**Assessment Schedule for**

**The Hyland – Donaldson Psychological Skills Scale**

# Instructions

Answer each question by circling the answer which best describes the student’s competence. If you are not confident in making a judgement you should circle “unable to assess”.

## Section 1

## Basic Non-verbal Communication Skills

1. In general, does the student use an appropriate level of eye contact?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student look at people when ending a question?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student give encouraging cues (e.g., head nods, smiles) in response to comments?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student orient herself/himself correctly (correct body posture, letting slightly deaf individuals see lips) during conversation?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Can the student use express physical contact in appropriate situations?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Is the student aware of signals of embarrassment, distress, anxiety and stress?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

## Section 2

**Basic Verbal Communication Skills**

1. Does the student ask “open” questions where appropriate?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student ask “closed” questions where appropriate?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student engage in non-directive questioning when appropriate?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student use “reflecting statements” in conversation when appropriate?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student present information appropriately?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student explain reasons for carrying out nursing procedures?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student give appropriate information for self-care, for example, reasons for self-care and information about side effects?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student evaluate the effects of his/her communications?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

## Section 3

**Advanced Communication Skills**

1. Can the student reflect other people’s emotions?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Can the student read the “hidden messages” in questions and statements?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student react appropriately to the “ hand on the door” phenomenon?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student have good listening skills?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student play an “interpreting role” for people’s feelings, for example, about childcare, dying, and bereavement?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

## Section 4

**Assessment Skills**

1. Is the student aware of possible biases in person perception?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Is the student good at assessing other people’s psychological needs?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Is the student good at assessing other people’s moods?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

## Section 5

**Patient Management Skills**

1. Does the student try to satisfy the patient’s psychological needs?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Is the student good at forming a professional relationship with people in a variety of environments?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Is the student good at forming a professional relationship with a variety of people?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student enhance self-care by encouraging the perception of self-determination?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student anticipate and react appropriately to the patient’s change of mood?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Is the student sensitive about when to attempt attitude change techniques?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. When attempting to change attitudes, does the student use the most effective presentation of material?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

## Section 6

**Relative/Friend/Carer Management Skills**

1. Does the student react appropriately to the needs of relatives?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student react sensitively to family dynamics?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Is the student aware that he/she could promote stability within the family?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student try to involve others, where appropriate, in giving care?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student anticipate and react appropriately to relatives’/friends’/carers’ changes of mood?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Does the student react sensitively to relatives’/friends’/carers’ coping mechanisms?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

## Section 7

**Professional Relationships**

1. Does the student try to communicate with other health personnel?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Is the student tactful when communicating with other health personnel?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

1. Can the student be assertive (but non-aggressive) when appropriate?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Never | Almost never | Seldom | Sometimes | Often | Almost always | Always | Unable to assess |

**Further details concerning the meaning and interpretation of questions**

**Section 1**

**Basic Non-verbal Communication Skills**

1. Level of eye contact is a signal that we like or dislike someone. We tend to look at people we like and avoid eye contact with people we dislike or find uninteresting. The student should engage in a level of eye contact which indicates liking. However, too much eye contact can be intrusive and intimidating. The absolute amount of eye contact needed depends on the sex and the cultural background of the patient and so the student’s level of eye contact should be appropriate for the particular setting. For example, women tend to engage in more eye contact than men, and people from Middle Eastern and Latin American cultures engage in more eye contact than people from the UK.
2. Eye contact is a signal that the speaker is about to stop speaking. Questions should be terminated by looking at the other person. If you look away when asking a question (e.g., taking something out of a bag while saying “How are you today?”) then this gives the impression that you are not interested in the reply.
3. Cues which show interest include head nods, making “uh-hu” nosies, and smiling at appropriate moments when the patient is speaking. These cues are sometimes referred to under the heading of “active listening”. The student should show through her non-verbal behaviour that she is listening to what is being said.
4. Correct orientations include, where appropriate: sitting on the bed rather than standing aloof, facing the patient, letting the patient observe your face, sitting/standing neither too close nor too far away (correct distance depends on sex and culture).
5. Instrumental physical contact occurs when contact is needed to perform a procedure. Expressive physical contact occurs when feelings are expressed through contact, for example holding someone’s hand when they are feeling upset. The student should be able to engage in expressive physical contact, and be sensitive to whether patients appreciate or do not appreciate expressive physical contact.
6. People signal embarrassment, distress, anxiety and stress in a number of ways. These include: lack of eye contact, fidgeting (foot movements, drumming with fingers), closed body posture (i.e., sitting “away from” the person speaking).

