Chapter 2

Communicating with Patients and Families

APPENDIX 1

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Chapter Overview

The aim of this Chapter is to emphasise that communication is the most important tool in supporting the individual's experience. Not only can good communication help the individual and their carers at a particularly frightening and confusing time, but it can also ensure that the team who are caring for the person are doing just that – working as a team with all the information they need at their disposal.

This Chapter suggests considering communication from the perspective of the patient or service user. How would you like to be spoken to? What information do you think you need?

Practitioners work in a wide variety of settings and the demands made upon them can be immense.

> *"If we can build up a rapport with people by being able to empathise with their predicament, fears, and concerns and have an understanding about what is of value to them, then we will have a significant positive impact upon their experience of our care services."*

Having an open and positive relationship with patients, their family and carers will make the discussions required to plan the discharge productive and smooth. Tools such as the Communication Audit can help Practitioners to think about the information that is needed especially when care is provided from different care settings and other supporting organisations.

The Most Important Skill

Although communication has a specific chapter, the theme of communicating effectively is uniquely sewn in and amongst everything within this Guide, underpinning all of the ideas and recommendations.

> *"Communication is the most important human skill... up to three quarters of our waking time involves reading, writing, talking and listening... 40% of that time is spent in listening yet we are never really taught how to listen."* S. Covey

Throughout this Guide there are a variety of ideas, techniques and examples of good communication practice in relation to discharge planning. There are also examples from organisations across Wales, on the accompanying CD, of good information, written for a huge variety of circumstances, in a wide range of formats, aimed to meet the needs of diverse groups of people.

The principles of this Chapter, and indeed the Guide as a whole, reflect on and comply with 'Fundamentals of Care: Guidance for Health and Social Care Staff' which you can access via:

http://www.wales.nhs.uk/documents/booklet-e.pdf

There may seem to be a distinct separation between communicating with a patient, their family and carers and communicating with colleagues and allied professions across the multidisciplinary team.

This Chapter is written in the context of communicating with a patient, their family and carers, however, the principles of being a good communicator are completely transferable. Chapter 1, Principle 1, describes this as creating effective dialogue.

It is this ability to adapt to meet communication needs that determines how effective we are. Although there are some examples of what information to communicate, the learning and practice is focussed on how and when to communicate:

- In a way that always considers the whole person and their past and present circumstances, as well as their need for information
- At a time that helps to reduce anxiety, maintain realistic expectations and promote and enable shared decision making

Planning & Communication

"Planning in its simplest terms is merely the formation of a collective view of the future."

It is a view because it is based on what has happened so far and it is collective, because forming the view and enacting the future will inevitably involve agreement with other people.

In terms of planning for discharge, this definition seems to relate directly to what is required of the multi disciplinary team. Gather information on what has happened to the patient so far; form an agreed view of when the patient could leave hospital and enact what needs to be achieved to reach a safe and timely discharge in the future.

Understanding Expectations

One of the biggest problems identified in managing discharge is dealing with surprises towards the end of the episode of care. Many surprises are not even clinical in nature and are simply where the patient, their family and carers did not expect things to happen in the way they do.

This mismatch of expectations is the result of inconsistent or poor communication earlier in the patient's experience.

> *"A normal busy day involves working within limited resources and following organisational policies and procedures, constrained by time. Subsequently our day to day systems and processes can lead us away from some of the essential components of practice that are less easy to define and measure."*

The most common theme in formal complaints across the entire NHS is poor communication. It is therefore important that communication is seen as more than information giving. People can tell very quickly if you are distracted and not engaging with them in a meaningful way.

Aiming to understand and manage expectations is a useful objective in considering when and how to communicate. It is important to keep checking that the person has heard and understood what has been communicated.

Those aspects of a patient's experience that are considered most valuable, are grounded firmly in the compassion of frontline staff, are developed from a deep sense of respect for each other and are evident as a bond of trust when it matters most.

Obligations & Empathy

Practitioners are obliged to ensure that patients are fully aware of their circumstances and are able to give informed consent.

This means they must have enough information, and understand that information, to be able to make choices and arrive at a decision. If the patient may not have capacity then an assessment will need to be made to decide whether:

- More support is needed so that the patient can make decisions
- The patient does not have capacity and the rights and obligations under the Mental Capacity Act will be triggered (see Chapter 5)

This requirement is explicit in training and reinforced in practice. There are specific questions to ask and forms to sign and these are an important professional and legal requirement.

However, there is a side effect of this process driven interaction, especially when it is perceived by Practitioners as professionally right and therefore the right way to speak and engage with people.

It is normal on a busy day to deal with people quickly and even efficiently, but without really taking time to listen and understand their needs. With no intention to be offhand, Practitioners can easily slip into poor practice, jumping in, quickly predicting questions and almost using a set of scripted phrases or familiar responses.

"I know that lots of people come and go, but by the end of the week I could tell you what he was going to say next, no matter what the question."

In essence we have a professional obligation to ensure that we are properly understood. Yet the most effective communication methodologies suggest that to really engage with someone, you must first seek to understand the other person before trying to make yourself understood.

