

Topic 2. Communication process in medical area



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STRUCTURE

- **Communication process in a workplace**
- **Barriers to patient-physician communication**
- **Special moments in a medical consultation**
- **Communication benefits to patient**
- **Doctor's communication skills**

What the communication process is?

The sharing of meaningful information between two or more people with the goal of the receiver understanding the sender's intended message.



!!! Communication among healthcare team members

influences the quality of working relationships, job satisfaction and profoundly impacts patient safety.

When communication about tasks and responsibilities are done well, research evidence has shown significant reduction in nurse turnover and improved job satisfaction.

It was found a direct relationship between clinicians' level of satisfaction and their ability to build rapport and express care and warmth with patients.

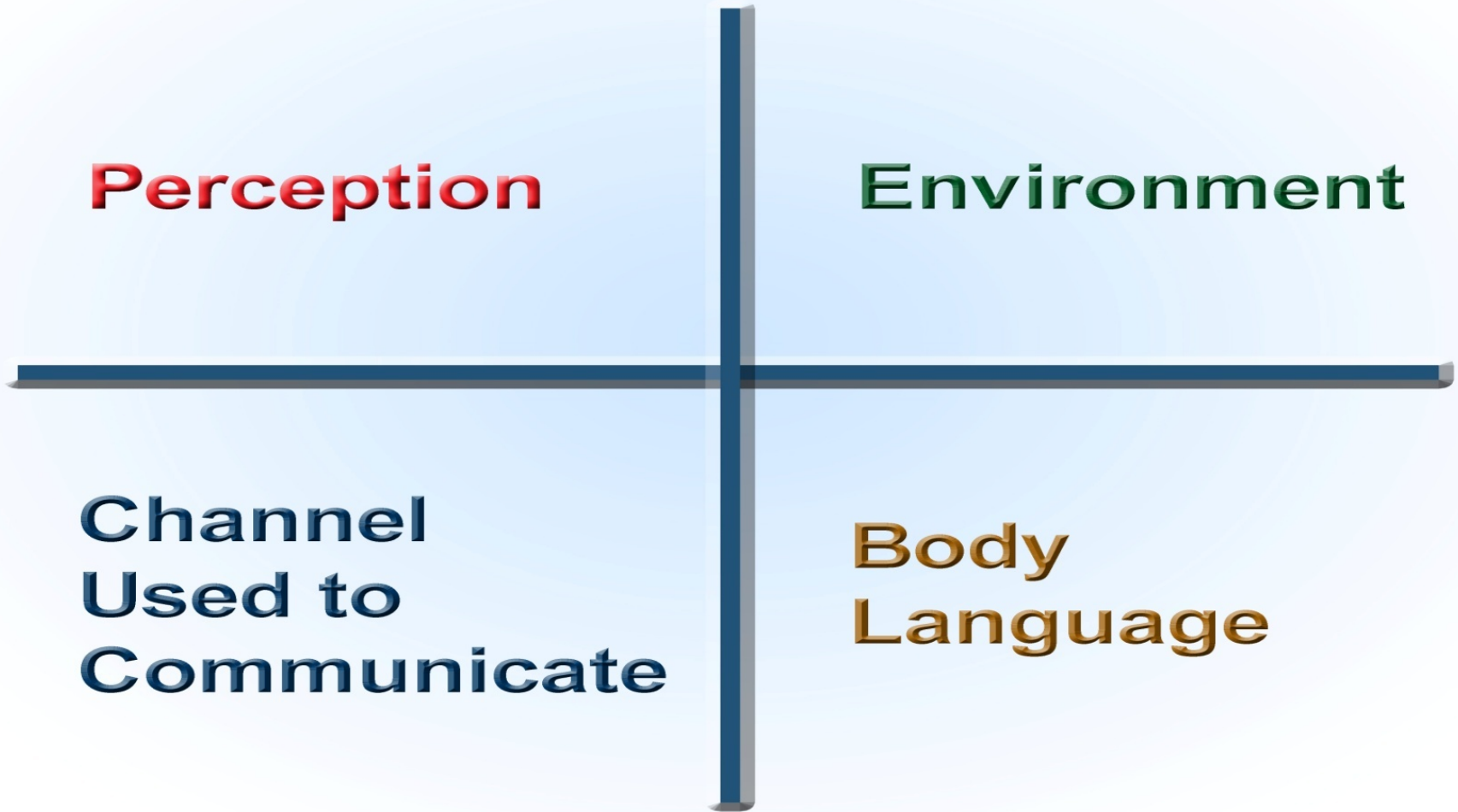
5 Side Effects of Ineffective Communication in a medical area (by [Joy Hicks](#))

1. [Medical Errors](#)
2. [Long Wait Times](#)
3. [Workplace Conflicts](#)
4. [Poor Decision Making](#)
5. [Increased Stress](#)

Good communication is
the bridge between
confusion and clarity.



