

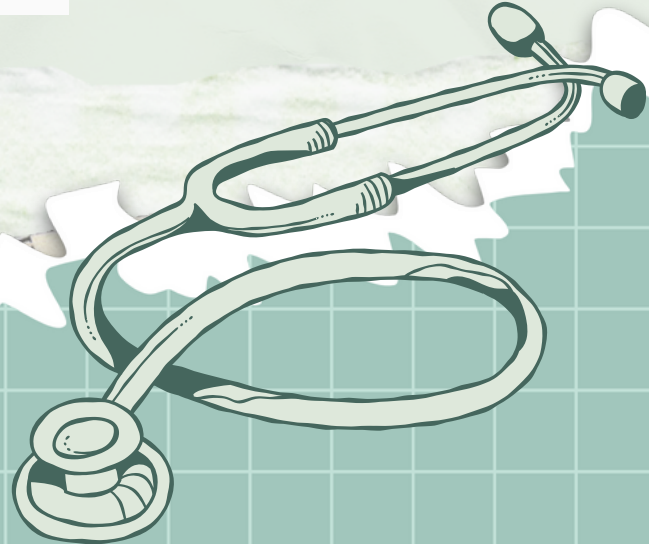


# Clinical Skills 1

Title: COMMUNICATION SKILLS

Done By: SALSABEEL ALHAWATMEH

وَقُلْ رَبِّ زِدْنِي عِلْمًا



## COMMUNICATION SKILLS

### ✓ What are the communication skills you need when talking with patients?

- Rapport (علاقة)
- Screening (anything else?)
- Active listening (الاستماع الجيد)
- Open to closed questions
- Clarification (التوضيح)
- Picking up cue (ملاحظة الاشارات)
- Empathy (التعاطف)
- Summarizing (التلخيص)
- Signposting

### IMPORTANT NOTES:

1. learning to communicate well with patients is a skill that can be learnt and practiced to become fully competent.
2. Knowledge is important but you need to be able to show / use these skills not just know about them.
3. The Calgary-Cambridge Guide is a framework for the consultation with both structure and skills needed.

4. المهارات المذكورة ما لها تسلسل معين هاي المهارات لازم نستخدمها متى ما احتجنا فمثلا مهارة ال **active listening** بحتاجها كطبيب طول ال **consultation** اما ال **screening** اكثر شي نحتاجها بعد ما المريض يحكي لنا ال **chief complaint**

### ✓ Beginning the Consultation (building a rapport):

Introductions – your name and check patient's name.

At the start of the consultation, you want to use the skill of **building rapport** – which is a good relationship with the patient where you are communicating well and understanding each other well.

You can do this by showing interest in the patient, showing respect and taking care of the patient's physical comfort.

المعنى انه انا كطبيب لازم ببداية ال **consultation** ابني علاقة جيدة مع المريض مشان اكسب ثقته و هاد الاشئ يسهل علي اني احصل على المعلومات اللي بتفيدني من المريض

Ask a good opening question.

حكينا ان ال **open questions** هي الاسئلة اللي من خلالها نعطي المريض مساحة اكبر للاجابة من غير ما نقيده بنوع محدد من الاجابات (ارجعوا لتلخيص ال **structure of consultation**)

What are possible opening questions? (what are the benefits and negatives of asking this question?)

- How can I help today?
- Tell me what you have come to see me about.
- What can I do for you?
- How are you doing?
- Tell me what has been happening for you.
- So, over to you....
- Nothing said (all implied in body language)

### ✓ Question Style: Open to closed question cone:

Open questions need a full answer → Using open questions first can gather lots of information. A really helpful phrase (which isn't strictly a question) is "tell me more" to encourage the patient to talk.

closed questions have a short or yes / no answer → to gain specific details and to ensure there are no "red flag" or alarm symptoms that have been missed.

✓ **Screening:**

Screening is asking "**is there anything else?**" or "what else is there?", to check if there are any other symptoms or problems that have not been mentioned.

Patients do not always tell you the most clinically important symptom first.

There may be multiple problems / symptoms so it is important to discover all of them.

Screening also helps to keep the consultation to time, so that patients do not tell you about new symptoms or problems at the end of the consultation.

أحياناً اللي بصير انه ال **patient** يحكيك واحد من ال **symptoms** اللي عنده و انت تبدأ ال **consultation** على هاد الأساس  
بعدين بس تقرب تخلص ال **consultation** المريض يكيلك والله يا دكتور عندي كمان **chest pain** مثلاً  
فانت كطبيب تضطر تعيد من اول و جديد و هاد الشي **time consuming** و برضو غلبة الك كطبيب  
لهيك من البداية بعد ما المريض يحكي الاعراض اللي عنده اسأله اذا في عنده اعراض اخرى يشكي منها

✓ **Setting or Negotiating the Agenda:**

After discovering all the symptoms you can use setting the agenda (or negotiating the agenda) to decide with the patient which problems or symptoms you will talk about in this consultation.

يعني مثلاً المريض حكي انه عنده **abdominal pain** و **cough**

بعد ما حكي الاعراض اللي عنده لازم نختار **symptom** واحد نناقشه بالبداية بعدين نروح على ال **symptom** الثاني اذا تطلب الامر او اذا كان معنا وقت

طبعاً اختيار ال **symptom** المهم يكون بالتناقش بين المريض و الطبيب

فاحنا مثلاً اذا شفنا انه ال **symptom** المهم هو ال **abdominal pain** نحكي للمريض انه احنا بالنسبة لنا بنشوف انه هاد ال **symptom** اهم فشو رأيك تبدأ فيه...

There may not be time to talk about all the problems, so you need to decide together which are clinically important and which are important to the patient.

Setting the agenda helps to keep the consultation to time.

For example:

- You mentioned you are most worried about your hair loss, but what is most concerning medically for me is your chest pain. Can we talk about your chest pain first?
- You said that you have a sore big toe, a cough and a lump on your arm. Which of these things do you feel is most important for you to talk about today?

✓ **Active Listening:**

listening to someone without interrupting, paying attention and taking the time to understand what is being said.

- Face and look at patient, maintaining good eye contact (as culturally appropriate).  
طبعاً ال **eye contact** احياناً يكون غير مقبول زي لما تكون المريضة **female** و الطبيب **male** فال **eye contact** بهاي الحالة ممكن يخلي المريضة تشعر بعدم راحة
- Encourage patient to speak – doesn't interrupt opening statement, make encouraging noises (aha, go on...), nod head...
- Demonstrate good active listening by not using a question a patient has already answered!

يعني مثلاً مريض عنده **abdominal pain** و حكي انه الوجع بدأ من شهر و الوجع زي كأنه سكاكين  
ما ارجع اسأله مرة ثانية متى بدأ الوجع و لا بسأله عن ال **character**

- Repeat back or 'echo' what the patient says to continue...
- Summarizing what the patient has said demonstrates good active listening, if the information gathered is accurate.

✓ **Picking up cues:**

A cue is a thing said or done that is a signal to a doctor showing how a patient is thinking or feeling.

Cues can be verbal or non-verbal:

- Verbal: "It's been difficult at home and I've been getting a lot more pains lately".  
مثلا من خلال هاي الجملة بنفهم ان الام يؤثر على حياة المريض اليومية
- Non-verbal: Body language (hand movements, defensive or open posture), speech (pace, pitch, volume of voice) and facial expression (eye contact, lack of expression, downcast) It is a skill to notice these cues (pick up cues).

مثلا اذا كان المريض يحرك ايديه كثير فممكن يكون متوتر  
برضو هيئة المريض ممكن تساعدنا فمثلا اذا كان المريض متكفف او يضم ذراعيه على بعض هون ممكن نعرف انه مش مرتاح  
و طبعاً نبرة الصوت مهمة ممكن نفهم من خلالها انفعالات المريض زي الخوف و القلق و العصبية ... الخ  
تعبير الوجه برضو مهمة فمثلاً لو تعابير وجه المريض باردة (lack of facial expression) ممكن يكون مكتئب او حتى بعض الامراض العصبية  
ممكن تسبب هاد الاشئ

This can be done by:

- Repetition of cues: "upset...?"
- Picking up and checking out verbal cues: "You said you were worried that the pain might be something serious."
- 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?"
- Looking at the patient! You cannot see non-verbal cues if you are looking at notes.

✓ **Clarification:**

Clarification is a skill to ask the patient questions to make the situation less confusing and more understandable.

For example:

- An open question: Can you tell me what you mean by dizziness?
- A closed question: When you say dizzy, do you mean that the room actually seems to spin round.

**NOTE:**

As the patient talks, they may use words you don't know or describe something in a vague way, or the time sequence may not be clear.

✓ **Empathy:**

Especially when listening to the patient's perspective.

**IMPORTANCE OF EMPATHY:**

1. shows that you understand what the patient is experiencing or feeling.
2. helps to build the relationship with the patient.

For example:

- I understand that you are feeling worried.
- I am sorry to hear that your mother passed away.  
هاي مهمة لل Family history لما تسأل المريض اذا اهله عايشين او لا
- It must be very difficult for you being in pain and looking after your children.

✓ **Signposting:**

Signposting is pointing out the direction to go. This helps to give structure to the consultation as it shows the patient what will be talked about and what's going to happen when in the consultation.

مثلا لما نخلص ال **history of presenting complaints** نحكي للمريض شو رأيك اسألك اسئلة عن التاريخ الطبي و الجراحي  
فأنا هون يكون وجهت المريض لل **section** الجاية

For example:

- It can be used as a summarizing tool: "Can I just check if I have understood you – let me know if I've missed something..."
- It can help you move from open to closed questions: "Could I start by asking you a few more questions about the joint pains that would help me understand what might be causing them?"
- It can help you move from one section of the consultation to another: "We have talked about your current health issues, I now want to ask you about your health in the past and the health of your family".

#### ✓ Patient's Perspective:

Ask about the patient's ICE or FIFE.

#### IMPORTANCE OF PATIENT'S PERSPECTIVES:

1. better understanding of the patient
2. helpful for what you come to explain the diagnosis and treatment plan.

لما نفهم مخاوف المريض و مشاعره و رغباته، هاد الاشئ يسهل علينا نتواصل معه بالطريقة اللي هو يفهمها فلما نحكيه عن تشخيص حالته و خطة العلاج رح نعرف نتواصل معه بطريقة افضل و نوضحله ان العلاج يخفف من معاناته مع المرض و حتى يخفف تأثير المرض على حياته اليومية زي العمل و الحركة... الخ

3. Patients are more likely to follow the treatment plan (actually take their medicine) if they feel that the doctor understands their perspective.

لنفرض انك كطبيب ما سألت المريض عن ال **perspectives** و وصفت العلاج للمريض من غير ما تفهم المريض بشكل صحيح فمثلا المريض بده علاج يخفف من الالم الناتج عن المرض و انت اعطيته علاج للمرض العلاج اللي انت و صفته للمريض بده وقت مشان يخفف المرض و المريض لما بدأ بالعلاج لاحظ انه الالم ما راح لهيك رح يوقف الدوا ظننا منه انه ما يستجيب للعلاج و ممكن يفقد ثقته فيك كطبيب

بينما لو انت سألت المريض عن ال **perspectives** رح تفهم ان المريض يعاني من الالم و يؤثر على شغله و حياته فأنت بهاي الحالة رح توصفله علاج المرض بالاضافة الى مسكن الم (**pain killer**) فالمرريض رح يستجيب للعلاج بشكل افضل بهاي الحالة

#### • Ideas:

- Tell me about what you think is causing it?
- What do you think might be happening?
- Have you any ideas about it yourself?
- Do you have any clues? Have you any theories?
- You've obviously given this some thought. It would help me to know what you were thinking it might be.
- Had you any thoughts about what you thought was going on?

هل ممكن نستفيد من ال **ideas** في تشخيص حالة المريض؟

الجواب هو نعم

طبيب كيف؟

إذا اجى مريض مع **abdominal pain** و **diarrhea** و **vomiting**

و لما سألت المريض شو ممكن يكون السبب

يحكيك و الله يا دكتور انا و اهلي طلبنا اكل من المطعم و صارت معنا الاعراض كلنا فممكن يكون هاد السبب فخلص مباشرة بنفهم انه تسمم و نطلب زراعة (**culture**) مشان نعرف شو البكتيريا اللي سببت التسمم

- Concerns:
  - What are you concerned that it might be?
  - Is there anything particular or specific that you were concerned about....
  - What was the worst thing you were thinking it might be?
  - In your darkest moments..
  - What have other people said to you that have worried you about this?
  
- 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?
  - When you came today what were you thinking was the next step with...?

Or

- Feelings • Ideas • Function • Expectation

#### ✓ **Summarizing:**

The doctor can use the skill of summarizing at different points in the consultation, and often at the end of the history of presenting complaints.

A summary uses the words used by the patient so that they keep their ownership of the communication (removes the need for the patient to continuously restate and elaborate on what they have said).

Use the patient's own words (parroting).

#### **Importance of Summarizing:**

1. show that you have been listening.
2. the patient can correct you if you have any wrong information.
3. It can also allow you time to think about what to ask next.

A summary does not contain advice or opinion or re-interpretation of what is said.

For example:

- You said you have pain in your chest that is a dull ache. It started 1 hour ago and now it is also painful in your jaw and left arm and you feel sweaty.
- You have felt sick for 2 days and vomited once this morning after eating breakfast but have no pain.

✓ what are the differences between **a Patient-centered Model and a Medical Model?**

- Patient-Centered Model:

- Doctor listens
- Active patient role
- Patient partner
- Doctor collaborates
- Quality of life centered
- Adherence to treatment

- Medical Model:

- Doctor talks
- Passive patient role
- Patient recipient
- Doctor dominates
- Disease centered
- Non-adherence to treatment

✓ These different skills are like tools to be used at different times.

✓ With practice, you will learn when to use these skills and how to use them.

✓ Some skills need to be used at a certain point in the consultation e.g., screening at the start of the consultation, setting the agenda at the start of the consultation.

✓ Other skills can be used at any time, but you need to learn a balance – for example, you don't need to summarize everything that a patient says!

✓ It is important to learn what these skills are, why we used them and then learn how to best use them in your consultations.