

Communication skills

Prepared by :

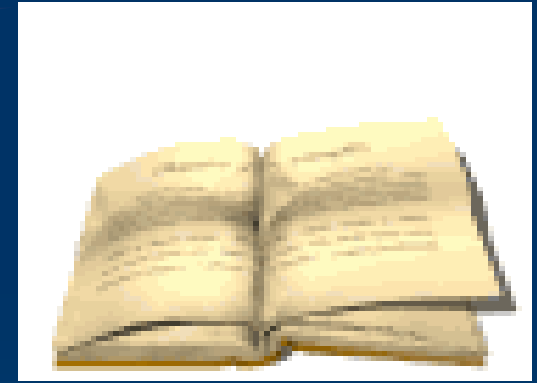
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March 2011



Content



- **The basics of communication skills**
- **The barriers of communication**
- **Active listening**
- **Verbal / non-verbal skills**
- **How to improve communication skill**

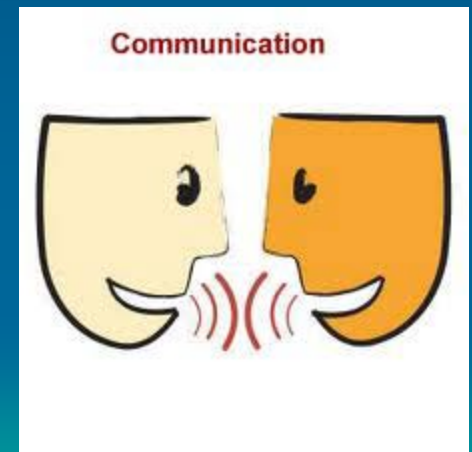
Introduction

- ❑ 26% of patients spontaneously offered an explanation of their symptoms to the doctor.
- ❑ Only 7% of doctors actively encouraged their patients to elaborate.
- ❑ 13% listened passively
- ❑ 81 % made no effort to listen or deliberately interrupted.



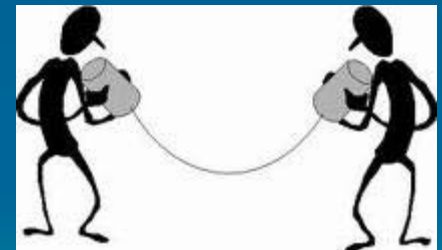
Introduction

- ❑ Cornerstone of good medical practice
- ❑ Central elements of the doctor-patient relationship
- ❑ Communication skills between doctor and patient is the skills which are needed to exchange information & feelings between doctor and patients.
- ❑ There are 2 channels for communications:
 - ❑ verbal & nonverbal



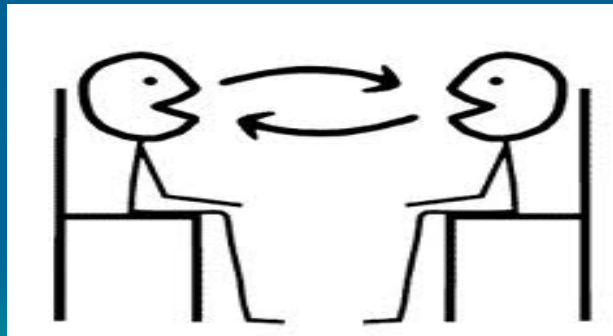
Introduction

- ❑ Having good communication skills is very essential to build up effective doctor patient relationship.
- ❑ Communication skill is also important for accuracy, efficiency, supportiveness - not just being nice.



Definition

- **Communication** simply means the connection of two or more points, to each other by using special methods for purposeful outcomes.
- **Communication means:**
 - Effectively sending and receiving the message.
 - Communication is the process of sending and receiving information among people.



Why we need communication?

➤ Improve

- ☑ Accuracy of diagnosis & quality of management
- ☑ Eliciting & imparting of information.
- ☑ Patients' understanding, retention of information, & compliance.
- ☑ Doctor and patient satisfaction.

➤ Reduce anxiety & uncertainty

➤ It can be learned



عناصر الاتصال

▲ **المرسل:** هو الفرد أو الجماعة أو المنظمة التي تقوم بإرسال الرسالة .

▲ **الرسالة:** تتضمن الأفكار والآراء والمعلومات

▲ **القناة:** هي وسائل الاتصال التي قد تكون شفوية أو كتابية

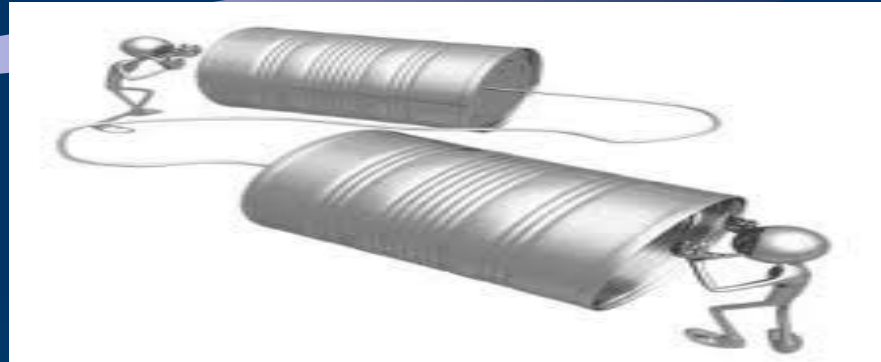
▲ **المستقبل:** هو الفرد أو الجماعة أو المنظمة المرسل إليها الرسالة
أي المستقبلية والمفسرة للرسالة

▲ **التغذية الراجعة (العكسية):** هي الاستجابة وتمثل ردود

الفعل الناتجة عن استقبال وتفسير وفهم الرسالة من جانب

مستقبلها





Receiver (sender) → Feedback → **Sender** (receiver)



Doctor-patient communication

- How do we connect to each other?
- What are the methods?
- What are the outcomes?