## Section 2

**Basic Verbal Communication Skills**

1. “Open” questions cannot be given a yes/no answer (e.g., “How are you feeling?”) as opposed to “closed” questions where a yes/no answer can be given (e.g., “Are you feeling better?”). Open questions are better for maintaining conversation and allow the patient to bring up topics which you are not specifically focussing on. Open questions should be used except under the circumstances described in the next item.
2. “Closed” questions are simpler to answer and should be used where there is evidence of communication or memory difficulties on the part of the patient. “Closed” questions require less effort to answer and should also be used at acute stages of illness. “Closed” questions should be used (a) where simple factual information is needed; (b) for an elderly patient who is confused or has difficulty in replying; (c) for people who are in shock or trauma (the shock or trauma can have a physical or psychological cause); (d) for patients with breathing problems; (e) for patients with speech problems.
3. Non-directive questioning means focussing on an important idea in what someone has just said and asking that person to expand on it. E.g.,

Patient: I am having problems with my mother.

Student: What sort of problems?

Patient: Well, she gets very angry about things.

Student: What sort of things does she get angry about?

In non-directive questioning, the other person rather than the District Nurse decides on the direction of the conversation. Non-directive questioning helps build a relationship because questions are asked which the other person thinks are important.

1. Using a “reflecting statement” means taking something the patient has just said and repeating it in a different form. Reflecting indicates empathy and is a useful tool in building up a relationship. E.g.,

Student: How long have you had the pain?

Patient: Well, I have had it about three months.

Student: So it’s been going on quite a long time, hasn’t it?

1. Some patients (as well as carers and relatives) forget a lot of what they are told. Information about diagnosis and prognosis is remembered more easily than information about self-care. The student should give information in a way which enhances memory. For example, information should not be given when the patient or carer is anxious or upset. Information should be organised into categories with explicit labels (e.g., “I am going to tell you now how to look after yourself until I call again tomorrow”). Keep sentence structure short and technical jargon at a minimum where there are likely to be difficulties in understanding or remembering. Stress the importance of self-care instructions and repeat these instructions on leaving. Information giving should be preceded by assessment of the patient’s knowledge and need for specific types of information.
2. Anxiety is caused by uncertainty. If the student explains what she is doing and why she is doing it when carrying out nursing procedures, then this reduces anxiety. In addition, such communications help build a relationship so that the patient feels confident in the student.
3. The student should give the right sort of information for the patient to be able to engage in self-care. Typically this information consists of giving reasons for self-care, information about possible side effects and actions to take if side effects occur. However, other sorts of information may need to be given and the student should assess informational needs prior to giving information.
4. The student should evaluate whether the patient/friend/carer has understood the information given, whether the information is remembered and whether the information has been acted upon. Some aspects of this evaluation can be made at the time the information is given, but other aspects may require evaluation at a later time.

## Section 3

**Advanced Communication Skills**

1. “Reflecting emotion” means that the student should portray, through verbal and non-verbal signals, that she experiences the same emotions as the other person. Reflecting emotion helps build up feelings of trust and empathy. Of course, the student should not always reflect emotion – if the other person is becoming aggressive or hysterical, then reflecting emotion is not going to help.
2. Statements and questions often carry hidden messages, messages which may be cries for help or questions resulting from non-publicly expressed anxiety. Hidden messages occur in such forms as jokes where the joke is not entirely a joke, oblique questions which are tangential to the hidden message, and “projected” questions where the person asking the question says that someone else wants to know. In reacting to hidden messages the student should not confront the other person with the fact that he or she recognises what the other person is really trying to say. The response should be tactful and information given (possibly later) with due regard for the fact the other person did not want to take the question explicit.
3. The “hand on the door” phenomenon is that sometimes the patient’s real worries only come out as you are in the process of leaving. The student should not just rush off, but should stay to deal with this important worry.
4. Particularly in times of crisis, the student will play a valuable role in just listening. The student should be prepared to take the time to listen, and to put in the effort which is required by “active listening”. The student should not interrupt with statements about “what you should do” nor deflect the conversation by asserting “I am sure it will be alright”, but simply listen carefully to what is being said. The student should take the time to listen and also be able to give to the teacher an account of the problems as experienced by the other person.
5. People sometimes need reassurance about their feelings. For example, if a carer feels angry with her child or dying mother, the student should be able to reassure the patient that these sorts of feelings are perfectly normal – before going on to discuss possible ways of coping with these feelings (see section 6). Reassurance should also be given for minor anxieties, e.g., telling the patients “I understand that you are very worried, but you are in a very worrying situation”.

