

Communication Skills

ABDUL-MONAF AL-JADIRY,
MD; FRCPSYCH
PROFESSOR OF PSYCHIATRY

Communication

- **COMMUNICATION IS A PROCESS OF TRANSFERRING INFORMATION FROM ONE ENTITY TO ANOTHER.**
- **COMMUNICATION IS THE IMPARTING OR INTERCHANGE OF THOUGHTS, OPINIONS, OR**

INFORMATION BY SPEECH

Communication

- **COMMUNICATION CAN BE PERCEIVED AS A TWO-WAY PROCESS IN WHICH THERE IS AN EXCHANGE AND PROGRESSION OF THOUGHTS, FEELINGS OR IDEAS TOWARDS A MUTUALLY ACCEPTED¹ GOAL OR DIRECTION.**

• **COMMUNICATION PROCESSES ARE**

Components of “face to face” communication

- **THREE MAJOR PARTS IN HUMAN FACE TO FACE COMMUNICATION:**
 - **55% OF IMPACT IS DETERMINED BY BODY LANGUAGE**
 - **POSTURES**
 - **GESTURES**
 - **EYE CONTACT**
 - **38% BY THE TONE OF VOICE**

Nonverbal Communication

- **IDEAS AND FEELINGS ARE COMMUNICATED BY MORE THAN THE WORDS WE SPEAK OR WRITE.**
- **MESSAGES ARE ALSO SENT NONVERBALLY BY:**
 - **PARALANGUAGE (HOW THE VOICE SOUNDS),**
 - **KINESICS (FACIAL EXPRESSIONS, EYE CONTACT, POSTURE, AND GESTURES),**

Nonverbal Communication

- **BECOMING AWARE OF NONVERBAL SIGNALS HELPS INDIVIDUALS IMPROVE ABILITY TO CONTROL THESE ELEMENTS IN THEIR OWN COMMUNICATION.**
- **INDIVIDUALS CAN ALSO BECOME MORE SKILLED AT INTERPRETING**

Eye Contact

- THE INTERPRETATION OF MUCH NONVERBAL COMMUNICATION IS **CULTURE DEPENDENT**.
- EYES ARE THE MOST EXPRESSIVE ELEMENT IN FACE-TO-FACE COMMUNICATION.
- AMONG NORTH AMERICANS:
 - INDIVIDUALS WHO MAINTAIN DIRECT EYE CONTACT ARE USUALLY CONSIDERED TO BE OPEN, HONEST, AND TRUSTWORTHY.
 - "SHIFTY" EYES SUGGEST DISHONESTY.

Gestures

- **THE INTERPRETATION OF GESTURES DEPENDS GREATLY ON THE SITUATION AND ALSO ON THE CULTURE.**
- **SOME HAND GESTURES ARE RECOGNIZED AND EASILY INTERPRETED.**
- **FOR MOST NORTH AMERICANS**
 - **A CIRCLE FORMED WITH THE INDEX FINGER AND THUMB SIGNALS SATISFACTION,**
 - **SHAKING THE INDEX FINGER INDICATES A WARNING,**
 - **SHOWING THE PALM SYMBOLIZES A PEACEFUL GREETING.**
 - **CROSSED ARMS MEAN "I WILL NOT LET YOU IN".**
 - **RUBBING THE NOSE WITH A FINGER REPRESENT DISAPPROVAL.**

➤ **BATTLING THE HAIR MEAN APPROVAL**

Posture

- **THE WAY INDIVIDUAL STANDS AND HOLD THEIR BODY SENDS MESSAGES ABOUT SELF CONFIDENCE.**
- **STOOPED OR BOWED SHOULDERS MAY SIGNAL THAT THE INDIVIDUAL BURDENED, SELF CONSCIOUS, LACKING CONFIDENCE, SUBMISSIVE, BEATEN, GUILTY, OR AFRAID.**
- **A STRAIGHT BACK WITH SQUARED SHOULDERS TYPIFIES STRENGTH AND RESPONSIBILITY.**

Image /Appearances

- **THE IMAGE AN INDIVIDUAL PROJECTS AND THE OBJECTS SURROUNDING THAT PERSON CAN COMMUNICATE NONVERBALLY.**
- **CLOTHING, FOR EXAMPLE, TELLS A GREAT DEAL ABOUT AN INDIVIDUAL'S STATUS, OCCUPATION, SELF-IMAGE, AND ASPIRATIONS. CLOTHING COMMUNICATES A NONVERBAL MESSAGE INDICATING WORTH, INTEGRITY, AND TRUSTWORTHINESS.**
- **APPEARANCES DEFINITELY AFFECT**

