Communication

Event Health Services

Covering:

HLTOUT010 Communicate in complex situations to support health care

Reference Materials

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Introduction

These reference material are provided to assist you in completing the Communication workbook. Refer to the workbook for details of the assessment activities you are required to complete in the workbook.

You should asl read your organisation's clinical practice protocols as they provide specific advice on managing specific communication situations.

What is Communication?

The word communicate is often used in conversation, for example, 'She or he is a great communicator' or 'We just can't communicate'. When you hear this, do you wonder what people mean? After all, it's impossible not to communicate and we communicate all the time. Usually, when we talk about someone being a 'good communicator', we mean they have good communication skills and use them effectively.

When people say they are 'not communicating', they usually mean they are not communicating effectively (not getting the right message across) or are not feeling comfortable about their interaction with someone.

The word communication can be broadly defined as the sending or receiving of messages containing meaning. The message usually contains thoughts, ideas, opinions, feelings and information. Communication can be:

- verbal (spoken)
- written
- non-verbal (e.g. body language).

Interpersonal refers to an interaction between two people or between people in a small group.

We can then join these two definitions together and define interpersonal communication as being verbal and/or non-verbal interaction between two people or in a small group, that involves sending and receiving messages with meaning.

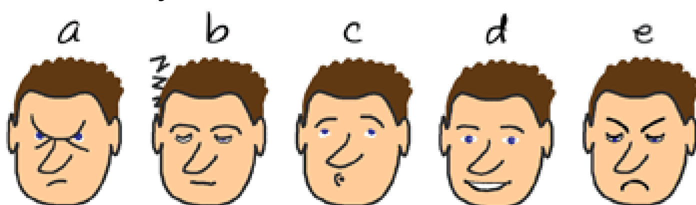
Good communication skills are a bit like physical exercise. Even the most unfit among us can improve our physical abilities with some learning and practice. People with effective communication skills tend to do well in life—that is, in both employment and in relationships. Good communication skills don't just happen and effective communicators are aware of the skills they use and work at improving those skills; they work at becoming fitter communicators.

Verbal communication involves all the messages that are sent using words.

Non-verbal communication refers to all those messages that are not expressed in words. Non-verbal communication is sometimes called 'body language'. Sign language is also an example of non-verbal communication.

Communicating verbally (with words) is important when we are trying to give someone information, for example, our address. We call the verbal part of a message the content. The content of a message usually relates to our thoughts and ideas about a particular issue, or it might refer to the information we provide to someone. Words, however, only convey part of the message. If we want to assess how someone feels about what they are saying we look to the non-verbal cues such as the tone of the voice. It is often the ability to read non-verbal cues accurately and confidently that makes or breaks an interpersonal communication.

Who would you rather deal with?



Non-verbal communication

You probably chose figure d. You did this because you made a decision by considering non-verbal communication (in this case, the open smile) or body language. Studies have shown that approximately 75% of our message is non-verbal so we must be as careful of our body language as of the words that we use.

Barriers to effective communication

Effective communication is very important and often challenging in St John settings. This can be for many reasons such as:

- The patient may be distressed or scared;
- The patient may be confused;
- It may be noisy and difficult to hear (e.g. you are on duty at a music festival);
- The presence of drugs or alcohol;
- Cultural or language barriers;
- Use of medical terminology that is not understood by a non-clinical person.

Strategies for effective communication

There are a number of things to consider when attempting to communicate with patients, colleagues, friends or family of patients, members of other organisations (Ambulance officers, SES volunteers, Police Officers, etc.) or event organisers.