Barriers to Effective Communication



Barriers to patient-physician communication

- ☐ Speech disability or language articulation.
- ☐ Foreign language spoken.
- ☐ Disphonia.
- ☐ Time constrains on physician or patient.
- ☐ Unavailability of physician or patient to meet face –to-face.
- ☐ Illness.
- ☐ Altered mental state.
- ☐ Medication effects.
- ☐ Psychological or emotional distress.
- ☐ Gender differences.
- ☐ Racial or cultural differences.
- ☐ Other.

Types of errors most frequently encountered in a doctor-patient relationship:

- ☐ Inappropriate attitude features of the doctor: rush, impatience, fatigue, boredom, raised voice.
- ☐ Excess of or lack of authority with the patient.
- ☐ Underestimating difficult patients, with increased psychogenic tendencies.
- ☐ Engaging in conflict situations.
- ☐ Acceptance of insufficient communication with the patient.
- ☐ Polimedication as an expression of the doctor's submission to patient's insistence.

Deficiencies in doctor-patient communication:

- ☐ Failure to appropriately greet the patient, introducing oneself and explaining one's actions.
- ☐ Failure to get easily accessible information, mainly due to fears and expectations.
- ☐ Accepting imprecise information, failure in seeking clarifications.
- ☐ Failure to verify with the patient what the doctor understood from the situation.
- ☐ Failure to elicit questions or to appropriately answer to questions
- ☐ Neglecting obvious clues or clues not provided verbally or in a different manner by the patient.
- ☐ Avoiding information concerning the patient's personal, family, social status, including problems in these areas.
- ☐ Failure to elicit information about the patient's feelings and the perception of the illness.
- ☐ Directive style with closed questions, frequent interruption and failure to make the patient speak freely.
- ☐ Rushed focusing without testing theories.
- ☐ Failure to provide appropriate information concerning the diagnosis, treatment, side effects or prognosis, or in verifying the patient's understanding of these issues.
- ☐ Failure to understand the patient's viewpoint.
- ☐ Poor comforting.

Important moments in a medical consultation

1. Starting the interview

Research has shown the importance of listening to patients' opening statements without interruption.

Once a doctor has interrupted, patients rarely introduce new issues.

If uninterrupted, most patients stop talking within 60 seconds, often well before. The doctor can then ask if a patient has any further concerns, summarize what the patient has just said.

Important moments in a medical consultation

2. Detecting and responding to emotional issues

Even when their problems are psychological or social, patients usually present with physical symptoms. They are also likely to give verbal or non-verbal cues. Verbal cues are words or phrases that hint at psychological or social problems. Non-verbal cues include changes in posture, eye contact, and tone of voice that reflect emotional distress.

Important moments in a medical consultation

3. Check understanding

- ☐ Ensure that patient is clear about plan.
- ☐ Consider a written summary.
- ☐ Questions that cannot be answered in one word require patient to expand.
- ☐ Move towards closed questions at the end of a section of the consultation.
- ☐ Repeat back to patient to ensure that you have understood.
- ☐ Encourage patient both verbally (“Go on”) and non-verbally (nodding).

Important moments in a medical consultation

- ☐ Read referral letter or notes, or both, before seeing patient.
- ☐ Encourage patients to discuss their presenting concerns without interruption or premature closure.
- ☐ Explore patients' presenting complaints, concerns, and understanding (beliefs).
- ☐ Inquire about disability.
- ☐ Inquire about self care activities.
- ☐ Show support and empathy.
- ☐ Use silence appropriately.
- ☐ Use non-verbal communication such as eye contact and nods.

