



UNIT 6

Interpersonal Skills in Healthcare

Moneeb Alarabiat & Mazen Alnashash

Opening Case study

Look at these scenarios and configure the Key Failures and what is the right way!

Mr. Ahmed visited Dr. Khaled for a toothache. As he described his sharp pain, Dr. Khaled kept checking his phone for messages, interrupting to answer calls from the lab. When Mr. Ahmed mentioned his fear of procedures, the dentist absentmindedly nodded while preparing tools, missing crucial concerns. Rushing through explanations, Dr. Khaled prescribed medication without addressing the patient's anxiety. Frustrated, Mr. Ahmed left feeling unheard—his questions unanswered and his fear dismissed. The next day, he canceled his follow-up, opting for another clinic. Poor active listening cost Dr. Khan both trust and a patient.



Dr. Sarah reviewed Ms. Suha's biopsy results confirming breast cancer. Anxious about delivering bad news, she rushed through the diagnosis: "There's an abnormal growth requiring specialist referral." When Ms. Suha asked, "Is it serious?" Dr. Sarah deflected - "Let's wait for the specialist opinion," avoiding eye contact while organizing files. The confused patient left with printed lab reports but no clear understanding of her condition. That evening, Ms. Suha googled her results and collapsed in panic.



What do you think the key failures that Dr Sarah did during braking the bad news for the patient?

Definition of Interpersonal Skills in Healthcare:

- **Interpersonal skills:** The ability to exchange thoughts, emotions, and ideas face-to-face.
- Involves both **verbal** and **non-verbal cues**.
- **Key role** in enhancing service quality, improving teamwork, and ensuring effective communication.
- **Importance of Interpersonal Skills:**
 - Essential for effective interaction and communication.
 - Crucial in both professional and personal relationships.
 - Creates trust, reliability, and professionalism.

Examples of Interpersonal Skills:

- **Active Listening**
- **Empathy**
- **Presentation Skills**
- **Leadership**
- **Negotiation**
- **Assertiveness**
- **Providing Help**
- **Teamwork**

Interpersonal Healthcare

- **Role of Interpersonal Skills for Healthcare Professionals**
- **Vital for physicians and dentists** who interact regularly with patients and colleagues.
- **Helps in assessing symptoms**, making **accurate diagnoses**, and determining the best treatments.
- Clear and effective communication ensures smooth **coordination with other healthcare providers** (e.g., nurses, specialists).

Interpersonal Healthcare

- **Building Trust and Rapport with Patients**
- **Establishing trust and rapport** is essential for effective patient care.
- Engaging with patients in a **compassionate, professional, and empathetic** manner helps ensure patients feel understood and supported.
- A strong patient-provider relationship enhances patient satisfaction and treatment adherence

Interpersonal Healthcare

- **Benefits of Strong Interpersonal Skills in Healthcare**
- **Improved Patient Care:** Strong communication leads to better diagnosis, treatment, and care outcomes.
- **Enhanced Teamwork:** Fosters collaboration between healthcare providers, ensuring coordinated and high-quality patient care.
- **Better Work Environment:** Promotes mutual respect and understanding within medical teams, improving overall morale.

Why Employers Value Interpersonal Skills in Healthcare

- **Technical expertise alone** is not enough in healthcare.
- Employers prioritize **interpersonal skills** because they directly impact:
 - **Patient care**
 - **Workplace harmony**
 - **Professional success**

Reasons Why Interpersonal Skills Matter

1. Longevity in the Profession

Strong interpersonal skills help reduce **burnout** and improve **job satisfaction**, aiding long and fulfilling careers.

2. Effective Teamwork

Healthcare is collaborative; the ability to work well with nurses, assistants, and specialists ensures **seamless patient care**.

3. Relationship Maintenance

Building trust with patients and colleagues leads to better **compliance**, fewer **conflicts**, and stronger **professional bonds**.

4. Networking Opportunities

Good communication opens doors for **referrals**, partnerships, and **career advancements**.

5. Career Growth

Professionals who connect well with others are more likely to be considered for **promotions** and **leadership roles**.

Reasons Why Interpersonal Skills Matter

6. Organization & Efficiency

- Clear communication minimizes **errors**, streamlines workflows, and keeps practices running smoothly.

7. Initiative & Problem-Solving

- Employers value those who proactively address concerns with **empathy** and **professionalism**.

8. Leadership Potential

- Strong interpersonal skills are the foundation of **effective mentorship** and team management.

9. Confidence in Practice

- The ability to communicate clearly with patients and peers enhances **self-assurance** in clinical and administrative settings.

10. Reputation Building

- A dentist or physician known for excellent **bedside manner** and collaboration earns **patient loyalty** and **professional respect**.