It is often helpful to put yourself in the shoes of the person you are trying to communicate with. This may help you to understand why your communication is not working.
Some strategies include:

DO	DON'T
✓ Speak slowly and clearly ✓ Make eye contact where possible ✓ Keep it simple and accurate ✓ Remain calm and confident ✓ Be informative ✓ Make written records (see next section on Patient Records) ✓ Build a rapport with the patient to ease their fear and build trust between you and the patient	✗ Raise your voice ✗ Waffle ✗ Use terminology that is inappropriate to the audience ✗ Be aggressive ✗ Criticise or make fun of someone when they don't understand you

Paraphrasing

When we hear news stories and watch television shows, we want to tell the story to our families, friends and colleagues about what, how and why something happened. In fact, we recount the story, its main characters and events in our own words. This technique is called paraphrase, which is to express an idea or somebody's message in our own words by maintaining the meaning of original material. Paraphrase is a Greek word, paraphrasis, means "to tell in other words." Simply, it is to restate a statement in different words rather than the original text while keeping the meaning and sense of original source the same.

Paraphrasing can be useful in health work in making sure you have understood instructions being provided by a colleague or ensuring you have understood requests made by a patient. It can help ensure that you have understood the communication and time is not wasted responding to a different request.

Questioning

In health work, you will need to ask questions of patients or colleagues to gain information that you can use to determine the required action. There are two broad categories of questions: open questions and closed questions. Closed questions are those which can be answered by a simple "yes" or "no," while open questions are those which require more thought and more than a simple one-word answer.

Examples of closed questions are:

- Are you feeling better today?
- Should I call her and sort things out?
- Can I help you with that?
- Are you pregnant?

Examples of open questions are:

- Can you describe the symptoms you are experiencing?
- Can you please describe your pain?
- What steps should I follow to achieve that task?

Being Empathetic

It is important to understand your patients and their view of the world. It is important to realise that the world as others see it not only looks different but actually is different from the world you see. Being able to see the world through the other person's eyes is being empathetic. It is a quality that can enrich inter-personal communication. The American Indians called it "walking a mile in another man's moccasins". Whenever you "sit in the receiver's chair", "walk a mile in another person's shoes" or "put yourself in another's position", you are developing the ability to tune into others or be empathetic.

Being empathetic helps you to:

- understand what another person is really trying to say;
- forecast when and why misunderstandings can arise and, therefore, avoid them if possible;
- avoid using a communication style that might cause disagreement;
- work out in advance what will attract a receiver's interest.

You might find it easier to understand empathy when you see the comparison among apathy, empathy and sympathy in the following table.

APATHY	EMPATHY	SYMPATHY
"I don't care".	"Looks like you're really feeling down today".	"You poor thing..."
"That's your problem!"	"Sounds as if you were really hurt by that".	"I feel just dreadful for you!"
Shows a lack of feeling or interest.	Experiencing the feelings of another without losing one's own identity.	Shows strong involvement in the emotion of another person.
Not feeling anything.	Feeling with the other person.	Feeling for another person.

Empathy is hard to describe because it is made up of components that seem to be opposite and contradictory. Empathy is a close identification with another person - but if the identification becomes excessive, it is no longer empathy. It turns into sympathy and therefore becomes disabling and you are no longer in a position to objectively help the other person.

Being empathetic is also about treating people with respect. It is important to treat the other person as you would like to be treated. Every human being deserves respect.

Motivational Interviewing

Motivational interviewing was conceived in the early 1980s when American psychologist William R. Miller, PhD, described a therapeutic approach he had used with some success for people with alcohol problems. Today, Miller and colleagues describe motivational interviewing as "a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence."

Essentially, it is a method for changing the direction of a conversation in order to stimulate the patient's desire to change and give him or her the confidence to do so. In contrast to many other change strategies employed by health care professionals (such as education, persuasion and scare tactics), motivational interviewing is more focused, goal directed and patient centered.

A critical tenet is that the motivation for change must emanate from the patient rather than the physician. Although the majority of motivational interviewing training and study involves focused therapy, there is evidence that very brief (five-minute) sessions have positive results, particularly when patients are highly resistant to change.

