



Communications Skills for Doctors and Healthcare Professionals

**Curated by
TheDoctorpreneur
Academy**

Communications Skills for Doctors and Healthcare Professionals

About Us



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Dr. Pranav Sharma has been in Healthcare Industry for last 15 years in various roles. After completing his education from AIIMS, he started with career in U.N. Mehta Institute of Cardiology & Research Centre, Ahmedabad as Assistant Professor of Cardiac Surgery. Soon he was promoted to Professor of Cardiac Surgery and was one of the most influential voice in this space. He has more than 25 papers published in various national and international journals. Rising the corporate ladder, he became the Chief Medical Administrator at U.N. Mehta where he oversaw the expansion of the hospital from 200 bed to 1200 bed in a very short span of time. After his stint in the corporate world, he decided to do something different and independent and start his own health consultancy where he has helped hundreds of doctors and businessman to open new hospitals across India.

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Mr. Amit Singh Moga MBA (IIM AHMEDABAD)B.TECH (IIT ROORKEE)

Wearing multiple hats, Mr. Amit Singh Moga is an entrepreneur at heart. Being an engineer and MBA from India's top institutes, it was very easy to rise in the corporate world and live in his comfort zone but he decided to travel the road less taken. After spending 10 years in various businesses, last being a banker in a bank where he oversaw many big healthcare projects been funded, he quit the job world and started in entrepreneurship journey. He spoke on TEDx platform about the issue of depression in students, wrote a book named "The Black Book" and founded couple of successful start-ups. If you need a motivation to start your own venture against all odds, listen to his story of venturing into entrepreneurship against all odds.

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INTRODUCTION

The practice of medicine has changed tremendously over the last few decades. Increased access to readily available medical information online, rampant deployment of technology, and an increasing number of chronic ailments has led to higher patient awareness and increased expectations. The patients have become customers and patient satisfaction has become the most important aspect of delivering healthcare services.

One of the pillars that allow doctors to provide effective treatment is the skill of effective communication. Unfortunately, in the rapidly changing medical landscape and with increasing numbers of patients, this has taken a back seat. It is important to remember that patient outcomes depend greatly on successful communication between the patient and the physician.

The manner in which a physician communicates information to a patient is as important as the information being communicated.

It is important to remember that for a lot of patients, being diagnosed with a disease creates a lot of stress, which can further worsen their condition and lead to complications.

Developing a relationship based on trust and communication with patients, and providing them with a comprehensive understanding of their health can lead to patients facing less stress and improving their chances of treatment and recovery.

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Patients who feel comfortable with and trust their doctors tend to be more likely to have better results when it comes to their treatment. This is because physicians who encourage open communication are often able to get a more comprehensive understanding of their patients as well as access to vital information that may otherwise be overlooked.

Effective communication is all the more essential when it comes to treating mental health, and communicating with family members of patients who are receiving critical care. Or in the scenario where bad news needs to be conveyed. In all these cases, as well as in general, it is essential for doctors and healthcare professionals to listen to their patients, provide comfort and health, and to nurture their relationship with them. While these may be difficult to define and articulate, it is the cornerstone of quality healthcare.

The skill of effective communication has to be taught more extensively in medical colleges in the country for a better understanding of patients and their issues when they start their practice but it is unfortunately missing in the curriculum.

We are sharing here few basic tips that may help upcoming doctors better communicate with their patient, their family members and staff. They are detailed in the next chapters in form of easy to learn pneumonics.

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CLASS Clinical Counselling

The C-L-A-S-S Protocol

C - CONTEXT The physical set up of the area you choose for the interview

L - LISTENING SKILLS How to be an effective listener

A – ACKNOWLEDGE How to validate, explore and address emotions and concerns

S - STRATEGY How to provide a management plan that the patient can understand

S - SUMMARY How to summarize and clarify the conversation ensuring comprehension



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The C-L-A-S-S Protocol

C-Context (setting)

A private area with no distractions

Physical Space

- Choose an area where you can have a private conversation
- Your eyes should be at the same level as the patient and/or family member (sit down if you need to).
- There should be no physical barriers between you.
- If you are behind a desk, have the patient and/or family members sit across the corner.
- Have a box of tissues available.

Family Members/Friends

- The patient should be seated closest to you.

Body Language

- Present a relaxed demeanor
- Maintain eye contact except when the patient becomes upset.

Touch

- Only touch a non-threatening area (hand or forearm).
- Be aware of cultural issues that may not allow touching.

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L - LISTENING SKILLS Be an effective listener.

