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Art of Communication
A Nurses Guide to Implementing Best Practice in Communication

The Art of Communication

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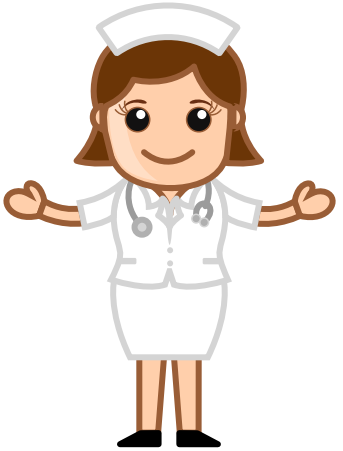
The Art of Communication - A Nurses Guide to Implementing Best Practice in Communication



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First Edition / September, 2017
Publisher / European Dialysis and Transplant Nurses Association / European Renal Care Association (EDTNA/ERCA)
ISBN / 978-84-697-4071-2
Layout, printing and binding of the book / CA Anderssons Tryckeri AB / Östra Hindbyvägen 28 / 213 74 / Malmö / Sweden

www.edtna-erca.com

Acknowledgements

Dear Reader,

One of the educational objectives during 2017 of the European Dialysis and Transplant Nurses Association/European Renal Care Association (EDTNA/ERCA) is to focus on Communication. The encouragement and helpful discussions during the work on this book have been greatly appreciated.

Nurses know the value and importance of clear and regular communication with their patients. If you reflect on conversations you have had in the past as a nurse you will be able to recall a circumstance when communication went really well, but no doubt you can recall a circumstance when communication failed to achieve its goal.

This demonstrates that communication is not as straightforward as we may imagine. Communication is complex and is influenced by many different factors. Therefore some learning is required to deepen our awareness of what and how we communicate. The area of communication is vast and this booklet does not claim to cover all the issues related to communication. It is offered as a practical guide to nurses which can be accessed easily.

This Book has been brought together thanks to the involvement of our EDTNA/ERCA volunteers' who are experts in Communication.

EDTNA/ERCA would also like to thank the family of Peter Quaife for letting us use the great illustrations. Cartoons are done by Peter Quaife from his book 'The Lighter Side of Dialysis (Volume 1). Peter was a musician, cartoonist, artist and author. He was diagnosed with renal failure in 1998 and died in June 2010 of his illness.

This Project has been achieved thanks to All of You and we are sure that those reading this publication will recognise your commitment to our patients.

Debbie Fortnum, Editor
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Fresenius Medical Care Deutschland GmbH
has kindly supported the printing of this book.

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Purpose of the Guide

The Guide has been developed to help healthcare professionals to get a greater insight and understanding of how important good Communication is.

The content of this Guide has been written to provide the user with a consistent approach to Communication. The chapters are divided and written so that the reader can refer to whatever aspect of Communication interests them.

The information published in this Guide is for general and educational purpose only. This guide is not meant to be a substitute for any other guidelines. No action or inaction taken should be based solely on the information provided in this Guide.

The aim is to provide practical guidance, and can complement more traditional training activities such as workshops and lectures.

It is of utmost importance that renal healthcare professionals and patients are provided with adequate information and training as well as appropriate supervision, so that they may safely and efficiently carry out care that is relevant to their role. The EDTNA/ERCA is committed to a standard of excellence in clinical training and long-term educational support.

The EDTNA/ERCA has made all reasonable efforts to ensure that all information provided through this Guide is accurate at the time of inclusion.

The Book can be ordered at www.edtna-erca.com

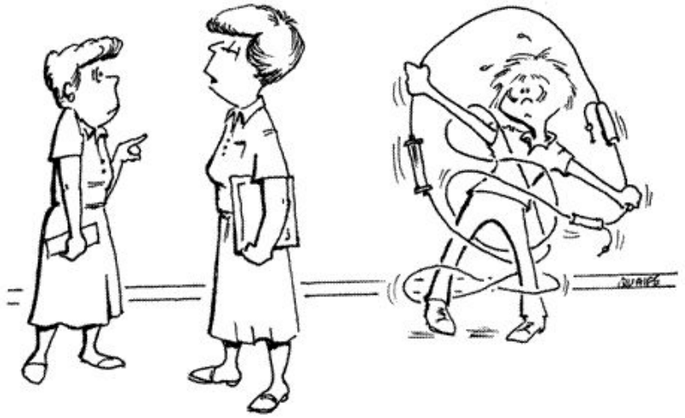
Chapter 1
Introduction

Nurses know the value and importance of clear and regular communication with their patients. If you reflect on conversations you have had in the past as a nurse you will be able to recall a circumstance when communication went really well, but no doubt you can recall a circumstance when communication failed to achieve its goal. This demonstrates that communication is not as straightforward as we may imagine. Communication is complex and is influenced by many different factors. Therefore some learning is required to deepen our awareness of what and how we communicate. The area of communication is vast and this booklet does not claim to cover all the issues related to communication. It is offered as a practical guide to nurses which can be accessed easily.

'Each one of us and each patient is unique. We are all influenced by our personal history, our family background, the way our family and culture respond to illness and how we have dealt with challenges in the past[1].' When it comes to communication all these factors are at play, are present and will be the lens through which our communication will be heard and understood. Sometimes you will have a lot in common with a patient and empathise easily with them, sometimes not.

When our patients are not focused on managing their illness such as when they are on dialysis they each return to their multiple roles. They may also be father, mother, child, grandparent, working or retired. It is important to be sensitive to their position and roles in life when we consider how we communicate with them. Each patient is an individual even though their treatment for chronic kidney disease is the same. When illness is diagnosed there is always a psychological reaction. However, reactions will differ as individuals are different as each one's thinking, feeling and perception of the impact of their diagnosis and treatment will vary[2].

It is important to keep in mind that the object of communication is both to understand the patients' view and to be sure that the message we, as nurses give is received as intended.



Don't worry, she's new.
She'll get the hang of it soon.

Another key element in communicating successfully with patients is the nurse's familiarity with the patient, listening to what is important to them and an understanding of their ability to comprehend new information. Cognitive impairment is higher in patients with chronic kidney disease than the general population. The nurse who gets to know their patients well will be able to pick up cues from them and be alert to the speed and pace in which they can convey information or answer the patient's questions.

