

COURSE NAME: HCA100 Communications for Healthcare Professionals

Credit Value: 4
Total Course Hours: 56
Prerequisite Course(s): None
Corequisite Course(s): None

COURSE DESCRIPTION

This course provides students with the tools and skills to communicate effectively in a professional health care environment, both within and outside healthcare organizations, with patients, families, staff, physicians, partner organizations, funders and others. Topics explored include having difficult conversations, disclosure of adverse events, managing communications across the organization and beyond, briefing notes, and working with media. Students will produce and communicate a gamut of verbal and written correspondence that reinforces a focus on patients and supports organizational strategic and operational goals and priorities. Students are required to use a variety of tools and technologies (including social media, email, Excel, PowerPoint) to engage and communicate effectively with a variety of stakeholders.

PLAR INFORMATION

This course is eligible for Prior Learning Assessment and Recognition. Students are advised to discuss options with their program coordinator.

COURSE LEARNING OUTCOMES

Upon completion of this course, the student will have reliably demonstrated the ability to:

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| <p>1.0 Student will review the basics of effective communication and factors a leader must consider.</p> <p>1.1 Effectively and appropriately demonstrate the following elements in communication: reflection, paraphrasing, repetition, questioning, varying cadence, voice tones and volumes.</p> <p>1.2 Explore the impact location (e.g. team member's area vs. leader's office, placement of desk and chairs) and body position (e.g. sitting vs. standing; face to face vs. diagonal), have on communication.</p> <p>1.3 Effectively and appropriately role model body language conducive to encouraging communication in an environment of respect and safety, including but not limited to: eye contact, position, head and body movement, facial expression.</p> <p>1.4 Debate the following two statements: "In communication, impact is more important than intent. The sender is responsible for both".</p> <p>1.5 Provide examples illustrating the impact of leaders' verbal and non-verbal communication on individuals' and teams' sense of safety,</p> | <p>creativity, openness, provision and acceptance of feedback, confidence, productivity and other relevant areas.</p> <p>1.6 Analyze the potential impact of formal authority on communication on both sender and receiver, in the following dyads: manager and healthcare staff; healthcare provider and patient or their family, manager and patient or their family; manager and physician; manager and their supervisor; manager and external partner; manager and funding organization; senior leaders/CEO and any of the above.</p> <p>1.7 Compare and contrast approaches to foster open, respectful and effective communication in the above dyads both in situations of high and low stress, risk or conflict</p> <p>1.8 Describe how a leader might foster open, effective, and respectful communication within the teams they lead and support.</p> <p>1.9 Share at least 2 resources with class group relating to effective leader communication, including but not limited to: articles, books, podcasts, videos, TED talks.</p> <p>2.0 Student will evaluate approaches to</p> |
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communicate with large healthcare groups.

- 2.1 Provide specific examples of communications healthcare leaders might have to prepare and deliver to the following groups: teams they lead, peers, teams led by peers, senior team members, external partners.
 - 2.2 Create a template leaders can use to evaluate their audience in order to use the best approach to communicate with them.
 - 2.3 Survey healthcare providers belonging to at least 4 different professions/disciplines, to discover how they prefer to receive various types of communication from healthcare leaders.
 - 2.4 Debate the most effective ways and message types for which to use the following media for communicating with teams: small group conversation, formal team meetings, team huddles, social media, blogs, intranet, electronic newsletters, email, PowerPoint presentations, posters, and town halls.
 - 2.5 Describe the pitfalls relating to using each of the above methods when communicating with various healthcare teams, as well as preventive or mitigating actions.
 - 2.6 Collaborate with class group to draft an email etiquette guideline for healthcare leaders.
 - 2.7 Complete a RACI chart to determine which individual or group might require which level of communication in a given quality improvement project.
 - 2.8 Based on the previously created RACI chart, draft a communication plan to convey plans for a change initiative to different members and groups in a large healthcare team, including the why, what, how (the medium used), who, and when, and rationale for your choices.
- 3.0 Student will discover how to approach difficult conversations and feedback with team members at all organizational levels.
- 3.1 Define the term "difficult conversation."
 - 3.2 Analyze the role your communication approach played in situations in which you've had difficult conversations with consideration to the following outcomes: undesirable for all involved (lose-lose), desirable for you but not

for the other person (win-lose), not desirable for you but was for the other person (lose-win) and desirable outcome for both parties.