Connecting methods

- History taking
- Examining
- Investigating
- Diagnosing
- Treating



Outcomes

- **Compliance:** Two thirds of patients do not adhere to doctor's advice
- **Complaints:** Most of the dissatisfaction arise from communication problems

COMPLAINT

TO: _____

WHOSE FAULT: HOME WORK SCHOOL OTHER

DESIRED OUTCOME: APOLGUE EXPLANATION LITIGATION RESTITUTION CHARGE

COMPLAINANT: _____

ANONYMOUS



❖ Identify the common communication problems that hinder the provision of high quality patient care:

- Patient factors
- Health team factors
- Environmental factors



What causes distortion or the barriers to understanding/ listening?

• Perceptions

التصورات

• Language

اللغة

• Semantics

دلالات

• Personal Interests

الاهتمامات الشخصية

• Emotions

عواطف

* Inflections

الإلتواءات



* Environment – noise

تصورات البيئة – الضوضاء

* Preconceived

التصور المسبق

* Notions/expectations

المفاهيم و التوقعات

* Speed of thought

سرعة التفكير

* Attention span

الانتباه



Non- verbal communication

- Within any two-person interaction, over 90% of the communication occurring is channeled through the nonverbal band
- Nonverbal behaviors allows the observers to discern the emotional state e.g. happiness, anger, surprise, fear or sadness.

Non- verbal communication

- ❖ Universal language
- ❖ Some nonverbal cues have Different Meaning
- ❖ For some cultures Interpretation of each nonverbal cue as a word, and all cues together as a complete sentence Understand the cues in their general context
- ❖ There is association between body language & the way of thinking



Non- verbal communication

1. Body language & eye contact
2. Appearance
3. Touch
4. Paralanguage
5. Body Bubble (Personal space)
6. Environment



Rapport (Knapp 1978) Non Verbal Classification :

- Kinetics = Body Language
- Paralanguage = Rate , Tone
- Proximics = Spatial Factors
- Artifacts = Clothing ,Accessories
- Environmental Factors = Décor Furniture



Appearance

- How the patient dress, and how the doctor dress can express a lot of meaning; tidy or untidy, clean or unclean, cheap or expensive ...




Touch

- ❖ A close Personal Interest in the patient can be communicated by the Appropriate use of touch
- ❖ The most socially acceptable method is Handshake,
- ❖ Enabling physician to establish **early contact** with the patient.
- ❖ **Physical examination** is an other opportunity to use touch to communicate reassurance and support.



Paralanguage

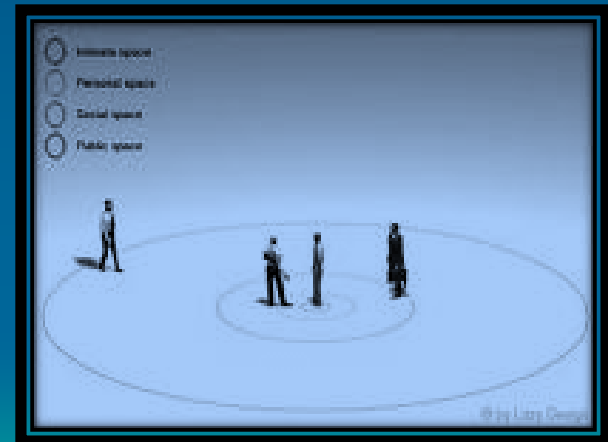
- Voice effect that accompanies or modifies talking and often communicates meaning It includes velocity of speech:
 - Fast #slow
 - Hesitant
 - Volume of sound
 - Tone
 - pauses



Paralanguage - Tone of Voice

Body Bubble (Personal space)

