

Nursing Practice Discussion Communication

Keywords: Listening skills/
Communication/SAGE & THYME
model/Revalidation/CPD
● This article has been double-blind
peer reviewed

Listening skills need to be practised in a structured way. This article provides exercises to support you to do this as part of your revalidation

LISTENING SKILLS: PART 2 OF 2

Developing listening skills through practice

In this article...

- › Communication skills and steps of the SAGE & THYME model
- › Two practical exercises to reflect on listening skills
- › An example of a dialogue between a nurse and a patient

Author Michael Connolly is Macmillan consultant nurse in supportive and palliative care, University Hospital of South Manchester.

Abstract Connolly M (2016) Listening skills 2: developing listening skills through practice. *Nursing Times*; 112: 45/46, 16-18. Nurses routinely use listening skills but these can become less sharp over time. The SAGE & THYME communication model provides a structure that can help nurses check and hone their listening skills. In part 1 of this two-part series (nursingtimes.net/ListeningSkills1Nov23), the SAGE & THYME model was explored, and an example of how nurses can use it to elicit a patient's concerns was given. In this second part, published online only, exercises are provided that nurses can complete to reflect on their listening skills as part of their continuing professional development. The work can be counted towards the requirements for revalidation.

The SAGE & THYME communication model is a guide to good professional listening. It suggests a sequence of actions that can help the professional listener find out what a patient is worried about and what they think would help (Connolly et al, 2010). In part 1 of this article (nursingtimes.net/ListeningSkills1Nov23), I stressed how important it is to really listen to patients and how the SAGE & THYME model can help nurses acquire and hone strong professional listening skills. Here in part 2, I suggest some practical exercises readers can complete, using SAGE & THYME, to reflect on their listening skills. This can be done as part of

continuing professional development and count towards revalidation.

Exercise 1

Table 1 describes 15 situations: think about how you deal with them in your practice and rate your skills on a scale of 0 to 10 (0 being not good enough yet and 10 being already very good). Reflect on how you have rated yourself, looking in particular at the areas where your score was low. If you think "I scored low but this is not a particularly important skill", think again. All these skills matter. The areas where you scored low will provide a good topic for discussion with a colleague. You could also ask a colleague who has observed you supporting a patient to score your skills using Table 1.

For the next step, you need to involve a patient. Ask them to give you honest feedback on the consultation they have just had with you using the questionnaire in Table 2. Try not to be hurt by what they might say. The point of the exercise is to discover your professional 'blind spots' – that is, the areas where you are not as strong as you thought you were. When your patient has completed the questionnaire, write about how they rated you. Whatever surprises you in their ratings will be useful to discuss with a colleague.

Exercise 2

In Box 1 and Table 3, you will find the SAGE & THYME foundation-level communication skills and structure, respectively, while Table 4a (online only: nursingtimes.net/Listening2SAGETest) features a dialogue between two fictitious characters:

5 key points

- 1** The SAGE & THYME communication model is a guide to good professional listening
- 2** Professional development involves a continuous process of reflecting
- 3** To revalidate, nurses need to undertake and note their hours of professional development, items of practice-related feedback and written reflections
- 4** Revalidation makes nurses take responsibility for their own professional development
- 5** Challenging guidance is professional behaviour: you are not expected to follow guidance blindly

Nursing Practice

Discussion

TABLE 1. RATE YOUR COMMUNICATION SKILLS

Situation	Rating, 0 to 10 (0 = not good enough yet; 10 = already very good)
Creating a setting in which patients can speak openly about their concerns	
Initiating a discussion with a patient about their concerns	
Asking a patient directly how they are feeling	
Avoiding being distracted by the first concern	
Repeating to the patient what their concerns are (reflection)	
Listening and responding in a way that encourages the patient to disclose other feelings and concerns they may have (screening)	
Creating a list of concerns (if there are more than three)	
Summarising the concerns you have discussed to check that you fully understand them	
Using empathic, supportive comments (but not sympathy)	
Asking the patient what support structures they have and whether these are useful	
Asking the patient what they themselves think might be helpful in their circumstances	
Asking the patient what help they would like from you	
Giving information, reassurance and advice only at the end of the conversation	
Closing a conversation with a patient who has concerns	
Using the skills above within a structured communication model, such as SAGE & THYME	

Source: Reproduced with the permission of Dr Catherine Heaven, associate director of education, The Christie School of Oncology, Manchester

BOX 1. THE SAGE & THYME FOUNDATION-LEVEL COMMUNICATION SKILLS

- The ability to notice cues and hints about worries or concerns, and to ask about emotions
- The skill to create the space, time and privacy for people to describe their concerns, worries
- The ability to avoid interrupting
- The skill of reflecting
- The skill of clarifying
- The skill of summarising
- The skill of screening for other concerns
- The ability to hold back with your own solutions, information, advice and reassurances
- The ability to show empathic responses
- The patient-centred skills of using the patient's own support, ideas and resources
- The skill to explain in ways that can be understood
- The skill to close a consultation

Source: Reproduced with permission of University Hospital of South Manchester Foundation Trust

Julie, a ward sister, and Claire, the daughter of a female patient, who is worried about her mother. In this conversation, Julie consciously uses the SAGE & THYME structure. Your task is to complete the second and third columns of Table 4, indicating which foundation-level communication skill, and which SAGE & THYME steps Julie is using at each stage of her conversation with Claire. The answers (Table 4b) can be found online at nursingtimes.net/Listening2SAGETest.