Image /Appearances

- **A PERSON'S POSSESSIONS SEND MESSAGES. IN A BUSINESS OFFICE, THE CONDITION OF A DESK, THE APPEARANCE (OR LACK) OF PERSONAL DECORATIONS, THE KIND OF PAINTINGS ON THE WALL, THE QUALITY OF THE FURNITURE, AND THE BOOKS OR MAGAZINES IN VIEW SUGGEST THE OCCUPANT'S STATUS, WORK HABITS, PERSONAL HABITS AND INTERESTS,**

Proxemics

- **PROXEMICS REFERS TO THE AMOUNT OF SPACE THAT INDIVIDUALS NATURALLY MAINTAIN BETWEEN EACH OTHER.**
- **SOCIOLOGISTS REPORT FOUR TERRITORIAL ZONES:**
 - **INTIMATE SPACE (UP TO 50 CM),**
 - **PERSONAL SPACE (30-75 CM),**
 - **SOCIAL SPACE (120 TO 200 CM),**
 - **PUBLIC SPACE (300 CM OR MORE).**
- **INDIVIDUAL RESENT WHEN THEIR TERRITORIAL SPACE INVADED.**
- **BUSINESS CONVERSATIONS MAY TAKE PLACE**

Communication skills

- **COMMUNICATION SKILLS IS GENERALLY UNDERSTOOD TO BE THE ART OR TECHNIQUE OF PERSUASION THROUGH THE USE OF ORAL LANGUAGE AND WRITTEN LANGUAGE.**
- **COMMUNICATION IS ONE OF THOSE WORDS THAT IS MOST HYPED IN CONTEMPORARY CULTURE.**
- **IT INCLUDES A LARGE NUMBER OF**

Communication Skills

- **COMMUNICATION SKILLS ARE THE SET OF SKILLS THAT ENABLES A PERSON TO CONVEY INFORMATION SO THAT IT IS RECEIVED AND UNDERSTOOD.**
- **COMMUNICATION SKILLS ARE THE EVENTS AND TASKS SPECIFICALLY DESIGNED TO IMPROVE COMMUNICATION**
- **COMMUNICATION SKILLS IS THE ABILITY TO USE LANGUAGE (RECEPTIVE) AND EXPRESS (EXPRESSIVE) INFORMATION (VERBAL COMMUNICATION).**
- **COMMUNICATION SKILLS INCLUDES LIP READING, FINGER-SPELLING, SIGN**

Platforms of Communication skills

- **EVERY PLATFORM FOR COMMUNICATING IS A COMMUNICATION EVENT. THIS INCLUDES:**
 - **FORMAL MEETING, SEMINARS, WORKSHOPS, TRADE FAIRS, ETC.**
 - **THE COMMUNICATION MEDIA SUCH AS RADIO, TV, NEWSPAPERS, ETC.**
 - **THE COMMUNICATION TECHNOLOGIES INCLUDE PAGERS, PHONES, ETC.**
 - **THE COMMUNICATION PROFESSIONALS INCLUDE ADVERTISERS, JOURNALISTS,**

The Doctor-Patient Relationship

- **THE DOCTOR-PATIENT RELATIONSHIP IS CENTRAL TO THE PRACTICE OF MEDICINE AND IS ESSENTIAL FOR THE DELIVERY OF HIGH-QUALITY HEALTH CARE IN THE DIAGNOSIS AND TREATMENT OF DISEASE.**
- **RAPPORT MAINTAINS A PROFESSIONAL RELATIONSHIP WITH**

The Doctor-Patient Relationship

- **A PATIENT MUST HAVE CONFIDENCE IN THE COMPETENCE OF THEIR DOCTOR.**
- **SOME MEDICAL SPECIALTIES, SUCH AS PSYCHIATRY AND FAMILY MEDICINE, EMPHASIZE THE DOCTOR-PATIENT RELATIONSHIP MORE THAN OTHERS, SUCH AS PATHOLOGY OR RADIOLOGY.**

What can doctors do?

- **CULTIVATE A PATIENT-CENTRED PARTNERSHIP:**

“THE PATIENT DESIRES TO BE KNOWN AS A HUMAN BEING”, NOT MERELY TO BE RECOGNIZED AS THE OUTER WRAPPINGS FOR A DISEASE.