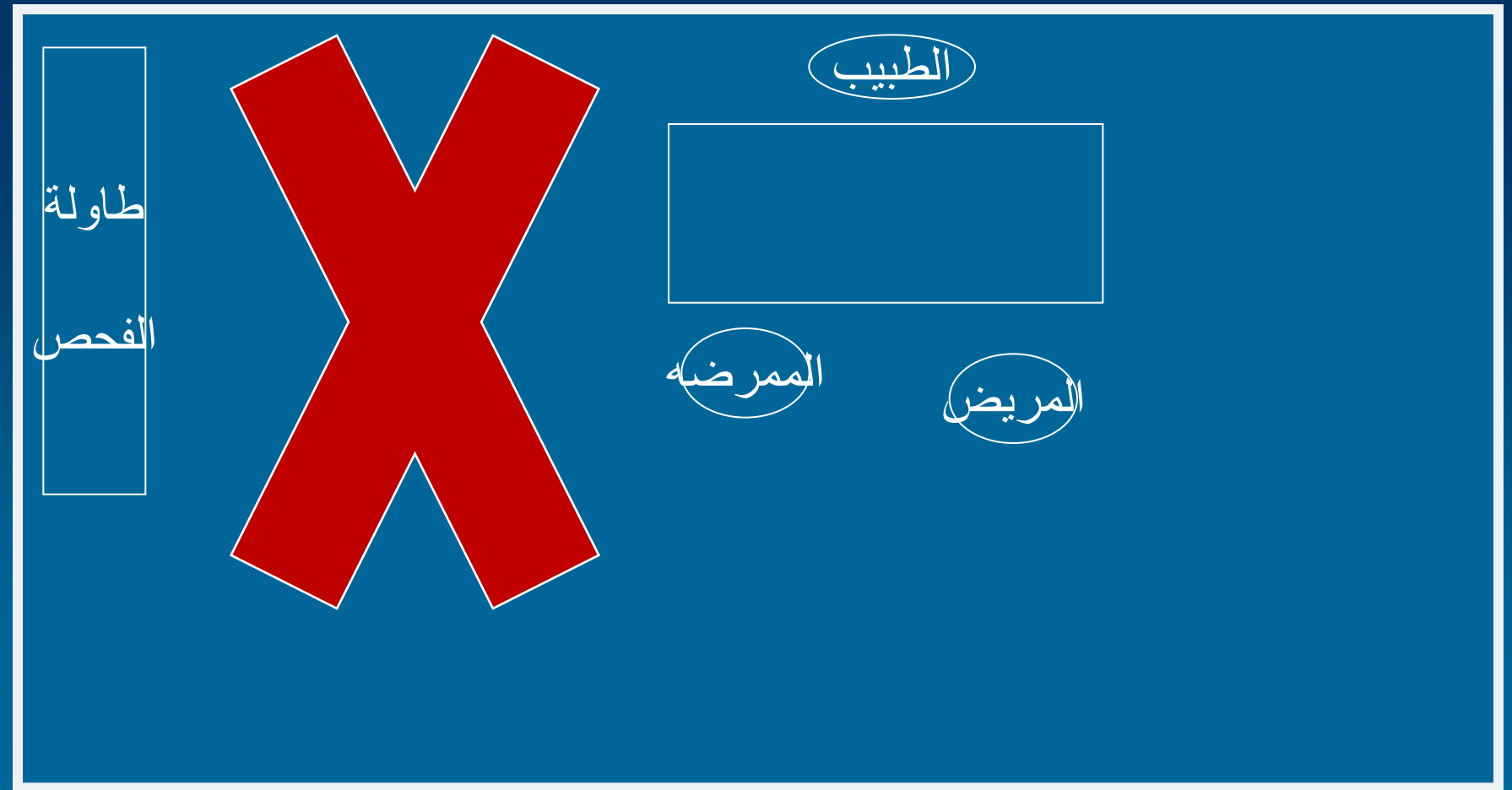
- Proxemics :” Spatial Factors “
- The Study of How People Unconsciously Structure Space Around Them.





المدى الشخصي

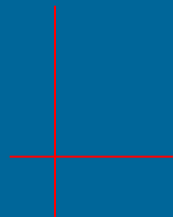
- The intimate zone: (15 - 46 cm) This is the zone we look at as our own property. This includes close family and close friends
- The personal zone: (46 cm - 1.2 m) it is the distance over which we interact at social events with our friends.
- The social zone: (1.2 m - 3.6) it is the distance at which we stand from strangers.
- The public zone: (More than 3.6) it is a comfortable distance to present to a group of people.



المريض



الطبيب



طاولة

الفحص

Kinetics = Body Language

- Gestures or body movement is an important form of communication.
- Attempts by patient to mask feelings can be detected readily by observing body behavior.
- Using appropriate body language physician can convey his Attention & Concern in the most effective manner possible
- Body language includes:
 - Body postures
 - Face expression
 - Eye contact

Eye Contact

- ✓ **Appropriate eye contact \implies expression of respect & interest**
- ✓ **Prolong eye contact or staring \implies expression of aggression.**
- ✓ **Racial variations in explanation of eye contact.**
- ✓ **Changing eye contact with verbal communication can be considered a meaningful cue**
- ✓ **Size of pupil changes with the mood of the person.**
- ✓ **Lack of eye contact gives clues to presence of anxiety or depression.**



Eyes

- **Sincerity Is Conveyed to Pt by Frequent Eye Contact**
- **One Patient Said “ I Have One Student Doctor If He Who Looked at His Toes Instead of me. If he Ever Opens a Practice. I Don’t Believe I Would Trust Him “**
- **Prolonged Eye Contact or Staring Is Offensive**
- **50 % of Time Otherwise**



Eyes

- **Depressed** → 1/4 Th of a Non Depressed (Duration Not Frequency)
- **Anxious** : Blinks More Frequently or Darts Back and Forth , Same Frequency , Less Contact Time
- **Eyes and Abdominal Tenderness** (Open , Closed → Organic or Non Organic)

