



**Birmingham and The Black Country
Workforce Development Confederation**

ASTON UNIVERSITY

COMMUNICATION SKILLS HANDBOOK

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This handbook is aimed to help you think about your communication skills. It is based on Luton And Dunstable's Communication Skills Manual, 2003.

1. CONSULTATION MODELS

Having a map can help you find your way around a new place. Using a consultation model can help in three ways by:

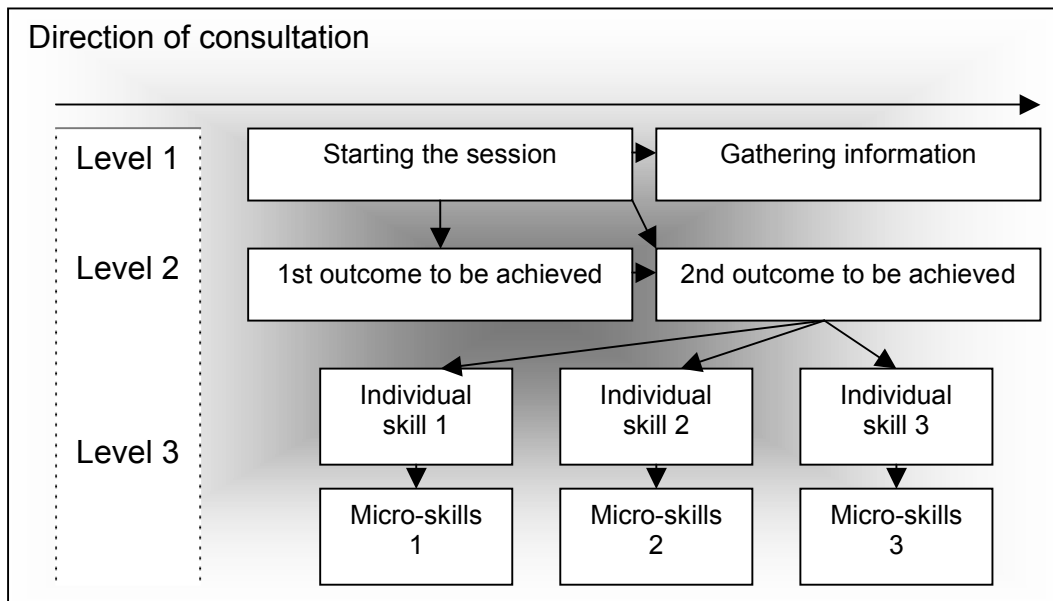
- Keeping control in situations when working with patients.
- Keeping focussed on the task in hand
- Preventing you missing bits that might be important.

Three questions to ask during a clinical session:

1. Where am I now – what am I trying to achieve?
2. What have I learnt so far and what else do I need to know?
3. What skills can help me get there?

THE CAMBRIDGE-CALGARY CONSULTATION MODEL

This model was devised to help organise communication skills within a consultation and is made up of three levels.



Each section of a consultation is divided into outcomes that you need to complete before moving onto the next bit. Underneath each outcome is the skills you need to accomplish it. Running alongside these sections are two others:

- Structuring the consultation
- Building the relationship.

These contain skills used all the time through the session, holding them together.

2. ESSENTIALS OF EFFECTIVE COMMUNICATION

There are five basic principles:

1. ESTABLISH MUTUAL GROUND

- Start off by finding out what are the patient's ideas, concerns, expectations
- Respond in a non-judgemental way
- Compare and explore the differences between your own and the patient's understanding to lay the ground work for working together to sort out the issues.

2. COMMUNICATE INTERACTIVELY

Effective communication has to be remembered, understood and interpreted as intended. Each person must check that the other is able to understand them. Don't forget, patients won't remember what you say and may misunderstand and misinterpret, especially if they are anxious. You must ask for feedback to make sure you have made yourself clear.

'Can you repeat back what I've said and tell me if you understand it?'

3. GET RID OF UNCERTAINTY

Remember to introduce yourself, explain your role, tell them what is going to happen in the session.

Give the patient time to tell their story. People may be afraid or anxious. If someone plans what they are going to say and you interrupt them, they may forget what they wanted to get across.

Explain why you are asking certain questions – the patient can then be clearer about what kind of information you are looking for. Be clear to the patient if you don't know why something is happening, or you don't know the answer to their question, or if you need to ask someone else. This will help develop trust and openness.

