

# National Breast Cancer Centre Communication Skills Training Initiative



**NATIONAL BREAST  
CANCER CENTRE**  
Incorporating the  
Ovarian Cancer Program

## General Interactional Skills

Effective communication between clinicians and their patients improves patient understanding and satisfaction with treatment and can assist patients in adjusting to a diagnosis of cancer.

This document provides an overview of the available literature on general interactional skills. There are a number of communication skills that are relevant to any clinical situation and should be considered in any consultation with people with cancer. Further information on general interactional skills is available in Chapter three of the *Clinical practice guidelines for the psychosocial care of adults with cancer*.<sup>1</sup>

## Patient-centred approach

Patient centred medicine is a term that was introduced into the medical literature by Michael Balint in 1970. A patient centred approach can be summarised as an attempt to 'understand the complaints offered by the patient and the symptoms and signs found by the doctor, not only in terms of illnesses, but also as expressions of the patient's unique individuality, his tensions, his conflicts, and problems'.<sup>2</sup> A patient centred approach means that the patients' perceived reasons for presenting have been identified, their concerns and reactions have been elicited, and the impact that the illness will have on their daily lives has been acknowledged.

The behaviours which support a patient centred approach include the use of empathy, openness and reassurance, and offering the patient choice with respect to how much involvement they would like in the decision making and management process. Techniques such as expressing empathy, actively listening, and providing information and reassurance have been shown to improve the psychological adjustment of breast cancer patients.<sup>3</sup> Moreover, another study found that patients prefer a patient centred approach to the consultation, especially when there is a poor prognosis.<sup>4</sup> Interestingly,

patient centred interviews have not been found to be longer than other interviews, although clinicians can expect to take longer whilst they are learning the skills.<sup>5</sup>

## **A summary of general interactional skills**

The following skills are highlighted as important components of general interactional skills to be used in any medical consultation.

### **1. Identifying the patients agenda**

A study by Beckman and Frankel investigated the ability of physicians to identify the patient's agenda and concerns in the initial moments of the interview.<sup>6</sup> This study found that just over three-quarters of the doctors interrupted the patient before they had completed their opening statement of concerns. Physicians often take control of the patients' agenda through specific and closed-ended questions, and once redirected, the patient rarely completes their descriptions.<sup>7</sup> Importantly there is evidence to suggest that the chronological order of the problems does not reflect the relative significance of the problem, highlighting that patient concerns could be missed when the patient is interrupted.<sup>6</sup> This study also found that when patients were allowed to complete their opening statements without interruption, most took less than sixty seconds to do so. By allowing the patient to complete their list of concerns, there is less likelihood that future communication problems will occur.

The key elements to establishing the patients' agenda seem very simple yet are often quite difficult to put into practice. Identifying the patient's agenda can be done through 4 stages:

- the opening question
- listening
- screening
- setting the agenda

Explanation of these groupings are shown below:

***The opening question:***

In general, the more open-ended the question at the beginning of the interview, the greater the likelihood that the patient will feel able to express their concerns freely.

Examples of open-ended questions would be:

*'What would you like to discuss today?'*

*'How are things going?'*

***Attentive listening***

The process of listening to the patient without interruption allows the full patient agenda to be elicited, whilst helping to establish initial rapport. It gives the patient time and encouragement to state their concerns, without perceived pressure or constraints. Active listening can include the use of appropriate facilitative responses, non-verbal skills and the ability to read the verbal and non-verbal cues of the patient. These behaviours indicate interest in what the patient is saying and can encourage the patient to say more about the topic.

In the opening phase of the consultation, neutral facilitative responses that do not interrupt the patient have been found to be more effective in encouraging the patient to continue on their path of exposition.<sup>6</sup> For example:

*'Go on...'*

*'Yes...'*

*'I see...'*

Silence is another form of facilitation that can give the patient time to think and express their thoughts, and can be especially useful when patients are showing emotion.

Other facilitative behaviours such as non-verbal behaviours, summarising and empathy are discussed later in this section.

**Screening**

Screening is the process of summarising for the patient what you have heard, and checking that all of their concerns have been verbalised. This is where a further deliberate attempt to discover the patient's agenda is made before exploration of any of the specific areas begins.

