

Continue Learning with FirstHope

Complete Notes on the FirstHope App

Complete subject and semesters are available on FirstHope app only.

- Get complete subject and semester notes in the FirstHope app.
- Available for B.Pharm, D.Pharm, M.Pharm and Pharm.D students.

[Click here to get the FirstHope app](#)

Join the FirstHope Telegram Channel

Join FirstHope Notes and keep up with channel updates.

[Click here to join Telegram](#)

Instagram

@firsthope.official

[Click here to follow Instagram](#)

YouTube Channel

FirstHope-Pharmacy / Live streams

[Click here to watch the YouTube channel](#)

WhatsApp Channel

Follow FirstHope on WhatsApp.

[Click here to join the WhatsApp channel](#)

FirstHope Website

firsthopenotes.com

[Click here to visit the website](#)

Semester 1 - Practical Notes

Healthcare Psychology and Communication Skills

Complete Subject Manual

11 practicals and activities. Use the PDF bookmarks to move between practicals. Page numbers restart within each practical; the page counts below exclude the promotion page.

Contents

No.	Practical	Pages
1	Counselling a Patient with Chronic Illness	2
2	Breaking Bad News in a Clinical Setting	2
3	Empathetic Listening in Crisis Response	2
4	Mental Health Cases in Primary Care	2
5	Miscommunication and Healthcare Errors	2
6	Reflective Listening and Paraphrasing	2
7	Effective Team Communication and Decision-making	2
8	Designing IEC Materials for Public Health Awareness	2
9	Conducting a Mock Health Education Session	2
10	Weekly Reflection on Emotional Responses in Care Simulations	3
11	Communication Skill Growth over the Semester	2

Counselling a Patient with Chronic Illness

Experiment 1 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To explore a patient's concerns, explain agreed information simply and check understanding with teach-back.

Principle

Long-term illness may affect confidence, daily routines and treatment adherence. Patient-centred counselling first discovers the person's needs, then shares manageable information. Teach-back checks how clearly the professional explained the information; it is not a test of the patient's intelligence.

Practice Case

Fictional simulation: Meena, 52, has a clinician-confirmed long-term condition. She says, "I understand the instructions in the clinic, but I forget them at home and feel embarrassed to ask." No medicine dose is being changed in this exercise.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Open the conversation

Introduce your role, confirm how the person wishes to be addressed and ask permission to discuss their concerns.

2. Explore barriers

Ask what is hardest about the daily routine. Use open questions about understanding, cost, support and practical difficulties; avoid assuming deliberate non-adherence.

3. Agree one priority

Reflect the main concern and agree a small practical step, such as a written schedule based on the existing clinician instructions.

4. Explain and check

Share information in short sections. Ask the patient to explain the agreed plan in their own words; clarify and check again if needed.

5. Close

Summarise the agreed action, invite questions and identify the appropriate follow-up professional for unresolved clinical concerns.

Healthcare Psychology and Communication Skills

Suggested Practice Dialogue

- Learner: "What part of the instructions is most difficult when you are at home?"
- Patient: "There is too much to remember."
- Learner: "Let us write the existing plan in a short checklist. To check that I explained it clearly, how will you use it tomorrow?"

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Open question and permission	—	—
Accurate reflection of concern	—	—
Plain-language explanation	—	—
Teach-back and agreed follow-up	—	—

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative observer scores: $2 + 2 + 1 + 2 = 7/8$. Feedback: the explanation had one unfamiliar term; replace it and repeat teach-back.

Result

Total score: ____ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Do not change a medicine regimen or promise a cure in a counselling simulation.
- Respect privacy and the patient's right to decline discussion.
- Avoid blame; distinguish an information gap from a practical access barrier.

Viva Questions and Answers

1. Why use teach-back?

It reveals how well the explanation was understood and allows correction.

2. What is an open question?

A question that invites an explanation rather than only yes or no.

