

Maguire Communication and Leadership Academy

*Keeping effective communication  
at the heart of patient-centred care*

# Communication Skills Handbook



## Skills and Structure for person-centred communication.

MAGUIRE COMMUNICATION AND LEADERSHIP ACADEMY

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## ***Person-centred communication.***

Communication has been shown to influence a persons' psychological adjustment, coping, satisfaction, adherence to treatment and wellbeing.

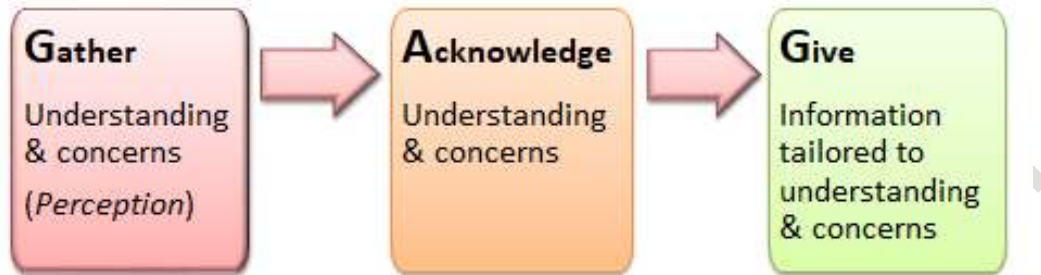


Achieving World Class Cancer Outcomes 2016

Patient experience is one of the three key components of high quality care. The 2016 Achieving World Class Cancer Outcomes document states that the patient experience is of EQUAL importance to clinical effectiveness and safety.

The general principle for all effective person-centred interactions is to **gather, acknowledge, give**. Fully gathering the person's perception: concerns, thoughts and feelings **before** giving information, advice or reassurance enables us to ensure that the information we give is appropriate and tailored to the needs of that individual. They are therefore more able to hear and absorb any information given and consequently better informed and able to participate in decision-making. This principle is often counter-intuitive for health care professionals because in our desire to be helpful and relieve suffering, the tendency is to reassure and problem solve before we have fully heard or understood the person's concerns.

## ***TOP TIP***



Work with the patient's agenda **first**, before the professional agenda

### ***Important Communication Behaviours***

Focussed attention – *showing interest by giving full attention*

Eye Contact – *giving eye contact but not forcing it*

Being on the same level – *part of focussed attention – not standing over the person and not in a position of power*

Environment – *thinking about privacy, avoiding interruptions, not being overheard, who is present/not present*

## ***ENGAGE – A person-centred structure***

### ***ENVIRONMENT***

Where possible ensure privacy. Minimise noise and interruptions. Maintain the person's dignity. Give a time-frame where able/check how much time the person has.

### ***NAME***

Introduce yourself - My name is.... Give your role. How does the person like to be addressed? Identify the reason for the interaction – what is the person's understanding of the interaction/consultation.

### ***GATHER ALL***

It is important to hear the person's perspective and their concerns. The key skills needed to facilitate hearing from the patient are covered in the next section.

### ***ACKNOWLEDGE***

It is not enough to have heard the other person's thoughts and concerns we need to **demonstrate** we have heard and understood and offer the person the opportunity to expand, confirm and correct

### ***GIVE***

The giving phase will be dependent on your role, for instance at this point you may be offering information, referring on or signposting the person towards appropriate services

### ***END***

Before ending the interaction:

Summarise all that has been discussed (concern and options) and screen again for any undisclosed concerns or questions.

Next Steps – provide supporting information

Check how the person is left feeling - This is helpful for the person to be able to say and for the healthcare professional to hear.

## ***Key Communication skills***

Specific communication skills and behaviours have been shown to facilitate person-centred communication. These are most effective when used throughout the interaction structure, to acknowledge and explore the person's thoughts and worries encourage them to share their concerns, needs and preferences.

### ***TOP TIP***

***Don't assume!***  
***Explore before you explain***

## ***Skills for Gathering***

### **Questions**

These include:

- **open questions**
- **educated guesses**
- **pauses**
- **screening questions**

### **Open Questions**

An open question is one which invites a broad response. It requires more than a yes/no answer, so encouraging the person to talk freely. However it is also vague in nature, giving the individual no clear focus. They may often be answered in a physical manner.

*Example* "How are you?" or "How have you been?"  
 "How have you been feeling?"

**NB:** In practice open questions are often asked at the beginning of an interview and often result in a physical or social answer e.g. "fine thanks". An additional question, linked to emotions, can be a useful follow up question.

### **Educated guesses**

Educated guesses are used in response to the emotions we are sensing from the person. The KEY is to be tentative, so that the individual can correct or refute the guess without feeling under pressure to agree with something that is incorrect. Educated guesses are particularly helpful when verbal and non-verbal cues don't match ie what is voiced does not fit with what you are seeing.

*Example*

'No I'm fine, I don't have any questions'

*Educated guess:* "I can hear you say you're fine and don't have any questions just now but I'm just wondering if there is something on your mind, as you look so deep in thought.....PAUSE ?'

