



# Communication in Medicine

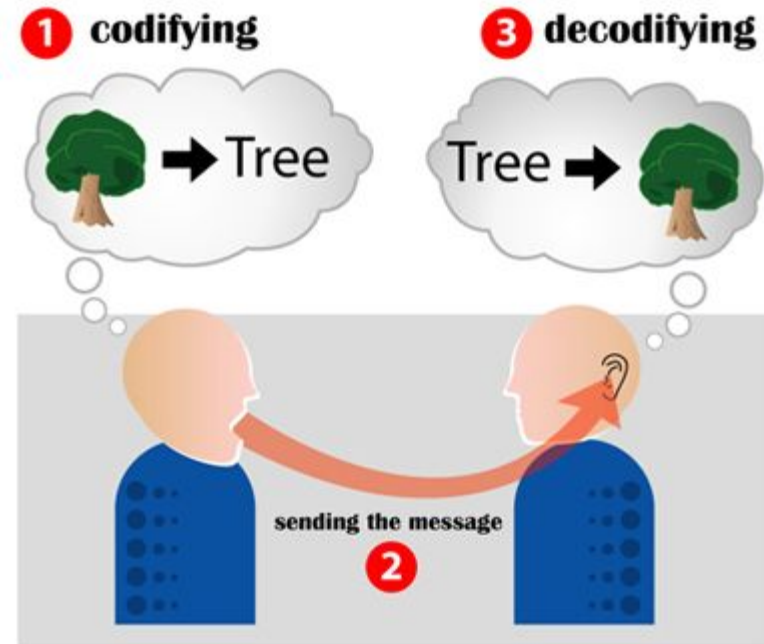
# What is communication?