3. Why agree one priority first?

A manageable action is easier to understand and follow than a long list of instructions.

Breaking Bad News in a Clinical Setting

Experiment 2 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To demonstrate an empathetic, supportive conversation after difficult news has been disclosed by the responsible clinician.

Principle

Difficult news needs privacy, honest language, time for emotion and a clear next step. Students can practise supportive communication, but diagnosis, prognosis and treatment decisions remain with the authorised clinical professional. Silence can be helpful when it gives the person time to respond.

Practice Case

Fictional simulation: A clinician has told Arun that further evaluation is needed for a serious condition. Arun looks distressed and asks the pharmacy learner, "Does this mean I will never get better?" The learner does not have information to answer the prognosis.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Prepare the setting

Arrange privacy, seating and freedom from interruptions. Ask whether the person wants a support person present.

2. Check understanding

Ask what the clinician has explained and what the person is most concerned about. Do not repeat unverified information.

3. Acknowledge emotion

Use a brief, sincere reflection, pause and allow the person to respond. Avoid rushing to reassurance.

4. Handle uncertainty honestly

State the limits of your role and knowledge. Offer to help them formulate questions for the responsible clinician.

5. Agree the next step

Summarise what is known, identify who can answer unresolved questions and confirm an immediate support or follow-up plan.

Healthcare Psychology and Communication Skills

Suggested Practice Dialogue

- Patient: "I am frightened. I do not know what happens next."
- Learner: "This sounds very worrying. What would you most like the clinician to explain?"
- Learner: "I cannot predict the outcome, but I can help you write your questions and arrange a discussion with the treating team."

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Private and respectful setting	___	_____
Checks existing understanding	___	_____
Acknowledges emotion without false reassurance	___	_____
Appropriate role and next-step plan	___	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative scores: 2 + 1 + 2 + 2 = 7/8. Repeat the exercise with a clearer question about what the patient already understands.

Result

Total score: ___ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Do not disclose an unconfirmed diagnosis or invent prognosis.
- Avoid phrases such as "everything will be fine" when the outcome is unknown.
- Do not leave the person without an agreed immediate source of support.

Viva Questions and Answers

1. Why check understanding first?

The person may have heard or interpreted the news differently.

2. What can a pause achieve?

It allows processing and emotional expression without forcing a response.

3. What is a suitable response to an unknown prognosis?

Be honest about uncertainty and connect the person with the responsible clinician.

Empathetic Listening in Crisis Response

Experiment 3 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To use calm listening and practical support during a simulated distressing event.

Principle

Psychological first aid offers humane, practical support after distress. The learner checks safety and immediate needs, listens without pressure and helps connect the person with appropriate resources. It does not require a detailed retelling of the event or a diagnosis.

Practice Case

Fictional simulation: After a small building fire has been brought under control, Saira is shaking and says she cannot find her sibling. Emergency personnel are present. The learner is asked to offer brief support in a safe waiting area.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Check the environment

Confirm with responders that the place is safe. Introduce yourself and ask if the person would like help.

2. Identify urgent needs

Ask about immediate medical needs and the most pressing practical concern. Use the emergency team for physical danger or urgent medical problems.

3. Listen calmly

Use short sentences, an unhurried tone and attentive silence. Let the person decide what to share.

4. Offer practical help

With permission, connect them to the responder coordinating family information or another appropriate support. Do not make promises about the missing person.

5. Close the contact

Explain who will help next, check that the person is not left unsupported and record only necessary non-identifying classroom observations.

Healthcare Psychology and Communication Skills

Suggested Practice Dialogue

- Learner: "My name is _____. We are in the safe waiting area. Would you like me to help contact the information desk?"
- Person: "I need to know where my sibling is."
- Learner: "I hear that finding them is your main concern. Let us ask the responder who is coordinating family enquiries."

