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MODULE 3: Communication and Facilitation Skills

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STUDY GUIDE

INTRODUCTION

Hello, everyone!

The previous modules were important for learning foundational concepts in designing and planning clinical experiences for students at the BSN level. Now that you have the foundations and the plan, we will review skills in effective communication and how they can facilitate teaching and learning in the clinical setting in this module. Considering age- and learner-appropriate communication plans will make each teaching moment effective. Even with the mastery of designing and planning, as a practice-based discipline, the quality of clinical facilitation of student nurses is critical to their success in both education and practice. Supporting student learning in the academic environment with effective clinical facilitation is integral to their ability to consolidate and translate the theoretical components of their program into practice (Courtney-Pratt et al., 2012; Levett-Jones and Bourgeois, 2011). Effective facilitation requires highly developed communication skills (Needham, McMurray, & Shaban, 2016).

LEARNING OUTCOMES:

At the end of the module, participants will be able to:

1. Explain the importance of interpersonal skills, specifically proper communication, in clinical teaching settings
2. Select appropriate tools, strategies, and techniques in facilitation and communication in preceptorship
3. Apply reflective and interactive communication strategies to sustain and enhance learning
4. Apply interpersonal skills in clinical teaching

Effective nursing preceptorship needs highly developed interpersonal and communication skills. Preceptors are integral in facilitating, guiding, and developing positive interpersonal relationships between the student nurse, the qualified nurse, and patients. Preceptors need effective interpersonal and communication skills to implement key responsibilities of their role, including creating a safe clinical learning environment, teaching, and providing effective feedback. The preceptorship relationship is a fundamental component of a preceptorship program. It is a predetermined short fixed-term partnership between the preceptor (experienced staff nurse) and preceptee (student nurse), involving the delivery of patient care within a clinical environment. The relationship is a professional triadic relationship between the preceptor, preceptee, and the patient. The preceptor then has the responsibility for guiding and directing the student's learning during clinical placement. The preceptorship relationship can significantly influence the student nurses' integration into the profession and the clinical environment and can greatly impact students' professional development and delivery of patient care. Positive preceptorship relationships with good communication between the preceptor and student result in an open and trusting professional relationship (Ke et al., 2017). The facilitative student-patient relationship is the center of learning in the clinical environment and preceptors are responsible to facilitate and build such collaborative relationships between students and patients (Suikkala et al., 2020; James & Chapman, 2010).

Interpersonal Skills and Communication Skills

Both interpersonal and communication skills are essential in developing any successful and constructive professional relationship in nursing practice (Bhana, 2014).

Interpersonal skills, also called “soft skills,” are those essential skills involved in dealing with and relating to others. These include:

- Emotional intelligence
- Learning to recognize others' uniqueness
- Listening
- Empathizing
- Empowering others
- Building trust

On the other hand, the core components of communication involve the following (Hook, 2019):

- Body language
- Ability to speak, listen, question, and write with clarity

Interpersonal and communication skills can be improved through conscious effort. Reflect on your current practice for the following components: listening and techniques;

verbal/nonverbal communication; dealing with complaints/criticisms; establishing and maintaining a trusting relationship; empathy; and integrity.

Here are some practical tips on communication and interpersonal skills:

- Students appreciate preceptors who are honest about their limitations and perceive those preceptors as having authenticity and integrity
- It is important to create a safe environment for making mistakes since mistakes are a key element in the clinical learning process
- There is no place for shaming or humiliation in communication with a student
- Using a positive, flexible approach that includes humor and respectful communication can help a preceptor create an optimal environment for student learning
- To avoid embarrassing the student, identify a codeword or nonverbal cue to be used when a student needs help or you want to step in

Watch this video, [Inpatient Bedside Teaching Rounds](#). Focus on the communication skills emphasized in the video. This can help you improve and structure your interaction with the students and most especially with your patients.

Providing feedback

Students and preceptors work together to create a positive learning environment which is essential for a successful learning experience. Providing feedback is one of the roles of a preceptor to help improve student performance. Both students and preceptors engage in evaluation to adequately assess a student's competence as an emerging professional. This evaluation can be a daunting task for both students and preceptors. However, this evaluation process impacts a student's development.

Activity 1.

Reflect on your current practice

- Watch [THIS](#) video
- After watching the video, answer the following questions:
 - What was your takeaway from the video?
 - What challenges did you encounter when giving feedback to other people?
 - How did you overcome these challenges?

Post your answers in the designated Discussion Forum in VLE.

Feedback and evaluation are important aspects of the clinical education experience. These should be given on time. In preceptors, feedback mainly communicates information and focuses on what was done and the potential consequences of those actions. Self-assessment and reflective practice are keys to becoming a competent nurse and are important to include when providing feedback and evaluation. Reflective practice will allow the student to reflect and comment on what went well, what could be improved, and how improvement can occur, preceptors find that students often identify the same problems or concerns that the preceptor would identify. Self-assessment, on the other hand, instills confidence in the student and reduces fears of reprisal.

Types of Feedback

Formative feedback. Formative feedback is provided frequently to students as they progress through the clinical learning experience.

Summative feedback. Summative feedback, or evaluation, is given at specified points in a learning experience, most frequently at the end of the experience.

Both formative feedback and evaluation are essential to supporting a student's growth in the clinical learning process. Studies investigating student satisfaction with feedback in medicine and pharmacy have found that there is a disconnect between how often preceptors think they give feedback and how often students perceive it has been given.²⁸

To address this, preceptors must preface formative feedback sessions by letting the student know the intention of the meeting. There are several approaches to providing feedback. In the directive approach, the preceptor relays observations about a student's performance in a clinical encounter. The goal is for the preceptor to deliver information; the student is not actively involved in the process. The elaborative approach encourages the learner to be actively involved and reflect on their performance and skill set. Here, the focus is on self-reflection and assessment. The elaborative approach creates an atmosphere of trust and promotes more effective feedback. A key element in the elaborative approach is that it is reciprocal and includes the preceptor asking about what went well in the clinical learning experience and what the preceptor could have done differently to improve the learner's experience or achievement of learning goals.²⁸

To know more about feedback and how this will be an important tool in your clinical teaching, read this article: [Giving Feedback in Medical Education](#)

Dealing with Conflict Constructing and sustaining working relationships is not always an easy task. Effective working relationships are built on recognizing and celebrating the uniqueness of the individual, on mutual respect and trust, and a common understanding of purpose. A preceptor should anticipate conflicts, complaints, and criticisms as a very normal part of the learning process. A preceptor with a strategy for dealing with these can respond positively, empathetically, and courageously when these situations arise.

Reports from the literature, however, show that discord can arise within the preceptor-student relationship and can be attributed to poor interpersonal and communication skills involving workplace incivilities such as disrespect, rudeness, shaming, and patronization (Dyess and Sherman, 2009, Gardiner and Sheen, 2016, Omer and Moola, 2019).

SUMMARY

The ability of the clinical teacher to interact with students, both on a one-to-one basis and as a clinical group, is another important clinical preceptor behavior. Qualities of an effective clinical preceptor in this area are showing confidence in students, respecting students, being honest and direct, supporting students and demonstrating caring behaviors, being approachable, and encouraging students to ask questions and seek guidance when needed. Important qualities are composed of behaviors from the subscales of interpersonal relationships and teaching skills. Considering the demands on students as they learn to care for patients, students need to view the clinical preceptor as someone who supports them in their learning.

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