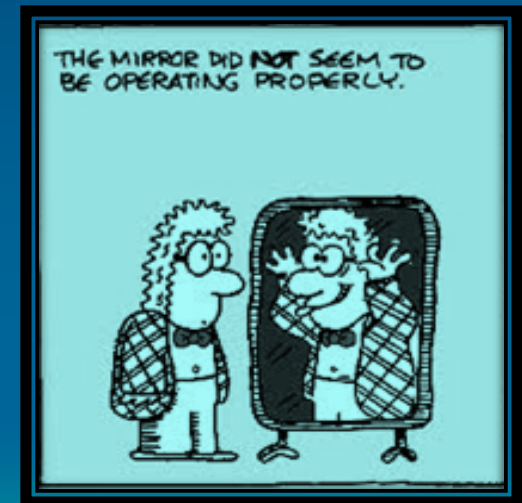


Communications skills
Dr.A.Alsagheir



Patient + Doctor

- Patient Oriented Vs Physician Centered Communication
- Body Position :Forward Lean 20 + Side Ways Lean 10 + Chin on Hands + Eye to Eye
- **Mirroring** “ Mirrors Ur Pt Movements “
- **Head Position** :
 - Tilted to One Side > Attention or Flirtation
 - Erect > Confidence & Maturity
 - Forward :Anger
 - Backwards: fear, Defiance ,Anxiety



Kinetics = Body Language

- Microexpressions :
 - An Efficient Record of the Inner Feelings
 - Last Less Than a Quarter of a Second
 - Are Easily Missed by Inexperienced



تعبيرات الوجه الأساسية

Kinetics = Body Language Hands

- **Depressed → 1/4 Th of a Non Depressed (Duration Not Frequency)**
- **Anxious : Stroke More Frequently on Other Hand or on the Face More Twitches More Tremor , Sweating , Fidgety , Grasping → to Mask the Jitters.**
- **Sadness : Droopy , Flaccid**
- **Confidence : Steepling**
- **Palms Upwards → Courting or Welcoming**
- **Urge to Interrupt U : Rising Index , Touch of Upper**



(أريدك أن تفعل كذا وكذا)

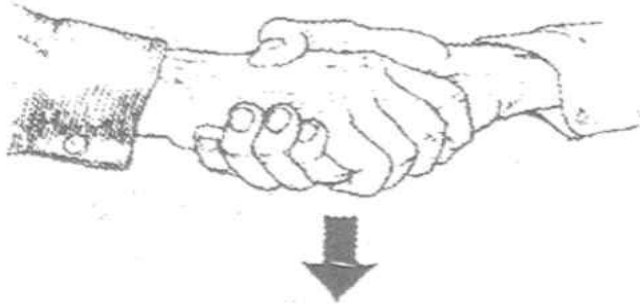
رأه

راحة اليد المشيرة إلى اسفل



(أمرك بأن تفعل كذا وكذا)

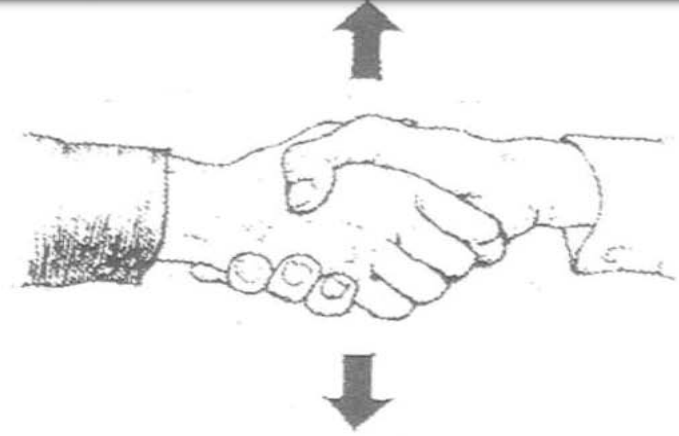
راحة اليد المغلقة كقبضة والإصبع المشيرة



المصافحة مع بقاء راحة
اليدين للأسفل
(أخذ السيطرة)

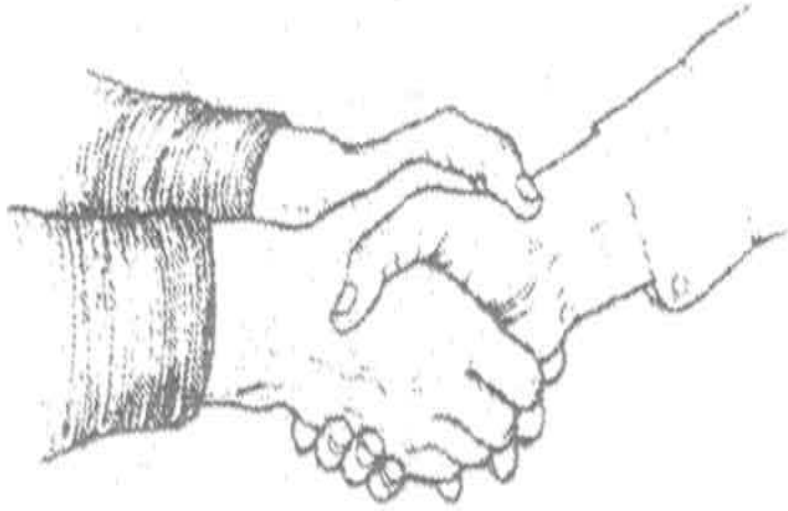
المصافحة مع بقاء
راحة اليد للأعلى
(منح السيطرة)





الراحتان في الوضع العمودي
(صافح كرجل)

أنواع المصافحة .



