COMMUNICATION SKILLS

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DISCLAIMER

These slides do NOT replace the seminar and they only amend what we discuss during our talk..

Please do not rely entirely on them!

OBJECTIVES

1. To understand the importance of communication skills
2. The know the different communication skills needed during the interview with patients
3. Specific communication skills for different people including children and adolescents

DEFINITION

- **Communication can be defined as ‘the successful passing of a message from one person to another’.**

COMMUNICATION

- There are five basic elements in the communication process:
  - The communicator
  - The message
  - The method of communication
  - The recipient
  - The response

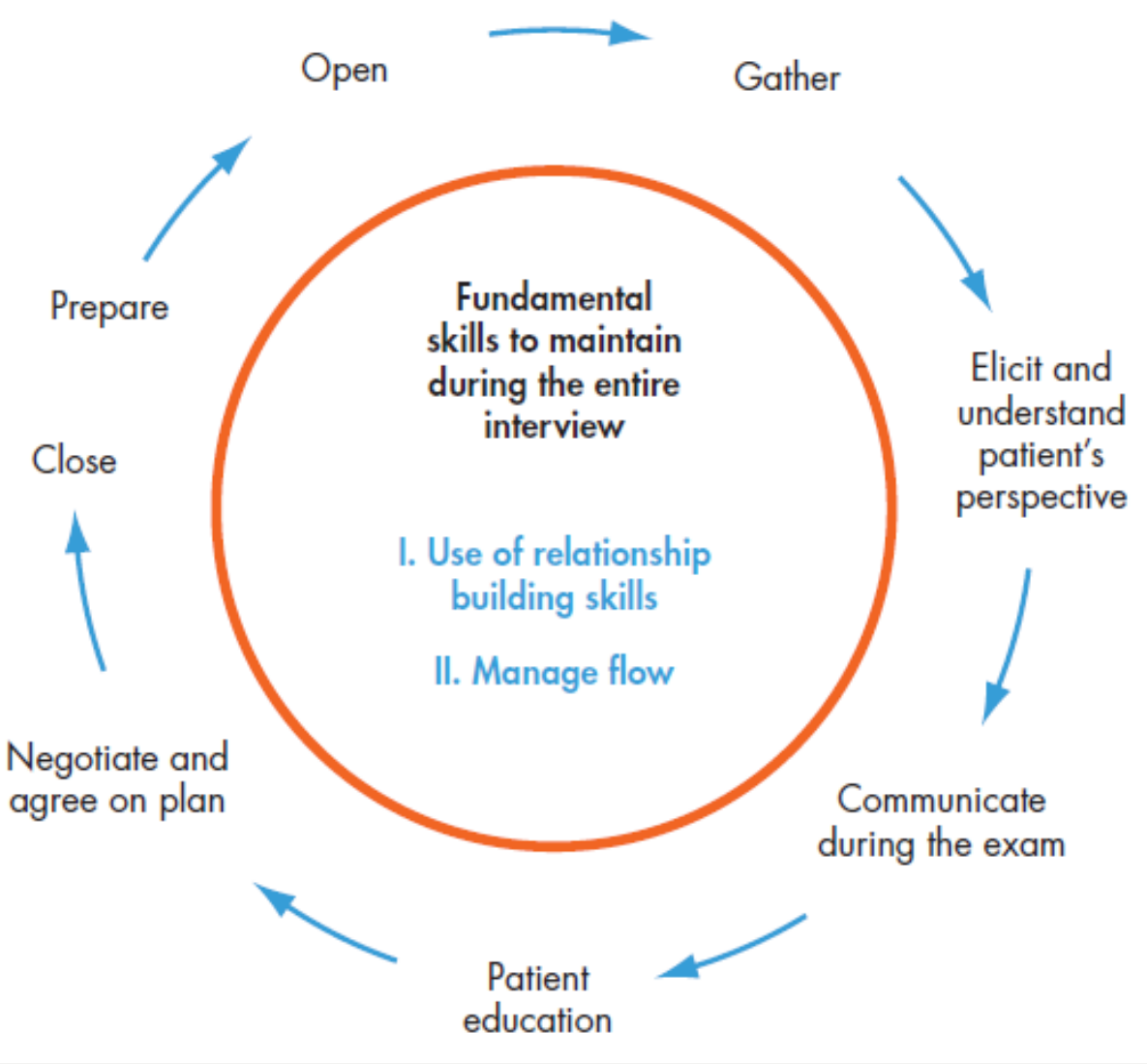
COMMUNICATION

- **Important principles facilitating the communication process are:**
  - **The time factor, facilitated by devoting more time**
  - **The message, which needs to be clear and correct**
  - **The attitudes of both the communicator and the recipient**

BENEFITS OF GOOD COMMUNICATION

- Good communication:
  - Builds trust between patient and doctor
  - May help the patient disclose information
  - Involves the patient more fully in health decision making
  - Leads to more realistic patient expectations
  - Produces more effective practice
  - Reduces the risk of errors

