

INTERPERSONAL AND COMMUNICATION SKILLS IN HEALTHCARE

Discussion Guide



To Learners and Clinical Skills Faculty:

This Discussion Guide is a companion to the *Interpersonal and Communication Skills in Healthcare* video. The video presents an overview of communication skills that are assessed on the Podiatric Communication Skills Assessment (PCSA) during the American Podiatric Medical Licensing Examination – Part II Clinical Skills Patient Encounter (CSPE).

The goal of this Discussion Guide and video is to promote excellence in healthcare communication. Although it reviews the six dimensions of the PCSA and illustrates lower and higher quality skills, it is not intended as an aid to passing the CSPE.

This Guide and the video list three discussion questions with answers and recommendations for each of the PCSA dimensions. These are intended as a “discussion facilitator” rather than the final word on competent communication. We have listed interpersonal and communications skills references to enhance learning.

We hope you find this Guide and the video useful tools in teaching, learning, and assessing interpersonal and communication skills in healthcare!

The National Board of Podiatric Medical Examiners

1. RAPPORT Discussion Questions

Rapport is defined as “Establishes and maintains a positive, respectful working relationship with the patient.” To establish and maintain rapport means to find ways of connecting with the patient from the time you enter the exam room, through the exam itself, and through the exam closure. Rapport is synonymous with developing a harmonious relationship with another.

What are other ways to establish and maintain rapport with patients?



Tips

- Smile when appropriate
- Project calmness through a reassuring demeanor
- Maintain eye contact
- Avoid mentioning how much time you have with the patient.

How can a physician inadvertently hinder the rapport they have with their patients?



Tips

Rapport can be hindered in a number of ways. For example,

- Appearing to be in a hurry
- Sounding judgmental when educating or counseling a patient
- Dismissing a patient’s concerns
- Inappropriately joking with a patient
- Using medical jargon without explaining what the terms mean
- Asking the patient to repeat back the treatment plan can be problematic if it appears they are being quizzed. Instead say *“I gave you a lot of information. Can you repeat back what I just told you? I want to make sure I was clear.”* If the patient lacks recall, offer to write the information down for them
- Having one’s back to the patient when talking or listening.

What are respectful ways of opening an encounter, and closing an encounter?



Tips

When opening an encounter:

- Introduce yourself by your full name
- Shake hands with the patient (optional)
- Ask the patient what they would like to be called
- Set an agenda so they know what to expect.

When closing the encounter:

- Ask *"Do you have any questions?"*
- Remind them *"If you have any questions after you leave, please contact me."*
- Smile, and thank them for coming in.

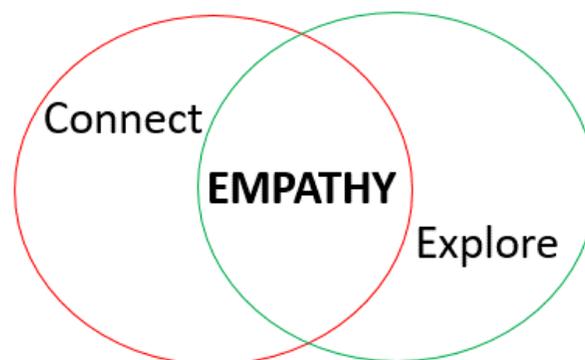
2. EMPATHY Discussion Questions

Empathy is defined as “Acknowledges and / or anticipates patient discomfort; expresses concern for the patient verbally and non-verbally; attempts to understand, through appropriate dialogue, the patient’s medical condition and life situation.” The challenge of demonstrating empathy is to both connect emotionally with the patient and explore appropriate lifestyle and healthy and risky behaviors.

How is “sympathy” different than “empathy?”

Sympathy and empathy have somewhat different functions in everyday life than they do in healthcare. *Sympathy* is the expression of pity or sorrow for someone. It derives from having a common experience of loss, sadness or sorrow. *Empathy* is frequently described as the ability to understand, share, and experience the feelings and pain of another.

In healthcare, sympathy can be viewed as the gateway to empathy when the physician expresses appropriate sorrow or concern for a patient’s situation and connects with them emotionally. After an emotional connection is established, *empathic inquiry* is used to explore the patient’s life situation.



