



Communication

For MO





HOW DOES ONE LEARN COMMUNICATION SKILLS ?

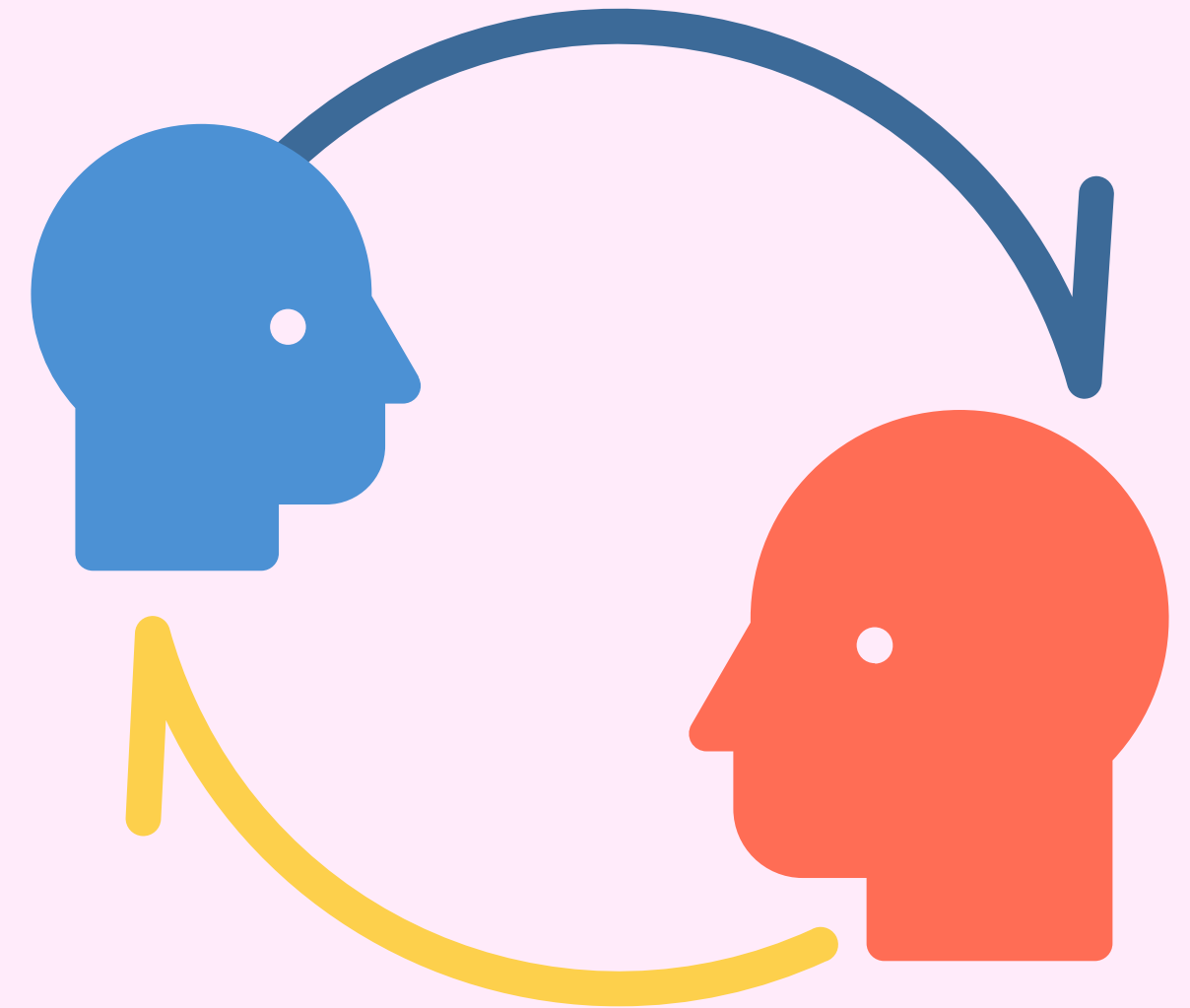
- Theory
- Discussion
- Role Plays
- Observation





CRUCIAL COMMUNICATION

- Breaking bad news
- Handling Denial, Collusion
- An emotional patient
- “Can you give me something to end this...?”
- “Am I dying ?”
- “Why me ?”