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Checks safety and asks permission	_____	_____
Listens without forced retelling	_____	_____
Identifies the stated practical need	_____	_____
Connects to appropriate support	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative scores: 2 + 2 + 2 + 1 = 7/8. Feedback: name the next helper and confirm that contact has actually been made.

Result

Total score: ____ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Do not force the person to recount distressing details or participate in emotional debriefing.
- Do not give unsupported reassurance about safety or family members.
- Escalate immediate danger or urgent medical needs to emergency personnel.

Viva Questions and Answers

1. What is the first concern?

Immediate safety and urgent practical or medical needs.

2. Must the person tell their whole story?

No; listening should not pressure them to disclose details.

3. Why link to resources?

Practical support can address an immediate need that conversation alone cannot solve.

Mental Health Cases in Primary Care

Experiment 4 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To recognise a need for supportive communication and timely professional assessment in a fictional primary-care case.

Principle

Low mood, anxiety or difficulty functioning can have many causes. A learner listens, asks respectful questions and supports referral without assigning a diagnosis from a short conversation. Immediate risk of harm needs urgent escalation under the local care pathway.

Practice Case

Fictional simulation: Dev, 24, says he has slept poorly and felt persistently low for several weeks. Work has become difficult. He is worried that asking for help will lead to judgement. The case does not establish a diagnosis.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Read without labelling

Separate the person's reported feelings from assumptions about cause or diagnosis.

2. Begin supportively

Ask permission to talk and use an open question about how daily life has been affected.

3. Explore needs

Acknowledge the concern, ask about available support and encourage assessment by an appropriate health professional.

4. Respond to urgent risk

If the roleplay introduces immediate risk of self-harm or harm to others, involve the designated clinician or emergency pathway immediately. Do not manage the crisis alone.

5. Plan follow-up

Agree how the person will access care and address a practical barrier such as arranging an appointment. Summarise using non-stigmatising language.

Healthcare Psychology and Communication Skills

Suggested Practice Dialogue

- Learner: "It sounds as though these changes are making everyday life difficult."
- Learner: "What kind of support would make it easier to speak with a health professional?"
- Learner: "A clinician can assess what is happening. We can discuss how to arrange that appointment."

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Non-stigmatising language	—	—
Separates report from diagnosis	—	—
Appropriate assessment / referral	—	—
Recognises urgent-risk escalation	—	—

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative scores: 2 + 2 + 2 + 2 = 8/8. A high classroom score does not authorise independent clinical assessment.

Result

Total score: ____ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Do not diagnose or advise starting or stopping medicines from the roleplay.
- Use fictional details and protect confidentiality.
- Follow urgent-risk procedures if an immediate safety concern is introduced.

Viva Questions and Answers

1. Why avoid a quick diagnosis?

Similar reported symptoms can have different causes and need fuller assessment.

2. What is supportive wording?

Language that acknowledges difficulty without blaming or labelling the person.

3. What changes the response to urgent escalation?

An immediate safety concern, rather than routine appointment planning.

Miscommunication and Healthcare Errors

Experiment 5 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To identify an ambiguous message and demonstrate clarification, read-back and confirmation before action.

Principle

Communication errors can arise from unclear identity, incomplete instructions, abbreviations or unconfirmed verbal messages. Closed-loop communication requires the receiver to repeat the key message and the sender to confirm or correct it. An unresolved ambiguity is a reason to clarify, not to guess.

Practice Case

Fictional simulation: A fictional ward message says, "Send the evening pack for bed six." Two people have recently changed beds, and the message contains no patient identifier or verified medicine order. No dose decision is to be made.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Identify gaps

List the missing identity, authorised order and delivery details. Separate a location such as bed number from a patient identifier.

2. Pause the action

Do not prepare or deliver a medicine based on the ambiguous message. Contact the authorised sender.

3. Clarify

Ask for the required identifiers and the existing verified order through the approved system.

4. Check back

Repeat the complete non-ambiguous instruction. Ask the sender to confirm it and correct any mismatch.

