

How do you know you are communicating well?

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"The two words information and communication are often used interchangeably, but they signify quite different things. Information is giving out; communication is getting through."

Sydney Harris

In its broadest sense, communication is the deliberate or accidental transfer of meaning: One person does or says something, while others observe what was done or said and attribute meaning to it. Whenever you observe or give meaning to behaviour, communication is taking place.¹

Communication is an essential dietetic practice competency. In the competency standard for Registered Dietitians in Canada, it is one of the five broad areas of dietetic practice required for entry-to-practice.² This applies to developing professional competency in both oral and written skills for communicating information, advice, education and professional opinion to individuals, groups and communities in all practice settings. However, it is important to constantly improve your communication skills through continuous learning and reflection.³ Being an effective communicator means being acutely aware of whether your professional communication is done well. Are you getting through? It also means being aware of the various forms of communications — interpersonal, interprofessional and intrapersonal communication — and how they impact dietetic practice.

INTERPERSONAL COMMUNICATION

Interpersonal communication is one person interacting with another person within a relationship, either face to face, through technology or any form of social media. Interpersonal communication involves the recognition of how words and actions (including touching) are used and

received by the other. The ability to adapt our communication style and methods to the needs of the other person in the relationship is essential for getting through to them and to create a positive communication environment.

The client-RD relationship is an example of interpersonal communication. Since the goal of the communication is a mutual understanding of client-centred nutrition services, RDs need interpersonal skills and techniques to communicate effectively with clients. These include establishing rapport, speaking clearly, listening, having empathy and knowing how to give and receive feedback and making sure clients understand treatment options for informed consent.

Interpersonal communication skills also means developing an awareness of how much information a client can handle. This requires identifying barriers in communication by listening to clients and carefully observing how they react. By listening, you can be responsive to clients by modifying your speech and tone to match different communication styles, language needs and literacy levels. You can also respond appropriately to non-verbal communication signals. To verify if a client has understood your message, ask for feedback and clarify or re-phrase your message if necessary.¹

INTERPROFESSIONAL COMMUNICATION

Interprofessional communication is when a professional interacts collaboratively with members from different

professions, either one-on-one or in groups. Effective communication is vital to the functioning of an interprofessional care (IPC) team. This applies to both oral and written communications. It also applies when using technology for team communications (email, Skype, intranets, social media or any other online group communications).

To communicate within an IPC environment, RDs need some of the same skills as those described above for interpersonal relationships: establishing rapport with team members individually or in groups (e.g., rounds, team events, lunches or learning together), speaking clearly, listening, and knowing how to give and receive feedback from others for the benefit of the team and for client-centred care.

Effective communication skills will allow a dietitian to contribute knowledge to the team in a collaborative way and also to draw on the expertise of others on the team. Interprofessional communications includes sharing knowledge with other members of the team, pooling information and participating in team discussions for shared decision-making. It also means informing your team about the nutrition treatment you are giving to clients. Where health records are shared with other professions, effective written communication skills ensure that the documentation is clear, well-written and relevant.

How the RDs perform their roles, follow protocols for communication or how good they are at sending and receiving information within the team depends on what they bring to the team relationship. Communication skills, dietetic knowledge and skills, how they feel about themselves, their attitudes, values, and goals, all contribute to the quality of their communications within the team. These elements influence how well a dietitian encodes thoughts, feelings, emotions, and attitudes by putting them into a form others can relate to, and how the receiver decodes the thoughts, feelings, emotions, and attitudes of the sender by interpreting them into messages.¹ The *IPC Ontario Charter*, states the importance of interprofessional communication to be understood, for seeking input and listening to others to foster a collaborative team culture.⁴

INTRAPERSONAL COMMUNICATION

Intrapersonal communication is communication with oneself. Thinking, speaking to yourself and journaling are forms of intrapersonal communication. Reflective practice is also a form of intrapersonal communication. Reflective practitioners are encouraged from early on to reflect on their values, attitudes, how they think and learn, and to understand, appreciate and practice alternative ways of knowing and learning.⁵ A competent reflective dietitian repeatedly reflects on experience and is capable of reflecting-in-action and reflection-on-action, continually learning from experience to the benefit of future actions.⁶ They reflect on their interpersonal or interprofessional communications to gain awareness of how well they communicate by:

- Challenging and examining personal assumptions.
- Being mindful that the effective interpersonal communicator is guided by awareness and ability to adapt.
- Identifying what changes are needed during interpersonal and interprofessional relationships to improve communication outcomes.
- Not taking others for granted or allowing stereotyping to get in the way of communicating.
- Recognizing that without feedback and open-dialogue, there is a risk that reflection may be introspective. The reflective process requires different sources of feedback.

