


# ORIENTATION TO CLINICAL PRACTICUM\*

## ▶ ABOUT THIS ACTIVITY

 **Time:** 40 minutes

 **Objectives:** By the end of this session, participants will be able to:

- Have had an opportunity to critique a rapport-building role play.

 **In This Activity You Will...**

- Review communication skills (5 minutes).
- Facilitate two roles plays and a discussion (25 minutes).
- Review the Clinical Practicum Checklist (10 minutes).

 **Materials:**

- Handout-Helpful Communication Techniques
- Handout-Roadblocks to Communication
- Handout-Peer Educator Clinical Practicum Checklist
- Handout-Rapport Building/Clinic Introduction Role Plays

 **Preparation:** None

## Instructions

1. Begin with a review of communication skills. Review the communication skills handouts.
2. Trainers and PETS staff should demonstrate how to start a peer session by performing the two role plays at the end of this section.
3. Review and discuss Peer Educator Clinical Practicum Checklist.

## Summary

Wrap up session.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from Duke University, Partners in Caring; Center for Creative Education, 2006.

# ORIENTATION TO CLINICAL PRACTICUM

## SESSION HANDOUT # 1 of 4

### HELPFUL COMMUNICATION TECHNIQUES

1. Using silence
2. Accepting  
Yes.  
Um Humm.
3. Giving recognition  
It is difficult to talk with someone you don't know.  
Hello Jane, we've talked before.
4. Offering self  
I'll be here till 3:00.  
I'm interested in what you have to say.
5. Giving broad openings  
Is there something you'd like to talk about?  
Where would you like to begin?
6. Offering general leads  
Go on.  
And then?  
Tell me about it.
7. Placing the event in time or in sequence  
When did this happen?  
Was this before or after...?
8. Making observations  
Your voice sounds shaky when you talk about...  
It makes me feel uncomfortable when you...
9. Encouraging descriptions of perceptions  
Tell me when you feel anxious.  
What does he do when he "gets ugly"?
10. Encouraging comparison  
Was this something like...?  
Have you had similar experiences?
11. Restating  
(especially useful when you can't identify the feeling)  
"My lawyer doesn't believe me when I say he hit me when I was pregnant."  
Your lawyer doesn't believe your story.
12. Focusing  
This point seems worth looking into.
13. Exploring  
Tell me more about...
14. Giving information  
This line is answered 24 hours a day.  
My purpose in being here is...
15. Seeking clarification  
I'm not sure I follow. What would you say is the main point of what you've said?

# ORIENTATION TO CLINICAL PRACTICUM

## SESSION HANDOUT # 2 of 4

### ROADBLOCKS TO COMMUNICATION: COMMUNICATION STOPPERS

1. **Directing, ordering:** To tell someone to do something in a manner that gives the other person little or no choice.
2. **Warning, threatening:** To tell the other person that if the behavior continues, then certain consequences will happen.
3. **Moralizing, preaching:** To tell someone things they ought to do.
4. **Persuading, arguing:** To try to influence another person with facts, information, and logic.
5. **Advising, recommending:** To provide answers to a problem.
6. **Evaluating, criticizing:** To make a negative interpretation of someone's behavior.
7. **Praising:** To make a positive evaluation of someone's behavior.
8. **Supporting, sympathizing:** To try to talk the other person out of his or her feelings, or to deny someone's feelings.
9. **Diagnosing:** To analyze the other person's behavior and communicate that you have their behavior figured out.
10. **Diverting, bypassing:** To change the subject or not talk about the problem presented by the other person.
11. **Kidding, teasing:** To try to avoid talking about the problem by laughing or by distracting the other person.
12. **One-upmanship:** To try to "top" the person's problems by telling a worse one.
13. **Killer Phrases:** For example, "Don't worry, things could be worse." "Cheer up." "What do you have to feel sorry about?"

# ORIENTATION TO CLINICAL PRACTICUM

## SESSION HANDOUT # 3 of 4

### PEER EDUCATOR CLINICAL PRACTICUM CHECKLIST

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Before session begins, clinician should give input on what peer educator should discuss with the patient.

#### Establishes Rapport

- \_\_\_\_\_ Greets patient.
- \_\_\_\_\_ Introduces self and explains role.
- \_\_\_\_\_ Explains purpose of session.
- \_\_\_\_\_ Explains confidentiality and privacy.

#### Assesses Patient

- \_\_\_\_\_ Checks in with patient by asking how things are going in general.
- \_\_\_\_\_ Asks patient if s/he has a treatment plan (a plan that patient and provider agreed upon in order to manage HIV infection).
  - If no, asks what his/her provider discussed about medications.
  - If yes, asks what's been going well and what's been challenging.
- \_\_\_\_\_ Asks patient how s/he has been doing in regards to adhering to medical appointments.
- \_\_\_\_\_ Asks patient how s/he has been doing taking care of self:
  - Exercise: "What are you doing for exercise?"
  - Nutrition: "How's your diet?"
  - Rest: "Are you getting enough rest?"
  - Recreation or play: "What do you for fun?"
  - Social support: "Who can you talk to when you need support?"
- \_\_\_\_\_ Asks patient how s/he has been doing with safer sex practices.
- \_\_\_\_\_ Asks patient how s/he has been doing with avoiding substances that are harmful (e.g., drugs, tobacco).
- \_\_\_\_\_ Assess patient's strengths: "What's going really well in your life?"
- \_\_\_\_\_ Asks patient what other concerns s/he has at this time.