Conclusion

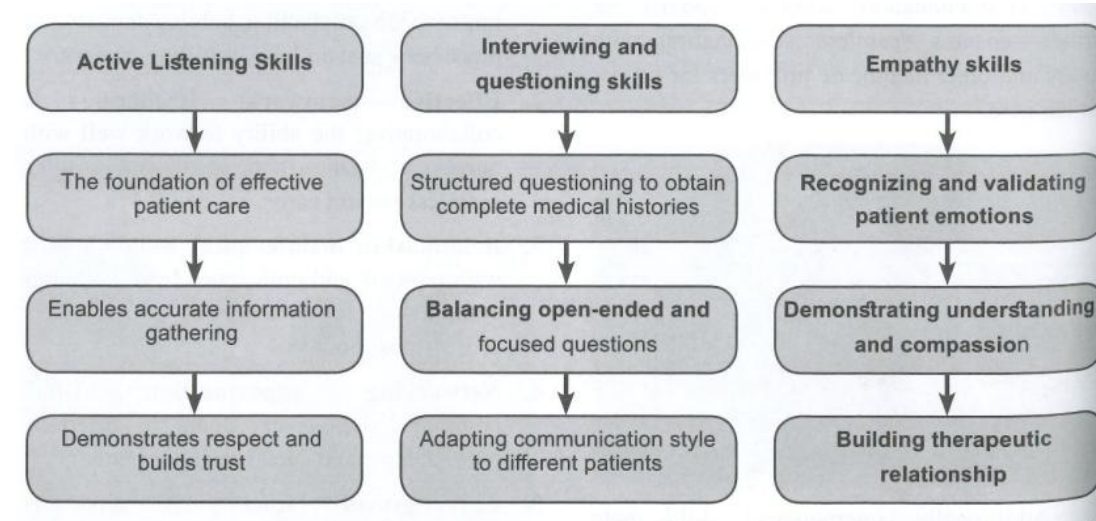
- **Employers seek healthcare providers** who combine **technical skill** with **emotional intelligence**.
- **Better communication** leads to **better care**, improving both the professional experience and patient outcomes.

Key learning point

In professional healthcare settings, patients, colleagues, and supervisors may hesitate to give direct feedback about lacking interpersonal skills, as such comments can feel overly harm. To bridge this gap, it's important to proactively seek honest feedback from trusted patients, peers, or supervisors who can provide constructive and objective insights into your communication strengths and areas for improvement.

Core Interpersonal Skills for Medical Students

- **All interpersonal skills** contribute to professional success.
- **Medical and dental students** should focus on these **three fundamental competencies**:
 1. **Active Listening**
 2. **Interviewing and Questioning**
 3. **Empathy Skills**



Active Listening Skills

- **Communication** is a fundamental human activity.
- **Active listening** is not just hearing words but fully engaging with the speaker to understand their message, emotions, and perspective.
- For **healthcare providers**, active listening helps ensure understanding of patient needs and builds trust.

Why Listening Matters

- **Failure to listen effectively** hinders communication.
 - Missing critical information leads to misunderstandings and poor responses.
 - This affects **personal relationships, professional interactions, and patient care.**

Factors That Hinder Listening

- ***Factors in the Speaker:***

- **Physical appearance, speech patterns, and social status** may bias the listener.
- **Emotional state** of the speaker can distract from the message.
- **Speech rate:** Too slow distracts, while too fast overwhelms the listener.

- ***Factors in the Listener:***

- **Impatience** or tendency to **interrupt**.
- **Lack of motivation** or interest in the topic.
- **Emotional state** (stress, frustration).
- **Personal biases** against the speaker or **poor attention span**.

Active Listening in Different Cultures

- In many cultures, **speaking** is valued more than **listening**.
- **Western societies** emphasize **assertiveness** and **verbal expression**, while **Japanese culture** places greater importance on **attentive listening**.
- Healthcare providers, such as **physicians** or **dentists**, must develop strong **active listening skills** to succeed.

Types of Listening

- **Active Listening** requires practice, intentionality, focus, empathy, and self-awareness. Unlike speaking, which is often instinctive.
- For **healthcare providers**, mastering listening builds stronger client relationships, reduces misunderstandings, and improves problem-solving.
- By recognizing barriers and using structured techniques, anyone can become a better communicator.

Four Primary Types of Listening (Hayes, 2011)

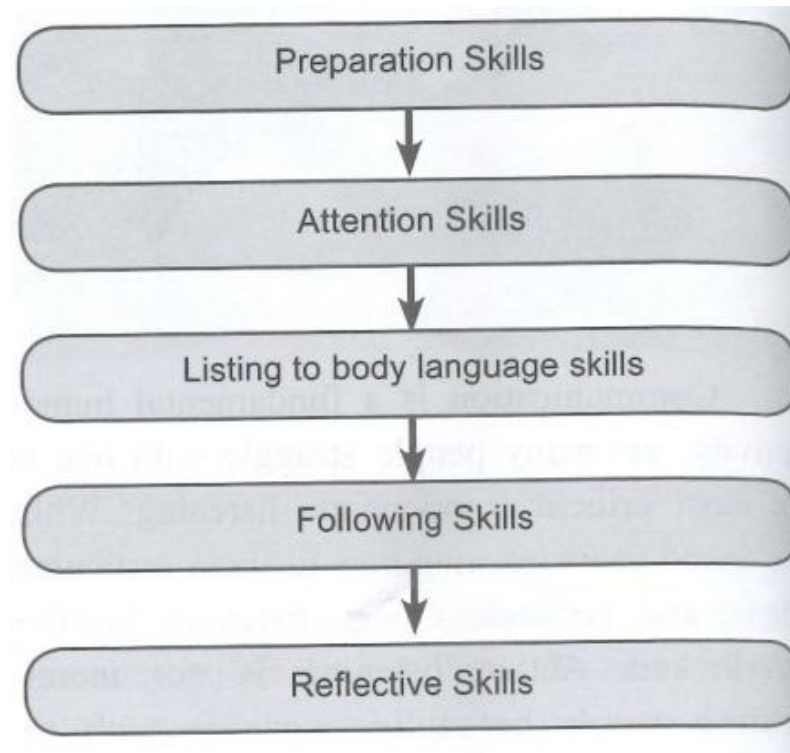
- ***Listening for Comprehension***
 - Absorbing facts and information (e.g., lectures, interviews, meetings).
- ***Listening for Evaluation***
 - Analyzing strengths and weaknesses of arguments (e.g., sales pitch).
- ***Empathic Listening***
 - Understanding emotions and perspective, often used in supportive situations.
- ***Recreational Listening***
 - Engaging with content for enjoyment (e.g., music, storytelling).