- **CHECK POSTURE AND BODY LANGUAGE.**

A STUDY OF TIME PERCEPTION FOUND THAT WHEN DOCTORS SAT DOWN DURING AN OFFICE VISIT, THE PATIENTS ALWAYS THOUGHT THE VISIT WAS LONGER THAN WHEN THE DOCTORS REMAINED

What can doctors do?

- SOLICIT THE PATIENT'S CONCERNS AND OPINIONS THROUGH **OPEN-ENDED QUESTIONS**, SUCH AS:
“WHAT’S BEEN GOING ON SINCE YOU WERE HERE. LAST?”.
- WORK ON **MUTUAL TRUST**.
RESEARCH CONFIRMS THAT THE HEALTH OF THE DOCTOR-PATIENT RELATIONSHIP IS THE BEST PREDICTOR OF WHETHER THE PATIENT WILL FOLLOW THE DOCTOR’S INSTRUCTIONS AND ADVICE.
- DEVELOP A **SYSTEM TO COMMUNICATE TEST RESULTS TO PATIENTS**

What can doctors do?

- **RESPECT PATIENTS AS EXPERTS IN THE EXPERIENCE OF ILLNESS.**

TRADITIONALLY, DOCTORS HAVE BEEN TAUGHT TO VIEW THE PATIENT AS “AN UNRELIABLE NARRATOR” AND TO CHART PATIENT OBSERVATIONS IN SUBJECTIVE LANGUAGE THAT IMPLIES A CERTAIN SKEPTICISM, SUCH AS “THE PATIENT BELIEVES” OR “THE PATIENT DENIES.”

- **A PATIENT-CENTERED RELATIONSHIP ACCEPTS THE PATIENT’S UNIQUE KNOWLEDGE AS JUST AS IMPORTANT TO**

What can patients do?

- **KNOW HOW TO TELL ILLNESS STOREY.**
MANY PATIENTS TEND TO START WITH INTERPRETATION, “I THINK I HAVE BRONCHITIS” RATHER THAN PLAIN FACTS, “I’VE BEEN COUGHING FOR TWO WEEKS.”
- **STUDY YOUR DOCTOR’S INDIVIDUAL STYLE.**
WHAT ARE HIS/HER LIKES AND DISLIKES, STRENGTHS AND WEAKNESSES? OPTIMISTIC OR PESSIMISTIC? INTENSE OR MELLOW? ORGANIZED OR ABSENT-MINDED? CAUTIOUS OR A RISK-TAKER? **THE MORE YOU UNDERSTAND HOW YOUR DOCTOR THINKS, THE MORE LIKELY**

What can patients do?

- **LEARN ABOUT ILLNESS SO YOU CAN ASK THE RIGHT QUESTIONS AND HELP MAKE DECISIONS.**

PATIENTS WHO TAKE AN ACTIVE ROLE IN THEIR CARE DO BETTER AND EARN MORE RESPECT FROM THE DOCTOR.

- **BE WILLING TO DEMONSTRATE THE ATTITUDES THAT YOU WANT FROM YOUR DOCTOR.**

FOR EXAMPLE, IF YOU WOULD LIKE MORE GIVE AND TAKE IN THE RELATIONSHIP, DEMONSTRATE YOUR OWN FLEXIBILITY BY OFFERING TO NEGOTIATE AND MAKE

CONCESSIONS

Relationships with patients

GMC Good Medical Practice (2006)

- **RELATIONSHIPS BASED ON OPENNESS, TRUST AND GOOD COMMUNICATION WILL ENABLE YOU TO WORK IN PARTNERSHIP WITH YOUR PATIENTS TO ADDRESS THEIR INDIVIDUAL NEEDS.**
- **TO FULFIL YOUR ROLE IN THE DOCTOR-PATIENT PARTNERSHIP YOU MUST:**
 - **BE POLITE, CONSIDERATE AND HONEST**
 - **TREAT PATIENTS WITH DIGNITY**
 - **TREAT EACH PATIENT AS AN INDIVIDUAL**
 - **RESPECT PATIENTS' PRIVACY AND RIGHT TO CONFIDENTIALITY**
 - **SUPPORT PATIENTS IN CARING FOR THEMSELVES TO IMPROVE AND MAINTAIN THEIR HEALTH**