There are a number of ways this book can be used. It can be used for one's personal study. Or nurses may prefer to sit down with colleagues, read a section and then discuss the reflection activities.

Chapter 2
What is Communication and Why is it Important?

Key Words

Communication is important because it results in:

- CLARITY AND UNDERSTANDING
- LESS ANXIETY AND STRESS
- NURSE AND PATIENT SATISFACTION

'The term communication refers not only to presenting factual information but to hearing and reflecting what is said'[1]. Another way of understanding it is to see it as the act of transferring information from one person to another. While this looks and sounds simple, if we consider the many ways we communicate it becomes a lot more complex.

It is important also to acknowledge that in communication between nurses and patients, it is not a communication between equals. The nurse is the professional, there to provide treatment while the patient is there to receive treatment and often to learn how to manage aspects of their own treatment. This sets up quite a different dynamic and the impact this may have on communication should not be underestimated[2]. In addition a patient may have lived with their dialysis treatment for many years making them an expert in how they cope with their own treatment and this should never be underestimated either.

All communication when broken down has a beginning, a middle and an end. All three are vital if communication is to be effective. The beginning of any communication is crucial as first impressions are important. If the nurse gets off on the wrong foot with the patient it will affect future communication with that patient. This of course will affect the middle - what it is that is to be communicated. How communication ends is also important. Communication that ends abruptly - either through interruption or the nurse being called away - can leave the patient feeling dismissed or not heard. This is particularly true if it was the patient who initiated the conversation. Future communication between that nurse and that patient will be compromised.

Reflection

When you start an important conversation with a patient new to you, how much time do you spend 'getting to know them' and making sure they also know who you are?

Why is good communication necessary?

'Most people qualifying in nursing and the medically related professions do know of the importance of clear and regular communication'[3]. If communication between nurse and patient is clear, concise and spoken in a language understandable to the patient, then the patient can feel less anxious and stressed and there is less chance of confusion and misunderstanding. It also allows for a different type of relationship in which the patient becomes more of a participant in their treatment and not simply a passive recipient.

Why are good communication skills necessary?

- Promotes honest and open communication.
- Reduces fear and confusion.
- Avoids misunderstanding.
- Allows patients to collaborate and make informed decisions about whether to and how to follow treatment regimes.

Why is good communication important?

Good communication results in;

- **BETTER** - understanding.
- **CLARITY** - what is happening and why. What needs to happen.
- **COMPLIANCE** - where there is clarity and understanding in communication, patients are able to follow health care recommendations.
- **CONTROL** - patients who request information and receive it will feel more in control of their treatment plan.
- **ADDRESSED** - when issues are addressed, fear and anxiety are reduced.

Further reading

Hafford, R (2010) 'Medical Communications - The Art of Connecting'. Liberties Press, Dublin.

Chapter 3
Types of Communication

Key Words

- IDENTIFY - what is it you want to say?
- THINK - how are you going to say it?
- REHEARSE - the key points of what you want to say
- ASSERTIVE - speak in a clear voice, stick to the points rehearsed, be aware of body language
- LISTEN AND CHECK - is the patient responding as if they understand what you are saying?
- EFFECTIVE - the nurse's non verbal communication can contribute to the effectiveness of what is said
- BODY LANGUAGE - important to be aware of one's body language
- SENSITIVE - to the cues given by the patient
- ALERT - these cues will alert the nurse to how the communication is being received by the patient
- INTERPRETATION - of the patient's body language can indicate the unspoken concerns of the patient
- ENGAGE - these unspoken concerns

The two principal ways we communicate is through the spoken word (verbal) and through body language (non verbal).

Verbal Communication[1]

When we think of verbal communication it is difficult to separate it from the other means of communication also present and at work, for example, non verbal communication, capacity to listen, reflect and clarify.

Before meeting the patient it may be useful to think through the following;

- WHAT - is it I want to learn about the patient or for the patient to understand, for example, an aspect of their illness or treatment?
- THINK - what is the clearest and most concise way I can communicate with this patient, for example, breaking down information into manageable chunks.
- NEED - what information or resources do I then need to give that will result in this understanding?
- AWARE - are they likely to be stressed or anxious or have other issues that mean they may not be able to take in the information.
- REPEAT - therefore I may have to repeat or rephrase what I said a number of times.
- CHECK - how am I going to check that the patient has grasped clearly the information given?

It's bloodwork day, Bob.
Gotta take some blood!

When verbally communicating with the patient be aware of;

- TONE - the way you say something, the tone you use will influence how your message is received by the patient. If your tone is too aggressive the patient may feel intimidated and less inclined to ask questions or respond. If your tone is too soft, then the patient may not take seriously what you are saying.
- SPEAK - with confidence: if you speak with confidence then you speak with a self-assurance which conveys knowledge and understanding of what you are saying.
- BE CLEAR - you need to be clear about what you want to say. If you are vague or uncertain this may cause confusion.

- PRIOR KNOWLEDGE - ask what they already know about the topic for discussion. 'what do you already understand about.....'.
- BE CONSCISE - ask yourself: 'is the patient looking confused and getting lost in my words?'
- DONT TALK TOO MUCH - if you give the patient too much information in one go, they may not be able to take it all in. Always check that the patient is clear about each aspect of what is being said before moving on.
- FOCUS - on your body language: when speaking face to face with a patient your body language can play a more significant role than you imagine and can communicate far more than the words you use.
- LISTEN - not only listen to what the patient says to you but also listen for the message the patient may give either through the questions they ask or through any comment they may make. Remember even if the patient says nothing and asks no questions, this is a communication which may be significant and therefore should be checked out. A possible question could be; can you recall what it is I said to you?

Reflection

Think about a time when you had to talk to a patient about a simple aspect of their treatment but afterwards they did not seem to have understood. Go through all the points above and identify if there were aspects where you could have improved your preparation or the actual delivery of the information.

Non Verbal Communication[2]

Non verbal communication is mediated through the language of our body. Posture, eye contact, facial expressions are examples of non verbal communication. While these are obvious and easy to see, what is more difficult is to interpret their meaning. Non verbal communication is complex and is influenced by many factors. It is a powerful means of communication that has the capacity to reinforce what is said. However, just as easily it should be recognised that it can undermine what is said. Body language can be difficult to interpret - and just as you can interpret it correctly, you can also interpret it incorrectly - but this fear should not inhibit you in such a way that you ignore it. It is important that you acknowledge that your interpretation of the cues received from the patient may be correct or incorrect.

