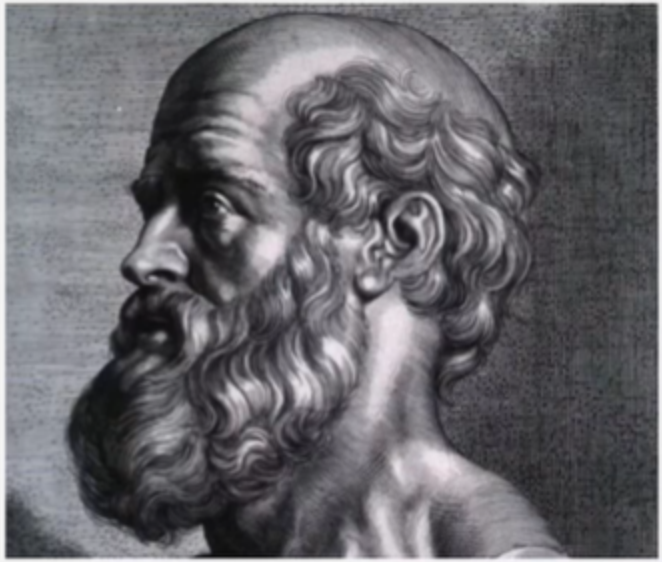
In the art of medicine there are three factors—the disease, the patient and the doctor . . .
It is not easy for the ordinary people to understand why they are ill or why they get better or worse, but if it is explained by someone else, it can seem quite a simple matter—if the doctor fails to make himself understood he may miss the truth of the illness.



DEFINITION

- The successful passing of a message from one person to another.

Communication involves the sending and receiving of messages, it is a two-way process.

COMMUNICATION

- There are five basic elements in the communication process:
  - The communicator both doctor and pt
  - The message
  - The method of communication
  - The recipient
  - The response

COMMUNICATION

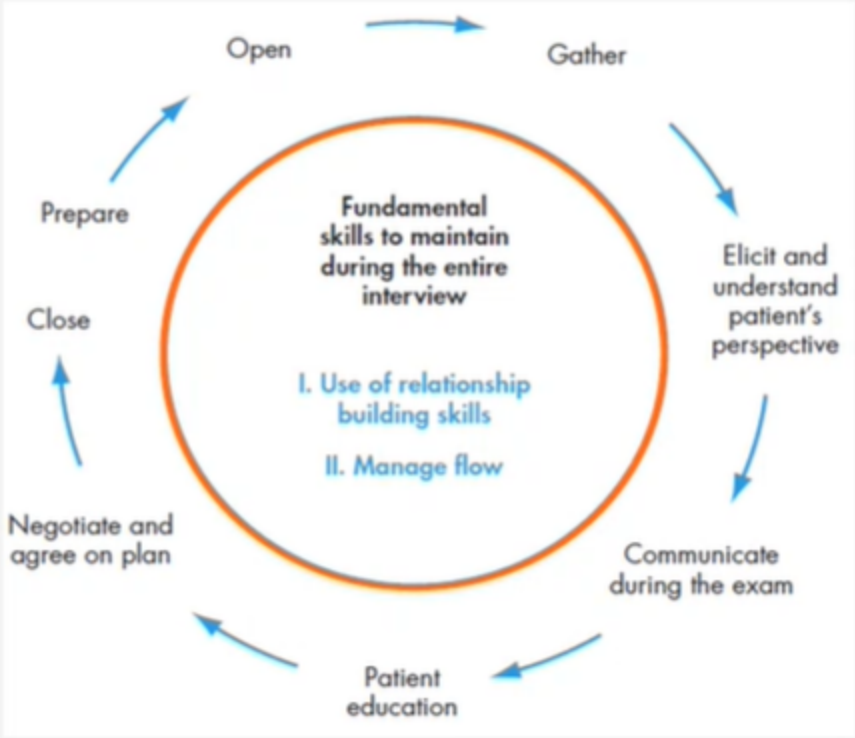
- Important principles facilitating the communication process are:
  - The time factor, facilitated by devoting more time
  - The message, which needs to be clear and correct
  - The attitudes of both the communicator and the recipient

