



College of Occupational
Therapists of Ontario

PRESCRIBED REGULATORY EDUCATION PROGRAM: COMMUNICATION

PREP 2015 – COMMUNICATION

THIS MODULE FOCUSES ON BUILDING AND MAINTAINING RELATIONSHIPS THROUGH COMMUNICATION

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INTRODUCTION

Health care professionals frequently communicate with clients and team members. Their communication affects the quality of their working relationships, their personal job satisfaction and, equally, client safety. Yet, communication training for health care professionals has received little attention.

Patient surveys reveal that client satisfaction is directly linked to the ability of health care workers to communicate and be perceived as professional. Conversely, poor communication and unprofessional behaviour is often the root cause of client complaints to regulatory colleges.

Studies show that the clinician's ability to explain, listen and empathize can have a profound effect on biological and functional health outcomes as well as patient satisfaction and experience of care. Further, communication among health care team members influences the quality of working relationships and job satisfaction, and has a profound impact on patient safety. Given the wealth of evidence linking ineffective clinician-patient communication with increased malpractice risk, non-adherence, patient and clinician dissatisfaction, and poor patient health outcomes, the necessity of addressing communication skill deficits is of utmost importance.

– Institute for Health Communications, *Impact on Communications in Health Care*.

Building a relationship is an important factor in delivering quality client care. In fact, research shows that a good relationship between the OT and client influences the effectiveness of treatment.¹ Equally, maintaining good working relationships with peers, clients and interprofessional team members influences job satisfaction.

This module provides occupational therapists (OTs) with guidance and advanced communication techniques that they can use to build and maintain strong relationships with clients, co-workers and others. It covers how to build and maintain relationships by relying on the two main components of communication:

- *what* you communicate
- *how* you communicate

Part 1 focuses on how *what* we communicate affects relationships. It examines what it looks and sounds like to communicate in a timely, evidence-informed and accurate, transparent and culturally sensitive way.

Part 2 highlights building and maintaining relationships by *how* we communicate. It explores what it looks and sounds like to communicate in a manner that is personable yet professional, respectful and empathetic. Particular attention is given to communicating in client interviews.

1 (Fleming, Mattingly)

Part 3 concentrates on how OTs can utilize what they say and how they say it in two of the most challenging situations they face: advocating for clients, and preventing and managing conflict, particularly with co-workers and on interprofessional teams.

This module addresses everyday communication questions that OTs face, such as:

- How will I tell my client that she doesn't qualify for a scooter?
- How can I tell my boss I've made a mistake?
- My occupational therapist assistant has forgotten to chart again. What am I going to say to her?
- More budget cuts. How will I tell my team?
- The team is ignoring my recommendations – again. How can I run the meeting more effectively?
- How do I tell a team member I'm uncomfortable with giving him a reference?
- What is the best way to tell my students they're not meeting the expectations of the placement?

a) Learning Objectives

When you have completed this module, you will be able to:

1. Articulate why effective communication is a fundamental principle of client-centred, ethical and safe occupational therapy practice.
2. Recognize the behaviours that support and demonstrate effective communication in professional relationships with clients, interprofessional team members and other key stakeholders, as described in *Essential Competencies of Practice for Occupational Therapists in Canada*.
3. Further understand your obligation to be ethical and professional when communicating with clients, team members and other stakeholders.
4. Identify the key aspects of effective communication throughout the service provision process.
5. Apply your knowledge to identify and manage potential communication challenges

b) Reflective Practice Exercise 1 (optional)

The College of Occupational Therapists of Ontario (the College) will not review the results of your self-evaluation or take them into consideration during Quality Assurance (QA) processes. Take a moment to assess your communication practices by following these five steps.

1. Reflect on your current skill level.
2. Consciously identify your communication strengths.
3. Articulate areas in which you would like to improve.
4. Direct your learning.
5. Focus on the specific communication skills you need in practice.

The following exercise will help you identify areas that you may want to focus on when you review this PREP module. (To save your results online, click "Save".) In this exercise, consider how often you demonstrate the following behaviours.

Question	Not at all	Some-times	Often	Always
Timely Communication				
I acknowledge receiving correspondence as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I will be delayed in responding, I tell the person when he or she can expect a reply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I document client interactions within hours of providing service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I submit reports and documents on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I consider the level of importance of the correspondence to help determine the timeliness of my reply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completeness of Documentation				
My documentation concisely tells the full story of support others' understanding of the services I provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I write a memo or email, I provide sufficient background information to ensure my message is understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others understand the rationale behind my documented recommendations and actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-informed and Accurate Communication				
I state my personal opinion without validating my position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I refer to literature and evidence-informed practice when conversing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I quote articles and research studies in written information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I double-check that information is accurate before I share it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I restate what I heard to clarify the meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transparent Communication				
I independently take action to communicate to others if I've made a mistake or error.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I apologize for mistakes or errors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I communicate my reflection of the root cause of the mistake or error.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make sure my clients understand all of the information they need to make an informed decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Question	Not at all	Sometimes	Often	Always
Building and Maintaining Professional Relationships				
I consider cultural beliefs that may affect my communications with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I maintain eye contact when conversing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use a person's name several times during an exchange.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recognize the need for privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cross my arms over my chest when conversing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lean slightly forward and face the speaker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I talk before thinking of others' feelings and perceptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I invite questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before I take action, I think of the best way to communicate (for example, in person or by email, memo or phone).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I share my personal information with my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to smile while conversing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sit down when conversing if the other person is sitting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to say what I think without first thinking of the potential reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of my body language and the message it conveys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Do I Communicate?				
I feel the need to share my personal experience to communicate my understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need to fill silence during conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rephrase the information to validate I was actively listening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish people's thoughts or sentences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I start to speak before someone is finished speaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question	Not at all	Sometimes	Often	Always
How Do I Communicate? (continued)				
My thoughts wander during conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about what I'm going to say next to ensure that my view is heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set aside distractions during conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People lose interest in what I am saying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to do most of the speaking during interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I frequently say please, thank you and you're welcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I nod to signal my understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I ask open-ended questions to encourage conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use the words "I" and "me" when describing my thoughts and feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recognize non-verbal cues and watch the other person's body language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use visuals, such as charts and pictures, to support my communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How Do I Communicate in Challenging Situations?				
I invite others to share their perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am quick to assign blame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To develop consensus, I confirm the group's common goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recognize when someone wants to talk but does not contribute to the conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get defensive when I hear constructive feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now that you have reflected on these statements, consider if you would change your responses as you progress through the module.

PART 1: WHAT YOU COMMUNICATE

To present as a professional, contribute to good working relationships, ensure client safety and actively promote job satisfaction, your communication must be timely, evidence-informed and accurate, transparent and culturally sensitive.

a) Timely Communication

OTs are legislated to ensure they share information in a timely way. *The Occupational Therapy Act, 1991* states: “Failing, without reasonable cause, to provide a report or certificate relating to an assessment or intervention performed by the member, within a reasonable time, to a client or the client’s authorized representative after the client or authorized representative has requested such a report or certificate” constitutes professional misconduct.

