

Back-to-Back Building: An Exercise to Improve Communication

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Communication is a fundamental component of relationship building and knowledge transfer that involves more than talking and listening. Communicative interactions involve the process of comprehension and shared meaning through spoken language; written word; visual aids (eg, graphs, charts, pictures); and nonverbal cues (eg, gestures, body language, tone of voice).¹ These exchanges often might be seen as soft skills because they are not easily quantifiable compared with profits, losses, grades, and scores.

Effective communication is essential to patient interactions with health care professionals. When individuals communicate effectively, an exchange of thoughts, ideas, knowledge, and information occur where the message is received and understood by the sender and receiver.² This type of communication can help health care providers record a thorough patient history, explain procedures simply and accurately, and establish an overall superior patient experience. Poor communication can lead to misinformation between individuals, increased patient anxiety, and an overall lack of confidence in the health care professional.^{3,4} Teaching popular soft skills such as communication, teamwork, and interpersonal interactions can be difficult. Nevertheless, these skills are essential for long-term success in the health care profession.

Interactive Exercise

Communication games and activities are not new. Many remember playing telephone as a child or drawing on someone's back to guess a word or picture.

Some organizations participate in team building exercises to help strengthen communication skills for connection and relational purposes.⁵ Educators can design fun, planned activities focused on communication to help prepare students for successful interactions in the clinical setting. Purposeful communicative activities might boost student confidence, identify weaknesses, and generate self-awareness for future interpersonal interactions.

The authors developed an interactive exercise using Lego bricks (Lego Group) in small-group sessions with first-year radiography and nursing students to help build interpersonal skills and improve their capacity to relate to patients. This activity was adapted from a more well known exercise called *back-to-back drawing* that focuses on description and active listening with participants sitting back-to-back with one drawing what the other describes. One limitation to the drawing exercise for some is the anxiety it might provoke in participants without artistic ability. Any available manipulative or media can be selected for this activity. However, Lego bricks were chosen for their durability, colorful appearance, universal appeal, and varying shapes and sizes.

First, the instructors briefly introduced the importance of communication, specifically verbal communication skills to include vocabulary, clarity of voice, and the construction of clear and concise organization of sentences. In addition, the presenters described active listening strategies such as paraphrasing and repeating the instructions along with asking clarifying

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questions as needed. Both are required for personalized patient-centered care and improved dialogue.⁶

Next, the presenters identified the learning objectives for the activity. The learner objectives included identifying personal communication strengths and weaknesses, exploring effective active listening and verbal communication strategies, and discovering obstacles preventing effective communication.

Finally, the rules of play were outlined. For this activity, an even number of participants were required so everyone could have a partner. After participants paired off, they sat back-to-back (see **Figure 1**). One member of the pair was the speaker, and the other was the listener. For 10 to 15 minutes, the speaker described a Lego model from a prepared set of models and guided the listener to replicate it from their pile of loose Lego bricks without seeing the model. The listener was encouraged to ask questions for clarification if needed. After the specified time had expired, participants compared models and discussed the experience using several predetermined questions for the speaker and listener (see **Figure 2**). Sample questions for the speaker included:

- How did the lack of body language and gesturing affect someone's ability to communicate effectively?
- Intended messages are not always interpreted correctly. While speaking, what could be done to decrease the chance of miscommunication in real-life dialogue?
- What steps were taken to ensure your instructions were clear? How could these be applied in real-life interactions?

Sample questions for the listener were:

- How might the model have turned out differently if specific barriers were removed?
- What role did listening have in the ability to build a model? Did you find yourself asking several questions for clarification?
- What was constructive about your partner's instructions?

Participants were asked to dismantle their replicas and play again. They were instructed to switch partners, construct a different model, and switch roles (ie, from speaker to listener or vice versa). Students repeated the



Figure 1. The speaker sits back-to-back with the listener while providing step-by-step instructions for recreating a small model made of Lego bricks. Photo courtesy of the authors.



Figure 2. The speaker and listener compare results and discuss the strengths and limitations of their shared communication. Photo courtesy of the authors.

activity with a different partner and model so all could experience both roles.

At the conclusion of the exercise, participants discussed vital takeaways, including the importance of increasing clarity with instructions and developing potential strategies between the communicating parties before the start of the activity. Students expressed that the exercise helped demonstrate what could happen when individuals do not communicate personal expectations, needs, and thought processes in a clear and concise approach. Several participants noted that communication skills could be practiced and improved with time. They indicated that the second round of the exercise was easier and that results were more accurate because they applied lessons learned from the first round. Participants speaking English as a second language expressed enjoyment with the activity, reflecting the spirited and playful exercise.

Limitations

One limitation is that this exercise focuses solely on verbal communication and listening skills. Because participants are back-to-back and not facing each other, there is a lack of body language, eye contact, facial expressions, touching, and head nodding that are all fundamental components crucial to effective communication in health care.³ Next, the activity itself, location, and number of individuals participating in the exercise generate higher noise levels, which could be a distraction when trying to listen carefully to instructions. Limiting the number of participants playing at one time and utilizing a larger space to spread out could help. Finally, any student with a hearing impairment could be limited while playing without the necessary face-to-face contact effective communication requires.

Conclusion

Faculty can facilitate communication growth in the classroom by engaging students in collaborative activities. Allowing learners to practice in an interactive, fun, and challenging exercise such as building with Lego bricks improves learning, creates self-awareness, and incorporates active learning strategies.

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