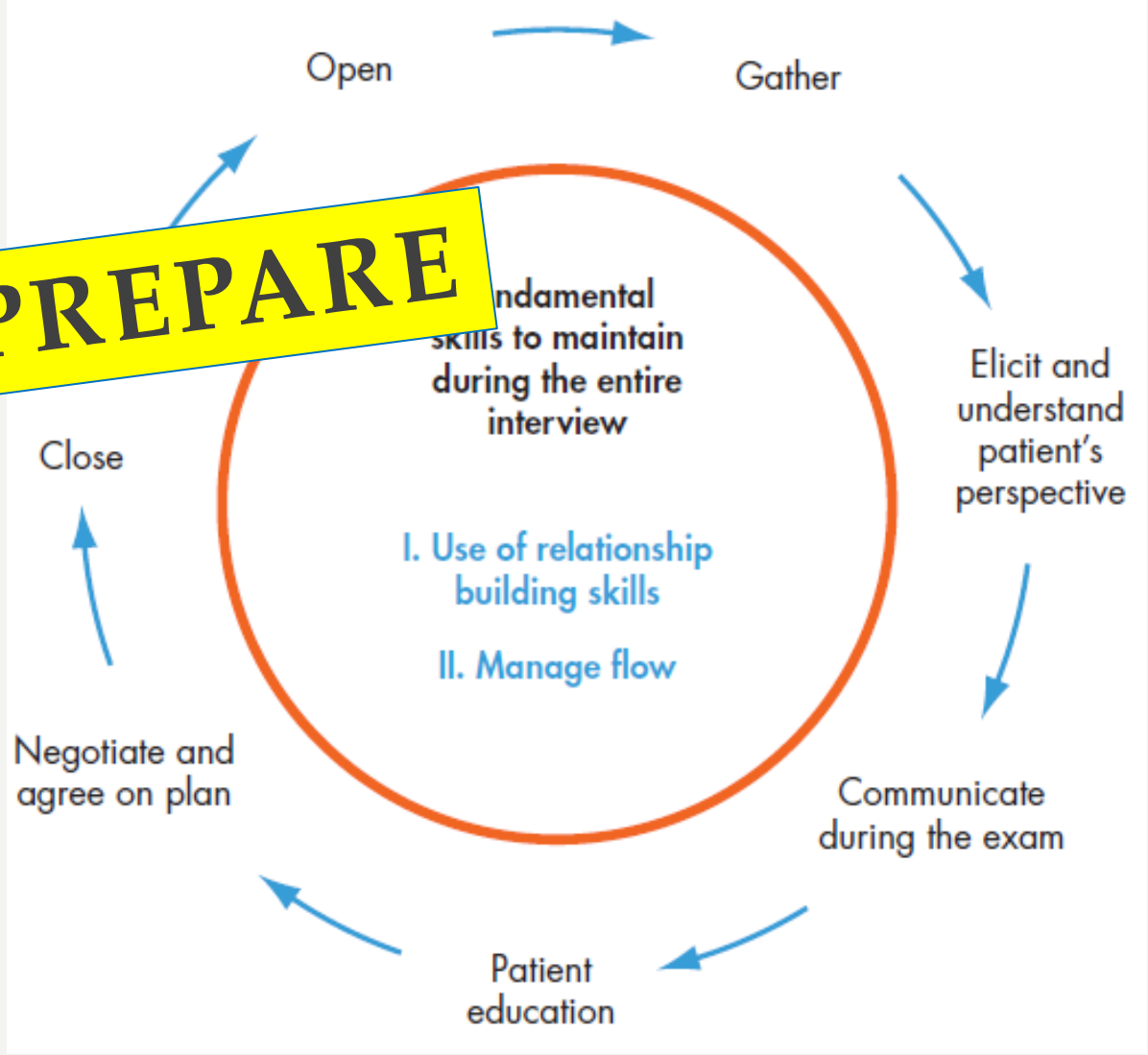
COMMUNICATION CYCLE



COMMUNICATION CYCLE

1. Prepare
2. Open
3. Gather
4. Elicit patient's perspective
5. Communicate during examination
6. Patient education
7. Planning
8. Closure

COMMUNICATION CYCLE



1. PREPARE

- **Physical environment:**
  - **Comfort and privacy**
  - **The patient should be physically positioned to feel empowered (e.g. avoid talking down to a patient on a bed)**
  - **Doctors should review themselves as well (e.g. dress code, sitting position, postures)**

PREPARE

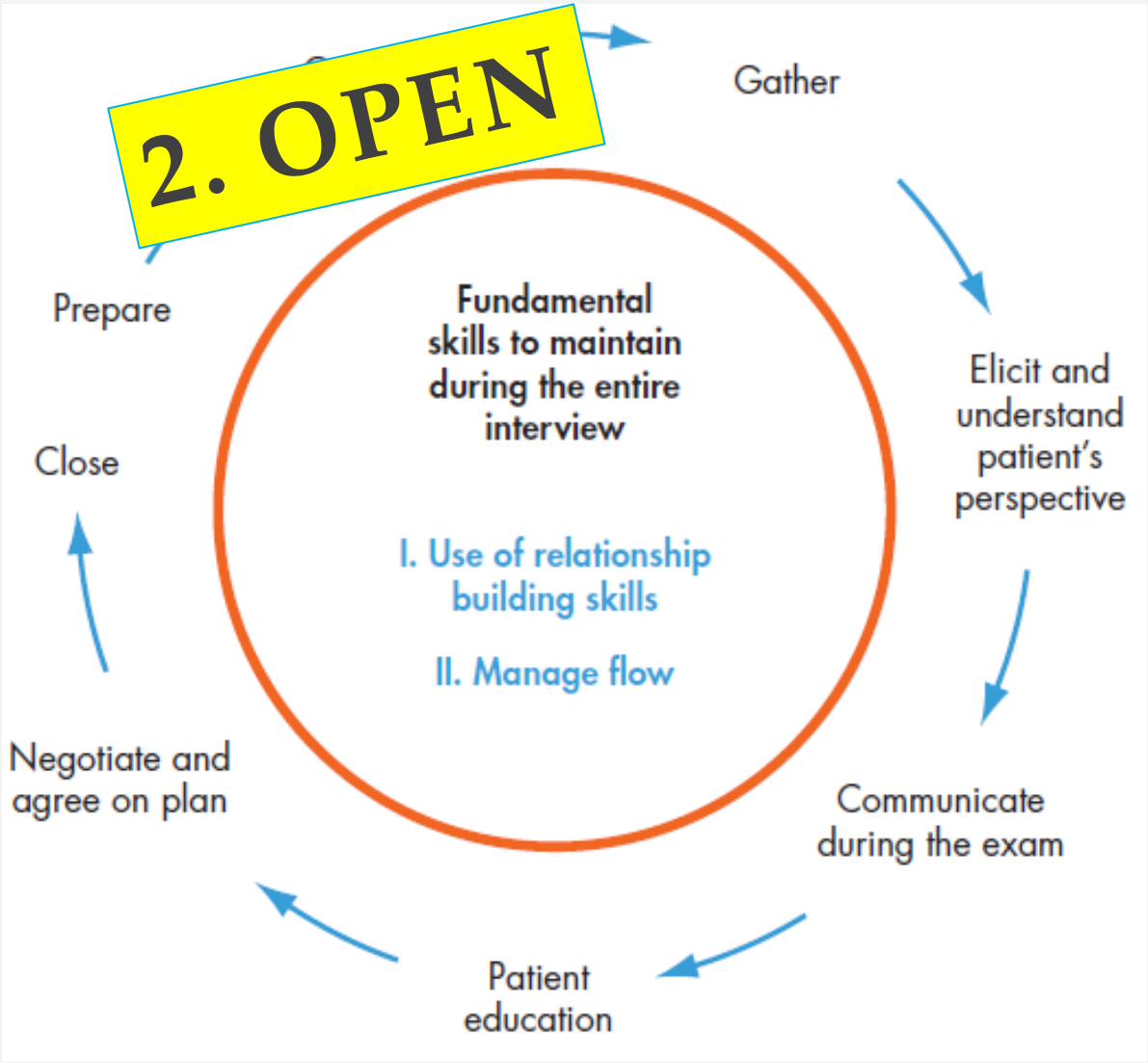
- Review of the patient's health record.
- When a record is examined well, the reasons for the consultation can often be anticipated to improve communication;
  - What happened at the last consultation
  - What are the important medical issues for this patient
  - Any recent test results
  - Brief notes on personal characteristics, likes/ dislikes (e.g. has needle phobia)