5. Document and improve

Record the fictional error pathway and propose a prevention step, such as a standard message format and confirmation process.

Healthcare Psychology and Communication Skills

Suggested Practice Dialogue

- Receiver: "The bed number alone does not identify the person. Please confirm the required identifiers and the verified order."
- Receiver: "I will send the labelled pack for the verified patient through the approved delivery process. Is that correct?"
- Sender: "Correct. Use the verified order and identifiers; do not rely on the bed number."

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Identifies missing information	—	—
Pauses before unsafe action	—	—
Uses a complete check-back	—	—
Proposes a specific prevention step	—	—

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative scores: $2 + 2 + 1 + 2 = 7/8$. Improvement: repeat the entire clarified instruction, not only the delivery location.

Result

Total score: ____ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Do not invent a dose or drug to make an ambiguous instruction complete.
- Use approved patient-identification and medicine-order procedures.
- Analyse system factors as well as individual behaviour; avoid blame-only discussion.

Viva Questions and Answers

1. Why is a bed number insufficient?

A location can change and does not uniquely establish identity.

2. What completes a communication loop?

The sender confirms or corrects the receiver's repeated message.

3. What should happen when information remains unclear?

Pause the action and seek clarification through the authorised channel.

Reflective Listening and Paraphrasing

Experiment 6 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To restate a partner's meaning and emotion accurately without adding advice or assumptions.

Principle

Paraphrasing restates the main meaning in simpler words. Reflection can also acknowledge an emotion suggested by the speaker. The response remains tentative, allowing the speaker to correct it. Listening is weakened by interruption, premature advice and changing the subject.

Practice Case

Fictional simulation: A partner says, "Everyone gives me instructions, but no one asks what is realistic when I work late." The listener practises a content paraphrase followed by an emotional reflection.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Assign roles

Choose speaker, listener and observer. Agree a non-sensitive fictional topic and a short time limit.

2. Listen first

Let the speaker finish. Attend to words, tone and pauses without planning your own advice.

3. Paraphrase content

Restate the central point briefly in your own words. Keep the meaning rather than repeating the sentence word for word.

4. Reflect and check

Name the apparent feeling tentatively and ask if the reflection is accurate.

5. Swap and review

Change roles, compare the two attempts and note where the listener added an assumption.

Healthcare Psychology and Communication Skills

Suggested Practice Dialogue

- Content: "The suggested routine does not fit your late working hours."
- Emotion: "It sounds frustrating to feel that your circumstances are not being considered."
- Check: "Have I understood that correctly?"

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Allows speaker to finish	___	_____
Preserves the central meaning	___	_____
Uses tentative emotional reflection	___	_____
Checks accuracy	___	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative scores: 2 + 2 + 1 + 2 = 7/8. Replace "You are angry" with "It sounds frustrating" to avoid stating an emotion as fact.

Result

Total score: ___ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Do not turn a reflection into criticism or a diagnosis.
- Avoid offering advice before understanding the concern.
- Respect a partner's choice not to discuss personal experiences.

Viva Questions and Answers

1. How is paraphrasing different from repeating?

It uses new words while preserving the speaker's meaning.

2. Why check accuracy?

The listener may have misunderstood the intended message or emotion.

3. What is premature advice?

A suggestion given before the person's needs and perspective have been understood.

Effective Team Communication and Decision-making

Experiment 7 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To present a concern using SBAR and complete an agreed action with closed-loop confirmation.

Principle

SBAR organises a message as Situation, Background, Assessment and Recommendation or Request. It makes the concern and needed action easier to find. Team decisions also require a named owner, a realistic next step and confirmation that the message was received.

Practice Case

Fictional simulation: A fictional patient is awaiting discharge instructions but cannot understand the language of the written sheet. The pharmacist, nurse and discharge coordinator must arrange appropriate communication before the person leaves.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Prepare facts

Identify the communication problem and verified background. Exclude irrelevant personal details.

