



# West Midlands Education Innovation and Notable Practice

**INTERPERSONAL SKILL ACQUISITION INVOLVING SERVICE USERS  
IN THE PLACEMENT AREA**

**2010 - 2011**



## INTERPERSONAL SKILL ACQUISITION INVOLVING SERVICE USERS IN THE PLACEMENT AREA

### *NORTH STAFFS COMBINED HEALTHCARE TRUST*

**Overview:** Students placed in the Bennett Centre have two structured teaching sessions focusing on interpersonal skills. A session mid-placement explores the students views of interpersonal skills used in the assessment process. This is followed two weeks later with a session involving service users. Role play enables the students to assess the service users, and then they receive feedback on their performance by the “service user” and observers.

**Lead:** Janet Sigley, Clinical Lead Nurse  
[janet.sigley@northstaffs.nhs.uk](mailto:janet.sigley@northstaffs.nhs.uk)  
 01782 425170

Students on the mental health branch come to the Bennett Centre with their learning outcomes. Interpersonal skills are at the core of mental health nursing and are the foundation from which all other interventions are built. During an individual session with a service user, a student sat in and a conversation took place about knowing when someone is treating a person with respect. The student asked questions and the service user explained about non-verbal communication. From this interaction the idea was borne for the teaching session.

The (multi-disciplinary) students on placement have a session taught by the Clinical Lead Nurse about the skills used in assessment. This session allows time for the students to reflect on assessments they have observed or participated in the past, and on what went well, what could have been done better. Fundamental areas are discussed with their ideas explored about how they would feel if they were referred for a mental health assessment and what would they expect. The session encourages discussion and reflection on their strengths and areas they would like to work on. Role models they have observed are identified with discussion about what was good about their practice. A discussion about emotional intelligence encourages them to tune in to the responses that the service user’s personal account has. The following session takes place 1-2 weeks later. This involves service users with two in the session.



Introductions open the session and then the service users explain why it is important for them to give up their time to be involved with this activity. Ice breakers alleviate some of the tension and give the students the opportunity to talk about areas they might want to focus on developing. Humour is used and the session is non-threatening. The students are reassured that at this session aims to boost their confidence, to recognise effective communication skills and that the intention is not to knock them at this stage of their career. Rules of

the session are agreed. There is an acknowledgment that everyone feels anxious in role play but that this is safer for everyone as the situation is simulated. The service users act out case studies and are

not themselves. All case studies are straight forward with no challenging behaviours. Observation sheets are shared with the areas focused on during the “assessment” which takes no longer than 15 minutes.

The “patient” goes to the waiting area. The “assessor” arranges the room in the way they prefer. The “assessor” then greets the “patient”, leads them to the clinical area, explains who they are, what the appointment is for, what form the assessment will take and then asks what has contributed to their needing this assessment, what problems they have been experiencing. They then start to conduct the assessment and after 15 minutes the role play is stopped. The actors “de-role”, usually humour is used about Oscar winners and then the service user gives feedback on how they felt focusing on the areas identified. The student is then asked what they thought went well – always a challenge for them as they want to focus on struggles. After this the observers give feedback. The students receive the forms completed by the observers which focus on positive skills in the greeting, putting the patient at ease, demonstration of active listening, and demonstration of empathy with a small box at the bottom suggesting areas for development.

Feedback from the students is very positive and evaluation sheets capture their comments:

- *“Working with individuals with a lived experience is far more beneficial than either just staff or text books. Having lived through an experience makes you an ‘expert’ in your own condition, individual will have lived with their problems and be able to teach students about how it really affected them.”*
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- *“This was extremely valuable as I can now empathise more during assessments, after them telling me how it makes them feel. Also they gave me useful tips to help me make my clients feel more at ease in future.”*

*Since this article was first published, Janet Sigley has moved to the Ashcombe Centre, where this practice continues.*