Making this count towards revalidation

These exercises are all about reflecting on your skills. Questions to ask yourself are:

- » What do I think?
- » What is the feedback telling me about my listening skills?
- » Have my listening skills become rusty? Do I need to 'sharpen' them? If so,

which are the particular areas in which I need to improve?

Make a note of your thoughts and discuss them with a colleague and/or with your manager to gain practice-related feedback. The next step is to integrate elements of the SAGE & THYME model into your practice, which in turn could prompt further reflection on your listening skills.

Completing these various tasks will enable you to collect hours of professional development and items of practice-related feedback and written reflections, thereby counting towards your revalidation requirements (Nursing and Midwifery Council, 2015). You will need to keep a record of what you have done in a learning folder or portfolio. If you complete an exercise by hand, file the document as evidence of your learning.

The exercises prompt you to have reflective discussions with colleagues,

allowing you to gain practice-related feedback. It is important that you record the time you have spent doing the various tasks, as in the following example:

- » Reading part 1 of the article: 1 hour;
- » Completing exercise 1: 2 hours;
- » Discussing the learning from exercise 1 with a reflective practice partner: 1 hour;
- » Completing exercise 2: 1 hour;
- » Discussing the learning from exercise 2 with a reflective practice partner: 1 hour.

Challenge the guidance

Revalidation forces us to prove we have a healthy, inquisitive approach to our skills and competences. It makes us take responsibility for our own professional development. In your reflection and discussions, you may wish to challenge elements of the dialogue between the ward sister, Julie, and Claire, the worried daughter of a female patient, or even of the SAGE & THYME model itself. Discussing and challenging guidance is professional behaviour: you are not expected to follow guidance blindly. You are, however, expected to know the guidance and apply your learning in your practice in a continuous process of improvement. **NT**

Nursing Practice

Discussion

TABLE 2. PATIENT RATING OF YOUR LISTENING SKILLS

How was the nurse at:	Rating (poor, fair, good, very good, excellent, n/a)
1. Making you feel at ease Being friendly and warm towards you, treating you with respect; not cold or abrupt	
2. Letting you tell your 'story' Giving you time to fully describe your illness in your own words; not interrupting or diverting you	
3. Really listening Paying close attention to what you were saying; not looking at your notes or the computer as you were talking	
4. Being interested in you as a whole person Asking/knowing relevant details about your life, your situation; not treating you as 'just a number'	
5. Fully understanding your concerns Communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything	
6. Showing care and compassion Seeming genuinely concerned, connecting with you on a human level; not being indifferent or 'detached'	
7. Being positive Having a positive approach and a positive attitude; being honest but not negative about your problems	
8. Explaining things clearly Fully answering your questions, explaining clearly, giving you adequate information; not being vague	
9. Helping you to take control Exploring with you what you can do to improve your health yourself; encouraging rather than 'lecturing' you	
10. Making a plan of action with you Discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views	

Source: Adapted from Bikker et al (2015) and Mercer et al (2005, 2004). Reproduced with permission of Professor Stewart Mercer, chair in primary care research, University of Glasgow

TABLE 3. THE SAGE & THYME STRUCTURE

Structure	Explanation and/or examples of language
S = SETTING	Notice when a patient seems upset or worried Find or create a good time and place for talking to them. If you are busy, choose a time when you are less busy
A = ASK	"Can I ask what it is you are worried about?"
G = GATHER	Gather all concerns "Can I make notes so I don't miss what you tell me?" Reflect and summarise the concerns disclosed Listen for hints about other concerns "Is something else worrying you?"
E = EMPATHY	"You have a lot on your mind" "No wonder you're upset this morning"
T = TALK	"Who supports you?" "Who can you talk to?" Make a list of the people who support the patient
H = HELP	"How does this person or these people help?" Each person may provide different support
Y = YOU	"What would help?" "What do you think would help?" "What else would help?" Make a list of the things the patient thinks would help
M = ME	"Is there something you would like me to do?"
E = END	Summarise the patient's concerns (first list), who supports them (second list) and what they think would help (third list) "Is it OK to leave it there for now?"

Source: Reproduced with permission of University Hospital of South Manchester Foundation Trust

- The author of this article is the principal developer of the SAGE & THYME communication model. For more details, visit sageandthymetraining.org.uk
- Exercise 2 and the answers are online at nursingtimes.net/Listening2SAGETest

References

Bikker AP et al (2015) Measuring empathic, person-centred communication in primary care nurses: validity and reliability of the Consultation and Relational Empathy (CARE) Measure. *BMC Family Practice*; 16: 149.

Connolly M et al (2010) SAGE & THYME: a model for training health and social care professionals in patient-focussed support. *Patient Education and Counseling*; 79: 1, 87-93.

Mercer SW et al (2005) Relevance and practical use of the Consultation and Relational Empathy (CARE) Measure in general practice. *Family Practice*; 22: 3, 328-334.

Mercer SW et al (2004) The Consultation and Relational Empathy (CARE) measure: development and preliminary validation and reliability of an empathy-based consultation process measure. *Family Practice*; 21: 6, 699-705.

Nursing and Midwifery Council (2015) *How to Revalidate with the NMC: Requirements for Renewing your Registration*. [Bit.ly/NMCRevalidGuide](http://bit.ly/NMCRevalidGuide)

ARTICLES IN THE SERIES

- Part 1: how to improve your listening skills, 9 November (nursingtimes.net/ListeningSkills1Nov23)