PREPARE

- Reading the body language;
  - Cultural and social backgrounds (e.g. dress and appearance)
  - Medical issues at hand

- Picking up on these clues early;
  - Helps in anticipation
  - Avoids communication breakdown
  - Makes the patient feel that the doctor is interested in him or her

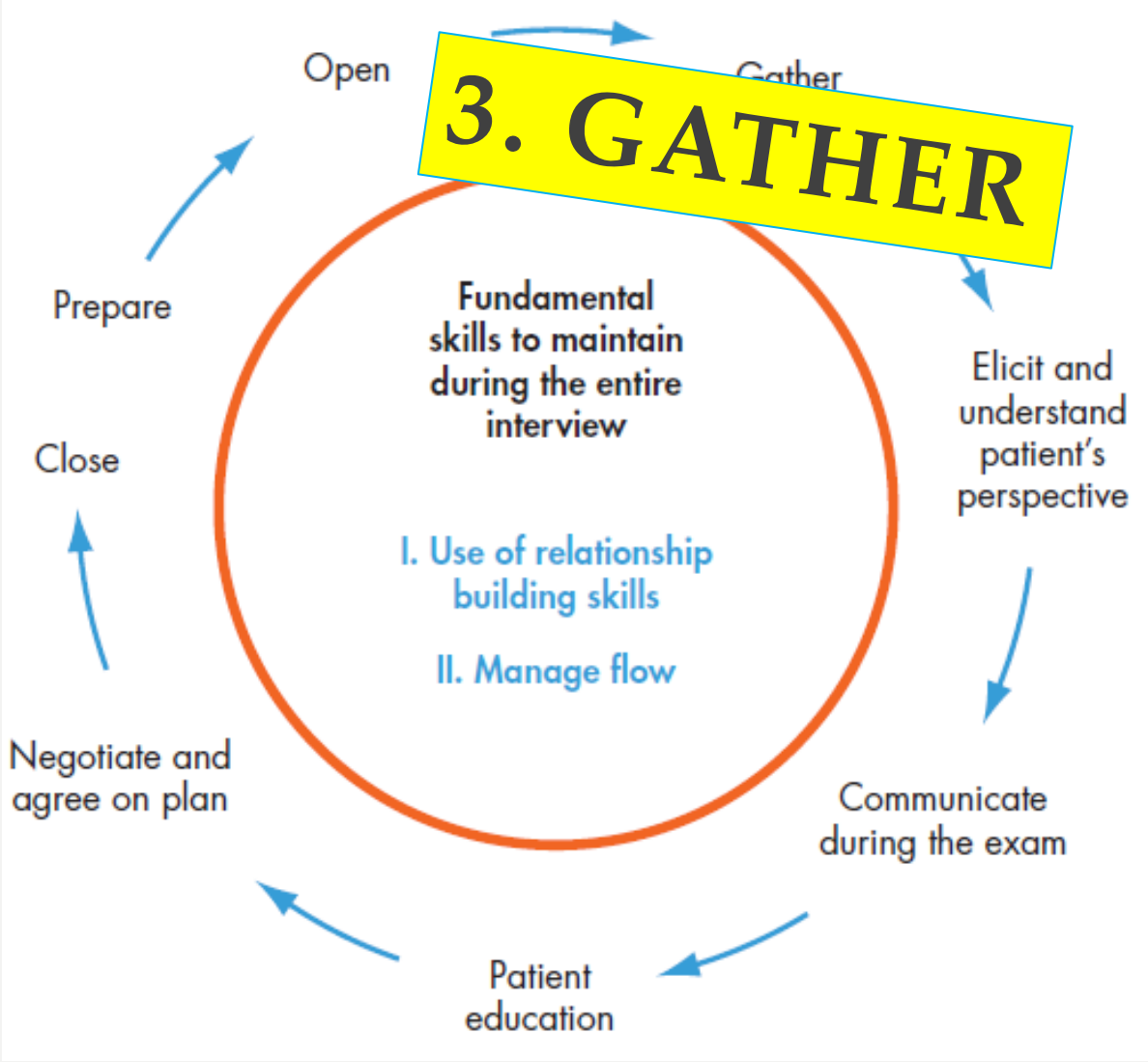
COMMUNICATION CYCLE



2. OPEN

- address the patient by his or her preferred name (and anyone else entering the room)
- Try to make the patient feel comfortable
- Try to appear ‘unhurried’ and relaxed
- Focus firmly on the patient (eye-to-eye contact is crucial)
- Use open-ended questions where possible (e.g. what brings you here today?)