مصافحة القفاز
(اطمئن وكن واثقاً مني)

Kinetics = Body Language

- **Lip , or Earlobe .→ Encourage the Patient to Talk**
- **Hands :**
 - **Thinker Position :Rising Index to Touch of Upper Lip and Cross to the Cheek .**
- **Thinker Position 2 :Elbows on the Table & Hands Clinched in Front of the Mouth (During Explanation) = Doubting Thomas Position**

Kinetics = Body Language Arms :

- ❑ Crossed on the Body → Disagreement With Others Views OR Insecurity Feelings(Defensiveness) , So Resistance**
- ❑ Legs : Crossed → Normal OR Insecurity (Protection I.E. Shutting Out of the External Word)**
- ❑ BOTH Legs and Arms Crossed → Total Kinesic Picture of Resistance**
- ❑ Feet :**
 - Anxious :On Tips of Toes (Ready to Run) ,Sit Forward in Chair .**

Kinetics = Body Language

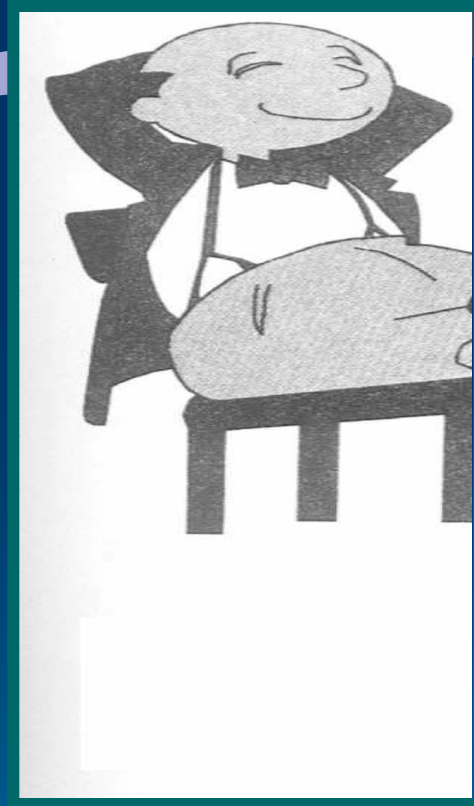
- **Feet :**
 - **Angry : Widely a Part ,**
 - **Sad : Move in Slow Circular Pattern .**
- **Nose :**
 - **Anger or Discomfort or Lying :Nose Rub (1 or 2 Fine Strokes of the Nose)**
 - **Part of the Respiratory Avoidance Response**
 - **= Nose Rub + Clearing Throat**
- **Verbal Non Verbal Mismatch**



وضعية التقويم والانتقاد
(أنا لا أحب ما تقوله وأنا أنتقدك)



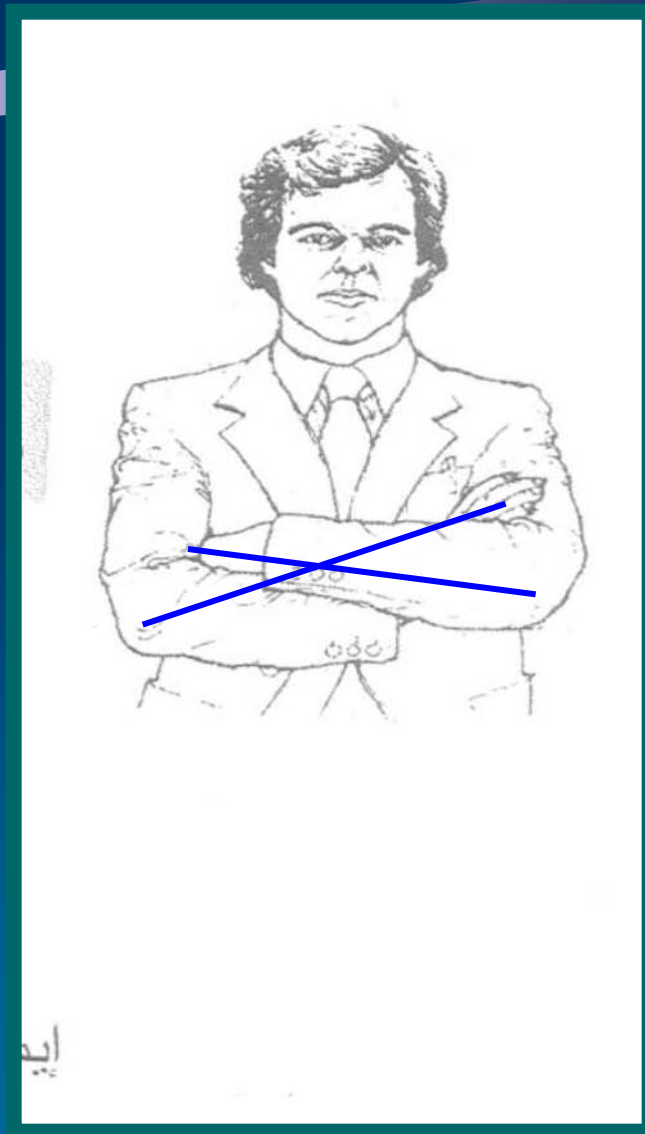
- وضع الأصابع في الفم أو السيجاره يدل على مشاعر الخوف والحاجة الشديده للطمأنه .



