Connecting or Nonviolent Communication as a key to effective transdisciplinary communication and collaboration

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BACKGROUND

Our nursing students often do not experience a basis of equality and trust during their clinical placements, in their interactions with patients, clinical supervisors, or other healthcare professionals¹. Connecting or Nonviolent Communication ¹⁻⁴, which focuses on interpersonel rather than job specific communication skills, may provide a common language and basic attitude to shape transdisciplinary communication skills and contribute to educationally safer learning and working climates, vitality and mental health of students and healthcare professionals¹⁻⁵.

AIM

- Develop and implement educational Connecting Communication modules in the curricula of the Bachelor of Nursing degree program of the Rotterdam University of Applied Sciences.
- Provide training for teachers and clinical supervisors.
- Improve transdisciplinaire communication & collaboration competenties.

METHODS

We build upon on our previous Connecting Communication training courses pilots e.g.;

- a 12 hours elective with second year nursing students (n=22) and a 2 day's training with clinical supervisors & teachers (n=9) both focused on *Working* on resilience with words that work;
- a feasibility study among third years of the Bachelor of Nursing programme focused on *Conflict or Connection*¹ (n=24).



Figure 1. Kirkpatrick's four-level training evaluation model

The Kirkpatrick Model⁶ is used for evaluation and analyzing the results of the training and educational programs at four levels (Figure 1).

data is gathered by:

- focusgroup discussions with stakeholders;
- analyzing participants educational assignments and reflections;
- pré an post intervention survey's.

SETTINGS

Connecting Communication requires specific skills, as well as reflection and practice at different levels of complexity^{2,3,6}. We therefore implement Connecting Communication in three settings with an increasing degree of complexity of transdisciplinary communication involved (May 2022 - October 2024).

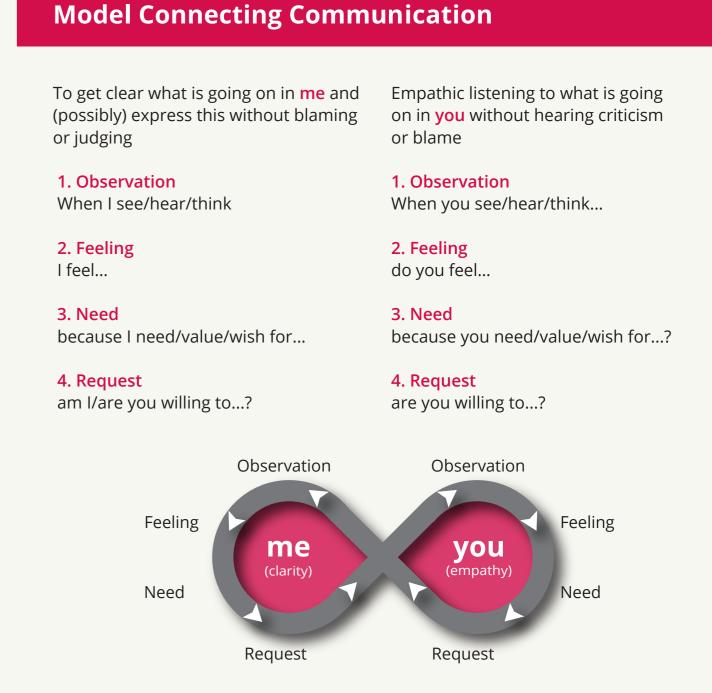
- A. Basic skills training for first-year nursing students.
- B. 'Urban Health Program' in which second-year health care students collaborate on solving realistic problems.
- C. Clinical placements in year 2-4 of the nursing degree program.

EXPECTED RESULTS

- Basic module for integration into the propaedeutic year of college.
- Modules usable in more complex work situations such as internship environment and inter- and transdisciplinary education.
- Support modules for professionalization of teachers and clinical supervisors, developed into a trainthe-trainer program.
- International peer-reviewed publications.







Central to Connecting Communications is the intention with which you connect with the other person. The model is supportive.

Awareness of mutual feelings/needs contributes (in my opinion) to better/safe communication (teacher)

This course teaches you not only things to apply as a superviser, but especially as a person, partner, friend... (clinical superviser)

I am better able to
empathise with people
and I don't judge them quickly,
I first try to ask myself why they
react the way they do
(female student, age 22,
clinical placement
in mental health care)

I now know better how to express my feelings and wishes in un pleasant situations (female student, age 23, clinical placement in general hospital)

REFERENCES

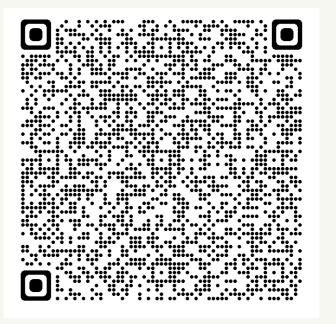
¹Bakker et al., 2022, NET, ²Wacker & Dziobek, 2018, JOHP, ³Nosek et al., 2014 JNEP, ⁴Sears, 2010, ⁵Taylor et al., 2020, NET

⁵Taylor et al., 2020, NET, ⁶ Kirkpatrick, 2013.

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