BENEFITS OF GOOD COMMUNICATION

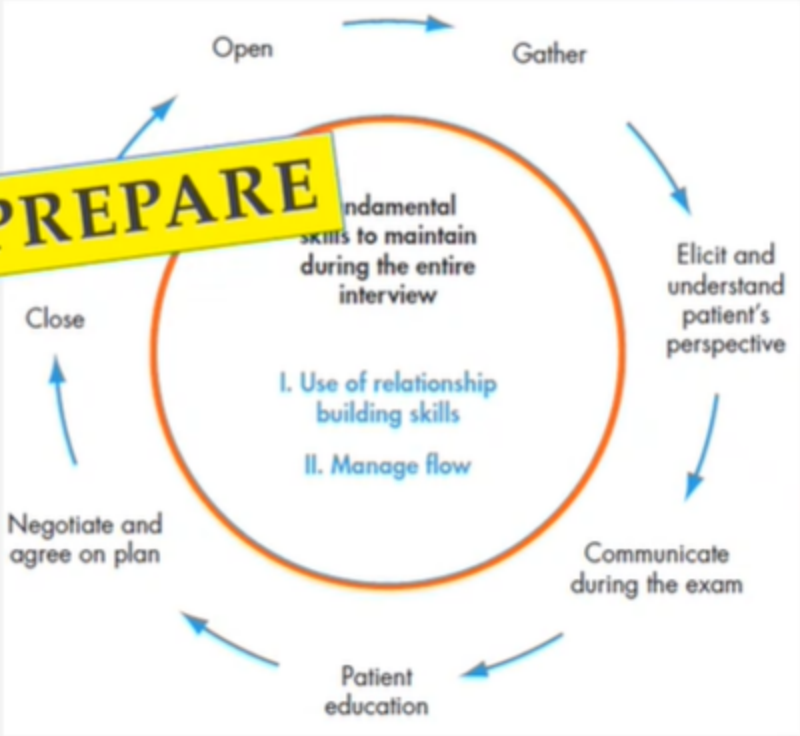
- Good communication:
  - Builds trust between patient and doctor
  - May help the patient disclose information
  - Involves the patient more fully in health decision making
  - Leads to more realistic patient expectations
  - Produces more effective practice
  - Reduces the risk of errors

pt can tell specialitst diff things told to the resident WHY? trust...

COMMUNICATION CYCLE



COMMUNICATION CYCLE



1. PREPARE

- Physical environment:
  - Comfort and privacy
  - The patient should be physically positioned to feel empowered (e.g. avoid talking down to a patient on a bed)
  - Doctors should review themselves as well (e.g. dress code, sitting position, postures)

PREPARE

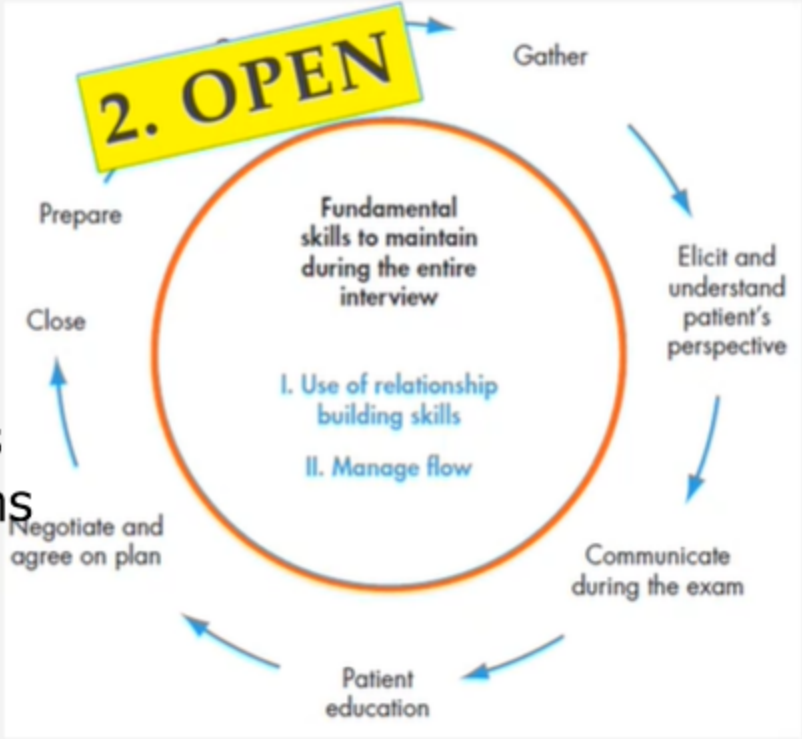
- Review of the patient's health record.
- When a record is examined well, the reasons for the consultation can often be anticipated to improve communication;
  - What happened at the last consultation
  - What are the important medical issues for this patient
  - Any recent test results
  - Brief notes on personal characteristics, likes/ dislikes (e.g. has needle phobia)

