

# Communication Skills



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# Objectives

- To explain what facilitative skills are
- State what are cues
- Why is it important to pick up on cues
- Describe blocking behaviours when we communicate
- List patients barriers to communication

# Communication skills

## Facilitative skills

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### **Are used to:**

- Gather patient information  
(Identify patient' s history/agenda/needs/concerns)
- Acknowledge patient' s agenda/concerns
- Negotiate decision-making
- Give tailored information effectively

# Communication Skills

Skills	Communicates
Open questions: “how are you?” “tell me”	“ I want to know about you”
Open directive questions: “what’s most important to you right now?” “how did you feel when you heard..?”	“I think you might have concerns or needs and I want to help”

# Communication Skills

Skills	Communicates
<p>Educated guesses: “I imagine that news came as quite a shock”</p>	<p>“I have an idea about how you may be feeling. Do you want to tell me”</p>
<p>Negotiation: “are you able to say what is worrying you”</p>	<p>“ I am willing to listen but I can see it is hard and I do not want to pry”</p>
<p>Summarising: “I would like to check out that I have understood what you have told me”</p>	<p>“demonstrates that you have been listening”</p>

# Communication Skills

Skill	Communicates
<p>Clarifying:</p> <p>“what were the things about being ill that upset you the most”</p>	<p>“I would like to understand exactly what the problem is”</p>
<p>Paraphrasing:</p> <p>“being ill has been really distressing”</p>	<p>“ I want you to know I’ve heard you and also to check that I've got it right”</p>
<p>Acknowledging/reflection:</p> <p>“you had a rotten time by the sounds of it”</p> <p>“you look/sound upset”</p>	<p>“how you feel matters”</p> <p>“I can see you are upset, it is Ok to tell me about it and I want to help”</p>

# Cues

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- ***“A verbal or non verbal hint which suggests an underlying unpleasant emotion and would need clarification from the health provider”***

Del Piccolo et al, 2006

# CUES





# Non-verbal cues

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- Clear expression of a negative or unpleasant emotion (eg. crying)
- Hints to hidden emotions (sighing, silence, frowning, negative body posture)

# Types of Cues

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- Psychological symptoms
- Words/phrases which describe physiological distress
- Words/phrases suggesting vague or undefined emotions
- Verbal hints to hidden concerns
- Mention of a life event/repeated or emphasised mention of a neutral event
- Mention of a life threatening illness

# Blocking Questions

<b>Physical</b>	Did you have a lot of symptoms
<b>Closed</b>	Did you tell anyone?
<b>Multiple</b>	How are you, is the pain any better
<b>leading</b>	You'll feel better in a minute won't you?
<b>Defending/justifying</b>	I am sure the doctor did not mean to upset you
<b>Premature reassurance</b>	You will feel better after you have seen the doctor
<b>Premature advice</b>	You need to
<b>Normalising</b>	Everyone gets upset when they are ill
<b>Minimising</b>	It wont be as bad as you think
<b>Jollyng along</b>	Come on you have to stay positive

# Blocking behaviours

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- **Overt blocking** - Complete change of topic
  - Pt “I was upset about being ill”
  - Int “How’ s your family”
- **Distancing strategies** - more subtle
  - Change of time frame - “Are you upset now?”
  - Change of person - “and was your wife upset?”
  - Removal of emotion - “How long were you ill for?”

Wilkinson 1991; Wilkinson et al 2008; Maguire et al 1996

# Professional barriers to communication

## **Fears**

- Unleashing strong emotions
- Making things worse
- Facing difficult questions
- Taking up too much time

## **Beliefs**

- Emotional problems are inevitable and nothing can be done about them
- Its not my role to discuss such things
- There's no point talking about problems that cannot be solved

## **Lack of skills or confidence in**

- Starting end of life discussions
- Exploring concerns
- Handling difficult questions – saying the 'right thing'
- Closing the conversation sensitively

## **Workplace**

- Lack of support from colleagues or managers
- Lack of privacy
- Time constraints
- Noise/distractions
- Nowhere to refer for psychological support
- No training or supervision in communication skills

# Patient Barriers

## Skills

Not being able to find the right words

Do not have sufficient command of the language

Embarrassing literacy levels

Not understanding enough to know how to clarify things

Issues of mental capacity

## Environment

- Not having privacy

- Protecting a relative who is present

- Not having somebody present who should be

## Other

- Relevant questions were not asked

- Patient cues met by distancing

- To communicate well is always a challenge, especially in a busy working environment. What we must remember is that good communications can help a patient and their families to survive their journey through diagnosis and treatment, with better outcomes for all concerned.
- The evidence also suggest that if professionals are competent communicators it can increase confidence and prevent burnout.

# References

- <http://www.endoflifecareforadults.nhs.uk/publications/finding-the-words>
- Maguire, P Booth K., Elliot C., Jones B. (1996). Helping health professionals involved in cancer care acquire key interviewing skills – the impact of workshops. *European Journal of Cancer* 32A (9):1486-1489.
- Del Piccolo L., Goss C. & Bergvik S. (2006). The fourth meeting of the Verona Network on Sequence Analysis. “Consensus finding on the appropriateness of provider responses to patient cues and concerns. *Patient Education and Counseling*, EACH Pages, 61, 473-475.
- *Wilkinson S., Perry R., Blanchard K. (2008) Effectiveness of a three day communication skills course in changing nurses communication skills with cancer/palliative care patients; a randomized controlled trial. Palliative Medicine* 22 365-375
- Wilkinson SM (1991). Factors which influence how nurses communicate with cancer patients; *Journal of Advanced Nursing* 16: 677 -688