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Essential Skills

for Postgraduates in Dentistry

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Foreword
C Bhasker Rao

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Communication Skills

Bridging the Gap with Your Patients

Suresh Chari

Outline of Topics Covered

- Introduction
- Need for efective comnuication
- What is effective communication?
- The bad communicator
- The mindsets
- It is a matter of choice

INTRODUCTION

As per Charles Fletcher "aim of a physician should be to cure sometimes, relieve often and comfort always."

The challenge is to build a "trustworthy" relationship with the patient while we are curing, relieving or comforting. In fact I would not hesitate to mention that a doctor of health sciences is a "human first" and then a healer, since well-said words more often than not complete the healing process.

The challenge is even more stiff for the second line in a hospital, i.e. the residents and the third line, i.e. paramedics and other ancillary staff, since they are the "face" of the hospital and the focal point in any healthcare system.

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So let us just talk about sensible, sensitive and assertive communication of postgraduates in a healthcare set up with their stakeholders: patients, relatives, peer and colleagues. The following pages are not any kind of preaching or a do's and don'ts list of effective communication. Read on and find for yourself where you stand in dealing with doctor-patient relationship. Most of the pointers are self-explanatory. This chapter is important at this point of time, since I personally believe that we all need to alter our strategies of communication to rebuild slowly yet steadily the declining patient trust.

NEED FOR EFECTIVE COMMUNICATION

The Preamble. The story: Read this real story that inspired me to work on communication workshops for doctors and if you see yourself as a doctor somewhere, then its time to rethink on your strategies of communication.

My brother's wife missed a step on the stairs, slipped and fell. Her yell told us that her back hurt and it was 8 pm of Saturday night. My father, who knew many doctors in the city came to our rescue and as any other concerned father told my brother, "let's put her on the backseat of our car and drive down to Dr A. He is the best and I know him well. He is in our club and without contacts you know how things will be at the hospital. Come quickly and make her lie down in the car."

My brother looked concerned but he did what dad said and took his place next to his wife. While in the car, my brother found courage and said "No, not him! Not Dr A. He may be the best in the field and he may be in your club and known to you. He is too damn arrogant. Has someone told him that a senior and popular doctor should not smile! No, never him. There are other options today. Dad, in your time there was only one or two at the 'top' in this speciality. Today there are many at the 'top' and I am paying for treatment and not to

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get humiliated. What's the use of the knowledge and skill if there is no courtesy to speak? After all they have become big and popular because of patients, then why should we be at the receiving end?"

My father silently took the turn that took them to Dr B.

Story is self-explanatory.

WHAT IS EFFECTIVE COMMUNICATION?

Communication becomes effective when you get your desired response from the receiver. Hence, I am a strong advocate of the fact that receiver is more important than a sender, since ultimately it is the receiver who will decide if your communication has been effective or ineffective because he is the one who is giving the desired response.

So let us look from the receivers' (patients') perspective. What does he expect? What type of communication does your patient prefer?

The Ten patient's Expectation Pointers

Let us take this ten-point self-check. Be honest when you say "yes" or "no" to the following.

1. I introduce myself, when I meet my patient for the first time.
2. During subsequent meeting my patient recognizes me by my name.
3. I approach my patient warmly, generally with a smile.
4. My patients find me easy to talk to.
5. I keep my language and questions with my patients simple.
6. During conversation, I care for my patients feelings.
7. I am aware of my gesture, sitting position, eye contact, face expression and phrases I use during my conversation with my patients.

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8. I listen carefully to my patients and look for non- verbal cues.
9. I generally repeat what my patient says.
10. When I am with my patient, I am totally with him/her.

If you say "yes" for all the above then your communication with your patient is effective. And its time to correct any "no" as an answer. All ten are self-explanatory and you will realize each one is a communication skill.

Characteristics of Effective Communication

- ☐ Pointers 1 and 2 : A good appropriate opening.
- ☐ Pointers 3 and 4: Creating a nonthreatening environment.
- ☐ Pointer 5: Using receiver-friendly simple language.
- ☐ Pointer 6: Understanding emotions (empathizing).
- ☐ Pointer 7: Assertive communication skills.
- ☐ Pointer 8, 9 and 10: Active listening skills.

