

Overview

- Communication is an essential tool in physician-patient interactions, yet medical education seldom draws on state-of-the-art basic research on face-to-face dialogue.
- Experimental evidence from communication and psycholinguistics research is directly relevant to medical interactions.
- An evidence-based approach to communication debunks some of the persistent myths promoted by the traditional "communication skills" approach.
- Research shows that:
 - ✓ Dialogue is a collaborative activity.
 - ✓ The speaker and listener coordinate, moment by moment, to ensure mutual understanding; it is not an individual responsibility.
 - ✓ Communication in dialogue consists of words integrated with speech-related nonverbal acts.
 - ✓ Someone who is "just listening" provides constant and varied feedback to the speaker. Disrupting these actions affects the speaker.
- Knowledge of this research would enhance the ability of residents and other health care professionals to communicate with patients.

Introduction

- Traditionally, communication was viewed as a **unilateral process**:
 - ✓ It was an individual activity
 - ✓ Speakers delivered information
 - ✓ Listeners were attentive, but passive
- Contemporary research provides a new paradigm: The Collaborative Model
- This model grew from **observations** of everyday conversations, which generated valid experimental research.
- This research demonstrates that communication is a **collaborative process**:
 - ✓ It is a joint activity: something people do together
 - ✓ Speakers and listeners coordinate to produce information together
 - ✓ Their behaviors in interaction are mutually influential and reciprocal

Everyday Communication

- We are all natural communicators. Face-to-face dialogue is something we do well.
- Communication is an essential tool for everyday life.
- Dialogue is the most practiced system of coordinated behaviors that we participate in on an everyday basis.
- When communication is effective and natural, it is almost "invisible"
 - ✓ We only notice when things go wrong

Medical Communication

Medical communication is not so different from everyday communication.

E.g. Everyday Life Scenario
Giving directions to a stranger

E.g. Medical Scenario
Explaining x-ray results to a patient

- In each of these scenarios, for the interaction to be successful, the speaker must
 - ✓ give the appropriate information to the listener
 - ✓ participate in a process that ensures mutual understanding
 - ✓ use gestures integrated with speech to make the information clear

However, medical settings are more demanding than everyday settings:

- Physician and patient share **less common ground**
 - ✓ They may not know each other
 - ✓ They probably have different knowledge, vocabulary, experience
- These interactions have **higher stakes**
 - ✓ Potential medical risks (e.g., inaccurate diagnosis, patient misunderstanding)
 - ✓ Legal and ethical obligation of informed decision making

Common Ground	High		
	Low		
		Low	High
		Stakes	

★ Some recommendations for medical communication **interfere** with natural communication processes.

Myths

I
The body "speaks" a different language than our words.
Words represent the workings of our mind and our body reveals emotions.

Myth-based Recommendations

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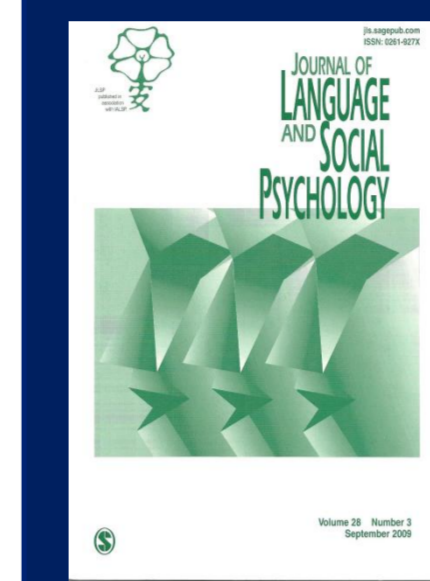
- Pay attention to the patient's body language, it will tell you what he or she is **really** feeling.
- Do not sit with arms crossed, it communicates to the patient that you are closed and unapproachable.
- Lean forward slightly when you are talking to a patient, that indicates that you are listening to what the patient is saying.

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Research Shows



"Dialogues are the artful orchestration of vocal signals...gestural signals...nodding and shaking heads, directing eye gaze, and other mutually visible events" (Clark & Krych, 2004, p. 79).



"A subset of nonverbal behaviours--especially...moment-by-moment hand and facial gestures are visible acts of meaning and should be treated as part of natural language in face-to-face dialogue" (Bavelas & Chovil, 2000, p. 188).



