

Skills for Communicating with Patients

Second Edition

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Foreword

'If you can't communicate it doesn't matter what you know.'

These words of wisdom, first shared with me in 1982 by Chris Gardner, summarise the importance of teaching, testing and learning communication skills in health professions education. Since the 1970s it has been recognised that the quality of communication between doctors and their patients, and between fellow healthcare professionals and colleagues, influences the quality of healthcare. In the 1980s, when teaching activities in this field began to take shape, not much was known about communication skills, at least not in medicine. Many teaching activities were developed by intuition which has led to many diverse, creative approaches.

In the decades that have since passed, a wealth of research has been published, providing a solid basis for the teaching, testing and learning of communication skills. We now know fairly well what the preferred skills are, the reasons why and how we can help students appreciate them. This provides a solid foundation for teaching programmes in communication skills during training for the health professions.

The publication of the first editions of *Skills for Communicating with Patients* and *Teaching and Learning Communication Skills in Medicine* in 1998 can be considered a milestone. A comprehensive review was given of all research findings about communication in the health professions and its teaching, structured on the framework of the Calgary–Cambridge Guides. In one fell swoop, communication skills course directors and researchers like myself had evidence-based guidelines for communication and for teaching. These books have quickly found a global readership, and I am proud myself to have contributed to a Dutch translation.

There are several reasons why these two books can be considered 'lonely at the top' – one is obvious: the emphasis on evidence. In the early days, communication in medicine had been based strongly on idealism and belief. Small wonder then that this discipline was sometimes ridiculed: we had very few arguments to enter a rational debate. However, times have changed. Overviews show that our colleagues have not wasted their time: communication skills can now be considered the domain of medical skills best founded in evidence.

Another reason for praise is that the books have been compiled and written in clear language. The authors originate from 'two countries separated by a common language' (after Churchill). However, cultural challenges have been overcome or, at least, acknowledged: the authors practise what they preach.

A further cause for admiration is the authors' consistent use of the parallel between doctor–patient communication and facilitator–learner communication. In brief, they demonstrate its usefulness by using the Calgary–Cambridge Guides as a structuring principle for their coverage of communication skills between doctor and patient as well as for communication between facilitator and learner. Such consistency makes the two books ultimately credible.

And now there are second editions of both books. The updating of the literature alone would have made these new editions welcome, but the authors have gone

further. They realise our world develops rapidly and that we don't consult our doctors the same way we did six years ago, nor do we facilitate training as we did. These new editions show increased attention to the distinction between content and process of communication, as well as assessment. Both books are welcome additions because they help to clarify the area we are dealing with. Only through better definition and operationalisation can we further our knowledge in this important field of communication in healthcare. In view of what is at stake, these books are a small investment for a potentially large improvement.

I sincerely hope the authors will continue their admirable work: I can hardly wait for a third edition a few years from now!

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Foreword

When I began my medical career in 1959, my teachers were heirs to centuries of traditional practice in the art of interviewing. Before an audience of rapt students, the grand old men performed their inquisitions either gently or curtly, and we went forth and did likewise. What they demonstrated to us was a system of inquiry that they believed would satisfy the clinician's need for data, data that could then be applied to the diagnostic puzzles presented by our patients. They had little concern with how the process felt to the patient and little technique beyond a barrage of close-ended questions. Today, many practitioners and many teachers of medical students and residents still use these same techniques.

Meanwhile other academicians were publishing information about how people learned, communicated and understood, and individual physicians began to notice the large improvements in patient comfort, involvement, and adherence to the plan of care that they could effect by changing the way they talked with patients. The revolution in doctor-patient communication is ongoing and although some of us older practitioners may not live to see complete victory, where even academic physicians learn these new techniques and model them for their students, in some of the medical schools of North America and Great Britain, practitioners of the new knowledge have established beachheads: programs devoted to training students in the skills necessary for conducting more effective, humane medical interviews.

To be successful, any text emphasizing patient-centered communication has to overcome resistance from both medical school faculty and students. The academic bias is toward bench science and fact-based medicine, and many teachers in medical school still believe that data are best elicited through interrogation. Students' resistance is subtler. While in principle they approve of focusing medical practice on the patient, many report feeling inundated by the demands of the traditional medical curriculum and wonder why they need further instruction in communication when they have been communicating all their lives.

So a successful text on doctor-patient communication needs to be able to convince as well as teach. Only a text on the medical interview that presents material which is simultaneously useful, accessible, comprehensive and grounded in the latest research stands a chance of overcoming this resistance. The second edition of *Skills for Communicating with Patients* does all of these. The authors, Jonathan Silverman, Suzanne Kurtz and Juliet Draper, not only richly describe ways of eliciting clinical information guaranteed to satisfy the needs of both physician and patient, they offer these descriptions with a felicity of style and thoroughness of scholarly citation that are themselves models of good communication.

