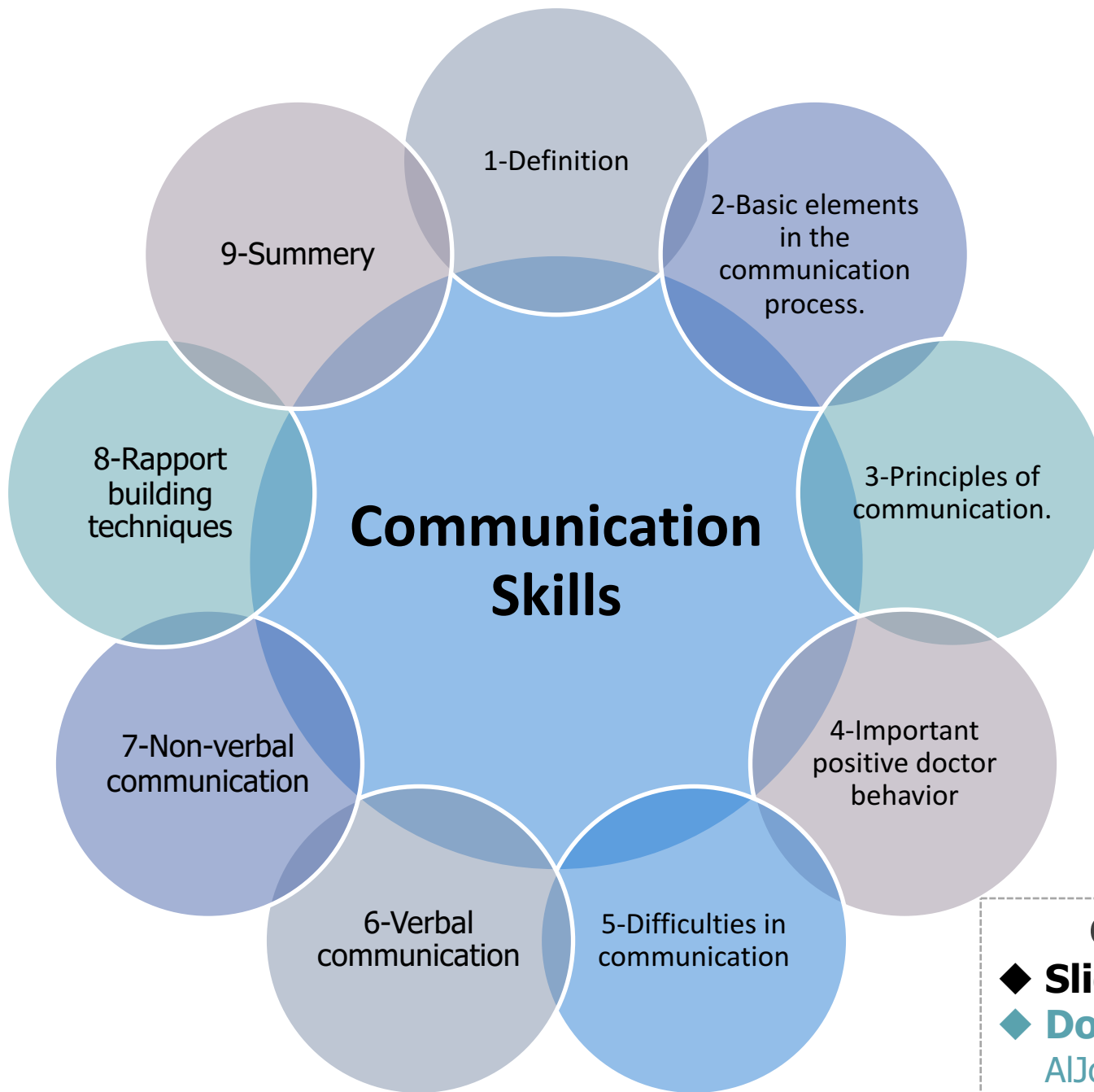




L11-Communication Skills





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Factors interfering with patient satisfaction (most important 3)

- 1) Poor communication
- 2) Physician insensitivity
- 3) Office foul ups (eg. Appointment delay)

Principles Facilitating Communication Process:

1- The Rapport: the development of communication skills that instill in patients a sense of confidence and trust by conveying sincerity and an interest in their care and well-being (simply it's the relationship of mutual respect and trust between the doctor and the patient)

2- Time Factor (if the doctor is on a rush, the patient will feel it and it will affect the communication)

3- The Message: The message has to be: Simple, clear, unambiguous, doesn't contain medical jargon and in the context.