"Although facial displays are undoubtedly used at times to convey information about how a person is feeling or reacting, emotion displays do not account for the majority of displays that occur" (Chovil, 1991/1992, p. 163).



"In conversation, most facial gestures don't express emotional states" (Clark, 1996, p. 181).

Evidence-based Recommendations

- Research shows that:
- ✓ Our verbal and nonverbal behaviors constitute an integrated system, and thus should be interpreted in relation to each other and the immediate context.
 - ✓ Postures and facial expressions do not have fixed intrinsic meanings.
 - ✓ We do important and interesting things with our visible behaviors
 - E.g., gesturing on one's self
 - E.g., pointing
- We propose these evidence-based recommendations:
- ✓ Participate and engage in the interaction rather than trying to interpret postures or trying to hold specific postures yourself.
 - ✓ Use visible behaviors to illustrate and supplement your words, encourage the patient to do the same.
 - ✓ If you are wondering about the patient's posture (e.g. he or she looks uncomfortable), then just ask!

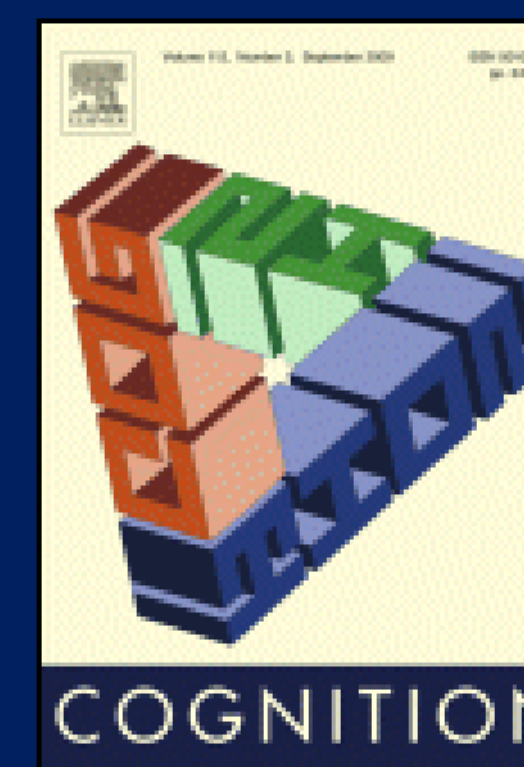
II
Structured listening techniques are preferable to natural listening. You need to learn how to listen properly.

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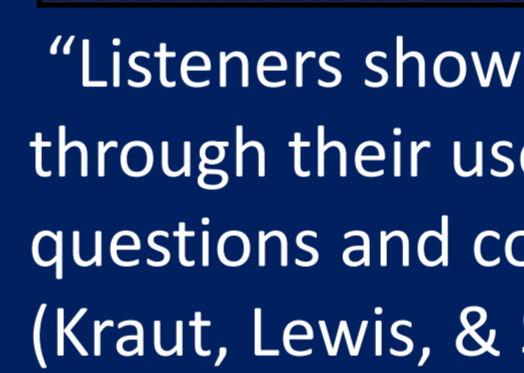
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- Learn how to use active listening techniques.
- Use facilitating remarks like "m-hm" and nods of the head while the patient is talking.
- In order to listen without being distracting, adopt the "psychotherapy neutral" position by placing your feet flat on the floor and your ankles together, and putting your hands, palms downward, on your lap.
- Let the patient talk without interruption for a reasonable amount of time.

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"Listeners in conversation aren't mute or invisible during an utterance. Speakers may alter what they say midcourse based on what addressees say and do" (Clark & Wilkes-Gibbs, 1986, p. 3).



"Listeners show what they know through their use of substantive questions and comments" (Kraut, Lewis, & Swezey, 1982, p. 728)

"By showing the listeners' interest in the speakers' speech, [feedback] demonstrates a continuing commitment on the listeners' part to engage in the conversation. Bored looks and a lack of feedback cause at least socially sensitive speakers to stop talking" (Kraut, Lewis, & Swezey, 1982, p. 731).



"Distracting the listener affected the overall quality of [what the speaker was saying], indicating a reciprocal effect of listener on [speaker]. No matter how good the [speaker] is, a good listener is crucial to telling it well" (Bavelas, Coates, & Johnson, 2000, p. 947).

