Liverpool John Moores University

Title:	ESSENCE OF CARE 2
Status:	Definitive
Code:	**4502BNCNUR**　(107591)
Version Start Date:	01-08-2014

Owning School/Faculty:	Nursing and Allied Health
Teaching School/Faculty:	KPJ International College of Nursing and Health Sc

Team		Leader
Sean Mackay		

Academic Level:	FHEQ4	**Credit Value:**	10.00	**Total Delivered Hours:**	66.00
Total Learning Hours:	100	**Private Study:**	34		

Delivery Options

Course typically offered: Semester 2

Component	Contact Hours
Lecture	30.000
Practical	30.000
Tutorial	5.000

Grading Basis: 40 %

Assessment Details

Category	Short Description	Description	Weighting (%)	Exam Duration
Exam	AS1	Examination (Short answer / MCQ) 1 hour	40.0	1.00
Essay	AS2	Scenario-based Coursework 2000 words	60.0	

Competency	Practice

Aims

The module aims to further develop and broaden students' knowledge underpinning a range of skills for practice

Learning Outcomes

After completing the module the student should be able to:

1   Demonstrate knowledge of a range of specific nursing skills.
2   Discuss the principles of infection control.
3   Describe the use of effective listening and responding skills when interacting with clients, users, significant others.
4   Understand the assessment, planning, implementation and evaluation processes within the context of multi-disciplinary practice.
5   Discuss the role of the nurse within the multi-professional team.
6   Identify and discuss personal learning needs and engage in reflection on learning.

Learning Outcomes of Assessments

The assessment item list is assessed via the learning outcomes listed:

exam	1	2
essay	3	4
Practice	5	6

Outline Syllabus

Physiological measurements tools MEWS scoring, neurological observations, Mini mental score
Systematic approach to care / nursing process
Assessment of a range of activities of daily living (including, mood and behaviour assessment)
Risk assessment
Infection control
Administration of medication
Interprofessional working/Team work/Collaboration
Listening and responding skills (questioning skill, clarification & summarising
Interviewing
Communicating and sensory impairment/cognitive impairment
Basic assertiveness/ including harassment

Learning Activities

Lectures
Tutorials and seminar presentations
Structured self directed learning
Interactive web based learning
Problem solving activities

Reflective exercises
Development of English Language skills: listening, reading, writing and speaking

References

Course Material	Book
Author	Faulkner, A.
Publishing Year	1998
Title	Effective Interaction with Patients
Subtitle	
Edition	2nd Ed
Publisher	Churchill Livingstone
ISBN	

Course Material	Book
Author	Payne, M.
Publishing Year	2000
Title	Teamwork in Multiprofessional Care
Subtitle	
Edition	
Publisher	Macmillan Press
ISBN	

Course Material	Book
Author	Springhouse, J
Publishing Year	1998
Title	Assessment Made Incredibly Easy
Subtitle	
Edition	
Publisher	Butterworth Heinnman
ISBN	

Course Material	Book
Author	Trounce, J.R.
Publishing Year	1997
Title	Clinical Pharmacology for Nurses
Subtitle	
Edition	
Publisher	Churchill Livingstone
ISBN	

Course Material	Book
Author	Walsh, M., Duxbury, J. & Rowsewell, M.
Publishing Year	1998
Title	Models & Critical Pathways in Clinical Nursing
Subtitle	Conceptual Frameworks for Care Planning
Edition	

Publisher	Bailliere Tindall
ISBN	

Course Material	Book
Author	Walsh, M.
Publishing Year	1998
Title	Watson's Clinical Nursing & Related Sciences
Subtitle	
Edition	5th Ed
Publisher	Baillière Tindall
ISBN	

Notes

The module is intended to enable students to further develop and extend their knowledge and range of essential skills for practice and to work as an effective member of the multidisciplinary team. The module prepares students for practice within a variety of settings.

Learning Outcomes 5 and 6 are assessed formatively.
The Module leader in JB campus is TAN SAW GEAK