PREPARE

- Reading the body language;
  - Cultural and social backgrounds (e.g. dress and appearance)
  - Medical issues at hand
- Picking up on these clues early;
  - Helps in anticipation
  - Avoids communication breakdown
  - Makes the patient feel that the doctor is interested in him or her

COMMUNICATION CYCLE

Anxiety
Worried about his Symptoms



2. OPEN

- address the patient by his or her preferred name (and anyone else entering the room)
- Try to make the patient feel comfortable
- Try to appear 'unhurried' and relaxed
- Focus firmly on the patient (eye-to-eye contact is crucial)
- Use open-ended questions where possible (e.g. what brings you here today?)

How can I help you - Salmtak, What's your problem - salamtak what is the story
You've to be professional

3. GATHER

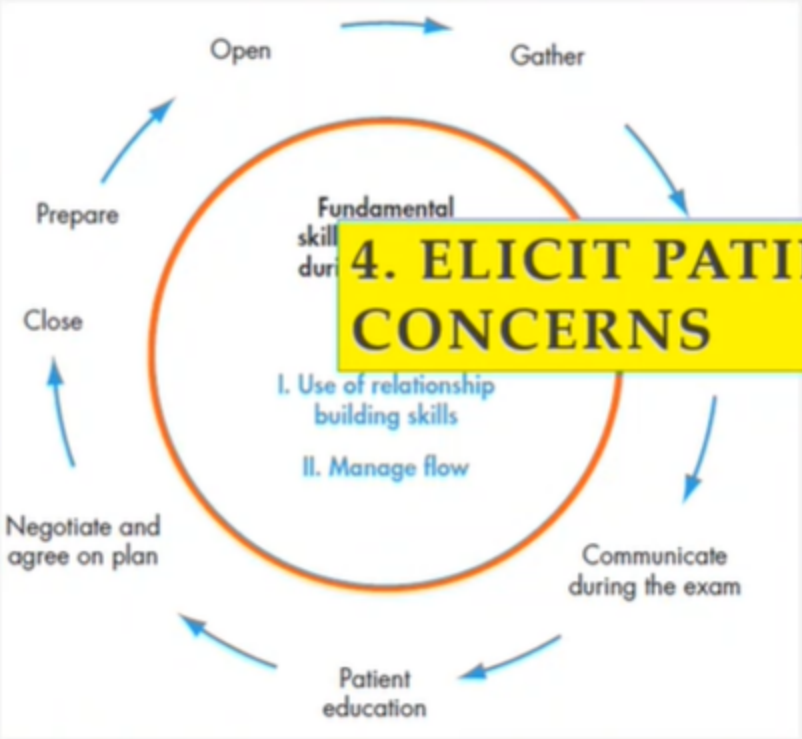
- Verbal vs. non-verbal communication
- Silence (start) vs. talking (later)
- Silence = Active listening
  - Active listening;
    - Understand
    - Make no interruptions (e.g. note-taking, computer entry, mobile phone… etc)

Listen to pt he knows the chest pain of asthma more than you, also pt like to talk and express themselves

The word LISTEN contains the same letters as the word SILENT.

— Alfred Brendel

COMMUNICATION CYCLE



4. ELICIT PATIENT CONCERNS

4. Elicit Patient Concerns

- Facilitation
- The open-to-closed cone
- Summarization

FACILITATION

OK
head nodding ...

