



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

NURS 1050**Interpersonal Communication****Start Date:** August 15, 2007**End Date:** November 28, 2007**Total Hours:** 34 **Total Weeks:** 17**Term/Level:** 2 **Course Credits:** 2**Hours/Week:** 2 **Lecture:** **Lab:****Shop:** **Seminar:** **Other:****Prerequisites****Course No.** **Course Name**

None

NURS 1050 is a Prerequisite for:**Course No.** **Course Name**

NURS 3032 Family Nursing Theory

NURS 3034 Nursing of Families Practicum

NURS 3036 Mental Health Issues in Nursing Practice

NURS 3038 Mental Health Nursing Practicum

Corequisites**Course No.** **Course Name**

Practicum or instructor approval

■ Course Description

In this introductory course, students will study how various aspects of interpersonal communication promote shared meaning with patient/clients and others. The course emphasizes attitudes, knowledge, and skills necessary for helpful communication. Simulated patients, student demonstrations of their communication abilities, interactive exercises, and class activities are part of the course.

Interpersonal communication helps students develop the ability to establish partnerships with people by developing shared meaning.

■ Evaluation

Midterm Exam	25%	Midterm on Sept. 19, 2007 from 0830–0930 in SE12 Room 412.
Collage	10%	Collage is finished on Sept. 19, 2007
Process Recording	25%	Process Recording due Oct. 31, 2007 or earlier .
Final Exam	40%	Final exam in Exam Week for both sets . (Room TBA)
TOTAL	100%	

■ **Course Learning Outcomes/Competencies**

Upon successful completion, the student will be able to:

1. Develop interpersonal awareness in order to identify the:
 - context of an interaction (physical, emotional, social, cultural, economic, political, and spiritual).
 - verbal and non-verbal attitudes and skills that facilitate shared meaning.
 - verbal and non-verbal attitudes and behaviours that block shared meaning.
2. Develop interpersonal self-awareness in order to identify her/his own:
 - contextual variables in a given interaction.
 - verbal and non-verbal attitudes and skills that facilitate her/his shared meaning.
 - verbal and non-verbal attitudes and behaviours that block her/his shared meaning.
3. Incorporate professional interpersonal skills with her/his personal way of being.
4. Demonstrate professional, caring communication during course activities.
5. Explain and commit to the essential nature of communication to professional nursing.

■ **Verification**

I verify that the content of this course outline is current.

Linda Barnath
Authoring Instructor

June 6, 2007
Date

I verify that this course outline has been reviewed.

Jain Verner
Program Head/Chief Instructor

June 06, 2007
Date

I verify that this course outline complies with BCIT policy.

Greene
Dean/Associate Dean

June 07/07
Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.

■ Instructor(s)

Katherine Doyle

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by appointment

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■ Learning Resources

Required:

Wood, J., & Schweitzer, A. (2006). *Everyday encounters: An introduction to interpersonal communication* (3rd ed.). Scarborough, ON: Nelson Thomson Learning.

Other selected readings are for sale in the **bookstore** and **on reserve** in the library.

■ Information for Students

The following statements are in accordance with the BCIT Student Regulations Policy 5002. To review the full policy, please refer to: <http://www.bcit.ca/~presoff/5002.pdf>.

Attendance/Illness: In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his/her instructor or Program Head or Chief Instructor, indicating the reason for the absence. After an illness of three or more consecutive days, students must arrange to have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program.

Cheating, Fabrication, Plagiarism, and/or Dishonesty:

First Offense: Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

Second Offense: Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

Attempts:

BCIT Nursing Program Student Guidelines, Policies and Procedures which are located online at <http://www.bcit.ca/health/nursing/> state: "Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program with written permission from the Associate Dean, who will detail any special considerations. Applicants who have any combination of two instances of withdrawal or failure in any Nursing Practicum course(s) for academic or performance reasons, will not be readmitted to the program."

Accommodation: Any student who may require accommodation from BCIT because of a physical or mental disability should refer to BCIT's Policy on Accommodation for Students with Disabilities (Policy #4501), and contact BCIT's Disability Resource Centre (SW1-2300, 604-451-6963) at the earliest possible time. Requests for accommodation must be made to the Disability Resource Centre, and should not be made to a course instructor or Program area.

Any student who needs special assistance in the event of a medical emergency or building evacuation (either because of a disability or for any other reason) should also promptly inform their course instructor(s) and the Disability Resource Centre of their personal circumstances.

