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The Skills *of* HISTORY TAKING

for Medical Students and Practitioners

Based on AETCOM Module

Rahul Tanwani

THIRD EDITION

Foreword
DP Lokwani

JAYPEE

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CHAPTER

4 Basic Principles of Communication

If you listen carefully to the patients, they will tell you the diagnosis.
—Sir William Osler

Proper communication is the key to success in many professions. Medical profession is probably the best example of it. Hence, it is essential for every medical student and doctor to know about the minute details of the process and elements of communication. No doubt that proper knowledge of the subject is quite important in any profession. But, even the best knowledge of a doctor may fail to impress and satisfy his patients, if he is not aware of the appropriate skills of communication.

PROCESS OF COMMUNICATION

The simplest definition of communication is *an exchange of any message between two or more people.* This message can be in form of spoken or written words, or as some expression or gesture.

The process of communication can be easily understood by imagining following example **(Fig. 4.1)**.

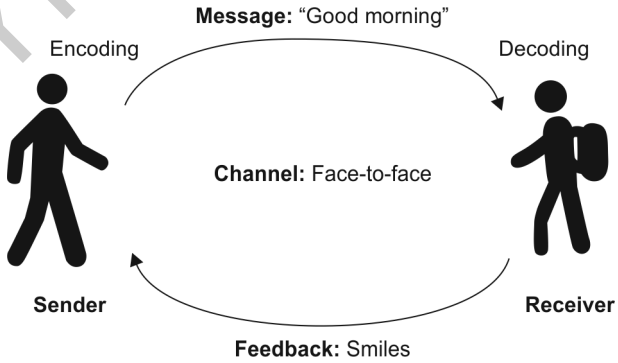


Fig. 4.1: Process of communication.

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On his morning walk, Mr S sees Mr R on the other side of the road. He smiles and says politely "Good morning" to Mr R. In its response, Mr R smiles and waves his hand toward Mr S.

Now, this communication process requires following elements and actions:

- *Sender:* He is the person who has got some message for transmission in his mind. Also known as Encoder or Transmitter (Mr S).
- *Receiver:* He is the person who receives the message from the sender. Also known as Decoder (Mr R).
- *Message:* It is the major message which is to be transmitted by sender to the receiver. This can be in verbal or nonverbal form (In this example: Good morning).
- *Encoding:* This is the process of framing the message in the language and form which are easily understood by the receiver (In this example, Mr S framed his message in English language and spoke it in a polite tone with a smile on his face).
- *Channel:* This is the medium through which message is transmitted from the sender to the receiver. Some common channels of communication are face-to-face conversation, telephonic conversations, written texts, etc. (In this example, Face-to-face conversation).
- *Decoding:* This is the process of understanding verbal and nonverbal elements of the message by the receiver. Spoken messages are decoded by the act of hearing, while written messages are decoded by reading (In this example, Mr R *heard* the words "Good morning" and polite tone from Mr S and also, *saw* the smile on his face.).
- *Feedback:* This is the response given by the receiver to the sender, immediately after receiving the message. Like the original message, the feedback can be in both verbal and nonverbal forms (In this example, Mr R did not speak any word, but he smiled and waved his hand toward Mr S).

BASIC ELEMENTS OF COMMUNICATION

The message, which is transmitted from sender to receiver, can be divided in following three components:

1. *Verbal:* This includes the "words" of message, which are transmitted in spoken or written form.
2. *Paraverbal:* This includes various elements of paralanguage, such as speed, pitch, tone, volume, use of pause, stress, etc.

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3. *Nonverbal:* This includes some important elements, such as gestures, facial expressions, eye contact, etc.

These three elements are also called as three "V"s of communication: Verbal, Vocal (Paraverbal), and Visual (Nonverbal).

During *face-to-face conversation*, all three components are transmitted from sender to receiver. Because, both sender and receiver can listen as well as see each other. In contrast, during *telephonic conversation*, verbal and paraverbal elements become more important as there is no nonverbal communication between sender and receiver, as they cannot see each other. Similarly, *written texts* (letters, e-mails, messages, etc.) carry only verbal elements (words), provided that no special feature, such as bold fonts, emoticons, etc., are used.

The impact of these three elements during communication can be easily understood by doing a simple experiment. When you watch some movie on television, you receive and successfully decode all three elements from various characters, i.e., words (verbal), tone (paraverbal), and body language (nonverbal). Now, switch over to some movie which is in a language which is not understood by you. Now you will be able to decode only tone and body language of its characters, as the spoken words will not be understood by you. In next step, turn off the volume of your television set. At this stage, you will try to interpret the activities only on the basis of body language of different characters of that movie, as you cannot hear their words and tone.

