



Doctor/Patient Communication

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قال جابر رضى الله عنه :
ما رأيت الرسول صلى الله عليه وسلم مرة إلا
تبسم في وجهي

The Process of Communication

- *Communication* is a process that involves the transmission of meaningful information from one party to another through the use of shared symbols.
- **Communication is successful when meaning is understood.**



Table :Phases of doctor-patient communication

Phase 1 Patient focus	Phase 2 Doctor focus	Phase 3 Mutual focus
Introduction Present complaint Other medical history Family history Social history	Examination Investigation	Management discussion Follow-up Sign-off

The environment



The message

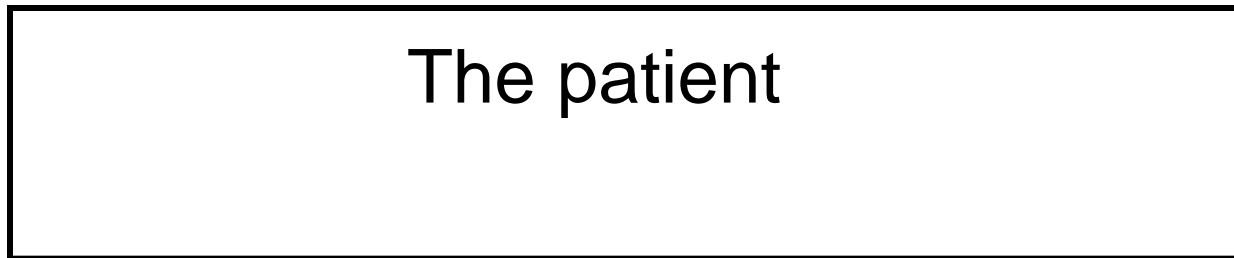
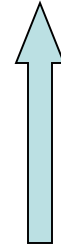


Fig. The four key factors affecting communication

Table :Summary of environmental factors that can adversely influence communication.

Waiting room	Poor physical layout Length of waiting time
Time pressure	‘Traffic’ level ? Busy ? Noisy ? Sense of urgency
Physical factors	Desk-barriers Layout inappropriate Poor record system Substandard examination couch
Privacy	Dressing/undressing Sound Interruptions - phone

Table :The doctor' s personal factors which influence communication.

Age	Elderly, young
Sex	Opposite
Senses	Deafness, speech idiosyncrasy
Handicap	
Competence	Health understanding Professional training Social Awareness Empathy
Attitudes	Bias – patient attending other doctors or alternative practitioners
Communication Style	
Differences	Religion, sexual practices Social class Ethnic group Political group Dress Eccentricities Familiarity

Table :Negative communication related to the message.

Language difficulties

Complex problems

Emotional problems

Uncertainty and doubt

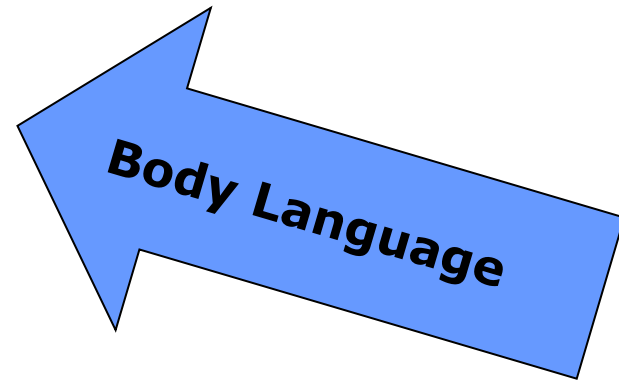
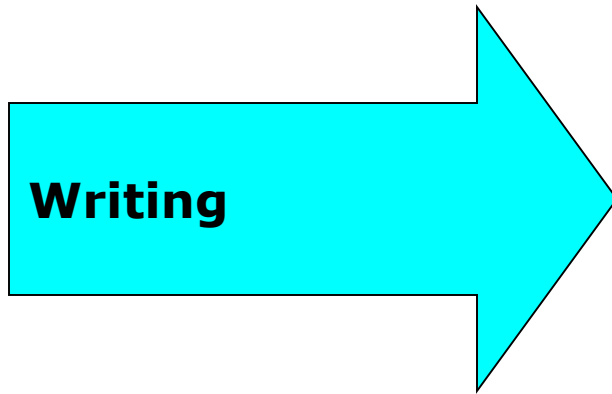
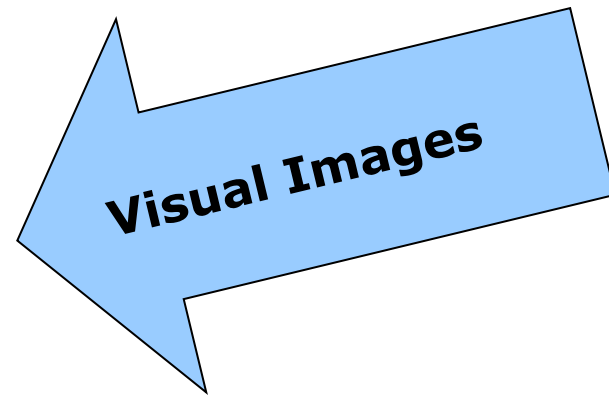
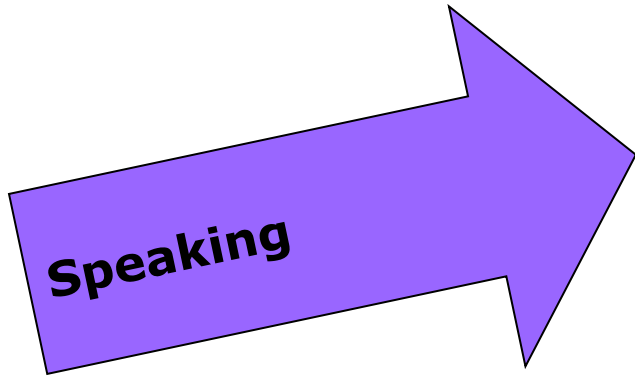
Examples:

- Sexuality e.g. STDs
- Malignancy
- Multiple complaints: ‘the shopping list’
- Infertility
- Unwanted pregnancy
- Abortion

Table :Patient characteristics that can influence communication.

Age	Adolescent, elderly
Sex	Opposite
Senses	Deaf, blind, speech impairment
Handicapped	Speech disorders, Visual impairment
Illness	Acutely ill/injured
<i>Psychological</i>	
Attitudes	Aggressive, hostile, demanding, aggrieved, e.g. fees, mistakes, perception of doctor's authority.

