



Oxford Cambridge and RSA

Unit title:	Communicating in health and social care organisations
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Unit number:	1
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Level:	4
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Credit value:	15
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Guided learning hours:	60
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Unit reference number:	T/601/1560
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UNIT AIM AND PURPOSE

The ability to achieve effective communication is vital to working in health and social care organisations. This unit will equip learners with an understanding of theories of communication and how these can be applied in health and social care organisations to enhance interactions with service users.

Learners will also analyse the factors that can influence communication and how to support the needs of service users with specific communication needs.

The impact of data protection, confidentiality and use of ICT on communication across organisations is also explored. This unit enables learners to develop transferable communication skills beneficial to all roles across health and social care organisations.

LEARNING OUTCOMES AND ASSESSMENT CRITERIA

A pass grade is achieved by meeting **all** the requirements in the assessment criteria.

Learning Outcome (LO)	Pass
The Learner will:	The assessment criteria are the pass requirements for this unit.
LO1 Be able to explore how communication skills are used in health	<ul style="list-style-type: none">1.1 apply relevant theories of communication to health and social care contexts1.2 use communication skills in a health and social care context1.3 review methods of dealing with inappropriate interpersonal communication between individuals in health and social care settings1.4 analyse the use of strategies to support users of health and social care services with specific communication needs
LO2 Understand how various factors influence the communication process in health and social care	<ul style="list-style-type: none">2.1 explain how the communication process is influenced by values and cultural factors2.2 explain how legislation, charters and codes of practice impact on the communication process in health and social care2.3 analyse the effectiveness of organisational systems and policies in promoting good practice in communication2.4 suggest ways of improving the communication process in a health and social care setting

LO3 Be able to explore the use of information and communication technology (ICT) in health and social care	3.1 access and use standard ICT software packages to support work in health and social care 3.2 analyse the benefits of using ICT in health and social care for users of services, care workers and care organisations 3.3 analyse how legal considerations in the use of ICT impact on health and social care
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GRADING CRITERIA

A merit grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors.

A distinction grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors **and** the distinction descriptors.

Merit Criteria (M1, M2, M3)	Distinction Criteria (D1, D2, D3)
(M1, M2, and M3 are mandatory to achieve a merit grade. Each must be achieved at least once per unit to achieve a merit grade.)	(D1, D2, and D3 are mandatory to achieve a distinction grade. Each must be achieved at least once per unit to achieve a distinction grade.) (In order to achieve a distinction grade, all merit criteria must also have been achieved.)
MANDATORY TO ACHIEVE A MERIT GRADE	MANDATORY TO ACHIEVE A DISTINCTION GRADE
M1 Analyse concepts, theories or principles to formulate own responses to situations.	D1 Evaluate approaches to develop strategies in response to actual or anticipated situations.
M2 Analyse own knowledge, understanding and skills to define areas for development.	D2 Evaluate and apply strategies to develop own knowledge, understanding and skills.
M3 Exercise autonomy and judgement when implementing established courses of action.	D3 Determine, direct and communicate new courses of action.

TEACHING CONTENT

The Teaching Content describes what has to be taught to ensure that learners are able to access the highest grade.

Learners must be able to apply relevant examples to their work. Where examples are given in the Teaching Content, these are suggestions; they do not have to be the examples that the learner uses.

LO1 Be able to explore how communication skills are used in health and social care	
Relevant theories	(e.g. SOLER (Egan), the communication cycle (Argyle), Tuckman's stages of group interaction)
Contexts	(e.g. one-to-one; groups; formal, informal; between practitioners and service users, between colleagues)
Skills	(e.g. questioning, clarifying, paraphrasing, empathising, summarising, tone, pace, active listening)
Inappropriate interpersonal communication	Personal (e.g. aggression, verbal abuse, misunderstandings) Social (e.g. barriers such as culture, language, disability; effects of alcohol, drugs or illness) Professional (e.g. breach of confidentiality; use of jargon; stereotyping, conflicting messages)
Methods of dealing with inappropriate communication	Pre-emptive (e.g. staff training, assessment of needs, promoting rights) Reactive (e.g. assertiveness, appropriate body language, diffusing aggression, appropriate environment)
Support strategies	Assistive technology (e.g. voice-activated software, hearing aids, text phones, loop systems) Human (e.g. advocates, translators, interpreters, signers; building relationships).
LO2 Understand how various factors influence the communication process in health and social care	
Values and cultural factors	(e.g. social class, age, gender, sexuality, ethnicity, religious beliefs, education)
Legislation	(e.g. Equality Act 2010, Data Protection Act 1998, Human Rights Act 1998, Access of Health Records Act 1990)

