Good Practice

Communication Skills in English for the Medical Practitioner

Student's Book

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Introduction

Who is *Good Practice* aimed at?

Good Practice is intended for qualified doctors and medical students with an upper-intermediate to advanced level of English who are looking to work in an English-speaking environment. Mirroring the increased emphasis on communication-skills training in medicine, this course aims to develop the language and interpersonal skills essential to the establishment and maintenance of rapport between doctors and their patients, thus enabling medical practitioners to carry out their duties in English more effectively and with greater confidence. *Good Practice* has been written in accordance with the Calgary-Cambridge observation guide*.

What aspect of medical English does the course deal with?

With reference to numerous medical communication experts and through exposure to authentic clinical scenarios, *Good Practice* demonstrates the impact of good communication on the patient–doctor relationship. The course will train you how to sensitively handle a range of situations, from taking a patient history, through the physical examination and describing treatment options, to breaking bad news. It will also prepare you for dealing with different patient types, including children and the elderly, as well as patient situations requiring more enhanced levels of sensitivity.

Medical vs. language content

While *Good Practice* does make use of medical communication models, and as a learner you will be encouraged to call on your medical expertise, it should be noted that the aim of this course is not to teach medicine and medical practices. Similarly, the trainer will act as facilitator and expert in the English language and communication skills, rather than expert in medicine (although some may be experts in both).

What are the aims of the course?

Good Practice focuses explicitly on the five components that make up communication:

- **Spoken communication skills:** enhancing your ability to use effective communication strategies to repair or avoid possible breakdown in communication with your patient; encouraging use of patient-friendly language when giving instructions or discussing treatment options; and familiarising you with language commonly used by patients: euphemisms, jargon, language used by children, etc.
- **Non-verbal communication skills:** developing your awareness of body language to enable you to better read and interpret your patients' physical and emotional signs, as well as to better mirror your own verbal communication with appropriate non-verbal signs.
- **Active listening skills:** ensuring a successful interview through techniques that facilitate discussion, demonstrating that you are really listening to your patient and assimilating the information given and its relevance to an eventual diagnosis.
- **Voice-management skills:** improving use of intonation and word stress in order to build rapport with the patient, give encouragement and show sensitivity.
- **Cultural awareness:** widening understanding of cultural issues and the impact of your own cultural background on both your patient and the interview itself.

How is *Good Practice* structured?

- *Good Practice* is divided into three distinct sections:
  1. The *Introduction to communication* provides you with an overview of communication, highlighting its importance during the patient encounter.
  2. Units 1 to 9 take you through the kind of language and communication skills required to ensure you are able to carry out each stage of the patient encounter effectively.
  3. Units 10 to 12 offer the chance to consolidate and further hone these skills, putting them into practice within specific clinical situations and with particular patient types.
- Each unit ends with an extended role-play and progress check.
- Audio transcripts, as well as a complete answer key can be found on pages 137–176.

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What is the approach of *Good Practice*?

Good Practice aims to develop the grammatical and lexical features of English, employing an approach that encourages you to discover the language and its properties for yourself. Language boxes interspersed throughout each unit highlight useful expressions, while authentic texts – medical journal articles, patient notes and doctor–patient dialogues – are used to introduce language and present the essential concepts of communication. Tasks draw on your personal and professional experiences as both doctor and patient. The extended role-play is a chance for you to consolidate and put into practice the skills covered in the unit, to observe and offer constructive criticism to your peers. A series of DVD-led lessons allow examination and analysis of non-verbal communication and voice management, as well as reinforcing those areas treated in the preceding units. In the DVD, roles are played by doctors and are non-scripted to ensure authenticity.

What are the special features of the Student's Book?

Think about … sections: Allow you to reflect individually on your current knowledge of a given aspect of the patient encounter, or indeed the language used to carry it out, before tackling the target area; they also serve as a diagnostic for the trainer to evaluate your strengths and weaknesses.
Patient speak sections: Acquaint you with the language spoken by your patients – colloquialisms, drug-culture jargon, childhood expressions, etc. This important feature will aid you in deciding on the appropriate choice of language for a particular setting or audience.
Quotations from the experts: Ensure the link between theory and practice by making reference to experts in the field of medical communications skills.
Communication Skills boxes: Give you tips and hints on appropriate communication strategies.
Cultural Awareness boxes: Draw your attention to specific aspects of culture that could possibly cause misunderstanding and offer a forum for discussion.
Out & About boxes: Encourage you to further investigate the language by asking you to observe the way it is used in a particular context within your work or study environment.
Progress checks: Present you with the opportunity to reflect on the progress you have made within the unit.

How can *Good Practice* be used for self study?

