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978-0-521-75591-7 - Good Practice Teacher's Book: Communication Skills in English for the Medical Practitioner

Marie McCullagh and Ros Wright

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Good Practice

Communication Skills in English for the Medical Practitioner

Teacher's Book

Marie McCullagh
Ros Wright



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Introduction to the Teacher's Book

Welcome note

Whether you are an experienced trainer or this is your first time teaching medical English, the Teacher's Book that accompanies *Good Practice* seeks to provide you with the essential tools and background necessary to empower you in the medical English classroom. The potential implications of a badly managed patient encounter are considerable, and the outcome possibly fatal. As such, an understanding of the psychology required in patient management and the rationale behind effective communication skills is imperative; it is necessary for you to be aware of the implications of the training, as well as the approach employed. While your learners will not expect you to be capable of giving an accurate patient diagnosis, they will tend to have more confidence in a trainer who has an understanding of the relevant concepts involved in medical communications skills. Consider this rather as a meeting of two experts – your role being that of expert in the field of communication skills and the English language. For more information about the course, see the Introduction to the Student's Book.

What are the special features of the Teachers Book?

Background provides you with an overview of each unit, setting out the aims and offering relevant background information related to the patient interview.

US versus UK English sections at the start of each unit give a list of the different British and American English terms that appear in the unit or the audio script.

Rationale offers you an explanation of the pedagogical rationale behind each activity and helps you justify its purpose to your learners.

Teaching guidelines give you indications as to how you might teach the activities, depending on the size and dynamic of your group. Additional activities are also included. Please note that these do not include guidelines on classroom management.

Answer key appears alongside the relevant activity as an easy-to-use guide.

Language Notes supply you with additional information regarding the lexical and grammatical points covered in each unit, including notes on intonation patterns and pronunciation.

Recommended reading gives you a list of titles/extracts written by experts in the field of patient communication skills specific to the unit that you might find useful should you wish to read around the subject.

Readings for discussion are extra materials in the form of authentic articles from a variety of sources, including medical journals and core textbooks for medical students. These are related to the theme(s) covered in the unit and can be used for further discussion.

How might *Good Practice* help you prepare your learners for medical examinations?

Good Practice can help you prepare your learners for the oral components of accreditation exams (USMLE, PLAB, etc.), where clinical knowledge *and* communicative ability are measured. The patient-centred approach, functions, language, and skills featured throughout the course are all highly relevant, and the scenarios portrayed in the DVD clips closely replicate the simulated clinical scenarios (*stations*) they are likely to encounter.

Introduction to communication

LEARNING OUTCOMES

At the end of this introduction, learners will:

- recognise the different elements that make up communication
- understand how good communication benefits the patient interview

Background

The purpose of this unit is to give learners an overview of what communication involves and of its importance to the doctor–patient interview.

Defining communication

Learners begin the unit by considering the communication process and giving their definition of communication. The most important point to bear in mind is that communication is a two way process: the sender of a message should not assume that their message has been received and interpreted in the way they intended until they have had some form of feedback from the receiver.

Elements of communication

Five main skill areas are introduced in the unit: verbal communication, non-verbal communication, voice management, listening, and cultural awareness. A jigsaw metaphor is used to show how these fit together. Various exercises are designed to raise awareness of good and bad practice in medical communication.

Importance of communication

A key point in this unit is making it clear that communication skills training is not just an add-on option to their medical training; it is key to the whole practice of medicine. Quotations from key medical texts are provided to help underline this.

Lead in

Rationale: to raise awareness of different models of communication

- Tell learners to read the quotation and then ask them to discuss in small groups what the author means. (Answer: Often people regard communication as something that is done consciously; however, we are communicating all the time without realising it.)
- Ask learners to think of an example of communication which follows the transmission model and one which follows the interactional model.



