

CLINICALLY SPEAKING: A COMMUNICATION SKILLS PROGRAM FOR STUDENTS FROM NON-ENGLISH SPEAKING BACKGROUNDS.

Caroline San Miguel, Fran Rogan, Kathleen Kilstoff, Di Brown

Caroline San Miguel, BA, Dip. TESOL, M. App. Ling.
Senior Lecturer, ELSSA Centre
University of Technology, Sydney
PO Box 222
Lindfield NSW 2070 Australia
Tel 61 2 9514 5162
Fax 61 2 9514 5524
e-mail: caroline.sanmiguel@uts.edu.au

Fran Rogan, RN MN BappSc(Nurs) MComNurs
Lecturer, Faculty of Nursing, Midwifery & Health
University of Technology, Sydney
PO Box 222
Lindfield NSW 2070 Australia
Tel 61 2 95145581
Fax 61 2 95145049
e-mail: fran.rogan@uts.edu.au

Kathleen Kilstoff, RN, BA, DipEd, MA
Senior Lecturer, Faculty of Nursing, Midwifery & Health
University of Technology, Sydney
P.O. Box 222,
Lindfield, NSW 2070 Australia
Tel 61 2 9514 5143
Fax 61 2 9514 5049
email Kathleen.Kilstoff@uts.edu.au

Diane Brown, RN, PhD.
Professor of Clinical Nursing,
Graduate School of Health Practice,
Charles Darwin University
Darwin NT 0909
Australia
Tel +61 8 8946 6474
Fax +61 8 8946 7175
Email. di.brown@cdu.edu.au

ABSTRACT

This paper reports on the design, delivery and evaluation of an innovative oral communication skills program for first year students in a Bachelor of Nursing degree at an Australian university. This program was introduced in 2004 to meet the needs of first year undergraduate students from non-English speaking backgrounds who had experienced difficulties with spoken English while on clinical placement. The program consisted of early identification of students in need of communication development, a series of classes incorporated into the degree program to address students' needs, followed by a clinical placement block. This paper describes the structure of the program, discusses some of the major problems encountered by students in the clinical setting and presents some of the teaching strategies used to address these problems. Evaluations of the program suggest that students' communication skills and confidence improved, resulting in a more positive clinical experience for the majority of students.

Key words: communication; nursing students; English as a second language

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INTRODUCTION

Effective communication plays a central role in nursing practice and contributes to positive health outcomes for patients. The majority of undergraduate nursing degrees have a component which focuses on teaching communication skills (Clare et al. 2002) and there is much literature on the teaching of these skills (Chant et al. 2002) to pre- and post-registration nurses. This literature focuses on developing skills such as empathy, self-awareness, interviewing and critical thinking (Chant et al. 2002) and assertiveness (Mc Cabe & Timmins, 2003). However, few of these studies focus explicitly on the culturally and linguistically appropriate ways of demonstrating these skills, for example, how to make small talk with patients and how to respond to patients' comments appropriately. Whilst these issues may be of relevance to all students, an explicit focus on language may be of particular importance in developing communication skills of students from non-English speaking backgrounds as studies show that these students may experience communication difficulties when interacting with patients and staff in hospitals. These difficulties may include: understanding colloquial language (Gonda et al. 1995); accent and style of speaking (Shakya & Horsfall 2000); and difficulties in understanding instructions (Bosher & Smalkoski 2002). These difficulties may hinder students' attempts to be empathetic with patients and to build therapeutic relationships.

Given the increased cultural diversity of students undertaking nursing degrees, there is a need to teach communication in a way which benefits students from non-English speaking backgrounds. Although there is a wealth of literature on ways of supporting these students, much of this literature addresses academic problems students may face (Omeri et al. 2003) and there are only a few examples of teaching communication skills with a focus on appropriate use of language in the clinical environment. Hussin

(1999) and Gunn-Lewis and Smith (1999) report on communication workshops attended by students from non-English speaking backgrounds on a voluntary basis before and after clinical placements. Both papers offer insights into problems encountered by some of these students on clinical practice and provide some useful strategies to address these problems. However, our experience in offering voluntary workshops to students prior to clinical practice suggests that those students most in need of improving their communication skills do not always attend. Boshier and Smalkowski (2002) describe a comprehensive health-care communication subject for students from diverse language backgrounds which was, however, mainly designed as a preparatory program for students who did not yet qualify to undertake a nursing degree.