Non verbal communication is part and parcel of all communication and in some cases is far more powerful than the words used. A question to ask is; when I am with a patient how sensitive am I and how aware am I of my body language and how is this contributing or interfering with what I want the patient to hear?

Non verbal communication is mediated also through the following;

- PLACE - where the communication takes place, for example, a dialysis unit, waiting room, hospital corridor or clinic room
- PEOPLE - the people involved
- CULTURE - the culture of the participants

Many dialysis units today are staffed by nurses who come from different countries, each with their own individual culture and language. Patients too come from different cultures and the mix of these two is going to heavily influence communication.

Some gestures acceptable in one culture can give a very different message when viewed through the lens of another culture. Therefore sensitivity to our culture and its norms in relation to the culture we are living and working in is important.

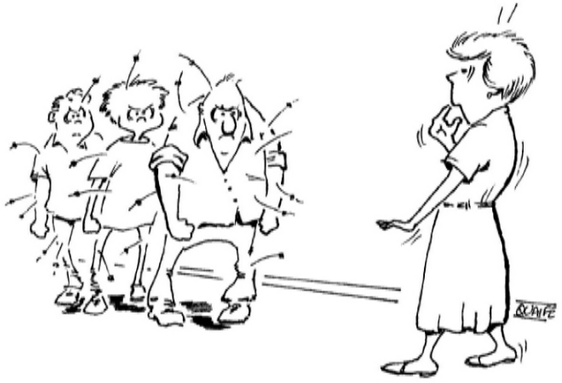
Non verbal communication in all its complexity can have a significant impact on the person receiving the communication and therefore on its outcome. While you can control what you say, it is more difficult to hide the non verbal messages you are giving. The reason for this is that non verbal communication is more emotional in nature, something that should be remembered in each and every communication between you and your patient and your patient and you.

The value of non verbal communication is that it can give you an insight into how the patient feels. If you have knowledge of and are aware of the signs given by the patient's non verbal communication, you can encourage the patient to talk about their concerns which can lead to a greater understanding which results in better communication.

What are some of the different types of non verbal communication?

- BODY MOVEMENTS - nodding or shaking of the head, emphasising what is being said using hand gestures.
- POSTURE - crossing arms can indicate a reluctance to ask or answer questions. Standing over someone can be seen to be overbearing. Sitting at the same level allow more 'equal conversation' and indicates you have time to talk and you may appear more relaxed and confident.
- EYE CONTACT - maintaining eye contact (without staring) conveys trust and engagement.

- LANGUAGE - not only what is said but also the tone and pitch of the voice. Also the speed at which speech occurs.
- CLOSENESS - it is important to respect personal space and how close you sit may depend on what the communication is all about. Touch can be useful and reassuring or can be taboo so consider carefully the value of touching the patient when communicating with them.
- FACIAL EXPRESSIONS - being aware of both yours and their facial expression is really important when you speak or listen to a patient.
- REFLECTIVE POSITIONING - two people in tune with each other will often reflect each other's body positions, turn towards each other, mimic arm positions. You can use this deliberately or you should at least be aware of whether this is happening or not with your patient.



Judy made a mental note to not attempt needling during a blackout.

Reflection

Recall a conversation where you had a positive outcome and consider the non-verbal information above, did the non-verbal aspects of communication contribute to the success?

Further Reading

Butler, G & Hope, T (2007) 'Manage Your Mind – The Mental Fitness Guide'. Oxford University Press, Oxford.

Chapter 4
Styles of Communication

Key Words

- ATTITUDE - when we experience anger it is natural to respond in one of two ways
- CONTROL - the key is to monitor our reactions in order that our response is neutral which allows for a more reasoned approach
- LISTEN - it can help to allow the angry patient express the reason for their anger without interruption or comment. The key to listening in this context is to move towards understanding
- UNDERSTANDING - ascertain what exactly the patient is angry about
- ACKNOWLEDGE - it can be useful to reflect that the reason for their anger is valid, 'that would make me feel upset too'
- SOLUTION - work with the person to find a solution
- PERSONAL - sometimes nurses can react to an angry patient by taking what they say personally
- REMEMBER - there are some patients who no matter how much you support and reason with them will continue to behave in an angry and aggressive manner

'Good communication is the basis of a good relationship'[1]. Communication between nurse and patient can be very varied depending on what is to be communicated. What also has to be added in to the mix is what is described as 'patients different histories and cultural backgrounds'[2]. This will also dictate to a degree what style of communication is to be employed.

In determining styles of communication the following can be of help;

Assertive - to communicate using this style does not mean being dogmatic or rigid, rather it involves understanding and self-assurance.

To communicate assertively includes;

- **CONFIDENCE** - in self, being positive while at the same time showing understanding of the patient's point of view.
- **UNDERSTANDING** - through active listening which conveys understanding.
- **NEGOTIATION** - reaching a point of agreement with the patient which includes respect for self and respect for the patient.

If employing this style of communication, remember;

- Keep sentences short, clear and direct.
- Maintain eye contact.
- Keep a level tone of voice.
- Use appropriate gestures to emphasise what you are saying.

Informative - be clear about what information is to be given. Pick a time and place that will allow for effective communication.

Decide how much information needs to be given? Decide on what is the optimum way to give the information. Is it to be given face to face, by telephone, via email, or text?

Confrontational - careful thought should be given if the intention is to challenge the attitude or behaviour that impacts on the patient's wellbeing. It should only be done in a way that is helpful to the patient.

When would you consider this particular style of communication?

- When what is being said is at variance to the other cues; tone of voice, body language.
- It is obvious that the patient does not understand or is misinformed.

There is a significant change in the patient's behaviour that is of concern. If this style is decided upon the following steps should be considered;

- Comment on what you have noticed, for example a comment like 'I notice recently that your behaviour is different, is there something the matter that I can help you with?'
- Ask direct questions.
- Use a tone of voice that conveys the importance of what you are saying.

Supportive - supporting patients means accepting the patient as they are and not rushing to judgement. In this style of communication the following may be of some help;

- Listen actively and give your undivided attention.