Timeliness depends on the situation. In insurance, “timely” means submitting a claim within 10 days. At a hospital, “timely” means immediate documentation of a critical incident.

The following case that the College’s Investigations, Complaints and Reports Committee heard demonstrates how untimely communication affects clients, co-workers and job satisfaction.

CASE STUDY #1: Untimely Flow Sheets

A senior OT reported concerns regarding a Registrant’s communication with the rehabilitation assistants; namely, she did not regularly obtain feedback from them or document that she had reviewed their flow sheets. As well, the OT did not write discharge notes for three patients until five or six days had passed.

In responding to the College investigator, the Registrant acknowledged that it is her responsibility to check the flow sheets. She reported that she had initially signed the flow sheets, but did not review them on a consistent basis because she kept forgetting to. The OT believed that she improved her communication with the rehabilitation assistants once she began checking the flow sheets every other day.

Regarding the late discharge notes and other incomplete documentation, the Registrant told the investigator that, at times, her charts and notes lacked information because she was stressed or rushed, and did not take enough time to be thorough. The OT said she could not keep up with the work because it is too fast paced and stressful.

Clearly, this Registrant’s lack of timely, complete written documentation affects both her team members’ ability to deliver quality client care and her workplace’s ability to record important processes, such as client discharge. Not only does the Registrant’s lack of essential workplace communication skills compromise her clients’ care, it undermines her working relationships with team members.

What communication techniques could this OT have employed to prevent this complaint? Having recognized that the work is “too fast paced and stressful,” she might have been more transparent about her difficulties.

- Speaking to her team lead, she could use “I” and feeling statements to take ownership of the problem. For example, she could have said: “I have been feeling stressed lately.” Or, “I’m having problems keeping up with the paperwork, and I don’t like feeling behind in my work.”
- Then she could ask for advice: “I would appreciate working on a solution with you.”
- She could also consult with her team members about the strategies they use to manage the caseload demands.

b) Evidence-Informed and Accurate Communication

OTs practise evidence-informed communication when they ensure that the information they convey – orally or in writing – is guided by and reflects the best available research and information. The phrase “patient appears to,” for example, is not evidence-informed without supporting observations, measurements or facts.

Good evidence identifies the potential benefits, harms and costs of an intervention, and may be qualitative or quantitative. It can come from population health statistics; scientific, peer-reviewed journals and publications; evaluation reports and/or locally collected data. OTs are expected to base and support their care recommendations on accurate information and best practices. This expectation affects what they say, write and post online.

An OT ought to use:

- Phrases such as “I’ve just read...,” or “The College’s *Code of Ethics* says...,” or “Last year, CJOT published...,” to back up an opinion;
- Suitable references or quotations from articles to recommend a course of therapy to a client; and
- Weblinks to published research or best practice publications to educate a client.

Professional opinions must always be informed. Disregarding this expectation can lead to a professional misconduct complaint, such as the one below.

CASE STUDY #2: Explaining Your Reasoning

In 2013, the Health Professions Appeal and Review Board confirmed and upheld the decision of the Inquiries, Complaints and Reports Committee of the College of Psychologists of Ontario to caution and advise one of its members. The caution: “In providing any psychological service, it would be prudent to take greater care to explain the reasoning behind your opinions, state what they are based upon and indicate the degree of certainty of your conclusions.”²

In 2011, the psychologist was asked to determine whether the applicant would be a good candidate for cognitive behavioural therapy (CBT) counselling and to comment on the likelihood of CBT assisting the applicant to return to work. In her letter and report to the insurer, the psychologist “gratuitously commented on the applicant’s physical impairments, which were outside her scope of practice,”³ and “commented on the applicant’s psychological functioning without information to support her opinion.”⁴ As well, the member’s “choice of wording of ‘a lovely five-week trip’ in her report was unfortunate and might lead the reader to conclude she was being judgmental or sarcastic.”⁵ Specifically, the member wrote: “While it is not possible for me to comment on the legitimacy of [the applicant’s] physical impairment, I had to consider that she may not be entirely truthful about her level of pain and deficiency since she just recently returned from a lovely five-week holiday in Costa Rica. Such extensive travel would be impossible for someone whose functioning was so severely impaired.”⁶

In this case, the psychologist crossed a professional boundary by commenting on her client’s physical impairment and pain, and by drawing conclusions about how the impairment affects what the client can do (that is, travel). By using the adjective “lovely” to characterize her client’s travel, the psychologist expressed a tone of disbelief and sarcasm that undermines the two communication hallmarks of a helping professional – respect for and understanding of the client.

The Board upheld the College of Psychologists’ advice to its member: “When expressing yourself as a professional, great care must be taken to provide opinions objectively, neutrally, respectfully and with sensitivity to the experience of the person being assessed.”

² (Health Professions Appeal and Review Board, page 11)

³ Ibid, page 8

⁴ Ibid, page 8

⁵ Ibid, page 7

⁶ Ibid, page 3

c) Transparent Communication

Transparency has been described as the most powerful driver of health care improvement and reform. The College defines transparency as full disclosure, which ensures integrity in relationships with clients, other professionals and society at large. Legislation such as the *Apology Act, 2009*, and the College's *Professional Misconduct Regulation* and standards also require transparency.

“Transparent practice requires full disclosure, which ensures integrity within the client/therapist relationship and requires clear, open and thorough communication. It is inappropriate to withhold information, intentionally or not, that may impact the client’s ability to become involved as an informed participant. We are responsible for ascertaining the nature and extent of information to be shared and with whom it needs to be shared. Transparency never substitutes for accountability – it supports it.”

– *Conscious Decision-Making in Occupational Therapy Practice (COTO, 2012)*

Information on government, organizational and individual performance is now available to the public. Websites post disciplinary histories of individual health care professionals, and the government makes available hospital performance outcomes. Even medical errors are reported.

Transparency, then, promotes trust and encourages health care improvement from an individual and system level. If you do not report an error, how can you promote client safety and system changes to prevent the error from occurring again? Without acknowledging a personal conflict of interest, how can you maintain a level of trust with clients or co-workers? How can clients make sound decisions if they are not fully informed and aware?

At times, it is difficult to be fully transparent, especially in situations in which the outcome for you or others may be unpleasant. OTs, though, have a moral and ethical responsibility to be transparent.

In the following two scenarios, the communication strategies promote transparency and minimize the interpersonal risk to relationships.

Scenario 1: Transparency With a Client

Your client would like to have a scooter to improve his independence but cannot afford one without funding from the provincial Assistive Devices Program (ADP). You complete your assessment and find that the client does not meet the eligibility criteria for this funding program.

This scenario presents a professional and/or interpersonal risk. You fear that when your client hears the results, he'll be upset and no longer want to work with you. The solution is a clear, transparent, stepped explanation.