A blind person interprets the conveyed message only on the basis of verbal and paraverbal elements, as he cannot see the nonverbal activities of the sender. In contrast, a deaf person tries to interpret the conveyed message only on the basis of body language, as he cannot hear the spoken words and voice tone.

It has always been a matter of great curiosity to know that how much contribution is made individually by these three elements in transmitting any message during face-to-face conversation. The famous anthropologist Ray Birdwhistell believed that only one third of any message is conveyed through the spoken words. Albert Mehrabian, a clinical psychologist, stated that during face-to-face conversation, whenever there is any exchange of emotions and feelings, only 7% of message is transmitted by spoken words. The remaining 93% transmission is through paraverbal (38%) and nonverbal (55%) elements. This is known as 7-38-55 rule, which clearly indicates that verbal element gives the least contribution during face-to-face communication. In other words, how you say something is more important than what you say.

Systematic research on the role of nonverbal communication and behavior was started by Charles Darwin through his book *"The*

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Expression of Emotions in Man and Animals" (1872). He believed that this type of communication has been acquired by the human through the process of evolution, as it is the only way of communication amongst animals. For example, some animals make a peculiar expression to threaten their enemy by exposing their canines.

Verbal communication is largely conscious, while nonverbal communication is largely subconscious. Both paraverbal and nonverbal elements are encoded (by sender) and decoded (by receiver) subconsciously.

Sometimes, we perform nonverbal communication deliberately, either to reinforce or substitute the verbal message. For example, if you are wishing 'All the best' to your friend before his exam, you will look more concerned if you also raise your thumb simultaneously. Here, the nonverbal act of raising the thumb is augmenting the verbal element of spoken words. Similarly, in some cases, when it is not possible to communicate verbally, nonverbal messages are used to replace the words completely, e.g., raising your thumb to wish your friend on stage, or waving your hand to call the waiter in a crowded noisy restaurant, etc.

Whenever, there is a mismatching between the verbal and nonverbal elements of any message, our brain predominantly decodes the nonverbal elements. In other words, the impact of paraverbal and nonverbal elements is much more than the literal meaning of spoken words. This can be understood by imagining that in the above example, Mr S says "Good morning" to Mr R in a harsh tone and with angry looks on his face. Here, the spoken words are same (Good morning), but now Mr R will decode and interpret the message in a different way and will give a totally different type of feedback (e.g., amazed or angry, etc.) to Mr S. Such messages, in which verbal and nonverbal elements contradict each other, are also known as mixed messages.

Now, let us consider these rules in relation to the medical profession with the help of following examples:

A female patient was explaining about her disease to the doctor. While listening to her problems, doctor was not maintaining proper eye contact with her. For majority of time, he was looking at some object on his table. He was leaned backward on his chair with blank expressions on his face. Also, he never nodded his head while listening, nor did he produce some vocal cue or any comment in response to her speech. Though he was attentively listening to all of her problems, still she felt that the doctor was not interested in knowing more about her disease. So, she switched over to some other doctor for her treatment.

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A middle-aged patient was having complaints of abdominal pain and vomiting. His ultrasonography revealed multiple stones in his gallbladder. He visited to a young surgeon, who told him that his disease will require surgical removal of gallbladder. But, while explaining him about his disease, surgeon was speaking in a very low voice. He had kept his both hands in his pockets and was not maintaining proper eye contact with the patient. This raised some doubt in the mind of the patient about the confidence and capability of surgeon, and so, he immediately visited a senior surgeon to take a second opinion.

It is interesting to notice that during face-to-face conversation, a person can receive a message from the other person through any one or more of his four senses:

1. *Auditory:* By listening the spoken words (verbal) and various paraverbal elements associated with them (such as tone, volume, etc.)
2. *Visual:* By observing various elements of body language, such as posture, gesture, facial expressions, etc.
3. *Olfactory:* The smell of various elements, such as perfume, deodorant, after shave, etc., also gives some pleasant or unpleasant sensation to the receiver.
4. *Tactile:* During communication, the simple act of touching by a person to the other person also conveys some kind of positive or negative message.