Examples of screening include:

*'You have said that the chemotherapy made you feel nauseous and fatigued. Were there any other symptoms?'*

*'Has anything else been bothering you?'*

*'Did I get that right?'*

*'Are there any other concerns that you have at this stage?'*

**2. Negotiating an agenda**

When negotiating the priorities for discussion during the consultation a balance needs to be met between the patients' perception of the priority of their concerns, and the concerns with the greatest medical importance. Establishing an interactive process will encourage the patient to be a more active, responsible and autonomous participant during the consultations.

***Gathering information and exploring the issues***

Exploring the patient's agenda relies on a variety of skills to clarify and understand their agenda, whilst probing, reflecting and facilitating their responses.

***Open and closed question styles***

There are various types of questions which can all be effective when used at the appropriate time. It makes sense to start the consultation with more open-ended questions, and use more closed questions to help clarify certain issues. Examples of question styles are outline below.<sup>9</sup>

### *The open question*

This question introduces an area of inquiry and encourages the patient to choose the type of response they would like to provide.

Example of an open question:

*'How have you been since your last visit?'*

### *The open directive question*

This type of question focuses the patient on a topic area or event, and is similar to an open question but encourages discussion on a specific topic.

Examples of open directive questions:

*'How did your family respond to the news of your cancer?'*

*'Can you tell me about your response to the chemotherapy?'*

### *The leading question*

This is a closed question, where the questioner has assumed the answer and is seeking confirmation. It is a poor form of questioning, as it discourages the patient from stating their views in their own words and may easily lead to false information.

Example of a leading question:

*'You were anxious about the biopsy, weren't you?'*

### *The closed question*

This question is specific and reduces responses to a 'yes' or 'no' answer. It limits the response to the narrow topic that has been set by the questioner, and can discourage the patient from speaking openly in the long run. These type of question suites the eliciting of discrete facts not feelings from patients.

Example of a closed question:

*'Do you wake up feeling pain?'*

**Checking understanding and explicit summarising**

Sometimes it may be necessary to check the true nature of what the patient means by statements that are vague or easily open to interpretation. Clarifying what the patient has said often relies on asking the patient to elaborate, whether it is about their use of a particular phrase, or getting a clear idea about specific dates and time frames.

Examples of checking understanding:

*'Can you tell me what you mean by 'not coping'?''*

*'Can you tell me more about when you started feeling dizzy?'*

Summarising is a useful technique of feeding back the information that has been discussed so far, letting the patient know that you are listening, and helping to ensure accuracy in the consultation. It helps to explore patient problems further, and to provide structure to the consultation. It provides intentional feedback to the patient, offers a collaborative approach to problem solving, allows the patient to check your understanding and thoughts, and encourages them to confirm or correct your thoughts. It can also be used in conjunction with screening to ensure that all of the issues have been covered. It has often been said that if an interviewer is in doubt about what to do next, summarising is a good fall back strategy.

Example of explicit summarising:

*'Can I check that I have got this right? Your GP found a breast lump three weeks ago and referred you to our centre. You had a fine needle aspiration one week ago that has shown some cancerous cells. You are feeling very distressed at the thought of what will happen to you now. Is that right?'*

**Signposting**

Signposting is the process where the interviewer informs the patient that s/he would like to finish up on one topic and move on to another. It is often useful to incorporate signposting after summarising, so that the topic you want to move to reflects the priorities of the patient. Signposting also helps explain the rationale for why you are moving on to a new topic or area, and can be used to check that the patient agrees

with this course of action. A study investigating the relationship between communication problems and malpractice claims found that physicians who used more signposting behaviours were less likely to have experienced malpractice claims.<sup>10</sup>

Example of signposting:

*'Could I start by finding out what most distresses you about a diagnosis of cancer, and then perhaps explain some of the treatment options that are available?'*

### **3. Building rapport**

#### ***Non-verbal behaviour***

Non verbal behaviours include eye behaviour (eg eye contact, direction of gaze), posture, proximity between the people communicating, body movements and gestures, vocal cues such as tone and volume of speech, facial expressions, the use of touch, physical presence (eg gender, race, clothing), and environmental cues (eg furniture, location).<sup>8</sup> Non-verbal communication is often viewed as involuntary, yet it conveys strong messages that can often over-ride the meaning conveyed with verbal cues. A study has shown that physicians who face their patients directly, have more eye contact and use postures which reflect openness were more likely to be viewed as empathic and interested.<sup>11</sup>

The ability to pick up the verbal and non-verbal cues of patients is another important skill. Often important concerns and ideas are expressed in indirect ways, and recognising these cues and responding to them can be an effective way of encouraging the patient to provide further explanation. This approach can be particularly effective when patients are depressed.