4. THINK OF WHERE YOU WANT TO GET TO

Use your skills to get you to the end point that you are trying to achieve. This may be making sure the patient knows how to use equipment, or knows what they are expected to have done next time they attend, or knows that there is nothing further you can offer them.

5. USE A RANGE OF SKILLS

If your patient is upset respond appropriately. The skills you use in that situation will be very different from those of a withdrawn or vague patient.

3. STARTING THE SESSION

This will set the tone of the whole session so it is important to pay attention to it. It is made up of four sections:

1. Preparation. This requires that you:

- Put aside feelings and emotions
- Make sure you are comfortable
- Read any relevant information you've already got.

Points to consider:

Before you start think about what might adversely affect your ability to work with the patient. Maybe you are upset about something, or worried about how much time you've got, or maybe you need to go to the loo. The events or assumptions you have can affect the session and your reasoning. Ask yourself:

- Are there any issues or problems that might affect me in this session? If so, is there anything I can do about it?
- Do I have feelings about this patient that might get in the way? If so, try to put them to one side and give them the benefit of the doubt.
- Have I checked the notes and records? Do I have a reasonable idea of what has happened before? Are there any results or letters I should be aware of?

2. Establish rapport:

- Attract your patient's attention in an appropriate and professional manner
- Greet them in an a culturally acceptable way
- Make sure they are comfortable
- Check you have the right person
- Identify yourself and reason for their appointment
- Show respect and interest through verbal and non-verbal behaviours.

Points to consider:

In the first few seconds you create an atmosphere that can help a patient feel relaxed and comfortable. Help the patient also to use verbal and non-verbal skills, for example, smiling, eye contact, gesture. Make sure you are seated appropriately in relation to them – not too close and not in a threatening position.

3. Identifying the reason(s) for coming:

- Opening questions
- Active listening
- Summarising and screening for other issues/concerns.

Points to consider:

Don't assume you know why the patient has come as you may be wrong. Opening questions invite the patient to open up and can affect the rest of the session. It is important to have a phrase that starts with a blank sheet, for example:

'What have you come to see me about today?'
'How would you like me to help you?'

Active listening is the most important skill to learn. It is a two-way sending of verbal and non-verbal signals that shows your interest in the patient and their willingness to communicate with you. Don't fiddle with notes or with the computer at this stage as it will put the patient off (see the handout 'The Computer in the Consultation for more guidance). The aim is to sit back, listen and observe. Use SOLER to help you. Use good eye contact and let your face and voice show your emotions.

Use non-verbal behaviours such as nodding, encouraging sounds such as 'go on' or 'uh huh', or 'OK', 'yes', 'I see' to keep them going. This may mean you have to be able to cope with moments of silence (see the handout 'Silence'). This can be difficult at this stage as you may feel pressured to move things on. If you interrupt too quickly you may break the flow and you might make the patient dry up as they expect you to take over. Usually, opening statements by patients don't last long and will give you lots of information and help them feel you are willing to listen.

Respond to show that are aware of the emotions behind what the person is saying rather than the content of what they are saying. The key is to accept their viewpoint without judging. If you don't the patient may become defensive and block communication. Patients are more likely to accept your viewpoint later if you have accepted theirs. The response is made up of three parts:

- Acknowledging feelings or thoughts by restating, paraphrasing, summarising
- Making a statement about their right to hold the view, i.e. 'I can understand why you are concerned about that ...'
- Pausing for a moment – so the patient can provide any extra information which you can then explore.

4. Agenda setting:

- Negotiating and prioritising
- Agenda setting for rest of session.

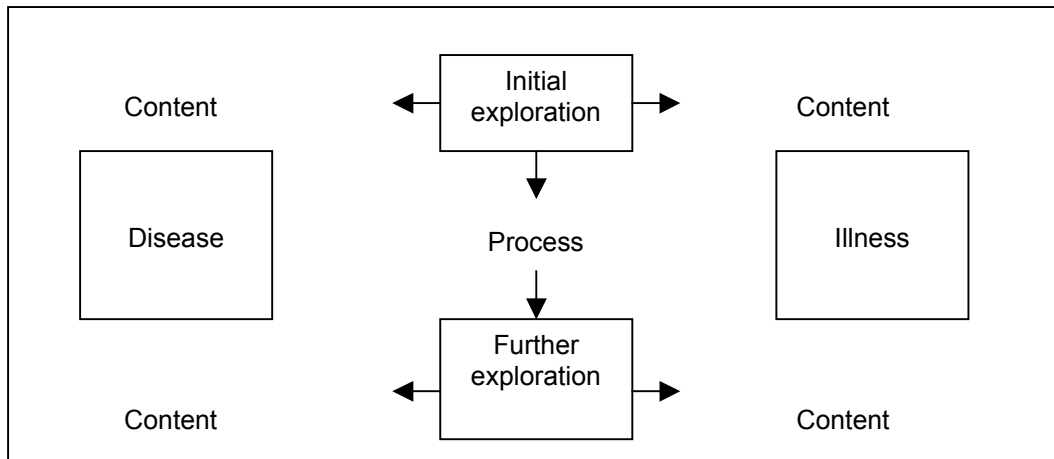
Points to consider:

- Being able to summarise and paraphrase so that you and the patient can agree where to start
- Agreeing the priorities for the session.

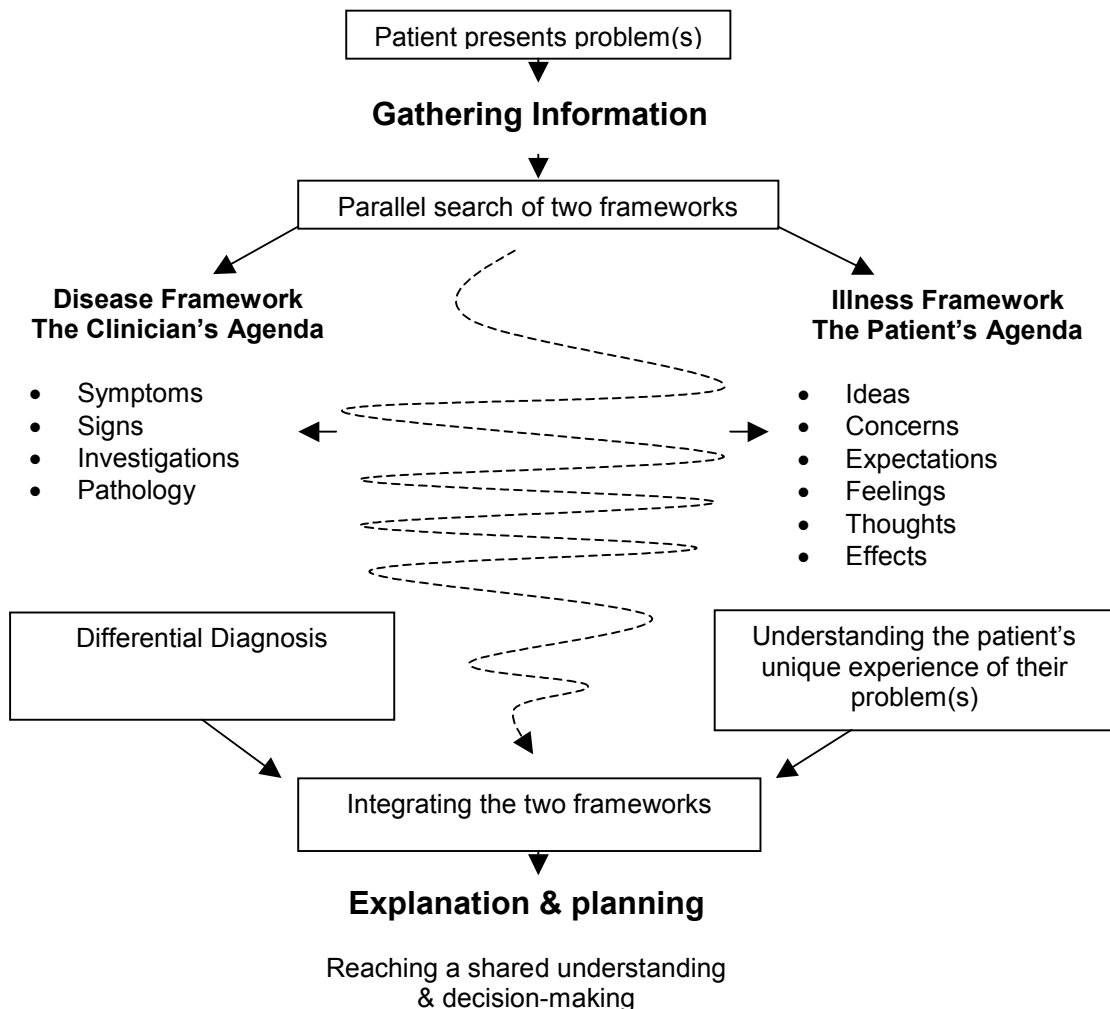
4. GATHERING INFORMATION

This uses diagnostic reasoning skills, which is the process used to solve problems based on experience and knowledge.