- كلتا اليدين خلف الرأس والرجلين إلى الأسفل
- تعبر عن شعور بالثقه والسيطره والتفوق في كل شيء

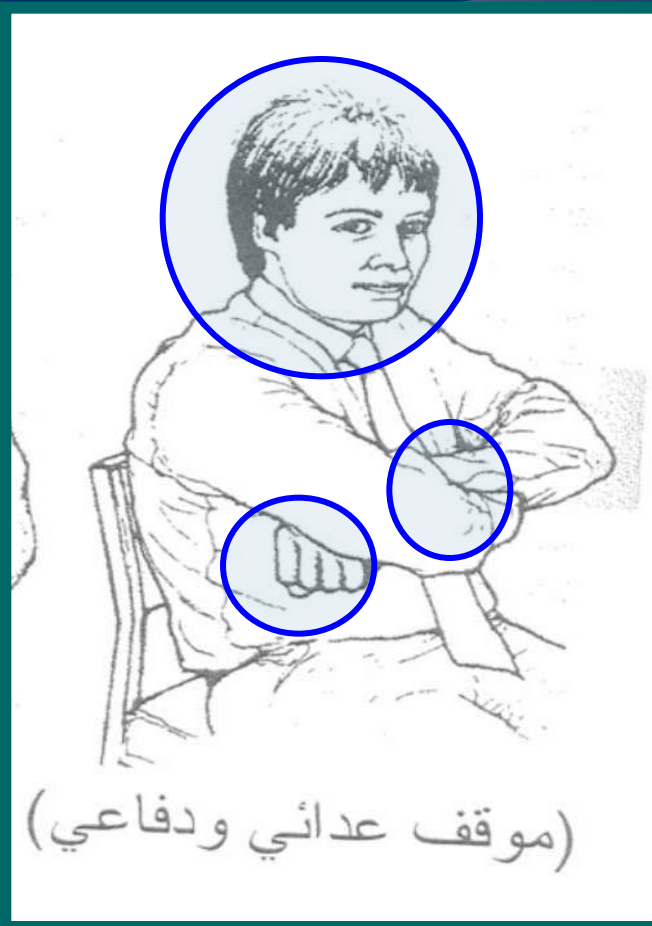


- كلتا اليدين خلف الرأس والرجل اليسرى مثنيه على الركبة اليمنى والشكل العام يشبه رقم 4
- تعبر عن شعور بالثقه والسيطره والتفوق في كل شيء والرغبة الملحه في الجدل.