- Facilitation refers to comments or behaviors by the doctor that encourage the patient to keep talking.
- This could include:
  - a head-nod
  - a 'Tell me more about that'

The Open-To-Closed Cone

- The process of 'diving in' and exploring the patient's initial concern.
- Helps to collectively determine the patient's concerns and needs.
- All lead to more appropriate prescribing and more efficient practice.

CC is Abd pain
Start with SOCRATES no .. start with open Qs

SUMMARIZATION

- It is when the doctor provides the patient with a verbal summary of the information.

- This helps to:
  - Ensure that we have obtained a complete understanding of the patient's concerns
  - Reduce the chance of patient concerns being missed
  - Reflect back to the patient the doctor's understanding of them
  - e.g. "Is there anything else today?"

NON-VERBAL COMMUNICATION

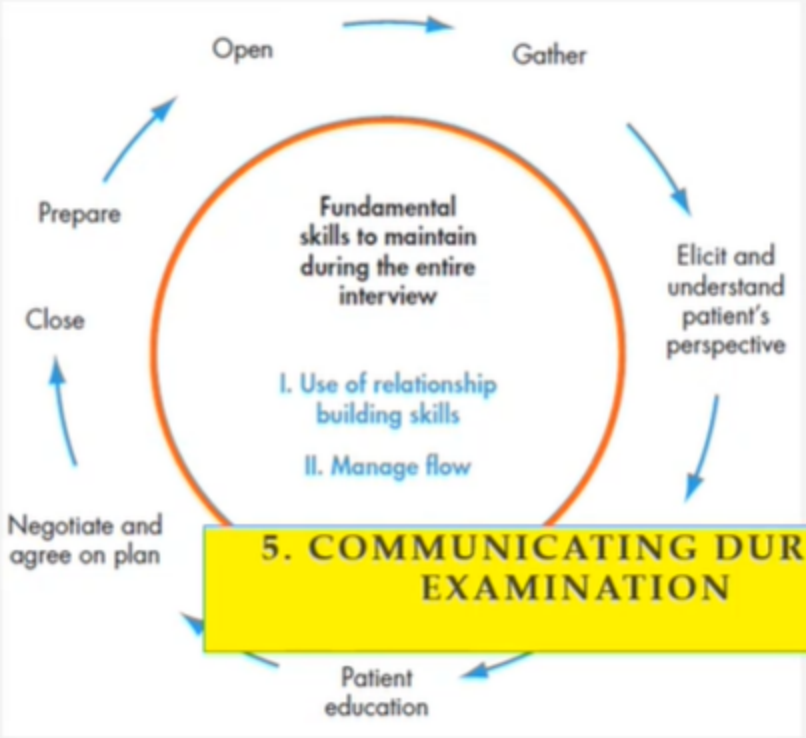
- Body language
- Human communication takes place through the use of gestures, postures, position and distances
- The interpretation of body language is a special study in its own
- Non-verbal component comprises the majority of the impact of any communicated message
- Examples include:
  - The depressed patient

FIGURE 4.2 Posture of a depressed person: head down, slumped, inanimate; position of desk and people correct

FIGURE 4.3 Body language barrier signals: (A) arms folded, (B) legs crossed, (C) 'ankle lock' pose

FIGURE 4.4 Body language: 'readiness to go' gestures

COMMUNICATION CYCLE



5. COMMUNICATING DURING EXAMINATION

5. COMMUNICATING DURING EXAMINATION

- Consent
- Explain the procedure and acknowledge any unpleasant previous experiences
- Explaining what we are observing and finding will help the patient feel valued and respected
- Continue to keep an ear out for any further concerns

6. PATIENT EDUCATION

- In most consultations, information flow often moves repeatedly back and forth between patient and doctor.
- Four techniques that will help maximize patient understanding are:
  - Signposting
  - 'Chunk and Check'
  - Avoiding jargon
  - Using visual and physical techniques to communicate

6.A. SIGNPOSTING

- Explicitly stating what the doctor has done and/or is about to do
  - e.g. I have finished examining you, now I would like to explain what I think the issues are

- Signposting helps orientate and relax the patient, and makes him focus better on what the doctor is saying

