

UNIT 6

Interpersonal Skills in Healthcare

Aim and Content

This unit is about providing information about the core interpersonal skills that every worker in the medical field need to achieve success and professionalism.

Content of the unit

- Interpersonal skills in healthcare: definition and importance
- Active listening skills
- Interviewing and questioning skills
- Empathy skills
- Practical Applications:
- Communication techniques with clients and colleagues
- Techniques of providing help to patient
- Braking bad news to patient and their families
- Practical tips

Interpersonal Skills in Healthcare

Interpersonal skills consists of direct, face-to-face exchanges of thoughts, emotions, and ideas, incorporating both verbal and nonverbal cues.

Interpersonal skills are the essential qualities we use to interact and communicate effectively with others.

These skills encompass the ability to engage in meaningful dialogue, foster trust, and build lasting connections with people

Examples of interpersonal skills

Active
listening

Empathy

Presentation

Leadership

Negotiation

Assertiveness

Providing
help to others

Teamwork

Why important to Employers?



Core interpersonal skills for medical students

Active Listening Skills

The foundation of effective patient care

Enables accurate information gathering

Demonstrates respect and builds trust

Interviewing and questioning skills

Structured questioning to obtain complete medical histories

Balancing open-ended and focused questions

Adapting communication style to different patients

Empathy skills

Recognizing and validating patient emotions

Demonstrating understanding and compassion

Building therapeutic relationship

Active listening skills

While we spend years learning how to speak, articulate ideas, and persuade others, listening is often overlooked.

Active listening is not merely hearing words but fully engaging with the speaker to understand their message, emotions, and perspective.

When people fail to listen, they miss critical information, misunderstand intentions, and struggle to respond appropriately.

Factors hinder our ability to listen well

Factors in the Speaker:

- Physical appearance, speech patterns, and social status can unconsciously bias the listener.
- Emotional state may distract from the message (e.g., anger or excitement overshadowing content).
- Speech rate: Too slow leads to distraction, while too fast may overwhelm the listener.

Factors in the Listener:

- Impatience or tendency to interrupt.
- Lack of motivation or interest in the topic.
- Emotional state (stress, frustration, or preoccupation).
- Personal biases against the speaker.
- Poor attention span or inability to maintain eye contact.

Types of listening

Listening for Comprehension – Absorbing facts and information, such as during lectures, interviews, or meetings.

Listening for Evaluation – Analyzing the strengths and weaknesses of an argument, as when assessing a sales pitch.

Empathic Listening – Understanding the speaker's emotions and perspective, often used when supporting a friend in distress.

Recreational Listening – Engaging with content for enjoyment, such as listening to music or storytelling.

Active Listening Skills

```
graph TD; A[Active Listening Skills] --> B[Preparation Skills]; B --> C[Attention Skills]; C --> D[Listening to body language skills]; D --> E[Following Skills]; E --> F[Reflective Skills];
```

Preparation Skills

Attention Skills

Listening to body language skills

Following Skills

Reflective Skills

Questioning skills during medical interviews

The **interview** which is a structured, face-to-face interaction where a healthcare provider gathers essential information from a patient