- Where appropriate encourage the patient and affirm what they are doing.
- Be genuine in what you say and offer appropriate help if required.

Reflection

Think about a time when you have had to impart bad news to a patient or they have been upset. Did you adopt a supportive communication style? Was it effective?

Whatever style is decided upon, the key to the communication being effective is the nurses' capacity to convey a 'feeling of having time, patience and involvement'[3] in what concerns the patient.

Patients who are aggressive or depressed

Our patients will present to us in many different ways. Being cognisant of the way the patient presents will to a degree indicate which style of communication is most appropriate.

To illustrate this with two examples; what style do we employ if the patient presents in an aggressive way or in a depressed way?

A patient who presents in an angry or aggressive manner

Dialysis patients often have reasons to be angry. Dialysis treatment is forever unless they have a successful transplant. Appointments are frequent and they have little control and a huge disease treatment burden. Anger can be triggered for some of the following reasons; the dialysis machine not being ready at the appointed time, difficulties with transport to and from dialysis, the severe impact on the family, employment and family relationships. It is often nurses to whom this anger is expressed.

Patients who are angry often display the following signs[4]. However while the signs suggest a patient is angry, do not discount other possibilities or meaning;

- BODY - their body language will be negative towards you.
- FACE - a red face or an expression that scowls would suggest anger.
- LIPS - if their lips are tight it may be because they feel angry.
- HANDS - if their fists are tight this may point to an angry feeling.
- VOLUME - conversation is usually loud and comments clipped or there is a verbal tirade.

What are some of the strategies a nurse can employ when dealing with an angry or aggressive patient?

- ATTITUDE - when we experience anger it is natural to respond in one of two ways. We become defensive or we respond in an offensive manner. You need to choose the manner which is calm and empathetic. It is also reasonable to ask the person to choose a quieter manner of communication if they are shouting, saying something like 'I would like to help you, but please can you talk in a quieter voice'.
- CONTROL - the key is to monitor our reactions in order that our response is neutral which allows for a more reasoned approach. To control the situation you may need to move the interaction to a different place, 'let's go and sit over there and we can talk more about this'.

- LISTEN - it can help to allow the angry patient express the reason for their anger without interruption or comment. The key to listening in this context is to move towards understanding.
- UNDERSTANDING - ascertain what exactly the patient is angry about. Was it something that was said? Is it related to some aspect of treatment? It may have nothing to do with either what has been said or treatment but may refer to something else in the patient's (personal or private) life.
- ACKNOWLEDGE - it can be useful to reflect that the reason for their anger is valid, 'that would make me feel upset too'. It can also be useful to apologise if the person has experienced something that should not have happened, 'I am sorry that that happened to you'.
- SOLUTION - work with the person to find a solution (if possible or needed), 'how do you think we can move forward so this does not happen again'?
- PERSONAL - sometimes nurses can react to an angry patient by taking what they say personally. Often the angry patient is just expressing their anger and nothing more. It is not intended to be a personal criticism of the nurse, although it can feel like that. It can be useful to talk to one of your colleagues if you feel it was a personal attack to debrief.
- REMEMBER - there are some patients who no matter how much you support and reason with them will continue to behave in an angry and aggressive manner. This may indicate other mental health issues or unresolved acceptance of their disease that need to be addressed. It may also mean you have to engage other more senior team members to help you manage the angry behaviour so that you can engage with and manage the patient's treatment without fear.

I don't care what day it is.
Four hours is four hours.

Reflection

Think about a time when you were angry about how you were being treated (in any aspect of your life). How did the person you were angry with respond? Did that help you calm down or did it make you feel more angry? Alternatively reflect on how you dealt with an angry patient and what was the final outcome? Could it have been better and if so what could you have done differently?

If concerns persist referral to an appropriate professional should be considered.

A patient who presents in a depressed manner

Many patients will experience depressive episodes throughout the course of their illness. Depression leads to poor health outcomes and increased mortality[5]. It also impacts on effective communication.

There are many ways to help those patients with depression. It starts with recognising some of the key signs.

Patients who are depressed will often exhibit the following signs

- CONVERSATION - lack of, or unwillingness to engage in conversation.
- BODY LANGUAGE - posture, do they slump when they sit, do they make eye contact?
- CONCENTRATION - is their concentration poor and do things have to be repeated several times?
- RECALL - when information is given, can they recall what has been said?
- CLOTHES - is what the patient wears clean, neat? if not, does it say something about self-value?
- PERSONAL HYGIENE - if personal hygiene is an issue it may indicate a low self-esteem which could suggest depression.
- ATTENDANCE - has the patient missed dialysis sessions? Have they done so without making contact with the dialysis unit? Should this happen it may be a further indication of the patient's low mood.
- ADHERENCE - depressed patients will often omit or not care about taking their medication or adhering to their diet and fluid restrictions.

What strategy can we employ to aid communication with a patient who is depressed?

- ACKNOWLEDGE - the feelings present and the demeanour presented.
- GENTLE ENGAGEMENT - not forced, focus on general conversation. A question such as; 'how are things with you?' or 'I notice you have not been your usual self lately'?
- SPACE - give the patient space, monitor during treatment.
- CHECK-IN - over the course of a dialysis session check-in with the patient at appropriate intervals.
- INTERVENTION - a lack of response from the patient does not mean that the intervention has been rejected or not heard.

Reflection

Think about a patient who you know or think was depressed. Did they show any of the physical signs as outlined above? How did they respond to information about taking care of themselves?

If they continued in a depressed mood, what did you then do?