2. Use SBAR

State the immediate situation, relevant background, your assessment of the communication gap and a clear request.

3. Invite input

Ask each role for relevant information and clarify differences respectfully.

4. Agree the action

Name who will arrange language support and who will check understanding. Confirm the sequence rather than assuming someone else will act.

5. Check back

Have the receiver repeat the action and sender confirm it. Review whether the team's plan addresses the original concern.

Healthcare Psychology and Communication Skills

Suggested Practice Dialogue

- Situation: "The discharge information is not yet understood." Background: "The available sheet is in a language the person does not read."
- Assessment: "The current explanation has not established understanding." Request: "Please arrange appropriate language support before finalising the instructions."
- Check-back: "I will arrange support; you will then check understanding using teach-back."

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Clear SBAR message	___	___
Respectful exchange of viewpoints	___	___
Named owner and next step	___	___
Closed-loop confirmation	___	___

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative scores: 2 + 2 + 1 + 2 = 7/8. Add a named owner and completion point for the support request.

Result

Total score: ___ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Do not guess that silence means understanding.
- Use appropriate interpreting support for the setting; protect confidentiality.
- Do not confuse a team communication exercise with authority to alter clinical orders.

Viva Questions and Answers

1. What does SBAR stand for?

Situation, Background, Assessment and Recommendation or Request.

2. Why name an owner?

An action without a responsible person may not happen.

3. Why use check-back as well as SBAR?

A well-structured message still needs confirmation of receipt and meaning.

Designing IEC Materials for Public Health Awareness

Experiment 8 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To design a clear information, education and communication handout for a defined audience.

Principle

An IEC material should have one main purpose, clear actions and readable language. Good design supports understanding; decorative detail cannot compensate for an unclear message. Content should be checked by the responsible educator before distribution.

Practice Case

Fictional simulation: Design a one-page classroom handout about preparing a commercially supplied ORS packet correctly. The audience is adults with mixed reading ability. Use the packet instructions rather than inventing a universal water volume for every packet.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Define the audience

Write the audience, language and intended action in one sentence. Identify literacy and accessibility needs.

2. Select the message

Use a main message such as "Use the whole packet with the water volume printed on the pack." Include only supporting actions needed to carry it out.

3. Draft the layout

Use a clear title, short bullets and a simple explanatory image or sequence if useful. Keep body language familiar and avoid crowding.

4. Check accuracy

Verify facts against the actual pack and educator-approved guidance. Check that directions do not encourage extra sugar or salt.

5. Pretest

Ask peers to explain what action they would take after reading. Revise any misunderstood instruction and obtain classroom educator review.

Healthcare Psychology and Communication Skills

Suggested Practice Dialogue

- Main message: "Read the packet's water-volume instruction before mixing."
- Supporting actions: "Use the whole packet. Measure the stated water volume. Do not add extra sugar or salt."
- Pretest question: "Show me where the handout tells you how much water to use."

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Defines audience and single purpose	____	_____
Accurate and actionable content	____	_____
Readable language and layout	____	_____
Uses audience pretest to revise	____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- If 4 of 5 peers identify the intended action, observed comprehension = $4 \div 5 \times 100 = 80\%$.
- This small classroom pretest suggests a revision opportunity; it does not prove population-level effectiveness.

Result

Total score: ____ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Do not add unsupported treatment claims.
- Use authorised images and avoid publishing patient details.
- A handout should direct urgent clinical concerns to appropriate care rather than replacing assessment.

Viva Questions and Answers

1. What does IEC mean?

Information, education and communication.

2. Why pretest?

The audience may interpret a clear-looking instruction differently from the designer.

3. Why define one main purpose?

It helps the reader find the intended action without being distracted by unrelated content.

Conducting a Mock Health Education Session

Experiment 9 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To deliver a short health-education session with audience participation and a check of understanding.