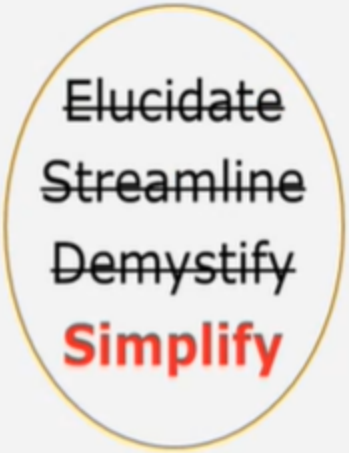
6.B. "CHUNK AND CHECK"

- It is where the doctor provides a chunk of information to the patient and then immediately checks the patient's understanding of it.
- It is frequently surprising to find how far away the patient's understanding is from what we intended to communicate.
- So this technique informs the doctor of any misunderstandings and hence provides an early opportunity to correct this.

6.C. Avoiding Jargon

- Because it:
  - Impairs the patient's understanding
  - Can also be intimidating

- Jargons will also vary from patient to patient.
  - Factors include age and education



6.D. Using Visual and Physical Techniques to Communicate

- Diagrams
- Models
- Patient hand-outs
- Videos

PROVIDING INFORMATION ABOUT DIAGNOSIS TO THE PATIENT

- When discussing the diagnosis, the following should be considered:
  - The possible nature of the illness or condition
  - The degree of uncertainty of any diagnosis
  - The status of the patient's illness; whether temporary, chronic or terminal
    - Consider breaking bad news guidelines
  - Patient's requests for information

7. NEGOTIATE AND AGREE ON A PLAN

- Shared or collaborative decision making

- The doctor and patient should treat each other's concerns with respect:
  - This will lead to a shared responsibility for the outcome
  - Reaching consensus on a treatment plan
  - Establishing a mutually acceptable follow-up plan
  - e.g. "This is what I would suggest, what do you think?"

8. CLOSE

- Let patients know in advance that closure is being planned (and why) to allow them to not feel pushed out of the room (e.g. in case of a full waiting room)

- Avoid "Doorknob presentation" by making sure you have covered all the patient's concerns and disclosures
  - "Doorknob presentation": the raising of a patient concern that happens as the doctor puts his or her hand on the doorknob to allow the patient to leave the room
  - This has also been called the 'Oh, by the way doctor' syndrome in the USA

if the pt while leaving asked you is this sth serious or danger? then you failed in consultation notice body lang. as the pt may be shy or reluctant to speak هل هناك شيء ينبغي معرفته قبل ما ننتهي ولم تخبرني به؟

CLOSE

- Summarize the critical points of the consultation and planned actions and expectations.

- Thank the patient with an appropriate parting statement
  - According to the patient's style and cultural issues.

WHY COMMUNICATION FAILS?

1. Use of jargon/ language barrier
2. Emotional barriers, cultural differences and taboos
3. Lack of attention, interest, distractions, or irrelevance
4. Passive listening.
5. Physical barriers to nonverbal communication.
6. Premature reassurance.

يعني تطمئن المريض في مرحلة مبكرة أن صحته جيدة وليس هناك داع للقلق بدلا من ذلك قل له خطتك مثلا نريد عمل بعض الفحوصات للتأكد ...

THANK YOU

in opening, call pt first name + sir
تفضل سيد ... وليس عمو ...

Good medical communication = effective communication

increased patient's satisfaction	doctors whose communication was effective suffered from less doctor burnout.
Decreased the anxiety of patients	increased personal well-being for doctors
improved patient outcomes	are more able to detect and respond to emotional distress

Krasner MS, Epstein RM, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy and attitudes among primary care physicians. JAMA 2009;302:1284–93.

effect of communication on doctors is to decrease burnout

Ineffective communication

What is it

1-failure to listen and to give information

2-lack of concern and respect.

the way you sit can influence pt willness to talk

Outcome

- Patients are less satisfied with medical care
- Less addherence to their medication
- Poor outcome of health
- Litigation

pt mostly be satisfied regarding the way doctor treat them not how fast they get diagnosed

دكتور محترم - سمع لي للآخر ...

Basics of Medical Communication(6 elements)

1-initiating the session

2-gathering information

3-explanation and planning

4- closing the session

5- building the relationship

6- structuring the consultation.

