

Basic Communication Skills for Improving Outcomes in Breast Screening.

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Rationale:

Better outcomes - such as improved detection, fewer complications, faster healing, better response to treatment, greater patient satisfaction and less clinician work stress - have been well-documented in even the most mechanical medical, surgical, physical and psychosocial diagnostic investigations and treatment procedures when there is an element of quality contact between the clinician and patient.

When there is little or no interaction, or the quality is poor, outcomes suffer.

Examples:

- “Warm and friendly” psychologists get better results with the non-verbal, procedure-driven therapy of systematic desensitisation to fears than “cool and unfriendly” types
- Acupuncture therapists, instructed to tell patients that they were doing a “scientific study” and were not to talk to patients, get worse results than those encouraged to show a positive, caring interaction and interest in their patients
- GP’s rates of detecting illness improve dramatically when they adopt an empathic style, respond to non-verbal cues like signs of anxiety or depression, listen attentively, avoid interrupting, minimise closed (yes/no) questions, tolerate silences and maintain appropriate eye-contact
- Surgeons get better results when patients receive information about what’s going to happen peri- and post-surgically and who are thus less anxious about what to expect
- Medications work better when accompanied by statements of positive expectations by clinicians

What are some better outcomes in your roles as nurses & radiographers in your field?

Example 1. Clearer images because the patient is made more relaxed by an efficient, focused but kind radiographer.

Example 2. Patients more likely to come in for further investigation if initial nursing contacts are seen by patients as supportive and positive.

Other good outcomes in your roles?

Why do you think warm, open communication, even in routine clinical contacts, makes such a difference to outcomes?

Which specific personal qualities and specific skills, that you think may contribute to good communication, make you more approachable and that allow others to relax and feel more comfortable? These are the initial, basic “approach-avoid” signals we send out that can either distance patients or set the stage to detect their concerns and to work through them, to the extent determined by your role. Think about times when you have had to approach someone in authority or had contact with a health service provider.

Personal qualities or characteristics that make you approachable?

Which of the following communication skills, that have been identified as central to outcomes in helping relationships, might apply to your role and why?

- Attending (e.g. eye contact, relaxed, following conversation without adding own material)
- Open invitations to talk e.g. giving person opportunity to state reason for coming, what they would like to discuss, how they are feeling
- “Minimal encouragers”. As name suggest, prompts to keep talking with little interruption
 - Repetition of 1 or 2 key words
 - 'Tell me more'
 - 'What does that mean to you'
 - 'Give me an example'
 - 'Uh-huh'
 - 'Then? Oh? So? And?'
- Reflection of feeling, thoughts and experiences that increase understanding of other’s situation
- “Perception checking” on what you heard or saw; to check your assumptions or interpretations and request for clarification
- Summarising or paraphrasing others’ statements for them to accept, modify or reject as a stimulus for deeper discussion
- Self-disclosure (talking about personal experiences, feelings etc) to encourage other to open up
- Listening (to prevent self-listening, mind-reading, interrupting)
- Levelling (opposite of bottling up)
- Validating (acceptance and recognition of the others feelings. Acceptance of what others say about their feelings as true. You may or may not understand why they feel the way they do but you acknowledge their right to their own feelings with a statement that validates those feelings.)
- Other skills?

Possible internal dialogues on first meeting.

This example shows how much communication can occur, starting in the waiting room, well before the first words are spoken.

Attribute	Clinician's Observations and Questions	Patient's Observations and Questions
Physical Appearance	She is very thin and pale... Is she ill? Under strain, depressed? Her hair is untidy and her blouse has a button missing ... Is she depressed?	He's so big and tall... Reminds me of my father. It's frightening. Can I trust him?
Manner and facial expression	She is withdrawn. Is she depressed? Reluctant to be here? Her face shows little expression.	His voice is warm and friendly. He looks me in the eye and smiles nicely.
Bearing	She is sitting hunched over, holding herself tightly. Is she afraid of me? Of the situation? Of revealing her anxiety	He looks relaxed and calm. He is upright but not stiff. His hands are at his side. He seems at ease. Can I relax too?
Movements and Gestures	She is turning her head away from me, twisting her hands moving her left foot up and down. She twitches. Is she very tense and anxious?	He is fairly still but not stiff and tense.
Posture	She is sitting hunched up on the edge of the chair. Is she very tense? Defensive? She is turned away from me, presenting her shoulder, not her face.	He is leaning slightly towards me. His hands are loosely clasped.
Stance	I've asked our receptionist not to put any phone calls through for half an hour. Hope she remembers. Her handshake was clammy ... Is she anxious? It is a bit warm.	He is seated to the side of me, facing me. I don't feel as if I am being confronted.
Surroundings	Should I turn on the air-conditioner?	It's private in here. I like the gold curtains. This chair is comfortable. Can I relax now? Maybe?
Eye Contact	She can't look me in the eye consistently. She darts quick glances at me now and then.	His eyes look warm. I want to look at him but I can't manage to keep looking at him yet. I think I can trust him.



Personal Barriers to Effective Communication

There is a clear dose-response relationship between our communication and success in our work.

Listed below are traps all of us can fall into in our communication.

Discuss: Which ones are more likely to impact upon your roles?