When patients start to tell their story they provide information about both disease and illness. To help them to do this you need to be using open questions (see the handouts on Questioning Skills) so you can listen to both parts of the story.

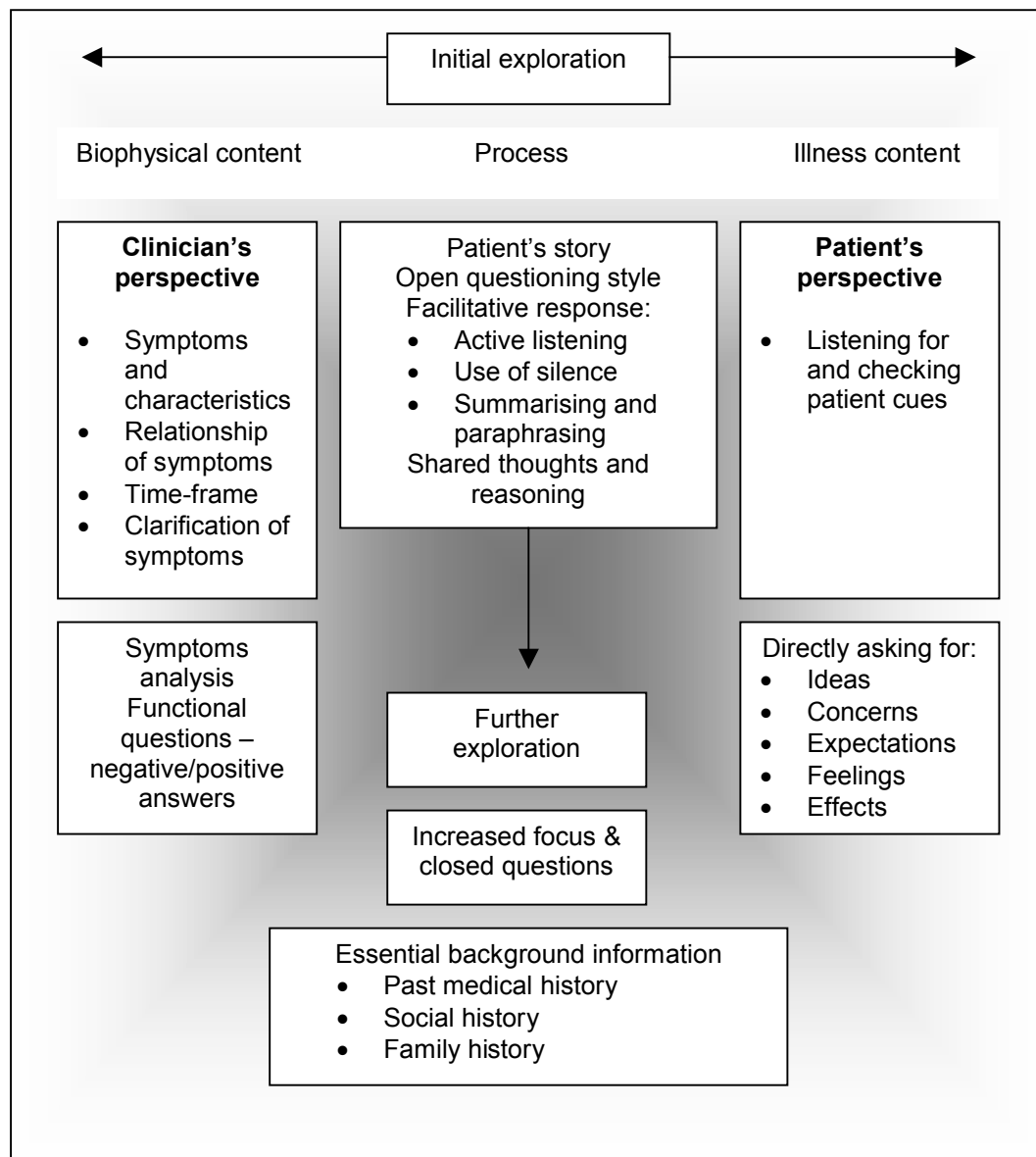


THE DISEASE-ILLNESS MODEL



Using this model can be helpful in several ways:

- We are more likely to use resources well because we understand the patient's interpretation of the experience
- It can help us manage more effectively because we are more aware of the patient's expectations
- We can be clinically effective because it helps us identify which skills we should use and when.