Use these every time you encounter a patient. "Every time" may sound difficult, since there are some difficult patients and relatives in certain situations. But the only pointer that has to be used more carefully in such encounters is number 7, i.e. being assertive, which means being firm yet polite. You have an option of becoming aggressive which is tempting as it gives quick results, but we would never recommend that style. You may get fast results being aggressive with difficult patients and relatives, but you will definitely loose on relationships.

Another pointer that may seem difficult is number 6, i.e. understanding emotions (empathy). Let me make it simple. Empathy is the skill of feeling what the patient feels without the patient telling you! Empathy is "feeling with" the patient while sympathy is "feeling for" the patient. Empathy is a cerebral response while sympathy is a visceral response. Once you master this skill as an art, you will start communicating with ease because we know exactly how the patient would

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feel when you speak or when you don't speak. You will know which language to speak and your communication will be both sensitive and sensible. You will also be calmer and have less stress.

Active listening is keeping distractions to the minimum while listening. It also means paying attention even if you disagree and being nonjudgmental. A good listener demonstrates that he is actively listening by giving nonverbal signals, which also tells the receiver that the sender is open to new thoughts and ideas. It is a good idea to give space and repeat (paraphrase) what the receiver says while in conversation. I strongly recommend training yourself to be a good listener since active listening is the strongest element to make your communication effective. Think that "only a good receiver can be a good sender."

If you train yourself to master active listening' you are actually good at empathy and hence, will in natural course of time reject aggression and adapt to assertive communication. The result of all these is that you are able to create a nonthreatening environment that is conducive for effective communication.

The Ten Benefits of Effective Communication

Why are the above ten pointers important?

1. Help in good, complete and accurate diagnosis.
2. Increases patient satisfaction.
3. Decrease patient anxiety.
4. Minimize conflicts.
5. Helps understand emotions of the patients so that you could respond accordingly.
6. Ensures that advice is followed correctly.
7. Improve "trust" in doctor-patient relationship.
8. Makes the patient feel confident to come back to you.
9. Increase the feel-good factor.

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10. Heal the patient faster.

THE BAD COMMUNICATOR

You will know you are not doing well in communication with your patient if your patient's inner voice is saying one or all of these:

- ☐ Please talk to me.
- ☐ Please allow me also to talk.
- ☐ Please listen to me.
- ☐ Please tell me what you are going to do.
- ☐ Please tell me what to do.
- ☐ Please tell me how to do it.
- ☐ Please do not shout at me.
- ☐ Please tell me you understand.
- ☐ Please be patient with me.
- ☐ Please treat me as a human.

If your patient is saying any one of them, then you are a bad communicator.

Quite understandably no patient would like any doctor who:

- ☐ Does not talk properly.
- ☐ Does not listen.
- ☐ Does not give information.
- ☐ Does not show concern or respect.
- ☐ Does not treat patients as human.

THE MINDSETS

If all this is so simple to understand then why do some doctors behave the way they behave?

Here are a few mindsets:

- ☐ That's how we should be with them (patients), or else they will sit on our heads.
- ☐ Never been taught how to talk during my undergraduate

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or postgraduate curriculum. This skill training was missing from my syllabus.

- ☐ My senior or teacher was always like that and they have been successful.
- ☐ Why should I change? I am what I am.
- ☐ We are doctors. We should be strict, serious, aggressive and should not become personal with the patients.

So its all in the mind. And it's time we change our mindsets.

IT IS A MATTER OF CHOICE

You can take the horse to the water but cannot make it drink.

Read the ten patient expectation pointers and the ten benefits of effective communication again slowly and surely you will realize the importance of being effective in communication is simple. It's a skill that can be learnt. But whether to learn or not is an attitude. It's your personal choice and desire to do so and to be so. If you think it's important, you will implement the ten-patient expectation pointers.

CONCLUSION

You are human first. They are human first. So we all need to be treated as humans first. So communicate effectively and that humaneness will enhance your relationship with your patient.

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