It is equally helpful if the educated guess is wrong. By correcting you the person will clarify and explain.

### **Pauses and Silence**

Using pauses *is helpful* for the person. Giving the person the time to think and find the right words to express complex thoughts or emotions is important for adjustment and coping.

## ***TOP TIP***

***Remember the power of the pause***

## Screening questions

This form of question is designed to screen for any points missed either in a particular topic or in the interview as a whole.

Example

"Is there something else that is bothering you?"

"Have you some other problems with the chemotherapy?"

Using '**something**' in preference to 'anything' has potential to be more facilitative.

## Skills for acknowledging

**TOP TIP**

*Say what you hear*

*Say what you see*

## Reflection

Reflection is repeating the person's own word/s back to them. Reflection can be used to acknowledge what the person has said (allowing the person to feel heard) and to encourage them to continue.

Example:

"The doctor told me it was serious and...er....."

"Serious?" ..... pause .....

## Paraphrase

Paraphrasing is repeating back what the person has said but in your own words. This allows you to both acknowledge what the person has said and to check that you have understood correctly. It is important to avoid interpretation or changing meaning whilst paraphrasing.



## Empathy

Empathy is an attempt to acknowledge the emotional state of another person from 'their' perception. Being empathic requires the interviewer to **verbally** acknowledge the person's emotional/psychological experience and check the impact. Genuine, verbal empathy can give the receiver the powerful sense the listener has an appreciation of their experience as well as being willing to be alongside them.

Example:

*"I can see you are upset". (Empathic acknowledgement using reflection).*

*"It sounds like your world has been turned upside down, am I right?" (Empathic educated guess concerning the impact).*

## TOP TIP

*Naming emotions reduces distress*

Reduces  
distress

Increases  
ability to  
process and  
recall  
information



## Summary

Summarising is repeating back to the individual (using their language), the key things you have heard, including emotions and concerns that may or may not have a solution. Summary can be used throughout the interaction to show you have listened to what the person has said, and to check you have understood. Summary is a powerful skill and functions to:

- Prove you are listening
- Check understanding
- Check for omissions or elaboration
- Allow both you and the individual space to think
- Move the interaction forward

### *TOP TIP*

*If in doubt... Summarise*



*Always summarise and screen for more concerns before moving to the giving phase of the interaction.*

## ***Skills for giving***

**Seek permission** to move into advice or information giving. This indicates (sign-posting) to the individual that the interaction is moving into the giving phase and helps them prepare.

Example.

*"You've said that you were feeling very worried about how you were going to cope at home and that it would be really helpful if we could talk through what support we could offer.....PAUSE"*

*"Would it be OK if we move on to talk about that..."*

**Pause** until the person acknowledges that they are ready to hear the information.

**Chunk information.** People in a heightened emotional state find it more difficult to hear and absorb information. Small chunks make it more manageable.

**Tailor and link** information to the person's concerns using **jargon free** language

Example.

*"You were concerned about your wife having to manage your dressings... one thing we could do is arrange for the district nurses to come in and do these"*

### ***TOP TIP***

***Link information to the person's concerns and needs***

**Pause.** Giving information one chunk at a time and pausing after each chunk allows the person to process and respond. This means the information is given at the person's pace.

Be aware that **any new information** may have an emotional impact and provoke **new concerns**, so watch and listen for cues to this.

**Check** the understanding of new information and emotional impact by watching and listening for **cues** as stated above or **ask** about the impact (thoughts and feelings).

Examples.

checking for understanding:

*"How does that sound/ What are your thoughts about that?"*

checking for emotional impact AND understanding:

*"How does that leave you feeling?"*

**Resist** going into further detail *unless* it is requested or agreed to.

*"Shall I go on?".....PAUSE*

*"Is it okay to continue?"....PAUSE*

## **TOP TIP**

***Deliver information at the person's pace  
(chunk and check)***

## ***Summary of Tips***

***Gather and acknowledge the person's thoughts and concerns before giving information.***

***Don't assume! Explore before you explain .***

***Remember the power of the pause.***

***Say what you hear Say what you see .***

***Naming emotions reduces distress  
If in doubt... Summarise***

***Always summarise and screen for more concerns  
before moving to the giving phase of the interaction.  
Link information to the person's concerns and  
needs***

***Deliver information at the person's pace  
(chunk and check)***

***Be kind to yourself – you cannot fix  
everything***

## **Further Reading**

Effective Communication in Cancer Care. Heaven C & Green C (2015) Chapter 17 in C D Wyatt, et al eds. Cancer and Cancer Care Effective Communication in Cancer Care SAGE

Compassionate and Effective Communication: Key Skills and Principles. Franklin A, Green, C Schofield N. (2016) Chapter 6 in Farrell, C ed Advanced Nursing Practice and Nurse-led Clinics in Oncology

Skills for Communicating with Patients (2005) Silverman, J. Kurtz, S. Draper, J. Radcliffe, Oxford

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