■ Learning Process Threads

Professionalism: Students develop an understanding of the professional nurse's role regarding communication. They use assessment knowledge to guide interpersonal communication and use judgment when communicating. They adhere to professional ethical standards.

Communication: Students thoughtfully discuss interpersonal communication verbally and in writing. They dialogue with colleagues and teachers in the process of learning. They work with colleagues and simulated patients to develop abilities in interpersonal communication. They commit to the essential nature of communication in professional nursing. Students anticipate interpersonal communication to be performed in class and prepare themselves to perform them. They are independent with some aspects of interpersonal communication learned this term, but may require assistance with others.

Systematic Inquiry: Students think and reflect about interpersonal communication by appreciating the research base, recognizing real and potential risks associated with communication, and making judgments about communication considering the context. Questioning and feedback are two of the strategies that are used to facilitate reasoning and reflection.

Professional Growth: Students take responsibility for their learning and for preparing information for class that is accurate and relevant. Also, they are responsible and accountable for their actions. As students participate in the course experiences, they will grow both personally and professionally.

Creative Leadership: Students are able to discriminate situations in which specific skills would be useful. Developing interpersonal awareness of self and others requires creativity and risk taking. Students are expected to make positive assumptions about each other's abilities and value individuality. Self-direction and dialogue are essential to partnership.

■ Assignment Descriptions

1. Collage

The collage is used to stimulate discussion among the class participants (students and faculty). It will help us as individuals to make meaning from the course concepts and it will help us to share those meanings with each other.

See syllabus for assignment guidelines.

2. Process Recording

There is a written process recording in this course. The assignment is an analysis of both the content and process of an interaction with a patient and/or family member.

The purpose of this process recording is to gain awareness and understanding of one's own interpersonal communication through analysis of an interaction by identifying:

- contextual variables that influence communication
- verbal and non-verbal responses and skills in yourself and others that facilitate shared meaning
- verbal and non-verbal responses in yourself and others that block shared meaning
- areas for improvement in your interpersonal communication.

Information, including the details and grading scheme for this assignment, are in the course syllabus.

Note: Students who are not taking a practicum course concurrently with this course must make an appointment by the second week of the term with the course instructor to discuss plans for how this interaction will be obtained. If you drop your practicum course before the process recording is due, you must also see the instructor to discuss your plans for the assignment.

■ Class Participation

1. Students are expected to participate in class.
2. Students are expected to complete all weekly required readings and preparation questions on the course schedule.



Bachelor of Science in Nursing

NURS 1050 Interpersonal Communication

COURSE SYLLABUS

Prepared by: Linda Barratt

Date: May, 2007

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Burnaby, British Columbia

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Class Schedule and Class Preparation

Date	Week	Outcome/Material Covered	References
August 15	1	Introduction and review of course outline Learning needs and goal setting. Participation, readings, simulations, course requirements, and evaluation.	
August 22	2	Interpersonal communication — definition, principles, and models *Collage <ol style="list-style-type: none"> pp. 15–17 — Which of Buber’s levels of communication is appropriate to your nursing role with patients, families, and colleagues? pp. 25–26 — “We can’t automatically communicate with others as full unique individuals because we don’t know them personally when we first meet.” Is getting to know your patient personally congruent with the professional role of a RN? pp. 30–31 — Who is responsible for how others interpret our non-verbal behaviour — the other or myself? pp. 35–36 — What do you mean to your patients? What do you want to mean to them? pp. 41–42 — Does the requirement for self-monitoring promote self-consciousness or self-awareness? What is the difference between these processes? 	Wood & Schweitzer. Chapter 1. Read pp. 3–4. If you are not familiar with Maslow’s hierarchy of needs read pp. 5–11. It is not necessary for you to remember all the needs. Read pp. 12–27. These pages discuss models of communication. This information will be needed for Assignment #2. Read pp. 28–29. This is an introduction to this content. It will be discussed again in Chapter 6. Read p. 31 “Concept at a Glance, Eight Principles of Interpersonal Communication.” If you do not understand part of this, read the corresponding section on pp. 30–37. Read p. 37 “Concepts at a Glance, Guidelines for Interpersonal Communication Competence.” Read any corresponding section that you did not understand on pp. 38–42. Try to understand the