In the Bachelor of Nursing degree at the University of Technology Sydney, Australia, students attend clinical placement one day per week, from the second week of their degree program. Anecdotal evidence from students, clinical facilitators (Registered Nurses employed by the university to teach, supervise and assess students in the clinical setting), patients and clinical staff indicate that many students from non-English speaking backgrounds initially experience considerable difficulties in interactions with patients and staff on clinical placement. These communication difficulties place the students at high risk of failure in the clinical area, where students with poor interpersonal skills are assessed as unsatisfactory if they cannot adequately communicate with patients and therefore satisfy professional standards of practice (Australian Nursing Council Incorporated 2000; Boshier & Smalkowski 2002).

In order to address students' communication difficulties, the Faculty of Nursing, Midwifery and Health introduced, in 2004, the 'Clinically Speaking Program'. This program was designed by nursing academics (Brown, Kilstoff & Rogan) and a language and literacy academic (San Miguel) and targeted first year nursing students from non-English speaking backgrounds. The aim of the program was to teach students linguistically appropriate communication skills for clinical practice. This paper describes the program and its evaluation and suggests that explicit teaching of the communication skills required in hospitals may improve outcomes of clinical placements for students.

THE CLINICALLY SPEAKING PROGRAM

The program had three major components: identification during the first clinical placement of students who needed to improve their communication skills; a program of communication classes for these students, offered in place of their second clinical placement; a block of clinical placement, offered during the inter-semester break to enable students to complete missed clinical experience and to be reassessed. Completing the placement during the break meant that students did not fall behind with their studies and, provided they passed all subjects, could complete future clinical placements with their cohort.

Early identification of students

During clinical placement, the clinical performance of all students was assessed by clinical facilitators, according to specific criteria, which included interpersonal ability.

The criteria for assessing interpersonal ability were developed by one of the authors of this paper (Rogan) to make explicit the interpersonal skills students were supposed to demonstrate on their first clinical placement. The criteria are shown in Table 1.

Table 1: Criteria for assessing students' interpersonal ability

The student:

- Introduces self to patient and family
- Calls patient by preferred name
- Speaks clearly
- Asks patient's permission before giving care
- Explains actions to patient before giving care
- Checks that the patient has understood explanation given
- Uses attending behaviours to show the patient that he/she is listening i.e. appropriate eye contact, open body posture, sitting at same level, not interrupting
- Begins to ask appropriate questions to collect health information from the patient
- Checks that he/she has understood the patient correctly
- Responds appropriately to patient's comments or questions
- Makes 'small talk' when appropriate to create rapport with patient, e.g. when introducing self, when performing patient care activities
- Gives the patient feedback about care given
- Begins to notice patient's non-verbal and verbal cues

Students from non-English speaking backgrounds who received an unsatisfactory grade in the interpersonal skills component of their first clinical placement were invited to attend the 'Clinically Speaking Program'. Although participation was voluntary, the fifteen students who received an unsatisfactory grade for their first placement chose to participate in the program.

The communication classes

The classes were timetabled in place of the students' second clinical placement and comprised a total of 20 hours, that is four hours each day for five weeks. They were held in a nursing laboratory on campus and conducted by an academic with expertise in language teaching.

The aim of the classes was to assist students to develop the clinical communication skills needed to achieve a satisfactory clinical practice. The classes also aimed to improve the clinical experience of students by: increasing their awareness of the language and cultural practices of the clinical environment; offering a forum where they could discuss the difficulties they experienced during clinical practice; and providing them with opportunities to develop and practise oral communication skills appropriate to the Australian health care setting.

The classes were custom designed to meet the communication needs of students when on clinical placement (as specified in the assessment criteria in Table 1). To facilitate this design, the following data were collected prior to the classes:

- students perceptions of the problems they had faced on clinical practice, elicited in a focus group and in a written needs analysis
- facilitators' perceptions of student problems, gathered from facilitators' written comments recorded on the fifteen students' clinical performance assessment sheets

These data were then used to prioritise the major problems students had faced on clinical practice and the structure of the program was designed around these priorities. Ethical approval for collection of all data and dissemination of findings was granted by the university ethics committee.

Problems faced by students on clinical practice

Comments about clinical learning experiences from both students and facilitators were predominantly negative. In the following section some of the major themes arising from the data are presented. In the data provided here, individual students and facilitators are not identified as the comments are presented as illustrations of the major themes.