VARIOUS TYPES OF CLASSIFICATION OF COMMUNICATION

In our routine life, communication is an essential process which occurs contineously in various forms. There are several ways in which this process can be classified and understood:

1. *Models of communication* ***(Fig. 4.2)****:*
   a. Transmission model: This can be simply called as a one way communication. There is no interchange of position between sender and receiver, i.e., sender is always a sender and receiver is always a receiver. Also, there is no instant feedback from receiver to sender. Common examples are messaging through television, radio, newspaper, etc.
   b. Transactional model: In this model, although only one person plays the role of sender, but along with sending the message, he

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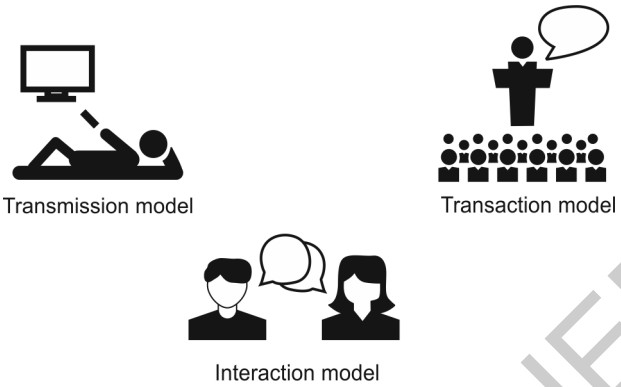


Fig. 4.2: Models of communication.

simultaneously receives an instant feedback from the receiver. This type of communication occurs during lectures, public speaking, etc. One person continuously sends message to the audience. But at the same time, he continuously receives their feedback through their nonverbal communication, such as facial expressions, gestures, etc.

c. Interaction model: This is a model of two-way communication. There is continuous interchanging of position between sender and receiver. For some time, one person speaks and the other one listens. After that, speaker becomes the listener and listener becomes the speaker, and the process goes on. Majority of communication between a doctor and the patient occurs through this model. A doctor has to play the role of a speaker as well as a listener, and so, he should have a good command on both the speaking and listening skills.

2. *Formal versus informal communication:*
   a. Formal communication: This type of communication occurs in a well set environment. Both sender and the receiver have to follow certain preset rules. For example, communication during office meetings, lectures, seminars, etc.
   b. Informal communication: There is only some casual talk amongst the people, without following any fix rules. For example, communication during social parties, friends' meetings, family get-together, etc.
3. *Depending on the number of individuals:*
   a. One-to-one communication: There is only one sender and one receiver. For example, communication between doctor and a patient.

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b. Small group communication: One person has to communicate with multiple receivers, e.g., communication between family members, friends, etc.
c. Public communication: One person addresses to a large number of persons, e.g., during public speech. This type of communication follows the transaction model of communication.
d. Mass communication: One way communication through media, such as television, radio, newspaper, website, etc. This follows the transmission model of communication.

In medical profession, majority of communication of the doctor occurs as a one-to-one (with patient) or small group (with patient and his family members) communication.

COMMON CHANNELS OF COMMUNICATION

In our routine life, the process of communication occurs though various types of channels. Following is the description of some of the common channels of communication **(Fig. 4.3)**:

- *Face-to-face conversation:* This is the most common channel of communication in our routine life. It transmits all three elements of communication (verbal, paraverbal, and nonverbal) from sender to the receiver. In medical profession, almost all communication between a doctor and the patient occurs through this channel.
- *Telephonic conversation:* This mode of communication has become common since last few decades only. Only verbal and paraverbal elements are transmitted, as both sender and receiver cannot see each other on a voice call.
- *Written text:* This can be in form of the letters, e-mails, text messages, etc. Unless some special highlighting is used, this channel simply transmits only the verbal (as written words) component of message. Still, the sender can make some extra emphasis by highlighting some part of the text by special features, such as capital letters, underlining, bold fonts, etc.

All three channels have got different merits and demerits. For example, written texts do not transmit anything more than plane words. But at the same time, they can preserve the message for indefinite time. In contrast, unless there is any audio or video recording, the message of face-to-face and telephonic conversation cannot be preserved or repeated in future.

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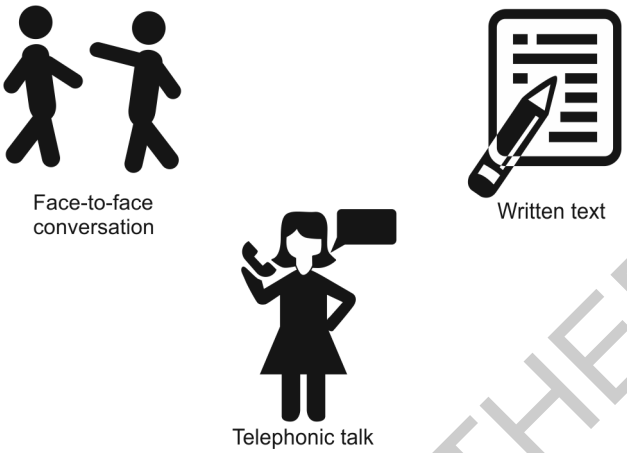


Fig. 4.3: Common channels of communication.

