



SELF-AWARENESS TOOL

Developing Communication Competence



Title	NHCP Self-awareness tool. Developing Communication Competence
Document reference number	NHCG-D-038-1
Document developed by	National HR Directorate
Version number	V1
Document approved by	National Healthcare Communication Group
Approval date	June 2022
Revision date	June 2024

Introduction

What is a competency?

A competency describes the critical knowledge, skills, abilities and other attributes that individuals are expected to demonstrate when undertaking relevant tasks, and is a component of ensuring a person's effectiveness in their role.

Competencies

The set of competencies overleaf are based on the different elements of the Calgary-Cambridge Guide and they cover the areas of knowledge, skills and attributes that are needed to take a sensitive and person-centred approach in all conversations with patients and their families.

Your competency

You are already competent in many ways and you may already have the knowledge, skills and attributes to communicate efficiently, effectively and with compassion, with patients, their families and with your colleagues. This set of competencies is offered as a checklist for you to think about how you communicate during your conversations with patients and to identify any areas where you may not feel competent or confident in relation to this work.

Self-awareness tool

This set of competencies translates into a self-awareness tool for you to use to assess your current level of confidence and competence. This assessment will help you to identify what areas you might need to focus on to improve or maintain your communication competency.

COMMUNICATION COMPETENCE

Self-awareness tool

This self-awareness tool is for your own use. Take some time to reflect on the items below and check your score with regard to how you are most of the time in relation to each skill identified.	My level of Confidence/Competence with this: (check appropriate score)			
	Poor	Fair	Good	Excellent
	1	2	3	4

Skills				
Building the Relationship				
Greetings and Introductions				
1. I greet the patient and obtain the patient's name	1	2	3	4
2. I ask how the patient prefers to be addressed	1	2	3	4
3. I introduce myself by name and my role in the patient's care	1	2	3	4
4. I check who is with the patient (name/relationship to the patient) and if the patient consents to that person being involved in conversations about their care	1	2	3	4
Using appropriate non-verbal behaviour				
5. I make and maintain appropriate eye contact with the patient	1	2	3	4
6. I maintain a warm facial expression (smiling if appropriate)	1	2	3	4
7. I face the patient, I have conversations at the patient's eye level, use open body language and open gestures when speaking with the patient and their caregivers	1	2	3	4
8. I use appropriate volume, slow pace and a warm tone of voice	1	2	3	4
9. I maintain focus on the patient while reading, writing notes or working on the computer	1	2	3	4

Demonstrating empathy				
10. I pause when I notice emotion	1	2	3	4
11. I identify the emotion that I see or hear and name it	1	2	3	4
12. I validate by acknowledging the emotion	1	2	3	4
13. I explore to better understand the emotion, or to enquire whether the patient wants to share more	1	2	3	4
Involving the patient				
14. I establish that the patient can hear and understand me	1	2	3	4
15. I share my own thinking with patient to encourage the patient's involvement	1	2	3	4
16. When making contact with the patient (for example during physical examination or when carrying out tasks), I explain the process and ask for permission	1	2	3	4

Initiating the Session				
Preparation				
17. I prepare myself for the conversation (personal appearance/complete any outstanding tasks)	1	2	3	4
18. I prepare the environment for the conversation (check my phone, ensure privacy, have a pen, paper, healthcare record to hand, identify and remove barriers)	1	2	3	4
19. I prepare my information (read records carefully, summarise what I know and consider my agenda for the conversation)	1	2	3	4
Establishing initial rapport				
20. I greet the patient and obtain the patient's name	1	2	3	4
21. I introduce myself, my role and the nature of the consultation	1	2	3	4
22. I check how the patient prefers to be addressed	1	2	3	4
23. I obtain consent if necessary				
24. I demonstrate respect and interest	1	2	3	4
25. I tell the patient what I have done to prepare for the consultation	1	2	3	4

Identifying the reason for the consultation				
26. I begin with an open question to identify the patient's problems or the issues that the patient wants to address	1	2	3	4
27. I listen attentively without interruption to the patient's opening statement	1	2	3	4
28. I elicit and confirm the list of issues to discuss and screen for further problems (<i>'what else?'</i>)	1	2	3	4
29. I negotiate the agenda taking account of both the patient's needs and my own	1	2	3	4
30. I summarise a shared agenda				