Motivational interviewing starts with a collaborative, friendly relationship between the health worker and patient. This requires that the health worker have empathy toward the patient and recognize that a patient's resistance to change is typically evoked by environmental conditions rather than a character flaw or the desire to make the health worker's life more difficult. In other words, the health worker should not take it personally when a patient struggles to change. Instead, the health worker needs to "let go" of the outcome, support self-efficacy, allow the patient to be responsible for his or her own progress, and let the patient identify and articulate his or her intrinsic values and goals. For example, if an obese patient sets a physical activity goal of simply "walking to the mailbox each day," the physician should show support for that goal, even though it may seem small.

Motivational Interviewing involves:

- Asking open questions e.g. If you had one habit that you wanted to change in order to improve your health, what would that be?
- Give affirmations – celebrate a patient's accomplishments
- Reflective listening: involves letting patients express their thoughts and then, instead of telling them what to do, capturing the essence of what they have said, with the purpose of eliciting conversation and helping them arrive at an idea for change.

- Summarise: Summarizing involves recapping what the patient has said, calling attention to the salient elements of the discussion and allowing the patient to correct any misunderstandings and add anything that was missed.

Non-Verbal Communication

Quote: A general rule of thumb is that 75% of our messages are transmitted non-verbally and 25% by the actual words that are either written or spoken.

Nowadays most of us are familiar with the idea of 'body language'. Our gestures, postures and eye contact are meant to reveal our 'real' inner self. Contrast, for example, the friendliness of looking at another's face, smiling, nodding your head as the other person talks, leaning slightly forward, having open hands and having uncrossed arms and legs with the defensive signs of not looking at the other person, avoiding eye contact, leaning away, clenching the fists and crossing arms and legs.

The distance we select when we are conversing with another person is a significant non-verbal communication factor. How far apart two people stand or sit is a function of how well they know each other, how much they like each other, their status and whether they are conversing. We tend to follow the inter-personal distance rules of the group we grew up in. This can be a problem for Australia's multicultural society as appropriate distances vary from culture to culture. So when communicating with someone from another culture or even a different geographical region, use your antennae and try to sense by their movements what social distance they are comfortable with.

The eyes have always been regarded as providing insight into the person. If you avoid making eye contact with others, you are likely to be perceived as cold, pessimistic, defensive, evasive, submissive and indifferent, as well as nervous and lacking in confidence. During an ordinary conversation we normally look at the other person for about a third of the time and at the general area of the eyes. Each of us uses the amount of eye contact provided by the other person to gauge the amount of interest the other person has in us. If they look away more than usual, we assume they are bored with what we are saying or even don't even like us. The more people like each other the more time they spend looking at each other.

Gestures, posture and other movements of the body also serve as cues to the kind of person we are. The handshake can convey an enormous amount of information. For example the 'dead fish' handshake is often associated with weak-charactered people. Cultural differences are also noticeable in the use of cues. For example, the rounded finger and thumb gesture which in Australia generally indicates 'OK' is extremely

offensive in Greek culture. Once again you as a communicator need to be extremely sensitive and empathetic.

Touching involves making physical contact with another person. The extent to which contact is permitted depends on the culture, the relationship between the people concerned, their sex and other similar factors. You should not assume that touching is acceptable to another person. Touching can indicate affection, but it can also indicate condescension as when a superior pats a subordinate on the shoulder. The context and the interpretation of the touching are very significant factors.

Negotiating

At times, you will need to conduct effective negotiations. Consider the following definitions of negotiation:

- "the process we use to satisfy our needs when someone else controls what we want";
- "a process whereby parties with conflicting aims establish the terms on which they will cooperate".

Common to these definitions is a communication process, which arises from conflicting positions or frustrated needs, to seek terms for compromise. Negotiation may be bilateral, between two individuals or representatives of two organisations, or, less frequently, multilateral, involving several parties. There are also degrees of formality.

In preparing for negotiations, you should define both your own needs and what you see as the needs of the other party. Sort out your requirements on a spectrum from the imperative, fundamental moral positions you must adhere to, to the temporarily expedient. The former define your 'bottom line'; the latter offer the most obvious concessions. Next, try to determine a similar spectrum for the other party. Then look at the options and possible tradeoffs for each party. Aim for 'win/win' negotiations in which both parties can satisfy most of their needs as both are then likely to work to make the settlement succeed.