Communication is social interaction through messages



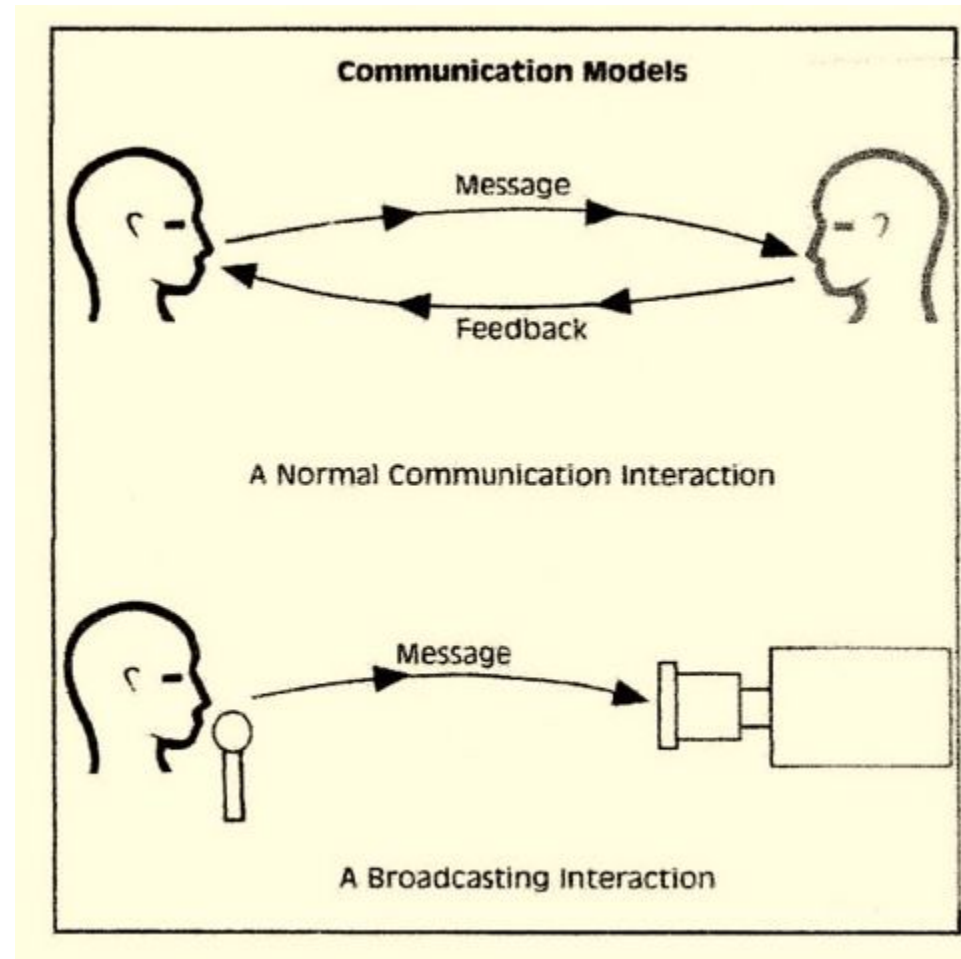
# Transmission Model

being paged in hospital  
giving instructions  
questionnaire



# Interactional Model

Medical interview (planning treatment, discussing options)



# Five communication skills

- Verbal Communication
- Non-verbal communication
- Voice management
- Listening ( Active)
- Cultural awareness





## An extract from a patient interview:

**Doctor** Do you have any history of  
*cardiac arrest* in your family?

**Patient** No, we've never had no trouble  
with the police

*West and Frankel (1991)*



# Communication Skills and Strategies

Verbal	questions, clarifying, paraphrasing, summarizing
Non-verbal	environment, clothing and accessories, eye contact, proximity, orientation, touch, posture, facial expression, movement
Voice management	intonation, word stress, speed, loudness of voice, pitch, pausing
Active listening	Verbal and non-verbal signs of following your communicant's speech

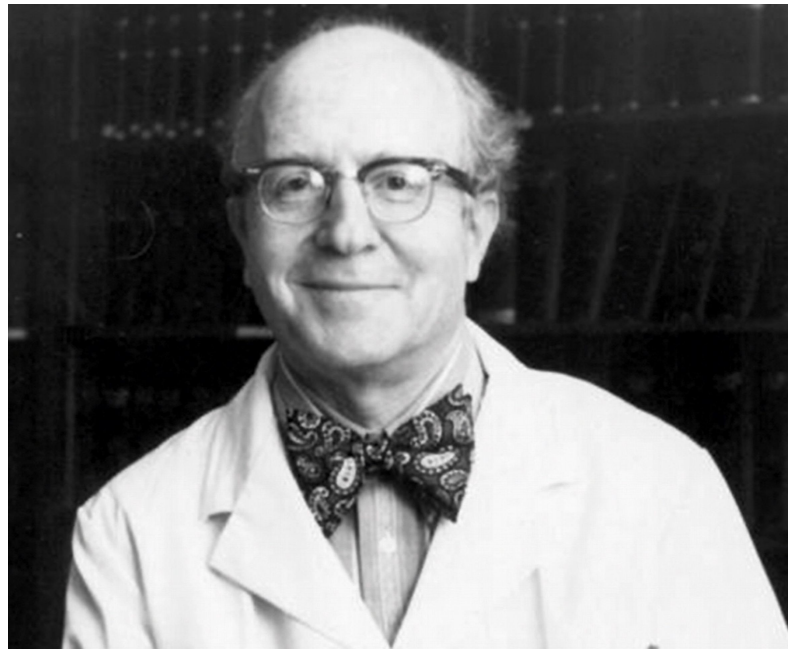


# The Biopsychosocial Model

The biopsychosocial approach was developed at Rochester, USA decades ago by Drs. George Engel and John Romano

**From: George Engel, M.D. (1913–1999)**

Am J Psychiatry 2005;162(11):2039-2039 doi:10.1176/appi.ajp.162.11.2039



**George Engel**



# Biomedical VS Biopsychosocial

Traditional  
biomedical models of  
clinical medicine focus  
on **pathophysiology**  
and other **biological**  
approaches to  
disease

The biopsychosocial  
approach emphasizes  
the importance of  
understanding human  
health and  
illness in their **fullest**  
**contexts**



