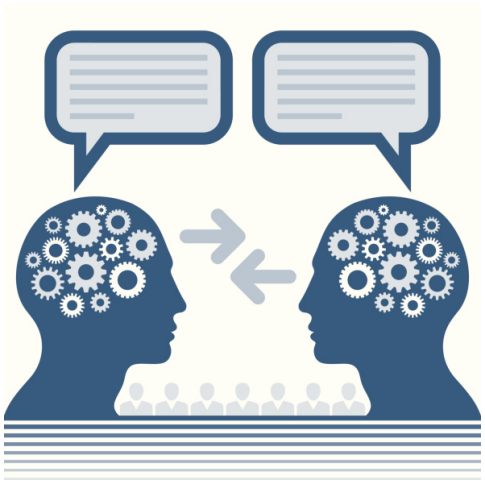
IMPROVING COMMUNICATION



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LEARNING POINTS

1. Types of communication
2. Making judgments about other people: First impressions & stereotyping
3. Barriers to good communication
4. Appearance related conditions and communication
5. Improving communication

EFFECTIVE COMMUNICATION…

…is a key skill in increasing the focus of care on the patient

- Makes the patient feel their voice is heard
- Increases their sense of control over their care
- Promotes their contribution to decisions made about their treatment
- Likely to increase their satisfaction with care

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What is 'Patient-Centred Communication'?

"Communication that invites and encourages the patient to participate and negotiate in (decision making regarding) their own care"

(Langwitz et al, 1998)

1. TYPES OF COMMUNICATION

- Linear – one way communication
- Interactional – a two way, cyclical process. The sender and receiver are both active and responding to each other
- Transactional – communication within the context of a relationship between two people.
  - All behaviours (verbal and nonberbal) contribute to the communication
  - The communication has an impact on both parties

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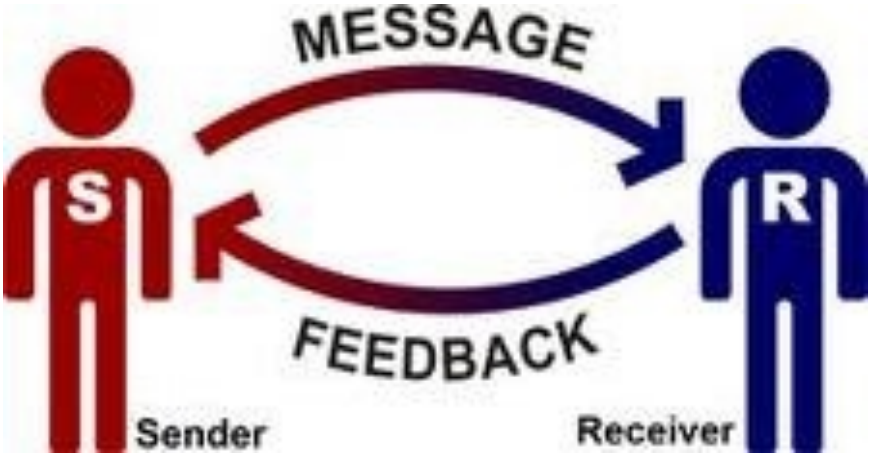
Interactional Communication



EXERCISE

- Give examples of the following types of communication in your work setting and think of situations in which these styles are appropriate/inappropriate
  - Linear
  - Interactional
  - Transactional

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IT'S NOT WHAT YOU SAY, IT'S THE WAY YOU SAY IT!
TYPES OF COMMUNICATION

VERBAL

- Volume
- Pitch
- Rate (speed of delivery) & fluency
- Accent/comprehensibility
- Additional vocalisations (laughing, grunting etc)

