

## Communication Skills for Clinical Consultations



*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\\_2\\_WEBPAGE](https://bit.ly/NHCP_MODULE_2_WEBPAGE) for supporting materials on communication skills for clinical consultations.

## Communication Skills for Clinical Consultations

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### Background

Sean Collins is a sixty year old man who has been referred to urology with worsening urinary frequency especially at night, and difficulty starting and ending urination. Dr Muheilan Muheilan is a urology registrar in Consultant Mr Murphy's team. Until this consultation, Sean Collins' urinary symptoms have to date been managed by his GP, who has provided medication and also tested Mr Collins for prostate cancer blood markers – the test results were negative.

### Clips

There are four clips in this scenario.

#### FIRST CLIP

### INITIATE THE CONVERSATION

00:00 – 00:40

Muheilan uses good communication skills to welcome Sean, to introduce himself, and to bring the focus to the reason for the consultation.

#### SECOND CLIP

### GATHER INFORMATION

00:41 – 07:28

Muheilan encourages Sean to talk about his concerns, symptoms, effects on himself and his homelife, he moves from broad to focussed questions. He ends this stage by signposting what is to come next.

#### THIRD CLIP

### GIVE INFORMATION

07:29 – 09:57

Muheilan says that his view is that the source of the problems is the prostate gland. He checks what Sean already knows about the prostate gland before providing further information about it. He then moves towards the treatment options and testing that will be needed first.

#### FOURTH CLIP

### CLOSE THE CONVERSATION

09.59-END

Muheilan checks what Sean has gathered about what will happen next and confirms when they will next meet.

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### Communication Skills

#### FIRST CLIP

#### INITIATE THE CONVERSATION

00:00 – 00:40

- Muheilan starts the conversation with warm introductions, and checks Sean's name (*"Hello there, Mr Collins is it?"*), he then identifies himself by name and establishes his role (*"I'm one of the urology registrars, I work with Mr Murphy"*).
- Once they are seated in the consultation room, Muheilan states the reason for the consultation and indicates that he has prepared for it by reading the GP's referral (*"I received your GP letter and she says you've been having some issues with the waterworks"*). Showing this preparation is one element in showing the patient that the practitioner is thorough and trustworthy.
- He then asks Sean to talk about the problem in his *"own words"*. By doing this Muheilan deals with a communication 'norm' that can get in the way of gathering a patient's healthcare history. In most of our everyday conversation, we rely on several conversational norms which are important in shaping what we say and when, in helping us to understand one another, and in helping show one another that we are treating each other as competent and capable. When people don't abide by conversational norms, the conversation can stop running smoothly, and people can take offence or feel awkward in some way. One of our shared conversation norms is: 'don't tell someone something they already know' – clearly, this can affect how much information patients give practitioners. By explaining he would like to

hear Sean's own words, Muheilan encourages Sean to talk in detail about his problem, even though Muheilan has told him that he already has some knowledge about it. Later, you will notice that when he gives summaries, Muheilan says things like *"would you mind if I just summarise?"* – again this helps deal with the norm of 'don't tell someone something they already know' by explaining why he is repeating what Sean has said.

#### SECOND CLIP

#### GATHER INFORMATION

00:41 – 07:28

- Muheilan uses a broad introductory question *"tell me what brought you here today"*, to encourage Sean to give as full information as possible. He also uses silence, verbal (*"mm-hm"*, *"tell me more about it"*), and non-verbal encouragers (eye contact, nodding) to encourage Sean to say more.
- The value of this broad introductory question is clear – Sean provides Muheilan with information about his symptoms, and about both his knowledge and his understandings and terminology – for instance, Sean says he has *"an enlarged prostate."*
- Sean also mentions that the problem is affecting his home life *"it's causing a little bit of tension between us."* Just as patients show stoicism by downplaying physical symptoms, they also often underplay just how difficult things might be at home. Whilst this information gathering stage may well not be the right time for Muheilan to ask

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Sean more about the ‘tension’ at home, it is worth noting that it is a very important communication skill to pay careful attention to this kind of comment, remember it, and revisit it later with something like “*You mentioned..., can you tell me more about that?*”. Indeed, we will see Muheilan revisiting what Sean has said with regards tiredness.