INITIAL EXPLORATION OF BIOPHYSICAL CONTENT

This should aim to cover four aspects:

1. The range of symptoms and their characteristics
2. The relationship between symptoms
3. Clarification of the understanding of the symptoms by the patient
4. The timing of these symptoms – when, how often, patterns, duration etc.

We need to follow the patient's story without interruption:

- Telling a story – ask the patient to begin at the beginning.
'Can you tell me what happened first?'
- Summarising – checking your understanding.
'So you noticed the hearing changed after the infection?'
- Open-ended questions – encourage the patient to widen their story to uncover their perspective.
'So tell me more about the dizziness.'
- Clarifying – to get a clear picture of what the patient means.
'What do you mean exactly when you say you felt dizzy?'
- Time frame – often left out when we are in a hurry.
'So exactly how often do you get the tinnitus? When does it happen?'
- Keeping the patient on track – making sure the flow isn't upset.
'Go back to the hearing loss again ...'

This also enables you to return to the narrative – a powerful technique for keeping hold of the session, especially if the patient wanders off course.

- Filling in the gaps – use closed questions.

USING OPEN STYLE QUESTIONS FOR BIOPHYSICAL CONTENT

When did it first START?

HOW did it come ON?

WHAT were you doing at the time?

Can you describe how it has VARIED over time? How has it developed over time?

How INTENSE has this become?

Have you noticed any PATTERN to it?

Can you DESCRIBE it in more DETAIL? (What does it feel like?)

What ALTERS it?

Have you TRIED/TALKED to anyone else about it?

Have you noticed anything ELSE?

How SERIOUS do you think this is?

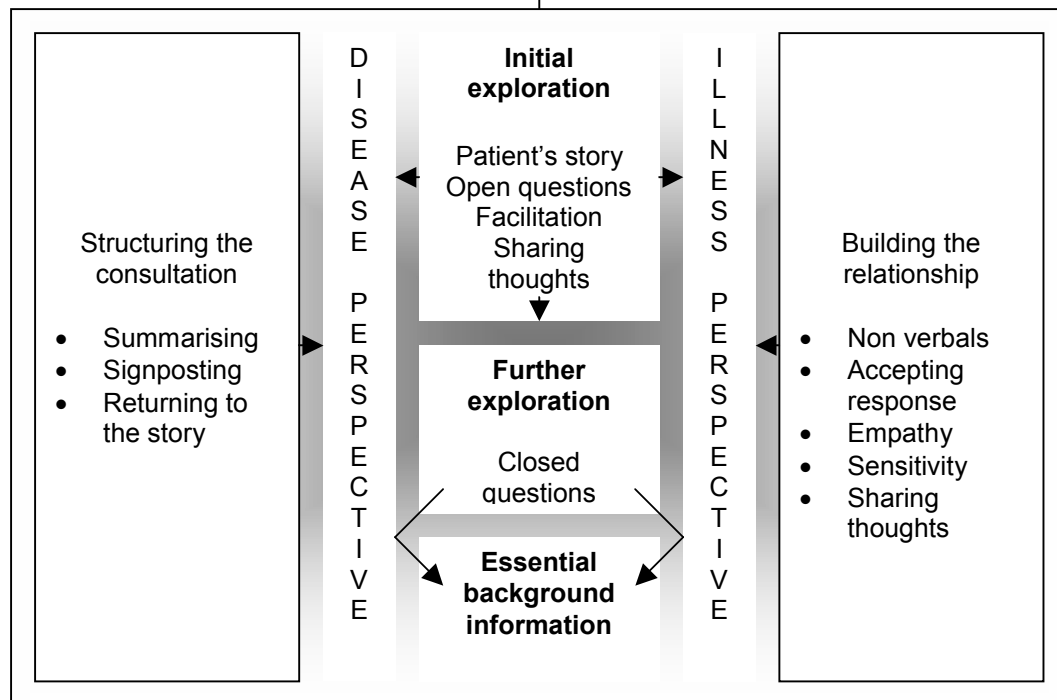
INITIAL EXPLORATION OF ILLNESS CONTENT

Most patients hold back about their concerns or worries until invited or given encouragement to talk. By developing rapport and trust the patient can feel able to volunteer information, which leads to a partnership between clinician and patient.