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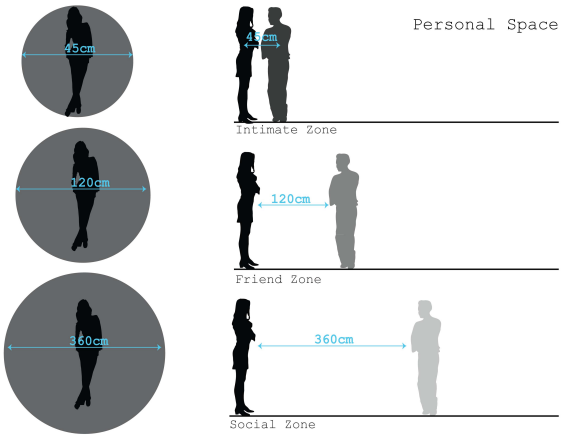
CHANNELS OF COMMUNICATION

NONVERBAL (Body Language)

- Provides the majority of communication
- Multiple channels
  - facial expression
  - eye gaze
  - hand movements
  - posture
  - orientation (the way you face the person with whom you are communicating)
  - personal space ('proxemics')
  - touch



PERSONAL SPACE

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EXERCISE: PERSONAL SPACE

- In same sex pairs, imagine the distance you would adopt between each other in the following situations
  1. Meeting the other person for the first time in a work context
     - One person in the pair takes one step closer to the other person. How does it feel? What impact might this have on the communication?
  2. Greeting a patient/client you have met before
  3. Greeting a good friend
  4. Sharing a piece of personal information with a good friend

EXERCISE (CONTINUED)

Repeat the exercise in opposite sex pairs.

What do you notice about the distances you adopt in the different scenarios? Did both parties feel comfortable, or are there personal differences in the optimum distance between you? If so, are these differences due to personality, social or cultural differences?

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NONVERBAL COMMUNICATION

Types:

- Intentional
  - Reinforces verbal communication
- Unintentional
  - Not always under conscious control
    - The 'fake' smile…..
    - Non-verbal 'leakage' (eg emotions)
- Contradictory

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EXERCISE

- Think of examples of the three main types of nonverbal communication
  - Intentional
  - Unintentional
  - Contradictory
- What are the consequences of this type of communication on the receiver?

2. MAKING JUDGEMENTS ABOUT OTHER PEOPLE

FIRST IMPRESSIONS EXPLAINED…

1. When we meet people for the first time, a lot of information is available (e.g. a person's appearance; their use of verbal & nonverbal cues).
2. To avoid being overwhelmed, we make the information manageable by focussing on a few salient cues (often those relating to appearance).
3. We use these as a 'short cut' to guide us as to the most appropriate way to behave towards the other person.

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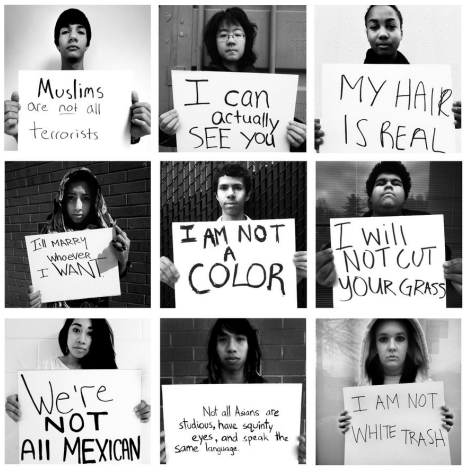
FIRST IMPRESSIONS

4. This process lasts for the first 10-15 seconds of a meeting with another person
5. After this, other cues (eg verbal, nonverbal) come into play and can quickly over-ride the initial impression
6. We use our first impressions to make stereotypic judgements of other people