Three functions of effective medical consultation

1 Build the relationship

- ☐ Greet the patient warmly and by name.
- ☐ Detect and respond to emotional issues.
- ☐ Active listening.

2 Collect data

- ☐ Do not interrupt patient.
- ☐ Elicit patient's explanatory model.
- ☐ Consider other factors.
- ☐ Develop shared understanding.

3 Agree a management plan

- ☐ Provide information.
- ☐ Appropriate use of reassurance.
- ☐ Negotiate a management plan.
- ☐ Make links.
- ☐ Negotiate behaviour change.

Communication benefits to patient

- Worry about health (health anxiety) is a common cause of distress and disability in those with and without serious disease. **Reassurance** is therefore a key component of starting treatment.
- The first step is **to elicit and acknowledge patients' expectations, concerns, and illness beliefs.**
- This is followed by **history taking, examination, and if necessary investigation.**
- **The psychological factors of beliefs and attitudes about illness and treatment** are major determinants of outcome. Hence, strategies that increase understanding, sense of control, and participation in treatment can have large benefits.

Mismatch of expectations and experiences

☐ What patients want

☐ To know the cause.

☐ Explanation and information

☐ Advice and treatment.

☐ Reassurance.

☐ To be taken seriously by a competent doctor.

☐ What some patients get

No diagnosis.

Poor explanation that does not address their needs and concerns.

Inadequate advice.

Lack of reassurance.

Feeling that doctor is uninterested.

☐ You: ascertain expectations

☐ What does patient know?

☐ What does patient want? - Investigation? Management? Outcomes?

Showing your understanding of patients' concerns

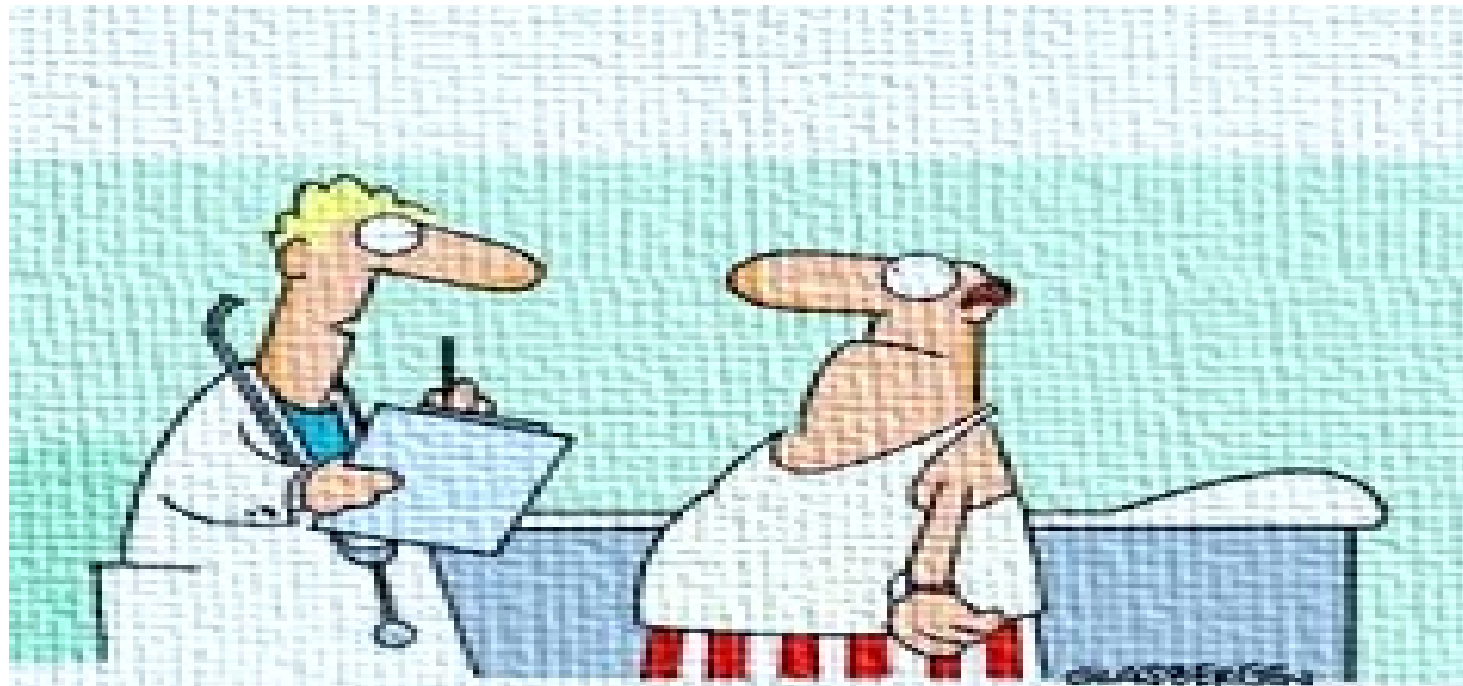
- ☐ Relay key messages such as, “The symptoms are real,” “We will look after you,” and “You’re not alone”.
- ☐ Take patients seriously and make sure they know it.
- ☐ Don’t dismiss presenting complaints, whether or not relevant pathology is found.
- ☐ Explain your understanding of the problem, what it is, what it isn’t, treatment, and the future.
- ☐ Consider offering a positive explanation in the absence of relevant physical pathology.
- ☐ Avoid mixed messages.
- ☐ Encourage and answer questions.
- ☐ Share decisions.
- ☐ Communicate the management plan effectively, both verbally and in writing.
- ☐ Provide self care information, including advice on lifestyle change.
- ☐ Avoid medical jargon and terms with multiple meanings.
- ☐ Involve relatives.