Both students and facilitators identified language difficulties in communicating with patients as a major problem, for example, students had difficulties in terms of introducing themselves to patients, understanding patients' requests and comments and giving instructions and explanations. In particular, facilitators felt that students needed to make more small talk and to address patients by name more frequently. Students, however, found it difficult to make small talk not only because they found it difficult to understand patients' responses but also because they were not sure of the kind of things they could talk about with patients, for example:

sometimes I just not sure if I should ask patient when I first meet them 'how are you this morning?' because they must be painful most of the time, so is it possible for me to ask how are you today?(student focus group)

Moreover, facilitators felt some students used inappropriate eye contact, tone and manner when talking to patients and thus appeared abrupt.

Another problem raised by students and facilitators was communicating with Registered Nurses (RNs). Students said they found it difficult to understand instructions and information about patients given in handover reports. They felt the nurses spoke very quickly and they felt uncomfortable in asking RNs for clarification. Facilitators, however, felt that students needed to ask for clarification if they did not understand.

Both facilitators and students also identified professional terminology and abbreviations as posing difficulties for students. Other problems identified by students included feelings of isolation and loneliness and different understandings of the nature of learning on clinical practice. These themes will be taken up in a later publication.

Strategies for teaching spoken language

Fifteen students (thirteen female, two male) were identified as in need of communication development. These students were from China, Hong Kong, Korea and Vietnam. Most students were in their early to mid twenties and had arrived in Australia within the previous four years.

In the classes, students were taught language and strategies they could use to address some of the problems they had encountered during clinical practice. Commercial teaching videos (e.g. Lawson et al. 2002) of interactions between nurses and patients and between nurses were used to analyse typical clinical encounters. The scenarios presented in the videos and the students' own experiences of clinical situations were used to construct templates of typical stages in interactions with patients, for example:

Greeting

Introduction

Small talk

Explanation of purpose (e.g. taking blood pressure)

Seeking consent and giving instructions

Leave-taking

This template provided a guide for students to role-play typical situations involving patients and staff, for example, students introducing themselves to patients and taking vital signs. Role-play is a strategy used in many communication skills programs (Wilkinson et al. 1998; Mc Cabe & Timmins 2003) and has been found to have a positive outcome in teaching communication (Chant et al. 2002). The scenarios for the role-plays were linked to the content of concurrent first year subjects so that students' familiarity with professional terminology and application of theory to clinical practice was enhanced.

As well as focusing on the overall structure of interactions in the role-plays, students practised language for each stage in a conversation. When learning about small talk, they practised using the physical cues surrounding the patient to open a conversation, such as, '*are you reading something interesting?*'; they learnt formulaic expressions for leave-taking, for example '*I'll come and see you this afternoon*'; they learnt how to explain procedures and ask for health information in a way that was clear, yet friendly by using minimising words (like 'just') and speaking in less formal language, for example, '*I just need to take your blood pressure*', '*do you have any difficulties breathing?*' (rather than '*do you suffer from dyspnoea?*') Cultural discussions were an integral part of these language activities. In the early weeks of the program the importance of body language and in particular eye contact with patients was discussed, as was the choice of appropriate topics for making small talk.

Strategies for learning vocabulary were also introduced and included: learning prefixes and suffixes for medical terminology; learning words that are typically used together such as 'ambulatory patient'; grouping medical terminology according to themes, such as, equipment used for respiratory illnesses; learning to 'shift register' between academic language, everyday language for adults and everyday language for children, as well as understanding colloquial language they might hear in the hospitals, for example 'doing a poo', for bowel elimination.

Completion of clinical placement requirements

Students undertook their second clinical placement in block mode during the inter-semester break. During this placement they remained at the one hospital, working with the same clinical facilitator.

EVALUATION OF THE PROGRAM

The clinically speaking program was evaluated according to the university subject evaluation framework, whereby students complete a written student feedback survey. The program was also evaluated by analysing the following information:

- the students' clinical assessment grades at the end of their inter-semester clinical completion block
- data from a student focus group that explored students' perceptions of the effect of the program on their clinical placement experience (all students were invited to the focus group but only 5 of the fifteen students came)
- data from all facilitators who supervised the students during their inter-semester clinical completion block. A focus group was held with two of the facilitators and a telephone conversation with the third facilitator who was unable to attend the focus group
- student and facilitator comments written on the students' clinical performance summaries at the end of their inter-semester clinical completion block

These data suggest that the program contributed to successful completion of clinical practice requirements for the majority of students. Twelve of the fifteen students in the program received a satisfactory grade for their clinical placements.

