

Verbal communication

It is not just what we say, but how we say it.

Interpretation can have significant consequences in clinical practice.

This is made more complex in our clinical centres because many of the patients we treat are elderly, from other cultural backgrounds and may not be able to converse proficiently in English.

Different types of questions used to elicit information from a patient

Open ended questions-We use these when we want to hear the whole story.

Closed ended questions – prompt short focused answers, usually only one word. Helpful for keeping track of information on patient records.

Multiple choice questions – Useful in allowing patients to collaborate and make them feel more empowered. Also helpful with patients who are withdrawn, anxious or depressed.

Communication techniques/tools & their advantages: Reflection listening skills After asking a patient a question, it is important that you reflect on what they have said, and ensure that you have understood their answer.

Paraphrasing: Using other words in a brief, concise, succinct statement to reflect on what the speaker has said. Allows the RT to immediately verify their understanding of the patient's comments and the patient to hear what their words sound like/clarify.

Mirroring is a simpler form of reflection. Short and simple – repeating almost the same as what the speaker has said.

Summarising: The listener pulls together the main ideas and feelings of the speaker to demonstrate understanding.

Non-verbal Communication

Physical contact is also a form of non-verbal communication. Touch has several important functions including:

Easing a patients' sense of isolation, Decreasing patient anxiety, Demonstrating care empathy sensitivity and sincerity, Offers reassurance warmth and comfort, Enhances rapport between the patient and health care professional, Supplements verbal communication

Categories of non-verbal communication:

Kinesics (body movement, such as gestures, facial expressions and gaze patterns), Proxemics (involves the physical distance between people when they communicate, position, posture, personal space and territoriality), Para-linguistics (voice, pitch, stresses and pauses during verbal communication).

Professional Communication

Effective communication and the use of appropriate interpersonal skills can affect the outcome of situations. As such, it is important with patients who are often in a vulnerable position that health care professionals are honest, tactful and respectful of the patient's situation.

Gathering Information

Developing the skills required to interview patients is crucial in radiation therapy because the interview (interaction you have with the patient) may be the only chance you get to elicit important information about their perspective on their diagnosis and treatment and any factors which may impact on this.

Gathering Information (cont)

Creating an environment where the patient and their significant others feel comfortable discussing their treatment and asking questions is paramount to the success of the first day chat and the genuine concern that the radiation therapist shows at this point can be very important in gaining the trust of the patient and in building a rapport for the subsequent days of treatment.

Gaze is a form of communication as well as a method for gathering information. The 3 primary functions of gaze are:

1. **Monitoring:** Assessing the other person, and gathering clues about their condition or whether they are listening and responding to instructions (you should be able to gauge their level of interest, understanding, boredom or confusion)
2. **Regulating:** Used to regulate a conversation, using gaze to indicate to the other that it is their turn to speak.
3. **Expressing** – feelings and emotions.

Adapting communication strategies

Use of interpreters: Interpreters are trained professionals and are preferable to using family members to translate. Family members may not be familiar with medical terminology and therefore unable to translate accurately, and the health care professional has no way of knowing that the message has been delivered correctly.

Dealing with angry patients: Recognise their anger, Stay calm, Stay focused on the patients' needs, Use appropriate non-verbal communication, Do not try and defend yourself if accused of something, Encourage patient to be specific when describing reasons for anger, Calmly and firmly present your point of view, Address the problem with a senior member of staff, If you feel threatened leave the environment immediately



Patient Education

Patient education in radiation therapy is crucial if the best outcomes are to be achieved in terms of treatment success and minimisation of side effects for the patient (psycho-social and physical).

There are 3 main learning styles:

Visual Learners Learn via seeing

Auditory Learners Learn through listening

Kinaesthetic learners Learn through moving, doing and touching.

Coping behaviours:

Compensation: Patients can over-emphasise a certain trait/behaviour in one area to make up for a deficiency or failure in another. e.g. Middle aged obese patient who despite the Doctors advice does not exercise regularly or eat a healthy diet, nevertheless makes an elaborate show of telling the doctor that he has never missed a dose of his cholesterol medicine.

Denial: When a patient rejects or denies the existence of feelings, needs, thoughts, desires or even facts. For example: A cancer patient whose diagnosis has been confirmed by blood tests, CT, PET still thinks the DRs might have got it wrong. This patient may think that their results have been confused with those of another patient.

Regression: When a patient unconsciously returns to an immature or infantile behaviour/thought. This may be when confronted with painful or difficult circumstances.

Repression: When patient puts out of their mind painful/difficult thoughts, feelings or events. For example: If they are confronted with a decision whether to undergo a difficult brain biopsy and then goes days without making decision or even considering the options is repressing their thoughts of the condition.

Health Literacy

The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

Often patients feel overloaded with information, come across conflicting advice and are unable to apply the information on the internet to their own personal diagnosis.

Some strategies for a patient with low health literacy:

Evaluate the patients understanding before, during and after the information has been provided by asking the patient to explain what you have just said, Limit the number of messages been provided, Deliver important points first, Avoid use of jargon, Break down information into understandable chunks, Supplement instruction with pictures, Audio record consultation, Ensure information is written to an appropriate level

Empathy

Empathy - Entering into the feeling or spirit of a person or thing; appreciative perception or understanding.

Sympathy - The fact or the power of entering into the feelings of another, especially in sorrow or trouble; fellow feeling, compassion, or commiseration.

Compassion - A feeling of sorrow or pity for the sufferings or misfortunes of another.

Caring - Exchanges of confidences, particularly in relation to some distressing experience, which are intended to promote emotional healing.

Emotion - Any of the feelings of joy, sorrow, fear, hate, love, etc.

Rapport - Connection, especially harmonious or sympathetic relation.

Affinity - A natural liking for, or attraction to, a person or thing.

Empathy (cont)

Pity - Sympathetic or kindly sorrow excited by the suffering or misfortune of another, often leading one to give relief or aid or to show mercy.

Responding Empathically: Communicating with a patient in a helpful and emotionally validating way involves empathic¹ responding. Paraphrasing is a very simple technique that can assist you to make patients feel listened to and understood.

