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| **TEXAS CTE LESSON PLAN**  [www.txcte.org](http://www.txcte.org) | |
| **Lesson Identification and TEKS Addressed** | |
| **Career Cluster** | Health Science |
| **Course Name** | Practicum in Health Science |
| **Lesson/Unit Title** | Communication Barriers |
| **TEKS Student Expectations** | **130.233. (c) Knowledge and Skills**  (2) The student applies mathematics, science, English language arts, and social sciences in health science.  (D) The student is expected to examine the environmental factors that affect homeostasis  (E) The student is expected to relate anatomical structure to physiological functions  (F) The student is expected to distinguish atypical anatomy and physiology in the human body systems  (3) The student uses verbal and non-verbal communication skills.  (B) The student is expected to demonstrate therapeutic communication skills to provide quality care  (C) The student is expected to employ therapeutic measures to minimize communication barriers |
| **Basic Direct Teach Lesson**  (Includes Special Education Modifications/Accommodations and  one English Language Proficiency Standards (ELPS) Strategy) | |
| **Instructional Objectives** | Upon completion of this lesson the student will be able to:   * Understand effective communication * Use effective listening techniques * Use proper verbal and nonverbal communication skills * Practice communication techniques to minimize communication barriers seen in health care |
| **Rationale** | Communication Barriers are common in the health care field. Health professionals are expected to use effective communication techniques. |
| **Duration of Lesson** | 4 hours |
| **Word Wall/Key Vocabulary**  *(ELPS c1a, c, f; c2b; c3a, b, d; c4c; c5b) PDAS II (5)* |  |
| **Materials/Specialized Equipment Needed** | * Copies of the Communication Practice activity, the scenarios, and the history and physical form * Copies of the “Communication Barrier Brain Storming Activity” |
| **Anticipatory Set**  (May include pre-assessment for prior knowledge) | A family member approaches you and is concerned that no one has spoken to their parent about the tests and procedures which will be run tomorrow. However, you have spent ten minutes explaining everything that was going to take place tomorrow to the patient. What seems to be the communication problem? |
| **Direct Instruction \*** | 1. Effective communication is essential to limit communication barriers    1. be aware of communication filters which can distort messages within their group:       1. Semantics          1. jargon and abstract words are interpreted by different people in diverse ways          2. it is always important to be precise and explicit with words       2. Emotions (our most powerful communication filter) -- always remember: senders who are emotional or angry are perceived differently          1. emotions can prevent receiver from hearing what speaker has to say          2. emotional state can make listener too susceptible to speaker’s point of view          3. it is important to detach self from emotions and think of the verbal content of message       3. Attitudes (beliefs backed up by emotions; deeply embedded ideas and feelings)          1. bias towards accents, ethnicity, mannerisms, dress, demeanor, physical characteristics can change the way we send and receive messages       4. receiver and/or sender bias towards the values and opinions of others can affect message interpretation (abortion issue, religious preference, gender orientation, political viewpoints, social perspectives)    2. Role Expectations – sometimes people tend not to listen when individuals talk “outside” of their expected role (mom or dad giving academic advice; best friend who has never had a date telling you how to treat your boy/girlfriend, etc.). It is always best to remain open and objective. 2. Be aware of the messages you send with body language    1. eyes transmit more information than any other part of the body    2. gestures indicate whether people are open or closed to communication, how comfortable an individual is during given situations, who is the true leader of a group    3. individuals who agree with a speaker will mirror the speaker’s posture or expressions, silently signaling agreement    4. positioning oneself in a group is critical to inclusiveness; turning your back to people in a group signals that they aren’t included 3. Who Is Responsible For Effective Communication?    1. both the sender and the receiver share equal responsibility for effective communication    2. communication loop is complete when the receiver understands, feels, or behaves according to the message of the sender; when this does not occur, the communication process breaks down    3. receivers must provide senders with enough feedback to ensure that an accurate message has passed through all the filters that might alter it 4. How to Improve Group Communication    1. Send Clear Messages       1. don’t talk too fast       2. don’t be too wordy       3. be aware of filters that can distort your message       4. ask purposeful questions to make sure you were understood    2. Use Words Carefully       1. use language that is simple and precise       2. avoid words that might be vague and/or ambiguous       3. avoid technical or occupational jargon    3. Use Repetition       1. repetition is a valuable tool in ensuring communication accuracy       2. use parallel channels of communication -- send memo and follow-up with phone call    4. Use Appropriate Timing   not wise to communicate when receiver is extremely busy   * 1. Develop Listening Skills -- We *hear*, but do we *listen*?      1. listening is taught least, yet used the most      2. may explain why people listen at a 25% efficiency rate in typical situations (miss about 75% of messages spoken by others!)      3. discrepancy between our rate of speaking and our rate of hearing -- people speak approximately 150 words per minute; listening capacity is about 450 words per minute. Because message is usually much slower than our capacity to listen, we have plenty of time to let minds roam, think ahead, and plan that we are going to say next      4. Five Signs of Poor Listening Habits:         1. thinking about something else while waiting for speaker’s next words or sentence         2. listening primarily for facts rather than ideas         3. tuning out when talk seems to be getting too difficult         4. prejudging from person’s appearance or manner that nothing interesting will be said         5. paying attention to outside sights and sounds when talking to someone  1. Active Listening -- process of feeding back to the speaker what listeners think the speaker means    1. Steps towards becoming an active listener:       1. cultivate a listening attitude          1. regard person worthy of respect & attention          2. empathize with speaker and really try to understand other’s experience          3. drop expectations of what you are going to hear or what you would like to hear          4. be patient and refrain from formulating response until speaker has finished talking       2. focus full attention          1. establish eye contact          2. equalize difference in height between you and speaker          3. maintain open body posture and lean forward slightly          4. continually refocus away from distractions    2. Take notes   Taking notes ensures greater accuracy and builds speakers confidence in your ability to remember details   1. Ask questions   ensures your own understanding of speaker’s thoughts and feelings and helps secure additional information   1. Empathic Listening    1. avoid being judgmental    2. accept what is said -- you do not have to agree with what is being said, but you should let the person know you understand his or her viewpoint    3. be patient – signs of impatience send a negative message to the person needing to talk 2. Common Communication Barriers    1. Anything that interferes with communication can lead to a lack of understanding or misinterpretation of the message.    2. Patients are often physically ill and emotionally upset when a health care worker is attempting to communicate with them.    3. Health care also has its own language – “medical terminology” and patients often do not understand medical words.    4. Patients may also have sensory impairments that interfere with communication.       1. Poor hearing, poor vision, confusion, and speaking problems       2. Aphasia – absence or impairment of the ability to communicate through speech, writing, or signs (stroke patients)    5. It is the health care worker’s responsibility to make sure that the patient understands the information being communicated and that the health care worker understands what the patient is conveying.   *Individualized Education Plan (IEP) for all special education students must be followed. Examples of accommodations may include, but are not limited to:*  NONE |
| **Guided Practice \*** | *Individualized Education Plan (IEP) for all special education students must be followed. Examples of accommodations may include, but are not limited to:* |
| **Independent Practice/Laboratory Experience/Differentiated Activities \*** | * Complete the “Communication Practice” activity * Complete “Communication Barrier Brain Storming” activity   *Individualized Education Plan (IEP) for all special education students must be followed. Examples of accommodations may include, but are not limited to:*  NONE |
| **Lesson Closure** |  |
| **Summative/End of Lesson Assessment \*** | *Individualized Education Plan (IEP) for all special education students must be followed. Examples of accommodations may include, but are not limited to:*  For reinforcement, the student will select a second scenario in Activity I to research and fill in history and physical form. |
| **References/Resources/**  **Teacher Preparation** |  |
| **Additional Required Components** | |
| **English Language Proficiency Standards (ELPS) Strategies** |  |
| **College and Career Readiness Connection[[1]](#footnote-1)** | English-Listening:  B.1 Listen critically and respond appropriately to presentations  B.2 Listen actively and effectively in a one-on-one communication |
| **Recommended Strategies** | |
| **Reading Strategies** |  |
| **Quotes** |  |
| **Multimedia/Visual Strategy**  **Presentation Slides + One Additional Technology Connection** |  |
| **Graphic Organizers/Handout** |  |
| **Writing Strategies**  **Journal Entries + 1 Additional Writing Strategy** |  |
| **Communication**  **90 Second Speech Topics** |  |
| **Other Essential Lesson Components** | |
| **Enrichment Activity**  (e.g., homework assignment) | For enrichment, the student will research modern technology on the market which can help health care workers with solutions for communication barriers. |
| **Family/Community Connection** |  |
| **CTSO connection(s)** | HOSA  SkillsUSA |
| **Service Learning Projects** |  |
| **Lesson Notes** |  |

1. Visit the Texas College and Career Readiness Standards at <http://www.thecb.state.tx.us/collegereadiness/CRS.pdf>, Texas Higher Education Coordinating Board (THECB), 2009. [↑](#footnote-ref-1)