Robert Maddux suggests the following steps in negotiation:

- Statement of goals and objectives: Begin with general objectives. Initial statements should be positive to build an atmosphere of mutual trust. Attack the problem not the person.
- Listing the issues and starting the process: Assess whether there are advantages in splitting or combining issues. Start with the most reasonable of your demands or where agreement is most likely.

- Expressing areas of disagreement: Conflict is to be expected but it can be used positively to clarify issues. It should not be a test of power but an opportunity to reveal what the parties need.
- Reassessment and compromise: This phase usually begins with such statements as "Suppose that..." and "What if...". It may be better to ask questions than to make statements. Explore proposals before making counter-proposals as the latter tend to emphasise disagreement. According to Maddux, "to be an expert negotiator a person has to know how to manoeuvre so that they give what they can afford and what they get will satisfy their needs".
- Summarising: Settlement may be helped by writing down areas of agreement in principle. Gradually details are added. Several documents may need to be exchanged before a final settlement.

If the issues are particularly difficult, it may help to use a mediator, acceptable to both parties, to facilitate these steps.

Active Listening

What is needed in good communication is effective listening - not just listening in a passive, disinterested way but positive listening. We need to listen courteously while letting the speaker know that we are interested in what they are saying. The key ingredient to being an effective listener is to practise being an active listener.

Guidelines for Active Listening:

- Know why you are listening. Have a definite purpose in mind.
- Listen with your whole body. Active listening involves you physically and mentally. Read the sender's body movements and exchange non-verbal feedback. Look directly at the sender, express interest with your face, eyes and hands.
- Give feedback. The best listening involves talking, as you respond verbally to what you hear. A comment which confirms that you have heard and understood is better than just a 'yes' or a nod of the head. An ideal response is to rephrase the speaker's words and ask a question.
- Show empathy. Active listening requires sensitive judgement about when people want to talk and when they don't. Use one ear to listen to meaning and the other to listen to feelings as words often mask real feelings.
- Encourage the other person. If a sender is shy or nervous, suppress your own ideas or feelings and instead offer support.
- You can't listen properly while you are planning what to say next. So forget about talking while you are listening.
- Mirror the other person's mood. If they are excited, be excited too. If they are formal, don't be too casual. If they seem tired or worried, show them that you recognise it.
- Assuming that you will hear nothing worthwhile or that you have heard it all before prevents active listening. So listen to the whole message.
- Judge the message not the person. So concentrate on its positive aspects not its faults.

Why practise active listening?

- When people notice how well you listen to them, they usually reciprocate and try to understand you better.
- Relationships within a group improve and personal support and teamwork is improved. You actually will get on better with people and disagreements are more easily settled when people listen to each other.

- You will receive more accurate information. The more confident the sender is that you are listening, the happier they will be to share facts they would not reveal to a poor listener.

Resolving Conflict

Sometimes, conflict can arise between a health worker and their patient or between health workers. One way to resolve the conflict is through collaboration.

"Let's find a solution that works for all of us."

Sometimes called a 'win/win' strategy, the collaborating style strives to make sure that both sides are satisfied. It requires an open discussion of all the issues and concerns, exploration of alternative solutions, and honesty and commitment from all the parties. To be successful, the collaborating style participants need to be able to surface concerns in a non-threatening way and think imaginatively.

Be sure you understand the difference between a compromising style and a collaborating style: compromising is 'horse-trading', giving up things you want in the hopes that the other side will do the same and that you can live with the outcome. In a collaboration, both sides are trying to find a solution which truly satisfies the needs of each.

The collaborating style is an excellent way to merge insights from people with different perspectives on a problem, and the result can be a strong commitment to the solution from each side.

The downside of the collaborating style is that it is hard to do! It requires close attention to the issues at hand (concerns, not just positions) and to the emotional state of the other side.

Patient records

All patients who are treated or advised must be documented on a Patient Record. These are important medical records and are a vital communication tool for the organisation. In order for these records to be effective, they must be completed clearly and accurately.