It is very important for the sender to select the most appropriate channel to convey the message. For example, it will be better if a teacher greets his student "good morning" by face-to-face conversation rather than by writing "good morning" on the board. Face-to-face communication is best for the messages where the emotions and feelings play an important role, e.g., explaining about the prognosis to the patient. In contrast, if the message is long and it is difficult for the receiver to remember it only through verbal instructions, it will be better to convey it through written texts, e.g., brochure explaining the exercises and dietary instruction.

Importance of Feedback

Feedback is the response given by the receiver to the message from the sender. Feedback is the mirror of communication. It is like an acknowledgment given by the receiver that he has received the message.

Like the message of the sender, the feedback of receiver can be of both verbal and nonverbal types. For example, during face-to-face communication, the receiver can give an instant feedback to the sender either by some words or by some gestures (head nodding), facial expressions (such as smile, surprised, confused, etc.) or as a combination of both.

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Receiver can give his feedback either spontaneously (such as head nodding, vocal cues, facial expressions, etc.) or on being asked by the sender (such as "*Is it clear to you?*", "*Have you understood it properly?*", etc.). It is always better to confirm the understanding of message by asking such questions, especially after some long or important message.

During communication in clinical practice, sender (doctor) should keenly notice the feedback of the receiver (patient). It will guide him to decide the adequacy and appropriateness of communication.

A doctor was explaining his patient about his disease and its management (such as medicines, diet, precautions, etc.). While explaining, he noticed that the patient was nodding his head intermittently. But, while listening about the medicines, patient stopped nodding his head and gave some expression of confusion. This was noticed by the doctor. So, he asked the patient – "*Have you understood about the medicines properly?*" Patient accepted that he was unable to understand some instructions. Doctor explained him again in a slightly different way. Then he asked the patient to tell him back all the instructions. This time, patient had clearly understood everything, and so, he was able to reflect it back to the doctor properly.

BARRIERS OF COMMUNICATION

A barrier can be simply defined as anything which interferes in proper communication between two or more persons. Following are some of the common barriers during face-to-face communication, especially in context of doctor-patient communication.

- *Physical barrier:* This can be in form of noise, poor illumination, distance, etc.

  It is quite annoying to communicate with someone in a noisy surrounding. Noise interferes with the proper hearing of the spoken messages. During communication with patients, some common sources of noise can be the surrounding crowd, noisy fan, television in waiting room, etc. Moreover, presence of several unrelated persons in surrounding may sometimes make the patient hesitant in communicating with his doctor properly (e.g., in casualty, busy wards, etc.).

  Adequate illumination is essential for proper face-to-face communication. It helps both sender and receiver in watching

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each other's facial expressions. Moreover, sometimes it also helps the person in understanding the spoken words by watching the lip movements of the speaker, especially if he/she is speaking in a very low volume.

Similarly, if the surrounding atmosphere is uncomfortable for doctor or patient or both (such as hot, humid, suffocating, etc.), they may not be able to communicate with each other comfortably after some time.

- *Language barrier:* Language is the greatest power for communication amongst human beings. But, if not used properly, it can become the greatest barrier also.

  For success of any communication, it is obviously essential that the language used by the sender should be well understood by the receiver. Even a single word of some different language may make the whole message difficult for the receiver. Either he may not understand it, or may misinterpret it for some other word. This can happen if the doctor is casually using some difficult words (such as English words, medical terminologies, etc.) during communication with the patient. Similarly, sometimes patient may use some local terminology for any symptom or disease, which may be quite new and strange for the doctor.

> An intern was taking history of a rural patient in medicine OPD. While asking about the bladder and bowel habits, he carelessly used the word *toilet*. Though the patient could not understand its meaning, still he also carelessly responded that he was not having any problem with his *toilet*. Also, he gave a past history of his surgery for some malignant abdominal tumor. The intern was surprised to know that the patient had applied *hot fomentation* over his abdomen after surgery. Actually, patient had told him that he had received *sikaai* after his abdominal surgery. This word literally means hot fomentation, but is popularly used for *radiotherapy* by many rural patients.

- *Cultural barrier:* Some elements of communication are greatly influenced by culture and are variable in different countries, such as eye contact, physical touch, interpersonal distance, etc. This barrier becomes significant when persons from two different culture or countries communicate with each other.