- a** The author means that communication takes place at a sub-conscious as well as conscious level.
- b** Examples of transmission model: being paged in a hospital; where a doctor gives instructions to a patient who has not fully understood and does not ask for clarification
Example of interactional model: in the patient interview where the doctor takes steps to check that the patient has understood the message

Discussion: Defining communication

Rationale: to elicit how learners perceive communication

- 1a**
- Ask learners to write down a definition of communication and share it with a partner.
 - **Suggestion:** Write any key words that come up from their definitions on the board.

- 1b • Ask learners how their definition compares with the quotation.
- 2 • Ask learners to look at the jigsaw. The jigsaw represents five component parts of communication. The first component is given: verbal communication. They should suggest what the other components are.



Verbal communication, non-verbal communication, listening, voice management, cultural awareness

Verbal communication

Rationale: to consider factors that determine what we say

- 3 • Ask learners to write down three factors which influence how we communicate with somebody.



The context (formal or informal), relationship of speakers to each other, gender, age, level of education, whether the other person is a native speaker or non-native speaker of English

- 4a • Learners should read the example from a patient interview and then underline the expression that has caused the misunderstanding of *cardiac arrest*. Then ask learners to suggest an alternative expression.



The expression that caused the misunderstanding was *cardiac arrest*. The doctor should have said *heart attack*.

Communication Skills

- Explain to learners that it is vital to have good control of communication strategies. By using communication strategies such as checking, clarifying, paraphrasing, summarising, the risks of being misunderstood are greatly reduced.

- 4b • Ask learners to suggest what the doctor should say to the patient when he realises that the patient has misunderstood his question.



The doctor should clarify what he means, e.g. he could say: *I'm sorry, that's not what I meant. I want to know if there is a history of heart attacks/disease in your family.*

Voice management

Rationale: to develop awareness of the aspects of voice that can influence meaning

- 5 • Ask learners individually to consider what aspects of voice can influence the verbal messages we send. Learners should compare their ideas with the rest of the group.



Intonation, word stress, speed, loudness of voice, pitch, pausing

- ▶ 0.1 6 • Tell learners they will hear three different doctors saying the phrase *can you raise your leg as far as you can?* They should match the adjectives (bored, friendly and irritable) to the appropriate doctor. Play the recording (UK English).

Audio script >>

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a 2 b 1 c 3

▶ 0.2

- 7 • Tell learners they will hear a doctor asking a patient the same question twice. Ask learners to identify which one they think sounds more inviting. Play the recording (US English).

Audio script >>

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The second question is more inviting. The emphasis on *why* in the first question sounds as though the doctor is demanding an explanation, whereas the emphasis on the word *medicine* in the second question makes it sound more objective.

Non-verbal communication

Rationale: to develop awareness of how we communicate non-verbally

- 8 • Ask learners to write down as many ways they can think of in which we communicate non-verbally, and then to compare their examples.



See Exercise 9 for ideas.

- 9 • Ask learners to match the pictures to the form of non-verbal communication that it demonstrates. The example ‘slight movement’ is given.



1 b 2 h 3 g(c) 4 f(e) 5 c(g) 6 e(f) 7 a 8 d

- 10 • Refer learners to the different forms of non-verbal communication from Exercise 9. Ask learners to position them along the line provided, in terms of how easy/difficult they are to control.



There is no set answer to this. However, generally speaking, some of them are more difficult to control than others, though this can be improved through awareness-raising and practice. The following tend to be easier to control: environment, clothing and accessories, eye contact, proximity, orientation, touch. The following tend to be more difficult to control: posture, facial expressions, movement.

- 11 • Now ask learners why it is important to observe and respond to non-verbal cues.




It is important because non-verbal cues allow verbal messages to be delivered more accurately and efficiently by reinforcing the verbal message.

Active listening


Rationale: to develop awareness of the difference between hearing and listening

- 12 • Ask learners to comment on the difference between listening and hearing. Ask them what barriers prevent us from hearing a speaker and what barriers prevent us from listening to a speaker.