Skills to build rapport:

- Use open ended questions
- Pick up cues that show how a patient is feeling about something – often clues to concerns and expectations
- Observe non-verbal behaviour i.e. poor eye contact, anxious expression etc
- Listen for emotionally laden words i.e. worried, upset, frightened, serious etc and responding to them
- Be sensitive if people are talking about their fears or concerns
 - ‘You looked really upset when you were talking about how your colleagues treat you at work. Do you want to tell me more about that or would you rather leave it?’
- Give patients the option to keep their feelings private
 - ‘I may be wrong but you seemed to look upset just now...’
- Check for accuracy
 - ‘Did I understand you rightly – you said you hated the thought of wearing a hearing aid’
- Ask directly for the patient’s views
 - ‘What do you think is causing it?’
 - ‘What do you think might be happening?’
 - ‘You’ve obviously thought about this – it would help me if you let me know what your thinking was.’
 - ‘What are you concerned about?’
 - ‘Is there anything in particular worrying you?’
 - ‘What are your worst fears about this?’
 - ‘What were you hoping to get from this appointment?’
 - ‘What do you think might be the best plan of action?’
 - ‘How has all this made you feel?’
 - ‘How have things seemed to you?’
 - ‘How has this affected your life?’
- Filling in the gaps – use closed questions – what, when, why, how, who etc.

STRUCTURING THE CONSULTATION



MAINTAINING CONTROL AND STRUCTURING THE SESSION

Summarising

This skill is a statement or summary that feeds back to the patient that you have heard and understood them so far. It is a structuring skill but also an enabling or facilitating skill that helps the patient go on further into their problem.

It also lets you check that you have understood them accurately and helps you organise and make information more easily remembered by saying it again. It helps the flow of the story by bringing attention back to the patient. It also gives you a breathing space to think about what's been said and to be clear about what other aspects of the story need to be explored. It can also help if you are not sure where to go next. This skill needs to be used often in the first part of the information gathering section of the session to keep control and structure. It is also needed at the end of the session to make sure that both perspectives (biophysical and patient) have been covered accurately.

Signposting

This a clear statement to the patient that explains where you are going in the session and why. The aim is to structure what is going on to the patient so they can work effectively with you. It is especially useful when you are moving from one part of the session to another. It is important in helping the patient feel comfortable with the session and helps communication flow smoothly:

- From the introduction into the gathering information stage
- From open to closed questions
- Into specific questions about the patient's ideas, concerns or expectations
- Into the functional enquiry about symptoms and organ systems
- Into the examination
- Into explanation and planning

Returning to the story

When something happens to us, we tend to turn it into a story to help us make sense of it. The stories that patients bring can be poorly linked up and disjointed even though they may have said them several times before coming to see you. You not only need to listen, but help them tell the story more effectively and make connections which is going to be important in the Explanation and Planning stage of the session. It can be important to keep the story within the limits of the information you require without interrupting the patient's flow or making them feel that you don't want to hear what they have to say. The easiest way to do this is to take the patient back to their story whenever you sense it is becoming unrelated or irrelevant to the story.

'I'm sorry to hear about the problems you've been having with your mother, but I wonder if we can go back to the bit where you were telling me about when you first noticed your hearing loss?'

Doing this gently will bring the patient back to the issue you want to help them clarify. Sometimes though it can be important to ask a patient why they are talking about something else, as it may be there is a connection that they haven't explained.

Talkative patients

When people are talking they take turns to speak. The rules that make this happen are both verbal and non-verbal but eye contact is a very important part of it. When we are talking we may look away from the person we are talking to but as we come to the end of what we are saying we look back at the listener and this signals to them that it will be their turn to speak. Our voice drops slightly and we may show through gesture or other changes to our posture that we are coming to the end of what we are saying.

If someone is overly talkative it could be that they are feeling very anxious and have stopped following the rules because they are so concerned with their inner feelings. It can also be used as a way to avoid talking about something that is making them feel anxious. If this happens you need to bring them back to the topic that is relevant. Don't worry that the patient may think you are being rude – they may be grateful that you have done this and they will see it as part of your role in managing the session.

MAINTAINING RAPPORT AND SUPPORTING THE PATIENT

You have already done this through the use of verbal and non-verbal behaviours, picking up cues that show how the patient is feeling, responding in an accepting manner and sharing your thoughts with the patient about what is going on in the session. Other skills are also important in rapport building.

Empathy

This is a key skill in building an effective relationship. It is an emotional bond that shows not only that we are interested in the patient but also are attempting to see things from their perspective – to understand their view of the world. To do this, we don't need to have had the same experience as them or share their feelings or agree with their feelings.