Most common ways to communicate

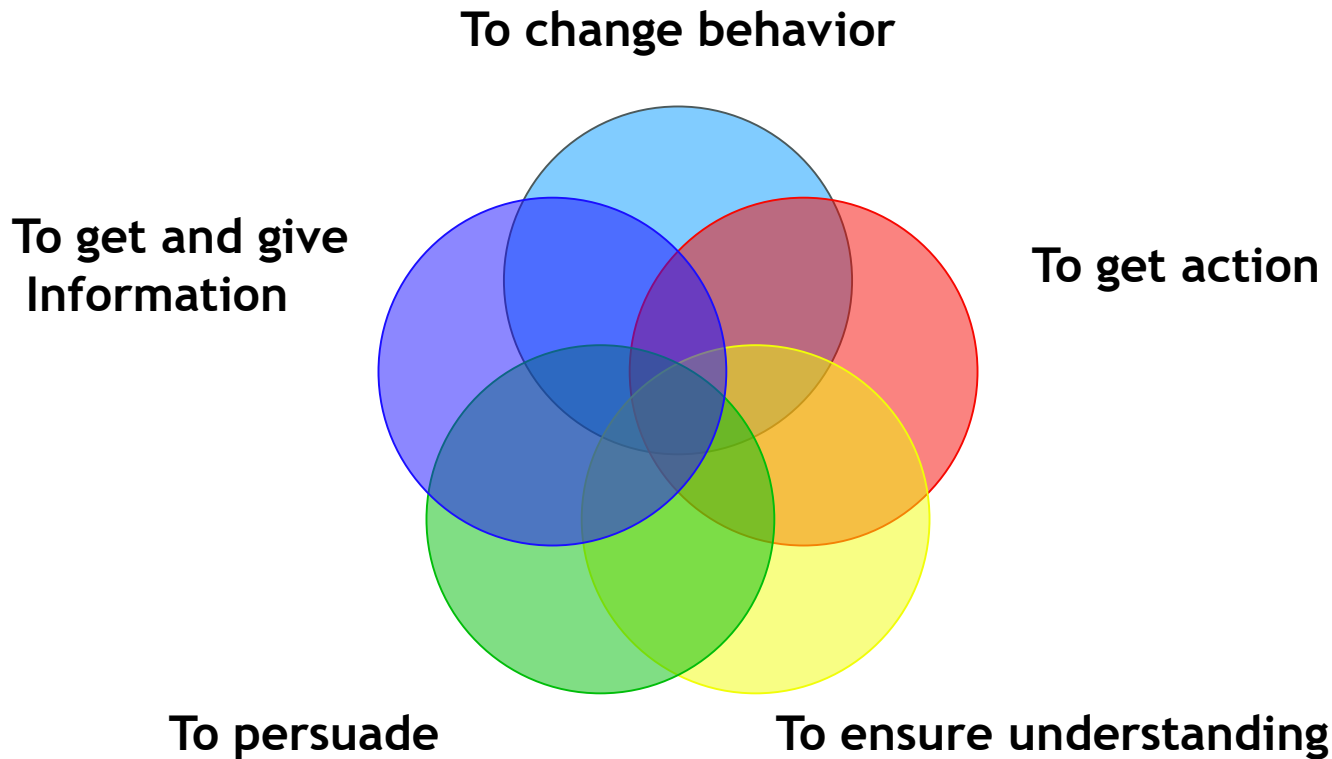


Part1:Communication Skills Overview

Effective communication skills are a critical element in our career and personal lives.

We all must use a variety of communication techniques to both understand and be understood