1. *Explain the background information.* “ADP is set up to give everyone the same chance at getting a scooter. It has a set of criteria to determine who gets funding assistance. The criteria are X, Y and Z.”
2. *State the facts.* “I did the assessment with you and, unfortunately, you do not meet the ADP criteria.” Then show the client the ADP criteria and your objective assessment findings.
3. *Empathize with your client’s situation.* “I realize you were really hoping to have a scooter for your outings. It is really too bad that it won’t work out with this program.”
4. *Offer a remedy.* “Let’s see if we can find another way to get you out in the community.”

Scenario 2: Transparency With a Co-worker

You are a team lead within an allied health team. John, an OT, tells you he is applying for a position in another department and asks you to be a reference. You know that John has been working with your manager to improve his interprofessional communication and break his habit of arriving late at meetings. While you think John may do better in another position, you want to be up-front with the other department about the OT's challenges.

This scenario presents a professional and/or interpersonal risk. You fear that your co-worker will blame you if he doesn't get the job. The solution is to be transparent in your intention to write an honest, accurate reference. Speak with the OT about what you will include in the reference letter and how you will respond to questions from the other department.

1. *Be forthright.* "John, I want to support you in your professional development, and I will be a reference for you. However, I feel obligated to be honest about your communication challenges on our team." John may respond, "Can't you help me out here? We OTs should support each other, and I know that this new position will be a better fit. A good reference from you really means something."
2. *Use the "broken record" technique.* Repeat what you've said: "I need to be truthful, John. If you'd still like me to be your reference, I will be. But I will have to share some of the details about your work if I'm asked."

d) Culturally Sensitive Communication

Culture is a way of life for a group of people. It unites and defines them and can include dress, language, religion, rules and norms of interaction, beliefs and values. Organizations, institutions and professions have cultures, too. OTs can identify with cultural values such as caring, empathy and respect.

While OTs cannot possibly know all of their clients' cultures, they can be mindful of how they communicate. Use these strategies when communicating with clients whose first language is not English.

1. Speak plainly and in short sentences. For example, minimize the use of the words "and" and "but" because they lengthen sentences.
2. Avoid stereotypes and personal bias.
3. Avoid jargon, slang, abbreviations and acronyms.
4. Understand that in many cultures "yes" doesn't always mean yes. It may, for example, mean maybe⁷ or "I'll consider it."
5. Ask the client to summarize what you've said to ascertain that he or she has understood.
6. Write out instructions, directions, appointments, and other complex or important information. Again, simple, formal, short sentences are most likely to be understood.

Clients may also have habits and practices that influence how you communicate with them and how you interpret their responses. Here are some examples of well-documented cultural differences.

1. *Greetings.* Does your client's culture commonly shake hands? If so, do both men and women greet with a handshake? Have you confirmed how your client would like to be addressed?
2. *Smiling.* Does your client's culture greet with a smile? Some cultures think it's rude to smile in public.
3. *Use of space.* Is your client's sense of "social space" (the physical distance between people during conversation and interactions) larger or smaller than yours?⁷
4. *Eye contact.* How does your client's culture use eye contact? Some cultures use intermittent eye contact while others use more constant eye contact⁸
5. *Hand gestures (e.g. pointing).* Does your client's culture use a finger to point or their whole hand and hold their palm up? Some cultures use their chins – using a finger is considered extremely rude.

People from other cultures may give different listening cues (for example, nodding or leaning towards the speaker) and have different rules for listening.

7 (Forbes)

8 (Forbes)

PART 2: HOW YOU COMMUNICATE

In the words you choose and the non-verbal behaviours you display, it's expected that you communicate in a personable and professional, respectful and empathetic manner. "It is the manner of the helper, not his theory or technique, that communicates understanding and fosters growth."⁹

a) Personal and Professional Communication

Because most occupational therapy practice focuses on identifying and overcoming client challenges, OTs often get to know multiple aspects of their clients' lives. Professional standards around maintaining professional boundaries are clear. The College defines a boundary as "the implicit or explicit demarcation separating the professional relationship with a client from one that is personal."¹⁰ Its *Standards for Professional Boundaries* states that OTs are committed to "undertake active and ongoing self-monitoring of their actions in, and response to, the therapeutic situations they encounter and their interactions or interpersonal relationships with clients."¹¹ It goes on to say that an OT is obliged to "assume responsibility for anticipating, establishing and maintaining appropriate boundaries with his or her clients, regardless of the client's actions, consent or participation."¹² Further, it states that OTs are required to "establish appropriate boundaries with families, caregivers and partners of clients at the outset and maintain them on an ongoing basis and beyond discharge."¹³ The College also cautions OTs against inappropriately disclosing their personal information or emotional concerns to the client.

How can OTs foster and maintain a friendly but professional relationship with clients? This scenario outlines an everyday ethical dilemma and offers a personable yet professional response.

Scenario 1: Maintaining Professional Boundaries

You're meeting a client, Amrita, for the third time. In the course of conversation, you discover that you both have children the same age. Amrita asks where your children go to school, what their interests are and how they're doing at school. You start to feel uncomfortable with the increasing inquisitiveness of these personal questions.

If you feel this kind of information crosses a professional boundary, what do you say that will enable you to remain personable but will continue to build your rapport with the client? You could say, "Amrita, it's great to hear about your children and thank you for asking about mine. Because this is your therapy time, I'd really like to focus on your goals and needs."

b) Respectful Communication

"It is most difficult to convince someone that you respect him by telling him so, you are much more likely to get this message across by really behaving that way... Listening does this most effectively."¹⁵ This profound observation by communication scholars Carl Rogers and Richard Farson underscores the meaning behind the phrase "showing respect." You can demonstrate respect by using a range of verbal and non-verbal communication techniques, including active listening.

The following case study comes from an OT practising in Ontario. The communication skills that contribute to respect are italicized and numbered.

Unless we consciously train ourselves to be effective listeners, most of us will only listen at 25% efficiency.¹⁴

9 (Carkhoff and Berenson)

10 *Standards for Professional Boundaries*, page 3.

11 *Ibid*, page 2

12 *Ibid*, page 6

13 *Ibid*, page 6

14 (Husman et al.)

15 (Rogers and Farson, page 4)

CASE STUDY #4: The Defensive Client

A third party refers a client for an assessment of his function and clarification of his diagnosis, and to develop a plan for his return to work. The OT proceeds with the process of obtaining consent from the client for the assessment, including *clearly outlining the OT role and the purpose of the assessment, and the consequences of participating or not participating (1)*. The client initially says little, and then signs the consent forms. The OT *observed (2)* the client was visibly angry as demonstrated by his body posture, disrespectful language, raised voice and tone. The client expresses suspicion and defensiveness through his comments and body positioning, making it difficult to establish a rapport for the assessment.