- Research shows that:
- ✓ We naturally use a variety of listening behaviors to indicate our attention and understanding.
 - ✓ Natural listener feedback fits what the speaker is saying (e.g., listener smiles at speaker's humor, winces at a close call).
 - ✓ Speakers monitor listener feedback and adjust what they say accordingly.
 - ✓ A distracted listener can't give natural feedback, which disrupts the interaction
 - A mute, impassive listener makes a speaker disfluent, repetitive, and uninformative
- We propose these evidence-based recommendations:
- ✓ Concentrate on what the patient is saying and doing. Listen naturally and give feedback that is natural for you.
 - ✓ Watching the patient while listening serves two purposes:
 1. It indicates that you are paying attention
 2. It allows you to see the patient's actions and gestures
 - ✓ Know that your moment-by-moment feedback as a listener influences what the patient says.

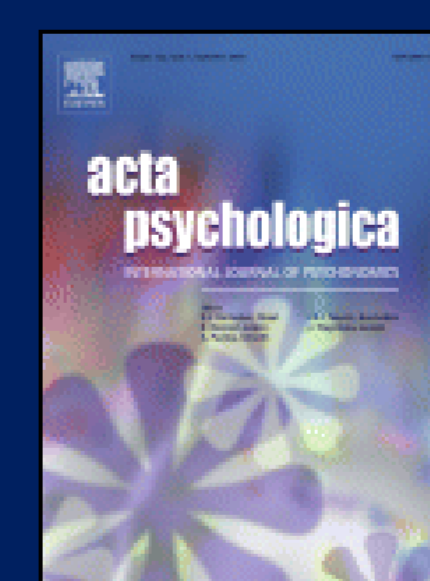
III
Maintaining eye contact is an important part of communication. It indicates that you are trustworthy and that you care about the other person. The eyes are the window to the soul.

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- Maintain comfortable eye contact with patients when breaking bad news. It will indicate your care and concern.
- Maintain eye contact if you want to convey trustworthiness.
- Look patients in the eye and you will be able to tell what they are really feeling.

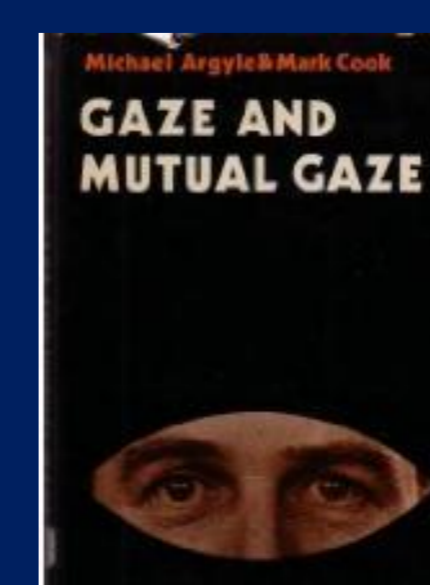
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"Mutual gaze tends to be quite short, lasting for little more than a second as a rule" (Kendon, 1967, p. 28).



"The listener typically looks more at the speaker than the reverse, but at key points while speaking, the speaker seeks a response by looking at the listener" (Bavelas, Coates, & Johnson, 2002, p. 566).



(Argyle and Cook, 1976, p. 99)

Gaze Features	Means
Looking while talking	41% of the time
Looking while listening	75% of the time
Mutual gaze	31% of the time
Length of individual glances	2.95 seconds
Duration of mutual gaze	1.18 seconds

- Research shows that:
- ✓ There is a predictable, natural interactive pattern of gaze that we use in conversation. It is *not* constant eye contact.
 - ✓ The person listening indicates attention and engagement by looking at the person speaking.
 - ✓ The person speaking doesn't look as often at the person listening, but does look occasionally:
 - at key points, creating mutual gaze
 - to elicit a sign of attention and understanding (such as a nod or other response) from the person who is listening
 - ✓ When the listener has responded (e.g., with a nod), the speaker often looks away and continues talking.
 - ✓ Violations of this expected pattern have negative consequences in the interaction.
- So we propose these evidence-based recommendations:
- ✓ Use the same pattern of gaze that you find natural in everyday interactions.
 - ✓ If you can't look at the patient while he or she is talking:
 - account for and apologize for your lack of gaze
 - use other means to indicate you are listening