- Depending on your goals, you can either follow the course in a linear manner or you may wish to use the Contents page to pinpoint areas you find particularly difficult – breaking bad news, dealing with hearing problems, etc.
- Whatever your goals or time constraints, working through the Introduction to communication (pages 8–13) will be highly beneficial.
- Make use of the audio transcripts, some of which also include the non-verbal communication aspects of communication.
- Refer to the answer key, which includes suggested answers to many open-ended exercises.
- Use the DVD and downloadable worksheets which demonstrate the more visual aspects of communication that you might otherwise not have access to, as well as acting as a reinforcement of the language skills taught in the course book.
- Do the roleplays with a colleague or friend (all patients at some time) and ask them for constructive feedback. Access to a webcam means you can record your role-plays and watch your performance later, this time taking the role of observer. Complete the relevant feedback table (downloadable from the website), depending on your particular goals.
- Work through the downloadable worksheets, complete with full answer keys (see www.cambridge.org/elt/goodpractice) to build on your existing knowledge base of verbal communication and cultural awareness.
- Devise a glossary of 'Patient speak'; create a table which includes space for an example sentence and an indication of the context in which the example was spoken.

*Calgary-Cambridge observation guide

The Calgary-Cambridge observation guide is a tool used for teaching medical communication, which reflects current theory and research for the doctor–patient interview. The guide lists the tasks that a doctor carries out during different stages of the consultation and the associated communication skills required. It is derived from the work of S.M. Kurtz, J.D. Silverman and J. Draper:

- Silverman, J.D., Kurtz, S.M. and Draper, J. (2005) *Skills for Communicating with Patients*. 2nd ed. Radcliffe Medical Press (Oxford)

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Introduction to communication

LEARNING OUTCOMES

At the end of this introduction, you will:

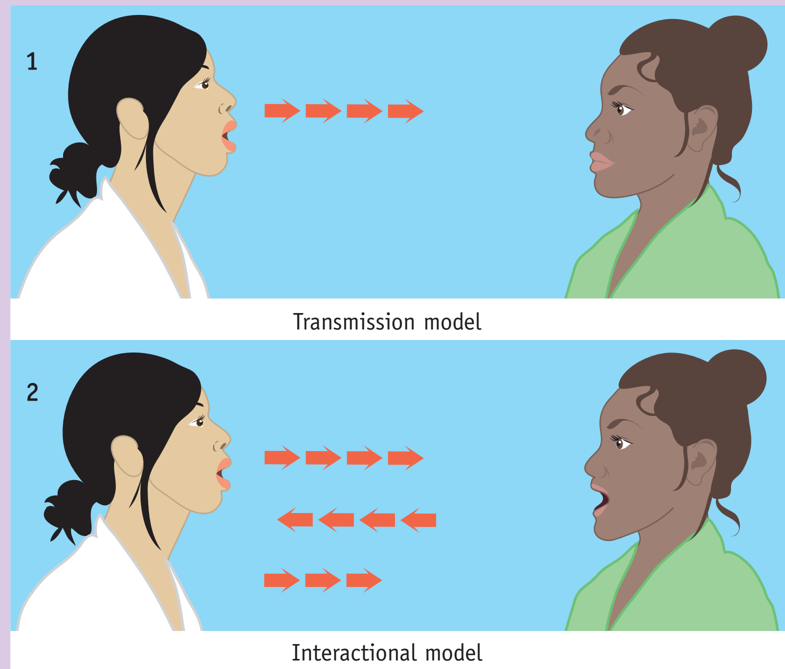
- recognise the different elements that make up communication
- understand how good communication benefits the patient interview

Lead in

Communication is not only a basic part of our everyday lives, but an essential one, in the sense that we cannot not *communicate.*
Thompson (2003)

a What do you think the author means by the phrase *we cannot* not *communicate*?

b Look at these two models of communication.



In the transmission model, the communication process is complete when a message has been transmitted from the sender to the receiver. In the interactional model, the communication process is only complete when the sender receives feedback that the message has been received as intended. This may take a number of interactions.

Think of an example of communication which follows the transmission model and one which follows the interactional model.

Discussion: Defining communication

1a Write down a definition of communication and share it with a partner.

b Read the quotation at the top of the next page. How do your definitions compare with this?

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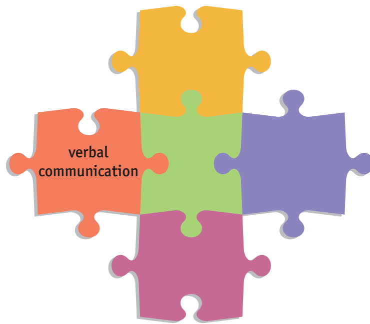
[Communication is] social interaction through messages.
Fiske (1990)

2 Fiske (1994) states that:

... communication is too often taken for granted when it should be taken to pieces.

Breaking down communication allows us to examine the different components we should consider when we are communicating. While there are many ways of taking communication to pieces, this course uses five elements as a means of analysis.



This jigsaw represents five different components of communication. The first piece of the jigsaw has been completed. What do you think the other pieces might be?

Verbal communication

3 Write down at least three factors which make a difference to the way we communicate with somebody (e.g. the person's age).

4a Read this 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)

Clearly, the patient has misunderstood the question. Underline the expression the doctor uses that caused the misunderstanding and suggest an alternative expression.

b In the example above, what would you suggest that the doctor says next?