The OT knows that if she proceeds without taking the time to understand the client's present state and concerns, validate his feelings, and clearly explain expectations and outcomes, she will not be able to obtain objective assessment results. In picking up the cues from the client presentation, the OT *puts aside the assessment forms, demonstrating to the client that she wants to create a rapport for the purpose of having a meaningful conversation and assessment (3)*. She *then asks the client open-ended questions to better understand the root of his anger and suspicion so she can address his concerns (4)*. She *clarifies her role in the assessment and respectfully explains the appropriate code of conduct (5)*, for example, no swearing, uttering threats or yelling.

By asking questions – such as “Can you help me understand?” – and validating the client's emotions and statements (6), the OT demonstrates that she has an appreciation of the client's perspective and experience.

The OT employed six distinct communication techniques to demonstrate respect. She set out roles and expectations, observed the client's feelings and asked open-ended questions.

Two Court Cases: Disrespectful Communication

Across the health care professions, discipline and complaint committees receive many cases of disrespectful behaviour that stem from inappropriate communication.¹⁶ Disrespectful communication can erode, if not destroy, client trust and rapport. It can also overshadow other team members' care and even threaten client safety. Here are two instances of unprofessional communication.

1. In 2013, the College's Inquiries, Complaints and Reports Committee issued an OT a Specified Continuing Education and Remediation Program (SCERP) on communicating with clients. A client had complained that he found “her demeanor and behaviour to be disrespectful, intimidating and unprofessional.” He wrote that he had “never felt so humiliated or intimidated before his interaction with [the OT], and had never felt that anyone suspected him of not telling the truth.” The College encouraged the OT “to be aware of the potential negative effect of repetitive questions on client communication.” It advised that “adequate time ought to be given to a client to form his or her own response.” The College also reminded the OT that health care professionals need to be sensitive to how much time clients with cognitive impairment might need.
2. In 2002, the Nova Scotia Court of Appeal upheld the decision of the Registered Nurses Association of Nova Scotia that “rude and abusive conduct towards patients, including breach of confidentiality”¹⁷ warrants registration revocation. In this case, the member used derogatory language in speaking to an elderly patient; used excessive force in returning a patient to bed; disclosed confidential information about one patient to another; showed a lack of concern and diligence in the overnight care of a patient whose condition was worsening; spoke disrespectfully to the same patient while attempting to medicate him; was rough in his physical handling of the same patient; spoke disrespectfully to another patient who was found on the floor of her room; and used excessive force in an attempt to straighten a male patient's contracted arms and shoulders.

Respect is a vital link between the health care professional and the client.

¹⁶ (Steinecke)

¹⁷ (Nova Scotia Court of Appeal)

c) Empathetic Communication

Empathy is defined as an appreciation, understanding and acceptance of someone else's emotional situation. Empathetic (or empathic) communication, also known as active listening, is the set of verbal and non-verbal communication techniques that include reflecting and validating the other person's feelings, asking questions and paraphrasing. You can use this skill-set with clients, co-workers and the members of your interprofessional team.

Attentiveness – demonstrating that you are present in the moment and ready to give your full attention – is a prerequisite of all relationship building and needs to be done consciously. Rogers and Farson explain that by consistently listening to a speaker, you are conveying the idea: “I’m interested in you as a person, and I think that what you feel is important. I respect your thoughts, and even if I don’t agree with them, I know that they are valid for you. I feel sure that you have a contribution to make. I’m not trying to change you or evaluate you. I just want to understand you. I think you’re worth listening to, and I want you to know that I’m the kind of a person you can talk to.”¹⁸

You can show attentiveness and warmth through a range of non-verbal and verbal behaviours. This section examines the package of attending behaviours that signal you are preparing and prepared to listen.

Non-Verbal Attending Techniques

Excellent listeners know that listening engages the mind, heart and body. They give the speaker their full, undivided attention. Remember these tips as you listen to clients, peers and other professionals.

1. *Prepare yourself to listen.* Relax. Turn your attention to the task of listening.
2. *Minimize internal distractions.* Put other thoughts – What else do I need to do today? How many emails do I have? Will I get caught in traffic? – out of your mind. If these thoughts keep pushing up, let them go and re-focus your attention on the speaker.
3. *Minimize external distractions.* Unless you’re taking notes, put down your pen, turn off your cellphone and close your laptop. These implements can be a distraction and undermine your focused listening and relationship with the speaker.
4. *Stop talking.* Just listen without interrupting.
5. *Use your body.* To express your undivided attention, face the speaker, sit up straight and lean forward.
6. *Put the speaker at ease.* Maintain eye contact and nod or gesture to help the speaker know that he or she can speak freely and fully.
7. *Focus solely on what the speaker is saying.* Try not to think about what you’re going to say next. The conversation will follow a logical flow after the speaker makes his or her point.
8. *Keep an open mind about speaking styles.* Everyone has a unique speaking style. Some focus on details; others like getting right to the point. Some people are animated; still others are demure. Ignore speaking styles as best you can. Instead, focus on the message.
9. *Keep an open mind about the message.* Wait until the speaker has finished talking so you don’t jump to conclusions or prematurely decide that you disagree.

“If we were supposed to talk more than we listen, we would have two tongues and one ear.”

– Mark Twain

We speak at the rate of 175 to 200 words per minute, but can listen and process more than 600 to 1,000 words per minute. Therefore, we have a tendency to stop listening and start thinking about what to say next.¹⁹

Adults spend 70% of their waking hours communicating of which 45% is spent listening, 30% speaking, 16% reading and 9% writing.²⁰ We listen, then, more than any other communication activity and almost as much as all the others combined.

18 (Rogers and Farson, page 4)

19 (“How to listen”)

20 (Adler, page 178)

Verbal Attending Techniques

During client interviews, OTs exercise their mandate to communicate personally, professionally and with empathy. A study found that OTs speak 50% of the time during the initial interview.²¹ The researcher found that using a short question-answer sequence, clients were not encouraged to be self-revealing, a key factor in the relationship-building component of the initial interview. In addition, the OTs in the study did not encourage discussion of subjective material.

Researchers have determined that interviewers should speak 20% of the time and listen 80% of the time. All 20% of the speaking that OTs do needs to support the relationship while getting the needed information.

Imagine, for a moment, what clients may think and feel as they prepare to meet their OT for the first time. The literature reports that clients may need more reassurance from OTs than from other health care professionals. For example, clients may not be ready for therapy, feel pessimistic toward treatment in general, be unsure of what occupational therapy has to offer, have concerns unrelated to the presenting problem, or perceive that occupational therapy is limited to such activities as arts and crafts, which they do not value.²²

Consider the client's perspective. A client may arrive with many unanswered questions, such as:

- What does an OT do?
- What are an OT's qualifications?
- Can an OT make decisions about my care, such as where I live?
- What happens if I disagree with the OT?
- Do I have to follow the OT's advice?
- How will the OT help me?
- How much do the services cost?
- How much time will this visit take?
- How many times do I have to see this person?
- How does the OT report to my insurance company and doctor?
- Can I ask to see another OT if I want?
- Will the OT understand my situation?

Since clients tend to need information and reassurance, it's important that OTs speak only 20% of the interview time. To build immediate trust and rapport, the OT should use empathetic communication techniques.

