Whilst there is wide acceptance of the importance of these skills, their direct transfer to practice is of concern. Training of health and social care staff is that of teaching ‘Compassionate Care’ and ‘Interpersonal Skills’ by making this one of the 4 Standards of Excellence. The Francis report (2013) highlights the devastating effects on patients and their families directly affects the lived experience of the health condition, the communication between health professionals and patients increases self-esteem and enables the effective application of skills.

The Nursing and Midwifery Council's (2010) 'Standards for Education of Pre-Registration Nurses' prioritises ‘Communication and Interpersonal Skills’ by making this one of the 4 Standards of Excellence. It was recognised that in order to develop Standard 2 skills, the curriculum design needed to:
- Provide physical and virtual reflective pedagogical spaces
- Provide a safe learning environment
- Stimulate reflection and provide experiential learning opportunities
- Support students' confidence in transferring skills into the workplace
- Appropriately assess the development of observable skills
- Equip students to perform competently in a rapidly changing health and social care landscape.

This 'stepped' design and structured approach, is aimed at narrowing the theory practice gap through the use of:
- Simulation and role play on the experiences of the students
- The individual coaching of students
- Skills practice in small groups
- The use of technology to record skills practice
- Personalised 'live' feedback from tutors and peers

This design supports the development of skills in critical reflection on personal development, the application of skills and the use of self. It provides a complete ‘package’ of learning across the three years of nurse training. The students in year one module developing foundational counselling and interpersonal skills and more advanced and complex communication skills being developed in years two and three (for mental health students).

Students learn using live feedback:
- In small groups of approximately 6
- In specialised ‘communication suites’
- Are coached to complete structured activities and role-plays/simulation

Students:
- Give and receive ‘live’ personalised feedback from tutors and each other
- Film and record their practice which provides a record for their final assessment
- Experiential learning is supported by online activities such as video recordings of skills application, discussion boards, and reflective journals

Feedback from students:
- 'Excellent teaching'
- 'Extremely useful and am already using skills in practice'
- 'I didn’t appreciate the module at first, but I really believe it has helped and I ended up enjoying it!'
- 'Small groups worked well, safe and supportive'
- 'Lectures long…but interesting'
- 'I enjoyed the recording sessions'
- 'Enjoyed the interactive sessions'
- 'As the weeks progressed, the purpose of the module became more relevant'

References


Introduction
Communication between health professionals and patients directly affects the lived experience of the health condition, the practical development and assessment of observable skills linked to NMC Standard 2.

The result was 4 new modules which build from year 1-3. Each module blends skills practice, classroom lectures and VLE activities. Crucially, the practice element comprises 50% of the students’ face to face contact with tutors.

Lessons Learned
- Importance of formative feedback & student familiarity with the learning and assessment process
- Clarity of the OSCE assessment/feedback form, marking criteria & pass mark
- Planning and organising of the ‘stations’ and managing the exam conditions
- Recording of the OSCEs for future cohorts
- It does what it says on the tin!

FILM PRACTICE
EXPERIENTIAL