CASE SCENARIO

Ms. Suhana, a 60-year-old retired schoolteacher, investigated for post menopausal bleeding. Histopathology reports suggest Carcinoma Cervix, Stage 3. You are the doctor in-charge and now you need to discuss the diagnosis and various treatment options with her. She, her husband and their 30-year-old son are in front of you.

GROUP ACTIVITY

- Group will be divided into 4 smaller groups
- There are 6-7 people in each group
- You will need to discuss one aspect of this case scenario over 5 minutes
- Everyone should participate - one of you can coordinate
- At the end of 5 minutes, all are back in the main group
- The coordinator will convey the summary of the group's discussions in 2-3 minutes





GROUP 1

- You represent the patient and her family
- What non-verbal behaviours will enable you to trust the doctor?
- What settings will be comfortable?





GROUP 2

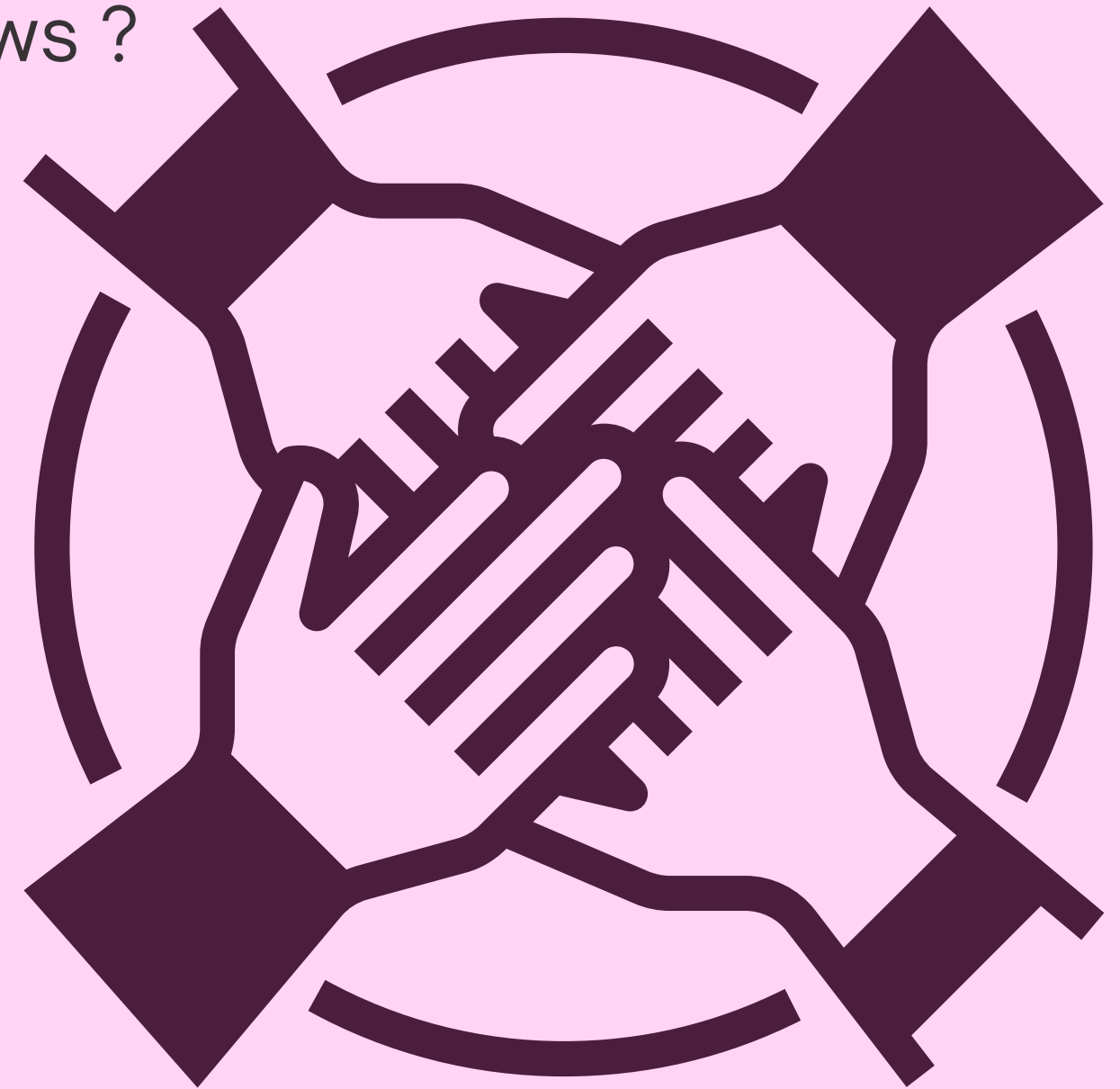
- As the doctor in this scenario what are our verbal strategies to enhance communication?
- What is an open question?
- What are the “DONTs”?