Environment of the setting

- Seating , strcture , wellcoming
- privacy

1-Initiating the session

- A seat could be offered verbally or by gesture
- The patient greeted by name (if possible)
- A first easy question asked, showing the doctor's interest in him

2- gathering information

- A-Asking questions .
- B-Listening.
- C-Facilitation.
- D-Signposting .
- E- Summarizing.

Tell me more about your problem
pt like to talk
Don't give leading Qs as pt may think this is the right answer and be enforced to reply ...

A-asking question-Questioning is a skill which needs training

Open questions are the most suitable in the initial stages. For example —tell me about your problem?

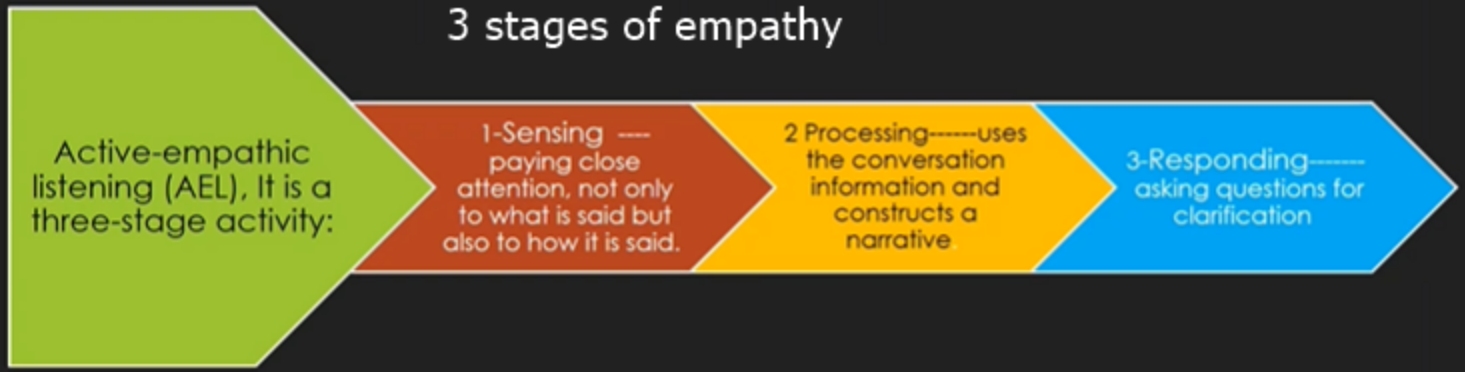
probing questions to explore the information in greater detail.

A

Complex questions and leading questions should be avoided as the answers may not be accurate.