Open Ended Questions

- “How did you manage with the new treatment?”
- “Can you tell me more about your concerns?”
- “How have you been feeling?” **Facilitating**
 - Allow the patient to speak without interrupting them.
 - Nod to let the patient know you are following them.
 - Repeat a key word from the patient’s last sentence in your first sentence.

Clarifying • “So, if I understand you correctly, you are saying...”

- “Tell me more about that.” **Time & Interruptions**
 - If there are time constraints, let the patient know ahead of time.
 - Pagers and phone calls – don’t answer, but if you must, apologize to the patient before answering.
 - Try to prepare the patient if you know you will be interrupted.



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A -ACKNOWLEDGE EMOTIONS

The Plan

- Appraise in your mind or clarify with the patient their expectations of treatment and outcome.
- Decide what the best medical plan would be for the patient.
- Recommend a strategy on how to proceed.
- Evaluate the patient's response.
- Collaborate and agree on the plan.

S -STRATEGY

Propose a plan that the patient will understand

Explore, identify, and respond to the emotion.

The Empathic Response

- Identify the emotion.
- Identify the cause of the emotion.
- Respond by showing you have made the connection between the emotion and the cause. **“That must have felt terrible when...”**

“Most people would be upset about this.”

- You don't have to have the same feelings as the patient.
- You don't have to agree with the patient's feelings.

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S - SUMMARY

Closing the interview

- Summarize the discussion in a clear and concise manner.
- Check the patient's understanding.
- Ask if the patient has any other questions for you.
- If you don't have time for further questions, suggest that they can be addressed at the next appointment.
- Make a clear contract for a follow up visit.



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The S-P-I-K-E-S Protocol

SPIKES Breaking Bad News

S Setting Up the Conversation

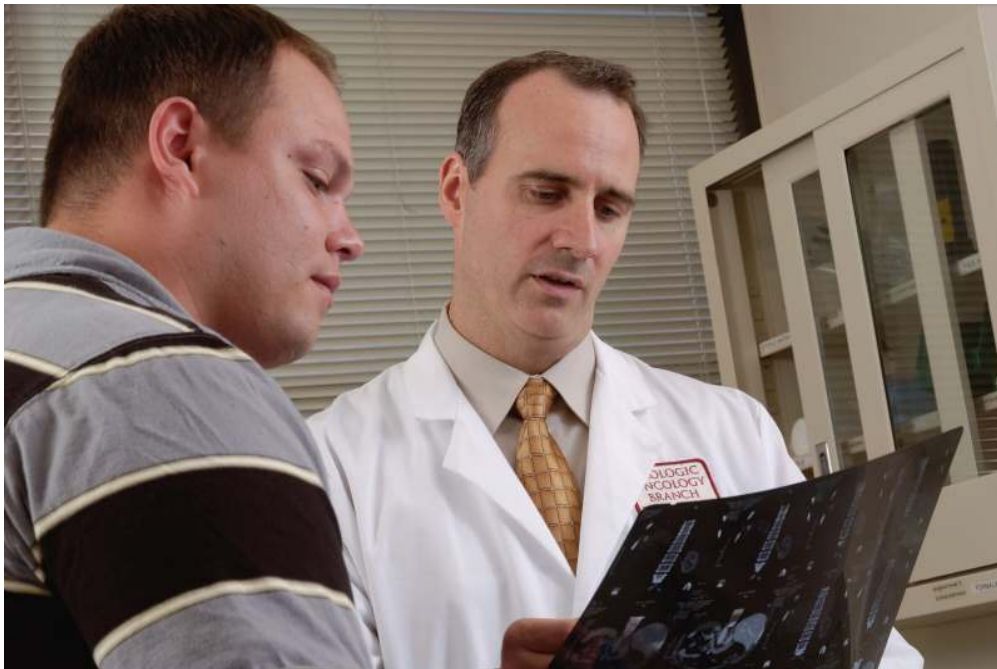
P Perception

I Invitation

K Knowledge

E Emotions

S Strategy and Summary



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The S-P-I-K-E-S

S – SETTING - Secure an appropriate area for the discussion

- Have the conversation in a quiet undisturbed area.
- Prepare for what to say and anticipate the patient/family reaction.
- Have the key people (whom the patient wants) in the room.
- Seat the patient closest to you and have no barriers between you.
- Sit down, try to be calm, make eye contact.

P – PERCEPTION - Assess the patient’s understanding of the seriousness of their condition.

- Ask what the patient and family already know.

“Tell me what you understand about your condition so far.” “What did the other doctors tell you?”

“I’d like to be sure we are on the same page with understanding your condition, so can you tell me...”

- Assess the patient and family members’ level of understanding.
- Take note of discrepancies in the patient’s understanding and what is actually true.
- Watch for signs of denial.