Date	Week	Outcome/Material Covered	References
		<p>Self-awareness in nursing</p> <ol style="list-style-type: none"> p. 66 — Complete the exercise outlined under Reflecting on Reflected Appraisals. (Wood & Schweitzer, 2006) 	<p>introduction to dual perspective and read pp. 40–41 “Apply the Idea.” This is discussed again in Chapter 5.</p> <p>Wood & Schweitzer. Chapter 2. Read pp. 47–71. Skim pp. 72–79 (top). Read pp. 79 (bottom) – 85.</p>
August 29	3	<p>Perception and communication *Collage</p> <ol style="list-style-type: none"> pp. 89–115 discusses some of the influences on perception. How does the following influence your perception as a student nurse? <ol style="list-style-type: none"> Culture — The culture of hospitals and health care givers — The culture of student nurses Social roles — What is your role as a student nurse and as a guest (non-employee) in the hospital? How does your role affect what you notice and how you interpret and evaluate it? Cognitive abilities — How do your cognitive complexity and personal perception influence how you perceive your patients, their family members, your clinical instructor, the nursing staff, etc.? Some guidelines are given for improving perception and communication (begins p. 115). The guideline “perceptions are subjective” means there is no clear right or wrong and there is no truth. What are your views about the above statement? 	<p>Wood & Schweitzer. Chapter 3. In Chapter 3 read pp. 89–103 (top). p. 103, read “Concept at a Glance, There are several factors that influence our perceptions.” If you do not understand any part of this, read the corresponding sections on pp. 103–15 (top). Read pp. 115 (bottom) – 124 (top).</p> <p>Wood & Schweitzer. pp. 328–331. Self-disclosure when appropriate and the Johari Window.</p>

Date	Week	Outcome/Material Covered	References
		<p>Johari Window Exercise</p> <ol style="list-style-type: none"> Complete three Johari Windows (pp. 328–331) <ol style="list-style-type: none"> with one of your parents or grandparents; your closest friend; a co-worker or classmate. <p>Give examples in each of the four quadrants or panes of the window for each of the different relationships. You determine the size of each quadrant in each of the relationships.</p> What experiences, attitudes, or feelings do you have that you might disclose to a client to help establish a therapeutic relationship? <p>In-class</p> <ol style="list-style-type: none"> In small groups share the insights you gained doing your Johari Windows. Share only what you are comfortable sharing. 	
Sept. 5	4	<p>Emotions and communication *Collage</p> <ol style="list-style-type: none"> p. 129 — Complete and mark the EQ quiz. How does your EQ score relate to your perception of your own emotional intelligence? p. 153 — When, if ever, is it acceptable for a nurse to talk about her/his personal feelings with a patient or the patient's family? pp. 154–158 — What are some of the reasons for ineffective expression of emotions? pp. 158–165 — These pages outline some guidelines to communicate emotions effectively. Which of these guidelines do you think you can or do currently use? 	Wood & Schweitzer. Chapter 4.

Date	Week	Outcome/Material Covered	References
Sept. 12	5	<p>Non-verbal communication *Collage</p> <ol style="list-style-type: none"> One of the rational-level meanings established by non-verbal behaviours is power. Think of the hospital context and discuss how power is reflected. Who do you think has the most power? The least? What cues support your assessment? What power do you as a student have on the ward? How do the non-verbal cues re your power/lack of power in the hospital setting influence the non-verbal behaviours you manifest during your practicum experience? One type of non-verbal behaviour mentioned in your text is kinesics. Think for a moment about your kinesic messages. Are these the same for you when you are with friends as when you are in your hospital practicum? What changes, if any, do you display? What does this tell others about you? Are these the messages you want to give? If not, what do you need to change to communicate the desired messages? p. 229 of your text states that "touching also communicates power and status. People with high status touch others and invade others' space more than people with less status do." Discuss your thoughts on this statement. How is this relevant in nursing? Silence is a form of non-communication. Discuss both the positive as well as the negative messages that a nurse conveys when using silence. 	Wood & Schweitzer. Chapter 6.

