Mutual Communication

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Communication SKILLS

- are parts of interpersonal behaviour that have positive influence on its process,
- help us to establish and develop good communication with the patient in a clinical practice
- are verbal (formulation of the message) or non-verbal (listening, empathy)
- together with human attitude towards man they are basis of psychotherapeutic approach.

Doctors Who Communicate Efficiently

- are able to listen
- are empathetic
- do not interupt the patient when s/he is speaking

LISTENING Means

- to listen to the other person actively
- to listen to WHAT S/HE IS SAYING
- to perceive HOW S/HE IS SAYING IT (mimics, movements)
- It is an ability to identifiy unconscious latent messages.

LISTENING

There are severals categories present in the patient‘s verbal message – it is a survey of

- what happended to the patient
- what the patient did (connected with responsibility, imagination, daydreaming, plans …“I think this will never happen to me again.“)
- what the patient experienced (direct description of feelings or non-verbal manifestation)

When LISTENING

we can pay bigger or smaller attention to the message.

INFLUENCE:
sociocultural, education, life experience, physical and psychological disposition

That is why you observe your feelings when you are talking to the patient (it is easier to avoid projection).

RESPECT

- It is closely connected to listening.
- It is an attitude, approach to the other person, appreciation of the other person.
- It is apparent from our behaviour.
- We are showing “I am here for you now“.
- It is a basis for us to approach the patient truly.

EMPATHY

- means to identify with someone‘s state of mind
- When we are empathetic, we know what the other is going through, however, we do not have the same experience (unlike when we are sympathetic).

How to show EMPATHY

- Identify an emotion,
- think about what is happening in the patient,
- refer to what you can see,
- check if your judgement is correct,
- show understanding, respect, offer support and cooperation.

Expressing UNDERSTANDING

- Understanding must be shown.
- It represents a feedback from an important person.
- It means assurance that you understand feelings, opinions…
- It is a reward and a completely new positive experience.

INTERPRETATION

- Is a clarification of connections which the patient has not been aware of so far.
- Important is chosen formulation and suitable moment of communicating it.
- We usually do not use the first person.
- If the patient accepts the interpretation, release and a feeling of relief follow.
- An interpretation should have the form of a suggestion, notice or hypothesis (if it is longer)
- It can frustrate the patient (it does not always offer a clear answer).

INTEREST, SUPPORT, ADVICE

- Interest in the patient is mainly non-verbal, it must not have the form of pushing.
- Within the support we remind the patient of positive aspects of his/her life, we avoid utterances which might disturb his/her internal balance
- Direct advice – in case of diet, regime, medication, crisis situation
- In case of problems of psychological character we avoid advice, instructions – we help the patient to be able to help himself.

The Most General Rules of Correct Communication

- Be aware of what you want to say.
- Decide when and where to give the information.
- Decide on the best way to give the information.
- Remember that facts which are clear to you do not have to be clear to the other person.
- Speak clearly and comprehensibly, adapt the level of the message to the patient‘s intellect, thinking and emotions.
- Chose an appropriate tempo and tone of speach.

It Is Important to

- keep an adequate eye contact,
- check non-verbal expressions,
- take into consideration the patient‘s feelings,
- give the patient enough space to express himself/herself,
- check if s/he accepted and understood the information.

In Interpersonal Contact

- verbal messages take place,
- non-verbal messages are usually given and accepted unknowingly.

If they are in mutual harmony, we speak about congruence, if the oposite is true, we speak about incongruence (e.g. an unexpected visit)

Doctor – Patient RELATIONSHIP

- This relationship is determined by role – expected and required behaviour connected to a certain status of a man in society.
- Development of a relationship is accompanied by asymetry – influenced by the doctor‘s education, experience, personality and social status.

Doctor‘s ROLE

- specialist, expected to be dominant, decisive, active
- on the other hand understanding, personally interested and able to provide quick and painless help,
- but also self-secrificing, selfless to the patient, responsible.

Patient‘s ROLE

- Subordination, ability to bear something.
- Nowadays, the patient is expected to be active in the cooperative effort to recover.
- Patient expects positive social response – time off, presents, pity.
- secondary profit from the illness, tertiary profit from the ilness
- The illness isn‘t his/her fault, s/he isn‘t responsible for his/her behaviour
- S/he wants to recover, will cooperate.

The Patient Expects from the Doctor

- interest
- quick recovery
- elimination of symptoms
- keeping secret
- support and important information

- The more s/he feels to be a patient, the more s/he submits and follows recommendations

The Doctor Expects from the Patient

- subordination
- gradual improvement of health condition
- x prolonged problems are frustrating for the doctor
- counts on full cooperation
- true information
- willingness to be examined

P-D Cooperation - Models

PATERNALISTIC model

- doctor and illness oriented

- traditional, without a dialogue, the doctor relies on himself, leads, determines
- The doctor is authoritative.
- It is a relationship of a parent and an adolescent.
- The patient is in a dependent and less responsible position.

P-D Cooperation - Models

PARTNER model

- patient oriented

- The doctor cooperates, makes agreements, is interested in the family, finds a solution together with the patient.
- functioning personal relationship, holistic medicine
- The doctor is not authoritative.
- It is a relationship between adults.
- The doctor helps the patient to help himself/herself.

P-D Cooperation

- is a result of mutual relationship and communication,
- we refer to it as COMPLIANCE
- it is stated that 30-50% patients treated as outpatients do not observe recommendations and medication,
- not observing grows with complexity of treatment.