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I – INVITATION - Get permission to have the discussion.

“ASK BEFORE YOU TELL.”

- Set goals for the discussion - ask the patient if they want to know the details of the medical condition/treatment.

“I’d like to go over the results, would that be ok?” “Today my plan is to discuss... is that okay?”

- Accept the patient’s right not to know.
- Offer to answer any questions the patient/family member may have.

K – KNOWLEDGE - Explaining the facts

- **Avoid** medical jargon by explaining the facts in a manner that the patient will understand.

NOT: **“You have a nuclear grade 1ER/PR positive spiculated 4-centimeter lesion.”**

BETTER: **“You have a fairly good sized tumor in your breast.” •**

Fill in any gaps that were evident in the “Perception” stage.

- Present the information in small chunks.
- After each chunk, verify the patient’s understanding.

“Are you with me so far?”

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E – EMOTIONS - The Empathic Response – Be Supportive

- Deal with emotions as they occur (patients who are very emotional will not comprehend what you say).

- Use open-ended and direct questions to explore what the patient is feeling.

“Can you tell me more about how you feel?” “Did that make you angry?”

- Respond to emotions with empathic and affirming statements.

“I can see you weren’t expecting this.”

“Most people would be upset Finding this out.”

- Use **“tell me more”** statements.

PT: **“I don’t know how I’m going to tell my kids.”**

MD: **“Tell me more about that.”**

- Try to keep your own emotions from taking over.

- **AVOID** responding with false reassurance such as: **“Everything will be “fine.”**

“I’ve seen lots of miracles happen.”

S – STRATEGY & SUMMARY - Closing the interview Strategy

- Decide what the best medical plan would be for the patient.

- Appraise in your mind or clarify with the patient their expectations of treatment and outcome.

- Recommend a strategy on how to proceed.

- Collaborate and agree on the plan.

- Ask the patient to repeat to you their understanding of the plan.

- Have a clear treatment plan in writing for the patient to take home with them.

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Summary

- Summarize the conversation.
- Offer to answer questions. (be prepared for tough questions):

PT: **“Does this mean I’m going to die?”**

MD: **“Tell me more about what concerns you?”**

PT: **“Can I be cured?”**

MD: **“I’m sorry to say that it is unlikely. Our goal is to keep it in check.”**

PT: **“How long do I have to live?”**

MD: **“I can discuss that with you, but first tell me why you ask?”**



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The C-O-N-E-S Protocol

Medical Error

C Context

O Opening Shot

N Narrative

E Emotions

S Strategy & Summary



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Use the C-O-N-E-S Protocol when:

- Disclosing that a medical error has occurred
- There is a sudden deterioration in the patient's medical condition
- Talking to the family about a sudden death

NOTE: The news should be delivered by the most senior person on the patient's treatment team.

The C-O-N-E-S Protocol When You Have to Tell

C – Context

- Prepare for what to say and anticipate the patient/family reaction.
- Have the conversation in a quiet undisturbed area.
- Seat the patient closest to you and have no barriers between you.
- Sit down, try to be calm, maintain eye contact.
- Have a box of tissues available.

O – Opening Shot

- Alert the patient/family member of important news.

“This is difficult. I have to tell you what I found out about why your mother is so ill.”

“This is hard, but I have some information to give you that is important.”

“I must talk to you about your condition.”

“Thanks for coming in. I must tell you what is going on with your father.”

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N – Narrative Approach

- Explain the chronological sequence of events.

“As you know, your mother came in back in...”

“Then, we gave her... and there was little improvement.”

“Last night we....and I just found out that ...”

“In other words, she received too much chemotherapy.”

- Avoid assigning blame and/or making excuses.
- Emphasize that you are investigating how the error occurred.

“We started investigations and by the end of today I hope to be able to answer your questions as clearly as possible.”

“I hope by the end of today she will turn the corner and start improving.”

- Offer a clear apology. **“I am really sorry that this has happened.”**

E – Emotions

- Address strong emotions with empathic responses.
- Use the E-V-E protocol as soon as strong emotion occurs.

“I know it’s upsetting for you and it’s awful for me too.”

“I know this is awful.” “It’s very rare, but it does happen and I’m sorry to say that it did.”

- Beware of being pushed into making promises you can’t deliver.
- Avoid reassuring the person that there’s going to be a good outcome or that no harm was done.

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S – Strategy & Summary

- Summarize the discussion and make specific plans for follow up.
- Let them know the situation is a priority.

“I am the doctor responsible for your mother so it is important that I found out what happened.”

“I’ll be open and honest with you when I have all the facts.”

“I can guarantee we will do our best.”