Date	Week	Outcome/Material Covered	References
Sept. 19	6	<p>Midterm Exam — All students SE12-412 (1 hour: 0830-0930)</p> <p>*Collage participation — Form due</p> <p>Relational capacity</p> <p>Although the Doane & Varcoe reading is from a family nursing text (Chapter 6, pp. 190-212), it is applicable to all contexts of nursing.</p> <ol style="list-style-type: none"> 1. Read what it means to “be in relation” and how that applies to your nursing practice. 2. Then try out Exercise 6-1 — An Exemplary Relational Practitioner, on page 6. 	<p>Doane, G.H. & Varcoe, C. (2005). Being In Relation. In G.H. Doane & C. Varcoe, Family nursing as relational inquiry: Developing health-promoting practice (pp. 190-212). Philadelphia: Lippincott Williams & Wilkins.</p>
Sept. 26	7	<p>Shinerama</p> <p>No Class This Week</p>	

Date	Week	Outcome/Material Covered	References
Oct. 3	8	Mindful listening for meanings and partnerships <ol style="list-style-type: none"> Although good communication skills contribute to relational capacity, Doane & Varcoe suggest it involves a great deal more. What do they add to the discussion about effective communication in nursing? Wood and Schweitzer describe mindfulness as the first step to listening effectively and this requires a conscious commitment. What makes effective listening such hard work? Do your emotional reactions get in the way of listening effectively? Think of some examples of situations in which you have not been able to hear what was being said because of your emotional reactions. Are there particular topics that trigger these reactions? How could you control your reactions? Responding is the fifth step in the listening process. It is the active part of "active listening." List the responding skills that you think constitute active listening. 	Wood & Schweitzer. Chapter 7. Continue with Doane and Varcoe reading
Oct. 10	9	Listening skills and analysis or process recording	Continue with week 8 readings
Oct. 17	10	Interacting with a person who is anxious <ol style="list-style-type: none"> Write an example that demonstrates the model of stress as a transaction. Your example needs to clearly demonstrate the relationship between the situation or circumstance (stressor) in the environment and the individual experiencing the stressor. Be sure to include evidence of the primary and secondary appraisal. You will share your example with one person in your group. When you receive an example, your role will be to analyse the example. List factors in your life that influence your interpretation of stressors. Compare and contrast how you respond to stress with someone else you know well. You may share your ideas with your group, as you feel comfortable. 	Reread course outline. Keltner, N.L., Schwecke, L.H., & Bostrom, C.E. (2003). <i>Psychiatric nursing: A psychotherapeutic management approach</i> (4th ed., pp. 120–129). St. Louis: Mosby. Arnold, E., & Boggs, K.U. (2003). <i>Interpersonal relationships. Professional communication skills for nurses</i> (4th ed., pp. 492–499). Philadelphia: Saunders.

Date	Week	Outcome/Material Covered	References
Oct. 24	11	Simulation #1 — Eleanor Dubois – Patient Simulation	
Oct. 31	12	Interacting with a person who is bereaved or dying These questions are related to the reading from the book <i>Final Gifts</i> . 1. What are the final gifts a dying person and her/his significant other offer each other? 2. What can the special communication of a dying person reveal to those who listen and understand it? 3. In Chapter 1, It's Time to Get in Line, one of the authors recounts an interaction she had with Joe. It begins "I know this is hard for you, Joe ..." Analyse this interaction, identifying the specific interactive skills the author uses when she is talking with Joe. Describe what you think her rationale was for saying what she said. What could she have said? Set up four columns; at the top of each column write Statement/Question, Skill/Technique, Rationale, Alternative.	Callanan, M., & Kelley, P. (1992). <i>Final gifts</i> . New York: Bantam Books. pp. 1–9. Ufema, J. (1991, February). Meeting the challenge of a dying patient. <i>Nursing 91</i> , 42–46.
Nov. 7	13	Simulation #3 — Margaret Logan – Patient Simulation	
Nov. 14	14	Interacting with a person who is confused 1. What are some similarities between delirium and dementia? 2. What are the differences between delirium and dementia? 3. What is reality orientation? What cognitive processes must a patient have to benefit from reality orientation? 4. What is the purpose of validation therapy?	Feil, N. (1992). Validation therapy. <i>Geriatric Nursing</i> , 13(3), 129–133. Hanley, C. (2004). Delirium in the acute care setting. <i>Medsurg Nursing</i> , 13(4), 217–225.
Nov. 21	15	Simulation #2 — Jana Olynuk – Patient Simulation	

Date	Week	Outcome/Material Covered	References
Nov. 28	16	Interacting with the angry person and predicting aggressive behaviour In-class activity In your group you will briefly share one of the patient situations. The group task is to: <ol style="list-style-type: none">1. assess the described patient using the assessment form.2. determine the patient's risk for violence.3. report to the large group on how you assessed the patient, including what score the patient got on the variables.4. comment on the presentations of the other groups.	Videbeck, S.L. (2004). <i>Psychiatric mental health nursing</i> (2nd ed., pp. 193–206). Philadelphia: Lippincott Williams and Wilkins. Disatsio, C. (2002). Protecting yourself from violence in the workplace. <i>Nursing 2002</i> , 32(6), 58–63.