Charters:	(e.g. CQC, Voices into Action, Department of Health Information Charter)
Codes of practice	(e.g. Health and Care Professions Council Standards of Proficiency for Social Workers, Caldicott principles, organisational codes of practice).
Organisational system	(e.g. processes and procedures such as staff roles and responsibilities, data protection, working instructions)
Policies	(e.g. confidentiality, equal opportunities, safeguarding, anti-bullying)
Improving the communication process	(e.g. reflective practice, client-centred care, staff development, compliance with legislation and policies, collaborative working).
LO3 Be able to explore the use of information and communication technology (ICT) in health and social care	
Standard ICT software packages	(e.g. presentation software, word processing, data bases, spreadsheets, video/web conferencing, e-mail, internet)
Benefits	(e.g. security, speed of access, assisted communication to meet individual needs; inter-agency data sharing – common assessment framework [CAF]; patient portal; ‘e-medicine’ patient self-help, remote intelligent monitoring devices)
Legal considerations	(e.g. Data Protection Act 1998, Access of Health Records Act 1990, Health & Safety at Work Act 1974)
Impacts	(e.g. data protection issues: unauthorised access, reliability and accuracy of data input; health & safety issues: prevention of repetitive strain injuries, visual fatigue, postural).

GUIDANCE

Delivery

It will be beneficial to deliver this unit in a way that uses actual events, industry forecasts or sector specific contexts which offer the learner the opportunity to explore, develop and apply the fundamental principles of the sector or subject area. Typical delivery contexts could include published case studies. Experience on a placement, or interviews with practitioners or visiting speakers should enable learners to understand how theories of communication, legislation, policies and procedures direct and inform professional practice and activities.

Learners will benefit from being encouraged to exercise autonomy and judgement to gain an understanding of the communication issues and situations that are faced by practitioners and the ways in which these are addressed, e.g. to facilitate communication for an individual with specific needs. Learners could adapt their thinking and reach considered conclusions when analysing the effectiveness of data protection policies and procedures in the workplace based on a foundation of relevant knowledge, understanding and/or practical skills).

Learners would benefit from being presented with subject/sector-relevant problems from a variety of perspectives and being given the opportunity to explore them using diverse approaches and schools of thought.

Evidence

Evidence produced must demonstrate how a learner has met each of the Learning Outcomes, and be submitted in the form of assignments, essays, project-portfolios, presentations or, where appropriate, reflective accounts.

Where group work/activities contribute to assessment evidence, the individual contribution of each learner must be clearly identified.

All evidence must be available for the visiting moderator to review. Where learners are able to use real situations or observations from work placement, care should be taken to ensure that the record of observation accurately reflects the learner's performance. This should be signed, dated, and included in the evidence. It is best practice to record another individual's perspective of how a practical activity was carried out. Centres may wish to use a witness statement as a record of observation. This should be signed and dated and included in the evidence.

RESOURCES

Books

Barett, S. *Communication, Relationships and Care*. Routledge. 2004.
ISBN: 978 1 412 922 85 2

Collins, S. *Effective Communication*. Jessica Kingsley Publishers. 2009.
ISBN: 978 1 843 109 27 3

Moss, B. *Communication Skills for Health and Social Care*. Sage Ltd. 2007.
ISBN: 978 1 412 922 85 2

Sussex, F. Herne, D. and Scourfield, P. *Advanced Health and Social Care for NVQ/SVQ Level 4 and Foundation Degrees*. Heinemann. 2008.
ISBN 978 0 435 500 07 8

Thompson, N. Third Edition. *People Skills*. Palgrave. 2009.
ISBN: 978 0 230 221 12 3

Journals

Community Care Magazine

Disability Now

Health Services Journal

Nursing Times

Websites

www.bda.org.uk – British Deaf Association

www.british-sign.co.uk – British sign language

www.hpc-uk.org – Health and Care Professions Council

www.hsj.co.uk – Health Service Journal

www.rnib.org.uk – Royal National Institute for the Blind

www.pavepub.com – professional development materials, health & social care

Signposting to other units within the qualification

Unit 3: Health and safety in the health and social care workplace

Unit 12: Empowering users of health and social care services

Unit 15: Managing human resources in health and social care