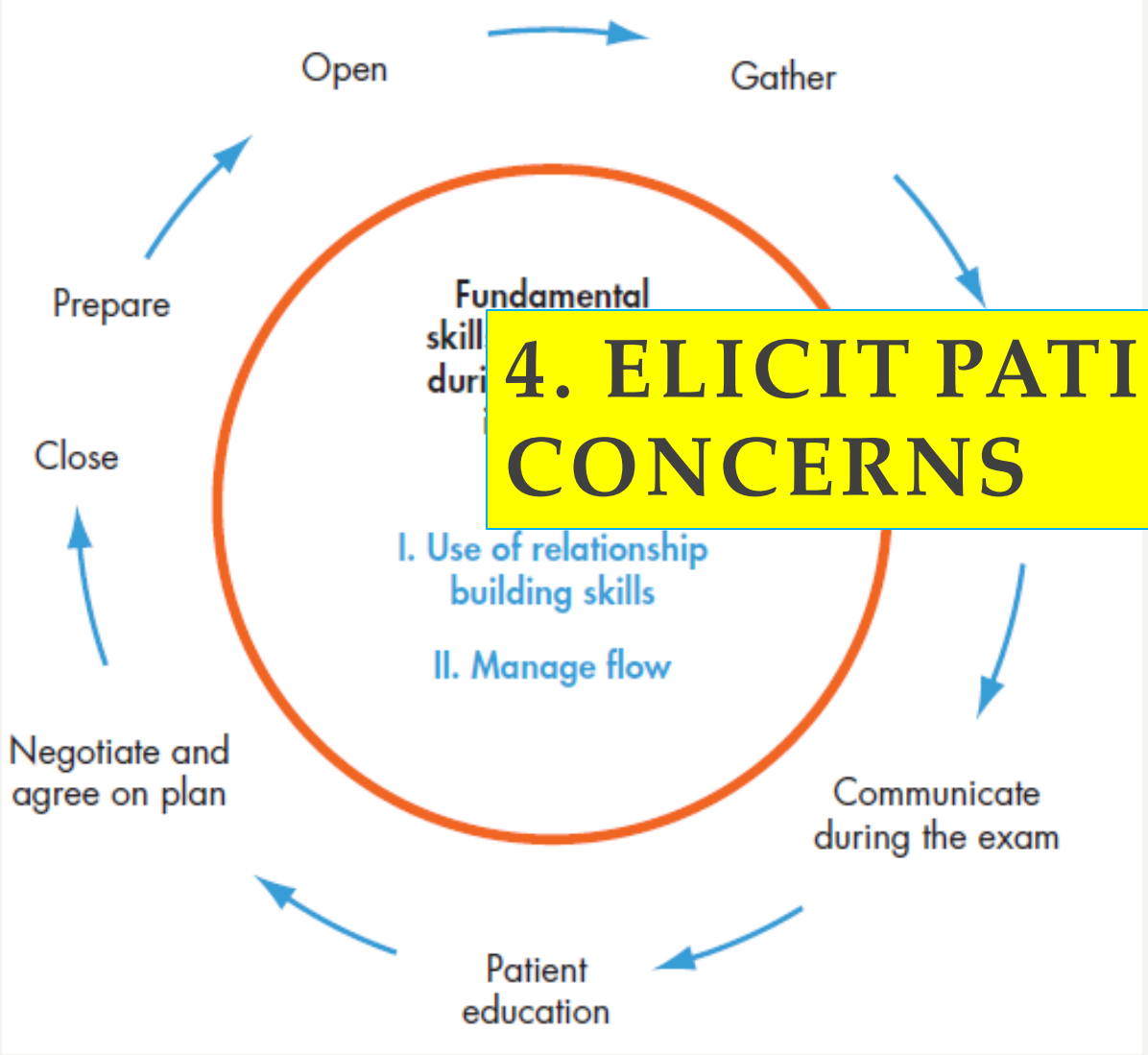
COMMUNICATION CYCLE



3. GATHER

- Verbal vs. non-verbal communication
- Silence (start) vs. talking (later)
- Silence = Active listening
  - Active listening;
    - Understand
    - Make no interruptions (e.g. note-taking, computer entry, mobile phone… etc)

COMMUNICATION CYCLE



4. ELICIT PATIENT CONCERNS

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- Facilitation
- The open-to-closed cone
- Summarization

FACILITATION

- Facilitation refers to comments or behaviors by the doctor that encourage the patient to keep talking.
- This could include:
  - a head-nod
  - a ‘Tell me more about that’

The Open-To-Closed Cone

- The process of ‘diving in’ and exploring the patient’s initial concern.
- Helps to collectively determine the patient’s concerns and needs.
- All lead to more appropriate prescribing and more efficient practice.

SUMMARIZATION

- It is when the doctor provides the patient with a verbal summary of the information.

- This helps to:
  - Ensure that we have obtained a complete understanding of the patient's concerns
  - Reduce the chance of patient concerns being missed
  - Reflect back to the patient the doctor's understanding of them
  - e.g. "Is there anything else today?"

NON-VERBAL COMMUNICATION

- Body language
- Human communication takes place through the use of gestures, postures, position and distances
- The interpretation of body language is a special study in its own
- Non-verbal component comprises the majority of the impact of any communicated message
- Examples include:
  - The depressed patient

FIGURE 4.2 Posture of a depressed person: head down, slumped, inanimate; position of desk and people correct