Collage Guidelines

Creating a Collage

The collage is used to stimulate discussion among the class participants (students and faculty). It will help us as individuals to make meaning from the course concepts and it will help to share these meanings with each other.

How to Create the Collage

Each student will bring something to class (an article, a poem, a cartoon, letter, photo, an object, etc.) and add it to the collage in five different weeks. These items are to relate to the readings of that specific week. No more than one addition per week of readings. Mass produced photos taken from magazines, newspapers, the Internet or elsewhere are not acceptable. Personal photos, items you made or that have personal meaning for you are acceptable. Items can be retrieved at the end of term.

The students need to "own" and document their contributions. This is done by including your name, your set, a brief description of how the contribution relates to you, the chapter the contribution refers to, and how it relates to the day's session.

How we will use the Collage

During each class session from weeks 2 to 8, students will use their collage contributions to contribute some aspect of the assigned readings for that specific week to class discussions.

These discussions are to help individuals make meaning from the course concepts/contents. As you share your thoughts and personal meaning on the concepts/content you will help others reflect on the ideas under discussion in the class. The collage is meant to help individuals to focus on the course content and to apply the content in a different context.

Collage Contributions (minimum of 5)

Date	Brief Description and the Chapter	Date Shared with Class
1.		
2.		
3.		
4.		
5.		

Please keep track of your contributions to the collage and your participation in the large group. This form will be collected in class in the week of Sept. 19/07. This activity is worth 10% of your grade for the course. You must submit this information to receive a mark.

The marks for your additions to the collage will be based on:

- the professional look to your five additions;
- each addition being from a different week for weeks 2 to 8.

On the front of each addition, include:

- your name and group
- a brief description of how the contribution relates to you
- the chapter and page number to which the contribution refers
- how it relates to the day's session.

If you do not do the collage activity for each assigned week, you will forfeit these two marks for each week missed, (need a total of 5 weeks of contributions).

Process Recording Information

Assignment Information

Process Recording — Due Oct. 31, 2007 (or before due date) (30% of course grade)

Nurses perform many different roles. These include, but are not limited to: assessing patients, teaching, completing psychomotor skills, collaborating with other health care professionals, conveying information, and being supportive to patients and their family members.

This assignment is an analysis of both the content and process of an interaction. You will analyze your interaction and determine the following:

- how contextual variables influenced your interpersonal communication with the patient and/or family;
- how your verbal and nonverbal responses and behaviors facilitated shared meaning;
- how your verbal and nonverbal responses behaviors blocked shared meaning;
- goals you will set for yourself to improve your interpersonal effectiveness.

In order to do the assignments, you will need to attend to your own interactions with patients. It is suggested you keep a journal of suitable interactions from week to week. (You may want to include this in your NURS 2030 clinical journal.) This will ensure having sufficient interactions to choose from for the assignments.

This process recording is to be done on the sheets provided. In addition, more information is to be included in a typed format.

Step 1: Choosing an Interaction to Evaluate

Choose one interaction you had with a patient or a patient's family member in your Level 1 or 2 clinical practicum. The interaction needs to be one where the patient/family member conveyed an issue, concern, or emotion that you did or did not discuss. This issue, concern, or emotion could have been expressed either verbally, nonverbally, or both. **Do not choose** an interaction where you only taught or performed a psychomotor skill. If while teaching or performing a skill the patient expressed an issue, concern, or emotion, then this would be an appropriate interaction.

If you choose a long conversation, it is not necessary to write out and discuss the whole conversation. Choose the section of the conversation you wish to analyze. Choose a conversation where you responded at least ten times to the patient/family member.

Step 2: Contextual Variables and the Goal of Your Interaction

On a separate page, write an introduction that includes the context of your interaction e.g., the patient's diagnosis, age, the length of time you knew this patient, and something about your relationship. For example, "My patient was Mr. B., a 70 year old who had a prostatectomy. This was my second day with the patient and I had difficulty getting the patient to talk and I was feeling a bit uncomfortable." Strive to condense descriptions to the essential interpersonal elements that are significant to the person's concerns and that assist the reader to evaluate your analysis. These are your experiences and thoughts. Use 'I' not 'the author' or 'we.'

