

Note on 'HCPs'

The author dislikes acronyms and jargon but throughout the book the abbreviated form of healthcare professional (HCP) is used for economy of style and space. It is used primarily to refer to nurses, pharmacists and doctors, on whose work the book is mainly focused, but embraces all those who have therapeutic or helping relationships with patients, for whom the content of the book is also intended.

The instruction we find in books is like fire. We fetch it from our neighbours, kindle it at home, communicate it to others, and it becomes the property of all.

Voltaire

1 Introduction

If you work for patients in any role in healthcare, this book is written for you and your colleagues in the whole multi-disciplinary team. Whatever your job, this book is dedicated with admiration to you, because you are making a contribution to some of the most important activities that human beings are capable of:

- helping people to live healthy and fulfilling lives
- preventing and relieving pain and suffering
- providing comfort and support to people who are sick, injured, disabled or dying
- increasing the world's stock of compassion and hope.

Whatever your role, you have a contribution to make through the exercise of your knowledge and expertise; through your dedication and humanity; and through the quality of your communications. At the heart of the best healthcare are caring people with great skills of many kinds.

An inquiring, analytical mind; an unquenchable thirst for new knowledge; and a heartfelt compassion for the ailing – these are prominent traits among the committed clinicians who have preserved the passion for medicine.

Lois DeBakey

There is not one of us who cannot become more effective and fulfilled as human beings by studying ourselves and others, and through learning more about relationships and communications. This book offers that opportunity. The rewards are great: not just for our own satisfaction and happiness, but also for our value and usefulness to others in our professional and personal lives.

This book ambitiously covers a very wide range of material about human relations and communications relating to most aspects of healthcare activity, but at its heart are some very simple truths which are relevant to almost any human encounter:

- The best healthcare is provided for patients and their families by people who are experts in their field but who also have equal measures of compassion and generosity, and an exceptional capacity to relate and communicate effectively.
- The best healthcare grows from the ideal of service to patients, their families and carers, based on an unfailing determination to understand what they need and want, to explain options and consequences, to protect their safety, and to collaborate with them in achieving agreed goals.
- To have a vivid and accurate insight into what life is really like for other people transforms how we see the world, and how we think, feel, behave and communicate.
- To study and understand ourselves, our own strengths and weaknesses, our foibles and prejudices, our motivation and our aspirations is the basis for confidence and sensitivity and true usefulness to others.

This book provides material of two main types:

- Analysis and discussion designed to lead to a deeper knowledge and understanding of relationships and communications.
- Examples and suggestions of what to do and how to do it in healthcare relationships.

You will also find much more on the publisher's website in Online Resources at www.pharmpress.com.

4 Introduction

Box 1.1 Major focus on patient safety

As this book goes to press, major reform in regulation of the medical and healthcare professions is under way in the UK. Following publication of the White Paper, *Trust Assurance and Safety: the regulation of health professionals*,¹ and the Government's response to reports from the Shipman and other malpractice enquiries,² professional competence and patient safety are under intense scrutiny as major changes are planned and implemented.³ The General Medical Council⁴ and other professional bodies are also working hard in these areas.

Among the many issues at stake is regular revalidation of healthcare professionals, including, among much else, evaluation of communications effectiveness and patient satisfaction.⁵ This book exemplifies many of the new standards in these areas.

The World Health Organization's World Patient Safety Alliance (2004),⁶ the US Joint Commission's award-winning 'Speak Up' patient safety campaign (2002),⁷ and other initiatives across the world are also focusing on many of the same issues.

The values, principles and skills described in this book are perfectly in line with the new legislative and regulatory vision in many countries, which, more than ever before, draws attention to the necessity of active partnership between all stakeholders, especially between healthcare professionals and their patients.

The author's assumption is that once you have mastered material of the first level (and perhaps read a great deal elsewhere too), how to approach patients, and what to do and how to do it will be much clearer to you. It is impossible to provide a reference manual of techniques for each of the vast variety of patients whom you will meet, but once you understand the theory and the principles, what you need to do becomes much easier and more obvious.

The darker aspects of professional life: the constraints and the limitations; the ever-tightening budgets; the shortages of time and resources; the pressures for productivity and narrow cost-effectiveness; inequity of access; the impact of bureaucracy, politics and litigation – all so familiar – do cast a shadow on the ideal vision of excellent healthcare for all. But, in truth, the tougher the environment, the greater is the need for expert and humane relationships within it, and for communications that are as open, honest, supportive, effective and inclusive as possible.

War is what happens when language fails.

Margaret Atwood

Above all, this book assumes that we can all improve our knowledge and skills, and continue doing so as long as we live. No matter how repetitious some relationships and experiences may seem, no two are ever the same, and there are always new things to be learnt about ourselves and others. The author and publisher hope you will enjoy this foray into the fascinating territory that is communication, and that it will, in some measure, change how you see the world, and, of course, help you to become more effective, fulfilled and useful in your work.