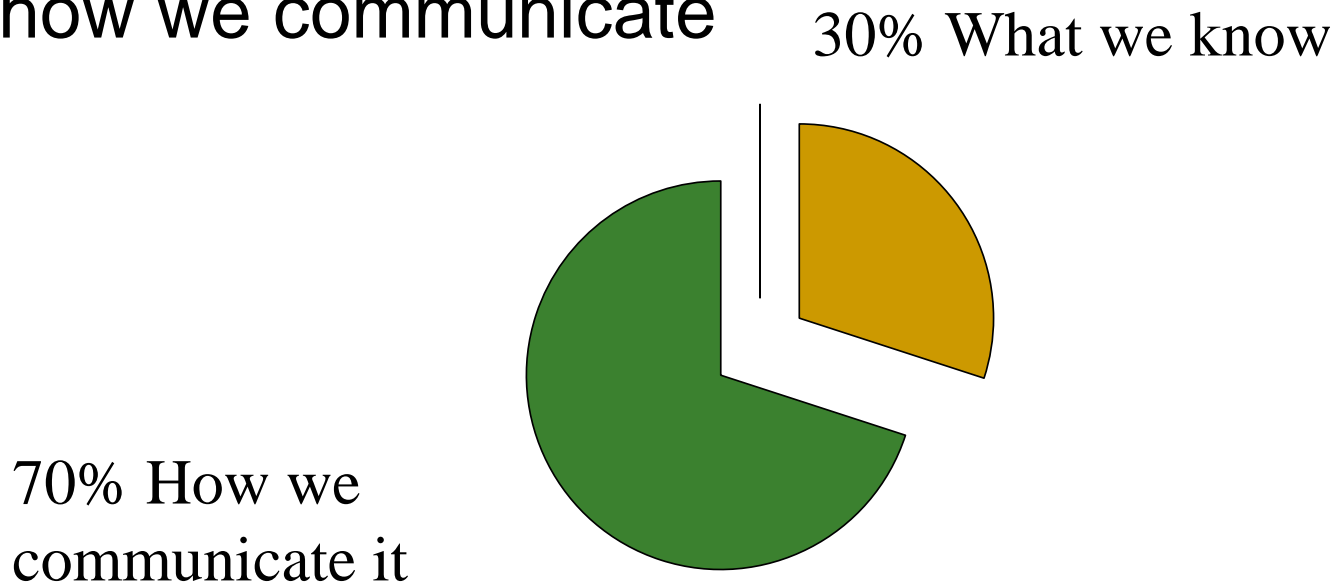
Communication Goals



Source: CGAP Direct

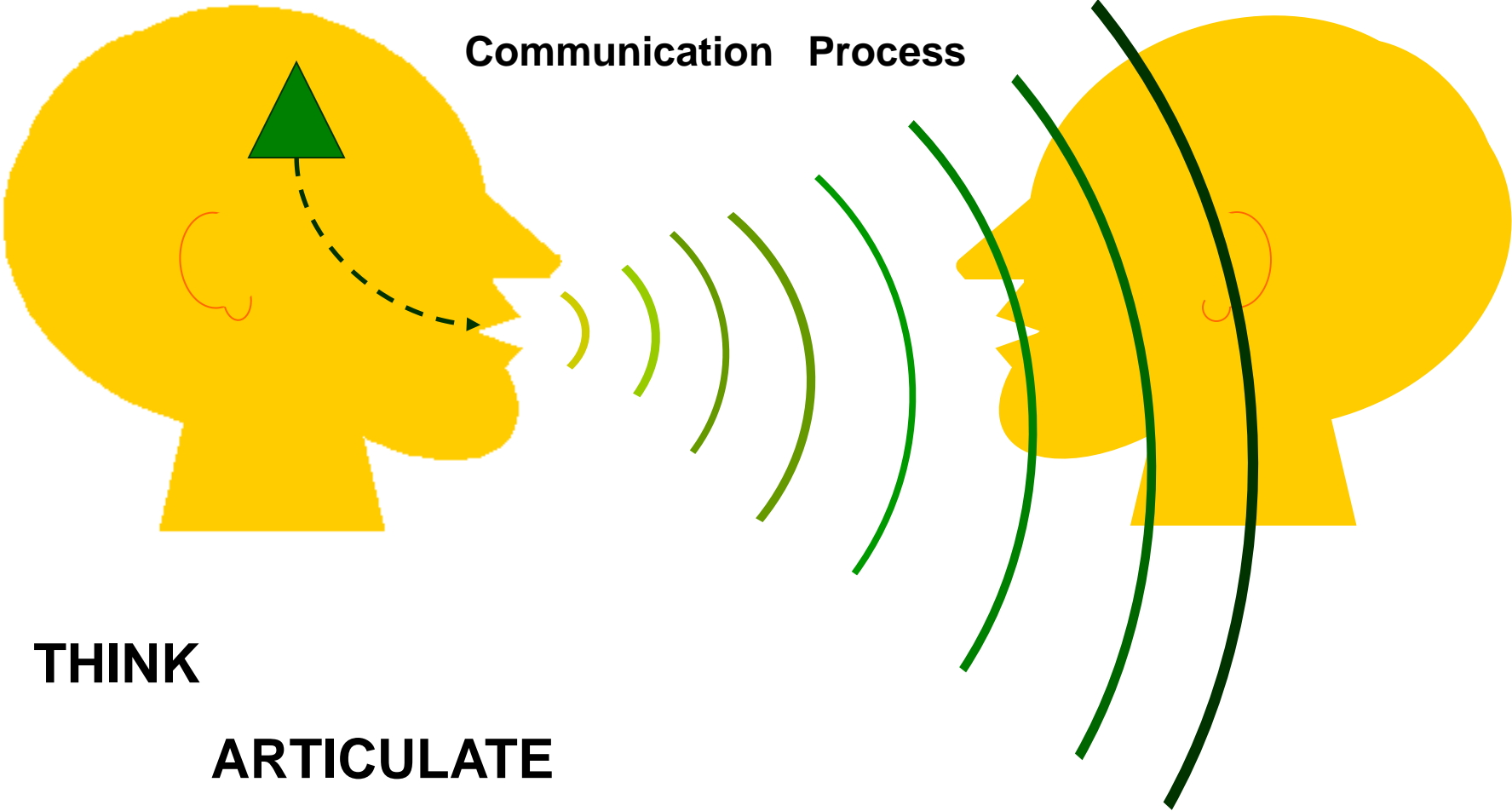
Critical success factor for life

The majority of our
perceived ability comes
from how we communicate



Source: CGAP Direct

Communication Process

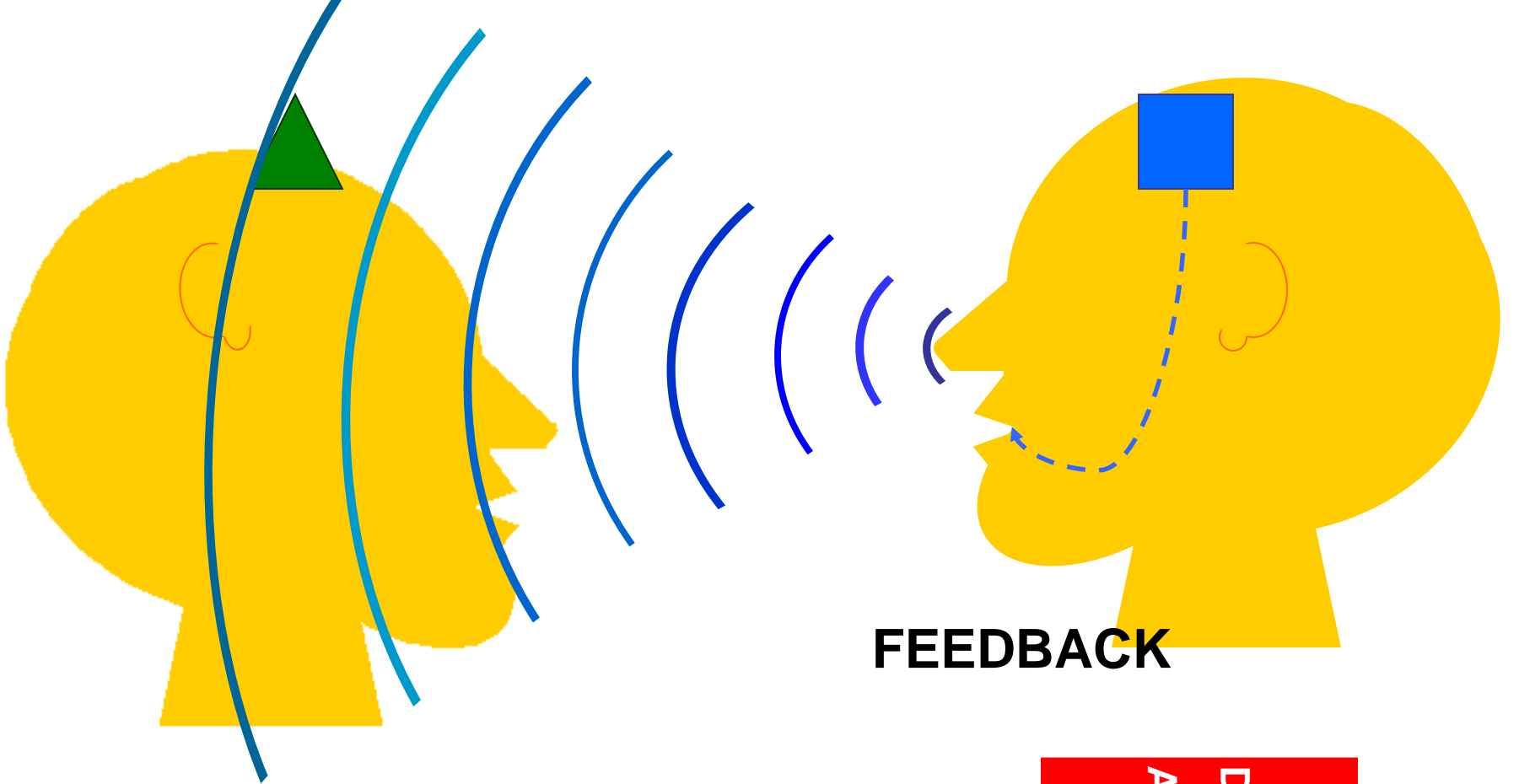


THINK

ARTICULATE

COMMUNICATE

INFLUENCE



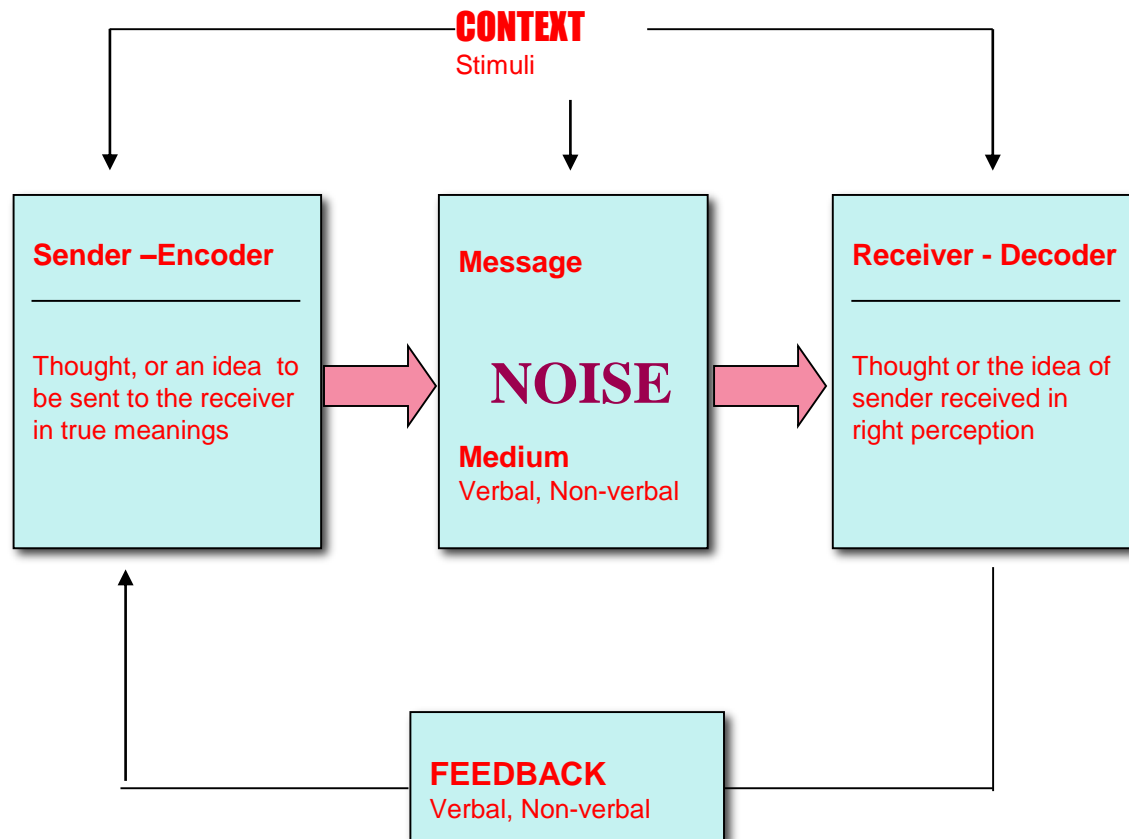
FEEDBACK



**DESIRED
ACTION**

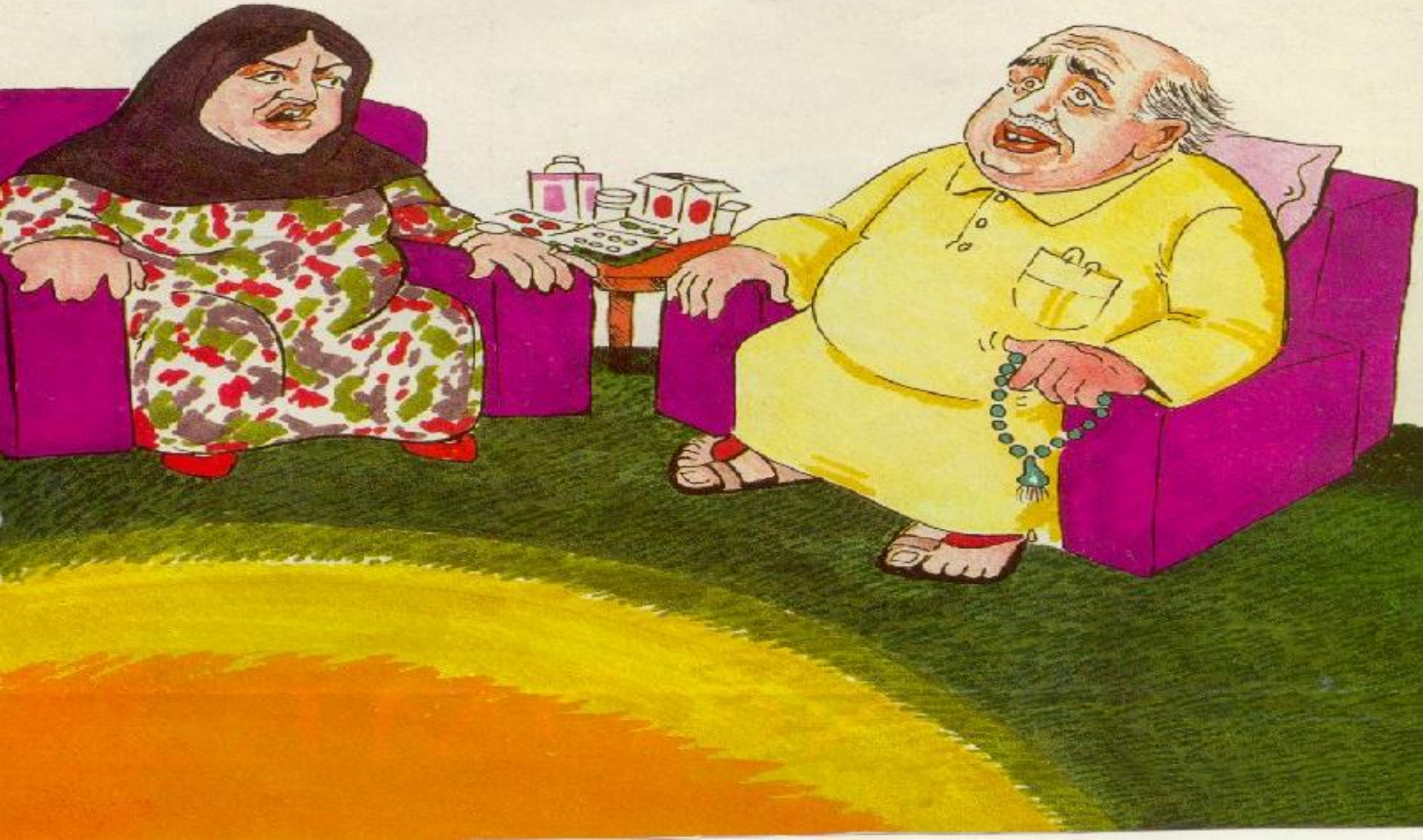
Components of Communication

COMPONENTS OF COMMUNICATION



انا جيتك خمسة اولاد
وقتلوت بنات يا ناكر الجميل

لازم اشوف لي زوجه غيرك
انتي ما جيتي لي الا الضغط
والسكر !!



IMPORTANCE OF LISTENING

- 80 % TOP EXECUTIVES BELIVES IT AS MOST IMPORTANT SKILL
- STRENGTHENS ORGANIZATIONAL RELATIONSHIPS