Outcome of Effective Use of Communication Skills

- **WHEN DOCTORS USE COMMUNICATION SKILLS EFFECTIVELY, BOTH THEY AND THEIR PATIENTS BENEFIT. THE EFFECT CAN BE THAT:**
 - **PATIENTS' PROBLEMS ARE IDENTIFIED MORE ACCURATELY;**
 - **PATIENTS ARE MORE SATISFIED WITH THEIR CARE AND CAN BETTER UNDERSTAND THEIR PROBLEMS;**
 - **PATIENTS ARE MORE LIKELY TO COMPLY**

Outcome of Effective Use of Communication Skills

- **THE OVERALL QUALITY OF CARE IS IMPROVED BY ENSURING THAT PATIENTS' VIEWS ARE TAKEN INTO ACCOUNT;**
- **DOCTORS' OWN WELLBEING IS IMPROVED;**
- **FEWER CLINICAL ERRORS ARE MADE;**
- **PATIENTS ARE LESS LIKELY TO COMPLAIN;**
- **THERE IS A REDUCED LIKELIHOOD OF DOCTORS BEING SUED.**

Personal barriers to effective communication

- **A LACK OF SKILL AND UNDERSTANDING - FOR EXAMPLE THE FAILURE TO UNDERSTAND THE IMPORTANCE OF USING CLEAR AND SIMPLE LANGUAGE, GIVING STRUCTURED EXPLANATIONS AND LISTENING TO PATIENTS' VIEWS AND ENCOURAGING TWO-WAY COMMUNICATION;**
- **UNDervaluing the IMPORTANCE OF**

Personal barriers to effective communication

- **NEGATIVE ATTITUDES BY DOCTORS TOWARDS COMMUNICATION AND GIVING IT A LOW PRIORITY DUE TO THEIR CONCERN PRIMARILY TO TREAT ILLNESS RATHER THAN FOCUS ON PATIENTS' OTHER NEEDS WHICH MAY BE PSYCHOLOGICAL OR RELATED TO SOCIAL WELLBEING;**
- **A LACK OF INCLINATION TO COMMUNICATE WITH PATIENTS. THIS CAN BE DUE TO A**

Personal barriers to effective communication

- **HUMAN FAILINGS, SUCH AS TIREDNESS AND STRESS;**
- **INCONSISTENCY IN PROVIDING INFORMATION. PATIENT IS GIVEN CONFLICTING INFORMATION BY DIFFERENT HEALTHCARE PROVIDERS;**

Organisational barriers to effective communication

ORGANISATIONAL BARRIERS ARE USUALLY OUTSIDE A DOCTOR'S DIRECT CONTROL AND INCLUDE:

- **HAVING A LACK OF TIME,**
- **PRESSURE OF WORK**
- **BEING SUBJECTED TO INTERRUPTIONS.**

Subject areas of effective communication skills

- **THE GMC HAVE STRESSED THE IMPORTANCE OF DOCTORS DEVELOPING GOOD COMMUNICATION SKILLS.**
- **THE MAIN SUBJECT AREAS ARE:**
 - **BREAKING BAD NEWS;**
 - **CONSULTING PATIENTS AND RELATIVES;**
 - **DEALING WITH ANGRY, DIFFICULT AND RELUCTANT PATIENTS;**
 - **DEMONSTRATING EMPATHY;**
 - **GIVING AND RECEIVING INFORMATION.**

Subject areas of effective communication skills

- **TOO MANY OF OUR DOCTORS ARE FORCED TO RELY ON INTUITION TO GUIDE THEM AS TO WHAT TO SAY OR HOW TO SAY THINGS TO PATIENTS.**
- **THERE IS AN OBLIGATION ON ALL DOCTORS TO REVIEW THEIR SKILLS AS PART OF CONTINUING PROFESSIONAL DEVELOPMENT AND TAKE PART IN EDUCATIONAL**

The Patient Views on Communication Issues

- ***THE LOTHIAN UNIVERSITY HOSPITALS NHS TRUST HAS ASKED PATIENTS FOR THEIR VIEWS ON COMMUNICATION ISSUES. THEY FOUND THAT:***
 - **60% COMPLAINED ABOUT A LACK OF INVOLVEMENT IN DECISIONS ABOUT THEIR CARE**
 - **60% SAID THEY WERE GIVEN NO INFORMATION ABOUT RESUMING NORMAL ACTIVITIES AFTER TREATMENT**
 - **46% SAID THEY WERE GIVEN INACCURATE INFORMATION ABOUT HOW THEY WOULD FEEL AFTER TREATMENT**
 - **43% SAID THEIR HOME SITUATION WAS NOT CONSIDERED AT DISCHARGE**

THANK

YOU