GROUP 3

- You are the treating doctor
- How will you proceed ?
- How will you elicit what the patient knows ?
- What is the warning shot ?





GROUP 4

- As you discuss the patient's diagnosis and treatment, she starts weeping
- How will you handle this?





GOALS OF COMMUNICATION - DOCTOR

- Establishing trust and rapport
- Gathering information from patient / family
- Informed consent
- Increase compliance
- Addressing patient emotions
- Increase patient satisfaction
- Eliciting concerns





GROUP 1

- You represent the patient and her family.
- What non-verbal behaviors will enable you to trust the doctor ?
- What settings will be comfortable?





NON-VERBAL COMMUNICATION

Our Body Language Conveys ...70%? 90%?

- Eye contact
- Gesture
- Touch
- Facial expression
- Nodding
- Distance



POSTURE

“When doctors sat down, patients thought the visit was longer than when the doctor was standing...”

Leaning forward help patients relax, improve satisfaction and recall.

JAMA 1999.



PATIENT'S AGENDA

- Cure/Symptom relief
- Clarity of diagnosis
- Plan and prioritize
- Help us make a decision



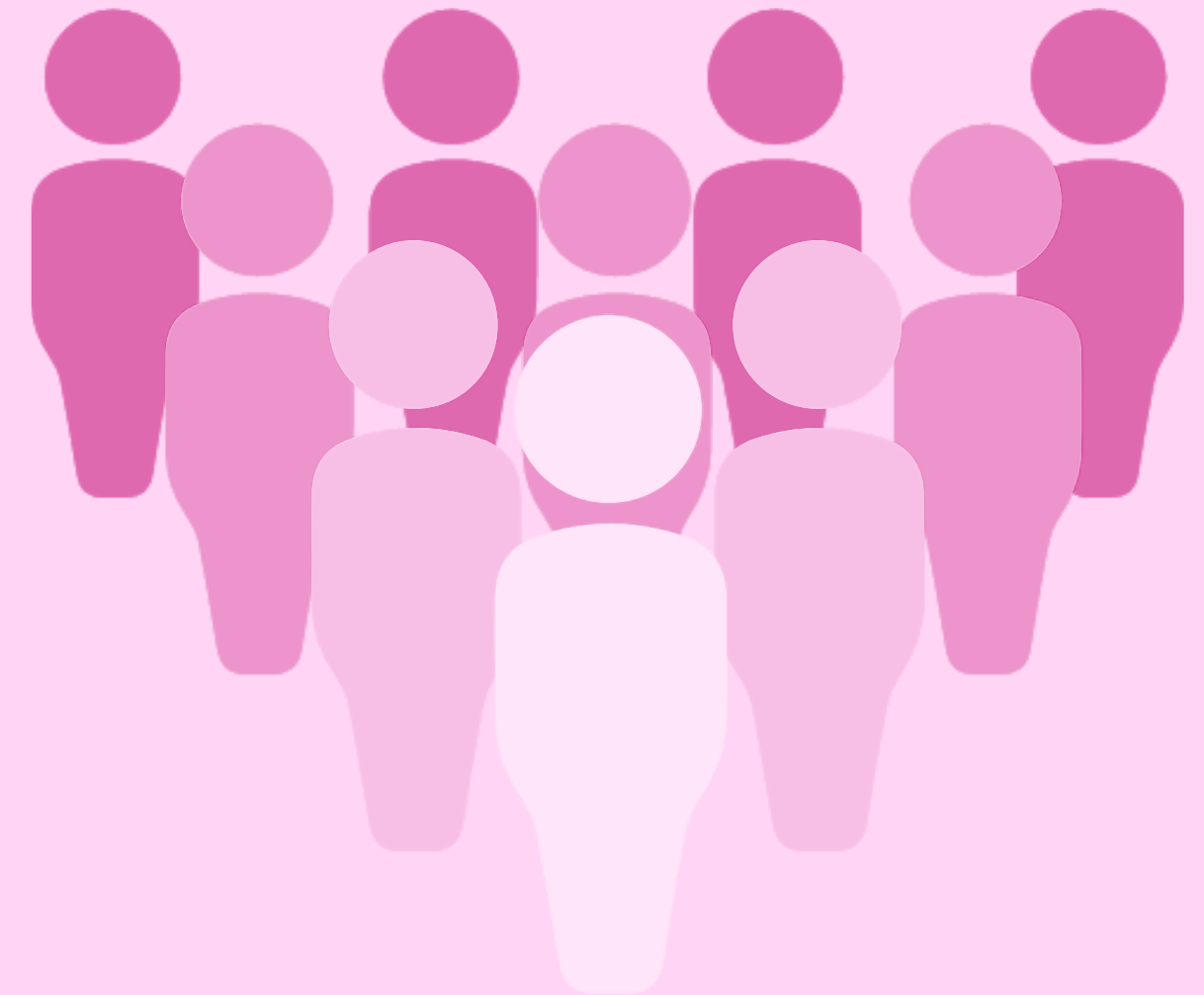


BENEFITS OF GOOD COMMUNICATION - PATIENT

- More satisfied, feel more in control
- More informed – Reduce uncertainty
- Helps in coping – No cure-palliation
- Sorting out complex information
- Promote psychological adjustment

GROUP 2

- As the doctor in this scenario what are our verbal strategies to enhance communication ?
- What is an open question?
- What are the “DONTs”?





VERBAL

- 30%
- Using language that patient understand
- Addressing by name
- Conveying interest – remembering details
- Conveying acceptance-non- judgmental

FUNDAMENTAL LISTENING SKILLS

Open Questions

- Questions that can be answered in any way (e.g. "how are you/what did that make you feel?")

Facilitating

- Pausing or silence when patient speaks
- Nodding, smiling, saying "hmmmm / tell me more about that"
- Repetition (i.e., repeating one key word from the patient's last sentence in your first sentence)



