

1: Become a Better Listener: Active Listening

Several strategies of listening that are available: (a) attention to patients' exact language, (b) heuristic strategies, (c) selective tuning, (d) relating information to emerging formulations and (e) 'evenly suspended attention' are discussed. the importance of the scientific investigation of clinical listening is emphasized, so that sound.

Yet at its core, being a good mediator requires you to be an active, engaged listener. We listen to what the parties are telling us and use that information to move the conversation forward. We help the two people sitting across from us create their own resolution to whatever issue brought them into court that day. Instead, we empower parties to develop and agree upon solutions themselves. But when we are successful, parties sign an agreement of their own making and can walk out of court a few minutes later after getting approval from the clerk. As opposed to a blunt solution imposed by the court, the mediated agreement can be flexible and tailored to the parties themselves. We add efficiency to the court system, sure, but we also strive to add a space for people to talk and to better understand each other. We believe that when parties create their own solution to a problem, they are more likely to feel that the result is equitable and will be more likely to abide by the requirements in the future. I joined HMP for two reasons. On a personal level, I wanted to improve my listening and facilitation skills. On a professional level, I believe in alternative dispute resolution and wanted to get hands-on experience in the field. Over the past couple years, I keep returning to HMP for those same reasons, as well as a third: After all, many of the best listeners find their way to mediation, meaning HMP has an incredible support system. Some cases are as simple as the parties seeking a payment plan to ensure the money owed gets paid in a reasonable time period. Some are incredibly difficult and involve decades of fraught relationships coming to a head. Many are in between the two extremes. As mediators, we have to be comfortable with whatever level of emotions parties bring to the table. We strive to acknowledge their feelings and allow the parties to be heard. One of the greatest privileges of HMP is the chance to serve as a trusted neutral through which parties will share their experiences and put genuine effort into trying to reach a resolution that feels fair to both sides. For many people, this day in their local court will be the only time they directly interact with the legal system. Mediation can redefine this day for them. It brings parties away from the hierarchy of the court room, where the judge sits behind a bench higher than the parties, Latin and antiquated words are intermixed with English, and only the lawyers may freely step in front of the bar. Mediation brings folks to a table to sit together and engage in a productive discussion. Being a small part of making the legal system more accessible by all members of society has been one of the most rewarding aspects of my time at HLS. I hope to continue this type of work in the future and to keep practicing my listening skills, whether through mediation directly or other activities.

2: Listening and Focusing

The Office of Clinical and Pro Bono Programs at Harvard Law School is here to help students create the most positive clinical and pro bono experience possible.

Comprehending[edit] Comprehension is shared meaning between parties in a communication transaction. This is the first step in the listening process. The second step is being able to take breaks between discernible words, or talking segmentation. Retaining[edit] Retaining is the second step in the process. Memory is essential to the listening process because the information retained when a person is involved in the listening process is how meaning from words is created. Because everyone has different memories, the speaker and the listener may attach different meanings to the same statement. However, memories are fallible, things like cramming may cause information to be forgotten. Responding[edit] Listening is an interaction between speaker and listener. It is important to note that the listener is not necessarily agreeing with the speakerâ€™ simply stating what was said. Individuals in conflict often contradict each other. On the other hand, if one finds that the other party understands, an atmosphere of cooperation can be created. Listeners need only restate, in their own language, their impression of the expression of the sender. Still, learning to do Active Listening well is a rather difficult task In groups it may aid in reaching consensus. Sometimes it is due to the language the speaker usesâ€™ such as high sounding and bombastic words that can lead to ambiguity. Other barriers include distractions, trigger words , vocabulary, and limited attention span. Instead of being me-oriented like shift response, it is we-oriented. To a certain extent, it is also a perceptual barrier. This should help one to avoid undue influence from non-verbal communication. In most cases, the listener does not understand the non-verbal cues the speaker uses. Overuse of non-verbal cues also creates distortion , and as a result listeners may be confused and forget the correct meaning. Listeners put aside their own emotions and ask questions and paraphrase what the speaker says to clarify and gain a better understanding of what the speaker intends to say. Despite the popular notion that listening is a passive approach, clinical and research evidence clearly shows that sensitive listening is a most effective agent for individual personality change and group development. People who have been listened to in this new and special way become more emotionally mature, more open to their experiences, less defensive, more democratic, and less authoritarian. Active listening asks couples to perform Olympic-level emotional gymnastics when their relationship can barely walk. Scuka defends active listening by arguing that: He also overlooks several important considerations that call into question his implied dismissal of the RE model as a legitimate therapeutic intervention for distressed couples.