- CREATES OPPORTUNITIES OF INNOVATION

TYPES OF LISTENING

- **CONTENT LISTENING**
 - UNDERSTAND & RETAIN SPEAKERS MESSAGE
 - EMPHASIS IS ON INFORMATION&UNDERSTANDING
- **CRITICAL LISTENING**
 - UNDERSTAND & EVALUATE THE MEANING
 - LOGIC OF ARGUMENT
 - STRENGTH OF EVIDENCE
 - INTENTIONS & MOTIVES
 - VALIDITY OF CONCLUSION
- **EMPATHIC LISTENING**
 - UNDERSTAND FEELINGS,NEEDS, WANTS
 - AVOID JUMPING WITH ADVICE UNTILL ASKED FOR.
 - APPRECIATE HIS/HER FEELINGS & UNDERSTAND THE SITUATION

TYPES OF LISTENING

- **ACTIVE LISTENING**
 - AVOID OR TURN OFF ANY BIASES OR FILTERS TO TRUALLY HEAR & UNDERSTAND THE SPEAKERS MESSAGE
 - ENCOURAGE SPEAKERS WITH POSITIVE BODY LAUNGUAGE
- **LISTENING/RECEIVING / RESPONDING**
 - PHYSICALLY HEARING THE MESSAGE & ACKNOWLEDGING IT
 - Passive Listening??