1. Telling the person what to do:

- a. ordering ' don't do that'
- b. warning ' if you do that she will be annoyed'
- c. moralising ' you shouldn't be doing that'
- d. giving advice ' I think you should'
- e. lecturing ' when I was in your position I ...'
- f. judging ' I don't think you are making much of an effort'
- g. ridiculing ' you're just being silly'
- h. interpreting ' the reason you are feeling this way is . . . '
- i. consoling ' never mind. I'm sure things will be o.k.'
- j. humouring ' well you could have been hit harder'

2. Appearing too busy to be interested /unapproachable/distracted.

3. "Taking over" the conversation.

4. Jumping in too quickly during pregnant pauses.

5. Giving your perspectives too early.

6. Failing to respond to the other's main emotion.
7. Too many questions, especially close-ended (yes/no) questions.
8. Long-windedness.
9. Inappropriate self-disclosure.
10. Saying nothing.
11. Dealing only with the content and not the feeling.
12. Attending to only one aspect such as the physical.
13. Pretending to understand.
14. Inappropriate voice tone (e.g. cool, unfriendly, clipped, insincere) or voice volume (e.g. unusually loud is usually perceived as aggressive or overbearing and too soft as timid).
15. Talking over the top of others' sentences.
16. "Mind-reading" – thinking we know how the other operates or is thinking, feeling or experiencing. (Perhaps the biggest trap in more intimate relationships. Usually a form of projection - a displacing on to others of our own unfinished business - especially if we are in an offensive/defensive mode.)
17. "Kitchen sinking" – dragging in everything but the kitchen sink in our list of concerns with the other.

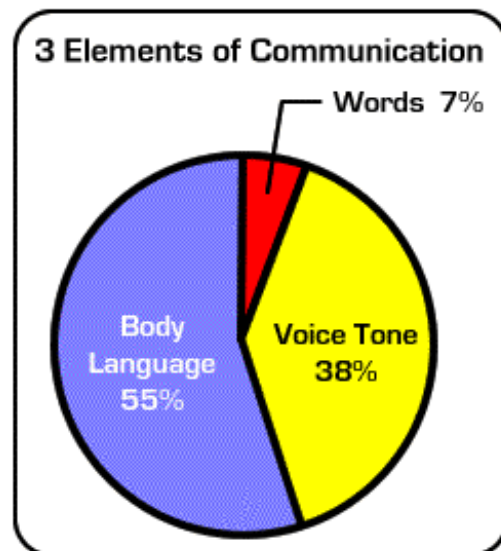
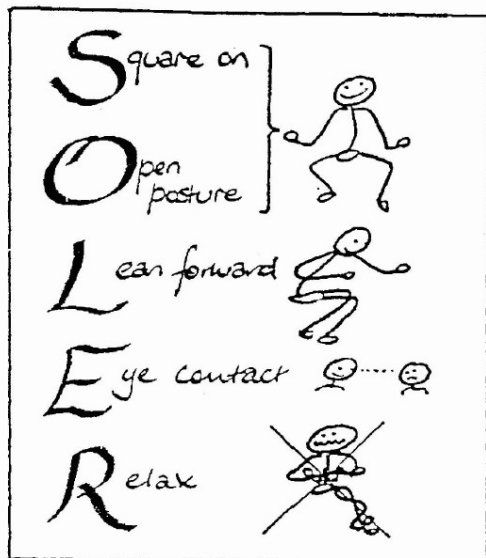
Any of these, along with your body language and facial expression, may communicate to the other that:

1. you are not interested.
2. you think it's all their fault.
3. you don't care how the other is feeling.

As a result people are less co-operative, less relaxed and more defensive.

Awareness is all. Knowing which traps you are more likely to fall into will help avoid them.





**Body Language – Egan’s (1975) SOLER model and Mehrabian’s (1971) “3 V’s” of communication.
“It ain’t what you say, it’s how you say it!”**

Your posture, gestures, facial expressions, and voice all send nonverbal messages to your patients. There are different kinds of nonverbal messages you can send.

The basic elements of physical attending can be summarised by the acronym SOLER.

- S** Face your patients SQUARELY. This says that you are available to work with them.
- O** Adopt an OPEN posture. This says that you are open to your patients and non-defensive.
- L** LEAN toward the patient at times. This underscores your attentiveness and lets patients know that you are with them.
- E** Maintain good EYE contact without staring. This tells your patients of your interest in them.
- R** Remain relatively RELAXED. This indicates your confidence in what you are doing and also helps patients relax.

These nonverbal behaviours are particularly useful when they match (or pace) the patient's non-verbal behaviour. Pacing means moving the way patients move without it being so deliberate they notice. When postures are similar, patients rate clinicians as more empathic. Of course, these are guidelines rather than hard and fast rules.

It is important that what you say be reinforced rather than muddled or contradicted by your non-verbal messages. One famous study showed, when communicating feelings and attitudes, that our liking or disliking of someone and the decision to open up and remain engaged in communication is determined in large part by facial expression, along with posture and gesture (55%) and voice tone (38%). The words contribute only 7% to our liking and decision to keep talking.

These findings are sometimes referred to as the “55%-38%-7% rule” or the “3 V’s” of communication: the Visual, Vocal and Verbal. If there is any ambiguity about what you say and how you say it, in the end, others will believe the non-verbal and vocal aspects of the message. They will rely more on the fact that the face and body do not lie.