Every individual is different, and clinicians will need to practice several different effective communication techniques with patients to achieve success. So how can dental professionals coach their patients to inspire positive change? 1. Practice Active Listening. Â In a clinical situation, active listening means focusing completely on a patient and interpreting their feelings and concerns rather than simply repeating what they've said to you. For example, if you are recommending a removable prosthesis to a patient, but they keep repeating they don't want one because they are too young, you could acknowledge that you understand their concerns about their self-esteem and offer them an alternative option like implants. 2. Structure Conversations With OARS. Developing effective patientâ€"physician communication requires skill in conducting patient-centered interviews; conversing in a caring, communicative fashion; and engaging in shared decision making with patients 9. Physicians may consider five steps for effective patient-centered interviewing as shown in Table 1 10. Â She states, â€œIâ€™m just having a bad day.â€ The physician completes the routine medical history and examination without further discussion of her affect. Effective response: The physician shakes the patientâ€™s hand, stating, â€œIâ€™m sorry youâ€™re having a hard time. Perhaps it will help to talk about it.â€ The patient proceeds to discuss recent events that have led to her sadness. @inproceedings{Faulkner1992EffectiveIW, title={Effective Interaction with Patients}, author={A. Faulkner}, year={1992} }. A. Faulkner. Published 1992. Psychology. The need for effective interaction preparing for an assessment interview setting the agenda the skills of interviewing non-verbal interaction structure and focus handling emotion giving information management techniques dynamic interaction - process and costs summary. Save to Library. Create Alert. The patientâ€™s culture may block effective nurseâ€"patient interactions because perceptions on health and death are different between patients [12, 13, 14]. The nurse needs to be sensitive when dealing with a patient from a different culture [9, 15, 16]. What is acceptable for one patient may not be acceptable for another. Â Nurses should share their aims with patients before expecting them to participate in the interaction. They should understand that there is a mutual understanding of each otherâ€™s point of departure. In an assessment interview, the nurse can, for instance, say: â€œMr Jones, I would like to give you information on how to lose weight so as to bring down you high blood pressure, but I first need to find out what you already know about the conditionâ€. Healthcare providers should have effective communication with their patients in order to improve patient health outcomes 16 . However we noticed some health-care providers still establish paternalist relationship with patients. Diabetic Patients â€˜Perception of Their Relationship with Family Caregiver and Health-Care Providers: A Qualitative Study in the Diabetes Centre of the National Public Health Institute of CÃ´te dâ€™Ivoire. Article. Jan 2018. Â Results The relation of interaction and communication is not clearly defined in nursing literature. Often the terms are used interchangeably or synonymously, and a clear theoretical definition is avoided or rather implicit. Symbolic interactionism and classic sender-receiver models were by far the most referred to models.

Patient and caregiver education about care after discharge should cover essential elements such as: medications to take and how to administer them, side effects to watch for, how to perform self-care, proper diet, how to monitor important health conditions, and follow-up appointments, and it must also be clearly understood. Use These 7 Essential Strategies to Maximize Your Communication Effectiveness. 1. Include key learners. One of the top reasons patient education fails is because key learners are not included in the learning process. Good communication starts with identifying potential barriers unique to each patient. You should know the patient's preferred language, how he or she prefers to receive information, any sensory issues, and assistive devices the patient needs. Taking time to build quality interactions with your patients can actually save you time, and help you become a more effective physician. Patients are much more likely to listen to and understand medical advice when they themselves feel listened to and cared about. When patients are facing a difficult medical situation (for example, a new diagnosis, discomfort, or an uncertain outcome), they are in a threat state - their emotions get triggered, their limbic system gets activated, and their prefrontal cortex starts to deactivate. This results in people not being able to think as clearly, listen well, or appreciate a wider perspective. With all this in mind, here are six strategies to ensure the most effective physician-patient co Developing effective patient–physician communication requires skill in conducting patient-centered interviews; conversing in a caring, communicative fashion; and engaging in shared decision making with patients 9. Physicians may consider five steps for effective patient-centered interviewing as shown in Table 1 10. She states, "I'm just having a bad day." The physician completes the routine medical history and examination without further discussion of her affect. Effective response: The physician shakes the patient's hand, stating, "I'm sorry you're having a hard time. Perhaps it will help to talk about it." The patient proceeds to discuss recent events that have led to her sadness. To interact effectively with patients, understanding that patients may be in an altered state of consciousness is important. Patient's fear of what the images may confirm or uncover and causes them to be inconsiderate, arrogant, impatient, rude, or overly talkative or to exhibit other characteristics as they attempt to cope with their situation. Patient assessment. Is the initial patient communication skills. Effective interaction with non-English-speaking patients is greatly enhanced by using touch, facial expressions, and pantomime. Nearly all such patients understand basic words such as yes, no, and stop. Everyone appreciates any attempt to speak his or her language, even if only to say yes and no.

How patients openness can affect effectiveness of the communication between doctors and patients. . 12. 2.2 two stories representing effective and ineffective patient physician interaction/communication based on the exploration result of doctorpatient interaction experience . 13 2.2.1. Effective Communication . The patient's culture may block effective nurse–patient interactions because perceptions on health and death are different between patients [12, 13, 14]. The nurse needs to be sensitive when dealing with a patient from a different culture [9, 15, 16]. What is acceptable for one patient may not be acceptable for another. Nurses should share their aims with patients before expecting them to participate in the interaction. They should understand that there is a mutual understanding of each other's point of departure. In an assessment interview, the nurse can, for instance, say: "Mr Jones, I would like to give you information on how to lose weight so as to bring down you high blood pressure, but I first need to find out what you already know about the condition". Includes bibliographical references and index. Ch. 1. The need for effective interaction -- Ch. 2. Preparing for an assessment interview -- Ch. 3. Setting the agenda -- Ch. 4. The skills of interviewing -- Ch. 5. Non-verbal interaction -- Ch. 6. Structure and focus -- Ch. 7. Giving information -- Ch. 8. Breaking bad news -- Ch. 9. Handling emotion -- Ch. 10. Plans for care -- Ch. 11. Dynamic interaction: process and costs -- Ch. 12. Summary.