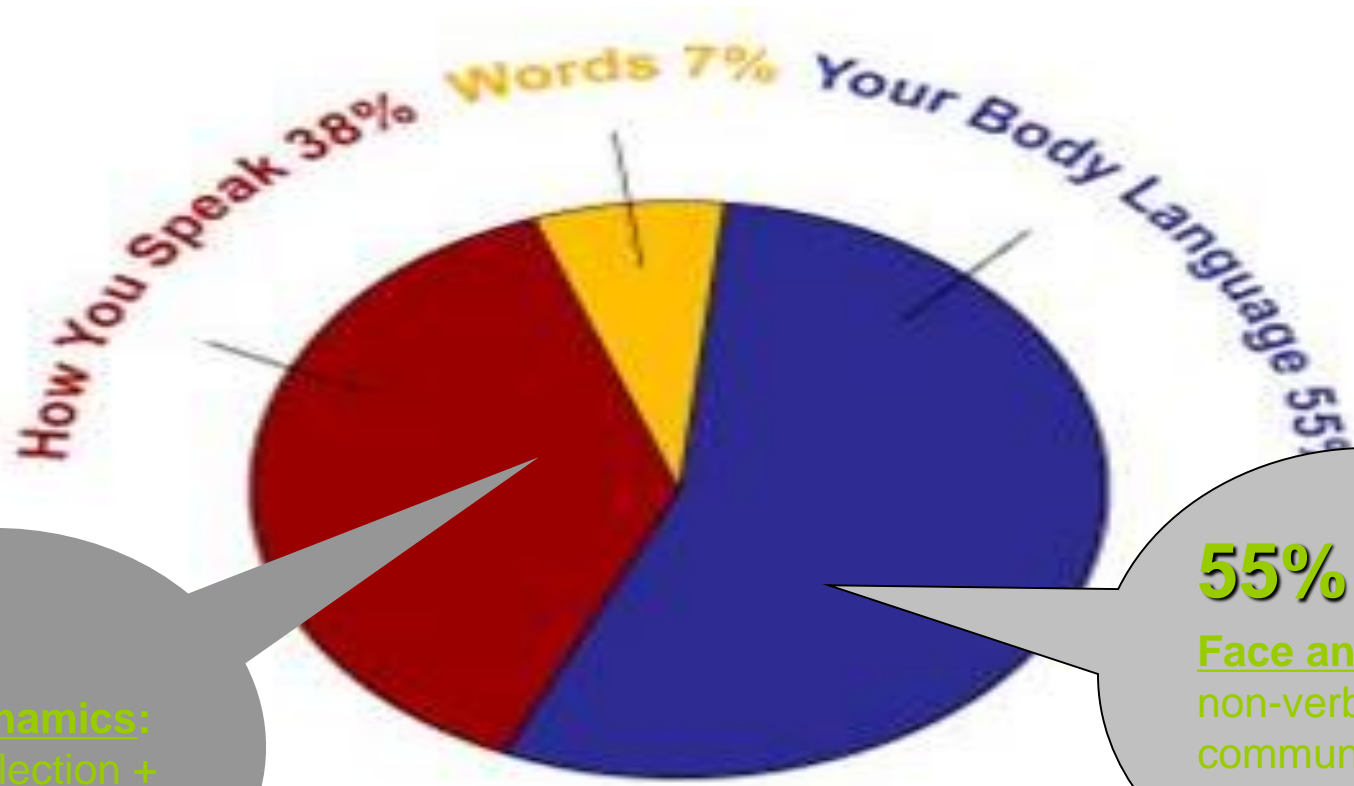
LISTENING PROCESS

- RESPONDING
 - CAN BE VERBAL OR NON VERBAL
 - GENERALLY INITIAL RESPONSE TAKES IN FORM OF VERBAL FEEDBACK

BARRIERS IN EFFECTIVE COMMUNICATION

- SELECTIVE LISTENING
- DEFENSIVE LISTENING
- LACK OF COMMON BACKGROUND

NON VERBAL COMMUNICATION



38%

voice dynamics:
tone + inflection +
volume + accent
+ *non-word*
sounds; and...

55%

Face and body:
non-verbal
communication or
face and body
language.

Non verbal communication

(Body language is the language transmitted by gestures and postures)

- **Dimensions of nonverbal communication:**
 - **Body movements and gestures**
 - **Eye contact**
 - **Facial expressions**
 - **Tone of voice**
 - **Appearance**
 - **Touch**
 - **Hand movements**
- ***NON-VERBAL symbols are four times more Effective than VERBAL ones***

Example of body language

- Sitting with legs crossed, foot kicking slightly:
 - **Boredom**
- Biting nails:
 - **Anxiety**
- Shoulder hunched, hands in pockets
 - **Depression/Dejection**

Example of body language

- Folded arms and leg crossed away from you:
 - **Rejection**
- Tapping fingers:
 - **Impatience**
- Avoiding eye contact:
 - **Untrustworthy**