There are two parts to empathy:

1. The need to show that you understand how the patient is feeling or affected
2. An ability to communicate this back in a supportive way and demonstrate this understanding.

The simplest way to do this is to make a straightforward statement starting with 'I' and including 'you'.

'I can see how difficult it is for you to talk about this today...'

You can pick up your emotional processes from hearing what and how something is said; from what we see; feel; and our imagination.

'You sound as though you are very fed up at the moment?'

'You look upset at that ...'

'When you said that I felt ...'

'I imagine that must be very difficult for you.'

Talking about our observations of others help us demonstrate empathy and show that we are concerned and willing to help, as well as that we are working in partnership with the patient and recognising their efforts in dealing with problems. It is important to remember to be sensitive and tactful in developing empathy. It is also important that you don't try to mind read a patient – check your understanding of their feelings and don't try to interpret them.

'It seems to me you've been through a lot of problems with your hearing – is that right?'

'You must have been feeling very miserable about that.'

'I'm concerned that you don't feel able to talk to your partner about that.'

'I can see how difficult that must have been for you.'

'As you know, we won't be able to cure your hearing loss for you, but I think you will find the hearing aid will help you in some of the situations you've found difficult.'

5. EXPLANATION AND PLANNING

There are lots of problems in providing patients with the right amount of information at the right time. Patients often find it difficult to remember and make sense of what they've been told and can be frustrated if they don't feel part of the process of deciding what is going to happen to them.

THE CORE OBJECTIVES OF EXPLANATION AND PLANNING

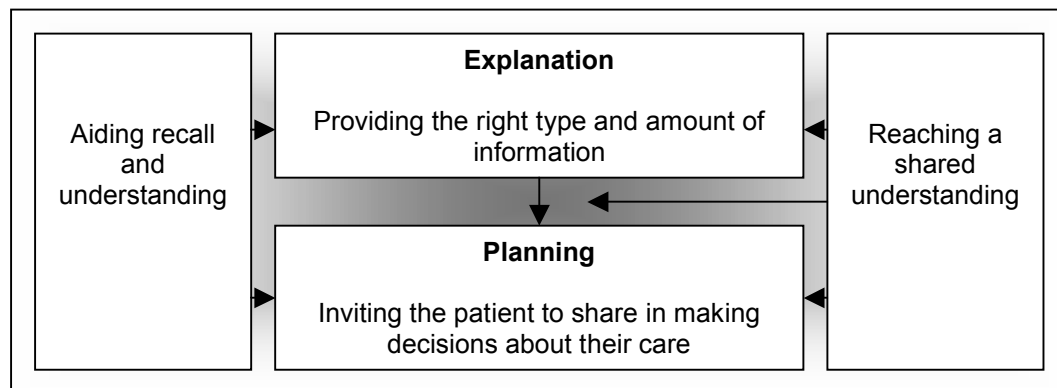
These are common to all sessions:

1. Providing the right amount and type of information
2. Providing information in a form that helps recall and understanding
3. Reaching a shared understanding about what is discussed
4. Encouraging the patient to become involved in their own care.

MODEL FOR EXPLANATION AND PLANNING

Each section of the model requires particular skills to support explanation (where you give the right amount and type of information) to planning (where you help the patient share in making decisions about care).

There are two sections that cover skills for giving information in a form that helps the patient remember and recall it and skills for checking that you have a shared understanding of what is going on.



PROVIDING THE RIGHT AMOUNT AND TYPE OF INFORMATION

- Find out the patient's starting point – what do they already know? What do they want to know? Not all patients want more information – 80% will seek more information and 20% will avoid more information – so it is important you know which is which! You can only do this by asking them
- What do they need to know for an informed understanding for decision making?
- What do they need to know to manage their condition effectively?

Points to consider:

- Check what they know and want to know – some patients come with a lot of information but may not have understood it fully, or the

information they have may be wrong. Your job is to provide them with a framework that makes sure they have the right information and can understand it.

'Before we go on, can you tell me what you already know about tinnitus so I can help fill in the gaps?'

'I can give you a lot of information about tinnitus – would you like me to do that?'