4- The Attitudes: Caring, Responsibility, Empathy (Putting yourself in the patient's shoe), Trust, Respect, Sensitivity, Interest, Confidence, Concern, Competence, **not judgmental.**

Communication: *The successful passing of a message from one person to another*

Communication in the Consultation

(Positive doctor behavior)

At first contact:



- Greeting the patient
- Make the patient feel comfortable.
- Be unhurried and relaxed (talk slowly)
- Focus firmly on the patient.
- Use open ended questions.
- Make appropriate reassuring gestures.(eg. Nodding, eye contact).

Listening includes four essential elements:



- Checking facts.
- Checking feelings (eg. If you asked the patient “When did the pain start?”, you’re checking facts, if she answers: “One year back” and you asked: “What happened 1 year ago?” then you’re checking feelings)
- Encouragement (Encourage the patient to talk more, eg. “Go on” , “ what else?”, “and then ?”).
- Reflection

Communicating Strategies:



- Modify language
- Avoid jargon
- Clear explanations
- Clear treatment instructions
- Evaluate patient's understanding
- Summarize and repeat
- Avoid uncertainty (If you are not certain about the diagnosis, tell the patient “we need to investigate more”)
- Avoid inappropriate reassurance

Follow up:



- Ensure patient obtains results
- Ensure any promised follow-up is carried out.
- Arrange referral if inadequate response to treatment.
- Act as an advocate if necessary.

Difficulties in Communication



1st: The doctor

Personal factors that influence communication

Age:

- elderly, young doctor,.

Sex:

- opposite gender

Senses:

- deafness , speech

Competence:

- health understanding , professional training, social awareness, empathy

Attitude:

- bias patient , attending, if the patient is not the doctor's patient.

Communication style:

- (eg. If the communication style is doctor-centered, some patient may not accept it. The preferred style of communication is patient-centered, it is considered the best style)

Differences:

- religion , sexual orientation, social class, ethnic, groups



Effective communication depends on four factors:

1. The doctor (sender)
2. The patient (recipient)
3. The message
4. The environment

The four key factors affecting communication

The environment

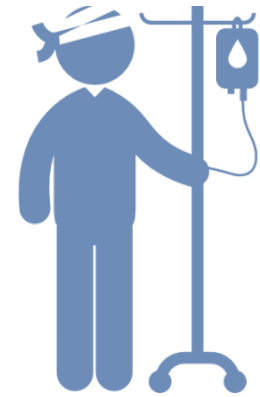
The message

The doctor



The patient

2nd: The Patient



Patient characteristics that influence consultation:

Age:	•adolescent, elderly
Sex:	•opposite gender.
Senses:	•deaf, blind, speech impairment
Handicapped	
Illness:	•acutely ill (eg. if the patient is in pain, he won't talk to you unless you give him something for the pain), injured
Psychological Attitude:	•aggressive, hostile, passive, demanding
Anxiety /depression	
Dementia	
Patients with Fear & phobias:	•e.g. AIDS
Hypochondriasis	
Personality disorders	
Sensitive issues:	•e.g. sexuality, bereavement
Malignancy	
Social:	•Social class, Ethnic group, Education, Political group, Familiarity

Doctor-patient interaction:

- Poor past relationship and experiences.(eg. If the patient was wrongly diagnosed before)
- Personal differences
- Communication skills of doctor and patient.
- Personal honesty and integrity of both doctor and patient in dealing with difficult messages.
- Psychosocial problems.
- Familiarity between patient & doctor.

3rd: The Message



Negative communication related to the message:

- Language difficulties.
- Complex problems.
- Emotional problems.
- Uncertainty and doubt .

4th: Environment



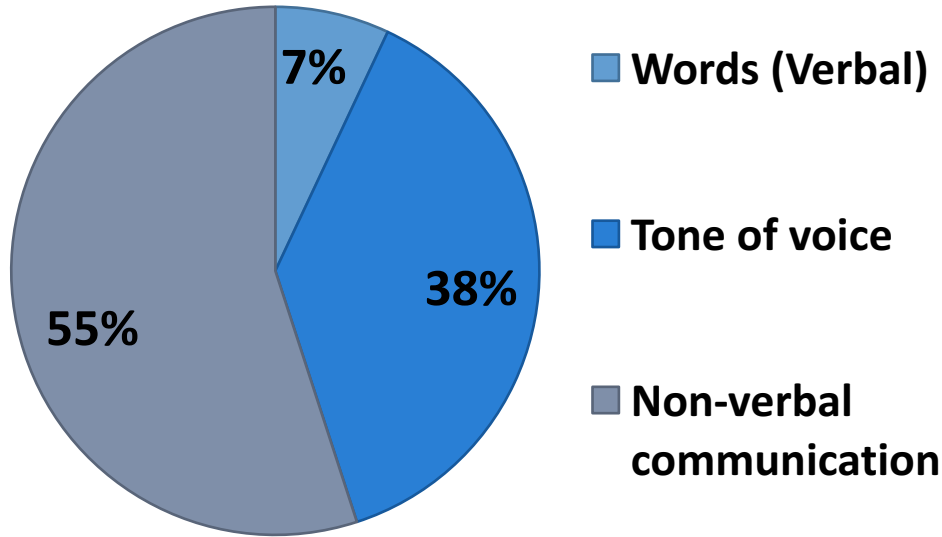
Factors adversely influencing communication:

- **Waiting room:** Poor physical layout, Length of waiting time.
- **Time pressure:** busy, noisy, sense of urgency.
- **Physical factors:** Desk barrier, inappropriate layout, poor record system, substandard examination, couch.
- **Privacy:** undressing, sound, interruptions.