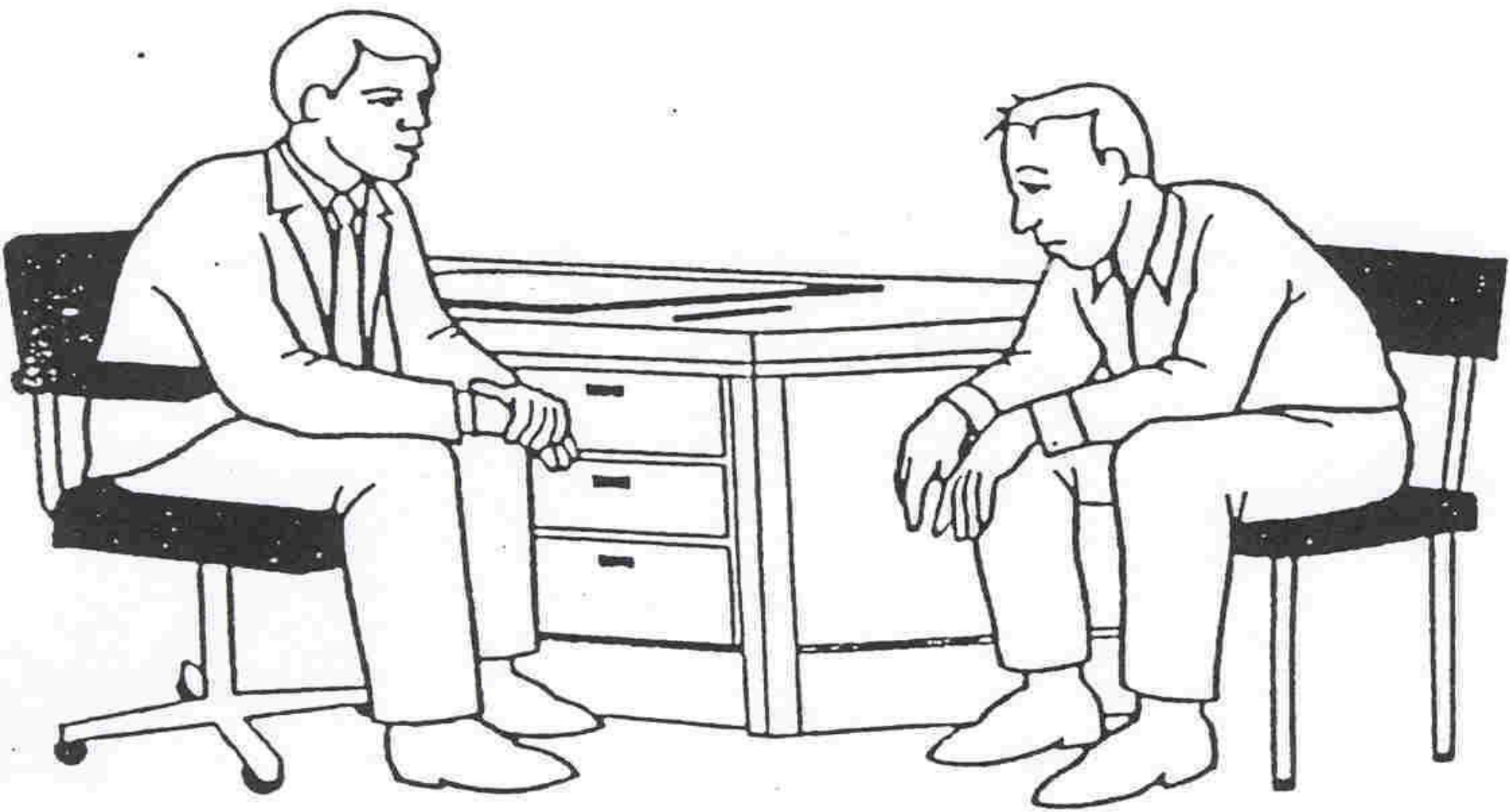


Fig. 3.7 *Posture of a depressed person—head down, slumped, inanimate; position of desk and people correct*



Fig. 3.9 *Body language—'readiness to go' gestures*

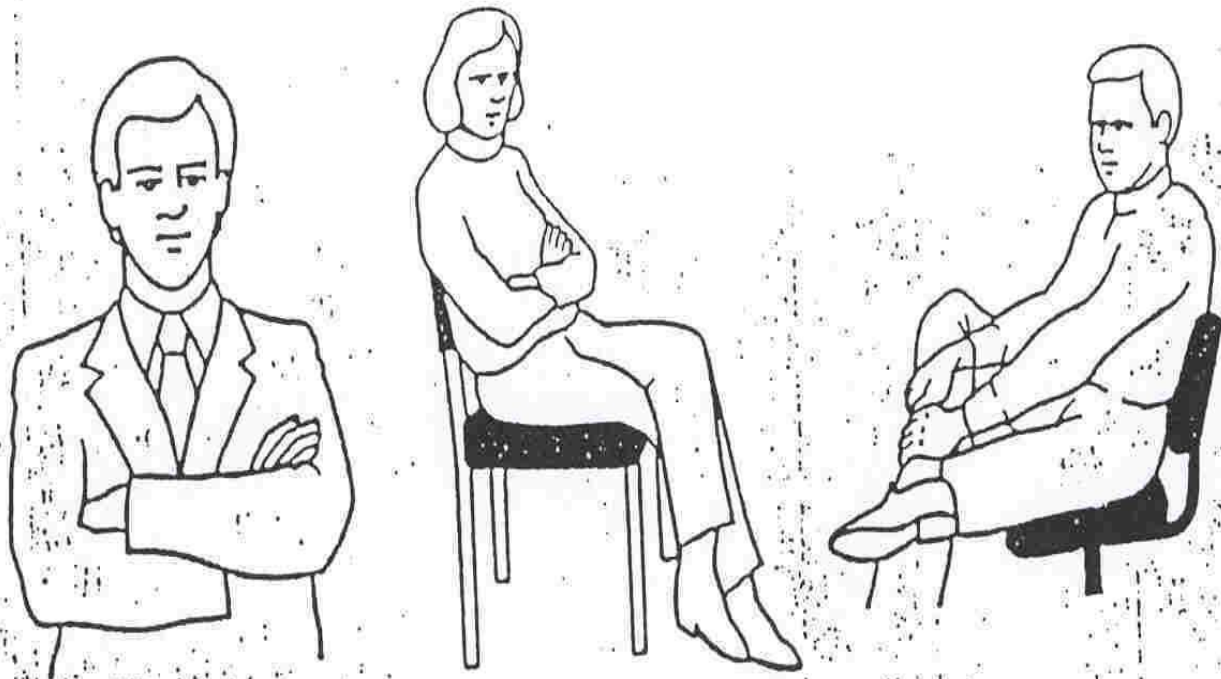
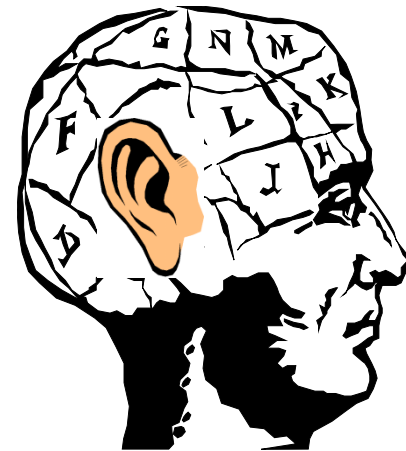


Fig. 3.8 Body language—barrier signals: (a) arms folded; (b) legs crossed; (c) 'ankle lock' pose

How Do We Receive and Understand Messages Accurately?

- Listening
 - Active Listening
 - Sensing
 - Attending
 - Reflecting



ACTIVE LISTENING

Few tips towards Active Listening:

1. Understand our own communication style.
2. Be an active listener.
3. Use normal communication.
4. Give Feedback

ACTIVE LISTENING...(cntd...)

1. Understand your own communication style:

- High level of self-awareness to creating good & long lasting impression on others.
- Understand how others perceive you.
- Make others comfortable by selecting appropriate behavior that suits your personality while listening. (Ideally nodding your head).

ACTIVE LISTENING...(cntd...)

2. Be An Active Listener:

- ◎ People speak @ 100 to 175 WPM but can listen intelligently @ 300 WPM.
- ◎ One part of human mind pays attention, so it is easy to go into mind drift.
- ◎ Listen with a purpose.
- ◎ Purpose can be to gain information, obtain directions, understand others, solve problems, share interest, see how another person feels, show support, etc.
- ◎ If it is difficult to concentrate then repeat the speakers words in your mind.

ACTIVE LISTENING...(cntd...)

3. Use Non-verbal Communication:

- Smile,
- Gestures,
- Eye contact,
- Your posture.

ACTIVE LISTENING...(cntd...)

4. Give Feedback

- Remember that what someone says and what we hear can be amazingly different.
- Repeat back or summarize to ensure that you understand.
- Restate what you think you heard and ask, "Have I understood you correctly?"

What do you think about?

I have something
really important
to tell you



Maybe I should
get a haircut



Techniques to improve listening skills

PARAPHRASE

Restate what was said in your own words

SUMMARIZE

Pull together the main points of a speaker

QUESTION

Challenge speaker to think further, clarifying both your and their understanding

Practice Paraphrasing

- Paraphrasing is simply restating what another person has said in your own words.

◎ Use phrases such as:

- In other words...
- I gather that...
- If I understand what you are saying...
- What I hear you saying is...
- Pardon my interruption, but let me see if I understand you correctly...

Part 2: Communication Skills with Patients

Benefits

- **Good communication skills :**
 - identify patients' problems more accurately:
 - Diagnostic Accuracy
 - Improve Pts understanding & Information retention
 - Increase adherence to treatment
 - Their patients adjust better psychologically and
 - Pts more satisfied with their care
 - Doctors with good **communication** skills have greater job satisfaction and less work stress

The health outcome is positively affected by:

- Effective communication important in the delivery of high-quality health care. *(Roter 1987, Betakis 1991, Stewart 1995).*
- Probing the thoughts, feelings, & expectations of pt.
- Encouraging them to ask questions,
- allowing patients to share in the decision making.
(Stewart 1995, in a review of several studies)

Effect on Health Outcomes

- The reduction of anxiety.
- The reduction of psychological distress.
- Pain relief.
- Symptom resolution.
- Mood improvement.
- Reduction of high blood pressure.