Most Crucial for Healthcare Providers

1. **Comprehension-based Listening** → ensures accurate medical understanding.
2. **Empathic Listening** → builds trust and rapport, allowing better responses to patients' emotions.

Sub-Skills of Listening

- To improve listening, **five sub-skills** are essential:



How to Become a Good Listener

- **First: Preparation for Listening**
- Clear mental distractions (personal/work stress).
- Avoid heavy meals before important conversations.
- Set up a conducive environment (minimize noise, close tabs/windows).
- Review relevant information beforehand (e.g., client notes, project details).

How to Become a Good Listener

- **Second: Developing Attention Skills**
- Use **Nonverbal cues** to show engagement.
- **SOLER Technique (Egan, 1986):**
 - **S** → Face the speaker squarely.
 - **O** → Maintain an open posture.
 - **L** → Lean slightly forward.
 - **E** → Make appropriate eye contact.
 - **R** → Stay relaxed and natural.

How to Become a Good Listener

- **Third: Improve Your Follow-Conversation Techniques**
- Encourage the speaker to elaborate for deeper understanding.
- **Strategies include:**
 - **Open-ended prompts** → “Tell me more about that.”
 - **Verbal affirmations** → “I see”, “Go on.”
 - **Attentive silence** → allow pauses for reflection.
 - **Clarifying questions** → “What do you mean by...?”

How to Become a Good Listener

- **Forth: Reflecting Thoughts and Emotions**
- Use **paraphrasing and summarizing** to demonstrate understanding.
 - “It sounds like you’re feeling frustrated because...”
 - “So, the main concern is...?”
- This reassures the speaker that their message is accurately received.

How to Become a Good Listener

- **Fifth: Listening to Body Language**
- Communication relies on **Verbal Messages (VM)** and **Non-Verbal Messages (NVM)**.
- **Non-verbal cues** (tone, facial expressions, body language) play a crucial role.
- Ignoring **NVM** leads to missed information and poor emotional insight.

Key Non-Verbal Communication Cues(Hayes 2011)

- **Facial Expressions**

- Six universal expressions: **surprise, fear, anger, disgust, happiness, sadness.**
- Example: furrowed brows → anxiety/pain, Smile and relaxed eyes → relief or trust

- **Gaze and Eye Contact**

- Signals **interest, aggression, disengagement.**
- Avoiding eye contact → low confidence or discomfort.

- **Body Gestures**

- Intentional gestures clarify meaning.
- Unintentional gestures (self-touching) reveal hidden emotions.

Key Non-Verbal Communication Cues(Hayes 2011)

- **Body Posture**

- Reflects feelings.
- **Slumped posture** → indifference.
- **Upright stance** → confidence.

- **Personal Space**

- Zones: **intimate, personal, social, public.**
- Maintaining proper distance helps patients feel comfortable.
- Standing too close (intimate zone): make patient uncomfortable.

- **Vocal Cues**

- **Loudness, pitch, rhythm, enunciation** convey emotions.
- Example: soft, slow voice → sadness or exhaustion.

Conclusion

- **Active Listening** requires attention to **both verbal and non-verbal elements**.
- Words deliver information, but **tone, body language, and facial expressions** reveal true intent and emotions.
- Interpreting these signals in context enhances **understanding** and builds **stronger patient connections**.

Key learning point

To improve your listening skills Listen with full presence—silence your inner dialogue, maintain eye contact, and focus entirely on the patient's words, tone, and body language to truly understand their needs.

Human diversity

In healthcare, patients from different backgrounds communicate uniquely. A reserved elderly Japanese patient may listen quietly, avoiding eye contact as a sign of respect, while a young American might nod frequently to show engagement. A Middle Eastern patient may interject with personal stories, seeing listening as interactive. Meanwhile, a Northern European patient may prefer direct, concise information without interruptions.

Some cultures value silence (e.g., Finland), allowing pauses for reflection, while others (e.g., Latin American or Mediterranean cultures) view overlapping speech as enthusiasm. A neurodivergent patient might focus better with minimal eye contact, while someone hard of hearing may rely on lip-reading. Recognizing these differences helps providers adapt—whether by allowing silence, encouraging dialogue, or using visual aids—to ensure effective, respectful communication.