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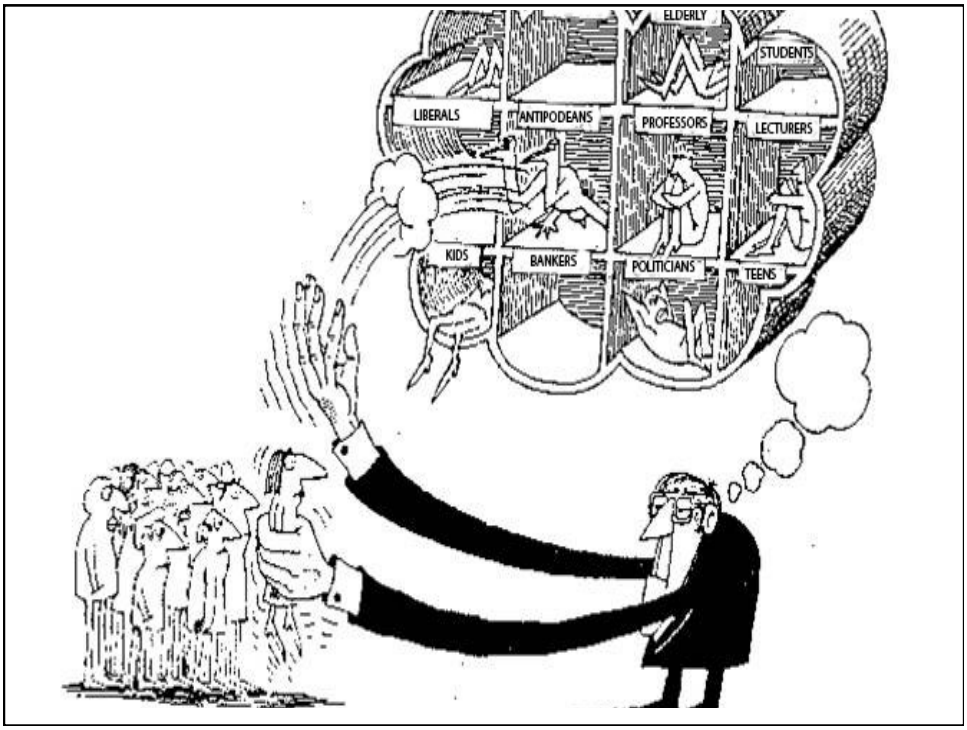
STEREOTYPING

- Humans have an innate tendency to categorise others on the basis of external characteristics
- We make stereotypic judgments on the basis of preconceived ideas (beliefs; attitudes) about the characteristics we believe to be acceptable, socially valued and desirable
- These judgments are also influenced by cultural and religious beliefs and by social norms



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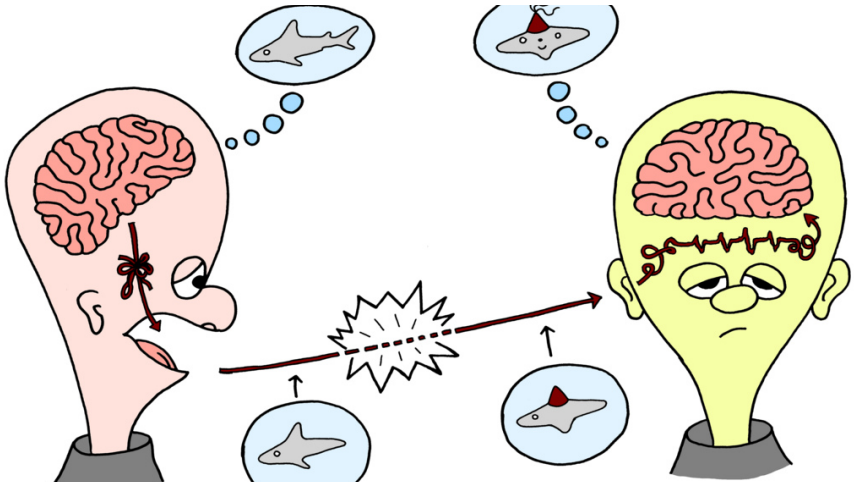
3. BARRIERS TO GOOD COMMUNICATION: *EXERCISE*

1. Consider a communication failure you have experienced with a patient or family member in your work setting. What went wrong? Why? How could it be improved next time?
2. Consider two people you know. One is an excellent communicator and the other is poor at communication. Analyse why this is the case – what are the characteristics that contribute to their performance?



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BARRIERS TO GOOD COMMUNICATION

BARRIERS TO GOOD COMMUNICATION

- Interference or 'noise'
  - Anything that disturbs the information ('signal') transmitted to the receiver, or distracts him/her from receiving it. These may include
    - Jargon or terminology
    - Telling the person more than s/he needs to know
    - Providing too much personal information (this can be distracting)
  - A noisy, or inappropriate environment
  - The presence of others (partners, parents, other medical staff etc)
  - A 'double bind' (contradictory messages within the communication, eg from verbal and nonverbal information

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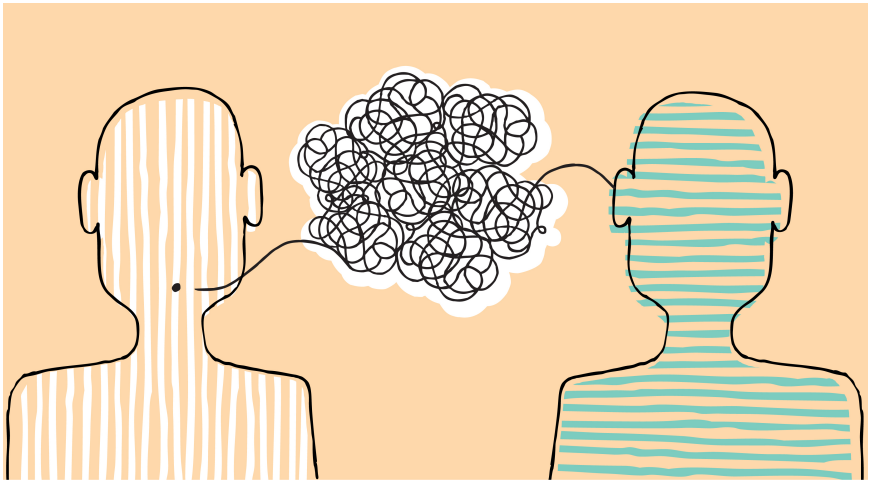
BARRIERS TO GOOD COMMUNICATION

- Semantic interference: The receiver does not receive and/or attribute the same meaning to the communication as the sender. This can be affected by
  - Terminology
  - Lack of fluency in the language
  - Attitudes and beliefs
  - Cultural and/or social differences
- Emotional state (of the sender or receiver)
  - Stress
  - Anxiety; depression



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BARRIERS TO GOOD COMMUNICATION

- Our beliefs, attitudes and expectations (we 'see' others through the lens of our own assumptions):
  - Gender, age, social class, educational level
  - Inferring personality (implicit personality theories & stereotypes)
  - We notice & remember information that fits with our pre-conceptions. This can produce a 'self-fulfilling prophecy'
- A power imbalance between the parties

4. CONGENITAL CONDITIONS & COMMUNICATION

Congenital conditions resulting in a visible difference, or affecting communication in other ways can be an 'interference' to the communication process.

This can affect the communication by the affected person, or the behaviour of the other people involved in the communication

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CONGENITAL ANOMALIES

- Prevalence: An estimated 1:5 people have an appearance that is considered 'different' or 'abnormal' compared with the general population.
- Many of these result from congenital anomalies. Approximately 3% of newborn babies have a physical anomaly with a cosmetic impact.
- The majority (75%) affect the head, face or neck. A cleft of the lip/palate is the most common birth anomaly, occurring in approimately 1:700 (Rumsey, 2012)

TYPES OF CONGENITAL ANOMALIES

Visible differences can result from

- Vascular malformations (e.g. birthmarks)
- Genetic syndromes (e.g. Marfan syndrome - associated with an elongated face, torsO & limbs)

The visible signs & symptoms of a congenital anomaly may be

- present from birth and remain through life (as for some types of birthmark)
- Present at birth and lessen over time (e.g. craniosynostosis)
- Be latent at birth and appear at a later life stage (e.g. neurofibromatosis)