# ORIENTATION TO CLINICAL PRACTICUM

## SESSION HANDOUT # 3 of 4 (cont.)

### PEER EDUCATOR CLINICAL PRACTICUM CHECKLIST (CONT.)

#### Advises Patient

- Briefly summarizes information in session
- Selects one or two issues peer can help patient with (e.g., adherence, referrals, safer sex issues, etc.)
- Assists client in developing an action plan in a nondirective manner.
- Offers assistance if appropriate.
- Works with clinician to make necessary referrals.

#### Reports Back to Mentor after Patient Leaves

- “What was your assessment of this patient?”
- What did you learn about the patient?
  - Their strengths?
  - Their needs?
- What communication skills did you observe or use that were particularly effective?
- What might you have done differently?
- What other questions do you have about the session?

# ORIENTATION TO CLINICAL PRACTICUM

## SESSION HANDOUT # 4 of 4

### RAPPORT-BUILDING/CLINIC INTRODUCTION ROLE PLAYS

#### #1—Poor Communication

**Roles:**

Peer Educator: Mary Brown

Patient/Peer: Carmen Baker

**Facilitator:** Mary Brown works as a peer educator at the Mountain AIDS Alliance Clinic. Carmen Baker is an HIV + peer, making her first visit to the clinic. Carmen enters the clinic consultation room.

**Mary:** (Mary is wearing a baseball cap or is dressed in another inappropriate manner. She speaks without making eye contact or smiling; doesn't shake hands or greet Carmen). So, what can we do for you today?

**Carmen:** Umm, well, I came in to talk to someone about some problems I've been having.

**Mary:** Lord I know about problems! My phone was turned off this morning and I got a flat tire on the way to work! But what's going on with you?

**Carmen:** Well, I'm in this new relationship and things have gotten serious, and I just wanted to talk about...umm...you know, my options?

**Mary:** Are you using condoms?

**Carmen:** Well, no...I actually wanted to talk about other options. You see---

**Mary:** (interrupts) There really are no other options. For safer sex, you really should use condoms every time you have sex to protect your partner.

**Carmen:** You don't understand—my partner is a woman.

**Mary:** Oh. Well I guess that does change things. Sorry about that. There are some things you can use for safe sex like dental dams and---

**Carmen:** Umm, well...have to go. I have to be at work soon.

**Mary:** Well thanks for coming in. I'm sorry you had to cut your visit short. Hey, I'll walk out with you. I need a smoke anyway.

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## SESSION HANDOUT # 4 of 4 (cont.)

### RAPPORT-BUILDING/CLINIC INTRODUCTION ROLE PLAYS (CONT.)

**Facilitator:** What are some things you noticed about this interaction?

Responses may include one or more of the following:

- No handshake
- No smile, eye contact
- Doesn't introduce herself
- Doesn't explain the peer educator's role
- Peer educator assumed peer was having sex with a man
- PE immediately jumped into "safer" sex talk instead of listening to peer's needs
- Peer educator had on a baseball cap—she could have looked more professional
- PE mentioned "going out for a smoke"
- o Why would this be bad? (setting a poor example, unprofessional, etc.)

### #2—Effective Communication

**Mary:** (Mary is dressed professionally. She walks up to Carmen; shakes her hand; smiles; touches her arm, etc.). Hi Carmen. I'm Mary Brown, a peer educator at the clinic. We are so glad you came in today. How are things going?

**Carmen:** Pretty good.

**Mary:** Glad to hear it! I've really been looking forward to talking with you and trying to help out anyway that I am able. As I mentioned, I'm a peer educator. This means, that like you, I'm HIV +. I'm here to listen to your issues and answer questions you have about the disease, services you may need, staying adherent to your medications and other issues related to HIV. If I am unable to answer your questions, I will find someone who can help us.

**Carmen:** That sounds interesting. Usually, I talk to my doctor or case manager when I have a problem, but my case manager has moved to another state and my doctor is so busy all the time.

**Mary:** Well, you came to the right place then. Let's talk about what's going on and see what we can do to help. You mentioned your case manager has moved—is that one of the things you need help with?

**Carmen:** Yes, actually. I am without a case manager now and I'm having trouble with some of my social services. She always helped me sort through all the paper work—I can't read very well.

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## SESSION HANDOUT # 4 of 4 (cont.)

### RAPPORT-BUILDING/CLINIC INTRODUCTION ROLE PLAYS (CONT.)

**Mary:** We can certainly help you with that. We'll help you get set up with a new case manager, but in the mean time, maybe I can help you read through your paper work if you brought that with you.

**Carmen:** That would be great.

**Mary:** What other things did you want to talk about today?

**Facilitator:** For the purposes of our demonstration, we'll stop here. Later this week, you'll work with role plays in more detail.

What were some things you noticed about the interaction this time?

Responses may include one or more of the following:

- PE greeted peer with a smile, handshake (or touched her on the arm)  
What do people think about “touching” a peer on the arm or back? (take responses and facilitate a brief discussion on how touch isn't always a good thing—refer to different cultures.)
- PE introduced herself
- PE explained her role in detail
- PE explained that if she couldn't help peer accomplish, she'd find someone who could