The Purpose of Medical Interviews

Diagnostic Evaluation

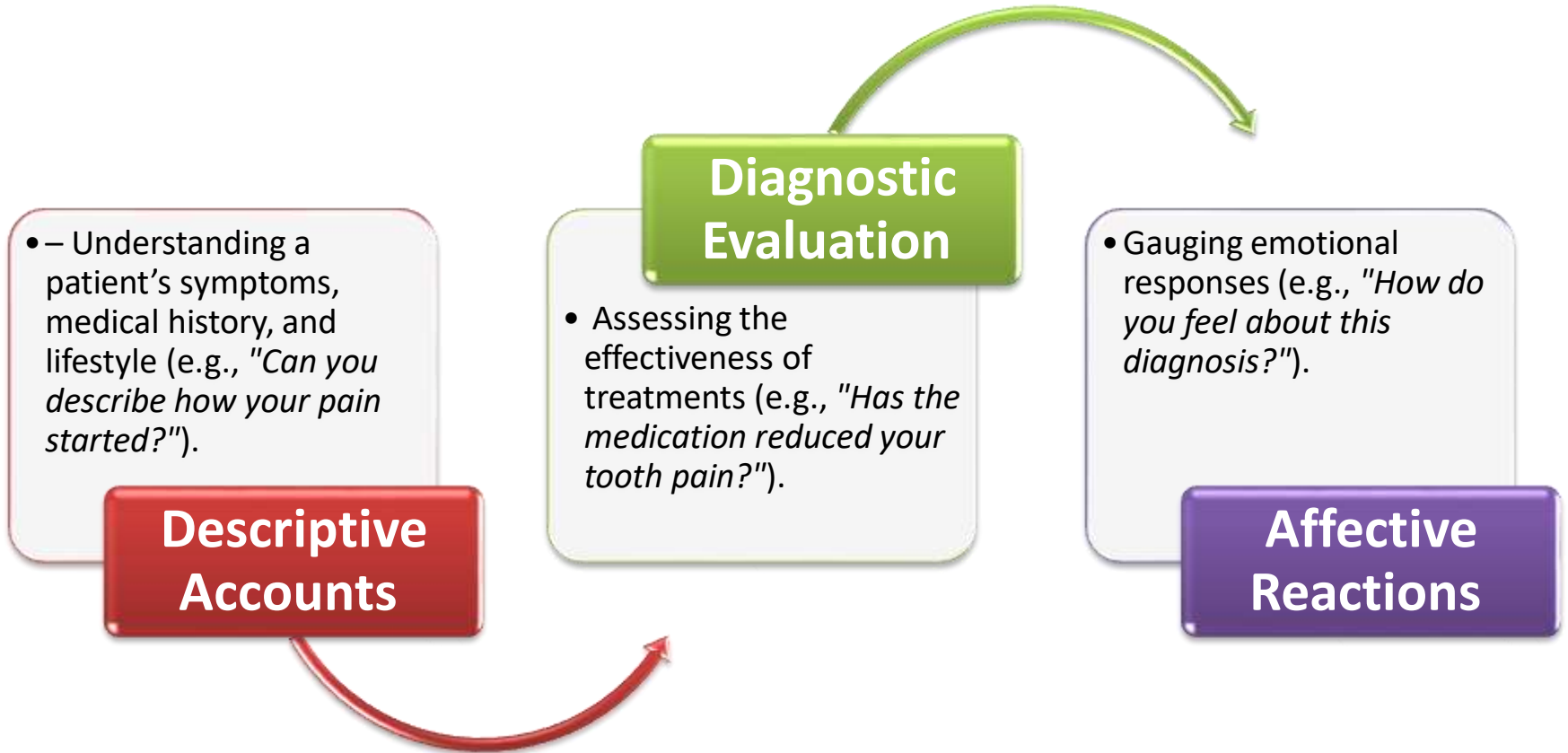
- – Understanding a patient's symptoms, medical history, and lifestyle (e.g., *"Can you describe how your pain started?"*).

Descriptive Accounts

- Assessing the effectiveness of treatments (e.g., *"Has the medication reduced your tooth pain?"*).

- Gauging emotional responses (e.g., *"How do you feel about this diagnosis?"*).

Affective Reactions



Errors and Biases in Medical Interviews

Discrepancies in Data

- **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.

Background Characteristics Bias

- **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.

Psychological Factors Bias

- **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.

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."*

Empathy skills

Empathy is the ability to **understand** and **share** another person's feelings while maintaining the perspective to provide appropriate care

Types of Empathy

- **Cognitive Empathy:** Understanding a patient's emotions and perspective. For example, recognizing a diabetic patient's frustration with dietary restrictions.
- **Emotional Empathy:** Feeling a patient's distress without being overwhelmed. For examples, sensing a cancer patient's fear during diagnosis but staying composed to guide them.
- **Compassionate Empathy:** taking action to alleviate suffering. For example, Adjusting a treatment plan for a struggling elderly patient.

Essential Empathy skills for better patient care

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.

4. Cultivate Therapeutic Touch

- A geriatrician greeting a wheelchair-bound arthritis patient with a gentle handshake before the exam establishes trust. A *Mayo Clinic Proceedings* study found such appropriate touch reduces patient anxiety metrics by 28% compared to purely clinical interactions.

Essential Empathy skills for better patient care

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 reduces 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.

Practical Applications

Communication
techniques with
clients and
colleagues

Techniques of
providing help
to patient

Braking bad
news to patient
and their
families

Effective 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."*

Effective communication with colleagues and medical teams

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."*).

Providing help to patients

Doctors often favor the 'advising' approach—offering instructions and prescriptions.

While convenient for both parties, this method has drawbacks: it fosters patient dependence and may deliver generic solutions that overlook individual needs.

Different approaches to provide help

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?"

Braking bad news to patients and their families

Breaking bad news is one of healthcare's most challenging yet critical responsibilities.



If you do not master this skills, it might affect your career development and might affect your safety!



One of the important reasons that explain why patient's family members attack doctors in emergency rooms.

Braking bad news skills

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

Braking bad news skills

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