Further Reading

Finkelstein, F & Finkelstein, S (2000)'Depression in chronic dialysis patients: assessment and treatment'. In: Nephrology Dialysis Transplantation 15: 1911-1913

Chapter 5
Effective Communication Skills

Key Words

- PREPARE - the information you wish to give so that the conversation is effective
- INDIVIDUAL - remember that each patient is an individual, therefore communication styles should reflect this
- ACTIVE LISTENING - listen to what the patient says, acknowledge it and respond in an appropriate manner
- AWARENESS - of the patient and your own body language. Is there a mismatch between how you behave and what you say?
- PRACTICE SKILLS AND REFLECT - there is always room for improvement

For any communication to be effective the nurse should be 'familiar with the patient's needs, pick up the cues from the patient, give the right information at the right kind of pace'[1]. To achieve this, the following skills should be developed;

- RESPECTING THE PERSON - always remember that patients feel vulnerable. Acknowledging this goes a long way towards helping the patient deal healthily with their condition and treatment.
- LISTENING - patients should not be stereotyped or interrupted when they speak. If the patient is stereotyped then the information is not tailored to the patient as a unique individual. If there are frequent interruptions, then the patient may feel they are not been listened to.
- TEACHING NEW INFORMATION - giving information should always be given in terms the patient can understand. If medical terminology is used its meaning should always be explained to the patient. Never assume that the patient understands the medical terminology used. A picture, or an analogy can prove very effective in helping the patient understand what is being communicated.
- MANAGING EXPECTATIONS - patients will have many expectations about their diagnosis and treatment. It is important to recognise these and encourage the patient to talk about their expectations, some of which may be unreal, so that the patient is enabled to understand what is happening and why.
- REMAIN FOCUSED - what is the objective of the communication? It is to; provide information, clarify something not understood or modification of the patient's behaviour?
- BUILDING TRUST - establishing a relationship of trust will allow for clearer and more open lines of communication.

- DISPLAYING EMPATHY - seeing the situation from the patient's perspective can provide a different understanding which can then be used to facilitate communication.

To enable effective communication the following should be kept in mind;

- If you know the patient well, tap into their life experience to facilitate communication.
- Is there a best time and place to give this information?
- Knowing the appropriate time to end the communication.
- Never losing sight of the fact that each patient is an individual with differing needs.

Effective communication can be further enhanced by;

1. Prepare well

At times you may need to hold a purposeful conversation with patients and this will benefit from good preparation[2]. Keeping the following in mind may help;

- Is there a particular aspect of treatment that they need help to understand?
- Have you identified the information that will aid this understanding?
- Are you prepared to answer any question the patient has about the information given?
- Do you have more than one way to deliver the information?

- Do you know how much they would prefer to know or not to know about treatment?

2. Practice active listening

Remember communication is a two way process. It will break down if you don't hear what the patient is saying to you. To be an active listener takes practice. When a patient is speaking and we are thinking of the next question we want to ask, then we are not actively listening. To actively listen is to combine encouraging the patient to speak through verbal and non verbal cues and awareness of the patient's emotional state.

The following are some examples of questions that convey active listening;

- You seemed upset when I said ...?
- The way you said that sounds to me like you are sad (angry, unhappy, frustrated, anxious etc...?
- You seem quite confused about what is going to happen when...?
- It can be frightening to...?
- You look worried about...
- Seems you're sure that...
- You sound like you feel anxious about...
- You are saying you're so frustrated you...?
- Do you mean you're afraid of...?
- You seem upset about...

3. Skills

To truly listen to a patient goes beyond just hearing what they are saying. It involves allowing them to speak without interruption, and having the ability to interpret the meaning of the words used.

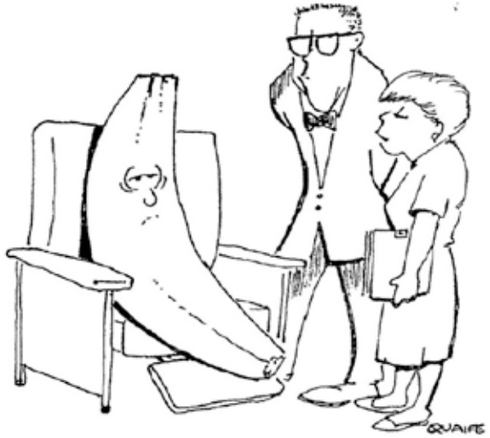
To effectively listen to the patient's communication, the following skills are necessary[3];

- Watch with sensitivity how the patient responds. What is their response telling you about what you have communicated?
- Pay attention to what the patient is saying.
- Refrain from judging the patient or the content of what they are saying.
- Don't interrupt the patient by asking questions and allow them enough time to speak.
- You don't have to respond immediately, take time, think and wait.
- Be able to repeat, rephrase or paraphrase what the patient has said.
- Listen for the deeper meaning behind the words/phrases used.
- Use what is being said to form a picture of what the patient is trying to communicate.
- If you are unclear or don't understand what the patient has said, wait until they finish speaking and seek clarification as necessary.
- If you find the patient is not making sense or what they are saying seems confusing, gently interrupt, and ask a question to bring them back on track. A useful question to keep in mind is; 'you said to me at the beginning.....'

- Acknowledge any concerns or worries expressed by the patient.
- Be aware of your own body language. For example you may be under a time constraint which can show itself by checking your watch or looking around.

Reflection

Think about a purposeful conversation you had with a patient recently. Was it successful? Considering the points above why was it successful or not?



4. Providing information effectively

When you are providing information to a patient, remember the following[4];

- Don't overload the patient - keep it brief.

- If possible break down the information into categories. This may make it easier for the patient to retain what you said.
- Keep what you want to say short and simple. Never forget that the more information you give the patient the likelihood of them retaining it becomes less and less.
- Repeat what you have said a number of times. Think imaginatively how you can do this.
- Check with the patient about what they have heard.
- Always use language appropriate to the patient.
- Be aware of your own body language. Is what you are communicating through your body language matching what you are saying?

5. Be patient centred

While nurses improve their skills as communicators it can be the case that no matter how good the nurse is, it is the patient's loss of their sense of self that can 'disable' communication[5]. In this regard the nurse can help by considering the following;

- If the patient's view of self is negative this distorts their self-image. Help the patient see their situation in a more balanced way.
- Help the patient to see that their condition is part of their life and not their whole life.
- Develop the patient's awareness of those aspects of their illness they can control and those aspects they can't.
- Let the patient know they are always accepted and respected.

Chapter 6
Common Communication Mistakes

Key Words

Mistakes and poor communication can be caused by:

- ATTITUDE - of the nurse
- LANGUAGE - specialised
- LOCATION - where the communication takes place is inappropriate
- INFORMATION - not clear
- LACK OF AWARENESS - how the nurse is communicating, e.g. non verbal, tone of voice

No matter how good we think we are at communicating, we can all make mistakes. What follows in this section are some of the more common mistakes people make that inhibit communication between nurse and patient.

What inhibits good communication?