3: Strategies of clinical listening.

Active listening (AL) is the highest and most effective level of listening, and it is a special communication skill. It is also a great strategy for having effective communication (3). It is based on complete attention to what a person is saying, listening carefully while showing interest and not interrupting (4).

Here are six types of listening, starting with basic discrimination of sounds and ending in deep communication. Discriminative listening Discriminative listening is the most basic type of listening, whereby the difference between difference sounds is identified. If you cannot hear differences, then you cannot make sense of the meaning that is expressed by such differences. We learn to discriminate between sounds within our own language early, and later are unable to discriminate between the phonemes of other languages. This is one reason why a person from one country finds it difficult to speak another language perfectly, as they are unable distinguish the subtle sounds that are required in that language. Listening is a visual as well as auditory act, as we communicate much through body language. We thus also need to be able to discriminate between muscle and skeletal movements that signify different meanings. Comprehension listening The next step beyond discriminating between different sound and sights is to make sense of them. To comprehend the meaning requires first having a lexicon of words at our fingertips and also all rules of grammar and syntax by which we can understand what others are saying. The same is true, of course, for the visual components of communication, and an understanding of body language helps us understand what the other person is really meaning. In communication, some words are more important and some less so, and comprehension often benefits from extraction of key facts and items from a long spiel. Critical listening Critical listening is listening in order to evaluate and judge, forming opinion about what is being said. Judgment includes assessing strengths and weaknesses, agreement and approval. This form of listening requires significant real-time cognitive effort as the listener analyzes what is being said, relating it to existing knowledge and rules, whilst simultaneously listening to the ongoing words from the speaker. Biased listening Biased listening happens when the person hears only what they want to hear, typically misinterpreting what the other person says based on the stereotypes and other biases that they have. Such biased listening is often very evaluative in nature. Evaluative listening In evaluative listening, or critical listening, we make judgments about what the other person is saying. We seek to assess the truth of what is being said. We also judge what they say against our values , assessing them as good or bad, worthy or unworthy. Evaluative listening is particularly pertinent when the other person is trying to persuade us, perhaps to change our behavior and maybe even to change our beliefs. Within this, we also discriminate between subtleties of language and comprehend the inner meaning of what is said. Typically also we weigh up the pros and cons of an argument, determining whether it makes sense logically as well as whether it is helpful to us. Evaluative listening is also called critical, judgmental or interpretive listening. Appreciative listening In appreciative listening, we seek certain information which will appreciate, for example that which helps meet our needs and goals. We use appreciative listening when we are listening to good music, poetry or maybe even the stirring words of a great leader. Sympathetic listening In sympathetic listening we care about the other person and show this concern in the way we pay close attention and express our sorrow for their ills and happiness at their joys. Empathetic listening When we listen empathetically , we go beyond sympathy to seek a truer understand how others are feeling. This requires excellent discrimination and close attention to the nuances of emotional signals. When we are being truly empathetic, we actually feel what they are feeling. In order to get others to expose these deep parts of themselves to us, we also need to demonstrate our empathy in our demeanor towards them, asking sensitively and in a way that encourages self-disclosure. Therapeutic listening In therapeutic listening, the listener has a purpose of not only empathizing with the speaker but also to use this deep connection in order to help the speaker understand, change or develop in some way. This not only happens when you go to see a therapist but also in many social situations, where friends and family seek to both diagnose problems from listening and also to help the speaker cure themselves, perhaps by some cathartic process. This also happens in work situations, where managers, HR people, trainers and coaches seek to help employees learn and develop. Thus

dialogic listening mean learning through conversation and an engaged interchange of ideas and information in which we actively seek to learn more about the person and how they think. Relationship listening Sometimes the most important factor in listening is in order to develop or sustain a relationship. This is why lovers talk for hours and attend closely to what each other has to say when the same words from someone else would seem to be rather boring. Relationship listening is also important in areas such as negotiation and sales, where it is helpful if the other person likes you and trusts you.