If you had a goal for your conversation, state your goal and evaluate it, i.e., how appropriate was the goal? If it was not appropriate, what should it have been? If you did not have a goal or your goal proved to be inappropriate, say this and state what the goal should have been. If during your interaction you changed your goal, then explain when this happened and your new goal. For example, "Mrs. A., a 38-year-old patient had a radical mastectomy the day before. This was my first interaction with my patient after report. When I went into the patient, my goal was to introduce myself and do my initial assessment. I needed to expand my goal to begin to identify any issues this patient had with her surgery and diagnosis."

Step 3: Record the Interaction and Response Identification

Using the columns, quote the patient's comment, your response and identify the type of response and/or skill block you may have used. Read your whole interaction to gain a sense of whether you provided support. Evaluate each of your responses. To help you with this ask yourself:

- Did I use a block or a skill? i.e., did the response contribute to or detract from the conversation?
- Did I identify and acknowledge what the patient was trying to tell me?
- Did my response demonstrate an understanding of or an attempt to understand the patient's behavior (both verbal and nonverbal), perspective, and/or the situation?
- At the time of the conversation, what message(s) did you miss only to recognize the message(s) later, or, in your analysis of the interaction?
- Once you've analyzed your response, determine if an alternate response or skill would have been more effective and write it in the alternate response column.
- Write a conclusion paragraph. Here, you are to discuss the effect of the interaction on the people involved. This means what was the response of those involved in the conversation?
- What feelings or thoughts did you have about the conversation/situation when you left the room?
- Did your feelings or thoughts about the interaction change at a later date?
- What response did the patient/family member have? e.g., did she/he thank you for your time and kindness or did she/he ask you to leave the room? Did she/he seem more relaxed and at ease or more tense during or after the interaction?
- What behaviors or comments lead you to these conclusions?

Step 4: Grading Process Recording (30% of marks)**Analysis of Interaction (20 marks)**

- Relevant contextual variables of the interaction.
- Goal(s) of the interaction, include an evaluation of the goal.
- Analysis: Cite the actual words, in quotation marks, used by the other person and yourself. For each of your responses, identify the type of response or skill and/or blocks which you used; evaluate the response and state alternate responses that you could have used to improve this conversation and state what type of response was used.
- Effect of interaction on all the involved people.

Structure, format and mechanics of the assignment (5 marks)

The tone of the assignment is appropriate to an academic audience. This includes, but is not limited to: the writing is clear and understandable.

Paragraphs form units of thought, with a topic sentence, and details to support it.

Format and mechanics:

- the necessary information is included in the centered area of the title page.
- character spacing, font size, style, and margins are appropriate.
- spelling and punctuation
- sentence structure
- grammar

Goals for Continued Development of Interpersonal Communication Skills (5 marks)

You are to reflect on what you've learned about your interpersonal communication skills in this interaction. You will identify a minimum of two areas you need to continue to work at to strengthen your interpersonal effectiveness and state **how** you plan to achieve these goals.

Total: 30 marks

Submitting Written Assignments

You are to submit one hard copy of the written assignment and keep an electronic copy on your computer.

Submissions are to be done by the deadline for each assignment, or the 10% per day penalty will apply. An extension of a due date for reasonable cause may be negotiated with the course instructor at least 24 hours before the assignment is due. The consequence of submitting a paper after the due date (or a negotiated due date) is 10% per day will be deducted for the paper. Students are advised to retain a copy (hard or soft copy) of their paper until one week after the end of exam week.

Process Recording Form

Patient Nurse	Verbatim Statements	Significant Nonverbal Behavior (both nurse and patient)	Type of Response, Skill or Barrier Used	Analysis of Student Nurse's Responses	Alternate Response that Would Increase Effectiveness

[illegible]

Process Recording Marking Guide

Student Name: _____	Comments and Marks
<p>Section 1: Analysis of Interaction (20 marks) Contextual variables of the interaction</p> <p>Goal(s) and evaluation of goal(s)</p> <p>Analysis of interaction</p> <p>Effect of interaction on people involved</p>	
<p>Section 2: Structure, Format and Mechanics (5 marks)</p> <ul style="list-style-type: none"> • Tone of assignment (appropriate academic discourse) • Paragraph formation, topic sentence • Format (title page, character spacing, font size, margins) • Spelling • Sentence structure • Grammar 	
<p>Grade:</p>	