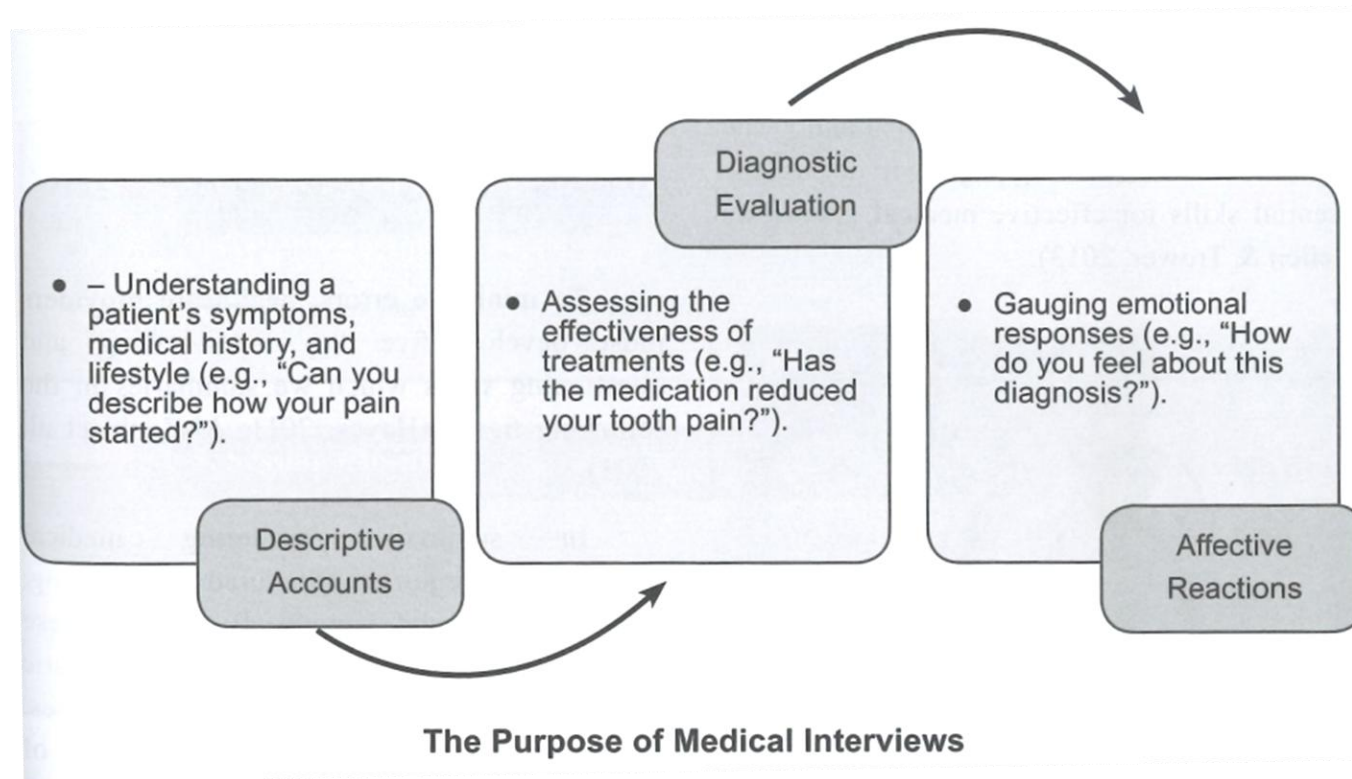
Questioning Skills during Medical Interviews

- **Effective communication** is the cornerstone of quality healthcare.
- **Medical Interview:** structured, face-to-face interaction.
- Requires: **precision, empathy, and strategic questioning.**
- Purpose: ensure **accurate diagnosis, treatment planning, and patient trust.**

Challenges in Medical Interviews

- Interviews may suffer from:
 - **Errors**
 - **Biases**
- These distort information and affect decision-making.
- Physicians and dentists must master **questioning skills** to reduce these risks.

The Purpose of Medical Interviews



Errors and Biases in Medical Interviews

- Despite importance, **medical interviews** may yield inaccurate data due to:

Discrepancies in Data	Background Characteristics Bias	Psychological Factors Bias
• Inconsistent Responses – Inconsistent Responses – A patient may downplay smoking consumption in a clinic but admit more to a trusted nurse. • Interviewer Variability – Two doctors may elicit different histories from the same patient based on their questioning styles.	• Gender, Race, and Status – A female patient might hesitate to discuss sexual health with a male doctor due to cultural discomfort. • Stereotypes – A physician assuming an elderly patient won't adhere to treatment may unintentionally convey doubt, affecting compliance.	• Motives – A patient fearing a serious diagnosis may omit symptoms. • Attitudes & Beliefs – A doctor skeptical of alternative medicine may dismiss a patient's use of herbal remedies. • Emotional State – An anxious patient may give fragmented answers, while an angry one may withhold information.

Implications of Errors

- Patients may give **incomplete or inaccurate information** for various reasons.
- Example: **Low socioeconomic status** patients may fear judgment → less likely to disclose symptoms.
- Doctors can reduce this risk by asking:
 - The **right questions**
 - In the **right format**
 - At the **right time**

Minimizing Errors

- To minimize errors, healthcare providers should develop **five key skills**:
 - **Structured Questioning**
 - **Bias Awareness**
 - **Empathy**
 - **Active Listening**
 - **Clear Communication**

Conclusion

- Mastering **Medical Interviewing** requires:
 - **Structured Questioning**
 - **Bias Awareness**
 - **Empathy**
- Benefits:
 - Enhances **Diagnostic Accuracy**
 - Builds **Patient Trust**
 - Improves **Treatment Outcomes**
- **Listening** is as vital to healthcare as **healing**.

Essential skills for effective medical interviews

1. Cognitive Preparation

- Set Clear Objectives – “Today, we’ll discuss your chest pain to rule out cardiac issues.”
- Establish Rapport – A warm greeting (“How was your trip here?”) reduces patient anxiety.