Principle

A useful session explains a small number of accurate actions, invites questions and checks what the audience understood. The educator adapts language and pace to the audience rather than reading a long script. Feedback supports revision of both content and delivery.

Practice Case

Fictional simulation: Conduct a five-minute classroom session on reading the instructions on an ORS packet. Use a demonstration packet and a labelled measuring vessel without giving patient-specific treatment advice.

Roles and Scoring

Work in a group of three: learner, patient or partner, and observer. Score each criterion 0 = not demonstrated, 1 = partly demonstrated, 2 = clearly demonstrated. The checklist is for classroom feedback, not a validated clinical assessment.

Requirements

- Case sheet, quiet practice space and timer.
- Observer checklist and notebook; no real patient details.

Procedure

1. Plan

Write one learning objective and a simple opening question. Prepare the materials and the verified main points.

2. Introduce

Explain the purpose and ask what the audience already knows. State that the session demonstrates packet instructions.

3. Demonstrate

Show the water-volume statement and explain using the whole packet and the specified volume. Keep the demonstration visible.

4. Invite practice

Ask a volunteer to locate and explain the instruction. Clarify errors supportively and invite questions.

5. Evaluate and close

Use teach-back, summarise the action and obtain one point of feedback about clarity.

Suggested Practice Dialogue

- Opening: "Where on this packet would you look to find the water volume?"

Healthcare Psychology and Communication Skills

- Demonstration: "Different packet sizes may have different directions, so we follow this pack's label."
- Check: "To see whether I explained clearly, how would you prepare this packet?"

Observations and Record

Criterion	Score 0 / 1 / 2	Observed behaviour
Clear learning objective	___	___
Accurate visible demonstration	___	___
Audience participation	___	___
Teach-back and concise closing	___	___

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative timing: opening 45 s, explanation 90 s, demonstration 90 s, teach-back 60 s, close 15 s; total = 300 s = 5 min.

Result

Total score: ___ / 8. Record one effective phrase, one missed opportunity and one specific action for the next attempt.

Precautions

- Use verified education content and avoid recommending a personal regimen.
- Do not shame a participant who gives an incorrect answer.
- Keep demonstration materials clean and separate from any clinical supplies.

Viva Questions and Answers

1. Why use a learning objective?

It defines what the audience should be able to do after the session.

2. How can understanding be checked?

Ask the audience to explain or demonstrate the action in their own words.

3. Why obtain feedback?

It reveals communication barriers the presenter may not notice.

Weekly Reflection on Emotional Responses in Care Simulations

Experiment 10 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To record emotional responses to simulated care encounters and choose a practical improvement for the next session.

Principle

Reflection links an event, personal response, interpretation and planned action. It describes behaviour rather than judging the person. A log can record learning without disclosing private patient information or requiring classmates to share sensitive personal experiences.

Requirements

- Notebook or weekly log template.
- Simulation feedback and a quiet period for reflection.

Procedure

1. Describe

Write the fictional setting and one observable event, excluding real identifiers.

2. Name the response

Describe the emotion you noticed and its effect on your words, tone or listening.

3. Examine

Identify what helped, what hindered and how the other person may have experienced the interaction.

4. Choose an action

Write one specific, achievable behaviour for the next simulation, such as allowing a pause before responding.

5. Review next week

Compare the next attempt with the action plan and record evidence of progress. Discuss difficult issues with the designated educator when needed.

Healthcare Psychology and Communication Skills

Weekly Prompts

- What happened? What did I feel and do?
- What did the observer notice? What else could explain the interaction?
- What will I try next time, and how will I know whether it helped?

Observations and Record

Week	Event / emotional response	Planned action / follow-up
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

Healthcare Psychology and Communication Skills

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative entry: "I felt hurried when the partner paused. I interrupted twice. Next time I will wait for them to finish and then paraphrase the main concern."
- Follow-up entry: "In the next attempt, the observer noted no interruption during the opening account. I still need a clearer closing summary."

