



MODULE 1: MAKING CONNECTIONS

SOS le Wini Summary Talks

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National Healthcare
Communication
Programme

Module 1

Contents

This document brings together the Module 1 talks from the SOS le Wini reflections. It is intended as a quick reference for staff, showing the Module 1 themes covered across the talks and supporting use in teaching, discussion, and follow-up reflection.

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WEEK 1: SUMMARY

Values in Healthcare Communication

LEARN

Our communication is like a tree. Skills are the trunk and branches; words and behaviours are the leaves. Underneath are the roots: our values – kindness, fairness, honesty, courage, and many others. When the roots are nourished, conversations are more likely to feel human, respectful, and meaningful.

DO

Today, choose one value you want to lean on – for example, curiosity, kindness, or fairness. Look for a single moment with a patient, relative, or colleague where you act from that value, even briefly.

SAY

When you notice that moment, silently name the value to yourself: “*Kindness.*” “*Fairness.*” “*Courage.*” “*Respect.*” A simple name can gently steer how you show up.

REFLECT

At the end of the day, take 30 seconds to recall that moment. Ask yourself: How did it feel to act from my values, even in a small way? Over time, this can strengthen the link between who you want to be and how you communicate, especially under pressure.

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(10 mins approx.)



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WEEK 2: SUMMARY

Self-awareness and Mindful Communication

LEARN

We never listen with completely “empty” minds. Each of us brings our own “cage” – experiences, beliefs, fears, hopes – to every conversation. This cage quietly filters what we hear and how we react. Self-awareness is not about removing the cage; it’s about seeing it so clearly that we are aware of its impact on our perceptions and decisions.

DO

Today, choose one small moment to pause before or during a conversation. Briefly ask yourself: “How am I right now?” Name how you feel in a couple of words – for example, “tired and rushed” or “anxious but trying”. Take one steady breath before you speak.

SAY

When you feel irritated, defensive, or overwhelmed in a conversation, silently say to yourself: “My cage is being activated.” Then, if you can, take three breaths: notice, ground, and choose one value to guide your next response.

REFLECT

At the end of the day, remember one interaction where you noticed how you felt or your cage. Ask yourself: How did that small awareness affect what I said or how I listened? Over time, these brief check-ins can turn reactivity into more mindful, values-based communication.

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(10 mins approx.)



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WEEK 3: SUMMARY

Building Relationships

LEARN

Every interaction adds to or takes from an “*emotion bank account*” in our relationships. Small deposits – a name, a pause, a genuine thank-you – make it easier to get through the inevitable strains of busy healthcare.

DO

Today, choose one relationship – with a patient, family member, or colleague. Make one intentional deposit: a warm greeting, a brief appreciation, or a moment of undivided attention.

SAY

When you make that deposit, use simple, specific words. For example: “*Thank you for your patience with all of this,*” or “*I appreciate what you did there,*” or “*I can see this has been a lot for you.*”

REFLECT

At the end of the day, take 30 seconds to recall that moment. How did it feel to offer that small deposit? Did you notice any shift – even slight – in the connection between you? Over time, these tiny acts can change how safe and supported people feel in your care and in your team.

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(10 mins approx.)



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WEEK 4: SUMMARY

Nonverbal Communication: Presence and Body Language

LEARN

We don't just communicate with words. Our posture, where we face, how we use space, and what we do with our hands and eyes all send powerful messages of safety, warmth – or distance. A small lean in, an open posture, or turning fully towards someone can quietly say, *"You matter. I'm with you."*

DO

Today, in one interaction, make one small nonverbal change: uncross your arms, move the computer aside, or lean in a little when the person shares something important. Turn your head, torso and toes towards them while they speak.

SAY

When you notice a cue of anxiety or blocking – tight arms, fidgeting, gripping the bedrail, very rigid posture – slow down. Softly name what you see, if appropriate: *"This is a lot to take in,"* or *"This must be stressful."* Let your body and your words both signal care.

REFLECT

At the end of the day, recall one encounter where you changed something nonverbal – your posture, your distance, your orientation. Ask yourself: Did it affect how they responded, or how you felt? Over time, these small nonverbal shifts can make your communication feel safer, clearer and more human, even in a busy system.

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(10 mins approx.)



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WEEK 5: SUMMARY

Nonverbal Communication: Voice, Eyes and Gestures

LEARN

Nonverbal skills aren't just about posture and eye contact. In healthcare, your *voice*, your *pauses*, your *micro-cues*, and even your *hands* constantly signal either threat or safety.