- Muheilan uses active listening (eye contact, open body language, leaning, nodding, silence, sitting at the same level) to build rapport with Sean, showing Sean that he is providing the right kind of answers, and helping the rest of the conversation to flow smoothly.
- Muheilan moves to summarise Sean’s concerns “*Mmhm, so you’re going more frequently to the toilet...*” – showing that he has taken in what has been said.
- He then screens for further concerns “*Are there any other problems you can think of at the moment?*” “*Anything else?*”. You might notice that Sean initially says no, although he does in fact go on to give some more detail. You may well have been taught to word screening questions with this kind of ‘anything/any other’ type of wording. However, we now know that avoiding the word any generally works better to encourage a patient to say more. This is because ‘any’ pushes for - is tilted towards – the negative (think about it like this: ‘I don’t have any pain’ makes sense, whereas ‘I have any pain’ does not). Alternatives that can work better include: ‘Do you have other questions?’ and ‘Are there some other concerns?’.
- In response to Muheilan’s screening and further questions Sean eventually mentions that “*a friend of mine has been telling me about prostate cancer and that’s been playing on my mind as well*”. In the video, Muheilan acknowledges this concern with “*that’s a worry*”. Often, practitioners also add some wording to convey to the patient that theirs is a reasonable worry. He then assures Sean that the clinic will specifically check for cancer (and you will notice later that Muheilan comes back to the matter of prostate cancer, showing that he has heard this as a concern for Sean).
- Muheilan now signposts – he lets Sean know what the rest of the consultation will involve, and he then moves into more focused questions. Muheilan uses active listening, and empathic statements (“*Well I can imagine this is a bit of an inconvenience.*”)
- Muheilan ends this phase with a summary, this time not only covering the difficulties Sean is experiencing, but also including how these have been managed thus far, and incorporating Sean’s worries (including prostate cancer). He then signposts what is to come next, which helps the conversation flow and helps Sean follow what to him is not a familiar kind of conversation (even though it is clearly a very routine one for Muheilan).

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### THIRD CLIP

#### GIVE INFORMATION

07:29 – 09:57

- Having examined Sean (not shown in the video), Muheilan now provides signposting (*“So Sean I’d like to talk to you about what’s causing your symptoms, the treatment options, and if you have any questions, please ask me as we go along.”*). This assures Sean that diagnostic and treatment information are coming.
- Knowing that Sean is already aware he has an enlarged prostate, Muheilan checks his level of knowledge (*“Would you please tell me about what you know about the prostate gland?”*). Sean’s answer allows Muheilan to tailor what he says to Sean’s level of knowledge.
- Muheilan gives information in small chunks, pacing this information, pausing, and observing Sean’s nonverbals which can give clues as to Sean’s understanding.
- When using a technical term that Sean has not used (*“urethra”*), Muheilan explains the term (*“the water pipe”*).
- Within his explanation, Muheilan includes specific things that Sean has raised in terms of his concerns and expectations (*“sometimes as the prostate gets bigger, it can develop cancer cells in it”*). This helps show Sean that Muheilan is personalising what he says. With his wording, he indicates that cancer is a possibility not a certainty, and he provides reasonable reassurance (*“Your GP did a blood test and it was normal”*), whilst also acknowledging that cancer is possible – he does this by explaining that the blood test will be repeated today by the clinic.
- In Muheilan’s summary, he makes it clear that in his view the problems are being caused by the prostate. He then introduces treatment options, whilst explaining that some tests are needed before making decisions amongst options, but indicating that the most likely route will be a different medication.
- Muheilan then moves towards detailing what will happen next – the blood test, other tests, another appointment and its timing. It is very normal for people to bring conversations towards their close by moving to talk about what will happen next, and towards the end of the next clip, we will see that Sean has picked this up, and that the conversation ends smoothly.

### FOURTH CLIP

#### CLOSE THE CONVERSATION

09.59-END

- Muheilan checks Sean’s understanding of the next steps, assures him he will give him written information, invites further questions, he checks what Sean has gathered about what will happen next, and confirms when they will next meet. Muheilan’s body movements and facial expression convey friendliness, unhurriedness, and reassurance.