Underlying the organization of the book is the authors' thesis that the clinician has five more or less sequential tasks to perform in the medical interview

(initiating the interview, gathering information, performing the physical examination, explaining and planning with the patient, and closing the session) and two tasks that occur as continuous threads throughout (providing structure and building relationships with the patient). Silverman, Kurtz and Draper then lead readers through the steps necessary to accomplish each of these goals. In the section devoted to each task, they offer examples of successful medical interviews conducted by both students and practicing physicians, with commentary that allows the reader to overhear real clinicians observing, appreciating, and analyzing. Indeed, I found the unified voice of the three authors one of the special pleasures of this book.

Forty-five years after my introduction to the practice of medical communication, we have available many works devoted to the art of conversing with our patients. *Skills for Communicating with Patients* is in the first rank of these books because it is comprehensive, humane in tone, and especially because it is scholarly. In it one finds the research that supports the authors' recommendations of processes and procedures. All its readers, from novices to experts, will go away with new knowledge and will have enjoyed themselves as they gained it.

But what of teaching these skills? In order to teach, we need to understand how people learn, what impetates learning, and how to overcome resistance to learning new practices. Fortunately, Silverman, Kurtz and Draper offer us a companion volume, *Teaching and Learning Communication Skills in Medicine*. They remind us that 'experience alone is an insufficient training in this area, only serving as an excellent reinforcer of bad habits'. And they warn us to give as much care to the means we use to obtaining data from our patients as we give to the database we obtain.

The authors discuss many modes of education: lecture, demonstration, individual practice, videotaped interviews, and individual coaching. They recommend observation and feedback, as the most effective tools for teaching communication skills. They help us to understand variants of feedback and to distinguish between addressing students' attitudes and their skills. They recommend concentrating on skill-training in teaching communication because skill-training is always necessary, can be less threatening and can even lead to changes of attitude. Throughout this second book, as in the first, they ground the methods they discuss in research and present key studies intelligently and appropriately.

Most intriguing to me is the central dilemma they describe: how to allow the individual learner to develop his or her own style with the duty of the facilitator to teach to a standard of proficiency. These authors encourage us to teach, demonstrate, and insist on practice in specific skills, yet, paradoxically, to ask our students to define their own needs as they perceive them and to let us lead them where they are willing to go. We will succeed as teachers when we can accomplish that feat. If anyone can help us strike the balance it will be Kurtz, Silverman and Draper. All medical educators could benefit from this volume and all should read it.

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Preface

Skills for Communicating with Patients is one of a set of two companion books on improving communication in medicine which together provide a comprehensive approach to teaching and learning communication throughout all three levels of medical education (undergraduate, residency and continuing medical education) and in both specialist and family medicine. Since their publication in 1998, this book and its companion, *Teaching and Learning Communication Skills in Medicine*, have become established as standard texts in communication skills teaching throughout the world, 'the first entirely evidence-based textbook on medical interviewing' (Suchman 2003).

In producing the second editions of both evidence-based books, we seek to reflect developments and changes since the 1998 editions were published regarding:

- research on communication in healthcare
- theoretical and conceptual approaches to communication in healthcare
- medical and educational practices
- healthcare systems and other contexts where health communication occurs.

There have been enormous advances in the field of communication skills teaching in the last six years. Communication programmes have become a part of mainstream education at all levels of medical training and in many countries. Certifying summative assessment of communication skills has become an established component of many undergraduate curricula and residency training programmes, both locally and nationally. There has been increasing development of courses for faculty in communication skills teaching. And there continues to be an explosion of research in this arena, with over 2000 papers listed on Medline on physician–patient relations and medical education with respect to communication over the last six years.

The second editions of these two books reflect all of these developments. We have updated both books in relation to the current burgeoning research evidence and to changes in teaching and assessment practices. We have of course also been developing our own teaching over the last six years and have included many ideas that have been born out of that experience.

This labour of love has had many benefits for the authors of these books. We have learned much from professional colleagues, both in writing and in person, and we have benefited greatly from suggestions and ideas from our readers. We have enjoyed immensely the opportunity to reflect on our teaching approaches and consider the evidential base again. We have valued the chance to consider, conceptualise and formalise our varying experiences over the last few years. We hope that our readers enjoy the final product as much as we have enjoyed constructing it.