4: Clinical Trials | The Listening Center

Listening To Patients To Improve Clinical Trials By Jean McCoy and Pam Garfield There are so many challenges around designing clinical trials that it can often be difficult to decide where to focus your efforts and resources to improve the process.

Active Listening Become a Better Listener: Active Listening By John M. By learning the skills below, you will become a better listener and actually hear what the other person is saying – not just what you think they are saying or what you want to hear. While therapists are often made fun of for engaging in active listening, it is a proven psychological technique that helps people talk. Are you as good a listener as you think you are? If you even just use 3 or 4 of these skills, you will find yourself listening and hearing more of what another person is saying to you. **Restating** To show you are listening, repeat every so often what you think the person said – not by parroting, but by paraphrasing what you heard in your own words. **Giving feedback** Let the person know what your initial thoughts are on the situation. Share pertinent information, observations, insights, and experiences. Then listen carefully to confirm. **Emotion labeling** Putting feelings into words will often help a person to see things more objectively. **Effective pause** Deliberately pause at key points for emphasis. This will tell the person you are saying something that is very important to them. **Silence** Allow for comfortable silences to slow down the exchange. Give a person time to think as well as talk. Silence can also be very helpful in diffusing an unproductive interaction. **Redirecting** If someone is showing signs of being overly aggressive, agitated, or angry, this is the time to shift the discussion to another topic. **Consequences** Part of the feedback may involve talking about the possible consequences of inaction. They tend to make people defensive. **Digging for information and forcing someone to talk about something they would rather not talk about.**

5: Taking Blood Pressure

Social Media Listening in Improving Clinical Trial Recruitment in Patients With Cancer The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government.

DURIE The face that a moment before had seemed composed suddenly cracked into lines and wrinkles filled with pain, hurt and quite a bit of anger. No need to tell them; after all, "We understand. We know what you are going through. It had been eight years since the time he and his wife found Emily so lethargic they could not wake her; eight years since the inexplicable stroke left their vivacious year-old blind and paralyzed. For nearly six months, there had been vigils in the hospital. The move to a nursing home in itself was an admission Emily was unlikely to wake up again. It had been eight years since her laughter filled the room and her pouting drove them to parental distraction. Oh God, I would give the whole world for another pout. She just was not breathing anymore. Against their directives, a well-intentioned staff had summoned the paramedics and they, like the emergency room staff 10 minutes later, found it next to impossible to refrain from using all the technology and skill to "revive" Emily. It matters little how frequently we are confronted with death in an emergency room. None of us can willingly concede that an year-old has died. All this was eight years ago and Jake is here, now, in my office. It consists of more than hours of supervised learning in pastoral care and counseling. In the first three weeks, Jake had been largely quiet in the "peer group," a group of five colleagues sharing the training. His only comments, paralleling his work with patients, had been to indicate he saw unresolved anger in his patients and at least several of his peers. When he presented written work from his pastoral care visits to group members, neither they nor I saw the anger he believed evident in his patients. Neither his peers nor I experienced the anger he claimed to see in several peers. So, Jake was in my office and we were talking about his patients and his peers and the disparity of perceptions that we had. I asked him if he supposed there may be things he could be angry about. Even as I write, I have to pause and sigh deeply - so much anger, loneliness, isolation - so much pain compounded by people assuming they know without taking the time to actually learn by listening. Pastoral care, at least at one level, is to accompany people along their journey, to walk their road with them in such a way that they take comfort and find strength in your caring. It is caring that comes through your listening without needing them to feel or speak differently than they need to at the time. I got to relearn that lesson and hear his journey, in my capacity as supervisor of clinical pastoral education and as a chaplain at St. All of us are about the ministry of listening. As our students teach us about their experiences, and in our listening well to them, they can learn to listen well to their patients and parishioners and learn by listening. National Pastoral Care Week was recently celebrated. Its focus is, supposedly, to give thanks and celebrate the ministry of chaplains and clergy of all faiths, engaged in the ministry of pastoral care and counseling. Many patients and families in hospitals can speak of the care of chaplains and parish clergy. Individuals and families can recount the work with them in coping with homelessness and poverty in shelters and transitional housing. There are ministries in prison, in nursing and retirement homes. There is, in fact, much to celebrate. Ministry is a way that seeks to bring healing - emotional, physical and spiritual; wholeness that is psychological, social and equally spiritual. Whatever the circumstances, people can find growth and nurturance, self-worth and dignity, and experience God who loves them through the many efforts of pastoral care-givers. It is not all nurturing, for sometimes it calls for confrontation and challenge. It is not all roses. Life is messy, as well as triumphant. Pastoral care has to cope with the pits and the peaks and it is fundamentally listening in a way that affords the opportunity for transformation, change and growth. Yes, much to celebrate in national Pastoral Care Week, but for me, the celebration has a distinctive focus. I celebrate the Jakes, the Toms, the Elizabeths, the Marys through whom, in listening, we learn about life in all its vagaries and encounter the holy.

