Basic Instructions for use of GITCS©

Global Interprofessional Therapeutic Communication Scale (GITCS)

Directions revised with additional information about scoring 11/23/2024 SHCampbell

For each behavior listed below, encircle the number which represents your response based on this scale.

Note: This assessment is only of the individual playing the role of Practitioner in the simulation. Patient may include family members.

Descriptor Rubric:

Never – do not see the behavior described and expected for the interaction observed

Rarely – happens once but not again (if appropriate/required) (e.g. introduction may happen once and be considered "always", listens and answers questions may happen 1 out of 5 times)

Sometimes – happens more than once but not consistently – (example: expect explanation of actions each time, and happens 2 out of 5 times)

Usually – happens most of the time – (example expect verification of comprehension each time teaching is done, and happens 3 out of 5 times)

Always – consistently does the behavior as expected

Not applicable – behavior not expected for interaction observed (e.g. does not ask permission to touch because is not doing any procedures)

One overall measure of Therapeutic Relationship – highest possible score = 140/ lowest possible score = 28; analog scale should represent overall score

Reverse scored: items 26, 27, & 28

Updated Scoring Information – November 23, 2024

We have been asked about overall scoring using the scale. Our team has never assigned percentages to the scores because the scale was meant to be used for formative (learner improvement in behavior) rather than summative evaluation (attaching a score or percentage of therapeutic communication).

It is up to individual researchers using the scale to decide how they may structure scoring, but we can provide a few suggestions for use of the final scores in interpreting levels of therapeutic communication.

Using the scale, a sum of all the items scored can be done (recognizing that items 1 to 25 are scored from 1 to 5, with 1 indicating the behavior was never done and 5 indicating it was always done). The three barriers that are reverse scored, items 26, 27, & 28, reflect applying higher points when the behavior is not done, because that would be desired for therapeutic communication. Our research results demonstrated that a total score of the scale is reliable for a measurement of overall therapeutic communication measured during the observed interaction.

Once an overall score is calculated you have two options.

Option 1 – go with a final sum from 0 to 140 and determine for your population what the scores reflect.

Option 2 – divide the final sum by the number of items answered (all items have a N/A- not applicable option). This will give you a score between 1 and 5 reflecting the Likert-type scale. [Because all items do not apply to every interaction, we allow the 'Not applicable' designation. This is why you may want to add all the items and divide them by the number of items answered.]

For example, if a cumulative score of 125 out of 25 items answered is calculated – the Likert Score of 5 is reached indicating the highest level of therapeutic communication, meeting expected competency.

The highest possible overall score on the tool would be 140 – 28 items x 5 for each – and that could be considered 'gold standard of positive therapeutic communication'.

Suggestions for interpreting scores:

A score of **86 -140** (scoring a 4 or 5 for most items) would indicate acceptable/positive communication. (Good, Acceptable, Meeting competency – Likert Score 4-5)

A score of **56- 85** (scoring a 2 or 3 for most items) would indicate neutral communication with areas for improvement. (Neutral, Acceptable, Falls short of meeting competency and needs work – Likert Score 2-3)

A score of **0-55** (scoring less than 2 for most items) would indicate poor communication with significant areas for improvement. (Poor, Does not meet competency – Likert Score 1)

Please email Professor Suzanne Campbell with any questions or concerns. Suzanne.campbell@ubc.ca