Why do we need patient records?

Patient records are important legal documents that serve a number of purposes including:

- Legal record of treatment or advice provided
- Important statistical data regarding the services provided by St John
- Risk management

Important considerations for effective patient records

There are a number of important things to remember when completing a patient record:

- Always use a pen (not a pencil) and write as clearly as possible.
- Write factual information (not opinions)
- The patient record must be completed by the person who treated the patient
- Do not use abbreviations
- Errors must have a single line drawn through them and must be initialled by the writer
- If you need to use more than one page, number the pages
- Ensure you complete the form and don't forget to sign and date it
- Always respect privacy and do not use the form for any other purpose

Handover

After providing patient care, you are likely to be required to perform an effective handover. Effective clinical handover aims to ensure patient safety in the transfer of responsibility and accountability for the care of a patient. Handover should be viewed as part of the provision of safe patient care. As with most processes, handover is most effective when a systematic approach is applied. The communication of the information needs to be clear and accurate. St John members may be required to provide clinical handover either to an ambulance officer or other healthcare professional or to a fellow member at the end of a shift. The key element of clinical handover is to have a structured and systematic approach.

There are many structures already in use for an effective handover. The tool which is used does not specifically matter as long as there is a structure and that key information is communicated. The most commonly used prehospital structure is MIST, MISTO, Mr or Mrs MIST and more recently IMIST AMBO:

MIST

M	Mechanism of injury / Medical complaint
I	Injuries / Information relative to the presentation
S	Signs (including vital signs - LOC, HR, RR, BP, Temp, SpO2 as appropriate)
T	Treatment and Trends (care provided and the effect of this care)

MrsMIST

Mrs	Mr / Mrs (a reminder to introduce the patient by name and age)
M	Mechanism of injury / Medical complaint
I	Injuries / Information relative to the presentation
S	Signs (including vital signs - LOC, HR, RR, BP, Temp, SpO2 as appropriate)
T	Treatment and Trends (care provided and the effect of this care)

MISTO

M	Mechanism of injury / Medical complaint
I	Injuries / Information relative to the presentation
S	Signs (including vital signs - LOC, HR, RR, BP, Temp, SpO2 as appropriate)
T	Treatment and Trends (care provided and the effect of this care)
O	Other relevant information (that is relevant – many include AMPL also)

IMIST AMBO

I	Identification (name and age)
M	Mechanism of injury / Medical complaint
I	Injuries / Information relative to the presentation
S	Signs (including vital signs - LOC, HR, RR, BP, Temp, SpO2 as appropriate)
T	Treatment and Trends (care provided and the effect / response to this care)
A	Allergies
M	Medications
B	Background (medical history)
O	Other issues

Handover ideally should be delivered uninterrupted. Following handover clinicians should clarify any outstanding issues. It is imperative that medications administered (and the timing of this) whilst in your care are communicated to subsequent care providers. A comprehensive patient handover is preferred to a poorly completed patient record. The patient record can be completed following the handover to ensure that all clinical information is documented contemporaneously for later reference. You should ensure that all patient demographic information is recorded prior to the patient leaving your care (including telephone number).

ISBAR

Another handover tool being used in Australian health care settings is ISBAR. An interactive tool is available at http://nswhealth.moodle.com.au/DOH/DETECT/content/00_worry/when_to_worry_06.htm

This tool is recommended for clinical support settings where you may be discussing a patient with another clinician remotely by radio or telephone (such as a clinical support line or to on-site health professionals).

I	Introduction	Identify yourself, your role and your location
S	Situation	State the patient's problem/s or reason for presentation
B	Background	State the patient's background or context
A	Assessment	State the clinical observations [Ensure current LOC, HR, RR, BP, Temp, SpO2 are known] State what you think the problem is.
R	Request / recommendation	What are you requesting? What do you want the advising clinician to do? • See the patient • Give advice • Advise on management • Reassure • Provide a recommendation