

Listening Skills



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 may feel that while many of the skills are good, perhaps there are some that you might do differently. The communication skills sheet overleaf will support you in unpicking what leads to that evaluation. It can be useful to think in advance about particular skills you are going to see and/or hear or that you want to look out for.

So while playing the video, consider;

- What skills did you **see**? (verbal/nonverbal)
- What skills did you **hear**? (verbal/nonverbal) and the words/phrases used.

Supporting materials

Visit our webpage at <https://bit.ly/3uk2SwR> for further supporting materials on good listening skills.

Listening Skills

Background

Sean aged 27 years was brought into hospital by emergency services complaining of severe chest pain and shortness of breath. He has no past medical history besides a fractured collar bone a few years ago, he is on no medications and has no allergies. In this video he meets Dr Ashraf Butt, an emergency department consultant who listens to his story.

Clips

There are four clips in this scenario.

FIRST CLIP

START THE CONVERSATION

00:04 – 00:45

Ashraf uses good communication skills to build rapport with Sean.

SECOND CLIP

ACTIVELY LISTEN AND DEMONSTRATE EMPATHY

00:46 – 02:16

Ashraf uses active listening skills to hear Sean's story and any underlying messages.

THIRD CLIP

USE QUESTIONS AND DEMONSTRATE EMPATHY

02:17 – 03:02

Ashraf uses open questions to continue to build and strengthen a collaborative relationship with Sean. He demonstrates that he has heard Sean's story and the feelings behind the words.

FOURTH CLIP

CLOSE THE CONVERSATION

03:03 – END

Ashraf agrees next steps with Sean and emphasises support.

Listening Skills

Communication Skills

FIRST CLIP

START THE CONVERSATION

00:04 – 00:45

In this clip...

- Ashraf starts the conversation with a warm greeting (“Hello”), identifies himself by name and establishes his role (“My name is Ashraf Butt, I’m the consultant in the emergency department here...”).
- Ashraf checks the patient’s name (“Your name is Sean Hogan, is that correct?”). Sean confirms his name and says... (“You can call me Sean”).
- Ashraf creates an environment of respect and positive regard by asking permission before sitting down, (“Is it ok if I take a seat here and have a chat with you?”). This is an important skill at the start of a conversation as people are generally more receptive to sharing important information when we build a good relationship with them by respecting their autonomy. Using Sean’s name (“Ok, Sean”) helps to build rapport and make a connection.
- Ashraf uses positive nonverbals to build rapport with Sean (eye contact, leaning, sitting at the same level, warm facial expression and gentle tone of voice). This helps to build rapport and trust and helps the rest of the conversation to flow more smoothly.
- Ashraf starts the conversation with an open question (“How are you feeling now Sean?”) and uses silence, verbal (“mm-mm and ok”) and non-verbal encouragers (eye contact, nodding), giving Sean space to tell his story.

He demonstrates listening by reflecting back what he is hearing (“I am glad that you are feeling a little bit better now”).

SECOND CLIP

ACTIVE LISTENING AND DEMONSTRATING EMPATHY

00:46 – 02:16

- Ashraf demonstrates that he has prepared for this conversation (“Now I have read your notes and I have also spoken to your nurse Liz”), this helps to build rapport, trust and affiliation with Sean.
- Ashraf signposts how the conversation will proceed, (“What I would like to do now is to go over your story with you again...”).
- He asks another open question (“So tell me, what happened today Sean?”). This question gives Sean a clear opportunity to raise his concerns and present them in his own terms without any steering from Ashraf about what he should raise.
- Ashraf provides ongoing cues throughout the interaction that he is listening, (“Ok” and “Mm-mm”, maintaining eye-contact, nodding and leaning), his tone of voice and body language imply an interested and caring attitude. These skills enable him to encourage Sean to tell his story.
- Ashraf summarises his understanding of Sean’s concerns, using the opportunity to demonstrate empathy for how Sean is feeling, (“So this morning you were having your breakfast... you had a pain in your chest... you felt you couldn’t breathe”).

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- He checks his understanding (“*Is that right?*”), this question in conjunction with his tone expresses his understanding and empathy with sensitivity. These skills help to demonstrate respect and further build rapport.
- Ashraf invites Sean to say some more about his story (“*Tell me some more*”) and uses silence, verbal and non-verbal encouragers (eye contact, nodding), giving Sean space to speak and showing that he is listening.
- Ashraf empathises with Sean (“*You were worried about that... I’m really sorry to hear about your dad*”). It is important in healthcare conversations to identify the feeling or emotion. Even if you initially get it wrong, this effort demonstrates to the person that you are trying to understand where they are coming from. Sit with the emotion, don’t try to fix it.
- Ashraf validates what Sean is feeling (“*that must have been tough...*”), this skill enables him to convey that Sean’s concerns and feelings of worry in relation to his dad’s death are universal, and this gives Sean permission to express his worries and concerns.
- Ashraf again invites Sean to say some more about his story (“*Anything else?*”) and uses silence, verbal and non-verbal encouragers (eye contact, nodding), giving Sean space to speak and showing that he is listening.

THIRD CLIP

USE QUESTIONS AND DEMONSTRATE EMPATHY

02:17 – 03:02

- Ashraf moves to the next stage of the consultation using questions to elicit Sean’s ideas (“*What do you think is causing the pain Sean?*”). With this type of question, Ashraf conveys that Sean is the person who knows most about his own life experiences, and thus may have ideas about the pain that Ashraf would not be aware of. It is a way of showing respect by treating the patient as the ultimate expert on their own experience.
- Ashraf empathises with what Sean has said (“*I can see you are really worried Sean*”), using Sean’s name to further build a connection and rapport with him.
- Ashraf validates what Sean is feeling (“*It is natural to be worried when you have pain in your chest*”), and this skill enables him to convey that feeling worried is a universal experience. Demonstrating empathy can help to absorb some of the tension in healthcare conversations and gives Sean permission to feel and to express his concerns.
- Ashraf structures the conversation for Sean using signposting (“*...What I would like to do now is to go over your story in a little more detail... I’ll be asking you some specific questions... then we can come up with a plan for you*”). This clarifies for Sean how the conversation will proceed and promotes collaboration (“*Is that ok?*”) with Sean feeling a partner in the conversation with Ashraf.

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- Ashraf then follows on by asking narrower, more specific question which address particular aspects of the pain that Sean is describing (“So does it hurt or catch you when you try to take a deep breath?”).
- Ashraf expresses appreciation for Sean telling his story, using words like (“that’s been very helpful Sean, thank you”). This promotes collaboration with Sean, helping him to feel an equal partner in the conversation.

FOURTH CLIP

CLOSE THE CONVERSATION 03:03 – END

In this clip, Ashraf checks that Sean is comfortable with the next steps and that he can close the conversation.

- Ashraf summarises the next steps, (“I am going to organise an X-Ray of your chest for you now...”). He pauses while Sean nods to confirm his understanding of the next steps.
- Ashraf invites Sean to ask any questions (“...what questions do you have for me now?”) and uses silence and non-verbal encouragers (eye contact, nodding), giving Sean space to speak and showing that he is listening.
- Ashraf puts a safety net in place (“Ok, I’m going to see you again once you are back from X-Ray”), then pauses as Sean confirms his understanding with a nod, (“Is that ok?”). Closing well, he reaches a shared understanding and agreement with Sean that they can leave the conversation and pick it up again together at another time.