Communication Skills

At times, doctors may use phrases that the patient doesn't understand. It is important for a doctor to pick up on this quickly and to rephrase things so the patient can understand. Communication strategies, such as clarifying, help to maintain communication or prevent communication breakdown.

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Voice management

5 The way in which we use our voice can also influence the message that we send, i.e. it's not just *what* you say, it's *how* you say it. What aspects of voice can influence the verbal message that we send? Compare your ideas with the rest of the group.

6 ▷ 0.1 You are going to hear the same phrase spoken by three different doctors. Match how each doctor sounds (a–c) to the appropriate doctor (1–3).

a bored ☐ **b** friendly ☐ **c** irritable ☐

7 ▷ 0.2 You are now going to hear a doctor ask a patient the same question twice. Which one sounds more inviting?

Paralanguage [voice management] is very important, as it can add extra meaning to what is actually being said or can even contradict or undermine it.

Thompson (2003)

Non-verbal communication

8 Write down as many ways as you can think of in which we communicate non-verbally. Compare your examples with a partner.

9 Slight movement (e.g. nodding) is one way we communicate non-verbally. For each of these pictures (1–8), indicate which of the ways of communicating non-verbally (a–h) is being used.

a touch **b** eye contact **c** proximity **d** environment
e clothing and accessories **f** facial expression **g** orientation **h** posture

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10 Look again at the different forms of non-verbal communication in Exercise 9. In the context of a medical interview, position them along the line below in terms of how easy/difficult you think they are for the doctor to control.

easy **difficult**

11 Why is it important to observe and respond to non-verbal cues?

Just as the doctor is observing the patient, the patient will also be watching the doctor. Posture, eye contact, gestures, as well as words, send messages.

Bickley (2003)

Active listening

12 With a partner, discuss these questions.

1. What is the difference between listening and hearing?
2. What can prevent you from hearing what people are saying?
3. What can prevent you from listening to people?
4. How can you show you are actively listening?

13a ▷ 0.3 Listen to a dialogue between a doctor and his patient. What is wrong with the patient?

b How accurate is the doctor in obtaining information from the patient? How effective do you think the consultation has been?

Cultural awareness

14a Write down:

1. three elements that make up culture (e.g. history)
2. three distinctive elements of your own culture.

b Compare your findings with a partner.

c Read this definition of culture:

Customs, world view, language, kinship system, social organisation or other taken-for-granted day-to-day practices of a people which set that group apart as a distinctive group

Scollon and Scollon (2001)

Think of two cultural factors that doctors, as a professional group, share.

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15a Read this text and decide what kind of cultural background and bias a doctor, as an individual, might bring to his/her work (e.g. gender).

Cultural awareness means …
… recognising that your beliefs, habits and attitudes are inherently biased and can be puzzling to others. It also means being tolerant of difference, being flexible and willing to embrace change. However, cultural awareness does not mean having to leave your personal beliefs behind. It means realising that language and culture are inextricably linked and, as such, cannot be separated. Lack of cultural awareness can result in unintentionally offending others.

b Can you think of a situation where your lack of cultural awareness caused a misunderstanding, in either your personal or professional life? Discuss with a partner.

16a Read this case study. As you read, circle elements that surprise you or are different from your way of thinking.

CASE STUDY

A child from the Hmong community (originating in South-East Asia) living in the USA was born with a clubfoot. Doctors felt that this would not only cause social embarrassment, but also make ambulation difficult for the child, and so recommended an operation to reshape the foot. However, the family believed that by 'fixing' the foot, it would bring shame and punishment on both the family and the Hmong community and so refused treatment. The family went to the Supreme Court to defend their right to refuse treatment.

Adapted from *Developing Cultural Self-Awareness* in CASAnet Library: Cultural Competency

b Compare your findings with a partner and describe how you as a doctor might have reacted to this case.

As individuals, we each have our own cultural background and biases. These do not simply slip away as we become clinicians. It is important to understand how culture shapes not just the patient's beliefs and behaviours, but also our own.

Bickley (2003)

17 Look at the completed jigsaw representing the five components of communication. Based on what you have read, why do you think the 'cultural awareness' component appears in the middle?

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Benefits of good communication

> *Communication is not just about being 'nice', but produces a more effective consultation for both patients and doctors ... (it) improves accuracy, efficiency and supportiveness in the consultation.*
>
> Silverman, Kurtz and Draper (2005)

18 **These outcomes result from good doctor–patient communication. For each one, indicate whether it contributes to the effectiveness of the consultation in terms of accuracy (A), efficiency (E) or supportiveness (S).**

1 Identify emotional distress in patients and respond accordingly

2 Get the right information from a patient within time constraints

3 Allow patients to express their concerns

4 Get the correct information to make the right diagnosis

5 Have patients who agree with and follow the advice given

Piecing it all together

Verbal, non-verbal communication, listening, voice management and cultural awareness all play an important part in helping to make communication more accurate, effective and supportive.

As the course progresses, you will develop a greater awareness of how this takes place and you will also be able to develop your own skills in these areas.

19 **In small groups, discuss which of the five elements of communication you consider to be:**

1 your strength(s)

2 important for you to improve on during this course.

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