There are a number of factors that inhibit communication. You may have seen or experienced some of these factors that inhibit conversation. They include;

ATTITUDE[1]

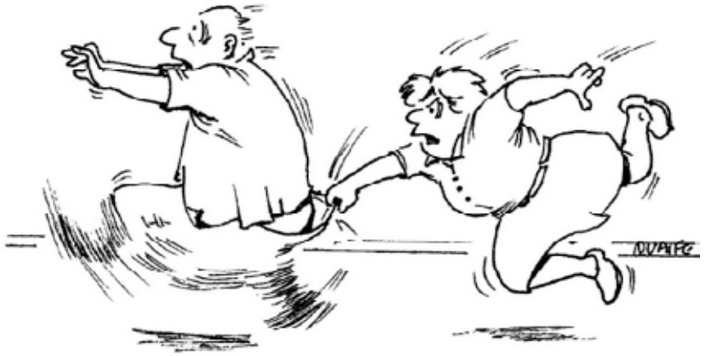
- Assuming you know what is best for the patient without consulting them.
- Feeling you have to be responsible for everything.
- Imposing your values, expectations and opinions on the patient.
- Not asking the patient what they know.
- Letting resentment or irritation dictate how you care for the patient.

LANGUAGE

- Information is often given using specialised language the patient is unfamiliar with. This can evoke a passive response from the patient leading to a type of parent/child relationship between nurse and patient[2].
- Some patients find it difficult to put into words what concerns them. You may need to use gentle questioning to find a way to overcome this barrier.

PLACE

- Information given within a hospital context can often inhibit good communication. For many patients going to hospital makes them anxious making them poor listeners and limiting their capacity to retain the information given.
- The patient's diagnosis and treatment can affect their self-image. Frequent hospital visits will impact both on their capacity to communicate and to take in information given.



Come back here, Arnold!
Stacey isn't needling today...

Nurses who are poor communicators usually need to improve their skills in these areas;

- BEING CLEAR - about the information they wish to give.
- BEING PERCEPTIVE - to pick up the cues from the patient that will alert them to how their communication is being received.
- CHOOSING WHEN AND HOW - to communicate with a patient i.e. avoiding a crowded corridor, where there are a lot of distractions, where the nurse could be called away to respond to some other situation.
- BEING AWARE - if there is a mismatch between what they are saying verbally and what is being communicated non verbally.
- ADOPTING THE RIGHT TONE - being aware how the tone of their voice is being perceived by the patient.

Reflection

Can you recall a time when you found yourself thinking "why doesn't this patient understand I just need to get on with my work?" How did that communication go and do you think the outcome for the patient was good?

Further Reading

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Chapter 7
Learning Advanced Communication Skills

Key Words

- BE AWARE - of your own discomfort when raising the issue of death and dying
- BE LED - by the patient rather than impose your own agenda or beliefs
- HELP - the patient identify and OWN their thoughts, emotions and decisions
- BE THERE - to support the patient and the family
- NON ADHERENCE - is a form of communication
- WHAT - is the patient communicating by this behaviour?
- HOW - can you support them?

Learning

We don't always get our communication right. It is therefore important to be open to learn, not only from what we get wrong but also that it may open new ways of communication which will result in a more effective communication style.

Some situations require specialised skills in communication that need to be learned and practiced so that these situations are managed effectively. What follows are some examples where specialised communication skills are necessary;

1. Dying and death - How to talk to a patient about death

The issue of dying and death is, for most people, not easy to talk about. 'Open communication about death and dying is often lacking'[1]. Yet it is a reality that confronts many patients and as such has to be addressed and not ignored. However just as it may be uncomfortable for the patient to talk about it, the nurse may experience similar discomfort.

When thinking about engaging with this issue with patients, the following may be barriers you may have to overcome[2];

- Your own personal discomfort when discussing the issue of death and dying.
- The fear that in bringing up this issue you may damage your relationship with the patient.
- The fear that raising this issue will in some way do harm to the patient.
- The fear of blame which may come from the patient or the patient's family.

- The concern that refusing dialysis or withdrawing from dialysis is the same as suicide.
- Understanding of the patient's spiritual beliefs (especially if different to yours) and the role this plays in decisions and discussions about end of life.

Effective communication about the issue of death and dying is possible provided the following is kept in mind[3];

- First identify if the patient is open to discuss this issue; "is death something that worries you or something you would like to talk about?" or "how do you see your future on dialysis"?
- Be attuned to the patient's (and families) conversation and move at their pace rather than take the lead, be guided by the patient - patients will often tell you they think they are dying and if they express this an appropriate question to ask is; "what makes you think that?".
- Be sensitive to the patient's concerns, for example, are they afraid they will be in pain, are they fearful of the unknown, or fear they will lose their dignity or be abandoned?.
- Be clear about the purpose of the discussion, e.g. is it to allay any fears the patient has and/or to minimise the patient's pain and suffering.
- Allow plenty of time if you are going to have this conversation. Should it arise at an inappropriate time, arrange with the patient when you can come back and offer the support needed.

The **goal** of effective communication about dying and death is to help the patient arrive at their own level of understanding that allows for clear and agreed decisions to be made.

Some questions that may be helpful in discussing the issue of dying and death with patients[3];

- Do you have any concerns? Could further explanations from me help you resolve them?
- Have you spoken to your family? Would you like me to speak to them or be here when you speak to them?
- Some patients find comfort in their religious or spiritual beliefs. Is this something you identify with?
- Can I help if there are things you wish to say to your family or if you need to make any arrangements?

Is conservative management or palliative care an option?

The number of patients deciding on conservative management (no dialysis or transplant) as an option is growing. While the reasons why this option is chosen are many, it is often comes down to a priority given to quality of life rather than length of life. Palliative care is often offered for symptom control earlier in the conservative care treatment pathway as well as for end of life care. The importance of communication at this sensitive stage is underlined by Workman who says 'early effective communication about goals, prognosis and options would improve patient care at or near the end of life by enhancing choice and facilitating palliative care'[4].

Palliative Care offers a level of support for those patients who decide on the conservative management pathway. Palliative Care offers a level of support that includes;

- Psychological and educational: for both the patient and their family
- Advance care planning
- Symptom management

It may be that the patient's nurse is the one who has to negotiate with the patient this often difficult transition. When this happens, it may be helpful to keep the following in mind:

- The impact on the nurse when a patient decides to opt for conservative management; particularly if the relationship with the patient is long-standing.
- Advance care planning can help the patient and nurse negotiate this difficult and challenging transition.