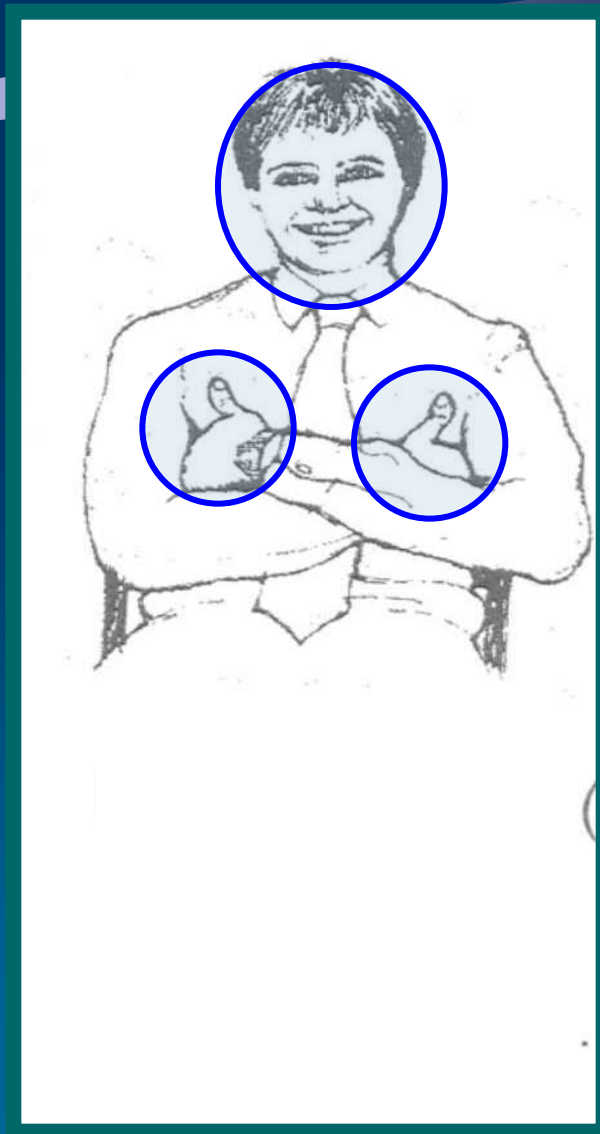


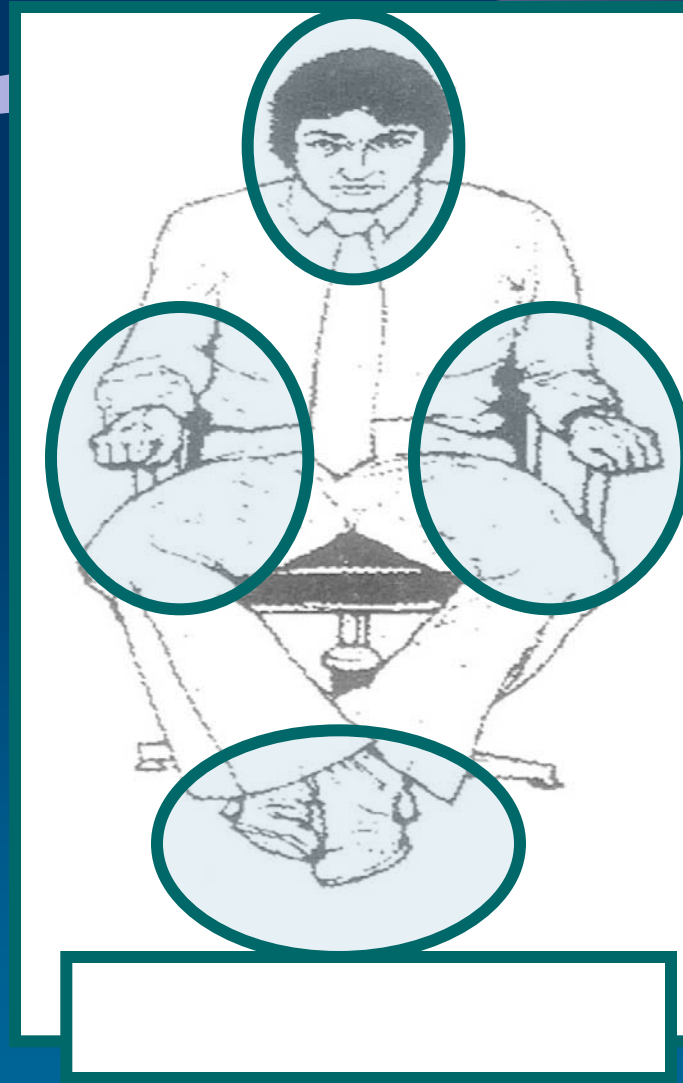
طريقة تحطيم وضعية الذراعين المتصالبتين :

- تقديم شيء يجبر المريض على فك الذراعين المتصالبتين
- طلب أن ينحني للأمام ليرى عرض بصري .
- تنحني أنت إلى الأمام وراحتا يديك للأعلى وتقول (ما رأيك) أو (اشعر أن لديك أمر ما يشغلك)



- عليك أن تتوقع هجوم جسدي أو شفهي محتوم





- كبح موقف سلبي أو عاطفه أو عصبية أو خوف

قائمة لتفسير وتحليل إيماءات لغة الجسد

الوضعية وتفسيراتها			
			إيماءات راحة اليد
مهدة	أمر	متوسلة	
			حواجز الذراعين
موقف متعال	موقف عدائي	دفاعي سلبي	
			حواجز الرجلين
إظهار الاستياء	شخص واقعي وعنيد	مجادلة ومنافسة	

Key tasks in communication with patients

□ Eliciting:

- Patient's main problems
- Patient's perceptions of these:

Physical, emotional, & social impact of the patient's problems on the patient & family

Verbal communications

- ❖ 3 tasks in verbal communications, which are important components of consultation skills:
 - Formulation of questions
 - Discussion, explanation and advice
 - Understanding patient's verbal cues

How to formulate questions?

- Direct Question
- Suggestive Questions **X**
- Why Questions - rationalization **X**
- Yes-no Questions
- Multiple Questions
- Open-ended Question

Ways to pick up verbal and non-verbal cues

- Repetition of cues
- `upset?'
- `something could be done...?'



Picking up and checking out verbal cues

- `You said that you were worried that the pain might be something serious;
- What theories did you have yourself about what it might be?'
- `You mentioned that your mother had rheumatoid arthritis; did you
- Think that's what might be happening to you?'



Picking up and checking out non-verbal cues

- `I sense that you're not quite happy with the explanations you've been given in the past. Is that right?'
- `Am I right in thinking you're quite upset about your daughter's illness?'

Examples of phrasing when asking about patients' ideas, concerns or expectations

Ideas (beliefs)

- 'Tell me about what you think is causing it.'
- قل لي ما هو في رأيك الأمر الذي أدى إلى هذه المشكلة
- 'What do you think might be happening?'
- 'Have you any ideas about it yourself?'
- هل لديك أفكار حول ذلك بنفسك
- ' You've obviously given this some thought, it would help me to know what you were thinking it might be.'

— Examples of phrasing when asking about patients' Concerns

- 'What are you concerned that it might be?'
- 'Is there anything particular or specific that you were concerned about?'

• 'هل هناك شيء معين يشعرك بالقلق'

- 'What was the worst thing you were thinking it might be?'
- 'In your darkest moments ...'

