

Doctor Patient Communication; An Introduction of Concepts

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The objective of teaching/learning communication skills is to create skilful communicators with empathy, dedication, altruism and resilience. It is not just knowing about communication empathy. A good doctor should be a good communicator, collaborator, manager, advocate, scholar and a professional as much as he/she should be an expert with knowledge and skills. He/she should inculcate empathy as a mandatory attribute that creates the basis for all other attributes like resilience, tolerance, adaptability, leadership as well as patient centredness. Therefore, inculcating empathy rather than sympathy and building capacity for listening should go hand in hand with training in communication skills. Empathy is an intellectually driven, effortful, cognitive, learnt behaviour that is driven by understanding and altruism that involve more advanced parts of the brain and stimulating parasympathetic system that is energy saving and less likely to cause vicarious trauma. Empathetic listening serves better than just reflective, attentive or reflective listening. Ignoring or selective listening is an uncivilized practice. Communication is not just gathering information or giving information. Communication is a process of sharing information, ideas, feelings, emotions and values between two or more persons, that will result in a desirable change in behaviour effectively. Such a democratic definition can not only make communication effective, comprehensive, accurate, relevant and efficient to manage limited time and support available but also help to soothe the patients' psychosocial and emotional predicaments. Communication supports therapeutic adherence, cost-effectiveness of health care and minimize out of pocket spending, leading to social empowerment while promoting holistic health rather than relying on curative service. Communication has a content: what we share, processes of how we do it, and perceptions interpretations, diagnosis and, managements plans that we derive. The process of communication has an initiation, gathering information, collaborative planning, sharing information and a closure with contract.

Communication Skills for History Taking

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History taking is the most commonly practiced communication skill. Enhancing this skill in communication is important in becoming a good doctor. Effective, efficient and supportive communication leads to successful diagnosis and recognition of problems. History taking has four important components: Initiating the session, gathering information, collaborative planning and giving information, contract and closure. Initiating the session part focuses on appropriate environment, introductions, followed by building rapport, asking an opening question, listening, summarising, asking screening questions and setting an agenda. In the gathering information part, more details are obtained from the patient using open to close cone questions, probing, clarification and verification. The gathering information is further facilitated by skills such as paraphrasing, restatement, sign posting and transition. One of the most important components of gathering information is addressing the patient's ideas, concerns, emotions, effects and expectations. Once the information is gathered, collaborative planning is made and necessary information is given to the patient. Finally, the history taking is completed with a contract and closure. Throughout this process empathy and supportiveness should be incorporated. Including all these components in history taking will help to provide a structure and build rapport during the consultation.

Communication Skills for Sharing Information

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Sharing information is one of the key features in medical practice. Health care professionals inadvertently adopt a process of lecturing, advising and commanding without any consideration to patient's background knowledge, perceptions and information needs.

Conducting a session structured in to segments with well-defined goals in each, will help to avoid common pitfalls while enhancing the sharing of information effectively. Such a session will have four main sections. Initiation, giving information, collaborative planning and closure. During initiation the mood is set for the session by preparing a conducive environment, understanding the patient and his/her perspective and setting, developing and confirming the agenda for sharing information." What do you want to know today?" would be a good way to understand the patients' needs in this phase. Moving on to the main objective of sharing information, it is done by giving information in chunks and then checking for patient's

understanding. Smooth transition from one point to another and sign posting will help patients to retain the information given.

Once information is shared the doctor and the patient will need to deliberate on how to move forward with the information at hand and this is done jointly in collaborative planning. The patient should be allowed to clarify doubts and the session should have a clear closure with a summary of what was discussed.

Sensitive Conversations; Breaking Bad News

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The very essence of effective communication is one that stems from the heart. Likewise, it is an integral aspect of conducting sensitive conversations. The process of sharing news which could devastate a patient could be emotionally draining to both the receiver and the bearer of bad news. Therefore, it should be handled by an experienced person who is well attuned with the mood encompassed.

Sensitive conversations include breaking bad news about disease diagnosis and prognosis, dealing with aggressive patients, exchange of sensitive information such as sexual abuse, issues in gender identity, sexual performance, substance abuse, negative body image problems and other traumatizing events.

Breaking bad news to a patient can be a challenge due to inexperience, lack of self-confidence and inadequate knowledge on conducting the process. Thus, understanding the pre-requisites to conduct a successful session, will enable one with the tools needed to combat this seemingly daunting task. Empathy coupled with abrupt disclosure of news is the preferred method. Physicians can use the simple mnemonic SPIKES, for patients awaiting bad news.

Setting: Ensure that both the environment, and your mental capacity are well prepped for this process. A quiet, private setting with adequate emotional support by the presence a loved one is essential. The physician should rehearse mentally, while visualizing responses to possible drawbacks during the session. Build a smooth rapport, as this initial interaction will decide the degree of trust and solidarity in the doctor-patient relationship.

Perception: The next step requires attentive listening to determine of the level of knowledge and type of attitude the patient possesses regarding his condition.

Invitation: The dive into the realm of sharing knowledge on the subject should be preceded by an invitation from the recipient to hear it. Tell the patient that some critical information will be shared, and ask him if he wants to know, while respecting his right not to.

Knowledge: Once the patient has indicated that he wants to know, however unfortunate the information is, it is crucial not to linger on. A warning shot, that the bad news is coming, followed by the crux of bad news itself should be communicated simply and frankly. Any effort to prolong the anticipation has been shown to impact negatively.

Empathy and Emotions: Although, being attuned to the patient's emotions is described at the latter part of this mnemonic, it should be highlighted that the entire process of communication should be laced with empathy and understanding. Observe and identify the patient's emotions, recognize the reasons behind them, and let him or her know that you have connected to them. **Strategy and Summary:** Closure of the session ensures identification of any deficits, time to rectify them and plan an agenda for the next meeting. A summary of knowledge shared and reassurance of the emotional support you can offer are paramount to successfully conclude the discussion.

Dealing with Aggressive Patients

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Anger and aggression are secondary to frustration, failure and pain. Aggression is a common problem that health care professionals are compelled to deal with. It is vital to understand that a person who is aggressive with anger is suffering and it is painful, and not an enjoyable experience. Anger and aggression lead to more frustrations and suffering. Therefore, empathy is the key to manage anger and aggression. Skilful communication is the key to success. Acceptance, tolerance, resilience, unconditional respect and parallel position are important attributes. Professional approach to anger aggression