Learning from you

One of the repeated messages in this book is that good communication is always genuinely interactive, and that listening is usually more important than talking.

A book makes personal interaction with readers and listening to them quite difficult, but the author is keen to hear from you about your reactions, thoughts, criticisms or objections in relation to the material in this book. We will learn things from you, and the second edition will be a much better book if it includes some of your thoughts and experiences. We need to hear from those of you who want to point out the shortcomings of the book as much as from those who approve of it.

Especially valuable will be examples of communications challenges and solutions in real healthcare situations that you have experienced.

Please email author@brucehugman.com with your feedback or go to www.brucehugman.com for a readers' forum.

The Pharmaceutical Press also has a website, www.pharmpress.com, where you can find new material and further discussion of the issues in this book in Online Resources.

Please let's hear from you and make your reading of the book and your response to it into an active communication between us and other readers throughout the world.

2 Signposts for the journey through this book

To find out what is in this book . . .

If you are in a hurry with 15 minutes to spare:

- Skim the contents pages.
- Read the introduction at the beginning of each major section (blue pages).

If you are under pressure but have 30 minutes:

- Skim the contents pages.
- Read the introductions at the beginning of each major section.
- Read the summary at the beginning of each chapter.

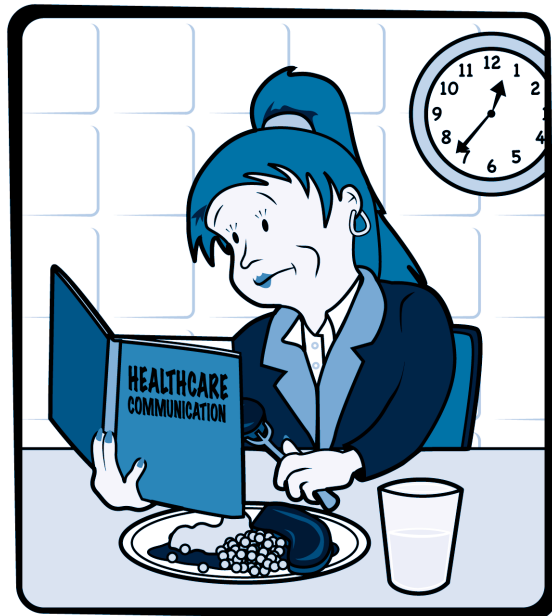
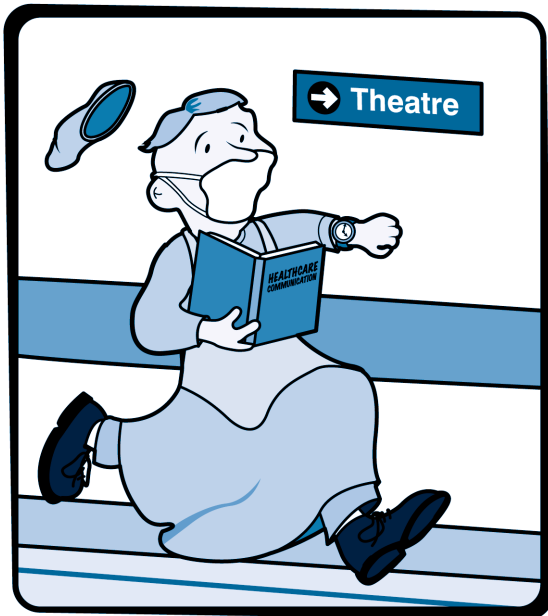
If you need help thinking about a particular issue or problem:

- Check out the contents and index pages.

If you have got just a few spare moments:

- Browse the cartoons and quotations . . . otherwise . . .
- read any chapter or
- start at the beginning and keep going!

For direct practice communication issues: Chapters 3 and 9–21; Appendix 3.



6 Signposts for the journey through this book

For analysis of the nature of communication and the profound influences of human psychology: Chapters 4, 5, 9 and 10.

For discussion of communication, vision and ethics in healthcare: Chapters 6–8.

For many kinds of everyday communication activities not involving face-to-face relationships with patients: Chapters 22–26.

For a large collection of references to books, websites and other sources on all topics: Appendices 1 and 2.

For more serious readers, alone or in groups or teams, there is a selection of discussion issues and practical challenges at the end of each major section of the book. They invite critical thinking and debate about many of the issues in the book, and beyond. Commentary on many of these can be found in Online Resources at www.pharmpress.com.



3 The basic framework for working with patients

Table 3.1 is a skeleton framework of activities and tasks, which is relevant to every encounter between every HCP and patient. It is only details (such as diagnosis and prescribing) that are confined to particular roles; the other elements of perception, assessment, decision making and so on apply across the board.