2. Organizing Topics

- General → Specific – Start with “How have you been feeling overall?” before asking “Where exactly is the pain?”
- Sensitive Questions Later – Ask about smoking or mental health after building trust.

3. Question Formulation & Sequencing

- Open-Ended Questions – “What brings you in today?” (encourages detailed responses).
- Closed-Ended for Precision – “Do you feel dizzy when standing?” (yes/no).
- Funnel Sequence – Broad (“Describe your symptoms”) → Narrow (“Is the pain sharp or dull?”).

4. Probing & Clarification

- Clarification Props – “You mentioned ‘fatigue’—can you elaborate?”
- Justification Props – “Why do you think the pain worsens at night?”
- Exemplification props (do you have an example?)

5. Session Closure

- Summarize – “So, your knee pain started after running, and rest helps?”
- Express Appreciation – “Your details were very helpful for your treatment plan.”

Key learning point

Improve your questioning skills

Scenario: A 45-year-old man presents with abdominal pain.

• Poor Interview:

- "Does your stomach hurt?" (Closed, leading).
- "You smoke too much, don't you?" (Judgmental).
- Result: Patient shuts down; misses smoking-related symptoms.

• Effective Interview:

- "Tell me about your pain." (Open).
- "How does smoking affect it?" (Neutral).
- "What worries you most?" (Affective).
- Result: Uncovers heavy smoking and anxiety, guiding holistic care.



Critical thinking

Setting: A 56-year-old villager woman, Mrs. Halemeh, visits Dr Fadwa who works in a clinic in the city complaining of intermittent chest discomfort.

The Interview

Dr. Fadwa pressed for time, conducts a very quick interview:

1. "Is your pain sharp?" (Closed) → "No."
2. "Does it radiate to your arm?" (Leading) → "Not really."
3. "You'd tell me if it was severe, right?" (Assumptive) → "I guess..."

The EKG is normal. Mrs. Halema is diagnosed with acid reflux!

One week later: She is hospitalized with a myocardial infarction.

Critical Thinking Questions:

1. Questioning Flaws

- How did Dr. Fadwa's closed/leading questions limit data gathering?
- What open-ended question should have been asked first?

2. Cognitive Biases

- Did anchoring bias (focusing on GERD) affect questioning? How?
- Why might age/gender/stereotypes matter here?

3. Structural Barriers

- How did time pressure degrade interview quality?
- Could a standardized chest pain questionnaire have helped?

4. Patient Factors

- How might Mrs. Halema appearance and clothes have compounded communication gaps?
- What nonverbal cues might have been missed?

Key Lesson: The scenario reveals how question framing can mean life or death. Students must analyze how each question shaped (or distorted) the clinical narrative.



Empathy Skills

Empathy is the **ability to understand and share another person's feelings** while maintaining the appropriate perspective to provide proper care. In medicine, it involves different approaches to emotional connection

Types of Empathy

- **Cognitive Empathy:** Understanding a patient's **emotions** and **perspective**.
 - *Example:* Recognizing a diabetic patient's frustration with their dietary restrictions.
- **Emotional Empathy:** Feeling a patient's distress without being overwhelmed.
 - *Example:* Sensing a cancer patient's fear during a diagnosis but staying composed to guide them.
- **Compassionate Empathy:** Taking action to **alleviate suffering**.
 - *Example:* Adjusting a treatment plan for a struggling elderly patient.

Importance of Empathy in Healthcare

- **Crucial for healthcare delivery:** It facilitates trust and open communication between patients and medical professionals.
- **Improves care:** Encourages better sharing of information and improves adherence to treatment plans.
- **Patient comfort:** Helps healthcare providers offer comfort and relieve anxiety.
- **Collaboration:** Promotes collaboration among healthcare professionals.

Empathy vs. Sympathy in Medical Practice

- In medical practice, the distinction between empathy and sympathy is profound. Empathy in healthcare involves truly **stepping into a patient's emotional experience**.
- A dentist showing **empathy** might say, "This diagnosis must feel overwhelming—tell me what worries you most." This creates a space for authentic sharing.
- **Sympathy**, while well-intentioned, often stops at a superficial level. It may convey **pity** rather than understanding, such as saying, "I'm sorry about your deep pain."
- Research shows that **empathetic communication** increases treatment adherence by **40%** compared to sympathetic responses.

Two Approaches to a Patient's Struggle

- Consider two different approaches when a patient is struggling with dietary changes:
- **Sympathetic:** This approach often involves **judgment**. For example, saying, "You really should follow your meal plan better."
- **Empathetic:** This approach involves **exploration**. For example, saying, "Changing eating habits is challenging. What's been most difficult?"
- The empathetic approach acknowledges the **emotional struggle** while inviting conversation. Studies show that physicians who display empathy receive more accurate symptom reports, leading to better diagnoses.

Time Constraints and Burnout

- Time constraints and burnout frequently push doctors toward **sympathetic responses**. A hurried ER physician might dismiss a patient's concerns by saying, "Your ankle sprain isn't serious."
- An empathetic approach, in contrast, would **validate the patient's experience**, for example, by saying, "I can see this pain is limiting your mobility—let's discuss recovery options."