6: Listening To Patients To Improve Clinical Trials

John M. Grohol, Psy.D. Dr. John Grohol is the founder & CEO of Psych Central. He is an author, researcher and expert in mental health online, and has been writing about online behavior, mental.

They can be found in babies or develop later in life. Heart Murmur Audio Stethoscopes are used to listen to heart murmurs. A normal heartbeat sounds like "lub-DUP", which are the sounds of your heart valves closing. This "lub-DUP" sound changes, often with additional sounds being heard. Heart Murmur Sounds On this website, we provide lessons, reference guides and quizzes for auscultating heart murmurs. This includes gaining an understanding of cardiac rate and rhythm, conditions of the valves and possible anatomical abnormalities such as congenital defects. The remainder for this pages provides an overall listening guide for heart murmurs. Timing and Cadence Systolic murmurs occur between the first heart sound S1 and the second heart sound S2. Diastolic murmurs occur between S2 and S1. In addition, timing is used to describe when murmurs occur within systole or diastole. For example, early systolic, midsystolic or late systolic. See our courses on Systolic and Diastolic Murmurs for more information including audio recordings, waveforms and animations. Cardiac Auscultation Locations Cardiac auscultation is performed systematically over five locations on the anterior chest wall. Terms used include short and long. Murmurs lasting throughout systole are referred to as holosystolic or pansystolic. Common classifications include crescendo increasing intensity , decrescendo decreasing intensity , crescendo-decrescendo increasing then immediate decreasing intensity. Crescendo-decrescendo is also called diamond shaped. Rectangular, also termed plateau indicates a heart murmur of constant intensity. Our lessons include waveforms that illustrate these shapes. Heart murmurs may have qualities that can be noted as musical, harsh, blowing, booming, sharp or dull. Respiration and Patient Position Respiration or patient position can influence murmur intensity as well as heart sound splitting. These factors will be described within the heart sound lessons. Generally speaking, murmurs increasing with expiration originate with left side aortic or mitral valves, while murmurs increasing in intensity with inspiration originate with tricuspid or pulmonary valves. Types of Heart Murmurs - Courses.

7: Skills That a Clinical Psychologist Should Have | www.enganchecubano.com

Listening is a vital part of nursing care and the SAGE & THYME model can serve as a 'satellite navigation system' for listening and responding to patients' concerns.