Clarifying

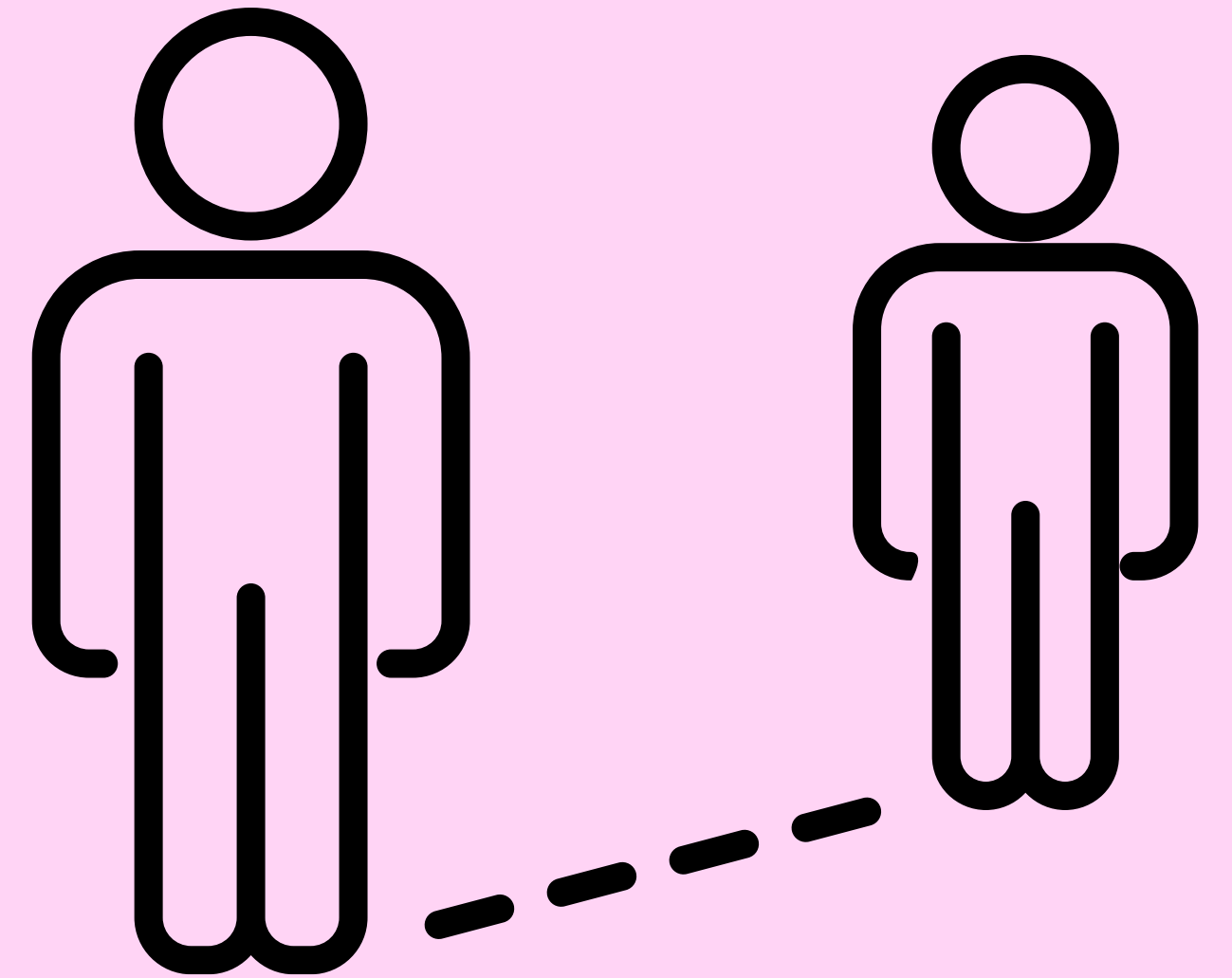
- Making overt any ambiguous or awkward topic

Handling Time and Interruptions

- With telephones, acknowledge the patient who is with you as you answer
- Tell the patient about any time constraints and clarify when the discussion will resume