Key learning point

Where sympathy creates distance, empathy builds therapeutic alliances. In an era of increasing healthcare automation, the human capacity for genuine emotional understanding remains medicine's most powerful – and irreplaceable – healing tool.

Evaluate Yourself

Empathy Self-Assessment Scale

(Rate each item 1-5: 1=Never, 5=Always)

1. I notice when patients express emotions through tone or body language.	
2. I verbally acknowledge patients' feelings (e.g., 'I see this worries you').	
3. I adapt my explanations based on patients' cultural/educational background.	
4. I ask about how symptoms affect daily life (work, family, etc.).	
5. I resist interrupting patients within their first 90 seconds of speaking.	
6. I feel moved by patients' struggles but maintain professional balance.	
7. I summarize what I hear to confirm understanding (e.g., 'So your main concern is...').	
8. I use therapeutic touch (handshake, shoulder tap) when appropriate.	
9. I avoid judgment when patients share unhealthy behaviors.	
10. I feel personally satisfied when I alleviate a patient's emotional distress.	

Scoring & Interpretation

45-50: Exceptional empathy (role model level)

35-44: Strong empathy (occasional gaps)

25-34: Developing empathy (target 1-2 items/month)

<25: Significant improvement needed (consider communication training)

Adapted from Jefferson Scale of Empathy, CARE Measure, and Toronto Empathy Questionnaire, optimized for clinical use.

Developing Empathy: Essential Skills for Better Patient Care

- Empathy has emerged as a critical skill in healthcare, with studies showing it directly improves patient satisfaction and outcomes.
- While medical training traditionally emphasizes clinical objectivity, the ability to connect emotionally transforms patient experiences.
- Here are strategies to cultivate empathy in medical practice, illustrated through clinical scenarios:

- **1. Master Active Listening** A 65-year-old diabetic patient hesitantly mentions struggling with insulin injections. Instead of immediately offering technical solutions, the physician pauses charting, makes eye contact, and says: "Managing this daily must feel overwhelming. What specific challenges are you facing?".
- **2. Optimize Nonverbal Communication** During pediatric rounds, a resident kneels to meet a frightened child at eye level while examining their IV site. This simple posture change, proven to increase perceived empathy scores by 40%, helps the child relax enough to describe their pain accurately.
- **3. Decode Emotional Cues** An oncology nurse notices a typically talkative breast cancer patient suddenly withdrawn. By acknowledging the change—"You seem quieter today. Would you like to share what's on your mind?"—she learns about the patient's unexpressed fear of chemotherapy side effects, allowing for timely counseling.

- **5. Bridge Cultural Gaps** When a Muslim patient declines pain medication during Ramadan, rather than insisting, the resident asks: "Help me understand how we can best manage your pain while respecting your fast." This approach improves cross-cultural care by prioritizing patient values.
- **6. Practice Empathic Responding** To a frustrated asthma patient repeatedly visiting the ER, the physician reflects: "It sounds exhausting to constantly worry about your breathing. Let's work together on a better prevention plan." Such validation, shown in research to reduce future hospitalizations by building therapeutic trust.
- **7. Develop Emotional Agility** An emergency physician dealing with back-to-back trauma cases consciously modulates responses—taking a deep breath before each new patient encounter. This "deep acting" technique, validated by Academic Medicine research, helps maintain authentic connections despite fatigue.
- In summary, empathy in medicine isn't innate—it's a clinical skill requiring deliberate practice. From the family physician remembering a patient's job stress affecting their hypertension, to the dentist who pauses to explain procedures in lay terms, these moments of connection transform healthcare experiences.

Practical Applications – Effective Communication

- In the fast-paced **healthcare environment**, clear and efficient **communication** is **vital** for **patient safety**, workflow efficiency, and **teamwork**. Poor communication contributes to nearly **70% of medical errors**, while strong teamwork improves **outcomes** and **job satisfaction**.

practical strategies to enhance communication with colleagues and medical teams:

Use Structured Tools	Apply SBAR (Situation-Background-Assessment-Recommendation) for concise updates. Example: "Situation: Post-op fever (38.5°C). Background: No prior infections. Assessment: Possible UTI. Recommendation: Urine culture and review antibiotics."
Closed-Loop Communication	Repeat instructions to confirm accuracy: "Confirming: 2mg morphine IV now?" This reduces errors by 25% (AHRQ).
Prioritize Face-to-Face Handoffs	Critical for complex cases. Include: Active issues, Pending tasks, Red flags (e.g., allergies)
Give Respectful Feedback	Use "I" statements: "I noticed the discharge summary wasn't signed—can we address this?" Avoid blame.
Clarify Roles in Emergencies	Assign tasks clearly: "Nurse A, manage BP. Dr. B, lead the code."
Optimize Digital Communication	Be specific in messages: "Patient in Bed 4 – new-onset chest pain, needs ECG STAT." Avoid vague alerts like "Check Bed 4."
Encourage Team Input	Ask: "Does anyone see concerns with this plan?" Junior staff often spot overlooked issues.
Document Key Discussions	After verbal updates, add an EMR note: "Discussed with cardiology – hold beta-blockers until echo."
Manage Conflict Professionally	Focus on shared goals: "We both want to avoid readmissions. How can we adjust this discharge plan?"
Daily Huddles	5-minute check-ins to flag bottlenecks (e.g., "ICU beds full – anticipate delays.").