Competent reflective dietitians repeatedly reflect on their interpersonal or interprofessional communications to gain awareness of how well they communicate with clients and their team members.

SEVEN KEY ELEMENTS OF COMMUNICATION¹

How well we are able to exchange messages and negotiate or share meaning during professional encounters depends on how well we handle the essential elements active in the communication process. For example, depending on the situation, patting someone on the back may be perceived as friendly and supportive or it may also be felt as a form of

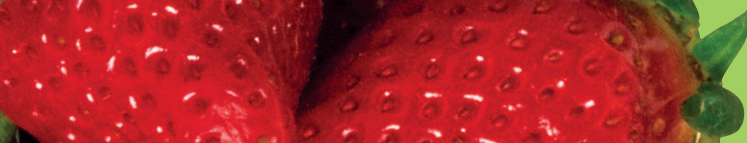


Table 1: The Essential Elements of Communication¹

PEOPLE	Senders and receivers of communication messages.
MESSAGES	The content of communication.
CHANNELS	The media through which messages travel.
NOISE	Interference with the ability to send or receive messages.
FEEDBACK	Information received in exchange for messages.
CONTEXT	Environmental, situational, or cultural setting in which communication takes place.
EFFECT	Result of the communication episode.

sexual harassment. There are seven key elements that could influence how this action is interpreted. The better we understand these essential elements of communication, the more likely we are to improve and determine if we are communicating well. *Table 1*, above, provides a description of each of the elements of communication.

Developing strategies for enhanced interpersonal, interprofessional and intrapersonal communication can make a difference on how well you communicate with clients and with members from other professions in your practice. Communication represents the key to safe, competent, ethical dietetic practice, and involves not only professional competence but also developing collaborative professional and interprofessional relationships.

CASE SCENARIO ONE — INTERPERSONAL COMMUNICATIONS

A diet technician has been assigned a task by the department manager. You observe that the diet technician is not competent to perform the task. You explain to the diet technician that he should ask the manager for training and that he should not be attempting to perform the task without the necessary skills. You also explain that you will discuss the matter with the department manager. In being a good communicator, what factors do you need to consider?

Collaborative, Respectful Communications

In this scenario, your interpersonal communication skills will be critical to protect the client from harm and to maintain collaborative relationships with the diet technician, the manager and any others on the team involved in the decision-making.⁷ Refrain from using a reprimanding tone

and attitude in your communications; these might damage your professional relationships. Instead, approach everyone respectfully. Use tact and objectivity when talking to the diet technician and the manager.

Also, respect clients by not putting them in the middle of the discussion and lobbying them for your position on the matter. This situation can be appropriately handled without involving clients in a discussion or dispute that could break their trust in the care team.⁸

Clear Client-Centred Message

High-functioning professional relationships are the outcome of clear communication: how well information is communicated, received and processed by the parties involved. The main concern, here, is client safety. Your communication to the diet technician and to the manager should be clearly focussed on mitigating risk of harm to clients. You can use the College's *Framework for Managing Risks*⁷ to help identify the degree of risk to the client and work together to find the proper protective factors to mitigate that risk. The appropriate protective factors could include education or training for the diet technician, altering the job description so that the diet technician is no longer responsible to perform the task, or that supervision is required to ensure clients are safe from harm. Using the *Framework* will help you state your message clearly and objectively to remain focused on safe client outcomes.⁷

What the diet technician or the manager thinks is important or harmful to clients may not necessarily be what you think is important or harmful to clients. An RD cannot expect to have full agreement in every case. Being a collaborative professional communicator means providing evidence-based

information, asking questions, listening to understand another's reasoning, clarifying intentions and expectations, and working on a resolution, if possible. It may also mean, that once you have done all you can to communicate your concerns about the diet technician and client safety, the manager can decide to handle the situation going forward without your input. And, you would have to accept that decision.