!!!

During the typical 15- or 20-minute patient-physician encounter, the physician makes nuanced choices regarding the words, questions, silences, tones, and facial expressions he or she chooses.

These choices either enhance or detract from the overall level of excellence of the physician's delivery of care.

The physician who can communicate bad news in a direct and compassionate way will not only help the patient cope, but will also strengthen the therapeutic relationship, so that it endures and further extends the healing process.



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

Communication & Manipulation

- AT WHAT POINT COMMUNICATION BECOMES
MANIPULATION?
- [Dictionary.com](https://www.dictionary.com) defines 'manipulate' as: to manage or influence skillfully, especially in an unfair manner: to manipulate people's feelings.
- The Chambers English Dictionary defines 'manipulate' as: to turn to one's own purpose or advantage.
- So **the key factor is** not the number of influence techniques used, but **the intention of the speaker**. Influencing the audience for your own selfish interests is considered manipulation, and has a negative connotation.
- The practical exercise

!!! MANIPULATION USED IN A COMMUNICATION PROCESS

The audience's own interest is the magical ingredient of any presentation. If you can always clearly act in the audience's interest, you will never be accused of manipulation, no matter how many influence techniques you use. And if you can find a way to meet their needs while also meeting yours, then everybody wins.

Some skills that will help doctor to deal in a good way the medical consultation

- **1. Assess what the patient already knows.** Before providing information, find out what a patient already knows about his or her condition.
- **2. Assess what the patient wants to know.** Not all patients with the same diagnosis want the same level of detail in the information offered about their condition or treatment.
- **3. Be empathic.** Empathy is a basic skill physicians should develop to help them recognize the indirectly expressed emotions of their patients.
- **4. Slow down.** Physicians who provide information in a slow and deliberate fashion allow the time needed for patients to comprehend the new information.
- **5. Keep it simple.** Physicians should avoid engaging in long monologues in front of the patient. Far better for the physician to keep to short statements and clear, simple explanations.

Communication traps to avoid:

- ☐ Using highly technical language or jargon when communicating with the patient.
- ☐ Not showing appropriate concern for problems voiced by the patient.
- ☐ Not pausing to listen to the patient.
- ☐ Not verifying that the patient has understood the information presented.
- ☐ Using an impersonal approach or displaying any degree of apathy in communications.
- ☐ Not becoming sufficiently available to the patient.

A “perfect” doctor

1. Good listener

“The patient will never care how much you know, until they know how much you care.” (Terry Canale in his American Academy of Orthopaedic Surgeons Vice Presidential Address)

2. Good technical competencies

3. Loving his work

4. Proper behavior

5.....

!!! Special attention

Most complaints about doctors are related to issues of communication, not clinical competency. Patients want doctors who can skillfully diagnose and treat their sicknesses as well as communicate with them effectively.

Effective doctor-patient communication can be a source of motivation, incentive, reassurance, and support.

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Thanks for your attention