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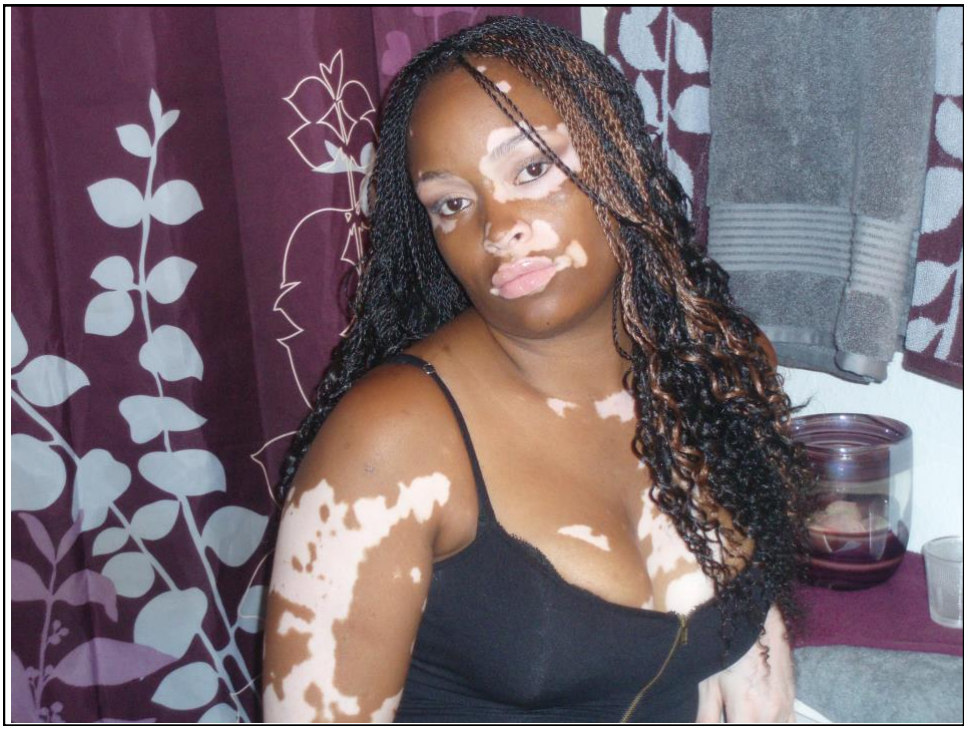

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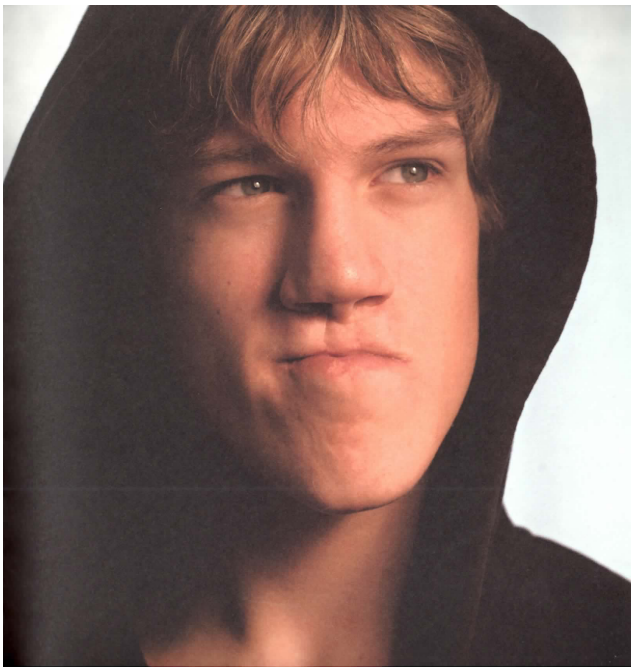
THE CHALLENGES OF VISIBLE DIFFERENCE
(The Example of Cleft Lip/Palate)



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People of any appearance, age, gender or social background can be anywhere on a continuum between being very satisfied and very dissatisfied with the way they look:

Dissatisfied **Satisfied**

EXERCISE

What might the impacts of a congenital condition be on interpersonal communication?