Preparing for the Initial Client Interview

What would the "best" initial client interview look like? Let's script it:

1. *Set up an inviting interview space.* A round table or two chairs placed at a 90-degree angle at the desk corner will promote collaboration between you and the client. If you are going to a client's home, sit appropriately close to the client, keeping in mind cultural differences in the use of space. If you are meeting with more than one person, try not to sit directly across from anyone, which can be perceived as confrontational.
2. *Be alert to non-verbal communication.* Minimize internal and external distractions, use eye contact and gestures, lean forward, face the speaker and, when appropriate, stop talking to indicate your full attention.

²¹ (Lloyd)

²² (Lloyd)

3. *Put the client at ease.* The client may be nervous or apprehensive. Try a quick ice-breaking question, such as:

- “Did you have trouble finding the location?”
- “Are you comfortable?”
- “Is it too warm in here?”
- “Is this a good time for me to see you?”

You may also want to anticipate some of the client’s questions by asking them yourself. For example, you might ask, “Have you been to an OT before?” If the client has, invite the client to tell you about his or her experience. If the client has not seen an OT before, say, “Let me tell you briefly what an OT does.” Have ready a description that is simple, clear and takes only a couple of minutes. If the client has cognitive issues, you may need to allow more time.

4. *Direct the interview.* You can and should preview the time constraints and top goals with the client. For example, you might say, “We have 10 minutes together, and I’d like to hear about the accident.” Manage the tone of the relationship so it remains professional and supportive.

After the opening dialogue, use relationship-building techniques that constitute empathetic communication.

1. Ask questions to encourage your client to talk

Using a variety of questions will encourage your client to talk more, enabling you to reach the goal of having the client do 80% of the talking. Here are some sample questions.

- “*Could you tell me how your accident happened?*” Research shows that “could” questions encourage clients to speak longer. “Could” questions also promote trust because you are giving the client the choice to speak.
- “*What are some of your symptoms?*” “What” questions encourage fact-sharing.
- “*How do you feel about not being able to drive?*” “How” questions help disclose emotions. “How did that happen?” can help disclose sequences.
- “*Why don’t you like your work?*” “Why” encourages the client to look inward to discover personal motivations. You may wish to reserve “why” questions for after the initial interview because they probe for deeper meanings.

Of course, closed questions – such as “Do you...?” “Did you...?” “How often...?” and “How many...?” – have their place in the question repertoire. They “prospect” short, concise answers.

2. Paraphrase to demonstrate understanding

When clients speak, paraphrase in your own words what you’ve heard. Paraphrasing increases trust and rapport by assuring the client that you’ve paid close attention to what he or she is sharing.

Step 1: As the client speaks, use “nudging” language to confirm that you are listening. Try:

- “Yes.”
- “Uh huh.”
- “Go on.”

Step 2: After the client has finished speaking, paraphrase what you’ve heard. Use verbal scripts such as:

- “So, if I understand you correctly...”
- “If I followed you correctly, I heard you...”
- “You said that ...”
- After paraphrasing what you heard, ask, “Is that right?” or “Is that what you said?”

When you paraphrase, use key words from the client's account. For a powerful personal confirmation, use "you" or the client's name.

3. Reflect and validate feelings

Now that the client knows that he or she can speak freely and at length, and that you have confirmed your understanding, the client may disclose further and tell you how he or she feels. Research suggests that in as little as 40 seconds, a person can express empathy that helps develop rapport and trust. To reflect a client's feelings, you need only say what you observe. For example:

- "I can see this upsets you."
- "Sounds like you are feeling sad."
- "I get the sense that you are frustrated about ..."

Make sure you name the feeling, use "I" or "you" and, when appropriate, contextualize the feeling with a paraphrase, such as, "I can see that you are frustrated about having to use a cane."

Once the client has finished speaking, confirm and validate the feeling with a phrase such as:

- "I can certainly understand why you'd be upset about this."
- "This would be frustrating for anybody."
- "Anyone would find what you've had to face very difficult."

4. Summarize and invite collaboration

As the client recognizes that you are attentive and empathetic, he or she will be more open to your therapeutic advice and direction. Research shows that "when patients feel that they have been able to express themselves fully (feelings, opinions, information), they later have improved health and functional status."²³

Summarizing clarifies and confirms the client's thoughts and feelings, and provides a stepping stone to collaborating on the next steps in the therapeutic process. Here are common ways to announce a summary:

- "So, let's review what has happened to you, where you are right now and how you feel about it."
- "Today, we've talked about..."

Confirm that you've summarized correctly:

- "Have I included everything?"
- "Is that right?"
- "Have I missed anything?"

Then, you can invite the client to collaborate in a therapeutic care plan.²⁴

The following case study is based on an OT's notes. The skills that contribute to empathetic communication are italicized and numbered.

CASE STUDY #5: A Client's Role in the Family

An OT is treating a female client who has two adult-aged children living at home. The client has been referred to address issues of chronic pain. The OT has been working with the client for almost two months with the goal of increasing her activity level, tolerance to physical activity and self-efficacy in performing daily activities. The client is not meeting any of the goals, although she says she's trying to implement the

For OTs to view the whole person, they need to learn about the client's beliefs and values and to gain an appreciation of what the disability has meant to that individual's life.²⁵

23 (Stewart)

24 For further information, refer to the College's *Standards for Consent* at www.coto.org/pdf/coto_standards_consent_2008.pdf

25 (Schwartz)

therapy strategies at home. Six weeks into treatment, the client's children attend the appointment with their mother to voice their concern that the OT is "pushing" their mother, something the client has not indicated.

With the client's consent, the OT reviews the treatment and progress to date with the purpose of exploring the family's concerns. Through a series of *open-ended questions (1)* to encourage the children to voice their concerns, it becomes clear that while the mother has agreed to the initial treatment goals, there is a "disconnect" with the children about what the treatment should entail. When the OT *asks the children (2)* what they feel would be best for their mother given her presentation and current health status, they say they feel that their mother should be allowed to rest and recover at her own pace.

The OT *asks the children further questions (3)* about what that would look like. The children respond that they prefer their mother staying in bed in her room, reading or watching TV until she feels better. The children have assumed all of the home-related duties, including cooking, homemaking, shopping and cleaning. They take time off work to drive their mother to appointments. The OT then *tentatively asks the children (4)* what kind of activities the mother did prior to her injury, to which they respond, "Everything!" The children say that their mother has worked very hard for them and the family, and now it's their turn to take care of her. The mother is quiet throughout the conversation.

The OT then *asks the mother to reflect (5)* on how she feels about her activity level before and after the injury. Before the injury, the mother presents herself as active and busy, independently taking care of others and the home. Since the injury, she has had to reduce her activity level, initially due to pain, and rely on others to do the work she had previously done. The mother then becomes tearful, stating that she doesn't feel useful to anybody anymore because she can't do anything, feels useless and has no purpose in life. The children become upset on seeing their mother cry and voice their frustration and anger with the OT, accusing her of upsetting their mother.