Here we would like to explain the rationale for the two books and briefly outline the changes we have made in the second editions. In the first edition of our companion book, *Teaching and Learning Communication Skills in Medicine*, we examined how to construct a communication skills curriculum, documented the individual skills that form the core content of communication skills teaching programmes and explored in depth the specific teaching and learning methods employed in this unique field of medical education. Our first book presented:

- an overall rationale for communication skills teaching – the ‘why’, the ‘what’ and the ‘how’ of teaching and learning communication skills in medicine
- the individual skills that constitute effective doctor–patient communication
- a systematic approach for presenting, learning and using these skills in practice
- a detailed description of appropriate teaching and learning methods, including:
 - innovative approaches to analysis and feedback in experiential teaching sessions
 - key facilitation skills that maximise participation and learning
- principles, concepts and research evidence that substantiate the specific teaching methods used in communication skills programmes
- strategies for constructing a communication skills curriculum in practice.

In the second edition of our companion book, we have:

- fully updated the research evidence throughout the book
- rewritten Chapter 2 to incorporate an enhanced version of the Calgary–Cambridge Guides that was introduced in 2003 (Kurtz *et al.* 2003). These enhanced guides form the centrepiece of both of our second editions. The original Calgary–Cambridge Guides were developed to delineate effective physician–patient communication skills and provide an evidence-based structure for the analysis and teaching of these skills in the medical interview. The enhanced versions more explicitly delineate the content and process of medical communication, promoting a comprehensive clinical method that explicitly integrates traditional clinical method with effective communication skills
- considerably expanded our discussion of the value and use of simulated patients in Chapter 4
- redesigned Chapters 5 and 6 to enable a more comprehensive discussion of the analysis and feedback of communication skills and the strategies for facilitating experiential teaching sessions in different learning contexts
- amplified our discussion of curriculum and programme development at all levels of medical education, first describing common elements that run across curricula in Chapter 9, and then offering specific strategies for communication teaching and learning at the different levels of medical education in Chapter 10. Given the wide-ranging and burgeoning changes regarding communication teaching at the residency level, we have specifically included a number of curriculum and programme suggestions that have been implemented in specialist and primary care residency programmes
- provided a new expanded chapter on the increasingly important field of assessment of communication skills (Chapter 11)

- included a new chapter on facilitator training and faculty development which expands our discussion of this important topic (Chapter 12)
- expanded our vision of where communication training is headed next (Chapter 13).

The first edition of our second book, *Skills for Communicating with Patients*, undertook a more detailed exploration of the specific skills of doctor–patient communication. We not only examined how to use these skills in the medical interview, but also provided comprehensive evidence of the improvements that communication skills can make both to everyday clinical practice and to ensuing health outcomes. The first edition presented:

- the individual skills that form the core content of communication skills teaching programmes
- an overall structure to the consultation which helps to organise the skills and our teaching and learning about them
- a detailed description of and rationale for the use of each of these core skills in the medical interview
- principles, concepts and research evidence that validate the importance of the skills and document the potential gains for doctors and patients alike
- suggestions on how to use each skill in practice
- a discussion of the major role that these core communication skills play in tackling specific communication issues and challenges.

In the second edition of this book, we have:

- fully updated the research evidence throughout the book
- redesigned the structure of the book and each individual chapter to incorporate an enhanced version of the Calgary–Cambridge Guides that was introduced in 2003 (Kurtz *et al.* 2003), described in detail in Chapter 1
- ensured that the entire book now describes a comprehensive clinical method, explicitly integrating traditional clinical method with effective communication skills
- expanded Chapter 3 (‘Gathering Information’) to consider both the content and process skills of information gathering, the complete vs. the focused history and the effect of clinical reasoning on communication process skills
- separated the material on structuring the interview into a separate chapter (Chapter 4), rather than a subsection of information gathering, and conceptualised it as a continuous thread running throughout the interview just like relationship building
- added to our consideration of relationship building in Chapter 5 the need to enhance relationships and co-ordination within healthcare organisations and with communities, as well as between patients and clinicians
- deepened the exploration in Chapter 6 (‘Explanation and Planning’) of the increasingly important and linked issues of shared decision making, concordance and explanation of risk
- explored in more detail in Chapter 8 how to approach specific communication issues in the medical interview and their relationship to the core process skills of the Calgary–Cambridge Guides.

We encourage our readers to study both volumes. While at first glance it would appear that this volume might be exclusively for learners, and our companion volume exclusively for teachers, this is far from our intention.

- Facilitators need as much help with ‘what’ to teach as with ‘how’ to teach. We demonstrate how in-depth knowledge of the use of communication skills and of the accompanying research evidence is essential if facilitators wish to maximise learning in their experiential teaching sessions.
- Learners need to understand ‘how’ to learn as well as ‘what’ to learn. Understanding the principles of communication skills teaching will enable learners to maximise their own learning throughout the communication curriculum, improve their own participation in that learning, understand the value of observation and rehearsal, provide constructive feedback and contribute to the formation of a supportive climate.