- Remember that patient's need for information changes over time so you need to check their starting point each time
- Patients ask particular questions to try to make sense of health changes so we need to be aware of these when thinking of their information needs:
 1. What has happened?
 2. Why now? Why me?
 3. What if I do / don't do something about it?
- People try to explain personal experiences by labelling them so if they have a diagnosis tell them it and explain what it means
- If the patient has asked for particular information, then start with that area and fill in the gaps they may have with information that you think is important for making an informed decision
- Finish off by asking the patient if there is anything else they want to know.

'Ok, so we've covered what type of hearing loss you've got and how you might have got it – is there anything else that you think is important?'

PROVIDING INFORMATION IN A FORM THAT HELPS RECALL AND UNDERSTANDING

- Give information in a clear and jargon free way
- Organise and categorise the information – break it down into logical sections
- Give it at a pace that the patient can cope with
- Check all the time that the patient has understood.

Points to consider:

- Patients remember a lot of what they are told – but they get muddled and confused. Don't give them too much information at once – allow time for them to take it in
- Chunk the information and check they have understood it. Give them small amounts and watch for non-verbal reactions that might show they have stopped following you
- Divide the information up into logical sections – practice giving information that you would regularly want to give to a patient to someone who doesn't already know it. Ask for their feedback on how you are doing it – for example explain an audiogram to a friend

- Don't use jargon – or if you have to make sure you explain it. Patients are afraid of looking stupid so won't ask you what you mean
- Use diagrams or visual aids to help explain things
- Provide written information on the subject for the patient to take away for later
- Repeat what has been said – but also ask the patient to repeat it back to you, as this will help you check that they've got it right. Repeating can help improve patient recall by up to 30%.

'So to summarise, you have got your hearing aid and it will be helpful if you use it each day for a few hours – can you go through what I suggested about using it?'

REACHING A SHARED UNDERSTANDING ABOUT WHAT IS BEING DISCUSSED

- Find out the patient's reaction to the information
- Check back from the patient's perspective – you will have picked this up from things they have already told you
- Negotiate any differences that might come from an understanding of what is causing the problem and the patient's expectations of treatment
- Check that you are both clear about what is expected from you and them – is the patient able and willing to do what is being asked of them?

Points to consider:

- You may have to ask a patient to consider something that they are not happy to think about - for example using a hearing aid when they don't want to have one. It is at this stage that being clear about the diagnosis and the beliefs and expectations around it can be helpful
- Achieving a shared understanding should be a goal throughout explanation and planning so that by the time you get to this part of the session you have dealt with any potential problems
- The patient may agree with you about the nature of the problem they have but they might not agree the impact that it has on their lives and so won't be fully committed to your plans or suggestions – checking their reactions at the end of the explanatory part of the session will help deal with this issue.

'Do you have any concerns about what I've said?'

'You didn't look very happy with my suggestion that ...'

ENCOURAGING THE PATIENT TO BECOME INVOLVED IN THEIR OWN CARE

- Find out how much they want to be involved
- Provide clear and relevant information about the options they have
- Offer options – don't tell them which to take
- Share your reasons for the options you are offering

- Actively ask for their reactions and views – particularly if they can see any problems with the options

Points to consider:

- Find out how much the patient wants to become involved in their care – get them to tell you their thoughts about this aspect.
‘Before I suggest anything, is there anything you’ve thought about doing, or is there anything you wouldn’t be keen on?’
- Share your own thoughts so they can see your reasons as well as any difficulties you know about.
‘I can understand your concerns about using a hearing aid, but you’ve told me that you are having problems hearing people talking. If you don’t have an aid that could continue to be a problem. What do you think?’
- Give clear information about the options and involve the patient in making decisions about them.
‘There are pros and cons to this – what would your choice be?’
- Ask for their reactions, views and thoughts on what you are suggestions and what problems their might be in carrying them out
‘Ok, so we’ve agreed to giving you a hearing aid. Can you see any problems with this?’

6. CLOSING THE SESSION

Three things need to be done before closing the session:

1. Contracting – agreeing the next steps and who will do what, when
 - Repeat what to expect if things work well
 - How to recognise if things are not working
 - Who or how to get help
 - What this might mean for the original plan
2. Safety-netting – setting out plans for if things go wrong or something unexpected happens
3. Final checking – making sure the patient is happy with the plan and what they have to do if things go wrong – check for major worries, feelings and perceptions of needs. Make sure they have the written information they need to take away with them.

CONCLUSION

If you use communication skills effectively, you will have much more enjoyable interactions with your patients. They will feel valued and respected and so you will enable them to achieve more successful outcomes. However, all skills need constant practise and revision – so get working on them and don’t think you can never improve!