies prior to integrating the key techniques of active listening in a simulation scenario interaction that heavy demanded the ability to quickly adapt and accommodate to the challenging and emotional conversations with a simulated participant.

I had the opportunity to engage and actively use those communication skills to tackle the emotionally charged conversation and to cautiously navigate around the issue of patient confidentiality. In the moment of managing the situation in terms of deescalating and trying to comprehend the context of the situation from all the verbal and nonverbal info, I did not explicitly use the communication skills I learnt, rather it became somewhat second-nature because of how involved I was engaged in the conversation with the simulation participant (SP). However, I believe the communication skills I most heavily relied on was validating and questioning, as I redirected the attention on her concerns for the welfare of her family member. I believe some strong words I used was "strongest support," "take a breath," and asking, "what are you feeling or thinking?" When communicating, I did gamble by using the words "I understand," in the context that I anticipated that the SP would either acknowledge it in a positive way to realize someone is listening or would verbally attack on my dismissal of her true feelings as mentioned in the concept of attribution theory [1]. "Understanding" is a function of the communication technique of validating, however it needs to specific in terms of what concept you are understanding of what the other person has communicated in order to show you are actively listening. Using those words "I understand" in generic terms during a conversation does bring in patient verbal whiplash scenarios that the speaker is only throwing those words to rid themselves of an uncomfortable situation. In perceiving the scenarios, most communication styles reflected the mnemonic "PEARLS" (partnership, empathy, apology, respect, legitimation, support) via establishing rapport in reassuring the sense of control within the conversation to address the issue together, empathizing the family situation of feeling hopeless or in the dark about the situation, apologizing that the situation is causing the overwhelming negative feelings, legitimizing their thoughts and feelings, and providing the necessary support to allow them to be heard [2].

Communication in the workplace especially in the healthcare system requires the demanding skills of compassionately exploring the speaker's concerns, addressing and balancing the informational and emotional messages, connecting through the process of empathy, and responding to the behaviours to strive for meaningful interpretive communication [3]. In many instances in clinical practices, many conversations are similar in that it can be emotionally charged in the context that the people you are interacting with such as patients and their families have various burdens associated with the necessity to demand for answers or a solution. As the healthcare provider in the conversation, the

objective is not necessarily to provide that specific solution (given variations in occupation competency profiles), but rather let the speaker know we are actively listening and engaged, and that we are present in the conversation. We have to subconsciously realize that conflict arises in conversation when someone begins to direct energy into blaming someone or something for the causes of distress, when people engaged in the conversation has opposing objectives, and when emotion catalyzes the formation of a communication barrier by negating the ability to utilize strategic reasoning skills such as analyzing source of conflict or feedback [4]. Thus, applying mediation skills to resolve conflict requires patience, observational inquiries to interpret what is being demanded to be acted upon, and conceptualizing active listening techniques to address the issues to open a transparent and trusting line of discussion.

When entering the clinical practice, it can become overwhelming as a new healthcare provider in a high-speed and demanding environment. This simulation course offers insight and learning experiences to provide learners with the tools and strategies to engage in the situations that may arise. However, although we may have the necessary tools to engage in a professional conversation, some situations require the attention of other experienced healthcare providers, thus we must recognize at our own discretion when assistance is required.

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