

# Communication Skills



**prof. Veljko Đorđević, assoc. prof. Marijana Braš**

Department of Psychological Medicine, Clinical Hospital Centre Zagreb

Center for Palliative Medicine, Medical Ethics and Communication Skills (CEPAMET), School of Medicine University of Zagreb, Croatia

## Primary goals of health professionals are:

- **To treat and cure where possible**
- **To bring relief in suffering.**
- **To help the patient cope with illness, disability and death.**



# Personalized medicine

- Medical model - all decisions and practices **being tailored to individual patients in whatever ways possible.**
- This concept has mainly involved the systematic use of **genetic or other information** about an individual patient to select or optimize that patient's preventative and therapeutic care.
- **Very important for the patients with EB (just look at your today's congress program)**



# Person centered medicine

- Psychological, biological, social and spiritual factors in health and illness
- Patient's perspective
- Role of context;
- Collaborative partnership;
- Very important in the treatment of patients
- ***ARS MEDICA*** – combination of personalized and person-centered medicine



- Person-centred care is about placing the patient, client or person (including their family and carer/s) at the **centre of their health care**, with their needs and wishes as paramount.



- Medicine of the person (of the totality of the person's health, including its ill and positive aspects)
- for the person (promoting the fulfillment of the person's life project)
- by the person (with clinicians extending themselves as full human beings with high ethical aspirations)
- and with the person (working respectfully, in collaboration, and in an empowering manner).





# COMMUNICATION SKILLS

- **communication is a clinical skill;**
- **it is a series of learnt skills;**
- **experience is a poor teacher**
- **there is conclusive evidence that communication skills can be taught;**

Both you and your doctor play important roles in achieving your health goals



# Medical Interview

- Interviewing is the fundamental medical skill;
- **BUT:** Traditional Medical History Model is primarily **physician-centred interview with focus on the clinician's own needs** to elicit symptoms, their details, and other data that will help make a diagnosis.
- **Patient-centred interview-** patients are encouraged to express what is **most important to them**, including personal concerns and emotions.
- It is necessary to **COMBINE BOTH!**





## **Traditional Medical History Model (content)**

- Chief complaint
- History of the present complaint
- Past medical history
- Family history
- Personal and social history
- Drug and allergy history
- Systematic enquiry

# **The Calgary -Cambridge Approach 1992 last modified 2002 (Kurtz and Silverman)**

**Inegration of traditional clinical method with communication skills-  
partnership with patients**

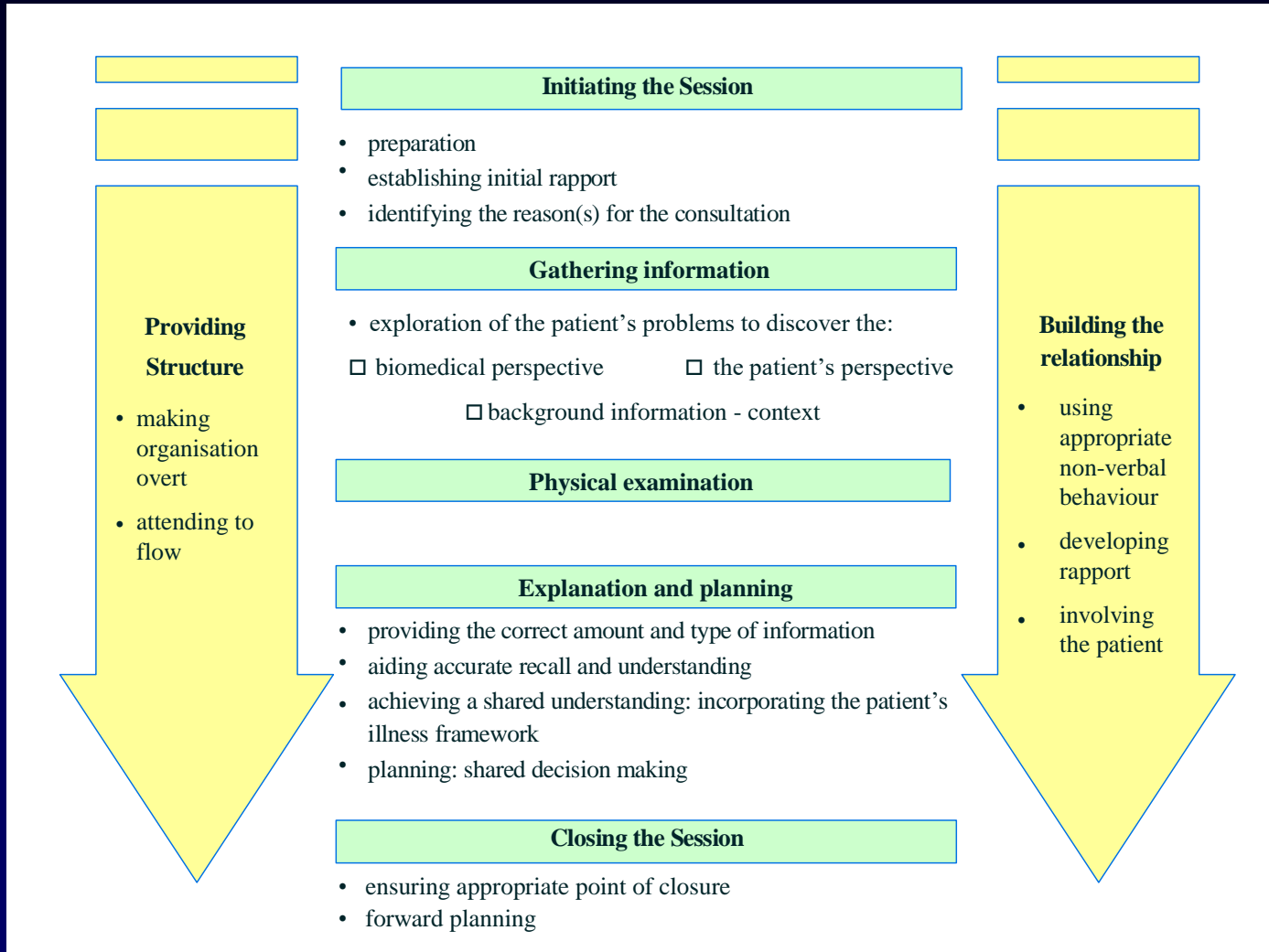
- **Initiating the Session**
- **Gathering Information**
- **Building the Relationship**
- **Providing structure to the interview**
- **Explanation and Planning**
- **Closing the Session**