DISTANCING & BLOCKING

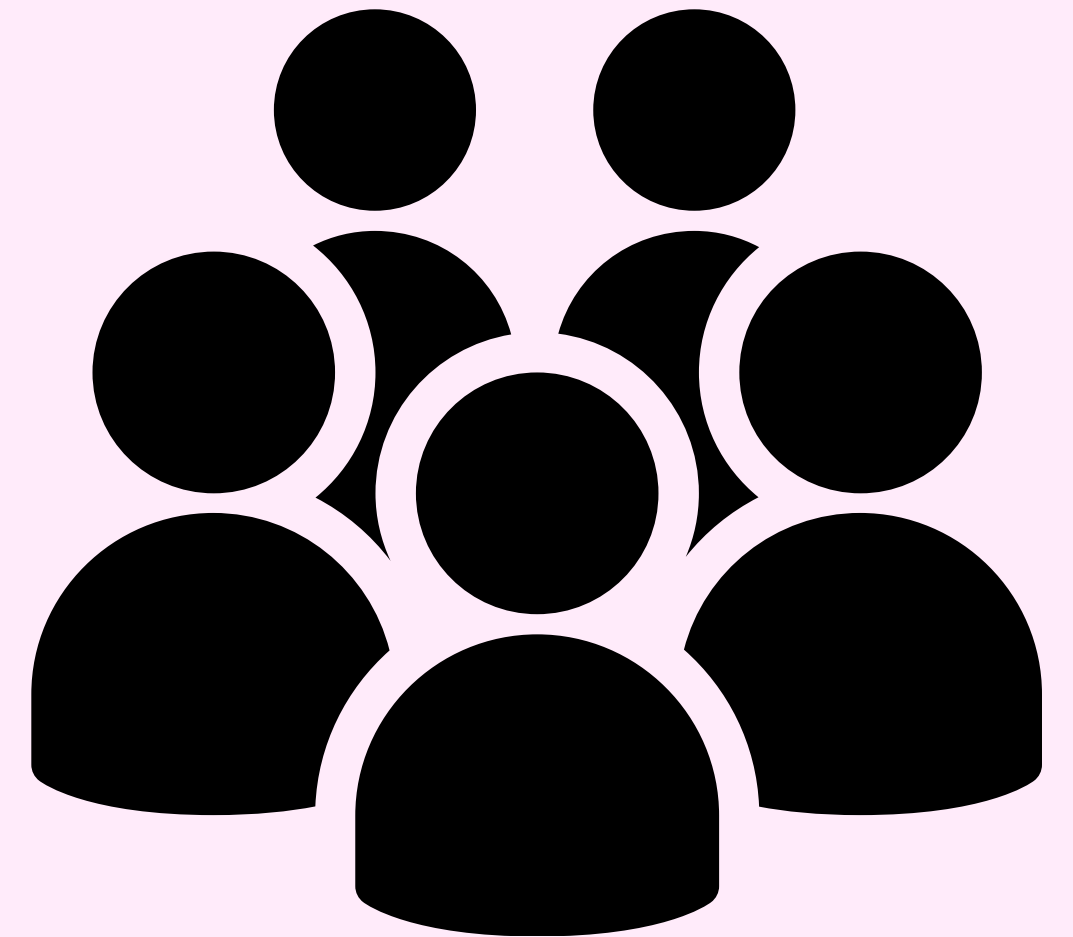
- Ignoring cues
- Inappropriate encouragement
- Premature reassurance
- Changing the topic
- Passing the buck
- Avoiding the patient
- Minimizing fears
- Jargon





GROUP 3

- You are the treating doctor
- How will you proceed ?
- How will you elicit what the patient knows ?
- What is the warning shot ?



South Asian Journal of Cancer, 2013, JGO, 2019



MINI SYMPOSIUM: CANCER-RELATED KNOWLEDGE: ORIGINAL ARTICLE

Year : 2013 | Volume : 2 | Issue : 2 | Page : 57-61

Does the cancer patient want to know? Results from a study in an Indian tertiary cancer center

Shekhawat Laxmi, Joad Anjum Khan

Department of Palliative Care, Bhagwan Mahaveer Cancer Hospital, JLN Marg, Malviya Nagar, Jaipur, India

To Tell or Not to Tell: Exploring the Preferences and Attitudes of Patients and Family Caregivers on Disclosure of a Cancer-Related Diagnosis and Prognosis

Arunangshu Ghoshal, MD¹; Naveen Salins, MD²; Anuja Damani, MD¹; Jayeeta Chowdhury, MPH³; Arundhati Chitre, MSc⁴; Mary Ann Muckaden, MD, MSc¹; Jayita Deodhar, MD, DNB, MRCPsych¹; and Rajendra Badwe, MS¹