At this point, the therapist-client/family relationship is still at risk of deterioration. The OT *validates the emotions of the client and children (6)*, and *asks the client (7)* what she would like. The client states that she wants to feel useful again, does not like being dependent on others and feels she is letting down the family. The children are surprised by this response and articulate that they felt they were doing what was in the best interest of their mother and the family by unburdening their mother of her responsibilities. They had not considered that by removing these key roles it would negatively affect their mother. They had viewed the goals as set up by the OT as pushing their mother in a direction that they didn't feel is in her best interest. Using evidence-informed practices, the OT *helps facilitate a dialogue (8)* with the client and her children to understand the importance of her mother's roles, and how the children could help support their mother's recovery without disempowering her by taking away the tasks that gave her meaning as a mother and homemaker.

The OT and client then *revisit the goals and objectives set out in the assessment (9)*, *explaining (10)* to the children how they can help support the therapeutic plan to increase their mother's feelings of self-efficacy and tolerance to activities, especially the activities that are most meaningful to their mother, such as meal preparation.

Note how much listening and question-asking the OT facilitated to allow everyone to appreciate what the client's disability has meant to her life and to the family dynamics (numbers 1-8) before returning to the plan of care.

PART 3: APPLYING COMMUNICATION SKILLS TO CO-WORKER AND TEAM CHALLENGES

You've learned how relationship-building for OTs is made up of two main components:

- *what* you communicate, which must be timely, evidence-informed and accurate, transparent and culturally sensitive; and
- *how* you communicate, which is best when you are personable and professional, respectful and empathetic.

Now you'll explore how you can apply these communication techniques: advocating for your therapeutic opinion with co-workers, and preventing and managing conflict on teams.

a) Communicating With Co-Workers: Advocacy

Advocacy is a core competency, and OTs are expected to “advocate for the occupational potential, occupational performance and occupational engagement of clients,” and “advocate appropriately for the role of occupational therapy to clients and the interprofessional team.”²⁶

Advocacy is a form of public speaking, one that benefits from being prepared and knowing what and how you wish to speak. In meetings, you may be asked for your opinion. Prepare by outlining three steps – a brief beginning (issue), middle (opinion) and end (next steps). It takes strategic, planned communication to become a strong, respected advocate.

Advocating for your opinion or your client's care can be fraught with extra-communication considerations. For example, it can include a power differential if it involves someone in a higher position of authority, such as a manager or physician lead. In the following case study, the communication skills that contribute to strategic communication are italicized.

CASE STUDY #6: Disagreeing With the Team Lead

An OT is asked to change a clinical process in a way she feels is not in the clients' best interests. The OT is afraid to articulate her opinion to the team lead because she doesn't want to appear insubordinate.

She decides to use objective data and evidence that supports her position, and not include any personal aspects. The OT has found that when she questions the information or decisions of others it can take on a personal tone, making them feel that she is judging and second-guessing their decisions and position. Therefore, through *acknowledging the intent and purpose* of what the team lead is proposing, she *validates* its merit. By *using evidence from the literature and objective data to present a different perspective*, she takes out the personal aspect and *focuses on how best to support the direction and goal* without compromising anyone involved.

The strategic communication practices include acknowledging and validating other opinions, and using evidence-informed opinions. The OT initially demonstrated that she has heard and understood what the team lead proposes and respectfully notes its advantages. Then she presents her own, differing opinion that she backs up with impartial information, not mere opinion. This combination of strategies allowed the OT to maintain her professional credibility, bolster her reputation for preparedness and keep her relationship with her superior intact.

b) Preventing Conflict In Teams

The ability to exercise effective communication in teams, particularly interprofessional teams, is exceedingly important in client care. The team environment is complex and can raise a multitude of questions: How do you disagree in a way that maintains relationships? What happens when team members don't collaborate? What about power politics? Remembering that team members share the same goal – client care and safety – may help. Practising the techniques in this module can move OTs into communication leadership roles.

Listening makes others we work with feel respected and our clients feel supported and worthy of help.

²⁶ (Essential Competencies of Practice for Occupational Therapists in Canada)

Follow these tips²⁷ to foster open communication – and help prevent conflict – on an interprofessional team.

- *Err on the side of over-communicating.* The inconvenience of sharing too much information is not as great as the potential risks associated with team members not having the information they need.
- *Seek to understand all angles.* Solicit input from team members and listen with the intent of fully understanding.
- *Take responsibility for being heard and understood.* All team members should work to get their message across so its original meaning is understood.
- *Quickly clear up misunderstandings.* Left unchecked, misunderstandings can be a source of conflict among team members.
- *Reinforce and recognize the efforts of your team members.* The team must value information sharing and soliciting input from others.

The following scenario is taken from the notes of an OT. Illustrations of the above tips are italicized.

Scenario 1: Advocating for a Process Change

Over the last several years, a hospital's occupational therapy department has seen many changes in staff and processes. The newer staff see a need to change the form that the department uses to document a common assessment. The older staff, who created the form, do not see the need for change. The newer staff take their request for a change to the next departmental meeting. They are *careful to ensure that the request is on the agenda in sufficient time for all to see it*, and they *present a brief written synopsis of why they are requesting the change with associated references and evidence*. At the meeting, the newer staff *acknowledge that the current form has merit and has worked for them*. They *focus on the specific area that needs to change* and recognize the aspects of the form that work. They *elicit comments from staff with an opposing viewpoint*. At this point, the newer staff realize that changing the form will require a minor policy change. As a result of the meeting, a small group of staff *review the form, make the agreed-on changes to the form and existing policy, and bring them back to the next meeting for approval*. Once approval is obtained, the new form goes to the Hospital Forms Committee *for review and sign-off*. *Communication regarding the change will then go to the department and hospital, and the start date for the new form will be communicated*.

Note how the OTs outlined a multi-step, consensus-building, public process that combined verbal and written communication techniques. The staff were able to change the form and policy because the OTs communicated the need for a change with evidence, took it to the appropriate committee and followed an established process. While personality and politics can frustrate a team, a public, staged, consensus-driven process can mitigate many problems.

c) Managing Conflict In Teams

Managing conflict with other team members requires many skills that rely on effective communication, including the ability to give your opinion, participate in group decision-making, present evidence from research literature and be an empathetic listener.

The following case study is based on an OT's notes for a case involving a young client, adoptive parents, foster parents, a Children's Aid Society (CAS) worker and a behavioural therapist. The OT was asked to support sleep transition from the foster to adoptive home. The communication challenges are in italics.

²⁷ ("Attributes needed for good communication")

CASE STUDY #7: A Team Member's Differing Opinion

An OT's client, a four-year-old girl with autism spectrum disorder (ASD), has been living with a foster family since birth. The OT has been supporting the client and foster mother in several areas, including developing ways to manage challenging behaviours, promote feeding skills and establish healthy sleep patterns. The client is now being integrated with an adoptive family.