Consider the effects on the affected person and on others involved in the communication process……

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THE AFFECTED PERSON

FACTORS THAT MAY INTERFERE WITH COMMUNICATION

- Facial anomalies (particularly those affecting the eyes, nose or mouth)
- Distortion/anomalies to speech
- Hand anomalies (may interfere with gesturing)
- Posture may be affected by a congenital condition
- The patient's developmental age/level of maturation
- Levels of anxiety (e.g. in hospitals); depression

OTHERS INVOLVED IN THE COMMUNICATION

- First impressions may be influenced by the unusual appearance
- An unusual appearance often results in uncertainty about how to behave (e.g. the other person may wish to avoid any suggestion of staring, thus eye contact may be reduced disrupting communication
- Strongest effects occur during first 10 seconds

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EXERCISE

Most of us think we are better communicators than we really are (☺)

How might you optimise your communication with

- A child of < 8 years accompanied by his/her parents?
- A child of 9-15 years accompanied by his/her parents?
- A young person of 16-20 years?

EXERCISE:

Children < 8ys

Children 9-15ys

Young people 16-20 ys

Adults

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5. IMPROVING COMMUNICATION

1. Key skill: Understand the limitations of your own communication skills, knowledge & expertise. Be prepared to refer the patient/ family to an appropriately skilled person (if available)
2. Optimise the setting/environment for the conversation

IMPROVING COMMUNICATION (cont)

3. Focus on your own skills: Be an effective listener - Be 'present' - focus on the other person
   - Hearing
     - Avoid distractions (eg mobiles phones; interruptions)
     - Don't respond too quickly; be patient
     - Don't make assumptions about what the difficulties/ challenges might be for the patient
     - Don't be judgmental about the issues that are causing concern (eg avoid phrases such as "there's no need to worry about that….")
   - Understanding
     - Adopt the other person's perspective
   - Remembering
     - Recap

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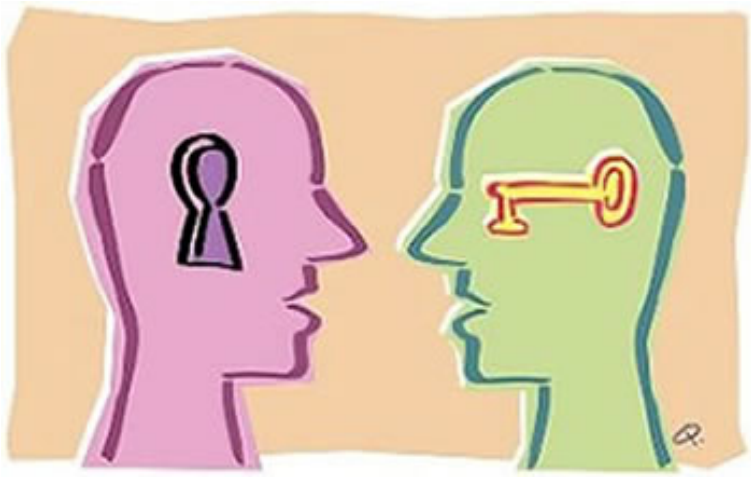
IMPROVING COMMUNICATION

4. Observe
   - Focus on nonverbal as well as verbal cues in the patient/client (eg emotions)
5. Timing & synchrony
   - Avoid interrupting (when possible)
6. Clarify and check understanding
   - Ask open questions (how, why, when, where, who, which…?)



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REMEMBER THE IMPACT OF PRIMACY, & RECENCY

- The Primacy Effect
  - First impressions are powerful: The other person will form an impression of you….
  - The first words are remembered more than subsequent information
- The Recency Effect
  - The most recent (last) message is also remembered more clearly than other information
- Biases in Interpretation
  - You and the patient/client will both filter information according to your/their own beliefs, attitudes and biases.
  - Check on your understanding by paraphrasing/recapping
  - Check on the patient's understanding by asking them to recap important information

COMMON AREAS OF DIFFICULTY FOR PEOPLE WITH VISIBLE DIFFERENCES

- The need to explore and resolve emotions, thoughts and/or feelings about
  - Feeling 'different' because of the disfigurement
  - Responses to treatment
  - The responses of other people to the 'difference'
- Making decisions about impending or future treatment
- Helping to develop social skills and other coping techniques
- Accessing and making use of social support

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THINK ABOUT THE OPENING CONVERSATION

1. Introductions
   - Offer your name clearly; establish how the person would like to be addressed
2. Give an indication of the time available and have a clock visible so you and the patient can both see the time (DON"T USE YOUR PHONE!)
3. Be ready to open the conversation – e.g.