"Research has shown that the paperwork required to comply with these obligations is often used to script the conversation. The process becomes dominant and can actually result in distracting the Practitioner from properly engaging with the person in front of them."
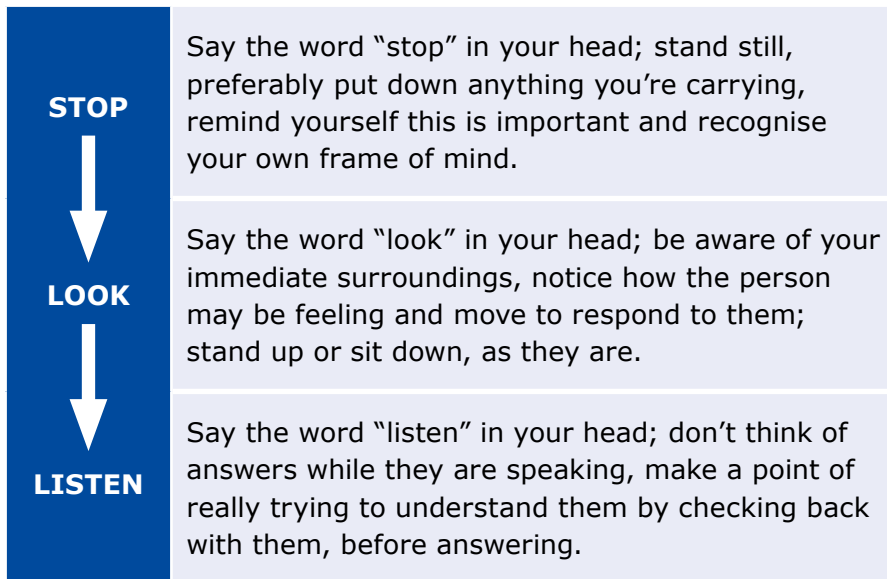
Understanding the other person is not just listening to their words. To fully understand someone, you must put their point of view into context. Pay attention to their frame of mind, how they are feeling, who is involved and why they happen to find themselves talking with you. Quite often these feelings are expressed or accentuated through a person's body language.

This understanding of another person from their point of view is called empathy. Once you consciously have empathy with another person you are better able to adapt yourself to meet their needs and enable them to understand you.

The first product of communication is Empathy

There is a really simple technique for breaking your train of thought, reminding yourself not to script and reframing things in your mind to be more attentive and empathic:

STOP	Say the word "stop" in your head; stand still, preferably put down anything you're carrying, remind yourself this is important and recognise your own frame of mind.
LOOK	Say the word "look" in your head; be aware of your immediate surroundings, notice how the person may be feeling and move to respond to them; stand up or sit down, as they are.
LISTEN	Say the word "listen" in your head; don't think of answers while they are speaking, make a point of really trying to understand them by checking back with them, before answering.

If you practice this regularly, especially in busy moments, the three words will start to come naturally to you. It will take literally a few seconds to change your frame of mind, empathise with the person and be a better communicator.

Understanding Implications

The implications of good and bad communication are far reaching, like a pebble thrown into a pond the ripples can be seen long after the first splash has gone.

We know that the effects of poor communication on a person can be emotional, social and physical. In clinical governance terms ineffective communication can cause real harm in the form of events like medication error. These sorts of events have a consequence for the professionals involved as well as the organisation as a whole, giving them a high profile.

On the other hand, good communication practices have less of a profile, with most of the best outcomes going virtually unnoticed. This may sound discouraging at first, but actually helps to understand how good communication works in practice and there are no individual grand answers or universal techniques.

"Effective communication relies upon many simple things done consistently."

Public and patient involvement work across the NHS has provided an element of feedback that is consistent across many groups; that patients, their family and carers are confused by the system.

This results in a lack of understanding and a feeling of a loss of control. The system therefore, appears complicated and disempowering especially when language changes and processes don't appear joined up. In truth, this feedback is echoed by a large proportion of staff.

A Vicious Circle

When the care plan doesn't follow the expected route it is even more important to communicate relentlessly:

> *"My 84 year-old Grandmother who died recently in a nursing home would have been able to live independently in her own home for much longer had communication systems been more robust when she fell and broke her hip 3 years ago on Christmas Eve. Initially she recovered well from the operation and was walking again the next day but suffered 2 falls on the ward, contracted MRSA, malnutrition for not eating for 5 days un-noticed, and her mental health declined after 16 weeks of bed-blocking due to a catalogue of delays in scans and assessments, treatments and discharge arrangements. Hospital advocacy services would have improved her informed choice on accommodation and care on discharge. There are many competent and caring staff within the health service but time again it is the information systems that let patients down."*

A Virtuous Circle

Recognising some of the simplest human needs with empathy and acting upon them in practical ways can improve the patient's experience and create trust:

> *"One out of 10 of the nurses showed common sense. She asked us what my mother's children's names were; she had 4, and wrote them on big piece paper and put them above the bed. She instructed all nurses to communicate using one or all names in conversation and then asked some simple questions how she liked her favourite cup of tea; her favourite food and the town she lived in. These were familiar things which enabled her to feel she was being cared for in between our visits."*

Understanding Practicalities

"Information in any form is never an adequate replacement for effective dialogue."