Active Listening, a technique for reflecting back the essence of what the patient says to you, can help patients to feel more deeply seen and understood. Focusing, a body-centered method for developing self-awareness, is a way of listening to feelings by becoming aware of body sensations that carry meaning about issues or concerns. The article includes four uses of Focusing: Clinical examples mini-Focusing moments that demonstrate how Listening and Focusing may be integrated into daily nursing care are also included. The patient rings the call button for the nurse. When the nurse arrives, the patient urgently requests more pain medication. The patient is upset, but says nothing. The nurse asks if the patient wants the TV on. The patient declines, and the nurse moves on to her next patient. This scene happens, in some form or another, in hospitals every day. It is unsatisfactory for both caregiver and receiver, but there is an alternative. How are you feeling right now? It was terrible last time. The pain was so intense. I wonder if anything besides additional medication could help with that scared feeling. Just talking about it and having you understand helps it ease some. Would you be able to check in with me again in an hour? The Role of Holistic Communication When a nurse has many patients to attend to and too little time to spend on each one, communication can be reduce to answering questions, and telling a patient what to expect and what to do. From a holistic point of view, communicating in this way inhibits rather than aids in the healing process. Holistic communication is the art of sharing emotional as well as factual information. It begins with attentive nonverbal communication i. Simply hearing what patients think and feel has a beneficial effect on their physical healing and well being. The most basic form of holistic communication is "Active listening". Active listening is a specific way of hearing what a person says and feels, and reflecting that information back to the speaker. Its goal is to listen to the whole person and provide her with empathic understanding. It is the skill of paying gentle, compassionate attention to what has been said or implied. When patients are listened to in this way, they are less anxious, complain less about their caregivers, and are more likely to comply with their treatment plan. Example A cardiac patient might be angry and complaining. As the nurse, you may try to avoid his room, and, when you have to be there, move in and out as quickly as possible. Avoidance is one solution, but there might be a different approach: And it took you twelve minutes to answer my call button. It must be difficult. I can imagine how frustrated you must be. So it feels like the delays reflect our not caring about you. Well, there are a few good nurses like you. He thinks for a while. But I do feel frustrated. And having to lie here in bed makes me feel pretty helpless. Can you think what might help that frustrated, helpless feeling when you do have to wait? And it helps to have you drop by once in a while. I know it can be very frustrating to be left waiting. In its most simple form, you hear what the patient is saying, repeat what you heard, and then check with the patient to make sure the reflection is correct. The doctor does hundreds of these every year. Active listening helps patients clarify and articulate their inner process. Active listening is particularly relevant in a hospital setting, where patients often report that they feel isolated and invisible. It can also be rewarding for the nurse! Words can be used to hide feelings and meanings; active listening helps reveal those meanings. In that sense, it engages the speaker and listener in true communication. Listening to a Distressed Patient Since the art of being a good listener is to create the space within which the speaker can sense their own imperfect feelings and thoughts, a good listening response is often all that is needed to help a patient access inner concerns and feelings. However, when a person is under stress or feeling very vulnerable, there is a tendency to close off, keeping feelings and concerns locked within, so they are hard to find and express. So, what happens if your patient looks upset or angry, and you ask, "How are you feeling? Focusing is a useful tool that can help patients connect to their inner experience in such a way as to allow a change process to unfold. Exupery The Little Prince Most people consider that mind and body are two separate entities. But what if mind and body are just two words describing different parts of the same phenomenon? What we have come to understand is that anything that occurs in the mind is immediately transmitted to the body; and any event that occurs to the

body also occurs in the mind. Focusing is based on this notion that mind and body are intimately connected, and that by listening to the body you come to understand yourself. Focusing involves spending time with a bodily sensation that is not yet clear, and can not yet really be put into words, but which you can distinctly feel has a connection to some issue or event in your life. It involves becoming a friend to your own inner experience. Symptoms - such as pain, anxiety or fatigue - claim their attention. Focusing invites a person to pay attention to the body in a different way. It allows a person to empathically connect with her body, and to understand the psychological meaning of body sensations and body discomfort, while not becoming overwhelmed by these sensations. It is useful for preventing illness, reducing stress, 7 and working with anxiety and fear. One study demonstrated that it decreased depression and improved body image in a group of patients with cancer. In the s Professor Eugene Gendlin at the University of Chicago joined Carl Rogers in researching the question, "why is psychotherapy helpful to some, but not to others? They discovered that there was a clear difference between successful and unsuccessful therapy clients. The successful clients would at times slow down their talk, become less articulate, and grope for words to describe what they were feeling. Instead of analyzing what they were feeling, they directly sensed the vague, hard-to-describe physical awareness that embodied that feeling. Gendlin developed a way to teach this powerful and effective skill of emotional healing, and named it Focusing. Focusing is a natural skill which was the key element for success in therapy. Accessing the felt sense is one of the two main components of Focusing. A felt sense forms by paying attention to a particular event or feeling, and then noticing what is evoked inside your body. Specific words or images then come to describe the felt sense. How are you doing this morning? I just feel kind of Kind of a blah feeling. Can you take a moment to sense how that is in your body? Closing his eyes Yeah So that blah feeling is really about your being worried. I think it might help ease your worrying. A felt sense feels meaningful, but that meaning is at first murky and unclear. As you continue to pay attention to it with an attitude of friendly acceptance, its meaning comes into focus. Once in focus, words or images emerge that match the felt sense. In this example, the blah feeling is the felt sense, and when the nurse invites the patient to bring her attention to it, the feeling crystallizes, and she realizes she is worried. This brief process makes clear communication possible. The second key component is the Focusing attitude. It entails staying respectful, friendly, and welcoming towards whatever emerges. If you are judgmental and critical, that attitude stifles the inner voice and closes off communication with your deeper self. Focusing And Listening As seen in the example above, the Focusing process is not only useful for patients, it is a method that nurses can use to reduce their own stress. One can practice Focusing alone, but it is easier in the beginning to do it with a partner. You take a few minutes for yourself, accompanied by a partner who acts as the Listener. So, you mentioned that work has been a problem. Would you like to take some time to sense how it feels in your body? Waits to sense inside. That tight feeling is connected to work. I feel pressured to get those reports done, while still taking care of my patients Listener: That tight feeling is connected to the certification process at the hospital. Yeah, I really do. Pause while playing the feeling against the word. Because Focusing acts as a bridge between mind and body, it allows you to gain access to a state where "mind" and "body" are not separate entities.