- *Would you like to tell me something about your current concerns about your condition….*
- *Would you like to tell me something about the best and worst things about your condition….*
- *Why are you seeking this particular treatment/surgery/intervention at this point in time?*
- *How do you think treatment will change the way you feel (think) about your condition? Do you think your life will be different in any way?*
- *What are your expectations of the treatment itself? What is your understanding of what will happen to you?*

IDENTIFYING CONCERNS

These kinds of questions can be helpful in identifying patients' concerns:

- *How have you been getting on lately?*
- *You seem worried about……*
- *What does your family think about……*
- *People tend to be very curious about others. Have you had a lot of questions from other people?*
- *Have you got a good answer to questions about your scar/ speech/nose?*
- *Sometimes it's hard to work out when to tell people about your scar – especially when you are not sure what their response will be. Have you thought about this? How do you think you might approach it?*
- (after appearance altering treatment*) How are you coping with the changes to your appearance*

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CLOSING A CONVERSATION

Ending a conversation can be difficult, so be prepared! Give a 5 or 10 minute warning that the conversation will be ending soon

Well, our (my) time is up…..

SHOW APPRECIATION

- *It's been nice talking to you*
- *Thanks for the conversation*

PERSONALISE THE ENCOUNTER

- Use the patient's name

SUMMARISE THE CONVERSATION (TO SHOW YOU UNDERSTAND)

- *So, today we have talked about…..*

CLOSING A CONVERSATION

ANTICIPATE A FUTURE MEETING (WHERE APPROPRIATE)

- *I look forward to seeing you again*
- *Next time we can talk about….*

If an urgent problem is introduced at the end, indicate you have heard, but tactfully put off further conversation until the next meeting.

MAKE SHORT NOTES ABOUT THE MEETING immediately afterwards

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COMMUNICATION CHALLENGES

If a person is reluctant to speak about their issues….

- Ask them to write down their concerns and to bring them next time
- Focus initially on finding a solution to a practical problem

If a person becomes very emotional

- Be accepting and allow it the emotion to 'flow'

COMMUNICATING WITH CHILDREN

- Introduce yourself to the child as well as the parents
- Provide information about the treatment directly to the child in a way that is appropriate for their developmental stage
  - Be as truthful as possible to promote trust
- Allow them the opportunity to ask questions
- Give them some choice about their treatment if at all possible, e.g.
  - Would they like to bring their favourite toy with them to hospital?
- Think about non-verbal communication (children are very tuned in to facial expression) and also 'read' theirs

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PROMOTING THE VOICE OF YOUNG PEOPLE

Consider the patient's developmental stage & put yourself in their 'shoes'. Think about the issues they are dealing with, for example:

- Early adolescence (10-13 years)
  - *Am I normal?*
- Middle adolescence (14-16 years)
  - *Who am I?*
- Late adolescence (17-20 years)
  - *Where am I going?*

Appearance can be very important in adolescence – a visible difference can make key developmental tasks (acceptance of body & appearance; developing a sense of identity; establishing romantic relationships) more challenging

YOUNG PEOPLE

- Introduce yourself to the young person first, then to the parents
- Offer the patient the chance to talk on their own
  - *"Some young people prefer to talk about how things are going on their own; how about you?"*
- Reassure the patient about the confidentiality of the discussion (although this will be conditional on risks they may disclose – eg the possibility of self-harm)
- Provide age-appropriate information about treatment
- Engage the young patient (14 years and older) in decisions about treatment and in relation to consent.

