This past year, faculty at the School of Allied Health Sciences of the University of Texas Medical Branch at Galveston offered an elective course to enhance student preparedness to face the interpersonal challenges that are apt to occur in practice. One catalyst for the development of this course was a letter from a student that read in part: "It has been a great challenge trying to apply everything from books to real life situations. The books don't teach you how to react when the patient's finger starts to bleed in treatment or how to comfort your patient when she starts to cry during an evaluation." The challenge of how to be in practice, how to be both personal and professional, is one that each student will ultimately face. And, as Mosey said, the challenge is very much an individual one: "Each student brings to her initial education a collection of memories regarding personal experiences and interaction with the self, other individuals, and the nonhuman environment. Each student has varying degrees of inner security, knowledge of self, and self-acceptance" (1981, p. 25). The call for such preparedness rests on two fundamental and traditional concepts known more currently as the art of practice and the therapeutic use of self. If students are to practice the art of occupational therapy, and if they are to use themselves therapeutically, they must learn to do so.

Aims of the Course

The occupational therapy curriculum at The University of Texas Medical Branch offers several opportunities to learn or review concepts and strategies related to the interpersonal aspects of practice. Explored during both the lecture and lab formats of two basic courses required early in the junior year, these concepts include

- conscious use of self
- values clarification
- therapeutic use of self
- nonverbal communication skills
- verbal communication skills such as active listening
- responding styles
- the understanding response
- reflecting and paraphrasing
- benefits of self-disclosure
- assertive behavior
- use of humor
- sharing information about treatment procedures
- using language that the patient can understand
- individual differences in therapist and patient styles
- interviewing skills
- open-ended versus close-ended questions
- collaborating with the patient
- treatment planning around patient goals
- occupational therapy groups
• Limit-setting and troubleshooting strategies
• Member roles in groups
• Leader roles
• Process versus content issues

The newly developed elective aims to supplement what students have already learned, to offer them an additional opportunity to enhance their sense of readiness for practice. Named “Interpersonal Skills for Practice,” the course embodies a fundamental belief, articulated by Plum (1981), that rather than being just a set of skills, “communication is as rich, and sometimes as puzzling, as the human condition itself” (p. 18). Plum stated that, if practitioners are to demonstrate care, they must place understanding at the heart of personal communication. He argued:

It is possible to help people improve the sensitivity and accuracy with which they perceive other people’s messages, to provide them with conceptual tools to help them understand other people, and to aid them in enlarging their imaginative capacities so that they can see the world from other people’s perspectives. (p. 15)

This course aims at the fundament of personal communication by offering opportunities to reflect about, experience, and respond to life-like situations. Four aspects of learning seem critical to the development of empathy: tuning in to oneself, expressing oneself, tuning in to others, and responding to others (Tubesing & Tubesing, 1973). These four functions constitute the four overarching goals of this elective.

Description of the Course

The elective offers students two academic credits and consists of a two-hour session held weekly. The class membership consists of students in their second year of enrollment in the program, not to exceed a group of 14. One hour of the class involves a discussion of phenomenological narratives; the second hour consists of role-play activities. Each instructor organizes and leads one of the two hours and co-leads the second. The course description promises that students will have an opportunity to: (a) explore effective ways of communicating with patients and colleagues, (b) identify various components and styles of communication, (c) analyze personal styles of communication, (d) describe the application of various communication techniques in therapeutic and collegial relationships, (e) develop a repertoire of effective communication skills that are applicable to a variety of challenging interpersonal situations, and (f) apply concepts and techniques used in communication skills treatment.

At the first meeting, students receive the following course schedule that orients them to the topics that will constitute their weekly focus:

- Week 1: Becoming Personal and Professional
- Week 2: The Therapeutic Use of Self
- Week 3: Active Listening
- Week 4: Non-Verbal Communication
- Week 5: The Power of Feelings
- Week 6: Caring Enough to Set Limits. Tough Love
- Week 7: Making the Interview a Human Exchange
- Week 8: Whose Life is it Anyway?
- Week 9: What It Means to be a Colleague
- Week 10: Is There Room for Compromise?
- Week 11: Supervision: Taking It
- Week 12: Supervision: Giving It
- Week 13: Saying No and Saving Face
- Week 14: Sharing the Plan

During the first meeting, students hear the views of Plum (1981) and Tubesing and Tubesing (1973) about empathy and the heart of communication, to ensure that they understand that the course aims to develop their abilities to reflect, empathize, and respond.

Strategies and Assignments: A Sampling

During the first hour of the class on Active Listening, an instructor might begin with an excerpt from a reading such as the poem “Some Other Day” (Maclay, 1977).

Preserve me from the occupational therapist, God
She means well, but I’m too busy to make baskets.
I want to relive a day in July when Sam and I went berrying.
I was eighteen, my hair was long and thick and I braided it and
wound it in one of my head so it wouldn’t get caught on the briars.
But when we sat in the shade to rest I unpinched it and it came tumbling down.
And Sam proposed.
I suppose it wasn’t fair to use my hair to make him fall in love
with me but it turned out to be a good marriage.

Oh, here she comes, the therapist, with scissors and paste.

“Would I like to try decoupage?”

“No,” I say, “I haven’t got time.”