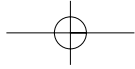
It is presented as a bird's-eye view of the whole process, which you can refer to when you're immersed in the detail of the book. It is far from comprehensive, but it highlights the major elements of any professional encounter with a patient, and particularly the extent to which communication is inextricably involved in almost

every aspect of an effective healthcare relationship. Although it looks elaborate when laid out step by step, this process, or something very similar to it, is what happens in all the best problem-solving encounters with patients. With experience, it will become spontaneous and rapid.

This framework is based on activities and tasks, whereas the material of the book is presented mainly by topics (knowledge and skills), many of which are applicable at any stage throughout a consultation or relationship to most or all of the activities and tasks.

Here you can see the broad picture at a relatively high level. When you have read the book,





8 The basic framework for working with patients

you will have a richer and more knowledgeable appreciation of all the issues recorded here, and many, many more.

The fundamental question to ask in all health-care relationships is: 'How can I understand the needs of my patients and help them solve their problems?'

It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.
William Osler

For another methodical, and much more advanced analysis of consultation skills, see Appendix 3, p. 291.

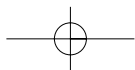
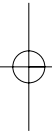
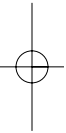


Table 3.1 A basic skeleton framework of activities and tasks relevant to every encounter between HCP and patient

Key questions	Key issues	Key attitudes, knowledge and skills	Key areas for effective medical/technical knowledge, skills and expertise	Key areas for effective communication skills	Commentary
1. What is the nature of this situation and what is required of me?	Appraisal of the setting in which one is confronted with the patient; the needs, the priorities, available resources, timescales	Wide field of perception, rapid collection and processing of facts and evidence, questioning of others and gathering information	✓	✓	Primarily applicable in unusual situations, such as accidents, emergencies or natural disasters, or when standing in for others, but useful even in familiar settings
2. Do I like this patient?	Assessing spontaneous first impressions and feelings; ensuring just and fair treatment	Self-awareness; honesty; ability to restrain negative or overly positive reactions and compensate for them; awareness and control of non-verbal behaviour		✓	Unrecognised strong first impressions may skew an entire relationship and cloud perception of reality to the detriment of understanding a patient, diagnostic accuracy and the best possible therapy
3. Who is this patient?	Attempt to glimpse the whole person through their words, feelings, behaviour, personal history and in their social and family environment. Who are the significant others in this patient's life? What is their reaction to their current situation and to me? Evidence accumulates throughout even the shortest consultation.	Unprejudiced openness to human diversity; establishing rapport and trust; empathy, listening, questioning, observation, including non-verbal behaviour; discovery and interpretation of patient's psychology; understanding of relationships and major influences in patient's life; perceiving and taking account of patient's response to HCP and situation		✓	Underlying everything – care, concern and compassion; an intense concentration on trying to grasp the essence of the whole person beyond their symptoms and disease, even in the shortest encounter; grasping the context and quality of the patient's life beyond healthcare
4. What is this patient's problem? Is this patient sick?	Listening to and interpreting the patient's story and symptoms and attempting diagnosis of the problem as a joint enterprise	Medical/technical knowledge, experience and diagnostic and thinking skills; taking medical and medication history; open-mindedness; empathy, listening, observation, exceptional questioning skills; avoiding hasty judgements; sceptical (questioning) approach to solutions; attention to intuition	✓	✓	The problem or problems may not be what they first appear to be, nor what the patient thinks; they may have medical, psychological or social components; they may be simple, complex or uncertain; they may not be what the records suggest

10 The basic framework for working with patients

Table 3.1 A basic skeleton framework of activities and tasks relevant to every encounter between HCP and patient (continued)

Key questions	Key issues	Key attitudes, knowledge and skills	Key areas for effective medical/technical knowledge, skills and expertise	Key areas for effective communication skills	Commentary
5. What further tests or procedures (if any) are necessary to reach a diagnosis?	Identifying and communicating next steps (if any); eliciting patient's reactions; setting timescale and making plans	Explanation and reassurance; joint planning; managing patient's reactions and feelings	✓	✓	Patient may be disappointed at postponement of diagnosis; may be anxious or alarmed about tests or procedures; may have practical problems about more appointments
6. What is the patient's reaction to the diagnosis or lack of diagnosis?	Accurate understanding of the meaning of the diagnosis or lack of diagnosis for the patient and their life	Empathy, listening, observation, questioning; showing support, concern, compassion as appropriate		✓	Whether relief, despair, shame, anger, or many other emotions, the reaction must be acknowledged and dealt with. The slow, painstaking process of complex diagnoses may need explaining
7. What resources do I have available to help this patient solve their problem?	HCP's silent, internal considerations: assessment of extent or limitation of: <ul style="list-style-type: none"> time technical/medical/medication/other resources expertise 	Comprehensive factual knowledge within and beyond healthcare; imaginative grasp of resources that may be relevant to meeting this patient's needs; 'gateway' thinking to provide access to other resources	✓		Situational assessment: availability or limitation of resources will vary from location to location; there may be time but no technical resources; technical resources but little time, and so on. HCPs work within what they have and what is available beyond them
8. Within those resource options what resources are available for this patient?	HCP's silent, internal considerations: identification of likely best options to solve this patient's problem within constraints of time/medical and other resources/expertise/patient and healthcare finances	Careful matching of options to patient's symptoms, disease and situation. Honest consideration of the possibility that you are not the best person to handle this patient's problems without additional expert consultation. Should you refer the patient to another HCP or other non-medical experts or resources?	✓		Secondary situational assessment: first, making choices of best solutions; second, ruling out those not practically or financially possible (but not necessarily excluding them from discussion with the patient). Resisting pressure to solve everything here and now if it is not the best option