In the foster home, the foster mother lies in bed with the client, stays with her until she falls asleep and then leaves the room. In the adoptive family, one of the parents has limited mobility, eliminating the option of lying in bed with the client.

To address the sleep issue, the foster mother completed a sleep log that includes the bedtime routine, the time it took the client to fall asleep and how the foster mother responded to night waking. A meeting with the adoptive parents, CAS worker and behavioural therapist is scheduled to discuss how to support sleep transition from the foster to adoptive home.

At the team meeting, *the OT discusses sleep challenges in children with ASD and makes several recommendations to support sleep hygiene. The CAS worker disagreed with the recommendations, saying that since bonding and building rapport with the adoptive parents are the priority at this time, several of the OT's sleep strategies could not be implemented.*

In response, the OT *discussed the benefits and limitations of adjusting sleep strategies; for example, the challenges of establishing a sleep routine that would later require adjustments for a child who has difficulty tolerating change, and the need to be sensitive to the parent's mobility limitations while providing increased parent contact. The OT made several adjustments to her strategies to support parent-child bonding during the transition and provided additional strategies to support gentle fading procedures to increase the client's sleep hygiene.*

Note the OT's excellent communication skills. In addition to giving her opinion, she listened openly and respect-fully to the CAS worker's disagreement with her recommendations. The OT did not argue her opinion with the CAS worker; instead, she empathized with the adoptive parents' need to make a smooth sleep hygiene transition. She was flexible in refining her recommendations and added further evidence-informed recommendations that would help the agreed-on course of action.

CONCLUSION

Here are 10 key communication takeaways distilled from Part 1, 2 and 3.

1. *Accountability to self and others.* Recognize and be conscious of your role as a communicator in your exchanges with others. Likewise, encourage others to be professionally accountable.
2. *Evidence-informed communication.* Ensure that you support your opinion with literature and research. Anecdotes are not evidence.
3. *Transparent communication.* Ensure that others are fully informed.
4. *Plain language.* Don't pontificate. Use everyday language.
5. *Written communication.* Be professional and consider the audience. Before you write, decide on the purpose of the document and prioritize the "must have" details.
6. *Empathetic listening.* Use all of your senses to engage with others and ensure you understand others' needs, concerns and emotions.
7. *Culturally sensitive communication.* Be mindful of differences between individuals, cultures and settings.
8. *Advocacy.* Use evidence-informed communication to convey your professional, prepared and objective opinions when supporting clients or services.
9. *Team collaboration.* Strive for shared goals with colleagues and interprofessional team members during and after meetings.
10. *Team consensus.* Speak with "one voice" to give a consistent message.

REFLECTIVE PRACTICE EXERCISES

These exercises offer an opportunity to apply the concepts in this module to circumstances that simulate actual situations. They are not intended to test your knowledge; rather, they're to help you evaluate your understanding of the relevant communication principles.

Scenario 1: Use of Restraints

An OT contracted to a long-term care facility arrives to find a client restrained in a chair with a lap belt and hand restraints – again. The OT has confronted individual staff members to tell them about alternative strategies to using restraints with the client, who is confused but able to ambulate independently. The staff has not been receptive to the OT's comments, asking, "Why don't you try to manage the situation when the client is hitting you?" Upset by the latest use of restraints, the OT decides to approach the situation in a team meeting. Prior to the meeting, the OT reviews organizational policies, restraint legislation within the Long-Term Care Homes Act (2007) and the client's chart.

At the meeting, the OT:

- a) Obtains consensus on the client's goals; reminds the staff of the legislation and facility's least-restraint policies; identifies barriers to meeting the client's goals and care plan.
- b) Acknowledges the staff frustration. She asks them why they think the client requires restraints, identifies the barriers to using least restraint and offers potential options to avoid restraints. She refers to the legislation and least-restraint policies.
- c) Prepares a short presentation on the legislation and least-restraint policies, and provides handouts. She then documents her actions on the client record.
- d) Communicates the OT's obligation to report the incidences to the staff's regulatory body. After the meeting, she contacts the client's family to express her concerns and recommend actions. She documents the event and reports it on a critical incident form.

Scenario 2: An Initial Interview

An OT enters a patient room with a pad of paper and proceeds to speak with a client who is lying in bed. Family members are at the bedside visiting. The OT has only 15 minutes to complete an assessment before attending a staff meeting.

Consider the following versions of the OT's communication:

- a) "Hi Mrs. MacIntosh. I'm Jake and I see from your chart that you've experienced a recent CVA. Because you are a stroke victim, you likely have ataxia. Because you are a cerebellar stroke, your functional mobility and ADLs will be affected. Today I want to see what your baseline is and start your discharge planning."
- b) "Hi Mrs. MacIntosh. I'm your OT. May I come in and speak with you? Do you mind if your visitors stay? Susan, I see from your chart you experienced a recent CVA. Because of the location of the CVA, you will likely experience deficits in your functional mobility and ADL. Therefore, the staff have asked me to perform an assessment on you now so we can prepare for your discharge. Do you have any questions for me?"
- c) "Hello Mrs. MacIntosh. My name is Jake and I'm your occupational therapist. May I sit beside you to have a chat? Is it OK with you that your visitors stay while we discuss your care? How are you doing? I see from your chart that you have had a stroke. Now, because of where in your brain the stroke occurred, you might have problems moving around and taking care of yourself, such as taking a shower or getting dressed. I'm here to see what you can do now and what you are having trouble with. Do you have any questions for me?"

PREP MODULE: COMMUNICATION

Question 2 a)

Which dialogue presents the best communication style?

- a), b), or c)

Question 2 b)

In what ways is the communication in (b) better than in (a)? Select all that apply.

- a) Used less jargon
- b) Introduced self
- c) Obtained informed consent
- d) Invited questions

Question 2 c)

What communication skills are present in (c)? Select all that apply.

- a) Relationship-building skills
- b) Informed consent
- c) Body language
- d) Jargon-free language

Scenario 3: Client Safety

An OT works in the community and can offer two visits to assess, make recommendations and suggest follow-up services. Because of the limited number of visits, he is concerned that his clients who use mobility equipment are at risk of injuring themselves. He brings his concern to the team. The team presents the problem to their manager, who decides to contact the funding source.

How should the manager communicate the need to address client risk?

- a) Ask the funding source to finance a third occupational therapy visit to ensure that OTs meet their professional obligations.
- b) Present options to resolve this situation to the funding source, including literature on the risks associated with reduced services.
- c) Present the situation to the media to expose the lack of services and potential critical incidences to the public.
- d) Acknowledge the staff's concerns and present an evidence-informed report to the Ministry of Health and Long-Term Care.

Scenario 4: The Need For Translation/Interpretation

A client with a brain injury requires a standardized cognitive assessment to determine if she should be transferred to a rehabilitation facility or discharged home, where she lives alone. The client speaks only Arabic. Her son, who is fluent in English, offers to interpret. A trained interpreter is currently not available, and the assessment needs to be done immediately.

What is the best way to address this communication issue?