“Here is what I propose we do.”

“Let’s meet at the end of today or I can call you when I know more.”

- Disclosing medical errors is now a standard. It’s not optional.
 - Sensitive disclosures have a favorable impact on malpractice claims.
-
- **If you don’t know the answer, say so and that you will attempt to find out.**



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The E-V-E Protocol

EVE Emotions

E Explore the Emotion

V Validate the Emotion

E Empathic Response

The E-V-E Protocol Three elements to use any time strong emotion occurs



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E – Explore

- Explore and identify the emotion (anger, sadness, etc.).
- Find out more about the emotion and what is causing it.

“Can you tell me more about how you feel?”

- Acknowledge the emotion.

“I can see that made you very angry.”

V – Validate

“I can understand how that would make you angry.”

“Most people would feel that way.”

- Let the person know you understand the emotion was appropriate.

E Empathetic Response

"I am sorry this has happened and I understand how it would make u feel that way".

"I hear what u are saying. That must have been very difficult."

I got your point. It was obviously very difficult.

Respond in a way that u have seen the emotions and u understand it.

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Challenging Emotional Conversations with Patients & Families

BUSTER Challenging Conversations

“Emotional Labor is the mental work used to recognize and minimize emotions so they don’t rule the conversation.”

Be prepared

Use non-judgmental listening

Six second rule “Tell me more” statements

Empathize and validate

Respond with a wish statement



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Be Prepared

- **Expect emotions** (your own and theirs) to come your way.
- **Have a plan** for how you will do it (especially if you have to give bad news).
- **Monitor what you think and feel** (awareness of your communication can make you more elective).
- **Practice self regulation** – Keep your own emotions in check when your buttons are pushed.
- Aim to **turn the confrontation into a conversation.**
- **Know when NOT to have conversation** (when emotions are too intense).

Use Non-Judgmental Listening

- Remember it's not about you, but about the other's disappointments, fears, anxiety, etc. which open underlie the anger, blame or denial on the surface.



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- Maintain eye contact.
- Listen without interrupting only making clarifying statements and paraphrasing. “So let me see if I understand...” “What I hear you saying is...”
- Put your own agenda aside until the other person is finished.
- Avoid trying to make a situation better when it is grave. “I’m sure things will not be as bad as you think.”

Six Second Rule

Avoid escalation of conversation.

- When your own emotions start to boil (especially in response to anger or blame), **wait at least 6 seconds** or more if needed for them to calm down.
- **Avoid being defensive/blaming** “Well it didn’t work because you waited too long to get help.”
- **Gather your thoughts** and use skills such as “**tell me more**” or empathic/validating responses.

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Empathizing and Validating to acknowledge and diminish emotions.

Acknowledge emotions by empathizing:

“I can see you weren’t expecting this.”

“This isn’t easy to talk about, is it?”

“It’s very stressful, isn’t it?”

“It must be hard to come here every week.”

“I can see how difficult it is for you.”

Respond with a Wish Statement

Let the other person know you hear them and acknowledge that the goal may be desirable, but... **“I wish I had better news...” “I wish I didn’t have to tell you this...” “I wish we had a more effective treatment.”**

“I wish things had worked out better.”

Tell Me More Invite the person to expand on what they are saying.

“Tell me more about your husband.”

“What happened after that?”

“What other concerns do you have?”

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Important Tips

- Stay calm.
- **Avoid** phrases such as:
 - “I know how you feel.”
 - “I feel your pain.”
 - “It’s going to be alright.”
- When emotions/behaviors escalate and you feel threatened/unsafe, end the interaction.
 - “This conversation is making me feel uncomfortable right now.”
 - “I don’t feel safe right now and can’t continue this conversation.”



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Culturally Competent Communication

BALANCE

Cultural Competence

Fundamental Principles:

- Cross-cultural medical encounters are increasing in multi-ethnic societies.
- Cultural factors influence cancer survival rates and patient/family quality of life.
- Cultural competence is a set of attitudes, skills and knowledge that can be acquired.
- Respecting cultural diversity is key to delivering comprehensive cancer care across the illness trajectory.
- Cultural competence promotes patient-centered care through sensitive negotiation of therapeutic goals.

The following vary across cultures:

- role of autonomy in decision making,
- support available to help patients cope,
- role expectations of sick persons,
- beliefs about cancer causation,
- EOL preferences (AD, DNR, hospice),
- patient/clinician/institution relationships.

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Why Cultural Competence Can Help You Plan the Patient's Care

- Discussion of cancer is a taboo in some cultures where the word “cancer” is still associated with death or guilt & shame.
- Patients from diverse cultures rely on different healing practices that can often be incorporated into care plans.
- Ethnic/genetic/cultural differences can affect treatment response directly or through lifestyles.