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During face-to-face communication, the interpersonal distance is much shorter in Italy than in Australia. Because of this reason, an Italian and an Australian person may feel uncomfortable during face-to-face communication with each other. Australian will not be comfortable when Italian will stand very close to him. At the same time, Italian may feel that Australian is not interested in communicating with him, only because of his distance from him. Here, both persons are following the practices of their own culture. But, the barrier is occurring merely because of the differences in cultures. Similar problem may also occur with some other elements, such as touching, eye contact, etc.

Practically, this barrier is rarely faced during the routine communications between doctor and patients, as both of them mostly belong to the same culture and country.

- *Mental barrier:* The internal thought process of the doctor imparts a significant effect on the quality of his communication with patients. A tired and exhausted doctor (e.g., at the end of a busy OPD, after some long surgery, etc.) may not be able to communicate with his patients properly. His physical or mental fatigue may act as a significant barrier for the proper communication.

  Sometimes, a preoccupied thinking about the personality of some patient may create some degree of barrier in communication. By virtue of his experience, doctor may judge a patient too early. This phenomenon is known as stereotyping. For example, he may believe that the, *mothers are always over conscious about their child, females always exaggerate their complaints, old people talk mostly about irrelevant matters,* etc. Many a times, this judgment may be totally wrong.

  Similarly, many a times doctors do not allow the patient to speak completely as *they already know that what he is going to say*. For example, during season of some viral infection, if a doctor gets a series of patients with similar complaints (such as fever, malaise, body ache, etc.), he may start examining the patient or prescribing the investigation or treatment even before patient finishes his complaints. Sometimes, this premature termination of communication may result in missing of some important information.

  Another type of mental barrier occurs when the doctor *thinks of something else* while listening to the patient. This is known as

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internal distraction. Externally, he may look, such as listening to the patient. But, internally, he may be thinking about something else, such as thinking about the next question to be asked, about some other patient, about some other important works, etc. These thoughts may distract his mind from listening to the patient attentively.

- *Miscellaneous barriers:* Following are some more examples of uncommon but significant barriers for proper doctor-patient communication:
  - Selection of proper channel is quite important during communication. Face-to-face communication is best for conveying the messages with some feelings and emotions. But, this channel may not be appropriate for some complex and lengthy messages. For example, a patient may forget if his doctor gives him multiple dietary instructions verbally, such as *what-to-eat* and *what-not-to-eat*. It may be difficult for him to preserve and recall the same instructions later. So, it will be better for both doctor and the patient if such complex instructions are communicated in form of written texts (such as handwritten prescription, printed brochures, etc.). In contrast, it will be better if the doctor explains about the common complications of disease or treatment through direct face-to-face conversation with patient, rather than informing him about them through some printed brochure.
  - Illegible handwriting of doctor in his prescription may act as a barrier of proper text communication with his patients, pharmacists or the other doctors.

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The Skills *of* HISTORY TAKING

for Medical Students and Practitioners

Communication with the patients is an art and every doctor keeps on learning it throughout his life. First, he learns from his teachers and then from his experiences. Most of the literature available in our country has emphasized on the examination part of the patients while the section of history taking is summarized only in the initial few pages. Moreover, as the art of communication is greatly influenced by the culture and lifestyle of the people, its literature from the foreign sources cannot be blindly replicated for the students and doctors of our country.

This book is all about the practical aspect of history taking, based on the culture, tradition, and lifestyle of our country. It specifically focuses upon the most under-covered aspect of communication: How to ask? It has been especially designed to cover the maximum topics of AETCOM module, which has been recently introduced in our medical curriculum. It includes a detailed description of format of history taking and its presentation for our medical students. Besides, it also includes the description of six major skills of communication during clinical practice. I hope that it will help the students in improving their communication with various types of patients, both in their present as well as in the future life.

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He has been working on the subject of doctor–patient communication since last many years. He has presented lectures and conducted workshops on communication skills in various medical colleges and hospitals of our country. For methodical teaching of communication skills to his students, he had created a communication skills lab in his college in 2015. In March 2017, he had successfully organized a state level workshop on basic communication skills for medical and dental students in his institute.

He has also worked upon various novel methods of theoretical and clinical teaching and evaluation of medical students. In 2013, he had created a surgical museum, which includes various types of self-made models for teaching examination skills to the students. He had also created an educational page on Facebook in 2015 (SMS: Surgery for Medical Students), which was mainly intended to the needs of postgraduate (PG) aspirants. In 2018, he had received the award of the Best Teacher of the University at Madhya Pradesh Private University Regulatory Commission (MPPURC), Bhopal, Madhya Pradesh.

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