(Stewart 1995).

The Toronto consensus statement

“stressed that the main complaint of patients is related to “communication problems and not to clinical competency.”

(Simpson 1991)

“The main remarks made by patients in the PHC centers in Riyadh was that:

“physicians were **not listening** enough to their complaints.”

(Saeed 2001)

Interpersonal skills

- 1. Respect: treating others as one would want to be treated**
- 2. Paying attention**
- 3. Being positive & mindful of importance of the relationship,**
- 4. Having a caring intent & interested in the pt's ideas, values, and concerns.**
- 5. Flexibility or ability to monitor the relationship in real time & adjust interpersonal skills as necessary.)**

Consultation Skills

Communication Skills:

- **Verbal e.g**

&

- **Non-verbal e.g**

Clinical skills:

- **Examination**

- **Procedures**

Patient-Centered Care

- Patients as partners
- Involve them in decision making
- Enlist their sense of responsibility for their care
- Respect their individual values and concerns

PITFALLS

in

Communication with

Pt's



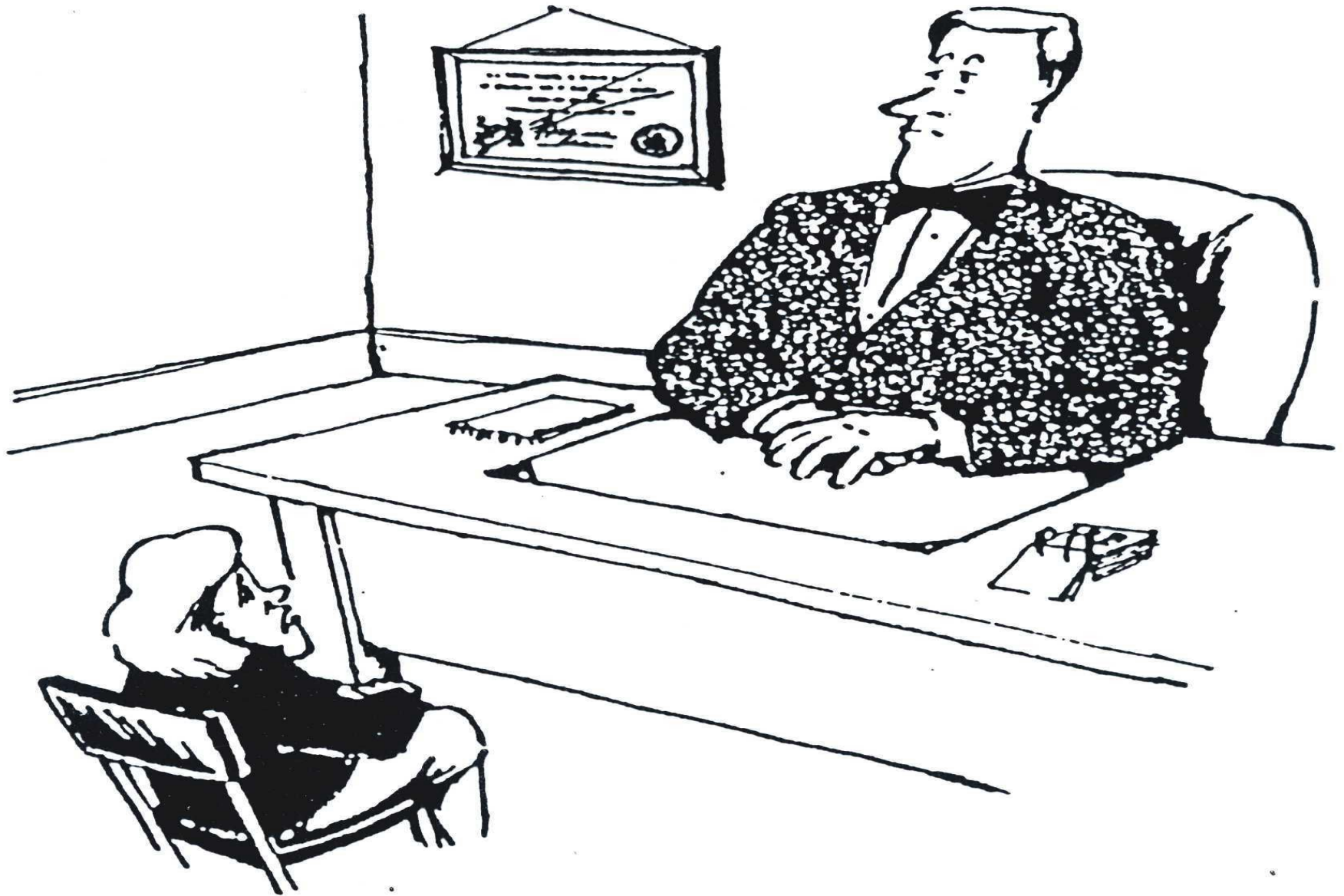


Fig. 3.2 *The physical barrier*

Gender Differences



Blocking behavior

- **Interrupting**
- **Offering advice and reassurance before the main problems have been identified**
- **Lack of concern**
- **Attending to physical aspects only**
- **Switching the topic**

Effective Communication Skills

- **The planning**
 - *what subjects to address.**
 - *time is limited :prioritize.**
 - *what to discuss another time.**
 - *Prepare by going over all the necessary information**

Effective Communication Skills

- ◎ Greet the person by their names (أبو فلان).
- ◎ Make eye contact ,introduce yourself warmly
- ◎ Smile (ease the tension on either side)
- ◎ Shake hands. Ask the person to sit down by indicating a chair.
- ◎ establish a rapport by asking a simple **open- ended question** ,
- ◎ **explain** that you may need to take notes,

Effective Communication Skills

- Use a good mix of **open-ended & closed-ended** questions.
- **Listen actively**
 - and pay attention to what he or she says,
 - **don't interrupt.**
- **pick up on cues from their speech and respond appropriately.**

Two basic types of questions

1. Closed questions:

- Get a one-word response and inhibit thought.
- Questions begin with who, when and which

2. Open-ended questions:

- Invite unique thought, reflection or an explanation.
- Questions begin with how, what and how come (not why!).

Effective Communication Skills

- Maintain appropriate **eye contact**, giving verbal and non-verbal feedback to ease the flow of the exchange.
- **Silences** allow thinking and reflection, so don't feel you always have to fill them.