# THE ENHANCED CALGARY-CAMBRIDGE GUIDE TO THE MEDICAL INTERVIEW

Kurtz SM, Silverman JD, Benson J and Draper J (2003) Marrying Content and Process in Clinical Method Teaching: Enhancing the Calgary-Cambridge Guides


Academic Medicine 78(8):802-809

## THE BASIC FRAMEWORK



# Does it work?

- Evidence suggests:
  - **Effective communication** can make a **positive difference to patient health outcomes.**
  - **Person-centred education** for both staff and patients has been found to be beneficial.
  - **Person-centred care can lead to:**
    - Improved client and carer satisfaction
    - Improved pain management
    - Improved adherence to intervention recommendations
    - Improved sense of professional worth.



# Communication Skills

## Choosing Teaching Methods

### **Cognitive Learning**

Lectures

Reading

Demonstrations

Seminars

E- learning

### **Experiential Learning**

Audio/video recording

Real patients

Simulated patients

Roleplay

Reinforced by:

Reflection, feedback,  
re-rehearsal

# CHALLENGES OF COMMUNICATION



# I. Breaking bad news

- How you do it?
- How you feel?
- Are you educated for doing it?
- Is it OK to tell the truth to the patient (especially if the patient is child?)





## II. Emotional reaction and psychological problems

- Acute emotional reactions
- Chronic emotional reactions (suffering, demoralization)
- Recognition, therapy
- THINK ABOUT PSYCHOSEXUAL DEVELOPMENT! (age)



### III. Communication about risk and prognosis

- How you communicate about prognosis?
- Do you discuss different treatment modalities and possible side-effects?
- What do you tell to the family?
- What's about your feeling?



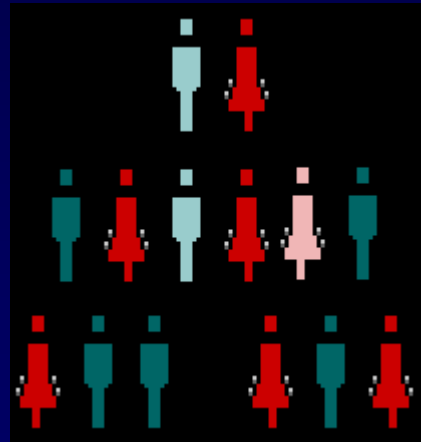
## IV: Shared decision making

- Do you know about that concept
- What is informed consent?
- Discussion about treatment (drugs...psychological...)



# V. Communication skills with the family members

- Very important
- Family meeting





# Family meeting

- In different stages of the illness
- At different levels of health care
- Always think about the AGE of the patient!!!!
- Different aims of the meeting...

## VI. End of life issues

- Complex questions!



## VII. Communication in medical team

- Communication is basic for all interactions in the health care team;
- Do you think about that?
- What is with the communication in your team?
- Can you recognize burn out?





# COMMUNICATE AS A TEAM


- patient
- family
- physician
- psychologist
- nurse
- social worker
- health insurance provider
- pharmacist
- dietician etc.



## VIII. Communication with public


- Role of NGO's
- Media
- Stakeholders





**Communication between the patient, family and health care team play a vital role in the compliance to outpatient clinic visits and in-patient care programs.**

**Good communication is essential for proper relationship and help avoids problems of misunderstanding.**



**“It is more important to know  
what person has the disease than  
what disease the person has.”**

**Sir William Osler**

**Diagnose the disease,  
but treat the person!**



**Thank you!**