- a) Wait for the interpreter and explain the rationale for the delay to the family.
- b) Ask the family member to provide translation/interpretation, and then speak in short sentences and use simple language.
- c) Download a translation application on a mobile device to assist with the communication.
- d) Ask a staff member who can speak Arabic to provide translation/interpretation so that medical terminology is communicated accurately.

PREP MODULE: COMMUNICATION

DOCUMENTATION PHRASE MATCH

Vague or opinionated documentation can interfere with continuity of care and misrepresent your assessment findings. Below are examples of notations from a client's clinical record. In the left column, the notation is unsubstantiated and/or judgmental and does not promote concise, validated communication.

Draw a line to match the unsubstantiated notation in the left column to the more contextual notation in the right column. To complete this exercise online, drag and drop the unsubstantiated notation to its contextual alternative on the right.

After you complete this exercise, reflect on whether you use any of the unsubstantiated phrases when you document. Consider how you can modify them to promote respectful, descriptive communication.

Unsubstantiated Notation	Contextual Notation
Disturbed and agitated behaviours	Patient attended session without prescribed splint
Patient appears depressed	Patient could not explain why there was a risk of staying at home alone
Patient is non-compliant	Patient is yelling and pacing
Client lives with a dysfunctional family	Patient reports 7 out of 10 for back pain and declines therapy today
Client is unmotivated	Patient is crying and has flat affect
Patient is a bounce-back admission	Experiencing challenges related to
Patient is pain focused	Patient reports "frequent fighting and disruptions at home"
Patient is a fall risk	Person with/person experiencing challenges related to
Patient has poor insight	Unsteady gait and complaint of dizziness upon standing
Victim of	Client declines getting out of bed
Suffering from	Patient to be seen as per priority criteria for intervention
Lazy	Did not complete the suggested recommendations
OT to follow as caseload permits	Patient readmitted to hospital two weeks after discharge

APPENDIX A: BEST RESPONSES TO REFLECTIVE PRACTICE EXERCISES

Scenario 1 Rationale

The best answer is (b). The OT uses a well-ordered set of techniques. She starts with acknowledging others' feelings, which will maintain or even improve relations. She then solicits the staff's views on why they think the client requires restraints, and uncovers staff motivations (identifies barriers). The OT does not assume why the staff continue to use the restraints against the plan of care. Only later does she become more formal, providing evidence-informed reasons for her position; for example, legislation and least-restraint policies.

Answer (a) is not the best answer. The OT did not explore the reason behind the staff's actions or invite their input in developing options. She does, however, start from a position of consensus.

Answer (c) is not the best answer. A formal presentation without soliciting feelings, the rationale for using restraints or reaching a consensus about the client's care plan could be perceived as adversarial.

Answer (d) is not the best answer. The OT unnecessarily elevates the situation. Prior to making a complaint or report to a regulatory college, it should be brought to the manager's attention.

Scenario 2 Rationale

Question 2 a) The best answer is (c).

Question 2 b) The best answer is (c). At the end, the OT invites questions. However, strong communicators would invite questions throughout the visit to encourage relationship building. While (b) used less jargon than (a), the OT still assumed the client would understand "CVA," "functional mobility" and "ADL." In (b), the OT indicated that he is an OT but did not provide his name.

Question 2 c) The best answers are (a), (c) and (d). The OT used several techniques to encourage relationship building, such as introducing himself and giving his professional designation, using inviting questions, inquiring about the client's comfort and the timing of the visit, and asking if the family should stay. As well, the OT displayed a sensitive use of body language by sitting at eye-level with the client and closing the physical space between them. The OT also does not use medical jargon or acronyms.

Answer (b) is not the best answer. The informed consent process was not complete as several components were omitted from the discussion. Inquiring if the family should stay, asking if he can sit to have a chat and providing a short introduction to the assessment are insufficient to confirm that the OT engaged the client in the informed consent process.

Scenario 3 Rationale

The best answer is (b). The manager provided evidence-informed information that highlights the risk to clients to the appropriate decision-making body. By presenting options, the manager recognized the need to build consensus and maintain a good interpersonal relationship with the funding source.

Answer (a) is not the best answer. It does not address funding limitations, and assumes additional funding is the only option and that the request will be granted.

Answer (c) is incorrect. Full disclosure and transparency to the public will likely deteriorate the relationship with the funding source. As well, the manager failed to communicate with the funding source, bypassing the established procedure to advocate within the system.

Answer (d) is incorrect. The Ministry of Health and Long-Term Care would not facilitate funding in this situation.

PREP MODULE: COMMUNICATION

Scenario 4 Rationale

Answer (a) is the best answer. A trained interpreter ensures that the client accurately receives all the information needed to make an informed decision on an issue that has a high potential to affect the client's future and services.

Answer (b) is not best answer. The OT cannot be certain all of the details of the informed consent process will be communicated to the client. Given that consent is needed to perform such a high-risk procedure, the OT must ensure accurate, credible translation/interpretation.

Answer (c) is incorrect. The OT cannot assume accurate translation from a computer application. The OT will not be able to translate the client's questions and ensure that the client understands all of the information needed to make an informed decision.

Answer (d) is not the best answer. Given the high-risk nature of the procedure, a trained translator/interpreter provides a higher level of accountability for accuracy and credibility.

Documentation Phrase Match

Unsubstantiated Notation	Contextual Notation
Disturbed and agitated behaviours	Patient is yelling and pacing
Patient appears depressed	Patient is crying and has flat affect
Patient is non-compliant	Patient attended session without prescribed splint
Client lives with a dysfunctional family	Patient reports "frequent fighting and disruptions at home"
Client is unmotivated	Client declines getting out of bed
Patient is a bounce-back admission	Patient readmitted to hospital two weeks after discharge
Patient is pain focused	Patient reports 7 out of 10 for back pain and declines therapy today
Patient is a fall risk	Unsteady gait and complaint of dizziness upon standing
Patient has poor insight	Patient could not explain why there was a risk of staying at home alone
Victim of	Person with/person experiencing challenges related to
Suffering from	Experiencing challenges related to
Lazy	Did not complete the suggested recommendations
OT to follow as caseload permits	Patient to be seen as per priority criteria for intervention

APPENDIX B: REFERENCES

COLLEGE REFERENCES

Code of Ethics: Commitment to Good Practice (COTO, 2011) www.coto.org/pdf/Code_of_Ethics.pdf

Essential Competencies of Practice for Occupational Therapists in Canada, 3rd edition (COTO, 2011)
www.coto.org/pdf/Essent_Comp_04.pdf

Professional Misconduct Regulation (COTO, 2007) www.coto.org/pdf/coto_profmisconduct.pdf

Standards for Consent (COTO, 2008) www.coto.org/pdf/COTO_Standards_Consent_2008.pdf

Standards for Professional Boundaries (COTO, 2009)
www.coto.org/pdf/publications/coto_standardsprofessionalboundaries_eng.pdf

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PREP MODULE: COMMUNICATION

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NOTES:
