

The Hong Kong Polytechnic University

Subject Description Form

Please read the notes at the end of the table carefully before completing the form.

Subject Code	ENGL2A16
Subject Title	Understanding Communication between Patients and Health Professionals in Health Settings
Credit Value	3
Level	2
Pre-requisite/ Co-requisite/ Exclusion	None
Objectives	<p>The subject aims to provide students with a theoretical basis for understanding different interactions between multidisciplinary teams in healthcare and between patients and health professionals. Students will learn about some of the predictors of effective and ineffective communication in healthcare settings. They will learn how to apply the theoretical frameworks of social identity theory and communication accommodation theory across a range of healthcare contexts. Thus, the subject combines rigorous theory within the applied context of healthcare (in hospital and community settings).</p> <p>Thus, the subject examines interactions that occur in a wide range of health settings and examines how group membership and the sociohistorical context that each interactant brings to an interaction influences their communication behaviours. The subject investigates how miscommunication often occurs and how it is very often explained as a communication competence issue. Students will critically evaluate the role of communication competence training and the need for combining such training with a social psychology of language approach.</p> <p>The subject will take account of both eastern and western approaches to healthcare and how cultural norms influence communication behaviours.</p>
Intended Learning Outcomes <i>(Note 1)</i>	<p>Upon completion of the subject, students will be able to:</p> <p>Category A: Professional/academic knowledge and skills</p> <ol style="list-style-type: none"> a. Understand current social psychological language research, specifically in social identity, and group processes in the health context. b. Evaluate and critique language and social psychological health research. c. Have a broad understanding of issues in health communication research as they relate to both patient care and hospital authority contexts. <p>Category B: Attributes for all-roundedness</p> <ol style="list-style-type: none"> d. Critically analyse issues on current social contexts.

	<ul style="list-style-type: none"> e. Develop logical arguments with supporting research and evidence that is relevant to that argument. f. Evaluate others' opinions and be able to reflect on those opinions in a critical manner. g. Have a strong understanding of ethical and social issues that are current both in Hong Kong and globally.
<p>Subject Synopsis/ Indicative Syllabus <i>(Note 2)</i></p>	<p>Over the course of this subject, students will discuss a range of issues around communication between health professionals and patients. The class will examine the intergroup dynamics that exist in these encounters and discuss the role of intergroup and interpersonal salience. Students will also examine the intergroup dynamics that exist in interprofessional and multidisciplinary health care teams. Students will examine actual examples of quality patient safety and care. The intergroup dynamics that can be linked to these actual events will form the basis for group discussion.</p> <p>Subject Outline:</p> <ol style="list-style-type: none"> 1. Basics of social identity theory and intergroup communication theory 2. Intergroup communication in the health context 3. Skills training and intergroup communication 4. Patient and health professional communication – the community setting 5. Communication between health professionals 6. Understanding teamwork in the hospital setting 7. The role of the carer in the health setting 8. Aging and intergroup communication 9. Miscommunication in the health setting 10. Future directions
<p>Teaching/ Learning Methodology <i>(Note 3)</i></p>	<p>The structure of this subject depends on two key elements. First, the students will be expected to learn about communication theory and its place in healthcare. Much of this material will be delivered in a blended manner that will combine a lecture format with breakouts into groups for discussion around the theoretical concepts. There will also be in-class questions that will prompt the discussion points.</p> <p>In addition, a particular health topic will be covered each week and all the students will need to prepare for that topic by accessing a DVD or reading. Each week a different group of students will lead the seminar format with a presentation. The lecturer will assist with the discussion process, but the group must facilitate active engagement from the class. Although this class will be large (around 80 students), there will be opportunities for participation from all students across the different topics.</p>

Assessment Methods in Alignment with Intended Learning Outcomes

(Note 4)

Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed (Please tick as appropriate)						
		a	b	c	d	e	f	g
1. Short answer questions (in class)	40	√		√		√		√
2. In-class structured discussions that is led by a different group of students each week. The group must summarize their reading / topic and establish debate with the class.	30	√	√	√	√	√	√	√
3. Final take home exam – one essay question	30	√	√	√	√	√	√	√
Total	100 %							

Explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes:

The short answer questions will cover theory and how this theory is applied in practice. The questions will represent topics which have not been tested in other forms of assessment. Students can only answer the short answer questions successfully upon completion of a comprehensive reading of the required text and cannot rely on exposition by the instructors before the assessments.

Students often encounter difficulties with group work, but this is part of the intended learning outcome as they reflect on how they managed the challenges within the group. The structure discussion will require students to work in groups and prepare a topic for class and discussion. This assessment will provide the students with the necessary communication skills to put forward a comprehensive and unbiased view point. The students may prepare the presentation in advance (PowerPoint that can be video recorded with audio), but they must personally introduce their video presentation and ensure debate following the end of the presentation.

Concise and clear articulation of what each student has learnt throughout the subject will be achieved through the written assignment. This will be in an essay form of 1,500 - 2,500 words. It will comprise (a) personal reflection with respect to the subject and the learnings achieved over the semester, and (b) it will also include responding to a question concerning intergroup communication in health settings. Students must obtain a D or above on this piece of assessment to pass the subject.

Student Study Effort Expected	Class contact:	
	Lecture	26 Hrs.
	In-class discussion	13 Hrs.
	Other student study effort:	
	▪ Private study	52Hrs.
	▪ Preparation for assessment of group work and essay	40Hrs.
	Total student study effort	131Hrs.
Reading List and References	<p>Recommended Resources</p> <p>Watson, B. M., Hewett, D. & Gallois, C. (2012). Intergroup communication and healthcare. In Howard Giles (Ed.), <i>The Routledge handbook of intergroup communication</i> (pp. 293-305). Abingdon, Oxon: Routledge</p> <p>Watson, B. M., Hewett, D. G., & Jones, E. (2012). Culture and health care: Intergroup communication and its consequences. In J. Jackson (Ed.), <i>The Routledge handbook of intercultural communication</i> (pp. 512-524). London: Routledge.</p> <p>Street, R. L. (2001). Active patients as powerful communicators. In W. P. Robinson & H. Giles (Eds.), <i>The new handbook of language and social psychology</i> (pp. 541-561). Chichester, UK: Wiley.</p> <p>Haidet, P., O'Malley, K. J., Sharf, B. F., Gladney, A. P., Greisinger, A. J., & Jr, R. L. S. (2008). Characterizing explanatory models of illness in healthcare: Development and validation of the connect instrument. <i>Patient Education and Counseling</i>, 73, 232-239.</p> <p>Angus, D., Watson, B. M., Gallois, C., & Wiles, J. (2012). Visualising conversation structure across time: Insights into effective doctor-patient consultations <i>PLoS One</i>, 7, E38014.38011-e38014.38012.</p> <p>Wittenberg-Lyles, E., Oliver, D. P., Kruse, R. L., Demiris, G., Gage, L. A., & Wagner, K. (2012). Family caregiver participation in hospice interdisciplinary team meetings: How does it affect the nature and content of communication? <i>Health Communication</i>, 28, 110-118.</p> <p>Ryan, E. B., Bajorek, S., Beaman, A., & Anas, A. P. (2005). "I just want you to know that 'them' is me": Intergroup perspectives on communication and disability. In J. Harwood & H. Giles (Eds.), <i>Intergroup communication: Multiple perspectives</i> (pp. 117-140). New York: Peter Lang.</p> <p>Lingard, L., Schryer, C. F., Spafford, M. M., & Campbell, S. L. (2007). Negotiating the politics of identity in an interdisciplinary research team. <i>Qualitative Research</i>, 7, 501-519.</p> <p>Lewin, S., & Reeves, S. (2011). Enacting 'team' and 'teamwork': Using Goffman's theory of impression management to illuminate interprofessional practice on hospital wards. <i>Social Science & Medicine</i>, 72, 1595-1602.</p>	

	<p>Sorensen, R., Iedema, R., Piper, D., Manias, E., Williams, A., & Tuckett, A. (2009). Disclosing clinical adverse events to patients: Can practice inform policy? <i>Health Expectations</i>, 13, 148-159.O</p> <p>Other readings</p> <p>Gasiorek, J., & van de Poel, K. (2012). Divergent perspectives on language-discordant mobile medical professionals' communication with colleagues: An exploratory study. <i>Journal of Applied Communication Research</i>, 40, 368-383.</p> <p>Exploring communication pathways to better health: Clinician communication of expectations for acupuncture effectiveness. <i>Patient Education and Counseling</i>, 89(2), 245-251. doi: http://dx.doi.org/10.1016/j.pec.2012.06.032</p> <p>Street Jr, R. L., & De Haes, H. C. J. M. (2013). Designing a curriculum for communication skills training from a theory and evidence-based perspective. <i>Patient Education and Counseling</i>, 93(1), 27-33. doi: http://dx.doi.org/10.1016/j.pec.2013.06.012</p> <p>Street Jr, R. L., & Gordon, H. S. (2006). The clinical context and patient participation in post-diagnostic consultations. <i>Patient Education and Counseling</i>, 64(1-3), 217-224. doi: http://dx.doi.org/10.1016/j.pec.2006.02.004</p>
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Note 1: Intended Learning Outcomes

Intended learning outcomes should state what students should be able to do or attain upon subject completion. Subject outcomes are expected to contribute to the attainment of the overall programme outcomes.

Note 2: Subject Synopsis/Indicative Syllabus

The syllabus should adequately address the intended learning outcomes. At the same time, overcrowding of the syllabus should be avoided.

Note 3: Teaching/Learning Methodology

This section should include a brief description of the teaching and learning methods to be employed to facilitate learning, and a justification of how the methods are aligned with the intended learning outcomes of the subject.

Note 4: Assessment Method

This section should include the assessment method(s) to be used and its relative weighting and indicate which of the subject intended learning outcomes that each method is intended to assess. It should also provide a brief explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes.