

CSETC 1 Communication Skills

To make a beautiful cake takes good knowledge, good ingredients, time, practise and skill. Practising skills helps to improve them.

For consultations, learning to communicate well with patients (and relatives and other health professionals) is a skill that can be learnt and practised to become fully competent. Knowledge is important but you need to be able to show / use these skills, not just know about them.

The Calgary-Cambridge Guide is a framework for the consultation with both structure and skills needed.

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

- Rapport
- Screening
- Active listening
- Open to closed questions
- Clarification
- Picking up cues
- Empathy
- Summarising
- Signposting

It is also important to think about what type of consultation we want. Do we want a medical model where the doctor is the centre? Or a patient-centered model where the patient is involved and actively participates to determine their care / treatment?

So 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

Beginning the Consultation

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.

Ask a good opening question. 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)*

Active Listening:

As the patient talks you want to use **active listening**.

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

Screening:

When you identify the symptoms a patient is having, you can use **screening** to check if there are any other symptoms or problems that have not been mentioned. Screening is asking "*is there anything else?*" or "*what else is there?*". 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.

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. 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?*

History of Presenting Complaints

As you find out the story and timeline of the symptoms, you can use skills to help the patient tell you their story so that you have all the information to make the correct diagnosis.

Question Style: Open to closed question cone

Open questions need a full answer, closed questions have a short or yes / no 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. After using open questions then use more closed questions to gain specific details and to ensure there are no "red flag" or alarm symptoms that have been missed.

Clarification:

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. 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?*

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"*
- 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). 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

Patient's Perspective:

Remember that different patients experience and think about different diseases differently. Ask about the patient's ICE or FIFE. It is important to ask about the patient's perspective so that you better understand your patient and it is helpful for what you come to explain the diagnosis and treatment plan. Patients are more likely to follow the treatment plan (actually take their medicine) if they feel that the doctor understands their perspective.

- 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?*
- 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
- Expectations

Empathy:

Especially when listening to the patient's perspective or at other times in the consultation you can use the skill of showing empathy. This is showing that you understand what the patient is experiencing or feeling. Empathy 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*
- *It must be very difficult for you being in pain and looking after your children*

Summarising:

The doctor can use the skill of summarising 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). It can be helpful when to repeat back to the patient the main points of their story to show that you have been listening and for them to correct you if you have any wrong information. 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.*

Signposting:

As you move through the consultation you can use the skill of 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.

For example:

- It can be used as a summarising 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"*

These different skills are like tools to be used at different times. With practise, 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 eg 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 summarise 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.