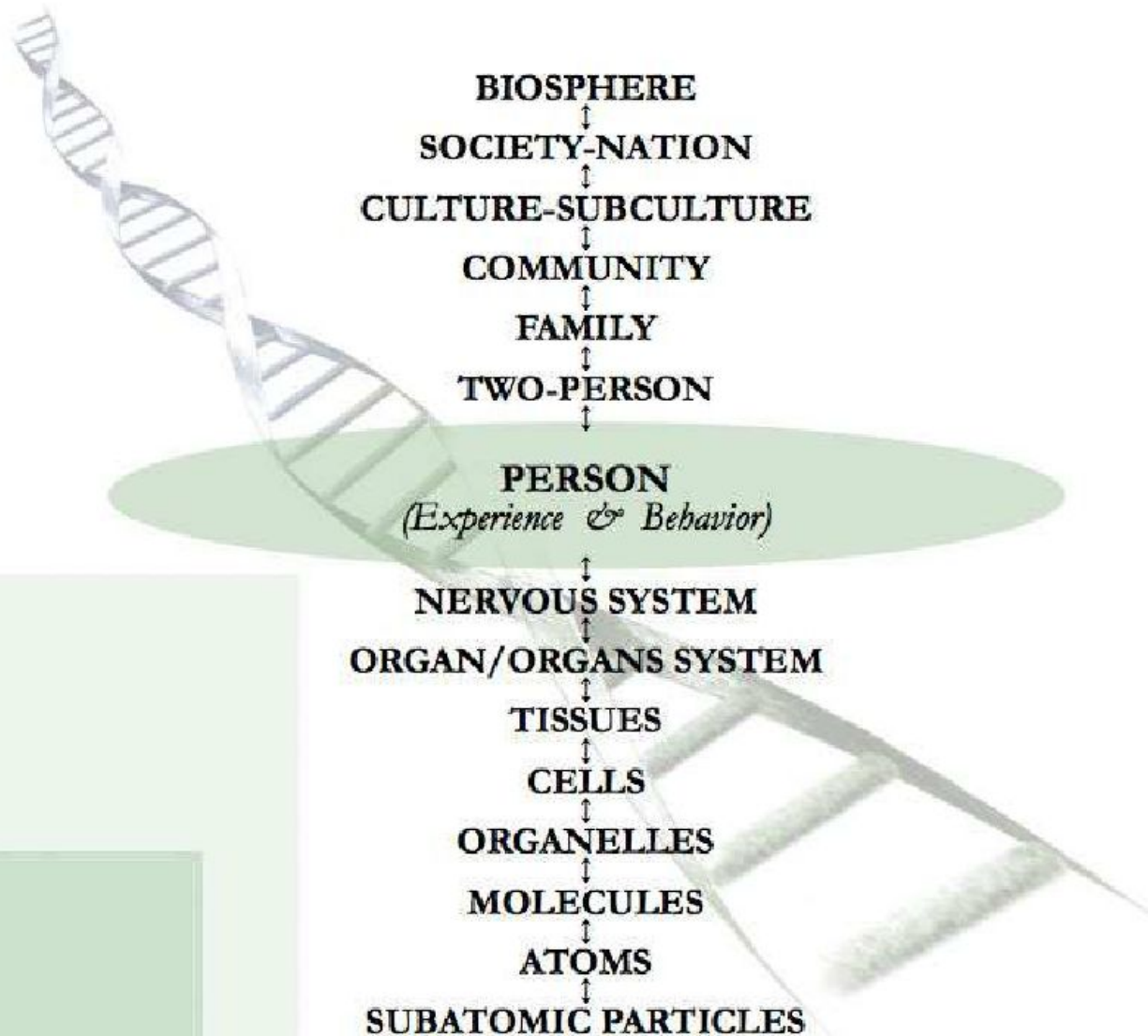
# The Biopsychosocial Model


The biopsychosocial approach systematically considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery.

# Biopsychosocial-oriented clinical practice should include

- (1) self-awareness;
- (2) active cultivation of trust;
- (3) an emotional style characterized by empathic curiosity;
- (4) self-calibration as a way to reduce bias;
- (5) educating the emotions to assist with diagnosis and forming therapeutic relationships; (
- 6) using informed intuition; and
- (7) communicating clinical evidence to foster dialogue, not just the mechanical application of protocol.