Gathering information				
Explore the patient's problems				
31. I encourage the patient to tell their story in their own words	1	2	3	4
32. I screen for other problems and symptoms (<i>'what else?'</i>)	1	2	3	4
33. I regularly summarise to verify my understanding of what the patient has said and invite the patient to correct or provide further information	1	2	3	4
34. I use a mixture of open and closed questions	1	2	3	4
35. I listen attentively without interruption	1	2	3	4
36. I respond to verbal and non-verbal cues from the patient (<i>'you look sad when you talk about your mother'</i>)	1	2	3	4
37. I use concise, easily understood questions and comments and I avoid or explain jargon	1	2	3	4
38. I facilitate the patient's responses verbally and non-verbally, e.g. silence, nodding, using verbal encouragers (<i>mm-mm</i>) and paraphrasing	1	2	3	4
39. I clarify any patient statements that are unclear	1	2	3	4

Understand the patient's perspective				
40. I use ICE (Ideas/Concerns/Expectations) to establish what the patient is thinking	1	2	3	4
41. I encourage the patient to express their feelings (<i>'I can see that this has been frustrating for you'</i>)	1	2	3	4
42. I use open questions to explore the effects of the patient's problems (<i>'how is this affecting you?'</i>)	1	2	3	4
43. I establish dates and sequence of events	1	2	3	4

Explanation and Planning				
Provide the correct amount and type of information				
44. I assess the patient's starting point	1	2	3	4
45. I give information in manageable chunks and check for understanding	1	2	3	4
46. I ask the patient what information would be helpful	1	2	3	4
47. I give explanation at appropriate times: and avoid giving advice or information prematurely	1	2	3	4
Aid recall and understanding				
48. I use concise, easily understood language, and I avoid or explain jargon	1	2	3	4
49. I speak slowly	1	2	3	4
50. I organise the information and signpost (<i>'There are 3 important things, 1st... 2nd...'</i>)	1	2	3	4
51. I use repetition and summary to reinforce information	1	2	3	4
52. I use visual methods for conveying information: diagrams, models, written information and instructions	1	2	3	4
53. I check the patient's understanding of information given or plans made (<i>'what questions do you have for me now?'</i>)	1	2	3	4

Incorporate the patients perspective				
54. I relate explanations to the patient's ideas, concerns and expectations	1	2	3	4
55. I respond verbal and non-verbal cues from the patient and acknowledge them as appropriate (' <i>you look worried</i> ')	1	2	3	4
56. I encourage the patient to ask questions, seek clarification or express doubts	1	2	3	4
Shared decision-making				
57. I share my own thinking (I define the problem and find out the level of involvement the patient wants)	1	2	3	4
58. I explore options with the patient (present the options, discuss pros and cons and explore patient values and preferences)	1	2	3	4
59. I negotiate a the plan (I check the patient's understanding and together we make or explicitly defer the decision)	1	2	3	4
60. I check with the patient (have their ideas, concerns and expectations been addressed/ask for any additional questions and make plans to review the decision in the future)	1	2	3	4

Closing the Session				
Forward Plan				
61. I agree next steps for me and for the patient	1	2	3	4
62. I emphasise support	1	2	3	4
63. I discuss what to do if the plan is not working, when and how to seek help (safety netting)	1	2	3	4
64. I am clear on where the patient can find information	1	2	3	4
65. I offer a written summary, instructions or notes (if applicable)	1	2	3	4
Ensure appropriate point of closure				
66. I briefly summarise what was discussed	1	2	3	4
67. I clarify the plan of care	1	2	3	4
68. I check the patient agrees with and is comfortable with the plan	1	2	3	4
69. I ask for any additional questions	1	2	3	4
70. I ask the patient to tell me the most important things they will take from the consultation	1	2	3	4

Providing Structure				
Making organisation overt				
71. I agree the agenda at the beginning of the consultation	1	2	3	4
72. I summarise throughout the conversation to confirm understanding before moving on to the next section	1	2	3	4
73. I signpost the transition to each section of the consultation (<i>'Ok, so now let's talk about'</i>)	1	2	3	4
74. I clarify for family members how the conversation will proceed	1	2	3	4
Attending to flow				
75. I apply a logical structure to the conversation	1	2	3	4
76. I keep to time	1	2	3	4

Strengths and priorities for development

Summarise the results of your own observation and any reflection on your communication skills in the table below.

Strengths	Priorities for development
1.	
2.	
3.	
4.	

If you have identified a development need for yourself, check what type of need it is – skills, knowledge or attitudes/attributes as different needs will have different solutions as follows.

- A knowledge related need can be address through reading and/or education.
- A skill related need can indicate the need to practice new ways of doing things.
- An attitude/attribute related need can be more difficult to meet and may require more in-depth work like coaching or mentoring. In some cases however, it is just a question of acquiring and practicing skills.

Thank you for completing this document.

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