National Healthcare Communication Programme

Communication Skills for Building the Relationship

Click link above to play video

Note on using this video

Read the background information to gain an understanding of the scenario context. On watching the video, you might feel that while many of the skills are good, perhaps there are some that you might do differently. To support your thinking on this, the communication skills sheet overleaf includes some examples of different wording.

As in any acted version of a healthcare conversation, you will notice that the video does not capture the full nuance of real-life communication. Instead, it highlights in a simplified, sometimes repeated manner, skills that are known to make healthcare conversations easier and more effective. The intention is not to teach skills 'by rote' and to learn wording by heart, but rather to help engage viewers in reflecting on what they communicate and how they do so.

The video includes multiple phases and skills. If you are using it in a teaching session, It can be useful to think in advance about particular skills you want learners to look out for.

Supporting materials

Visit our webpage at *https://bit.ly/NHCP_MODULE_1_WEBPAGE* for supporting materials on communication skills for building the relationship.

National Healthcare Communication Programme

Communication Skills for Building the Relationship

Background

This scenario takes place at a dental practice. Billy Collins is consulting Dr Romana, a dentist. They have not met previously. Billy has a painful and locked jaw. This is not a new problem, but usually he can resolve the problem by manipulating his jaw by himself, today he cannot. His concerns include whether the treatment will be painful, and what might be causing his pain.

Clips

There are two clips in this scenario.

FIRST CLIP

START THE CONVERSATION
00:00 – 00:17

Dr Romana uses good communication skills to introduce herself, and to welcome Billy and check what he likes to be called (i.e. Mr Collins or Billy).

SECOND CLIP

GATHER INFORMATION
00:18 – END

Dr Romana conveys to Billy that she has already checked his dental practice record. She encourages Billy to give her detailed information about his condition. She also uses summaries as the conversation proceeds. In response to Dr Romana's encouragement that he say more, Billy reveals that he does not like coming to the dentist. Dr Romana then asks more focused questions, including asking him to rate his pain using the 'one to ten' pain scale.

National Healthcare Communication Programme

Communication Skills for Building the Relationship

Communication Skills

FIRST CLIP

START THE CONVERSATION
00:00 – 00:17

In this clip...

- Dr Romana introduces herself and her role.
- She greets him as Mr Collins, he replies ("*Just call me Billy*") doing so works to equalise the playing field in terms of giving him the same level of choice about how he is named as Dr Romana herself has. These are the first building blocks in a relationship in which Dr Romana works to convey to Billy that his perspective, contributions, and collaboration are important.

SECOND CLIP

GATHER INFORMATION
00:18 – END

- Dr Romana tells Billy that she has reviewed his practice records before speaking to him ("*I can see from our records that you are not due for your routine check-up yet*"). By telling him this, she also conveys that she has prepared for the consultation, implying that she is a thorough and competent healthcare professional.
- She then asks Billy a broad introductory question ("*What is it that brings you in here today*"). Asking such broad introductory questions provides an opportunity for the patient, in this case Billy, to take the lead in setting the agenda for the consultation. Sometimes practitioners ask a slightly different opening question, something like 'What can I do for you today?' – Dr Romana's question is more skilful as it focuses more clearly on gathering information about the presenting problem/s, also it does not assume Billy will be able to predict what she might be able to do, and whether she will be able to help him or not. Whenever we ask a question, we inevitably build assumptions in through the wording we use. In the video, Dr Romana's 'what is it that brings you in here today?' makes the reasonable assumption that there is something that has led him to come to the practice.
- Billy answers briefly, mentioning that he is in pain. Dr Romana gives an empathic statement, which validates what he has said and shows that she recognises the pain as an important component of his problem. This of course is part of building a relationship in which Dr Romana shows she is attentive to Billy's concerns.
- Dr Romana then goes on to encourage him to say more – both verbally (e.g. "*would you like to tell me a bit more about it?*") and nonverbally through eye contact, nodding, leaning in, and by providing him with communicative space to keep adding more. In this she builds the relationship by showing interest in Billy and his concerns.
- Dr Romana summarises the concerns he has mentioned, showing that she has taken in what has been said.
- The value of encouraging Billy to add more information is clear, he adds detail not only about his symptoms and history, but also the fact that he finds coming to the dentist difficult in itself ("*I suppose coming to the dentist as well [is something I am worried about]. Sorry. It's just the way it is you know.*").

Communication Skills for Building the Relationship

In mentioning this, Billy is somewhat hesitant, he looks a little embarrassed to be saying it, and he apologises to Dr Romana with 'sorry'. Dr Romana responds by smiling kindly at Billy before he has even finished reporting this worry. She reassures him ("*That's okay Billy, we hear that all the time*"). Using a smiley, light-hearted (but not dismissive) tone of voice, she accepts his apology with '*that's okay*'. She implies that she is very familiar with people finding coming to the dentist worrying, and in doing so implies this is something she is able to handle professionally and with due care.

- Dr Romana now signposts – indicating what will come next in the consultation ("*let me just ask you a few more questions Billy, and we can talk about the possible treatment and what is causing you pain.*"). With her 'let me just ask you' wording, Dr Romana conveys that her questioning depends on Billy 'letting' her do so. Even though it is very unlikely he would refuse, this wording nevertheless shows Billy she sees the conversation as relational, as depending on both of them. She could have said 'I'm going to ask you a few more questions, and then talk to you about…..' but this would not have incorporated elements that frame this clearly as a conversation between both of them. This wording, alongside her subsequent phrasing 'we can talk about….' (rather than 'I will talk to you about') helps build the relationship as one in which they are both contributing and collaborating, rather than one which is solely led by the practitioner with the patient merely responding as opposed to collaborating. In addition, Dr Romana also conveys a particular focus on some of the key concerns Billy has mentioned – the treatment, the pain, and the cause of his problems.
- Dr Romana moves now to more focused questions to which Billy provides answers that fit the focus of the questions. Dr Romana reiterates that she can see he is in pain, and expresses empathy ("*I'm not surprised that you're worried*") – in doing so, she treats how he feels as understandable and reasonable, and shows that she is attending to this element of the information he has given her.
- She provides another summary. She prefaces this summary ("*So let me see that I have this right*"). A potential problem in using summaries in conversations with patients is that the patient can find it odd that the practitioner is repeating themselves, and furthermore telling the patient something they already know and have already said. The patient can find it odd because what we say to one another and when is shaped by conversational norms. One of these norms is 'don't tell somebody something they already know'. So, this norm needs some sort of countering or overriding when a practitioner provides a summary which, basically, tells the patient something they already know. Here, Dr Romana provides Billy with a reason, an explanation for why she is doing so.

Communication Skills for Building the Relationship

- Dr Romana now signposts what will come next ("*I'm going to lie the chair back, I'm going to examine you, sit you back up, and we'll have a chat.*"). Her use of "I"and "we" are helpful here in conveying to Billy that some of what will happen next will be led by, done by Dr Romana, but that the subsequent stage will be a joint one "*We'll have a chat*". She again seeks his permission ("*Is that okay?*") – on paper, this form of asking permission, even in circumstances where it is very likely a patient is already in complete agreement can seem odd. In terms of communication skill, this kind of question can be understood as not so much a straightforward request for consent, as a way of the practitioner conveying that the relationship and consultation entail collaboration and cooperation between both parties, rather than one in which the practitioner is the sole lead who simply imposes the clinical agenda and tasks upon the patient.
- Billy confirms that this is okay, and Dr Romana goes to wash her hands.