Approaches to Help Patients

- Doctors often rely on the **advising approach**—giving instructions and prescriptions. While convenient, this can foster **patient dependence** and overlook **individual needs**. Hayes (2011) emphasized more **collaborative approaches**—**theorizing, supporting, challenging, and information gathering**—which are more **powerful** and **sustainable**.

The five helping approaches:

- **1)Theorizing (Exploratory Support):**
 - **Help patients understand their condition** by explaining potential causes in simple terms.
 - Example: “Your fatigue could be due to low iron levels—let’s **explore this further with a blood test.**”
- **2)Advising (Guidance-Based Support):**
 - Offer **clear, actionable recommendations** while **respecting patient autonomy**.
 - Example: “Based on your diabetes, I suggest **reducing sugary drinks**. Would you like help **creating a meal plan?**”
- **3)Supporting (Emotional Care):**
 - **Validate feelings** and **provide reassurance** without dismissing concerns.
 - Example: “I hear how **stressful this diagnosis is**. We’ll **work together on a manageable treatment approach.**”

- **4)Challenging (Motivational Support):**
- Gently **confront inconsistencies** to **promote positive change**.
- Example: “You mentioned **wanting to quit smoking**, but I notice you’re **still vaping**. What **barriers** are you facing?”

- **5)Information Gathering (Diagnostic Clarity):**
- Use **open-ended questions** to **uncover critical details**.
- Example: “Can you **describe how your pain changes** throughout the day?”

- **Conclusion:**
- **Effective care** requires **balancing these approaches** based on **patient needs, confirming understanding** (e.g., “Can you explain your next steps to me?”), and **adapting to health literacy levels**. Research shows patients receiving both **emotional and informational support** achieve **40% higher adherence**.

Theorizing (Exploratory Support)

- Help patients understand their condition by explaining potential causes and mechanisms in simple terms. Example: “Your fatigue could be due to low iron levels—let’s explore this further with a blood test.”

Advising (Guidance-Based Support)

- Offer clear, actionable recommendations while respecting patient autonomy. Example: “Based on your diabetes, I suggest reducing sugary drinks. Would you like help creating a meal plan?”

Supporting (Emotional Care)

- Validate feelings and provide reassurance without dismissing concerns. Example: “I hear how stressful this diagnosis is. We’ll work together on a manageable treatment approach.”

Challenging (Motivational Support)

- Gently confront inconsistencies to promote positive change. Example: “You mentioned wanting to quit smoking, but I notice you’re still vaping. What barriers are you facing?”

Information Gathering (Diagnostic Clarity)

- Use open-ended questions to uncover critical details. Example: “Can you describe how your pain changes throughout the day?”

Repeated 😊

Breaking Bad News to Patients and Their Families

- Breaking bad news is one of healthcare's most **challenging yet critical responsibilities**. The text presents **evidence-based strategies** to help clinicians communicate with **compassion while maintaining professionalism**:
- **1. Prepare the Environment**
- Choose a **private, quiet space with seating**
- Ensure all **relevant test results are available**
- Turn off **paggers/phones** to minimize interruptions

- **2. Use a Structured Approach (SPIKES Protocol)**
- **Setting:** Arrange proper **physical/emotional space**
- **Perception:** **Assess what the patient/family already knows** (“What have you been told so far?”)
- **Invitation:** **Determine how much they want to know** (“Would you like me to explain the test results?”)
- **Knowledge:** **Deliver information in clear, jargon-free terms**
- **Empathy:** **Acknowledge emotions** with validation (“I see this is upsetting news”)
- **Strategy/Summary:** **Outline next steps and support options**

- **3. Communication Techniques**

- **Speak slowly** with appropriate pauses
- Use “**warning shots**” to soften impact (“I’m afraid the results aren’t what we hoped for”)
- Avoid **false reassurance** but **maintain hope** where possible
- **Check understanding frequently** (“Can you tell me what you’re taking away from this?”)

- **4. Manage Emotional Responses**

- **Normalize reactions** (“Many people feel overwhelmed hearing this”)
- Offer **tissues** and **moments of silence**
- Provide information in **digestible chunks**
- Have **social work or chaplaincy services** on standby

- **5. Follow-Up Plan**

- Schedule a **specific time to revisit questions**
- Provide **written materials** summarizing discussion
- **Identify key support persons and resources**

1. Prepare the Environment

- Choose a private, quiet space with seating
- Ensure all relevant test results are available
- Turn off pagers/phones to minimize interruptions

2. Use a Structured Approach (SPIKES Protocol)

- Setting: Arrange proper physical/emotional space
- Perception: Assess what the patient/family already knows ("What have you been told so far?")
- Invitation: Determine how much they want to know ("Would you like me to explain the test results?")
- Knowledge: Deliver information in clear, jargon-free terms
- Empathy: Acknowledge emotions with validation ("I see this is upsetting news")
- Strategy/Summary: Outline next steps and support options

3. Communication Techniques

- Speak slowly with appropriate pauses
- Use "warning shots" to soften impact ("I'm afraid the results aren't what we hoped for")
- Avoid false reassurance but maintain hope where possible
- Check understanding frequently ("Can you tell me what you're taking away from this?")

