

Communication techniques

Carsten Braun
OB-Gyn
Gelsenkirchen - Germany

after all - you always have to talk...

- Objectives:
 - Explain how to communicate with patients in a caring and compassionate way
 - Create an appropriate setting for a patient interview
 - Identify interviewing techniques that will enable you to gain insight into the psychosocial needs and background of your patient



What the patient expects?

- knowledge and competence
- easy and quick access to the doctor
- doctor makes the correct decisions
- accuracy in diagnosis and treatment
- emotional intelligence/competence
- Doctor who cares about the needs of the patient
- doctor who takes her problems/needs seriously
- doctor who has time for the patient
- doctor is a good listener











How much time do we have?
How much time do we need?



According to a German study it takes on average
18 seconds until a doctor interrupts the
patient for the first time.



- Most doctors fear that they will have too little time for needed interaction if they let patients freely talk about their problems.  
- *You need not fear that. As the professional participant in the interaction you can always take control of the talking.*  
- But letting the patient talk freely you have the chance, with the help of special question techniques – *as we will see later* – to learn about the psychosocial needs of the patient which could also be the cause of the illness.

- The main task is to give the patient the opportunity to speak.
- To enable the patient to say (preferably uninterrupted) what she has to say.
- This should happen in an atmosphere where both the patient and the doctor feel secure and comfortable to talk.  
- The setting is the responsibility of the doctor

Talking with the patient

Setting:

- a closed room
- no disturbances (telephone etc.)
- protecting the privacy of the patient
- comfortable atmosphere
- Set an agenda:
 - inform the patient how much time you have for the interaction before the talking begins (5-20 minutes)
 - having informed the patient before makes it easier to end the session once the amount of time is used up
- respectful language
- regulation of proximity, distance, etc.
- The setting is your responsibility!!!!



Talking with the patient

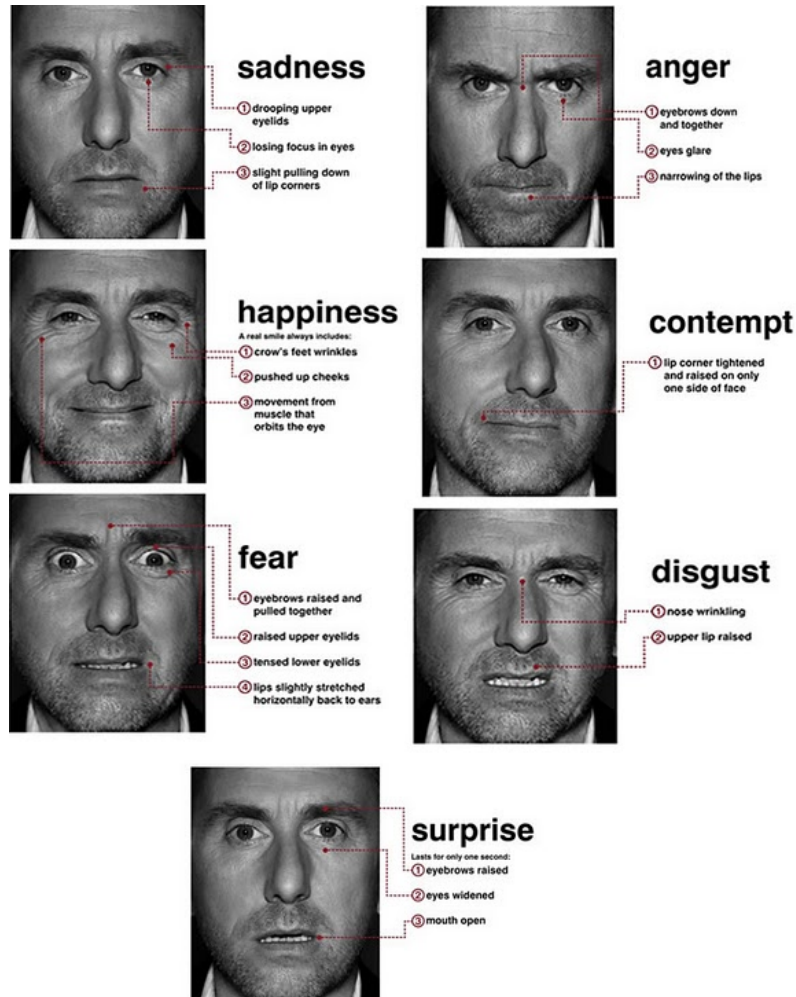
- **nonverbal signals:**
- eye contact – but no staring
- sit across from the patient
- sit beside the bed on a chair *(do not sit on the bed of the patient – it is the only privacy a patient has in the hospital)*
- open posture
- lean slightly forward – to the patient
- friendly face
- suitable gestures
- touching the patient if it is appropriate and if your cultural rules allow that



first steps in „reading“ the patient



Basic emotions - Paul Ekman



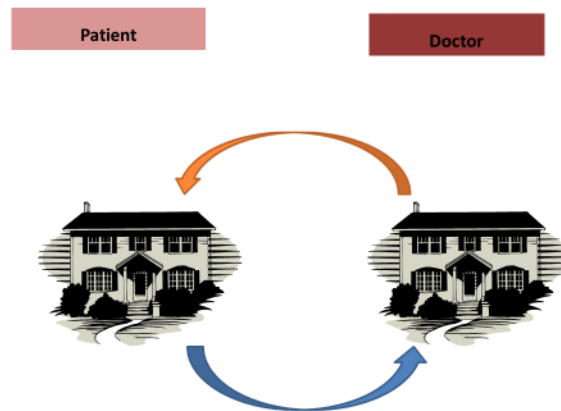
Basic emotions



- are understood worldwide
- are independent of cultural background
- need no talking
- can be detected just by watching the other
- every human has the capability to detect them
(if he is not suffering from alexithymia – condition where one cannot read/detect feelings in himself and others)