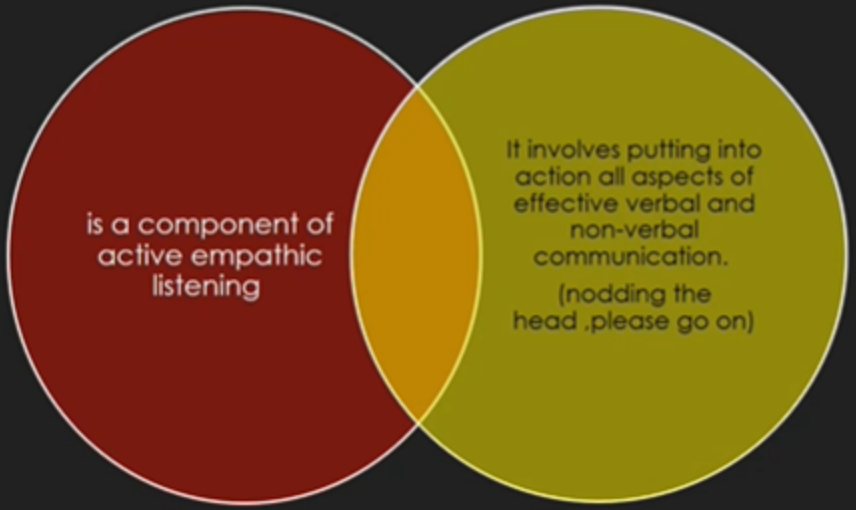
B-Listening

I do understand your problem

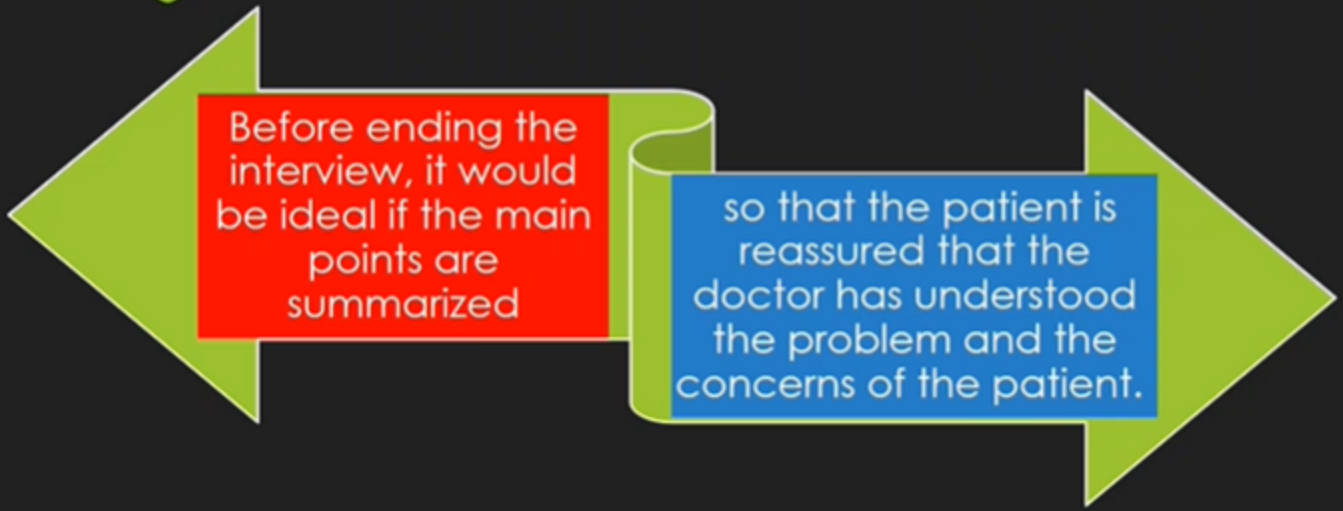


Gearhart CC, Bodie GD. (2011) Active empathic listening as a Social Skill: Evidence from Bivariate and Canonical Correlations. Communication Reports

C-Facilitation



D and E signposting and Summarizing



3-The explanation and planning

Once the physical examination is concluded, doctors need to explain to patient regarding the condition and involve him /her in the planning of subsequent steps like further investigations.

3-The explanation and planning

Once the physical examination is concluded, doctors need to explain to patient regarding the condition and involve him /her in the planning of subsequent steps like further investigations.

Expalian e.g migraine what is it and what is the planning

Tell the pt if his problem is serious or not (if you suspect for example tension headache tell him that it's not dangerous ...)

4-closing the session

Telling the patient when he has to attend the next clinic would be a hint at closure.
Body language can be a means of communicating that the consultation is over

5- building the relationship

- the doctor-patient relationship is built-up in a spiral manner and the patient should experience this gradual development of bonding

6- structuring the consultation

1-Relating to the patient (Opening)

2- Discovering the reason for attendance (History Taking)

a verbal or physical e3- Conducting xamination or both (Examination)

Byrne P. S, Long B. E. L. *Doctors Talking to Patients.* Exeter: RCGP; 1976.

4- Consideration of patient's condition (Diagnosis)

5- Detailing of treatment or further investigation (Treatment)

6- Terminating (Ending)

Wernecke E 2014. The art of communication. Australian Family Physician Vol. 43, No. 3, MARCH 2014 pp 156 – 58

Difficult Communication Situations

A-asking question-Questioning is a skill which needs training

pt are telling you the diagnosis

Open questions are the most suitable in the initial stages. For example —tell me about your problem?

probing questions to explore the information in greater detail.

effective communication is the key in consultaions not PE or investigations
if pt start to telling stories and parts not related to his symptoms you have to intervene because you don't have huge time