## Section 4

**Person Perception Skills**

1. There are several biases which affect the way we perceive others. These include (a) stereotyping (making judgements about personality on the basis of type of illness, social class, race), (b) first impression effects (judging personality on the basis of the first encounter), (c) failing to recognise that the patient’s behaviour is caused by the situation rather than due to his/her personality. The student should not make hasty judgements of character based on slight contact. The student should not label a patient as difficult but should try to find out the reason for the patient’s behaviour.
2. There are many different types of psychological needs. These include the patient’s and relatives’ needs to understand about the patient’s own condition; need for positive self-esteem; need to maintain dignity in front of others (self-presentation needs); needs for achievement (which can be highly varied); need for friendship; need to be useful to others, and so on.
3. The student should be aware of other people’s moods and be aware when the patient is behaving differently from his or her normal pattern.

## Section 5

**Patient Management Skills**

1. The student should satisfy where possible the patient’s psychological needs once assessed. For example, the student should provide information about care and the student should enable the patient’s independence as far as possible (this includes giving information to the patient about times of visits, so that the patient does not spend his/her time waiting for the doorbell to ring).
2. The student should be able to form a professional relationship with people in a variety of environments, including home environments which are perceived as “difficult”.
3. The student should be able to form a professional relationship with a variety of people, irrespective, for example, of age, nationality, or illness type.
4. The student should not “take over” the patient. The student should be implementing the therapeutic contract approach to patient management, as this maximises self-care. The patient should feel he/she has much control over his/her environment as is possible within the existing situation.
5. The student should try to anticipate the patient’s mood changes and so, where possible, provide anticipatory psychological care. For example, if a patient’s debilitating condition is likely to persist, then the student should anticipate that the patient may become depressed. Under such circumstances, it might be appropriate for the student to prepare the patient gradually that the disability is likely to be long term or permanent, and the student should show how quality of life can be maintained even with disability.
6. Attempts to change well established attitudes should only be made after positive relations with the patient have been developed. For example, the student should not show that she disapproves of the patient smoking as soon as she walks in the door. Due to the time spent on placement, a student may never actually form a sufficiently good relationship in a situation where attitude change is appropriate, though a student may inappropriately try to change an attitude. The main point is that the student should be aware of when to attempt attitude change.
7. When trying to change an attitude or belief it is sometimes more effective to present both sides of an argument. For example, if you are advising about diet, you should point out the disadvantages as well as the advantages of going on a particular diet. That way the client believes that she is making the decision herself – a crucial feature for attitude change. The two-sided approach should be used unless the other person has difficulty comprehending the various arguments (in which case the two-sided approach just leads to confusion) or if the other person is already inclining towards the view you wish to encourage (in which case the two-sided approach delays the decision).

## Section 6

**Reflective/Friend/Carer Management Skills**

1. Relatives and others have their own needs – especially in times of crisis. The student must care for relatives just as she cares for the patient. The student should be aware of and plan for the needs of relatives and carers, for example, by encouraging and facilitating them to go out of the house and meet friends.
2. The relationships which exist between different family members are complex, and the student should attempt to find out what they are. These relationships are highly varied. For example, a daughter may enjoy her mother “being sick” because she thereby gains power over her mother.
3. The student should, where appropriate, act (or understand that she can act) in ways which promote the stability of the family as a unit. The student should act as a mediator where appropriate; the student should avoid taking sides in family rows.
4. The student should try to involve others in the decision making and implementation of care. By involving others in the decision making relating to care, the student will be more likely to involve others in the actual implementation of care. The student should she encourage feelings of self-determination among relatives and carers, for examples, by saying how well they are looking after the patient.
5. The student should anticipate mood changes in relatives/friends/carers and provide preparatory information as a protection against feelings of anxiety and depression.
6. The coping mechanism used by patients, their relatives, and carers can often, in the short term, be maladaptive. The student should help these individuals through the maladaptive stage of such coping mechanism. For example, the student should try to deflect anger away from the patient where anger results from the relative’s difficulty in coming to terms with a distressing situation.

## Section 7

**Professional Relationships**

1. The student should make the effort to be part of a team by communicating with other professionals.
2. The student should not “rub people up the wrong way”.
3. The student should be able to be assertive but without being aggressive. This involves respecting the other person’s views but not giving way: e.g., “I understand your position but I still feel that in this case ”. Repetition is a useful toll for non-aggressive assertiveness, as is rational argument based on scientific information.