#### ***Empathy and support***

Empathy is a two-stage process that relies on understanding another person's predicament and emotions, and communicating this understanding to the person in a supportive way.<sup>8</sup> Empathy conveys a shared understanding and acceptance for the

person's state of mind. It does not mean that you try to understand a situation that you could not possibly have experienced, but that you are involved in sharing their experience with them. By entering the frame of reference of the patient, respect for their predicament is conveyed. Basic empathy involves listening carefully to the person and communicating an understanding of the feelings, behaviours and experiences associated with what has been said. Support is only available to the patient when the clinicians' thoughts are verbalised.

Egan (1986) has summarised a number of ways of conveying empathy:

- Listen carefully to what is being said, and try to identify the core message.
- Pay attention to both verbal and non-verbal messages.
- Give yourself time to think and respond to what has been said. A pause can allow time for greater reflection and understanding.
- Frequent, short responses to the patients core message is an effective way of conveying empathy without interrupting the flow of the discussion.
- Structure your response to suit the patient. An understanding of what is being communicated can be expressed by responding to the patient's tone of voice and mood by speaking in a similar way.
- After responding with empathy, look for cues that confirm or deny how accurate your response has been.

Examples of conveying empathy and support:

*'I can see how difficult it is for you to talk about this'*

*'That sounds awful, it must have been very upsetting.'*

#### **4. Explanation and planning**

Following the information-gathering phase of an interview, a clinician has to communicate the set of alternative treatment approaches available to a patient. This phase of the interview is essential in developing a treatment plan that meets the needs of the clinician and patient. Effective communication is essential to ensure that the patient understands the treatment alternatives on offer and will want to comply with the treatment plan. A series of guiding principles are described below.

***Use simple and clear language***

A study investigating communication difficulties between women with breast cancer and their clinicians found that over half of the women did not understand what was being said, and over forty per cent found it difficult to ask questions or express feelings.<sup>13</sup> Strategies that allow for clear, specific statements that do not rely on jargon will not only increase understanding, but also improve patient recall.<sup>14</sup>

***Aiding accurate recall and understanding***

Studies on patient recall resulted in the following recommendations on how to improve patient recall for orally presented materials:<sup>15</sup>

- Give specific and definite advice
- Categorise the information explicitly
- Repeat the information
- Present the most important information first
- Stress the importance of the instructions or advice
- Use short words and sentences
- Check understanding

It is important to note that checking understanding is more than just asking a patient if they have understood. The patient should be asked to paraphrase the information that they have been presented with to ensure their understanding.

Research also shows that it can be beneficial to present information to patients in a variety of ways, such as providing pre-prepared written materials and notes or diagrams that you may have used during the consultation, videos etc. *Clinical practice guidelines for the psychosocial care of adults with cancer* highlight strategies which have been found to improve women's understanding, recall and satisfaction with their care. These strategies include: providing an audiotape of the consultation<sup>16</sup>; providing general information tapes<sup>17</sup>; providing a summary letter as follow-up to the consultation<sup>18</sup>; and the presence of a specialist breast nurse<sup>19</sup>.

***Determine individual preferences for information and decision-making***

Research investigating cancer patients' preferences for information and involvement in decision making show that preferences vary.<sup>20, 21</sup> Tailoring the information to the

needs of the patient has also been shown to reduce stress<sup>22</sup> and improve emotional response to treatment.<sup>23</sup> Clinicians should ask their patients how much information they would like on each topic area. Clinicians should also be aware that a patient's preference for information can change over time in response to situational factors such as disease status.<sup>21</sup>

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