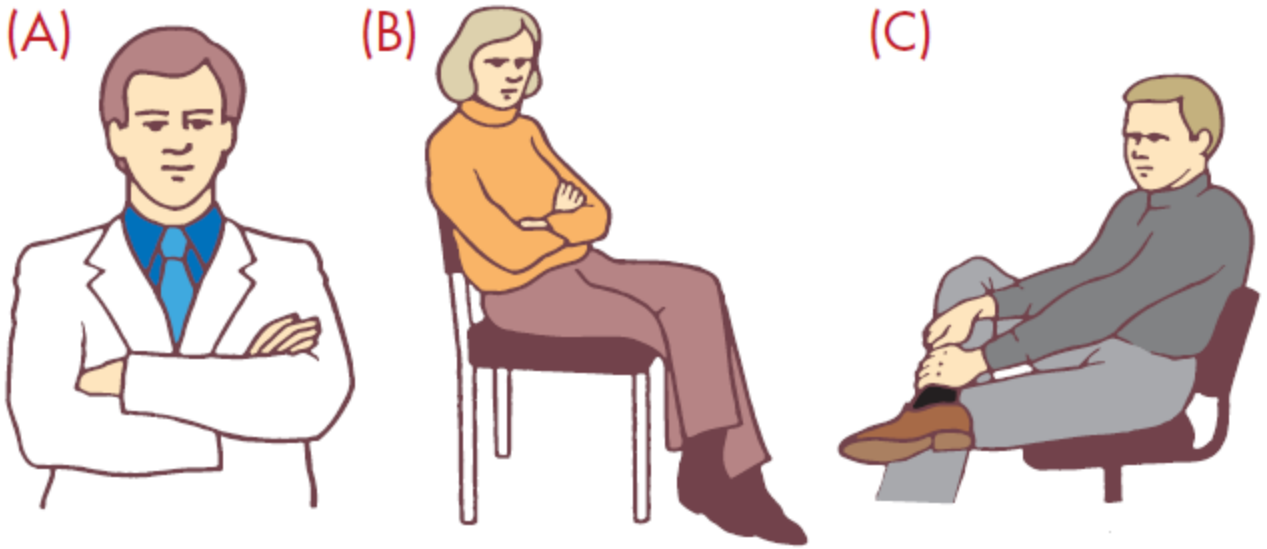
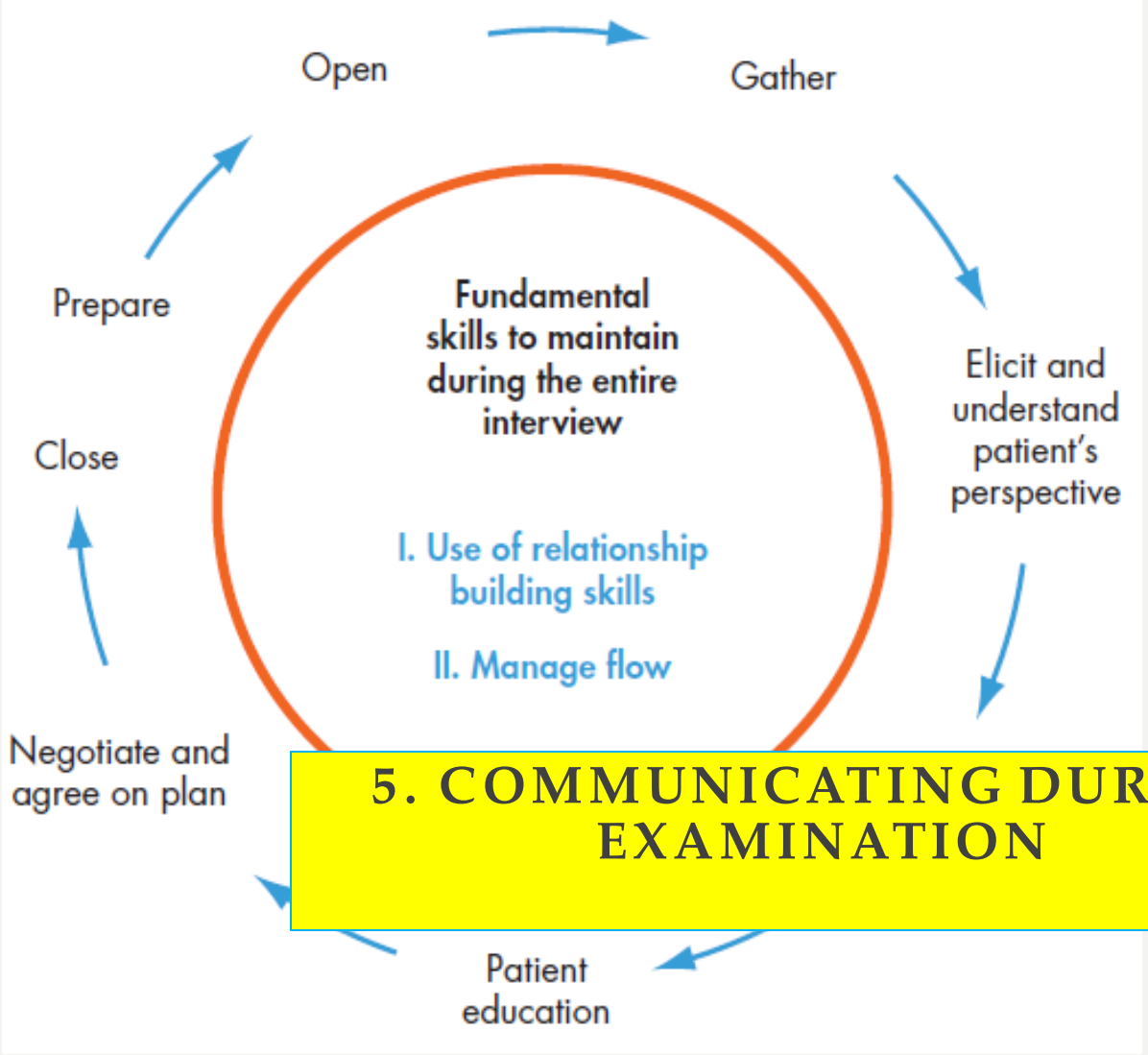


FIGURE 4.3 Body language barrier signals: (A) arms folded, (B) legs crossed, (C) 'ankle lock' pose