Where You Need Cultural Competence Most

- Truth-telling about diagnosis, prognosis and risks
- Discussion of death and EOL choices
- Issues related to:
 - family involvement in information and decision making
 - use of alternative and complementary cancer treatments
 - reliance on spirituality and religion for healing
 - attitudes toward psychological and behavioral counseling
 - concerns regarding clinical trials

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7 Areas to Cover in Taking a Cultural History -“BALANCE”

B Beliefs & Values (that influence perceptions of illness)

A Ambience (living situation and family structure)

L Language & Health Literacy (role of interpreters, accuracy of translation, metaphoric meanings)

A Affiliations (community ties, religious & spiritual beliefs)

N Network (social support system)

C Challenges (cancer-related risks of home, work & life conditions)

E Economics (socioeconomic status & community resources)



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Pearls of Wisdom

- Sensitivity to cultural issues enhances trust between patients and doctors.
- Initial time investment avoids later misunderstandings and/or bedside ethical conflicts.
- Personalized cancer care incorporates patients' and families' culture and draws on community resources.
- Learn about the cultural groups most frequently treated at your institution.
- Incorporate cultural into social history.
- Be prepared to briefly describe your own cultural background.

- Always clarify your institutional and ethical norms in matters of truth-telling and decision making.
- Recognize your own biases toward some cultural attitudes and practices.
- Be aware how different families involve themselves in decision making.
- Be sensitive to different cultural meanings of suffering and caregiving.
- Open your mind to different ways to promote health and cope with illness.



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Effective Communication in Supervision like your team (internal communication)

TIMER

Supervision

Set your TIMER for a Successful Conversation!

- Think Through the Encounter (ahead of time)
- Introduce Issues
- Manage the Discussion
- Establish a Plan and Expectations
- Revisit and Give Feedback

Think Through the Encounter (ahead of time)

- Be sure you **have the right information/data** you need.
- **Run it by others** if you need a reality check or advice.
- Have the **endorsement** of the “one up” (upper management) to avoid being undermined.
- **Rehearse** what you will say – Don’t let your thinking get catastrophic (focused on the worst possible outcome).
- Put on your “**Feedback Hat.**” (Strive to help the person improve performance.)

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Introduce the Issues

- **Meet on their turf**, if possible (being “called into the office” may not lead to productive conversation).

- **Clearly state the issue** using **“I Statements”** (tends to decrease defensiveness in others).

“I’m worried about your getting to clinic late...”

“I’m concerned about your interaction with...” “I have something important to discuss about...”

- **Provide Facts** – avoid personal stuff .

“In going over your attendance, I see that...”

- **Maintain eye contact.**



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Manage the Discussion

- Try to stay calm.
- Focus on what the other is saying.
- Try to be nonjudgmental and personal. It's about changing behavior.
- Use "Tell me more" to clarify. "When you say you feel treated unfairly, can you tell me more?"
- Use the "Six Second Rule" - when your emotions boil, wait 6 seconds or until calm before responding.
- Reaffirm the other person's issue. "So what I hear you saying is..."
- Align with the person by acknowledging and validating emotions with empathy. "I can see you weren't expecting this." "I know this is hard for you to hear." "I see your point." "This isn't easy to talk about, is it?"
- Use "Wish Statements" "I wish I could change that." "I wish I had better news." "I wish that I did not have to revisit the issue."

Establish a Plan and Expectations

- When emotions subside, work on the problem together.
- State your expectations. "It's important that we resolve this."
- Collaborate/Negotiate/Brainstorm. "What are your ideas for how we can...?"
- State your goals. "I'd like to see you try to..."
- Summarize "So this is what we've decided."

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Revisit and Give Feedback

- **State purpose of meeting.** “I wanted to meet with you to follow up on...”
- **Review** agreed upon goals/agreements.
- Get their **perception.** “How are things going?”
- **Praise Effort.** “I appreciate the work you put in to...”
- **Give Feedback.** “You’ve really improved on...”

“I think you’ve struggled with...”

- **Brainstorm** to further improve performance.

“What will it take for you to bump this up a notch?”

Feedback – when things have NOT changed.

- **State the problem.** “I am concerned that you are still coming to work late.”
- **Explore the problem.** “I’m wondering what’s gotten in the way of your following through with our agreement?”
- **Deal with emotions as they occur.** “It sounds frustrating.”
- **Restate the need to improve.** “This is really important so let’s brainstorm some more as to how we can “x this.”
- **State consequences.** “I’m trying to avoid this being moved to a higher level.”

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