# ***HIERARCHY OF NATURAL SYSTEMS***





# To apply the biopsychosocial approach to clinical practice, the clinician should:

- Recognize that relationships are central to providing health care
- Use self-awareness as a diagnostic and therapeutic tool
- Elicit the patient's history in the context of life circumstances
- Decide which aspects of biological, psychological, and social domains are most important to understanding and promoting the patient's health
- Provide multidimensional treatment



# Doctor-centred approach

- diseases and patient are completely separate
- tightly controlled
- doctors take the dominant role
- patients have limited participation
- patients not expected to participate actively
- patients' health is entirely in the hands of the doctor
- doctors ask leading questions
- impact of disease on patients' life is barely considered



# Patient-centred approach

- patient is expert of their own disease
- patient is the main source of information
- holistic approach
- social, physical and economical factors are important
- doctors show empathy
- patients are more likely to comply with treatment
- doctors are more responsive to patients cues



# Calgary Cambridge guide to the medical interview

- Kurtz SM, Silverman JD, Draper J (1998) Teaching and Learning Communication Skills in Medicine. Radcliffe Medical Press (Oxford)
- Silverman JD, Kurtz SM, Draper J (1998) Skills for Communicating with Patients. Radcliffe Medical Press (Oxford)



# **communication process of a medical interview**

- Initiating the session
- Gathering information
- Providing structure
- Building relationship
- Explanation and planning
- Closing the session



# Clinical Skill Online: [www.elu.sgul.ac.uk](http://www.elu.sgul.ac.uk)

- The e-Learning Unit
- The e-Learning Unit (ELU) was established in 2005 to deliver a high quality elearning experience to its students, and to create first class research and development groups, focussed chiefly on innovation and international collaboration in the field of virtual patients. eLU has three distinct research and development groupings: more..
- What is Clinical Skills Online?
- The Clinical Skills Online (CSO) is a project aimed at providing online videos demonstrating core clinical skills common to a wide range of medical and health-based courses. This project has been funded by the Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine.



# **Initiating the session**

## **Establishing initial rapport**

1. Greets patient and obtains patient's name
2. Introduces self and clarifies role
3. Demonstrates interest and respect, attends to patient's physical comfort

## **Identifying the reason(s) for the consultation**

1. Identifies the patient's problems or the issues that the patient wishes to address with appropriate opening question (e.g. "What problems brought you to the hospital?" or "What would you like to discuss today?" or "What questions did you hope to get answered today?")
2. Listens attentively to the patient's opening statement, without interrupting or directing patient's response
3. Confirms list and screens for further problems (e.g. "so that's headaches and tiredness; anything else.....?")
4. Negotiates agenda taking both patient's and physician's needs into account

# Question technique

- The 'cone technique' moves from open to close questions. It ensures that the doctor obtains a picture of the problem from the patient perspective, by opening up the discussion. With the need to confirm specifics and narrow down the cause of symptoms, the doctor then follows with more closed questions.




# Types of Questions

- closed questions – the response Yes\ No or one-word answer
- leading questions – phrased to elicit a particular answer  
(*Does the itching always start first thing in the morning*)
- open questions - the response is more than one word (*why, where, when* etc.)  
*When did you first feel the pain?*  
*How long have you had it?*



# Is Patient-Centred Approach Universal?

the University of Iowa research suggests that patients are most satisfied with care and most likely to follow treatment plans -- like taking medication or making diet changes -- if they see a doctor whose attitudes toward patient-physician roles are *in line with their own*.



some patients, especially older patients, prefer a doctor with a more traditional "doctor-centered" or "paternalistic" style, someone who spends less time explaining a condition and seeks little patient input when it comes to treatment decisions.

Alan Christensen, professor of psychology:  
"There are patients who strongly believe it's  
the physician's job to make decisions..."



# References

- The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry / ANNALS OF FAMILY MEDICINE ♦ WWW.ANNFAMMED.ORG ♦ VOL. 2, NO. 6 ♦ NOVEMBER/DECEMBER 2004
- Clinical Skills online: //www.elu.sgu.ac.uk/ cso
- Silverman JD, Kurtz SM, Draper J (1998) Skills for Communicating with Patients. Radcliffe Medical Press (Oxford)
- Patient-Centered Approach Can Backfire / ScienceDaily (Aug. 13, 2007)

THANKS!