Table 3.1 A basic skeleton framework of activities and tasks relevant to every encounter between HCP and patient (continued)

Key questions	Key issues	Key attitudes, knowledge and skills	Key areas for effective medical/technical knowledge, skills and expertise	Key areas for effective communication skills	Commentary
9. What is the patient's view of the options and their consequences?	Full explanation of identified options, their rationale, risks and benefits, and consequences; exploration of the patient's views and feelings; review of options not available to this patient and reasons	Empathy, explanation, listening, questioning, answering questions, communicating risk; using visual aids or other communications resources; dealing with disappointment or anger (when options are limited or distressing)	✓	✓	Exceptionally demanding when explaining often complex matters in ways which make sense to the patient; poor levels of health literacy a major obstacle; potentially large emotional content in reaction to this stage as well as diagnosis
10. What therapy or course of action can we jointly agree?	Discussion, negotiation and informed consent	Empathy, listening, proposing, negotiating, questioning, explaining; taking the patient's view seriously; overcoming obstacles; managing consent (or refusal)	✓	✓	Great skill needed in exploring options, making genuinely joint decisions and reaching informed choice
11. What needs to be done by me, other HCPs, others in or beyond healthcare, and by the patient and others in their family or social environment?	Planning overall strategy, including tests and referrals, liaison, support services and so on; agreeing action and change in patient's life; keeping good records of everything	Joint planning, negotiation, review of requirements and options; structure and clarity; empathy, listening, observation, questioning, explaining; reaching joint commitment to the plan; providing supporting resources (notes, charts, pill-boxes, etc)	✓	✓	Great clarity of mind required to see the whole picture and then present it to the patient in a way that makes sense and can be remembered and followed
12. How can risks be minimised, safety enhanced and adherence encouraged?	Anticipation and discussion of risks (maybe for the second time); following best practice (e.g. in dispensing); explanation and support for adherence; medication counselling	Explanation, seeking feedback, checking understanding, listening, questioning; communicating risk; motivating and providing personal and practical support	✓	✓	Vital stage of consultation which needs to have adequate time planned for it; may require ingenuity and creativity to achieve its aims and empower the patient to take effective responsibility for therapy

12 The basic framework for working with patients

Table 3.1 A basic skeleton framework of activities and tasks relevant to every encounter between HCP and patient (continued)

Key questions	Key issues	Key attitudes, knowledge and skills	Key areas for effective medical/technical knowledge, skills and expertise	Key areas for effective communication skills	Commentary
13. What plans need to be made for future contingencies and contact?	Ensuring that future personal and medical needs (including the unexpected) are discussed, anticipated and provided for; continuity of care and contact is offered and planned; names and contact numbers provided	Empathy, questioning, listening, explanation; providing reassurance and sense of continuity of care and concern; for hospitals, coherent and effective discharge counselling and resources	✓	✓	It is too easy for a patient to feel abandoned once the primary consultation or activity (surgery or whatever) has been completed. Careful plans need to be made, even if only for optional contact should the patient want it
14. What else is concerning the patient?	Ensuring the patient is leaving with current questions and concerns adequately dealt with	Empathy, questioning, listening, observation; silence, waiting for thoughts to develop	✓	✓	Because consultations are often concluded at the end of the obvious agenda, many patients leave with questions and concerns unanswered. Some patients declare their primary worries only as they are leaving or when they are asked
15. Is the patient leaving with a clear grasp of the main issues?	Final review and check of primary information and decisions agreed	Summarising, checking understanding, seeking feedback, reinforcing messages, encouraging and motivating	✓	✓	Repetition and checking of primary messages and requirements are essential if patients are to understand and remember them

Communication knowledge and skills are critical for almost every aspect of any healthcare consultation. That is the fundamental message of this book: without excellent, interactive communications with patients, no amount of medical or technical brilliance will reach their potential for providing the very best patient care.