Reflection

Do you feel comfortable initiating a conversation about dying and death or engaging in the topic when the patient introduces it? If not, choose a couple of examples from above about how you could talk to a patient and try them out on a friend or colleague. The next time an opportunity arises try them out with a patient.

I know you're new here, but giving each patient their Last Rites is not a good idea.

2. Supporting a patient who is not adhering to their treatment regime

The onset of dialysis treatment brings with it fears about the future - which may seen uncertain, dependence on life saving technology and on the patient's healthcare team. In addition adherence to a strict fluid, diet and medical regimen are all demanded so that treatment is at its most effective. This transition is not without its difficulties and calls for a significant level of self-discipline on the part of the patient. Patients will go through various stages as part of their internal processing in coming to terms with the demands of treatment. Dialysis education and ongoing family support are important aids to the patient supporting them through the various stages. However, it should not be surprising that there will be times in the lives of some patients when adherence is a problem[1].

What are some of the signs that there is a problem?

- Missed clinic appointments.
- Failure to or a reluctance to attend for dialysis.
- Not informing dialysis unit or healthcare team that won't or can't attend.
- Excessive fluid gains between treatments.
- Pattern of worsening blood results.

What are some of the factors that contribute to this situation?

- History of difficulty in maintaining treatment regime.
- Emotional disturbance related to diagnosis and treatment.
- Issues that are personal to the patient or related to the family life of the patient.
- Lack of education or information that leads to a misunderstanding about treatment.
- Set of beliefs related to treatment that are at variance with healthcare team's recommendations.
- A poor sense of self-esteem and self-worth.

- Co morbidity especially those related to memory, motor and sensory skills.
- Worsening physical condition and increasing frailty, growing awareness of one's own mortality.
- Depression
- A wish to die that is neither recognised nor spoken about with the healthcare team.

What can the nurse do to support the patient who has difficulty with adherence to their treatment regime?

- Understand what is happening as a communication from the patient. Non adherence may be a way to gain attention to something that is of concern and which cannot be articulated.
- Re-assess the patient. This should include their medical situation but also their relationship and work/life commitments and how the patient views living with a chronic condition.
- Assist patient in finding mechanisms that will ensure adherence. Solutions need to come from the patient although you can offer suggestions. These mechanisms should be tailored to each individual patient.
- Remember that the focus of treatment is on the disease whereas the focus of non adherence is on the patient.
- Ascertain whether there are differing expectations at play. Is what the healthcare team require and what the patient can or is willing to do different?

- Don't overlook the psychological factors that may contribute to non-adherence.

Keeping the following questions in mind, may help the conversation with the patient;

- Are you aware your fluid intake is more than what is recommended?
- Staying within your fluid restriction is difficult for you. Are there reasons for this?
- Is there anything happening in your life that is contributing to this. Can I help you in any way?
- What is it that prevents you from attending your dialysis sessions?'

Meet Mr. Bates, our perfect patient. He controls his fluid levels by not drinking and his potassium, cholesterol and phosphates by not eating.

A simple conversation may solve the problem. It may reveal a lack of knowledge or another factor that you can help the patient address. Remember simple things such as reducing salt intake may reduce thirst or there may be an issue with transport that is the reason for not attending dialysis.

In addressing the issue of non-adherence keep the following in mind;

- Studies indicate that dialysis patients have decreased cognitive skills that may contribute to a misunderstanding in communication or in being able to follow their treatment regime successfully.
- If the issue is one of behaviour that requires further intervention, a referral to an allied health professional (counsellor, psycho-therapist, psychologist or social worker) should be considered.

Remember

Ultimately whether the patient adheres to treatment or not, it is their choice. It is your job to make sure they have the information they require to care for their health, and to determine if there are any underlying factors that inhibit or prevent adherence.

If after having done your best the patient chooses not to adhere to treatment there is little point in 'telling them off'. This can result in a kind of parent/child relationship that may reinforce non-adherence. A more positive approach, acknowledging the patient when they do adhere can be more productive. In the end accepting a compromise may make life better for all.

Reflection

Recall a patient who either did not attend for dialysis or who gained too much fluid weight between dialysis sessions. What was your immediate reaction? Was that reaction helpful? Did any of the reasons above for non-adherence apply to this patient? What long-term steps did you take to help the patient alter their behaviour? Reflecting on what you did, would you do it differently next time?

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3. Shared Decision Making

Shared decision making places emphasis on patient autonomy. Patients are seen as equal partners in the planning, development and assessment of their care. Research shows that when the patient is included in the decision making process outcomes are better[1]. This results in better adherence to treatment and less depression.

Shared decision making includes the following elements;

Collaboration

A process in which there is collaboration through communication between the patient, the patient's family (if desired) and the healthcare team.

Open Dialogue

An open dialogue between the patient and their healthcare team. The healthcare team bring to this dialogue their knowledge of the patient's physical condition and what treatment options are open to the patient. The patient brings their own views, beliefs and preferences about treatment.

Decision aid tool

Shared decision making about treatment options is often supported by a decision aid tool. This tool can make it easier to support patients in the decision making process.

Preferences

Discussion of preferences forms part of the dialogue between patient and their healthcare team.

Agreement

The end result is that both the patient and their healthcare team are in agreement on treatment.

Reflection

Has a patient ever said to you that they did not choose to be on dialysis or on a particular dialysis regime? How would you characterise their behaviour in relation to their treatment and to you?

Remember

Shared decision making may not be appropriate for all patients. Care should be taken to assess which patients are open to this process. Shared decision making is for those patients who feel confident to play an active role in decisions about their treatment. The role of the nurse is to determine the level at which the patient wants to engage in the decision making process and support that level of engagement, respecting the patients' wishes at all times.

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Chapter 8
Questions to Improve Communication

Key Words

- ASSUMPTIONS - can lead to misunderstanding and unnecessary anxiety
- ASSUMPTIONS - should always be checked out

Keeping the following questions in mind may help you to clarify communication between you and your patient(s);

If, in their communication, the patient is not clear about what they are saying, you can ask;

- 'I don't fully understand what you are saying...'?
- 'Could you give me an example that would clarify for me what you are saying...'?
- 'What do you mean when you say...'?
- 'I am not clear about what you are telling me today relates to what we spoke about before...'?