- 3.3 Discover what effective communicators do prior to a difficult conversation, to foster a positive outcome for all involved.
 - 3.4 Describe the impact of the fight or flight' reaction (e.g. in situations of high stress) on one's ability to communicate.
 - 3.5 List ways to mitigate or address the fight or flight' reaction when it emerges in self or other either prior to or during a communication.
 - 3.6 Analyze what leaders should consider in terms of timing, proximity to event of concern, and location when planning a difficult conversation.
 - 3.7 Describe the characteristics of respectful and effective feedback.
 - 3.8 Evaluate the following statement: "people must feel heard before they will hear, and only then can both communicators build common ground."
 - 3.9 Role model an effective difficult conversation or feedback as a leader providing this to a team member, supervisor, or peer.
 - 3.10 Discover how effective leaders document feedback and disciplinary conversations.
 - 3.11 Describe ways to support staff in effectively having difficult conversations with their leader, their peers, their patients and families.
 - 3.12 Compare and contrast organizations which have cultures fostering effective conversations with some that don't, paying close attention to leaders' role in creating or enabling this culture.
- 4.0 Student will create an environment conducive to receiving difficult feedback from patients and their families.
- 4.1 Reflect upon healthcare situations which could engender difficult feedback or conversations from patients or their families.
 - 4.2 Explore at minimum the following areas to discover current recommendations and obligations relating to enabling, soliciting and acting on patient/family feedback: Health Quality Ontario, Ontario Ministry of Health and

Long Term Care, your Local Integration Health Network, and your own organizational policies.

4.3 Identify ways in which healthcare organizations in Ontario are enabling and soliciting patient and family feedback.

4.4 Research the benefits and limitations of patient surveys.

4.5 Interview a patient or their family to learn factors which would encourage them to provide feedback, both positive and difficult, to individual healthcare providers and organizations.

4.6 Discover the roles leaders play in creating a culture which ensures patient and family feedback is received and effectively followed up.

5.0 Student will describe leaders' and healthcare organizations' role in disclosing adverse events.

5.1 Define the term 'adverse event', using current legislation, literature and up-to-date organizational policy.

5.2 Describe healthcare providers' and organizations' legislative responsibility in relation to adverse event disclosure to patients or their families, and reporting to authorities.

5.3 Interview a healthcare leader who has experience in disclosing adverse events to discover (without breaching confidentiality) what they have learned about ensuring it is done and documented in a timely, sensitive and fulsome way.

5.4 Describe the steps to take in the disclosure of an adverse event, from fact finding through to planning the conversation, and documenting it.

5.5 Role-play a conversation in which you as a leader would effectively and sensitively disclose an adverse event (e.g. medication error, confidentiality breach, wrong site surgery) to a patient and their family.

5.6 Justify the inclusion of patients and families in quality improvement initiatives which result from adverse events, as a means to foster communication and ensuring the patient's voice is heard throughout the process.

5.7 Describe the role a leader can play to

support all those involved in a disclosure communication.

6.0 Student will explore factors leaders must consider in working with the media.

6.1 Debate the role of the media in conveying information relating to healthcare issues.

6.2 Scan the media to identify examples of communication about healthcare organizations and issues that healthcare leaders might typically be involved in addressing.

6.3 Describe factors which might impact media communication accuracy, relevance, and credibility specifically in relation to healthcare.

6.4 Create a list of do's and don'ts for dealing with the media, based on current best practice, interviews with experts in media relations and leaders experienced in this.

6.5 Describe the support a public relations officer can offer healthcare leaders in delivering desired messages to their communities.

6.6 Create a template containing the essential elements of a media release.

6.7 Draft a media release to share with your class group each of the following: good news story, story that may harm organizational reputation (e.g. patient harm, staff misconduct).

6.8 Role play and share with class group a media interview in one of the following ways: in person with class group, on audio with a volunteer, or on video with a volunteer.

6.9 Critique class group members' media releases and interview role plays, using predetermined criteria to evaluate and provide feedback to them.

7.0 Student will deconstruct relevant legislation and regulations to learn what healthcare leaders must, can and cannot share publicly or with specific agencies.

7.1 Review the current Health Information Privacy Act (PHIPA) portions relating to healthcare and disclosure of information and situations in which exceptions are acceptable (e.g. reporting child abuse).

7.2 Review current standard of practice from at least two professional colleges in relation to disclosure of information to the general public,

and which information leaders must disclose to colleges. Note: Provincial College of Nurses strongly recommended as one source, as in most healthcare organizations, nurses outnumber other healthcare providers.

7.3 Interview a human resources practitioner to learn what types of information they cannot share e.g. in relation to discipline, professional practice, grievances, arbitrations.

7.4 Provide specific examples of information healthcare leaders can and cannot disclose publicly, based on PHIPA, professional college, and human resource considerations.

8.0 Student will utilize briefing notes to their full

potential.

8.1 List reasons and situations for which briefing notes are utilized as a method of communication.

8.2 Define typical target audiences for briefing notes.

8.3 Share a currently used briefing note template with class group, touching on the following for each element/section: rationale, typical content, best sources.

8.4 Draft an accurately informed, complete and persuasive briefing note as a healthcare leader aiming to convince senior team members or funders to support a given initiative.

GENERAL EDUCATION

This is not a General Education course.