Tips

Examples of *empathic inquiry* questions:

- Begin questions with: “*What...*”, “*How...*”, “*Please describe...*”, “*Where...*”, “*When...*”, “*Can you tell me more about...*”
- *Is there anything you can’t do now because of the pain?*
- *What do you think is going on?* (the patient may have ideas you may not have thought of)
- *What have you tried?*
- *How is this affecting you?*

How can “non-verbal” empathy be expressed?

It has been estimated that 80% of our emotions are expressed non-verbally.



Tips

When connecting with a patient empathically, pay attention to your non-verbal communication, for example:

- Facial expressions
- Gestures
- Paralinguistics
 - Volume of voice
 - Speed of speech
 - Intonation
 - Tone
 - Pronunciation
 - Articulation
 - Pausing to listen
- Body language and posture
- Eye gaze
- Proxemics, or use of space
- Appearance.

Why is it important to explore the patient’s lifestyle or activities of daily living?

It is important to distinguish between “disease” (a disorder of structure or functioning) and “Illness” (subjective experience of having a disease). Illness includes the patient’s lifestyle, for example health and risky behaviors, and activities of daily living.

If physicians fail to explore the patient’s illness experience, they may fail to treat the patient in the context of their life.

Three ways that patients experience illness are:

- A disrupted sense of self, e.g. feeling shame because of loss of functioning
- A changed relationship between those in the patient’s life, e.g. needing help if one is sick or disabled, and
- The effects of social structures on their illness, e.g. work-life interruptions.

Exploring life style and activities of daily living (self-care) are a way of integrating a patient's medical condition with their life.



Tips

Here are some questions to explore a patient's activities or life style:

- *Tell me about a typical day.*
- *Describe your diet, exercise routine, etc.*
- *What does your work entail?*
- *What kinds of things are important to you in your life?*
- *Are there any medical treatments that would be too much for you?*
- *What fears do you have about getting sick or medical care?*
- *Do you have a social network / social supports?*

3. INSTILL CONFIDENCE Discussion Questions

Instilling confidence is defined as “Instills and conveys confidence, verbally and non-verbally, in his / her ability to relate to, examine and treat the patient in a professional manner.”

What are physician behaviors that undermine patient confidence in them?

There are a number of situations in which a physician can inadvertently undermine a patient’s confidence in them. For example:

- Inappropriately apologizing for performing routine exams or asking pertinent questions
- Using “immature” or unrefined language or verbal fillers when speaking to a patient, e.g. using words like “cool,” “awesome,” “gotcha,” “um,” and “like”
- Speaking “peer to peer,” e.g. when young physicians try too hard to relate to young patients
- Inappropriate, unprofessional dress
- Lack of hygiene
- Being awkward or clumsy when performing a physical examination.

How can podiatric physicians act in an “authoritative” (vs. “authoritarian”) way?

Being authoritative connotes acting in a self-confident, trustworthy, and reliable manner that engenders respect. Being authoritarian means expecting others to comply with orders.



Tips

To act with authority with patients:

- First, be clear what your authority is and act accordingly
- Make it clear you are a part of a team
- Know what to say when you don’t know the answer, e.g. “I’m not sure, but let me find out”
- Be comfortable with silence instead of filling silences with nervous chatter
- Don’t be defensive. Confident people can admit they might be mistaken, or that there might be a better way of doing something.
- Be direct rather than avoiding difficult or awkward conversations. Say what needs to be said directly in a respectful, straightforward manner.

What are non-verbal approaches to instilling confidence in patients?

Non-verbal communication speaks volumes and instills confidence when words fail.



Tips

To communicate non-verbal confidence:

- Make eye contact when speaking
- Communicate confidence through appropriate touch, for example, a handshake that is neither too weak nor bone-crushing
- Dress as a professional, that is, with clean, well-kempt clothing.
- Mind your posture and sit/stand up straight
- Avoid smiling nervously
- Give your full attention to others
- Respond to others' non-verbal cues, which can tell you when they want to speak, ask a question, agree or disagree, or respond emotionally.

4. INFORMATION GATHERING Discussion Questions

Information gathering is defined as “Elicits information from the patient in an understandable and straightforward manner.”

What does it mean to “ask questions the right way” vs. “asking the right questions”?