Student Evaluations

The written student feedback survey was completed by all students, who indicated strong support for the program. The mean scores (out of 5) are presented below for those students who strongly agreed with the following statements:

Table 2: Written student evaluations

Workshops were a useful learning experience	4.8
I improved my communication skills	4.4
I would recommend this course to other people	4.6

In the focus group students said they '*loved*' and '*enjoyed*' the classes and found out what they really needed for clinical. It seems that the program helped the students identify requirements for clinical practice and learn the language skills they needed to meet these requirements. This contributed to their confidence:

I feel like I'm more confident after I join this program. Before I joined in this program sometimes I feel I don't know what should I say to the patient and the RN... so after attending this program I feel more confident... (student focus group)

In the written evaluations and the focus group, students said their communication had improved in terms of making eye contact, giving explanations to patients, learning professional terminology, knowing what to say when leaving a patient, speaking to patients in a polite way and making small talk with patients:

Before [the program] you saw the patient then you think what am I going to say, you immediately say 'good morning sir' whatever, who it is and where I come from and the patient just look at you and that's it, you are stuck because you don't know what to say anymore, but [after the program] I can say 'what's the weather? 'how are you feeling?' is it painful?' or maybe patient got flower and I say 'it's wonderful, it's lovely, where you got it?' and they start talking 'oh I got it from...' and they just begin to talk (student focus group)

The ability to initiate and maintain conversations with patients helped students feel they *were more relaxed when talking with the patient and not nervous any more.*

The classes gave students opportunities and permission to talk about their problems with communication in a safe space. Students spoke of the freedom they experienced in attending the classes, *we can say whatever we want to say but normally we can't say that in hospital.* The classes took them away from the stress of trying to communicate in the hospital environment, *I don't need to go to clinical and face some patients* and from the stress experienced through comparisons made with English-speaking students, *no pressure from the local student, like they speak English, give you pressure.*

The students made several suggestions to improve the program, including holding more classes. In particular, they felt they needed sessions on communicating with patients' families and in understanding instructions from RNs. Students also wanted the opportunity to talk with students who had successfully completed clinical placements so they could learn about their experiences and their strategies for dealing with communication problems during clinical practice.

Facilitators' evaluations

Facilitators' comments after students had completed the program were noticeably more positive than comments expressed prior to the program. Like the students, facilitators indicated a number of positive changes in the students' interpersonal abilities, particularly during their interactions with patients and staff:

*Communicates effectively with patients, staff and peers;
has demonstrated confidence in commencing small talk*

with patients; asks questions appropriately and discusses nursing care (clinical performance summary sheet comment)

Facilitators felt that organisational and institutional factors had also contributed to the students' success. The block mode of clinical practice was considered beneficial because it gave students time to build rapport with patients and hospital staff, gave facilitators time to build rapport with the students and allowed students experiencing similar difficulties with communication to support each other. The location of the clinical placement was also identified as particularly important in supporting the students' development. Hospitals with a culturally diverse workforce allowed students to experience positive role models:

... students can see that ... you don't have to have English as the first language to be able to succeed (facilitator focus group)

CONCLUSION

Given the growing importance of a linguistically and culturally diverse nursing workforce in meeting the health care needs of multicultural populations in western societies, it is essential that universities recruit and retain students from non-English speaking backgrounds. These students, however, may experience difficulties in interacting with patients and staff during clinical practice, which places them at high risk of failure. This paper has reported on a program which has attempted to address some of these difficulties. Our evaluation data suggest that the program improved the experience of students from non-English speaking backgrounds during clinical placement and assisted the majority to successfully gain a satisfactory grade for their clinical placement.

Our program appeared to be successful for several reasons. Firstly, it was a collaborative initiative involving nursing academics, an academic with expertise in language teaching, and clinical facilitators. This collaboration was important in assessing students, in designing the content of the language classes and in ensuring that these classes were incorporated into the existing degree program. Secondly, the classes were custom designed to meet students' specific communication needs so that students could see the relevance of the program to their nursing degree. Finally, the program included an intensive clinical placement block in a setting with a high proportion of patients and staff from non-English speaking backgrounds and with peers experiencing similar difficulties.

Clearly, it is not possible to make generalisations based on such a small number of students and facilitators and, whilst the evaluations of the short-term effects of this particular program are positive, there is a need for ongoing program development and evaluation. In particular we are interested in evaluating the long terms effects of such a program. There is also a need for further research into the clinical experiences of

students from non-English speaking backgrounds to establish whether the problems discussed in this paper are common amongst other students.

Evaluation of the program also reveals several issues that need to be addressed to further improve the clinical experience of students. These include educational support for clinical facilitators to help increase their skills in assisting students from non-English speaking backgrounds and improved preparation of students regarding the cultural context of the clinical environment and expectations of them during clinical placements.

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