PROGRAM OUTCOMES

This course contributes to the following Ministry of Colleges and Universities approved program learning outcomes (PLO):

Health Care Administration

1. Address the needs of a variety of cultures and behaviours and respond to a diverse number of situations and environments using best patient practices to ensure positive health care operations.
2. Apply key principles and core concepts of quality and patient safety improvement to achieve enhanced patient outcomes and experiences in the healthcare setting.
3. Apply professional leadership concepts as a member of a multi-disciplinary health care team to meet the needs of patients with a culturally competent approach.
4. Communicate effectively with patients, families, and members of the inter-professional health care team in a therapeutic context to ensure positive health care experiences.
5. Practice within the legal, ethical and professional scope of practice in the province of Ontario as a member of the health care team.
6. Examine the impact of technology and informatics in health care and contribute to the maintenance of health-related documentation.

ESSENTIAL EMPLOYABILITY SKILLS OUTCOMES

This course contributes to the following Ministry of Colleges and Universities approved essential employability skills (EES) outcomes:

1. Communicate clearly, concisely, and correctly in the written, spoken, and visual form that fulfils the purpose and meets the needs of the audience.
2. Respond to written, spoken, or visual messages in a manner that ensures effective communication
5. Use a variety of thinking skills to anticipate and solve problems
6. Locate, select, organize, and document information using appropriate technology and information systems.

- 8. Show respect for the diverse opinions, values, belief systems, and contributions of others
- 9. Interact with others in groups or teams in ways that contribute to effective working relationships and the achievement of goals.
- 11. Take responsibility for one's own actions, decisions, and consequences.

EXTERNAL COURSE ACCREDITATIONS AND CONDITIONS

COURSE EVALUATION

- Role Play Activities and Discussion Postings 20%
- Communication Plan Outline 10%
- Communication Plan 25%
- Media Release 30%
- Briefing Note 15%

PROGRAM SPECIFIC GRADING

An overall grade of 60% is required to pass.

GRADING SYSTEM

A+: 90-100%	B+: 77-79%	C+: 65-69%	D: 50-54%	S - Satisfactory
A: 85-89%	B: 73-76%	C: 60-64%	F: 0-49%	I - Incomplete
A-: 80-84%	B-: 70-72%	D+: 55-59%		F- Repeat Course, included in GPA
				FS- Failure Supplemental
				FR- Repeat course, excluded from GPA

*For a complete chart of grades and descriptions, please see the Grading Policy.

LEARNING RESOURCES

Other Resources:
TBA

Resources listed on the course outline support the achievement of learning outcomes, and may be used throughout the course to varying degrees depending on the instructor's teaching methodology and the nature of the resource.

LEARNING ACTIVITIES

Reading

Literature reviews

Class discussion

Discussion with formal leaders and other relevant experts

Role play

Assignments

DELIVERY MODE

This course may be delivered, in whole or in part, in a number of modalities, including in class, online, hybrid, in a synchronous or asynchronous manner or a combination thereof, as per accreditation and/or regulatory standards where appropriate.

ACADEMIC POLICIES

Canadore College is committed to the highest standards of academic integrity, and expects students to adhere to these standards as part of the learning process in all environments. The College's Academic Integrity policy seeks to ensure that all students understand their rights and responsibilities in upholding academic integrity and that students receive an accurate and fair assessment of their work. Please review the Academic Integrity policy (A-18) and other academic policies found on our website:

<https://www.canadorecollege.ca/about/policies>.

COLLEGE POLICIES

- Protecting human rights in support of a respectful college community

For college policies please see: <http://www.canadorecollege.ca/about-us/college-policies>.

STUDENT SUCCESS SERVICES - Your Success Matters!

Student Success Services provides student-focused services to facilitate students' success in their studies. Staff provide support by reducing and/or removing educational-related barriers through individualized accommodations and supports to students with disabilities.

Please visit our webpage to learn more: <https://www.canadorecollege.ca/support/student-success-services> or look for our events on social media.

To connect with Student Success Services email studentsuccessnow@canadorecollege.ca or call 705.474.7600 ext 5205.

FIRST PEOPLES' CENTRE:

A culturally safe environment offering CONFIDENTIAL student focused services, drop in or make an appointment to access:

- One on one counselling
- Elder in residence program
- Peer tutoring
- Peer mentorship
- Lunch & learn workshops on study skills, self-care, life skills
- Learning Resource Centre

Drop by our offices at C254 College Drive, E101 Commerce Court or call 705 474 7600 Ext. 5961 College Drive / 5647 Commerce Court.

<https://www.canadorecollege.ca/experience/indigenous-student-experience>

WAIVER OF RESPONSIBILITY

Every attempt is made to ensure the accuracy of this information as of the date of publication. The college reserves the right to modify, change, add, or delete content.

HISTORICAL COURSE OUTLINES

Students use course outlines to support their learning. Students are responsible for retaining course outlines for future use in applications for transfer of credit to other educational institutions.