4. Manage Emotional Responses

- Normalize reactions ("Many people feel overwhelmed hearing this")
- Offer tissues and moments of silence
- Provide information in digestible chunks
- Have social work or chaplaincy services on standby

5. Follow-Up Plan

- Schedule a specific time to revisit questions
- Provide written materials summarizing discussion
- Identify key support persons and resources

Repeated 😊

UNIT 6

6. Practical Tips!

✓ Do	✗ Avoid
- Practice Active Listening: Give patients your full attention—pause typing, maintain eye contact, and nod to show engagement - Show Empathy Verbally and Nonverbally: Acknowledge emotions: “I can see this news is upsetting. Let’s discuss your options.” - Confirm Understanding: Use the “teach-back” method: “Can you explain the plan in your own words so I can clarify if needed?” - Manage Time Without Rushing: Set expectations: “We have 15 minutes today—let’s start with your top concern.” - Ask open-ended questions: Use questions like “What brings you in today?” rather than yes/no questions to encourage patients to share more information. - Check for understanding: Use the teach-back method: “To make sure I explained clearly, can you tell me how you’ll take this medication?” - Be mindful of nonverbal cues: Pay attention to your body language (open posture, appropriate eye contact) and the patient’s nonverbal signals. - Manage time effectively: Set expectations: “We have about 15 minutes today - let’s start with your most important concern.” - Summarize key points: At the end of the visit, recap the diagnosis, treatment plan, and next steps clearly. - Encourage questions: Always ask, “What questions do you have?” rather than “Do you have any questions?” which often gets a “no” response.	- Interrupting or finishing patients sentences. Let them express concerns fully before responding. example: Instead of saying, “So your knee hurts?” try, “Tell me more about what you’re feeling.” - Assuming patients understand medical terms. Use analogies (e.g., “Arthritis is like rust in a joint”). - Rushing through emotional moments. A brief pause or gentle touch (if appropriate) can reassure. - Looking at the clock or standing near the door, which signals impatience. - Rushing through explanations: Don’t speed through diagnoses/treatment plans. Pause between key points for questions. - Standing while the patient sits: This creates power imbalance. Sitting improves perceived visit length by 50% - Facing the computer screen more than the patient: Excessive charting during visits reduces rapport. Balance documentation with eye contact. - Dismissing emotions: Avoid statements like “Don’t worry” or “It’s nothing serious” which invalidate concerns. - Asking “Do you understand?”: Patients often say “yes” even when confused. Use teach-back: “Can you explain this in your own words?” - Giving excessive unsolicited advice: Collaborate rather than dictate: “What strategies might work for your lifestyle?” vs “You must do X.”

Quick review of the unit

- **Interpersonal skills** consists of direct, face-to-face exchanges of thoughts, emotions, and ideas, incorporating both verbal and nonverbal cues.
- Interpersonal skills help doctors establish trust and rapport. This involves engaging with patients in a compassionate, professional, and empathetic way.
- Some examples of interpersonal skills include: Active listening, Interviewing and questioning, Empathy, presentation, leadership, negotiation, assertiveness, providing help, and teamwork. However, the first three skills are essential for medical settings.
- Active listening is not merely hearing words but fully engaging with the speaker to understand their message, emotions, and perspective.
- Several factors hinder our ability to listen well, falling into the following two categories, factors in the listener and factors in the speaker.
- There are five essential skills that need to be developed to become active listener:
 1. Preparation Skills
 2. Attention Skills
 3. Listening to body language skills
 4. Following Skills
 5. Reflective Skills
- Interview is a structured, face-to-face interaction where a healthcare provider gathers essential information from a patient.
- To minimize errors, healthcare providers must develop five key interviewing and questioning skills:
 1. Cognitive Preparation
 2. Organizing Topics
 3. Question Formulation & Sequencing
 4. Probing & Clarification
 5. Session Closure
- Empathy is the ability to understand and share another person’s feelings while maintaining the perspective to provide appropriate care. In medicine, it involves: Cognitive Empathy, Emotional Empathy & Compassionate Empathy.
- There are 7 essential steps to improve empathetic communication which are:
 1. Master Active Listening
 2. Optimize Nonverbal Communication
 3. Decode Emotional Cues
 4. Cultivate Therapeutic Touch
 5. Bridge Cultural Gaps
 6. Practice Empathic Responding
 7. Develop Emotional Agility
- There effective ways to improve communication with colleagues and medical team members.
- While here are five approaches to provide help to patients, doctors relay heavily on Advising.
- There is a five-steps model to brake bad news to patients and their families.



- اللهم يا قوي يا عزيز، يا رحيم بعبادك المستضعفين، نسألك أن تحفظ أهلنا في غزّة، اللهم كن لهم وليًّا ونصيرًا، ومعينًا وظهيرًا، اللهم اجعل لهم من كل همّ فرجًا، ومن كل ضيقٍ مخرجًا، ومن كل بلاءٍ عافية. اللهم ثبت أقدامهم، واشرح صدورهم، وأمن روعاتهم، اللهم ارزقهم الصبر على البلاء، والقوة على الثبات، والنصر على الأعداء. اللهم احفظ أطفالهم ونساءهم وشيوخهم، واجعل دماءهم وأعراضهم وأموالهم في حرك وأمانك، اللهم عجل لهم بالفرج القريب، واجمع قلوب المسلمين على نصرتهم ودعمهم، اللهم اجعل ما أصابهم رفعةً لهم عندك، وزيادةً في الأجر، وسببًا للنصر المبين. إنك على كل شيء قدير، وبالإجابة جدير، ولا حول ولا قوة إلا بك.

- دعواتكم لمن قام بذا العمل ♥