Effective Communication Skills

- Aim to encourage **emotional expression** as this will often prove to be the most therapeutic aspect of the interaction.
- If you think you are not getting through to the other person, **resist the temptation to raise your voice.**
- Being positive

Effective Communication Skills

At the end:

- **Summarize**
- **Give a chance to ask**
- **Agree a time for a follow-up.**
- **Thank and escort him to the door**

Take Home Message



**To Be a Good Doctor/Teacher
we Have to Be a**

GOOD COMMUNICATOR

LEARNING

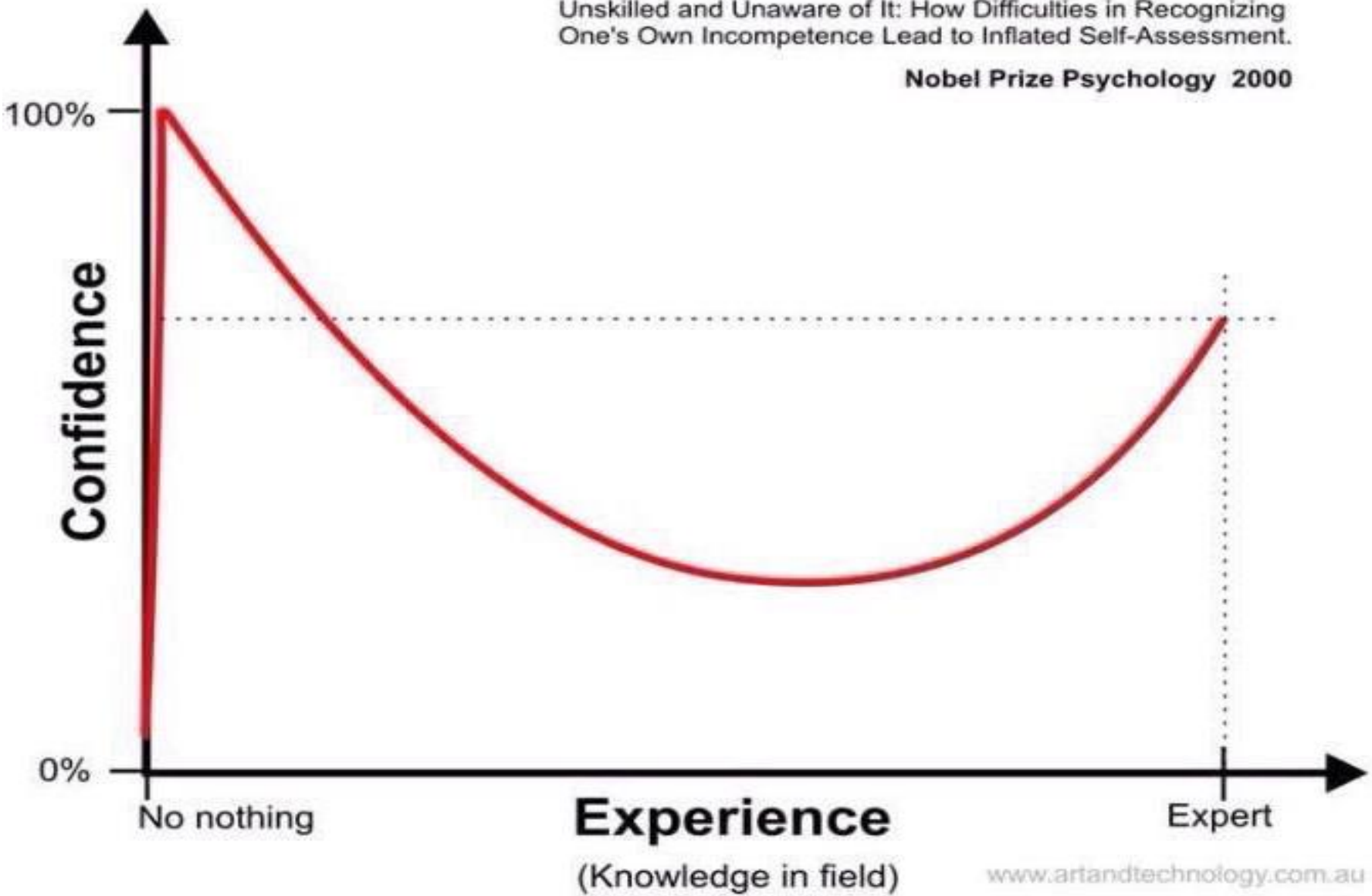
Communication SKILLS

- **Practice**
- **Rehearsal**
- **Recording**
- **Reflection**
- **Feedback**

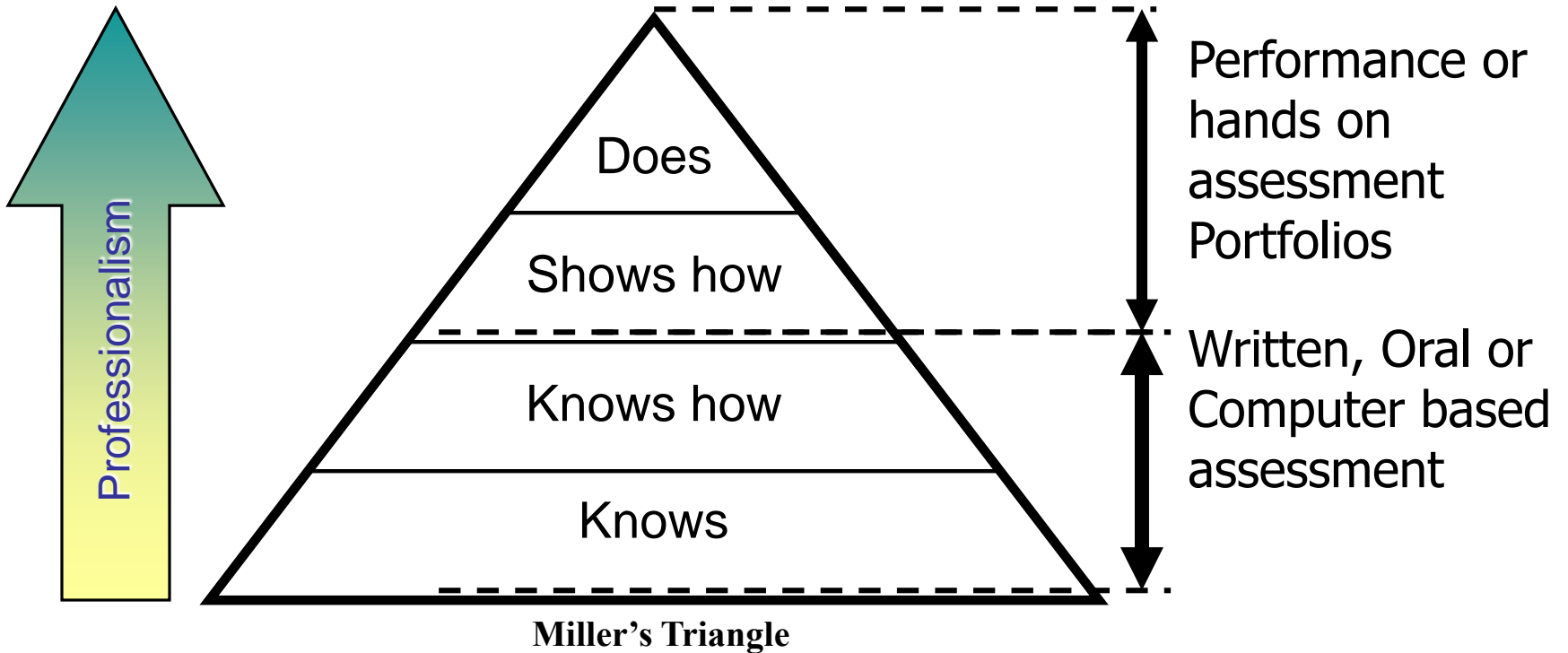
Dunning-Kruger Effect

Unskilled and Unaware of It: How Difficulties in Recognizing One's Own Incompetence Lead to Inflated Self-Assessment.

Nobel Prize Psychology 2000



How can Communication be Assessed?



THANK
YOU