FIGURE 4.4 Body language: ‘readiness to go’ gestures

COMMUNICATION CYCLE



5. COMMUNICATING DURING EXAMINATION

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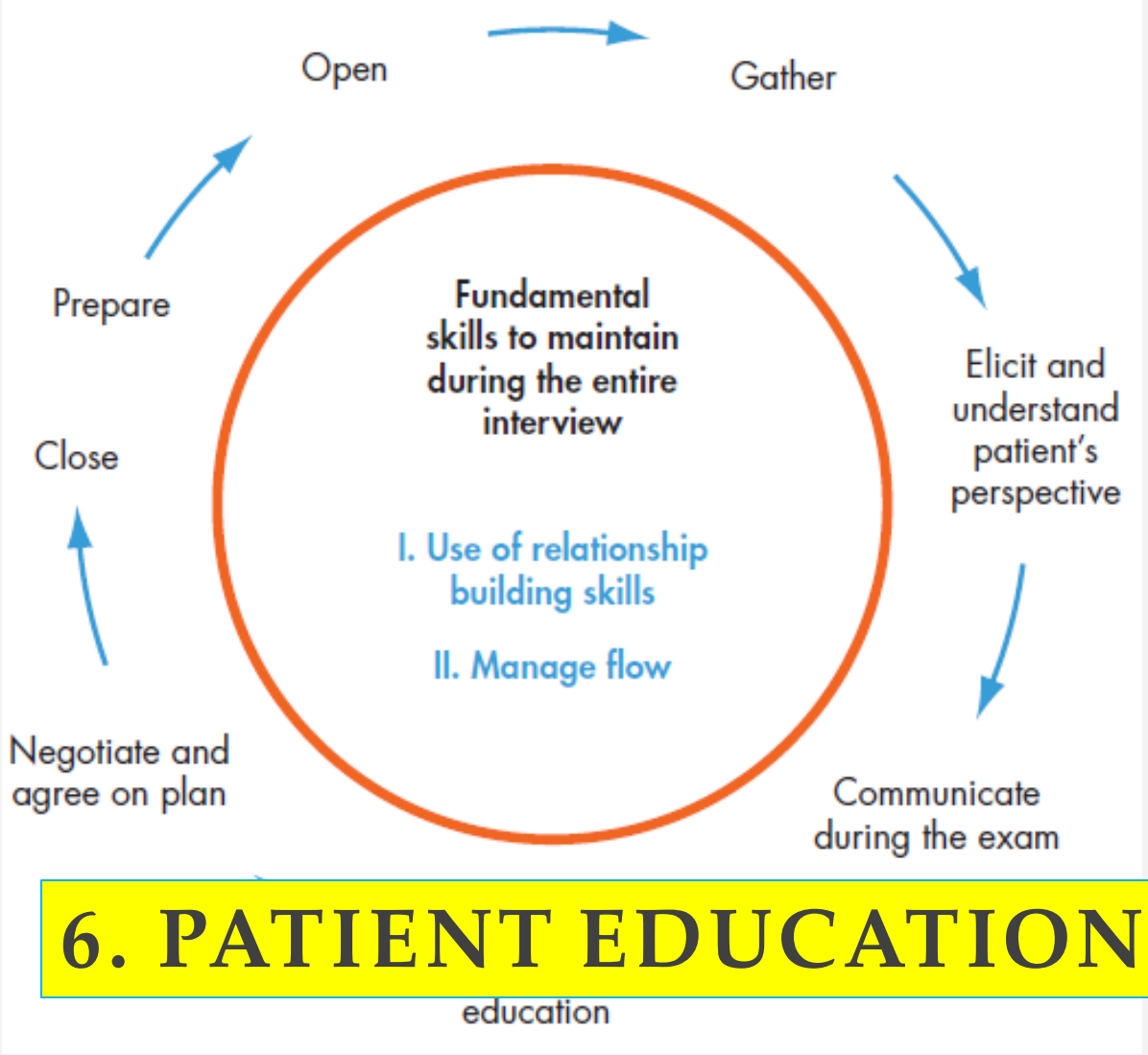
- Consent
- Explain the procedure and acknowledge any unpleasant previous experiences
- Explaining what we are observing and finding will help the patient feel valued and respected
- Continue to keep an ear out for any further concerns

COMMUNICATION CYCLE



6. PATIENT EDUCATION

education

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- In most consultations, information flow often moves repeatedly back and forth between patient and doctor.
- Four techniques that will help maximize patient understanding are:
  - Signposting
  - 'Chunk and Check'
  - Avoiding jargon
  - Using visual and physical techniques to communicate

6.A. SIGNPOSTING

- Explicitly stating what the doctor has done and/or is about to do
  - e.g. I have finished examining you, now I would like to explain what I think the issues are

- Signposting helps orientate and relax the patient, and makes him focus better on what the doctor is saying

6.B. "CHUNK AND CHECK"

- It is where the doctor provides a chunk of information to the patient and then immediately checks the patient's understanding of it.

- It is frequently surprising to find how far away the patient's understanding is from what we intended to communicate.

- So this technique informs the doctor of any misunderstandings and hence provides an early opportunity to correct this.

6.C. Avoiding Jargon

- Because it:
  - Impairs the patient's understanding
  - Can also be intimidating

- Jargons will also vary from patient to patient.
  - Factors include age and education

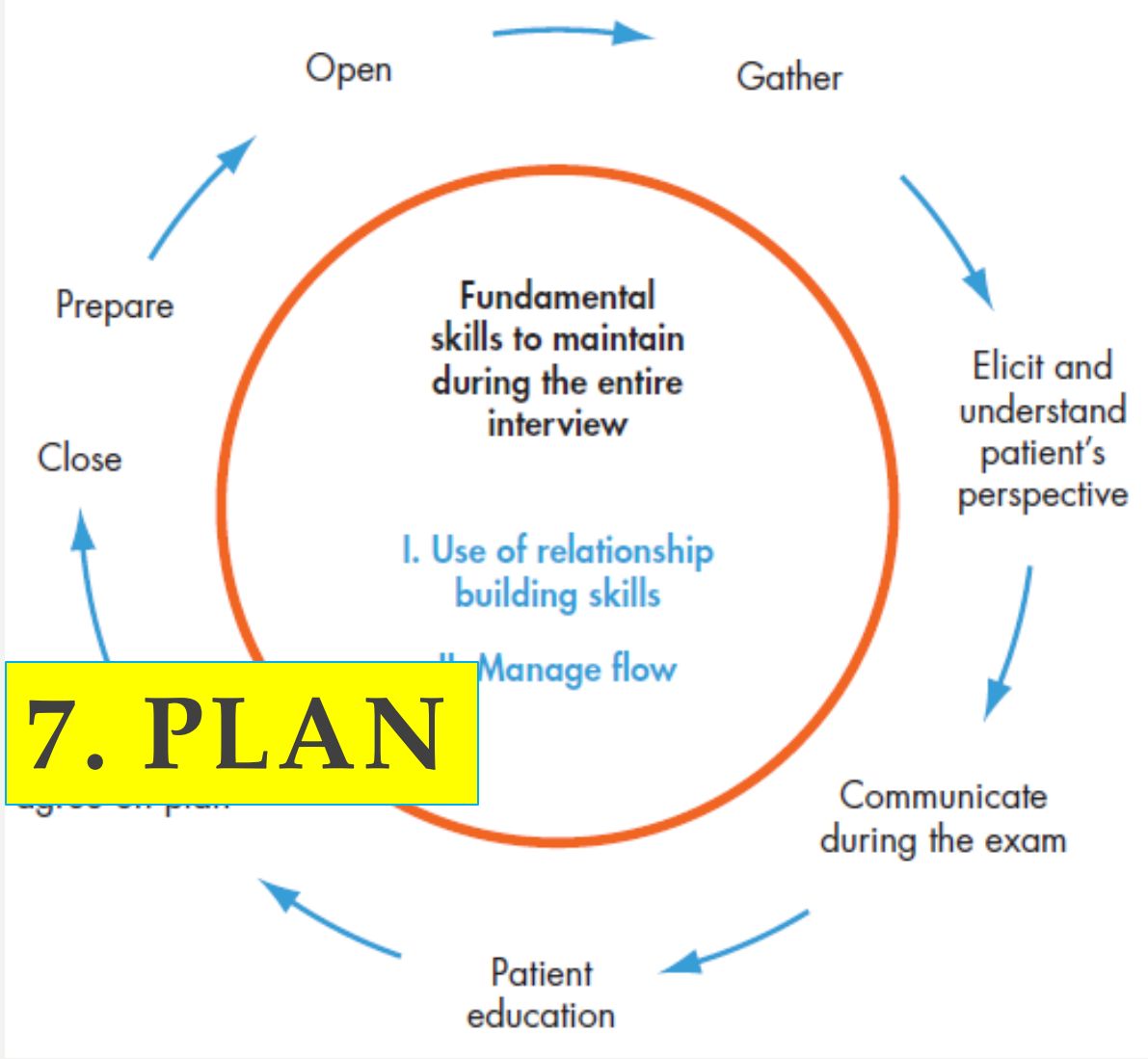
6.D. Using Visual and Physical Techniques to Communicate