Despite the limitations of information, considerate language, well written literature, clearly designed diagrams, simple signposting and accessible media in any format all help to complement and reinforce the dialogue.

The task of communicating effectively then becomes a process of considering how to engage with the person from a menu of tools and techniques. There are six practical steps to consider:

1. Be clear about who should be communicating what and with whom, to avoid duplication
2. Be able to relate yourself to the person and adapt your approach to suit their needs
3. Identify the best medium for supporting information using appropriate content and format. Be particularly aware of the need to adapt the type of communication method you use when dealing with people with sensory or cognitive impairment
4. Use standardised basic information but individualise it with further details specific to the person
5. Ask directly how the person would prefer to have information and identify special communication needs
6. Explain your responsibility to communicate effectively and always invite the person to ask anything, however simple

A key determinant of this effective dialogue is acknowledgement of the level of understanding of the people involved in the dialogue.

For example if you are talking to a person with a long term condition and several previous admissions to hospital, it is likely that they will have a good understanding of their circumstances and the journey ahead. The dialogue in this case could be more sophisticated than the dialogue with a person who has never been in hospital before.

Consequently over a period of time in hospital the patient, their family and carers will increase their understanding gradually and the dialogue with Practitioners should change to complement the increased understanding.

This flexibility in approach is discussed in "The Knowledge Barometer" section at the beginning of the Guide.

Setting Time Aside

Considering the potential consequence of good and bad communication on both the patient's experience and the organisation's credibility, communicating effectively is a core business and the responsibility of every member of staff.

If you have something important to communicate, reflect the importance of the dialogue by taking some time to plan what you're going to say. Agree with your colleagues to protect some time from interruption, and let the patient know that you've set aside some time to come and talk with them. Chapter 3 advocates this sort of dialogue as an everyday duty called a 'Daily RAP'.

> *"I saw my Dad in that chair and made it my mission to make sure he got home. It was all he really wanted and I made sure everyone knew it."*

Continuous Improvement

> *"Communication issues are notoriously difficult to distil down to specific improvement work as the subject touches on such a broad range of areas across all of our work."*

Monitoring the effectiveness of team communication is an essential and proven method of slowly and consistently improving the experience of the patient and developing better working relationships.

Action Not Just Words

The key to making small and continuous improvements in practice is having the courage and opportunity to question the way things are currently done.

> *"The real key to making significant improvements is not in an organisation's ability to solve its problems; it is the ability to see its problems."*

Once issues are identified, people need to feel that it is safe to constructively criticise existing practice. This is hard to do as the common response is to defend what is done now.

So that issues do not become confrontational, the goal should not be to solve all the problems in one go. Try to find consensus on a particular issue that everyone agrees on and act on it. No matter how small, this will start to gain momentum and the trust of everyone concerned.

This is an important principle that can quickly become part of the culture of a team or department. In order to find consensus you must talk to people openly and honestly in a supporting way and regularly check back with them that you all agree on the same thing.

This process is equally relevant for the relationship with the patient, their family and carers. It is a method of engaging with people so that they can be involved and share decision making. It is based on a simple test; that what was intended to be communicated is the same as what was understood.

> The last product of communication is Agreement

This does not mean that everyone has to agree intellectually with everything that has been communicated, but they do have to agree that what was said was understood.

Communication Audits

There are a number of communication audit tools available on the internet that can be found from a simple search. They are usually designed to meet a specific local need or subject of inquiry but are fairly straight forward to adapt.

The following audit tool was developed as an exercise for working teams to identify broad areas of weakness in local communication practice.

The statements are like goals that reflect good practice and, subject to a little consensus across the team, small scale improvement projects can be designed to help achieve the goal.

Communication Audit Tool

Aim to Reduce Anxiety:

☐ There is a consistent use of language and terminology across the whole clinical team and acronyms are avoided

☐ The patient experience leads the drive for improvement rather than other performance indicators

☐ Consideration is always given to how and when to communicate and then what information to give

☐ There is a clear process of escalation where needs and circumstances are becoming more complex

Recognise Cultural Differences:

☐ Ethnicity, gender, sexuality, geography, economics, social history and family structure are taken into consideration

☐ Literature is always designed to reduce the apparent complexity of health and social care system

☐ Non clinical information is communicated every time for every patient at formal handovers

☐ The patient's own language is used on reports and assessments to emphasise important issues

Overcome Operational Issues:

☐ Practitioners responsible for communicating are trained with the appropriate level of knowledge and skill

☐ Practical options are in place to provide information at all times of day throughout the episode of care

☐ Communication and supporting literature is designed to meet the needs of elective and emergency pathways

☐ Documentation is shared professionally at every opportunity and checked back with the patient

Take Personal Accountability:

☐ Communicating continuously without having to be asked is a core duty, so the patient plays an active role

☐ Staff take personal responsibility to act on information and the wishes of the patient as their advocate

☐ Standard literature and information is supplemented to meet the needs of each individual

☐ New technologies and methods are used to trigger active engagement and enable effective communication