Result

A weekly log has been completed for the assigned teaching weeks. One repeated communication pattern and one demonstrated improvement are identified.

Precautions

- Keep the log free of identifiable patient information.
- Do not use reflection scores to diagnose yourself or a partner.
- Share only material you are comfortable discussing; seek educator support if an exercise is distressing.

Viva Questions and Answers

1. What makes a reflection useful?

It connects a specific event to a specific next action.

2. Why record behaviour as well as emotion?

Behaviour gives observable evidence that can be reviewed in the next attempt.

3. How is reflection different from self-blame?

It explores learning and changes in practice rather than assigning personal fault.

Communication Skill Growth over the Semester

Experiment 11 - Practical Notes

Name: _____ Roll no.: _____ Date: _____

Aim

To compare early and later communication performance using observed evidence and a realistic development plan.

Principle

A portfolio shows change through dated evidence, not simply a higher self-rating. Use comparable activities and the same classroom criteria when comparing attempts. Scores help organise feedback, but they do not independently establish clinical competence.

Requirements

- Early and later roleplay checklists, selected reflection entries and feedback.
- Portfolio cover sheet and development-plan table.

Procedure

1. Choose domains

Use four domains: listening, empathy, clarity and team communication. Identify an observable behaviour for each.

2. Collect evidence

Select an early and a later exercise for each domain. Record the date and the relevant observer comment.

3. Compare fairly

Use the same criteria where possible and explain if the tasks differed in difficulty. Include both progress and a remaining gap.

4. Explain improvement

Link a changed behaviour to practice, feedback or reflection. Avoid attributing a score change to skill alone without supporting observations.

5. Set the next plan

Write one achievable goal, the practice activity, an evidence measure and a review point.

Development Plan Example

Goal: give a clear closing summary in the next two roleplays. Practice: summarise the agreed action in two sentences. Evidence: the observer can identify the action, owner and follow-up. Review: after the second roleplay.

Healthcare Psychology and Communication Skills

Observations and Record

Domain	Early evidence / later evidence	Next development action
Listening	_____	_____
Empathy	_____	_____
Clarity	_____	_____
Team communication	_____	_____

Worked Example

The numbers below are illustrative; enter your own observations in the record.

- Illustrative comparable checklist: early score 4/8, later score 7/8. Change = 3 points; percentage of maximum changed from 50% to 87.5%.
- Supporting evidence: early feedback noted interruptions; later feedback noted a complete paraphrase before advice. This behaviour is more informative than the score alone.

Result

The portfolio contains evidence for four communication domains, a comparison of early and later work, and one specific next-stage learning plan.

Precautions

- Do not fabricate dates, feedback or scores.
- Remove patient identifiers from any permitted learning evidence.
- Acknowledge task differences and ongoing learning needs.

Viva Questions and Answers

1. What counts as evidence?

A dated observation, work product or feedback showing a specific behaviour.

2. Why use comparable tasks?

Different task difficulty can make score comparisons misleading.

3. What makes a goal actionable?

It names a behaviour, a practice opportunity and a way to review progress.

Continue Learning with FirstHope

Complete Notes on the FirstHope App

Complete subject and semesters are available on FirstHope app only.

- Get complete subject and semester notes in the FirstHope app.
- Available for B.Pharm, D.Pharm, M.Pharm and Pharm.D students.

[Click here to get the FirstHope app](#)

Join the FirstHope Telegram Channel

Join FirstHope Notes and keep up with channel updates.

[Click here to join Telegram](#)

Instagram

@firsthope.official

[Click here to follow Instagram](#)

YouTube Channel

FirstHope-Pharmacy / Live streams

[Click here to watch the YouTube channel](#)

WhatsApp Channel

Follow FirstHope on WhatsApp.

[Click here to join the WhatsApp channel](#)

FirstHope Website

firsthopenotes.com

[Click here to visit the website](#)