Often patients make assumptions. Assumptions can lead to misunderstanding and unnecessary anxiety. Assumptions should always be checked out. Considering the following questions may be of help;

- 'It seems you are assuming that...'?
- 'That sounds like an assumption, could I check it out with you...'?
- 'If you are thinking that way, what do you believe will happen then...'?

A patient's perspective can often dictate how they respond to treatment. Sometimes, however, the patient' perspective can be mistaken. The following questions may help illuminate the perspective the patient is coming from;

- 'I can see what you are saying, but is there another way to look at this...'?
- 'If you were saying this to someone you feel close to, what do you think they would say'?
- 'If you looked at it from their perspective, what would you think/feel'?
- 'Do you think that if you were feeling somewhat better, your perspective on this might be different'?

Chapter 9
Some Final Thoughts

Key Words

- ACCEPTANCE - accepting the patient as they are even though there may be aspects of their behaviour or personality that are not liked
- RECOGNISE - and accept that each patient is individual and unique, therefore their needs will differ/vary
- BUILD - trust over time with the patient
- CALM - stay calm under pressure
- CONGRUENCE - being open and honest in such a way that your verbal and non verbal communication is similar

Having read this booklet it should be clear that the The Art of Communication is not as straightforward as it may seem. Apart from the various techniques that enable good and effective communication there are a few final thoughts we would like to offer for your consideration.

Clinical training

Patients in their communication with nurses can tell the nurse what is bothering them through incidents in their personal life. Openness to this way of communication is vital if this communication is to be heard and responded to. Remember you are primarily trained to think clinically. This is correct as it enables you to care for your patients. However it can interfere with your capacity to hear communications from the patient as it is easy to be drawn into the way you have been trained; to hear the clinical content and not the personal.

Sense of self

In any communication between you and your patients, you often communicate something of yourself. If you are confident that will come across in the communication. If you feel uncertain about your sense of self, that will come through in your communication. This may result in the communication coming across in either an overly aggressive, clumsy or ambiguous way. Alternatively, communication from the patient to you may also be affected as your capacity to hear the message the patient wishes to communicate may be compromised.

Emotions

All of us are emotional beings and our emotions can be triggered by all sorts of different circumstances, both professional and personal. In caring for patients the degree to which emotions are triggered will differ from patient to patient as the relationship with each patient is unique.

Your ability to manage your own feelings is important, hence you need to;

- Be aware of how you are feeling emotionally.
- Accept the emotion(s) you are feeling.
- Be aware that what you are feeling may contain within it a communication from the patient.

Empathy

Empathy with the patient can facilitate communication. The other signs which show concern for the patient and contribute to your ability to effectively communicate with the patient are;

- ACCEPTANCE - accepting the patient as they are even though there may be aspects of their behaviour or personality that are not liked.
- RECOGNISE - and accept that each patient is individual and unique, therefore their needs will differ/vary.
- BUILD - trust over time with the patient.
- CALM - stay calm under pressure.
- CONGRUENCE - being open and honest in such a way that your verbal and non verbal communication is similar.

Finally remember

Nurses who effectively communicate with their patients;

- Understand that their patients are vulnerable.
- When speaking to a patient use language that the patient easily understands.
- Does not stereotype their patients, rather acknowledges each patient's individuality.
- Manages their patients expectations, includes listening and helping them understand what is happening and why.

Communication is a key factor which although it appears straightforward and simple, is quite complex and exists on many levels. The intention of this booklet is to raise awareness and in doing so to alert you and others who work in renal care to some of the complexities involved in communicating with patients. The intention is to provide some key learning tools that you may find useful in your continuing work with patients.

Iris, do I clamp before or after?

Appendix 1
Case Studies

Case Study – 1

The patient is a twenty one year old female. Her symptoms are severe headaches and vomiting with high blood pressure. Her GP refers her to hospital. Her Consultant wants her to remain in hospital for further tests. As she has just started a new job she is reluctant to take time off. The Consultant and she agree that further tests can be carried out on an out-patient basis, provided all tests are completed within a week. At her subsequent appointment her Consultant insists she be admitted to hospital for further tests.

Two days later while she is alone in her ward, her Consultant informs her she has end stage renal failure, will need to commence dialysis and be assessed for a transplant. Having given this information, the Consultant leaves.

Questions for reflection

What do you think her priorities are right now?

How do you imagine she reacted to this information?

Do you agree with the way the Consultant gave the diagnosis. If not, how could it have been done differently?

See Chapter 4 if you require further information about this type of communication.

Case Study – 2

A year ago the patient was diagnosed with IGA Nephropathy. They attend on an out-patient basis regularly. The patient is on blood pressure medication, and on a strict diet. Dialysis has been mentioned. While no date has been finalised, the patient is aware that dialysis is not too far away.

The patient is sent to you for more education about dialysis options. However as soon as you begin to talk, the patient bursts into tears...

Questions for reflection

What is your immediate reaction and style of language?

If this happened to you, what would you then do to help this patient?

Having read this book, are there any pointers that would allow you to respond in a positive and supportive way to this patient?

See Chapter 2 if you require further information about this type of communication.

Case Study – 3

While working in a transplant clinic, you overhear a conversation between two transplant patients. You realise that one of the patients, who has missed some out-patient appointments has, on more than one occasion, run out of medication. When this happens the patient contacts another patient, who is on the same medication, to help them out.

Questions for reflection

How would you handle this situation?

What barriers do you think you would face in trying to manage this situation?

See Chapter 4 if you require further information about this type of communication.

Case Study – 4

You are the dialysis nurse for a long-term patient who consistently puts on too much fluid weight between appointments. Today the patient is 5 kg over their ideal weight of 63 kg. They saw the dietician only a month previously.

Questions for reflection

What is your immediate reaction and comment to this patient when you find out their weight?

What do you think would be the best steps to take to support the patient manage their fluid intake better?

See chapter 6 if you require further information about this type of communication.

I do sympathize with you, sir, but I'm afraid it cannot be viewed as 'carry on' luggage.

Appendix 2
Other Recommended Readings

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