“Nonsense,” she says, “You’re going to live a long, long time.”
That’s not what I mean. I mean that all my life I’ve been doing things for people, with people. I have to catch up on my thinking and feeling.

About Sam’s death, for one thing.
Close to the end, I asked if there was anything I could do...

He said, “Yes, unpin your hair.”
I said, “Oh, Sam, it’s so thin now and gray,”

“Please,” he said, “Unpin it anyway.”
I did and he reached out his hand — the skin transparent, I could see the blue veins — and stroked my hair.

If I close my eyes, I can feel it, Sam.

“I’m going to sleep the day away,” the therapist says.

She wants to know what I used to do,

Knit? Crochet?

Yes, I did these things, and cooked and cleaned, and raised five children and bad things happen to me.

Beautiful things, terrible things.

I need to think about them, arrange them on the shelves of my mind.

The therapist is showing me glittery beads.
She asks if I might like to make jewelry.
She’s a dear child and means well.

And Sam proposed.
I suppose it wasn’t fair to use my hair to make him fall in love
with me but it turned out to be a good marriage.

Oh, here she comes, the therapist, with scissors and paste.

“Would I like to try decoupage?”

“No,” I say, “I haven’t got time.”

“Nonsense,” she says, “You’re going to live a long, long time.”

That’s not what I mean. I mean that all my life I’ve been doing things for people, with people. I have to catch up on my thinking and feeling.

About Sam’s death, for one thing.
Close to the end, I asked if there was anything I could do...
After the reading, these questions generate much discussion and reflection: (a) Did this therapist listen? (b) What did the therapist not hear? (c) How did an occupational therapy protocol get in the way? (d) What occupation might have held therapeutic value for this woman? (e) Respond differently to this woman as she says to you, “No, I haven’t got time.” (f) Respond to her when she says “Some other day.”

Other phenomenological narratives can stimulate similar discussion (for a bibliography, see suggested readings). Because fictional stories also exemplify the powerful exchanges that occur in health care practice, readers may want to refer to earlier bibliographies published in this journal (Peloquin, 1989, 1990).

A discussion of such narratives sets the stage for introducing the various weekly themes. Each theme is then explored more deeply as students role-play their responses to related situations that they might encounter in practice. A sampling of some of these situations includes the following:

A patient says to you, the occupational therapist: “I hate you and I’ll never come to OT again!” or “You’re not going to make me do that are you? I feel lousy today.” Respond. (Week 5: The Power of Feelings)

You and I are peers who work together with an adolescent population. My style is permissive and interpretive. Yours is behavioral and more restrained. I keep letting patients break clinic rules of good manners, cleaning up after each session, and doing activities according to the established protocol. You are hoping to achieve better co-therapy. How will you approach me? What will you say? (Week 10: Is There Room For Compromise?)

A physical therapist says to you, the occupational therapist: “You know, Mr. Saunders needs gait training more than work on crafts at this point. Can I see him for a half-hour of your session tomorrow?” Respond. (Week 13: Saying No and Saving Face)

The occupational therapy supervisor says to you, the therapist: “You know, your treatment goals are all Greek to me!” Respond. (Week 11: Supervision: Taking It)


Because reflection and practice are so fundamental to learning to communicate, students are expected to complete entries in personal journals on a regular basis. The journal assignments include the following: (a) complete a self-assessment of your interactional style, (b) respond to the results of the self-assessment, (c) write about an experience with active listening, (d) write about your personal “hot buttons” (interpersonal situations that you anticipate will be especially difficult for you). Write the worst possible scenario that you can imagine, and then describe how you might better deal with the same situation, (e) write about an experience with limit setting, (f) write about an experience in which you used negative inquiry.

Discussion

One student’s comments served as a catalyst for developing this course. Comments from a number of students who took the course support offering it again.

Sure, I had some idea that being caring and understanding might enhance my life as a person and a professional, but I was not quite sure how to do it. Through stories and role play, I learned to give an understanding response and empathize with others. I reflected about my own feelings and thought so I tuned in to myself as well as to the feelings of others. I learned the meaning of respect, caring, and trust. As a result of this course, I feel that I will be better able to respond in the clinic and in my life.

As occupational therapy students, we learn a lot from textbooks. This learning is important. We do not, however, explore the most important tool: the therapeutic use of self. There is no textbook that tells how to act toward a particular patient, what one should say or do. To understand why a person acts or feels in a particular way, memorizing from a textbook is not helpful. Sharing stories and experiences is a better way to think about and explore the worlds of others. In interpersonal skills, the environment was one in which we felt OK about exploring and making mistakes.

Being a good health care provider goes beyond the technical aspects of health care. Discussing abstract concepts related to interpersonal skills does not give a real sense of what it is like to respect, care for, and trust someone. Stories portray interpersonal encounters in a way that makes abstract concepts real.

It was an awakening to see the manner in which students struggled with the role play sessions during the first few weeks of the course. Although most students could clearly articulate a concept or strategy about which they needed to be mindful, many found it difficult to put these concepts into practice. As the course progressed, however, so did they. The success of the course in the first year has led to the decision to offer it again, twice during the fall semester, as both a junior and senior elective.

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References


Suggested Readings