



Aim

To develop a simple strategy to teach communication skills which was appropriate across different levels of expertise, clinical setting and cultures.

To implement the strategy and quantify the change.

Method

The authors, through

- teaching 'role play' for several years in different clinical settings to culturally diverse students,
- reviewing videoed consultations and
- reviewing the literature

sought to break down the bare essentials of the consultation. They identified six key techniques (toolkit as above) which used appropriately would facilitate any consultation.

Having identified the six key techniques the authors sought to validate the toolkit. Over the course of a day the six techniques were taught, initially by lecture and reinforced in role play to a cohort of over 100 doctors and senior nurses from various cultures and countries.

Each of the 100 doctors and nurses attending a communication skills course as part of the Diploma in Palliative Medicine at Cardiff University, were asked to self score their **competence before and after** receiving the teaching on the communication skills toolkit. Using the same scoring criteria the tutors who facilitated the small group 'role play' teaching were asked to score the individual candidates.

Results

Included identification of the toolkit* as above.

Full matched scoring results are available for 90 candidates.

The results indicate self scored improvement across all 6 facets, the biggest improvement seen in the 'use of reflection'. The tutors scores largely mirrored the candidates self scoring.

Conclusion

The tool kit attempts to break down the bare essentials of the consultation. Whilst recognising the complexities of the scenarios frequently encountered in the palliative care setting.

Use of the toolkit does not initially attempt to deliver a fully literate communicator, versed in all the nuances of a difficult scenario. Rather, it offers six key techniques or tools that can be applied to any consultation and developed as individual skills to improve the real world consultation.

The Communication skills 'toolkit' now forms an integral part of the diploma in palliative medicine teaching.

The toolkit * comprises appropriate use of:

- Comfort
- Language
- Question style
- Listening / use of silence
- Reflection
- Summarising

Examples of each of the above is beyond the scope of this poster but a few examples are cited below

Question Style

Open questions such as:

'how have things been?' allows the patient to tell the doctor anything at all about what has been happening – ranging from medical details of the condition to social catastrophes, other family illness etc.

Focused questions do just as the name describes; focus down onto a particular area and then explore it further: 'Can you tell me more about your pain?'

Other direct questions may have a place such as:

'Does the skin over the area feel very sensitive?'

Of course the style of question must fit the occasion – using focused questions too early leaves the patient feeling interrogated, but unable to express the real issues that are troublesome.

Multiple questions and leading question styles are best avoided in all consultation settings.

Use of silence

"If you give a patient bad news or a lot of difficult information, it is inevitable that there will be silence. You will hear silence, but for the patient opposite you there is nothing but noise. It's just all internal. They need a bit of time to sort it out in their head and if you talk too soon during the silence, it will interrupt them."

Reflection

"Good use of reflection is important. It really makes the patient feel you are listening to them."

This technique is particularly useful for participants new to communication skills training who get stuck in knowing what to say next. Reflecting back what a patient has just said may help and will encourage the patient to proceed with their story.

It also demonstrates that they are being listened to and helps develop rapport. In addition, it is a technique that can be used to encourage dialogue at times when the patient maybe finding it difficult to go on because of their feelings.

Summarising

Going back over the patient's story with them demonstrates to the patient they have been listened to. It also offers them a chance to clarify anything that may have been missed. Often they will then pick up on something and direct the consultation towards their agenda.

e.g.: **Doctor:** Let me just recap what you've been telling me Mr Jones. From what I understand you have noticed that you have been losing weight and you've found it difficult to swallow.
Mr Jones: Yes doctor. That's a bad sign isn't it?

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