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YOUNG PEOPLE

- Explain you are not just interested in their hospital treatment but would like to understand any impacts of their condition and where they are 'at' in life.
- Explain that these are questions you ask all patients to help to understand their experience of their condition and its treatment
- Start with questions on less sensitive topics first (family; education; activities), asking more 'difficult' questions later

For example……..

HOME

- *Who lives with you at home?*
- *Have you moved recently?*
- *Who would you go to if you needed help with a problem?*

EDUCATION

- *What are your favourite/least favourite subjects?*
- *How do you get along with other pupils/ teachers?*

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ACTIVITIES

- *What to you do in your spare time outside school?*
- *What activities do you enjoy most/are you good at?*

FRIENDS & RELATIONSHIPS

- *Do you have friends you can trust?*
- *Some young people at your age are getting involved in romantic relationships. Have you had a romantic relationship with anyone?*

THE CHALLENGE OF THE TRANSITION FROM ADOLESCENCE TO ADULTHOOD

- Facilitate the patient's growing independence from his/her parents
  - Address your questions to the patient
  - Offer the choice of seeing them alone for at least part of the consultation
- Help them to take control of treatment decision making
  - Explore their current and future concerns & their expectations of treatment outcome
- If they are thinking about longer term relationships
  - Can you facilitate some genetic counselling?

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YOUNG PEOPLE

IF YOU CONCERNED ABOUT THE POSSIBILITY OF DEPRESSION/SELF HARM…..

- Have you ever thought that life was not worth living?
- When did you last have these thoughts? How do you feel about this right now?

(adapted from Goldenring & Cohen, 1988)

- Make sure you know where to refer for specialist support

EXERCISE

In groups of 3, allocate two people to role play a first meeting between a health or social care professional and a patient/client. The third person should record the encounter if possible (eg using a mobile phone), or observe the encounter closely….

The two 'actors' should greet each other and the 'professional' should explain to the 'patient' the purpose of the meeting. This should only take a minute or two. The two actors should share their first impressions. The observer should feed back on what they think went well and what could be improved…..

Swop roles and repeat.

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IMPROVING COMMUNICATION: SELF PRESENTATION

- Manage the process of first impressions
  - Consider the impression your appearance will give (clothing; grooming)
  - Your introductory style is important
- Nonverbal behaviour
  - Think about your use of personal space (consider social and cultural differences)
  - Facial expression & eye contact are particularly important
- Vocal cues
  - Will your accent or intonation affect the first impressions made of you by the patient?

SELF AWARENESS

What are your own needs and motivations?

- To portray yourself as an expert?
- To communicate status?
- To communicate professionalism?
- To be liked?
- To improve adherence to a treatment regime?
- To achieve informed consent for a procedure?

What role are you 'playing'?

What are your own stereotypes? How might these affect your communication style and the impressions you form of others?

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EXERCISE

- How aware are you of your own communication style? Have you heard yourself in a voice recording? What was your response……Have you seen a video recording of yourself? What was your response?
- Ask yourself the question 'Who am I?' What role(s) do you play? How does this affect your communication style?
- What kind of first impression do you think you make on other people?

EXERCISE: ASK YOURSELF …

1. How effective am I at communicating with people from different cultures and educational levels to my own?
2. Am I effective in my communications with males and females and with patients of different ages
3. Am I good at maintaining self-control when communicating with others? Under what conditions do I lose control?

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EXERCISE: ASK YOURSELF …

4. How do I feel about my own appearance? Are my feelings interfering with my communication with patients?
5. Do I avoid face to face communication in favour of email or other technologies? What impact does that have on the quality of the communication?
6. Using information from this module, how might I improve?

PHYSICAL SETTINGS & SOURCES OF ADDITIONAL SUPPORT

- Is the physical setting appropriate to the type of conversation I will have with a patient or family?
  - Are interruptions likely?
  - Might others overhear?
- What will I do if the person needs more information or specialist support? What additional information & support are available? Are there referral routes in place?

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