8: Pastoral Care Is The Ministry Of Listening - tribunedigital-mcall

of a wider continuum of clinical interviewing behaviors (or "listening responses") that serve to establish a therapeutic alliance, glean diagnostic information, set the basis for a treatment plan, and act as a.

This article has been cited by other articles in PMC. Abstract Introduction One of the important causes of medical errors and unintentional harm to patients is ineffective communication. The important part of this skill, in case it has been forgotten, is listening. The objective of this study was to determine whether managers in hospitals listen actively. Methods This study was conducted between May and June among three levels of managers at teaching hospitals in Kerman, Iran. Active Listening skill among hospital managers was measured by self-made Active Listening Skill Scale ALSS , which consists of the key elements of active listening and has five subscales, i. The data were analyzed by IBM-SPSS software, version 20, and the Pearson product-moment correlation coefficient, the chi-squared test, and multiple linear regressions. Results The mean score of active listening in hospital managers was 2. The highest score 2. Hospital managers were best in showing interest and worst in avoiding interruptions. Conclusion There is a necessity for the development of strategies to create more awareness among the hospital managers concerning their active listening skills. Introduction Communication is one of the most important skills in life. This skill is not just speaking and writing; we often forget that one of the most important parts of it is listening. Listening is hard work and requires concentration 1. We do not listen efficiently because of our faulty listening habits. Listening is something more than the physical process of hearing. It is a matter of attitude and also an intellectual and emotional process 2. According to Hunsaker and Alessandra 1 , when people are listening, they can be placed in one of four general categories, i. Each category requires a particular depth of concentration and sensitivity from the listener, and trust and effective communication increase as we advance beyond the first type. Active listening AL is the highest and most effective level of listening, and it is a special communication skill. It is also a great strategy for having effective communication 3. It is based on complete attention to what a person is saying, listening carefully while showing interest and not interrupting 4. Active listening requires listening for the content, intent, and feeling of the speaker. The active listener shows her or his interest verbally with questions and with non-verbal, visual cues signifying that the other person has something important to say 5. Active listening generally does not occur in hurried communications between two people 3. Review of different texts and references showed that we can consider three principal factors for AL, i. According to these factors, we can consider five subscales for active listening, i. The role of communication skill, especially listening, is very important for managers, because listening is a critical factor in their effectiveness, and creative managers are good listeners. So, many organizations try to improve this skill in their managers 11 , Listening requires the managers to understand that their staff and customers are important. It is certain when leaders allocate time to listen actively, they build trust and commitment in their work and this is different from one-way communication and issuing orders to people Therefore, it is obvious that, if managers want to be successful, they should listen to their staff and customers and get their feedback In management, AL is an important factor of the client-centered therapy developed by C. He brought into play AL for improving relationship between managers and workers in the organization. AL can improve interpersonal relationships and perception of confidence and respect, lessen tension, and provide a better environment for joint problem solving and sharing the information in organization The value of active listening has been generally known, but it has not been studied in depth, especially in healthcare. So, healthcare organizations can train and retrain their different levels of managers, making them more efficient and compassionate leaders, which will lead to a better work environment for the staff, making the organization more successful. Although calls for action issued by Keshtkaran, Makarem, and Motaghd 21 " 23 emphasized the need for organizations to conduct research in active listening in Iran, the literature shows that the results of such research has not been used productively in active listening, especially by hospital managers Therefore, the aim of this study was to determine whether managers in hospitals listen actively. Material and Methods 2. Study setting and selection criteria This cross-sectional study was conducted between May and June in four teaching hospitals affiliated