Cooperation is Influenced by

- personality traits of the doctor and the patient,
- TRANSFER – the patient projects his/her experience from previous relationships with important people to the relationship with the doctor,
- ANTI-TRANSFER – the doctor projects an experience with a similar person.
- These processes may be both, conscious and unconscious, and can influence the cooperation positively, negatively or ambivalently.

Cooperation is Influenced by

communication barriers connected with:

- age
- sensory and mental defects
- mental disorder
- language limitation

How to Improve Cooperation

- Suggest an easy medical procedure (divide the steps into more consultations).
- Provide the medical procedure in a written form (information, leaflets).
- Describe the expected direction of treatment, time schedule.
- Describe possible side effects.
- Ask the patient to think about potential obstructions and work together on adjusting the regime.
- Ask for feedback (make sure that the patients understands and knows)

DISSATISFIED Patient Says

the doctor:

- was distracted, absent-minded,
- rushed the patient,
- during the consultation was on the phone, spoke to other members of the staff,
- did not explain why he prescribed medication,
- examined without saying why,
- did not listen.

SATISFACTION of the Patient

grows when the doctor:

- is friendly, not rude,
- gives the patient complete information,
- treats the patient as an equal,
- listens to the patient,
- is interested in the patient as a person, encourages him to ask questions, uses an understandable vocabulary.

Medical CONVERSATION

- is a way of oral communication and social interaction between two and more persons which takes place for a specific purpose.
- The center of the conversation are questions.

Questions

- Open: “Tell me more about how you feel…“
- Additional: “And when is the mood the worst? … have you slept well today?“
- Catalogue: chooses from more than two possibilities – “Is the pain dull, burning, stabbing…?“

Questions

- Alternative: “Does it pull you forward or backward when you are walking? “
- Sympathetic: “I think you feel disappointed because the recovery does not proceed as expected…“
- Suggestive – not recommended because they impose the answer – “Are you feeling well?“

The Funnel Strategy

- A conversation technique in which you proceed from general questions to more detailed ones.

Types of Conversations

- focused on gaining information – opening (screening) conversation, anamnestic conversation
- giving information – instructions, closing conversation
- psychotherapeutic – non-directive empathetic conversation, supportive, convincing

Stages of Conversation

- Establishing a contact (pleasant environment, feeling of safety)
- Clarification of the problem
- The actual examination (respecting intimacy, shyness)
- Therapy

Stages of Conversation

1) Establishing a contact:

- Greeting
- Calling by name
- Introducing and shaking hands
- Showing the patient to the place of conversation
- Communicating a time plan and financial aspects
- Taking a listening, empathetic position
- Starting the conversation with the phrase: “Tell me what is bothering you?“

DO NOT FORGET about

- A welcoming sympathising smile
- A firm and supporting handshake
- A good eye contact
- Setting the place of the consultation
- Personal interest (look for something you have in common, do not write, listen)
- Encouragement

Stages of Conversation

2) Describing the problems:

- Give some space, listen (the first 3 minutes)
- React, encourage (I see, I understand …), your interest must be apparent
- Use open (Wh) questions
- Paraphrase (so you felt miserable…)
- Express your interest in a topic that is important for the patient but s/he is embarrassed to speak about
- Summarize the problems
- Ask the patient what he thinks about his problems

Stages of Conversation

3) Clarification of the problem:

It is necessary to look for the center of the problem, what bothers the patient the most.

- Concentrate on what the patient is saying, what the doctor sees and feels and express it.
- Use verbal and non-verbal clues.
- Ask an open question – “Tell me more about..
- Ask for clarification – “What do you mean by that? “
- Comment according to non-verbal clues – “It seems to me that you are especially bothered by this…“

Efficiency of Conversation Increases

if you are able to:

- find the center of the conversation and stick to the topic – be in charge of the conversation,
- calmly and politely ask about what you want to learn (“Yes, but I would really like to know about your sleep. “),
- review the main purpose of the conversation,
- get back to the center of the conversation.

Stages of Conversation

4) Finishing:

- It is important to agree with the patient on a diagnose and a type of treatment.
- Review the treatment plan.
- Ask if the patient asked about everything he needed to.
- Ask what s/he understood and how.
- Presuppose questions.
- Set the content and date of the following consultation.
- Express your hope in success and say goodbye.

Communicating Unfavourable News

General principles:

- Enough time, quiet place
- Prepare for giving the actual information.
- Consider the personality, intellect, awareness and social situation of the recipient.
- Try to prepare for the reaction of the recipient.

General Principles

- The person who looks after the patient gives the information – with empathy and authenticity.
- The message has to be understandable and exact. Do not use specialized language.
- Information should be brief, answers extensive.
- As a matter of principal tell the truth with respect to the prognosis.
- Provide space for questions.
- It is necessary to reflect feelings.

In Case of Extremely Unfavourable News

- Non-directive, empathetic conversation
- By prior psychological guidance
- The precondition is that the patient (relative) has inwardly matured.
- Do not prevent them from an emotional response.
- Give support, be empathetic. The recipient can fully rely on you.
- Continuous psychological care

Kübler - Ross

1. Shock – denial and withdrawing into isolation
2. Revolt – reaction of anger and envy towards healthy people
3. Bargaining – willingness to give everything for the illness
4. Depression – sadness, feeling sorry for things that are ending
5. Acceptance

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Thanks for Your Attention