CASE SCENARIO TWO — INTERPROFESSIONAL COMMUNICATIONS

An RD at a bariatrics assessment and treatment centre works in an interprofessional team. A non-RD team member has been giving nutrition advice to some clients. The RD suggested that this non-RD team member refer the clients to the RD. Further the non-RD team member was heard giving advice that was not based on evidence. In being a good communicator, what factors do you need to consider?

Sometimes communicating with our colleagues in other professions can be more difficult than speaking with clients. It all depends on the communication skills of the team members: how good they are at sending and receiving information and what they bring to the team relationship. Dietitians do not have the full responsibility for successful communication. All healthcare professionals have a mutual and shared duty to communicate effectively. Under the *Code of Ethics*, dietitians have a duty to be collegial. They also have the obligation, in serving their clients' interest, to make interprofessional relationships work. To support having the conversation with the other team member, the RD should be prepared by:⁸

- Knowing the facts, review the situation with an open mind.
- Approaching the health professional in a collaborative way: avoid criticizing and engage your colleague in a discussion of options that might best serve the client;
- Avoiding putting the clients in the middle or to 'lobbying' clients for your own position;
- Documenting the discussion and results;
- Adhering to organizational policies regarding this matter.

Consider this situation as an opportunity for program policy and planning, specifically around how professionals on the team can best use their knowledge and skills to serve clients.

It may be very appropriate for a qualified team member to support a diet plan by focusing on other matters, for example, behavioural issues that may impede adherence to nutrition plans. Such a discussion may give the RD an opportunity to share knowledge to optimize client outcomes and team functioning. In keeping with the objects given to health professions colleges in the *Regulated Health Professions Act*, the College promotes inter-professional collaboration.

Communication represents the key to safe, competent, ethical dietetic practice, and involves not only professional competence but also developing collaborative professional and interprofessional relationships.

RESOURCES

- Ask yourself, "Am I a good communicator?" If you're not sure, take this online self-assessment: www.mindtools.com/pages/article/newCS_99.htm
 - For an extensive list of communication skills resources see: www.mindtools.com/page8.html
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1. Gamble, T.K. & Gamble, M. Chapter 1-Interpersonal Communication, retrieved March 10, 2015 from http://www.sagepub.com/upm-data/52575_Gamble_%28IC%29_Chapter_1.pdf
 2. Partnership for Dietetic Education and Practice (2013). *The Integrated Competencies for Dietetic Education and Practice*, p. 2.
 3. Canter, M. (2000). The assessment of key skills in the workplace. *Journal of Cooperative Education*, 35(2/3), 41-47.
 4. Oandasan, I., Robinson, J., Bosco, C., Carol, A., Casimiro, L., Dorschner, D., Gignac, M. L., McBride, J., Nicholson, I., Rukholm, E., & Schwartz, L. (2009). *Final Report of the IPC Core Competency Working Group to the Interprofessional Care Strategic Implementation Committee*. Toronto: University of Toronto.
 5. Miley, F. (2004). Peer Teaching for Life-Long Learning. *Academic Education Quarterly* 8(2): 254-259.
 6. Schon D.A. 1983. *The reflective practitioner: How professionals think in action*. New York: Basic Books.
 7. College of Dietitians of Ontario, *A Framework for Managing Risk in Dietetic Practice*, résumé, Fall 214, pp. 4-8. [http://www.collegeofdietitians.org/Resources/Publications-CDO/resume/resume-\(Fall-2014\).aspx](http://www.collegeofdietitians.org/Resources/Publications-CDO/resume/resume-(Fall-2014).aspx)
 8. Steinecke, Richard, LLB and the College of Dietitians of Ontario. *The Jurisprudence Handbook for Dietitians in Ontario*. Online version, 2014, pp 17-19.