with the Kerman University of Medical Sciences in southeast Iran, including Shahid Beheshti, Afzalipor, Shahid Bahonar, and Shafa Hospitals. They had to active beds and to personnel. The subjects included all managers, consisting of four top managers, 94 middle managers and medical supervisors, and 39 first-level managers. Data collection and measurement tool Active Listening skill among hospital managers was measured by self-made Active listening Skill Scale ALSS developed based on a literature review 7 â€” It consisted of 18 items with a 3-point Likert response option usually, sometime, and seldom with the key elements of active listening. It had five subscales, i. Reliability and validity of measurement tool The validity of the content of the ALSS was explored by 10 organizational behavior and human resources management experts. The content validity of the ALSS was good and internal consistency was 0. Data analysis The data were analyzed using descriptive and inferential statistics Pearson product-moment correlation coefficient, chi-squared test, and Multiple Linear Regression through IBM-SPSS 20, and the significance level was set to 0. This study was approved and supported by the Kerman University of Medical Sciences. Also it received the approval of the Ethics Committee of the University. Table 1 Demographic and professional characteristics of the managers Managers Characteristics.

9: Listening | Psychology Wiki | FANDOM powered by Wikia

Active listening is a technique that is used in counseling, training, and solving disputes or www.enganchecubano.com requires that the listener fully concentrate, understand, respond and then remember what is being said.

Based on our recent surveys of clinical trial participants, we see that early engagement with patients can change the course of a study for the better “ and research shows it can directly impact the cost of conducting the trial as well. Over the last two years, we conducted two surveys, one of people and the other of people, asking about their knowledge of and experience with clinical trials and, ultimately, their feelings about participating in them. We are sharing the survey results in a series of two articles. In the first clinical participation survey we conducted, patients clearly stated that they want to participate in the development process: An overwhelming 97 percent of patients said that it is somewhat important or very important for pharma companies to include consumer input when designing trials. In addition, 83 percent said they would be somewhat interested or very interested in reviewing details and providing opinions. Our second survey showed that simple logistics are top of mind for patients when choosing whether to participate in a clinical trial, with 34 percent of respondents citing some type of transportation, location, or time scheduling conflict as a reason for not participating. Knowing about these concerns early enables trial planners to adjust specific clinical trial operational factors that have been identified to impact enrollment or retention. For example, investigators might be planning to require patients to have blood draws two or three times a week to measure biomarkers that are of interest but not required for product approval. And, if scheduling or location might be perceived as an obstacle for patients, developing a flexible schedule, clustering required appointments, or something as simple as arranging for a car service to assist with transportation might make all the difference in keeping a patient enrolled. Patient feedback specific to the trial under development before it is finalized can help avoid potentially costly mistakes. The National Cancer Institute gained insight into the potential impact of patients on trial design when planning the NCI-MATCH trial, which sought to recruit people who have tried and failed with traditional cancer treatments by categorizing malignancies based on particular gene mutations. Patient advocate Nancy Roach helped advise the scientists planning this study. The original plan was to separate participants doing well on the test treatment into two groups: The organizers agreed and changed the design of the study. Galsky of the Icahn School of Medicine at Mount Sinai in New York, as the principal investigator of a prostate cancer trial, also revised the design of a clinical trial based on patient input. In the end, the trial design incorporated four major and five minor changes. Kenneth Getz, director of sponsored research programs at Tufts University and emeritus member of the Executive Committee of the Clinical Trials Transformation Initiative, is a pioneer in measuring this impact. Now we will look at how to specifically use patient feedback programs to improve protocol design and the clinical trial experience. Looking to use Social Media to recruit patients for your trial? Learn how to craft a targeted message to get patients involved early in the webinar:

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