- 
- 1 Hearing is passive, but listening is active.
 - 2 Barriers to hearing: external noise, if the speaker mumbles, speaks very quickly, has a strong accent, stresses words in the wrong place.
 - 3 Barriers to listening: thinking about what you are going to say next, day-dreaming, filtering out only certain words that you want to hear, making a judgement in advance that prevents you from listening objectively, predicting what the speaker is going to say.
 - 4 Suggested answers
 - Showing you are prepared to listen, i.e. not giving the impression that you are in a hurry.
 - Listening to verbal cues, observing non-verbal cues.
 - Showing your understanding by making utterances, such as *uh-huh*, or using phrases like *I see*, *Right*, etc.
 - Using communication strategies, e.g. clarifying, to show that you are following what the person is saying, summarising what the person has said.
 - Using appropriate body language, e.g. eye contact, orientation (the way in which you position yourself in relation to the speaker).
 - Pausing before you ask further questions.


▶ 0.3 13a • Contextualise the dialogue: Tell learners they are going to listen to a doctor eliciting information from a patient. Learners should identify what is wrong with the patient. Play the recording (UK English).

Audio script >>
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The patient is concerned that the antibiotics he has been taking for a chest infection are not working.


13b • Ask learners to comment on how accurate the doctor is in obtaining information from the patient and to consider how effective the consultation has been.



Accurate insofar as he collects information about the condition which the patients has been diagnosed with. However, he does not attend to other possible conditions. Overall, the consultation is not as effective as it could be, as the doctor has not explored the patient's concerns completely. He has not given any reason why the patient has had to take three different types of antibiotics, or any real counter to the fact that the patient does not feel better. There is the possibility that the patient will not continue the course of antibiotics. In addition, there are signs that the patient may be suffering from depression or anxiety (symptoms are: fatigue, sleeping badly or too much, significant change of appetite, low self-esteem and lack of hope for the future). By failing to observe, or choosing to ignore this, the doctor is reducing the effectiveness of the consultation, as the patient is likely to return.

Cultural awareness

Rationale: to develop awareness of the importance of cultural factors in communication

- 14a • Ask learners to think about and write down three elements that make up 'culture' and three distinctive elements of their own culture.
- 
- 1 Language, religion, beliefs, values, customs/habits, festivals, art, literature, music
- 14b • Learners compare their responses with a partner.
- 14c • Ask learners to read the definition of *culture*. They should then identify two cultural factors that set doctors apart as a professional group.



High levels of personal responsibility, high status, clear code of ethics, specific body of knowledge and use of language, need for evidence/logic

- 15a • Ask learners to read the text and then discuss what kind of cultural background and bias a doctor, as an individual, might bring to his/her work.



Class, ethnicity, national culture, political beliefs, religious beliefs, influence of media

- 15b • Invite learners to share any personal experiences where lack of cultural awareness resulted in a misunderstanding, in either their personal or professional life.
- 16a • Ask learners to read the case study. They should circle any elements that surprise them or are different from their way of thinking.
- 16b • Learners should then discuss their responses with a partner and describe how they would have reacted to the case.
- 17 • Ask learners to look at the completed jigsaw. Ask them why they think cultural awareness appears in the middle of the jigsaw.



It is in the middle because all communication at all levels is culture bound.

Benefits of good communication

Rationale: to develop awareness of the benefits that good communication brings

Quotation (Silverman, Kurtz and Draper)

- This quotation neatly summarises the benefits that good communication can bring. It is important for learners to realise that good communication does not just mean being pleasant and caring to the patient; it also means being efficient and accurate at eliciting information.

- 18 • Ask learners to indicate whether the outcomes contribute to the effectiveness of the consultation in terms of accuracy, efficiency or supportiveness.



1 S 2 E 3 S 4 A 5 E



Piecing it all together

Rationale: to reflect on their level of communication skills, in light of what they have covered in the unit

- 19 • Ask learners to work in small groups. They should outline what they perceive to be their current strengths as communicators and those areas which they feel the need to improve.

Recommended reading

- If you would like a little more information on this topic, we suggest you read the following:
Maguire P and Pitceathly C. *Key communication skills and how to acquire them*.
BMJ 2002; 325: 697–700

Reading for discussion

- Go to page 146.