SPIKES

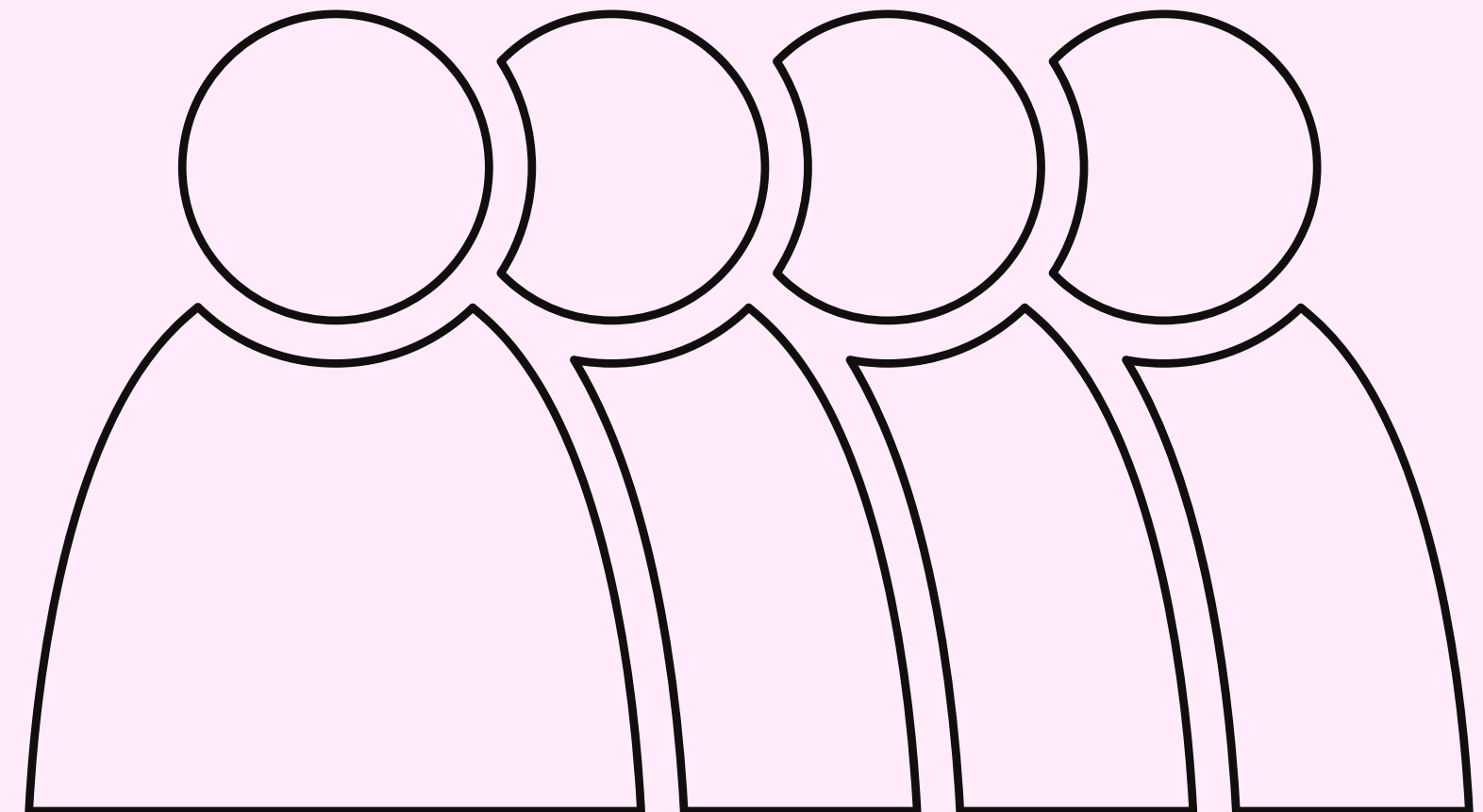
- Setting up
- Perception
- Invitation
- Knowledge
- Emotions
- Strategy/Summary



GROUP 4

- As you discuss the patient's diagnosis and treatment, she starts weeping

- How will you handle this ?





E - V - E

E: Exploring

V: Validating

E: Empathizing

Empathic statements
+
Validating statements
+
Exploratory questions
=
SUPPORT



REMEMBER

- Check the patient's knowledge or understanding
- Respect
- Listen
- Patient's issues/agenda
- Keeping a comfortable pace
- Summary and plan



Thank You