DO

Today, pick one encounter and adjust just **one** thing:

- Slow your pace of speech by 10–15%, **or**
- Leave 3 breaths of silence after a hard question, **or**
- Use soft eyes and a few gentle nods, **or**
- Swap fidgeting for one clear, slow hand gesture.

SAY

"May my voice, my silence, my eyes, my face, and my hands all say the same thing: you matter, and you're safe here with me."

REFLECT

Afterwards, ask yourself:

- What changed in *me* when I did this?
- What changed in *them* – their breathing, their eye contact, their willingness to talk?

Over time, these tiny nonverbal shifts add up to a big message: *you are seen, you are heard, and you matter to me.*

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(10 mins approx.)



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WEEK 6: SUMMARY

Non-verbal Communication: Environments, Endings and Congruence

LEARN

Nonverbal communication goes far beyond eye contact and posture. The room layout, your honesty, your own groundedness, your team body language, and the way you end conversations all silently shape how safe and respected people feel.

SAY

"May the space I create, the honesty I offer, the posture I choose, the circles I open, and the way I say goodbye all carry the same message: you matter here."

DO

Today, choose one of these tiny shifts:

- Move a chair or screen so your body is more visible and at eye level, **or**
- Be slightly more honest and congruent ("I've only got a few minutes, and I want to use them well for you"), **or**
- Take three grounding breaths and adjust your posture before a stressful interaction, **or**
- In a team setting, physically open the circle towards a patient or quieter colleague, **or**
- Give one encounter an intentional final 30 seconds of full presence before you leave.

REFLECT

Afterwards, ask yourself:

- What changed in me when I did this?
 - What changed in them – their body language, their willingness to talk, the feeling in the room?
- Over time, these small nonverbal choices become a quiet promise: you are someone I'm willing to make space for.

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(10 mins approx.)



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WEEK 7: SUMMARY

Greetings and Introductions: Building the First Bridge

LEARN

Greetings and introductions are not “extras” – they are how person-centred care begins. A simple, intentional greeting with your name, role, and the person’s preferred name can build trust, reduce anxiety, and open the door to partnership, even in a very busy system.

DO

Today, choose one interaction where you will be especially deliberate about your greeting. Before you enter, pause for a single breath, then:

- Make eye contact if appropriate.
- Introduce yourself by name and role.
- Ask how the person would like to be addressed and use their name during the conversation.

SAY

Use a clear, warm opening phrase, for example:

- “Hello, my name is [first name]. I’m one of the [role]s looking after you today.
- “Good morning, I’m [first name], one of the [role]s here. I’ll be [brief purpose, e.g. ‘checking how you’re recovering today’]. How do you like to be called? Mr Ryan? Or Sean?

REFLECT

At the end of the day, take 30 seconds to recall that greeting. How did it feel to slow down for one breath and introduce yourself with intention? Did you notice any change – however small – in the other person’s response, or in your own sense of connection and professionalism? Over time, these tiny bridges can transform how patients, families and colleagues experience their contact with us.

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(10 mins approx.)



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WEEK 8: SUMMARY

Greetings and Introductions: Towards a Culture of Welcome

LEARN

Greetings and introductions are not just about the individual clinician or healthcare worker and patient. When we include families and supporters, repair missed introductions, show cultural sensitivity, and add a note of empathy to our first words, we help build a wider culture of welcome and trust.

DO

Today, choose one interaction where you will add something extra to your usual greeting. For example, you might:

- Introduce yourself to a partner or family member as well as the patient, and use both names at least once,
- Repair a missed or rushed introduction later in the day,
- Ask someone how they would like to be addressed and adjust your greeting accordingly,
- Add one short empathic phrase to your usual name-and-role introduction.

SAY

Use a clear, inclusive, empathic greeting, for example:

- “Hello, my name is [name]. I’m one of the [role]s looking after you.
- “I’m [name], one of the [role]s here. I realise I didn’t properly introduce myself earlier, and I’m sorry about that.”
- “Hello, my name is [name]. I’m one of the [role]s looking after you. This can be a worrying time – let’s go through things together.”

REFLECT

At the end of the day, take 1–2 minutes to recall one greeting where you tried something different. What did you do? How did the person – or their family member – respond? How did it feel for you? Is there one small element you’d like to carry forward as part of how you greet people from now on? Over time, these small, intentional choices help create healthcare services where people consistently feel more seen, safe and welcome.

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(10 mins approx.)



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