Understanding the other

- look inside the „home“ of the other



- see and perceive how it looks, do not judge
- return to your home

Understanding the other

- show interest in the person and respect the other
- try to feel and understand what the other really needs
- give feedback of what you have understood so far
- repeat where it is suitable
- verbalize the feelings/needs of the patient
- try not to intervene too early
- try not to give advice (perhaps at all) - first listen

emotional feedback

- if you have an idea of what the patient might feel – verbalize this in the form of a question:



– „I understand that you have felt helpless/lonely lately?“

– „I can imagine that this might have made you really angry...“



emotional feedback - example

- „I don't know what is happening. Even if I try hard nothing at work goes right. I think I should quit the job“

- Emotion: discouragement  

- Feedback: „I guess that you feel discouraged – always working hard without success“



Questioning techniques

- open questions

„What were your feelings when the symptoms occurred for the first time?“

„What did the situation look like when you felt the pain for the first time?“

Open questions are the **preferred technique to explore psychosocial issues** of the patient.

- closed questions

questions which only have two options for answering – mostly „yes“ or „no“

– good for quick information gathering but **not so valuable for psychosomatic exploration and treatment.**



Questioning techniques

- Catalog questions

„What is the pain like: stabbing, burning, throbbing, pulling, etc.?”

good for quick information gathering but **not so valuable for psychosomatic exploration and treatment.**

- Phrases

“We do feel good today, don't we?”

– phrases are **not suitable for psychosomatic issues.**

Questioning techniques

- **inquiry**

“When you say that your husband is more burdensome than supportive, how do you mean that?”

- could also be repeated as a sign of understanding feedback

„I understand that your husband is more of a burden and not as supportive as you would like“

Questioning techniques

- **circular questions**

„If we were to ask your wife why she thinks you always have the pain in your back – what do you think she would answer?“

indirectly you get the view of a second person regarding the problem of the patient and also an idea what the two partners think of each other. Circular questions give insight into the relationship. This type of question can also be used if the partner is present

husband says what he thinks his wife would answer – now you can ask the wife: „You have heard what your husband thinks your opinion is about his backpain. Is it as he says – or do you have a different opinion?“

Using circular questioning with a couple when both are present can give valuable insight about the dynamic and bonding of the couple.

Questioning techniques

- **solution-oriented question**

„How did you succeed in managing problems like that before..?“

- **problem-oriented question**

„What could you do to feel even more miserable?“

– can be useful because people often know what their part is in feeling bad. Using this technique you have to be careful not to disparage the patient.

Questioning techniques

- **future-oriented questions**

„What will your life look like in 5/10 years (if nothing changes)?“

„How likely (on a scale from 1-10) will you be able to manage your problem the next time?“

„How long do you think it will take you to cope with that problem?“

Can be useful to get an idea of whether the patient is willing to change her situation, or if the patient already is disillusioned and has resigned herself to living with her disabilities.

- **scale questions**

„If you were to rate your situation on a scale from 1-10, where are you now? Where should you be to be satisfied?“

Conclusions

- Allow sufficient time for interaction
- Provide an appropriate setting
- Demonstrate caring and empathy with verbal and body language
- Try to empathize with the patient's situation
- Use interviewing techniques that are open-ended, and that address the patient's goals and opinions of her situation



References:

- K. Rockenbauch, O. Decker, Y. Stöbel-Richter „Kompetent kommunizieren in Klinik und Praxis“, Pabst 2006
- A. Schweickhardt, K. Fritzsche „Kursbuch ärztliche Kommunikation“, Deutscher Ärzteverlag 2007
- A. von Schlippe, Jochen Schweitzer „Lehrbuch der systemischen Therapie und Beratung, Vandenhoeck&Ruprecht 2003
- F. B. Simon, C. Rech-Simon, „Zirkuläres Fragen“, Carl-Auer 2004
- Ekman, Paul (1992). "An argument for basic emotions". *Cognition & Emotion*. 6 (3): 169–200.
- Dwamena FC, Fortin AH, Smith RC. “Patient-centered interviewing.” In Henderson MC, Tierney LM, Smetana GW (eds), *The Patient History: An Evidence-Based Approach to Differential Diagnosis*, 2nd ed. New York: McGraw-Hill, 2012, p. 9-16.
- Bickley LS. “Interviewing and the health history.” In Bickley LS, Szilagyi PG, Hoffman RM (eds), *Bates’ Guide to Physical Examination and History Taking*, 12th ed. Philadelphia: Wolters Kluwer, 2017, p. 65-108.