The “right questions” in medicine refers to questions that explore the chief complaint and its history, past medical history, social history, etc. It is possible to ask the right questions in the wrong way, for example, by asking questions that are confusing, convoluted, indirect, or inarticulate.



Tips

To ask questions the right way:

- Ask one question at a time.
- Avoid or define medical jargon.
- Avoid leading questions that subtly prompt a patient to answer in a particular way, e.g. “*No problems with...*”
- Use a combination of open- and closed-ended questions.

Define the difference between “open-ended” and “closed-ended” questions.

Open-ended questions ask patients to answer with more than a simple yes or no, nod of the head, or specific answer. They ask the patient to describe and elaborate on something, and often start with words such as *how*, *what*, *when*, *where*, and *why*. These are useful when a physician wants to explore a topic by starting with a general question.

Closed-ended questions seek specific answers to questions, the goal being to clarify information.

Construct a list of open-ended and closed-ended questions that would be used when taking a typical medical history.



Tips

Open-Ended Questions:

- What brings you in today?
- How can I help you?
- Describe the problem.
- How are you feeling?
- What make the problem better?
- What makes the problem worse?
- What do you think is causing the problem?
- How has the problem progressed over time?
- What are your concerns?
- Tell me about your smoking history (if a smoking history was established)?
- How do you eat? Sleep? Relax? Exercise?
- What else is bothering you?

Closed-Ended Questions:

- When did the problem start?
- Where does it hurt?
- Does the pain move (radiate) anywhere?
- Are you allergic to anything?
- Are you taking any medications? What are you taking?
- Have you had any surgeries? Hospitalizations?
- Have you had any fevers? Night sweats? Rashes?
- Do you have any problems walking? Standing?
- Do you smoke? Use alcohol?

5. ACTIVE LISTENING Discussion Questions

Active listening is defined as “Listening, acknowledging and responding appropriately to the patient’s statements and questions; clarifying, exploring, interpreting and evaluating what is heard.”

How can a physician balance listening to a patient while taking notes?

At times it may be important to take notes as you speak to a patient, so the issue is not so much whether to take notes, but how.



Tips

To balance listening with note taking:

- Say to the patient “*I’m taking notes, but I’m listening to you*”
- Nod as the patient speaks
- Consider listening first, then write down the patient information as you summarize it.

Describe active listening techniques.



Tips

Active listening techniques include:

- *Repeating* short phrases or words
- *Paraphrasing* what the patient is saying by using similar words and phrases
- *Reflecting* the patient’s full statements by using the exact words
- Asking *follow up* questions
- *Clarifying* what was said / heard.

How can a patient be sure the physician actually heard them?



Tips

Provide evidence to the patient that you heard what they said by:

- Asking clarifying questions
- Asking follow up questions immediately or later in the interview

- Providing feedback, e.g. *"It seems that it's harder for you to walk in high heels."*
- Summarizing information periodically, or a grand summary at the end.

6. COLLABORATION Discussion Questions

Collaboration is defined as “Takes a patient-centered approach by working together with the patient, encouraging patient involvement in his / her examination and treatment; giving, explaining and summarizing information a patient could use to make decisions; providing patient education and counseling.”

Describe the difference between “prescribing” and “collaborating” with a patient.

To *prescribe* is to advise and authorize the use of a medication or treatment. To *collaborate* is to work together with another. *Collaborative prescribing* means that physicians take a patient-centered approach by giving patients enough information about a proposed treatment to allow them to make an informed decision about whether to follow the prescription.



Tips

When collaborating with a patient, ask / say:

- What do you think about the plan?
- Is this something you think you can do?
- What I recommend is costly. I want to make sure you are able to afford this.
- Let’s work on this together.

What does it mean to be “patient-centered”?

Patient-centered care means that the physician takes into account the patient’s wishes, needs, life circumstances, health beliefs, and health choices. It is striking a balance between what the physician thinks is important and what the patient wants and needs.

What are effective ways of involving patients in their treatment?



Tips

To involve patients in their treatment:

- Provide information about their symptoms, physical exam findings, and diagnosis
- Avoid medical jargon
- Discuss specific treatment steps and follow-up plans
- Fully address the patient's concerns and questions
- Check for the patient's understanding
- Ask for input about the treatment plan.

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