In communication skills teaching there is a fine line between teachers and learners. Teachers will continue to make discoveries about communication throughout their professional lives and to learn from their students. Learners not only teach their peers but soon become the communication skills teachers of the next generation of doctors, whether formally, informally or as role models. No doctor can escape this responsibility.

Jonathan Silverman
Suzanne Kurtz
Juliet Draper
September 2004

About this book

This book and its companion volume are the result of a happy and fruitful collaboration between the three authors. It began with Dr Silverman taking a sabbatical with Professor Kurtz at the Faculty of Medicine, University of Calgary, Canada in 1993. Professor Kurtz and her colleagues had been developing and extending communication curricula in medicine as well as methods for improving communication in other areas of healthcare since the mid-1970s. Dr Silverman and Dr Draper had been working together to run communication skills teaching in postgraduate general practice in the East Anglian Region of the UK since 1989. Over a period of more than a dozen years, the collaboration between the three authors has led to cross-fertilisation of ideas and methods and has resulted in the writing of both the first and second editions of these two books.

Professor Kurtz and Dr Silverman share first authorship equally for both titles and to reflect this equality Professor Kurtz is listed as first author of *Teaching and Learning Communication Skills in Medicine* and Dr Silverman is listed as first author of *Skills for Communicating with Patients*.

About the authors

Dr Suzanne M Kurtz PhD is Professor of Communication in the Faculties of Education and Medicine, University of Calgary, Canada. Focusing her career on improving communication and educational practices in healthcare and education, development of communication curricula and clinical skills evaluation, she has worked with medical and education students, residents, practising physicians, nurses, allied health professionals, patient groups, teachers and administrators. Since 1977 she has directed the undergraduate communication programme in Calgary's Faculty of Medicine and she consults nationally and internationally at all levels of medical education regarding the specifics of setting up effective communication programmes for medical students, residents, faculty and staff. More recently, she has worked with colleagues in veterinary medicine to pioneer communication skills programmes in that field. Working across diverse cultural and disciplinary lines, she has also collaborated on communication curricula, team building and conflict management in law and business and on several international development projects related to health and education in Nepal, South-East Asia and South Africa. Her publications include an earlier book co-authored with VM Riccardi, entitled *Communication and Counseling in Health Care* (published by Charles C Thomas in 1983).

Dr Jonathan Silverman FRCGP is Associate Clinical Dean and Director of Communication Studies at the School of Clinical Medicine, University of Cambridge, and a general practitioner in Linton, Cambridgeshire. He has been actively involved in teaching communication skills since 1988 and was Regional Communication Skills Teaching Facilitator for Postgraduate General Practice in the East Anglia Deanery until 1999. In 1993 he took a sabbatical working with Professor Suzanne Kurtz, teaching and researching communication skills at the Faculty of Medicine, University of Calgary. In 1999 he became Director of Communication Studies for the undergraduate curriculum at the University of Cambridge. He has conducted communication skills teaching seminars throughout the UK, in Europe and in North America. He is the external assessor of the MRCS Clinical Communication Skills Examination and has been closely involved in the development of communication skills teaching in veterinary medical education in the UK. He is co-chair of the Medical Interview Teaching Association.

Dr Juliet Draper FRCGP, MD is Director of the UK Eastern Deanery cascade communication skills teaching project. She has now retired from clinical work in general practice and mainly spends her time teaching the teachers and appraising and helping doctors who have problems with their communication skills. She continues to be interested in multidisciplinary teaching and exploring the connections between communications skills and therapy.

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We are particularly grateful to Bob Berrington and Arthur Hibble for providing protected time for us to write a manual for GP facilitators in the East Anglian Region in 1996. This protected time provided a considerable impetus for the writing of the first edition of this book. We also thank them for their continuing and enthusiastic support of communication training in the East Anglian Region, as well as expressing our gratitude to Chris Allen, Paul Siklos and Diana Wood at the School of Clinical Medicine, University of Cambridge. Special thanks go to John Benson for his creative vision in promoting communication skills teaching in Cambridge, for his unceasing support within the Clinical School and for co-writing the enhanced version of the Calgary–Cambridge Guides. We would like to thank all members of the cascade programme in East Anglia for their constructive ideas and dialogue over the last seven years.

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We dedicate these two books to our families, who have supported us through the long haul and who have taught us so much about communication and relationships and love.

To my father Earl Kurtz, in loving memory, my mother Esther Kurtz, Kathy (Kurtz) and Sam Frankhouser, John Kurtz and Ellen Manobla, and to Doug and Abbey, John, David, Kristin, Steven and Peter

Suzanne Kurtz

To my parents Alma and Sydney Silverman, my wife Barbara and our children David, Cathy and Ellie

Jonathan Silverman

To my large extended family who perhaps knowingly and unknowingly have taught me so much, but especially to my husband Peter and our children Chloe, Susie and Tim

Juliet Draper