— Examples of phrasing when asking about patients' Expectations

- `What were you hoping we might be able to do for this?' .
- `What do you think might be the best plan of action?'
- `How might I best help you with this?'
- `You've obviously given this some thought, what were you thinking would be the best way of tackling this?'

Effect on life///

- ❑ An open question about how the symptoms or illness are affecting the patient's life is an excellent entry into the patient's perspective of the problem
- ❑ Often leads the patient to talk openly about their thoughts and feelings.

Listening

Passive listening:

- **Message sent (facts and feelings) and not fully acknowledged nor understood so Send message:**
 - **Finds concentration difficult**
 - **Receives little feedback on message & problem**
 - **Has a cluttered mind May be emotional**
 - **Not thinking clearly**
 - **Maybe tense with emotion**
 - **Receives little empathy or help**
 - **Concerned with reply**
 - **Has a different perception**



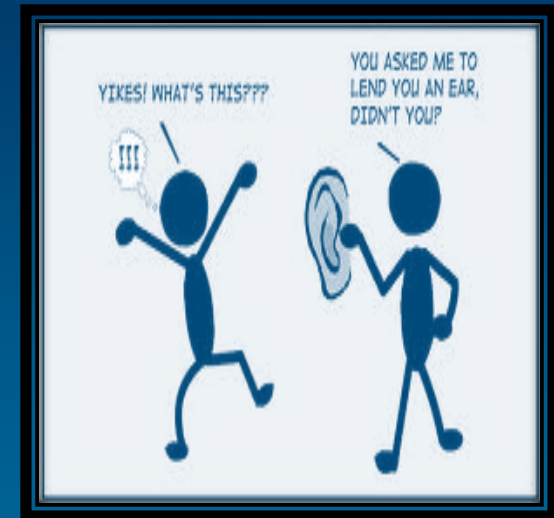
Active listening

- **Message sent (fact and feelings) and it is acknowledged and understood.**
 - **Makes commitment to solving problem**
 - **Has clear mind**
 - **Interacts with speaker**
 - **Is relaxed**
 - **Does not make evaluation**
 - **Summarizes facts**
 - **Reflects feeling**
 - **Helps speaker to solve and own problems and solutions**



How can we improve our listening skills?

- Eliminate distractions
- Concentrate
- Focus on the speaker
- Maintain an open mind
- Look for nonverbal cues
- Do not react to emotive words



How can we improve our listening skills?

- Ask questions
- Sit so you can see and hear
- Avoid prejudices
- Take notes
- Ask for clarification



The don'ts of listening

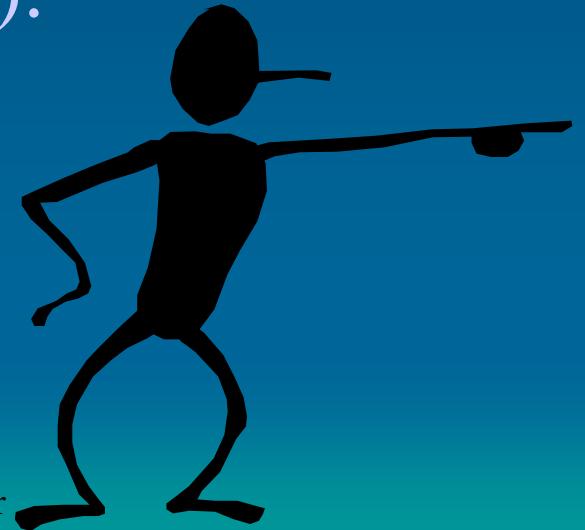
- Don't listen without looking
- Don't interrupt the speaker
- Don't allow distraction
- Don't appear judgmental
- Don't look bored
- Don't yawn while listening to the patient



Domain	Effective communication	Problematic communication
Courtesy	Active listening, Acknowledgement Sincerity	Rudeness Patronizing
Respect	Recognition of expertise Recognition of social context Empathy Offering information	Insulting intelligence Withholding information Discounting Failure to appreciate limits of science
Engagement	Coaching Teamwork Shared decision making	Dismissing Blocking access Distancing

Classifications of Nonverbal communications

- Body language
- eye contact
- Paralanguage
- Body Bubble (Personal space):
- Environment
- Appearance
- Touch



Verbal communications

➤ Communication skills:

- Look
- Listen
- Feel
- Gathering information
- Building relationship
- Explanation
- Shared planning



WHAT MAKES A GOOD CONSULTATION?

- Patient concern addressed / acknowledged – i.c.e.
- Shared management plan ✓
- Not patronising
- Time for the patient
- Attending to health beliefs, experiences
- Follow-up
- Explanation





WHAT MAKES A GOOD CONSULTATION?

- ❑ **Building a relationship**
 - ❖ “friendship takes time”
 - ❖ empathy / trust / rapport
 - ❖ friendly, smiley, confident, relaxed, comfortable
- ❑ **Listening ✓✓✓ active**
- ❑ **Meeting needs of patient**
- ❑ **Negotiation skills ✓**
- ❑ **Engagement**
- ❑ **Respect → non verbal communication**
 - ↳ para-verbal
- ❑ **Use of touch when appropriate**