- Diagrams
- Models
- Patient hand-outs
- Videos

PROVIDING INFORMATION ABOUT DIAGNOSIS TO THE PATIENT

- **When discussing the diagnosis, the following should be considered:**
  - **The possible nature of the illness or condition**
  - **The degree of uncertainty of any diagnosis**
  - **The status of the patient's illness; whether temporary, chronic or terminal**
    - **Consider breaking bad news guidelines**
  - **Patient's requests for information**

COMMUNICATION CYCLE

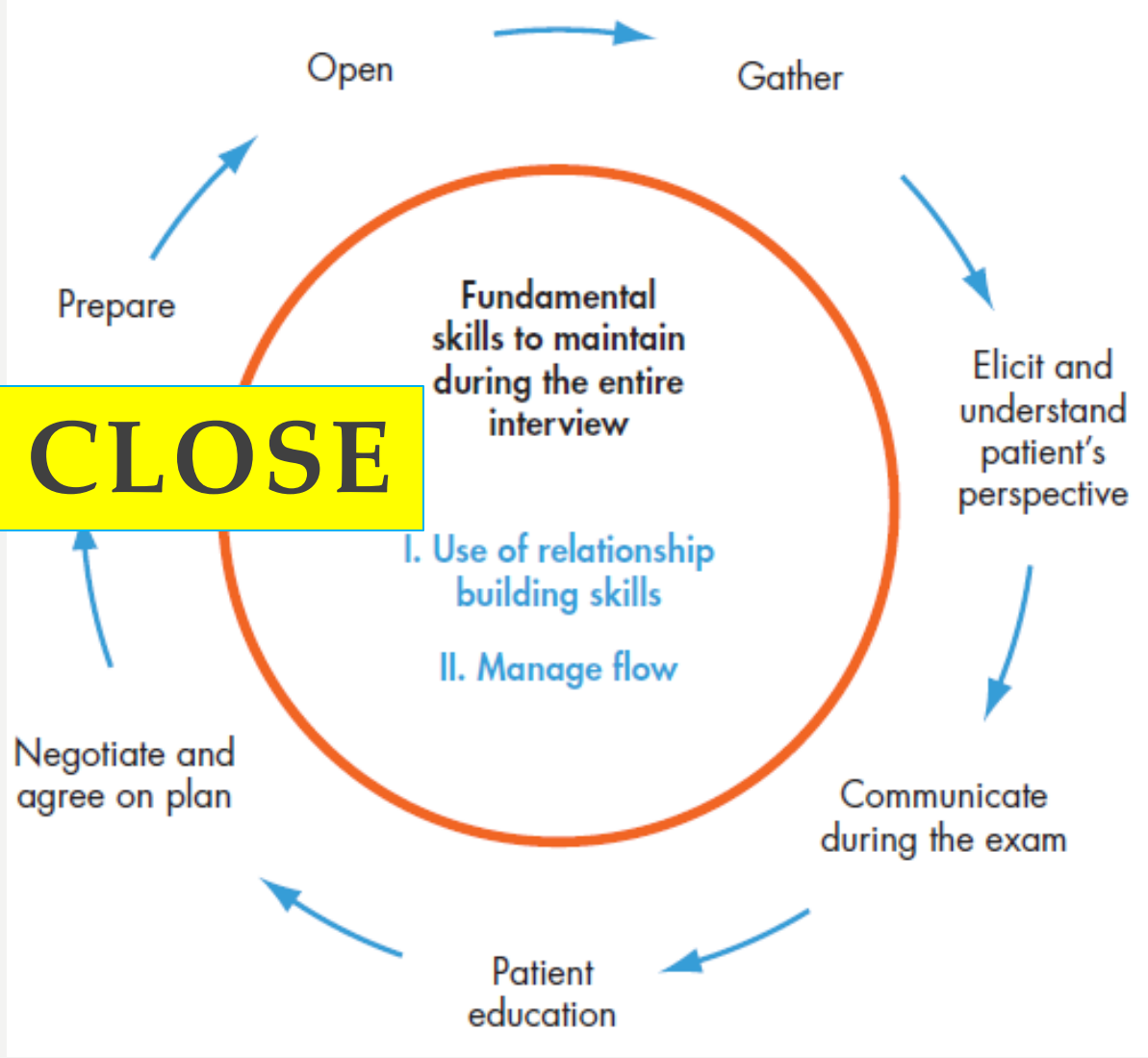


7. NEGOTIATE AND AGREE ON A PLAN

- Shared or collaborative decision making

- The doctor and patient should treat each other's concerns with respect:
  - This will lead to a shared responsibility for the outcome
  - Reaching consensus on a treatment plan
  - Establishing a mutually acceptable follow-up plan
  - e.g. "This is what I would suggest, what do you think?"

COMMUNICATION CYCLE



8. CLOSE

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- Let patients know in advance that closure is being planned (and why) to allow them to not feel pushed out of the room (e.g. in case of a full waiting room)

- Avoid "Doorknob presentation" by making sure you have covered all the patient's concerns and disclosures
  - "Doorknob presentation": the raising of a patient concern that happens as the doctor puts his or her hand on the doorknob to allow the patient to leave the room
  - This has also been called the 'Oh, by the way doctor' syndrome in the USA

CLOSE

- **Summarize the critical points of the consultation and planned actions and expectations.**

- **Thank the patient with an appropriate parting statement**
  - **According to the patient's style and cultural issues.**

COMMUNICATING WITH CHILDREN

- When treating children, you must remember that the child is the patient, but the parent is also important in such interactions.