Physical barrier

Impact of the message



1st: Verbal communication:

- **Verbal interchange:** Close ended questions, symptoms , PMH, FMH, psychosocial data
- Open ended questions
- “Tell me about it”
- Slips of tongue, and major areas of omission
- **By the way** (eg. When the patient is about to leaves the room, he turn around and say: “By the way, can you write me a sick leave?”)
- **“Calling card” “ticket to the doctor”** (eg. If a postpartum mother brought her toddler saying he is sick, and you knew from the Hx that she brought her toddler with other vague complains to different doctors, you should suspect that she might be suffering from postpartum depression)
- Avoid medical jargon



Posture of a depressed person

2nd: Non-Verbal Communication

“Body language”:

It is the most important feature of the communication process:

1. Paralanguage (Voice effect):

- Voice effect that accompanies or modifies talking and communicate meaning. 10% words and 90% facial expression and tone of voice.
- Velocity of speech(fast ,slow, hesitant)
- Tone and volume
- Sighs , grunts, pauses.
- Urgency , sincerity, confidence, hesitation, sadness, and apprehension.

2.Touch (eg. If the patient is crying, touching and tapping on his/her shoulder may make him/her feel better, but put in mind not to do it to the opposite gender, it might be inappropriate depending on the culture)

3.Body language (kinesis):

Kinesics is the study of nonverbal gestures, or body movements and their meaning as a form of communication

4.Proxemics (spatial factors)



EYES (What to look for in the eyes ?)



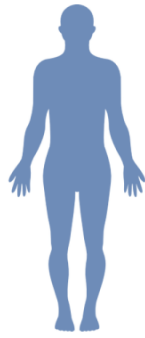
- **Eye brows.**
- **Forehead:** (look for anger expressions)
- **Eyes** (look for fear, sincerity, stress):
 - Eye contact (if the patient don't make eye contact, she/he in 1/4 of time is depressed)
 - Shifty eyes, stuttering eyes (not interested)
 - stammering eyes (cutting you off)
- **Pupils:** dilated, constricted.

HANDS:

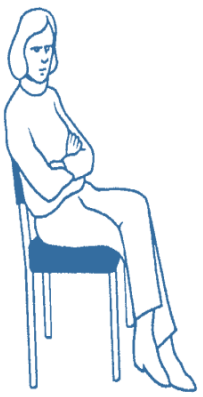


- Auto-contact (protective feeling)
- Hand to hand contact (barrier)
- Droopy and flaccid with sadness
- Grasping (in anxiety).
- Clenched (in anger).

Gestures:



- **Arms:**
 - crossed arms: defensive posture
 - Hugging: insecurity
- **Legs:** Crossing the legs (protection against)
- **Nose rub, throat clear:** lying



Readiness to go gesture

Barrier signals

Rapport-building techniques

1. **Mirroring:** try to mirror the patient's posture, sit like him, if he leans forward, lean too, to make him feel you are closer and you feel him.
2. Pacing
3. Vocal coping

- Clinical communication skills - Non-verbal communication consultation full version : <https://youtu.be/tWFVT-fUafQ>
- Clinical communication skills - verbal communication - version 2 of 2 : <https://youtu.be/Cg4Bbnk BavQ?list=PLpRE0Zu k-By X4INa4WwYFC2MTbkDHok>
- Communication Skills: A Patient-Centered Approach: <https://youtu.be/S4wWClQhZaA>



Summery

- Listening is a fundamental prerequisite for effective communication.
- Paraphrasing and summarizing will emphasize that listening is occurring.
- Observation of non-verbal language may be the most significant part of communication.
- Good communication between doctor and patient decreases the chance of dis-satisfaction.

“ In the art of medicine there are three factors: the disease ,the patient , and the doctor....It is not easy for the ordinary people to understand why they are ill or why they get better or worse , but if it is explained by someone else , it can seem quite a simple matter---if the doctor fails to make himself understood he may miss the truth of the illness “

The forgotten Art

Elliot-Binns E 1978

“The greatest mistake in treating diseases is that there are physicians for the body and physicians for the soul Although the two cannot be separated”

Plato

400 BC

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