POINTS TO REMEMBER

- Find out where the child is most comfortable on a parent's lap or on the floor playing with toys.
- Pay attention to the distance between you and the child many children like you to physically **be at their level**.
- Work with the child using an unstructured, open approach

Take the child seriously and do not talk down to him or her

- Offer support

- A child may be more relaxed during a procedure if you first demonstrate the procedure on a stuffed animal so the child will know what to expect

COMMUNICATING WITH ADOLESCENTS

- Adolescents are in the main healthy and suffer from few serious illnesses.

- The **common** reasons for consulting include:
  - pregnancy and contraception
  - acne and glandular fever
  - drug and alcohol problems

- More serious but **less common** problems include:
  - diabetes mellitus, juvenile rheumatoid arthritis,
  - sexual abuse, depression and parasuicide
  - eating disorders
  - traumatic injury

OBTAINING INFORMATION

- Part or all of the visits, especially during history taking, should be **without the parent** present

- it is essential **to speak with the parents** to discuss their concerns

- The **sex of the physician** may be important to the comfort of some patients.

(HEADSSS) ASSESSMENT

- **H**ome
- **E**ducation/Employment
- **A**ctivities
- **D**rugs and dieting
- **S**exuality
- **S**uicide (and depression)
- **S**afety (violence and abuse)

POINTS TO REMEMBER

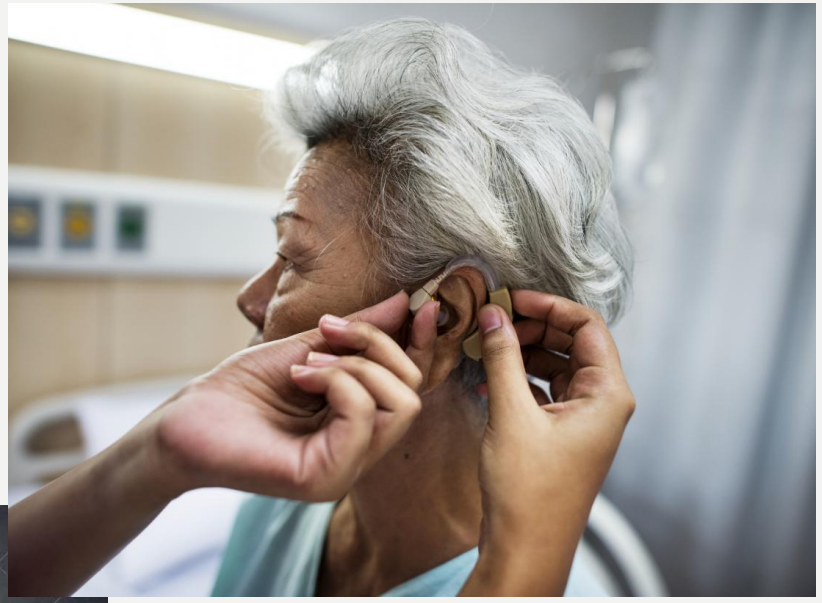
- Listening, building rapport, acceptance, support
- Taking the young person seriously
- Avoiding writing during the interview, especially during sensitive questions.

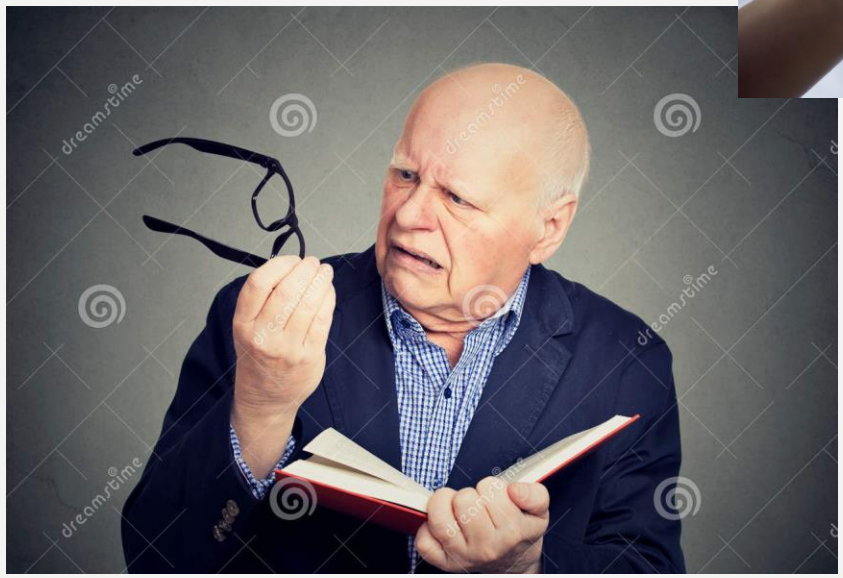
COMMUNICATING WITH ELDERLY

- Communication between older adults and health care professionals is hindered by the normal aging process.

SOME CHANGES ASSOCIATED WITH NORMAL AGING

- Vision Deficits
- Hearing Deficits
- Decline in memory





- Carefully assess and validate the need for modified communication techniques especially for dementia patients.
- Communicate respectfully and in a manner that preserves dignity.
  - ✓Ask the patient how he/she prefers to be addressed
  - ✓Avoid terms such as honey, sweetie, and dear.

- Use communication strategies to meet patients' needs, such as:
  - ✓ Speak slowly and at an adequate volume as needed to ensure effective communication.
  - ✓ Face the patient, speak slowly and distinctly
  - ✓ Use closed-ended questions requiring only a yes or no response.
  - ✓ Communicate one thought at a time.

- Provide adequate time for decision-making and problem-solving.
- Assure participation in decision making: advance directives, health care proxy, DNR, informed consent.
- Assess barriers (drug interactions, dementia, delirium, disease states, depression) that impact patients' understanding of information, following directions and making needs known. (You may want elderly patients to bring a family member or friend in during the consultation)

- Demonstrate familiarity with adaptive devices (hearing aid, pocket talker) and assure the use of needed and applicable communication aids, including glasses or magnifiers

- Use **visual aids** such as pictures and diagrams to help clarify and reinforce comprehension of key points
- Direct instructions/information to family/caregiver as well as patient.
- Communicate respectfully and preserve patient dignity when performing physical care as well as when communicating.
- Frequently summarize the most important points

POINTS TO REMEMBER

- Allow **extra time** for older patients.
- **Avoid distractions**.
- **Face-to-Face Communication** With Older Adults.
- Listen, reduce or **eliminate background noise**.

THANK YOU