Communication and Documentation Skills

What are communication skills?

Communication skills are verbal and non-verbal words, phrases, voice tones, facial expressions, gestures, and body language that you use in the interaction between you and another person.

Verbal communication is the ability to explain and present your ideas in clear English, to diverse audiences. This includes the ability to tailor your delivery to a given audience, using appropriate styles and approaches, and an understanding of the importance of non-verbal cues in oral communication. Oral communication requires the background skills of presenting, audience awareness, critical listening and body language.

Non-verbal communication is the ability to enhance the expression of ideas and concepts without the use of coherent labels, through the use of body language, gestures, facial expressions and tone of voice, and also the use of pictures, icons, and symbols. Non-verbal communication requires background skills such as audience awareness, personal presentation and body language.

Effective communication is an essential part of building and maintaining good physician-patient and physician-colleague relationships. These skills help people to understand and learn from each other, develop alternate perspectives, and meet each other's' needs.

Hidden agendas, emotions, stress, prejudices, and defensiveness are just a few common barriers that need to be overcome in order to achieve the real goal of communication, namely mutual understanding. High Performers master and continually practice the basics, as well as prepare for these communication pitfalls. Just as successful physicians routinely practice basic medical skills, High-Performers understand that they too must pay attention to communication skills or they risk getting out of shape pretty quickly.

Communication skills in healthcare

Communication skills in a healthcare setting include the way you use to:

- Explaining diagnosis, investigation and treatment.
- Involving the patient in the decision-making.
- Communicating with relatives.
- Communicating with other health care professionals.
- Breaking bad news.
- Seeking informed consent/clarification for an invasive procedure or obtaining consent for a post-mortem.
- Dealing with anxious patients or relatives.
- Giving instructions on discharge.
- Giving advice on lifestyle, health promotion or risk factors.

In real medical practice, dealing with difficult patients is seen almost daily. Difficult patients are ordinary people who come to your health institute, whatever is that, because they have to, not because they want to. Sometimes, they have even been brought in unwillingly by a family member or a friend. They come in with their vast range of different personalities, cultural background, and current emotional state.

Being in a health care facility adds more worries and stresses due to lost time, expenses, and more importantly losing control. People are usually in control of what they have to do now, well at least they think so. But on the moment they put their feet in front of your registration desk, they lose this control. We, the strangers, take control!... We give instructions and orders to follow starting right from that registration desk... Give me your ID, insurance, wait there, sit there, you have to wait, take off your cloths, touching them, etc.

So, by the time of their medical encounter with us, the physicians, they are already upon the edge in their stress and comfort levels. And guess what, we as the highest ranking authority here and thus have to receive all the blame and deal with them in these difficult patient situations. Although, some of these people will look like
Dealing with difficult patients in medical encounters needs a lot of communication skills to soothe them and calm them down or to let them at ease and open for effective communication. However, although this is part of our duty in addition to establishing rapport and friendly environment, it is not our goal in medical encounters! We are not social workers. Our goal is to figure out what is going wrong with them physically and psychologically in order to help them. These good communication skills are not the goal, they are wonderful magical means to achieve our goal, the patient well-being. Communication skills are our take to a thorough medical history, perform accurate safe physical examination, and assure patient compliance, and yet efficiently in respect to our time and resources limits.

As you may realize now, it is important to learn the specific communication skills to deal with these difficult patients in real life. This will make us friendly caring clever doctors and build a good reputation while staying thorough, focused, organized, and efficient. This is what successful considerate physician know very well!

**Difficult Patients Situations in Medical Encounters**

- The Silent or Reticent patient.
- The Rambling or Talkative patient.
- The Vague patient.
- The Angry patient.
- The Depressed or Sad patient.
- The Denial patient.
- The Anxious patient.
- Patient with Somatization.
- The Dependent and Demanding patient.
- The Dramatic or Manipulative patient.
- The Long Suffering, Masochistic patient.
- The Orderly and Controlled patient.
- The Manic, Restless patient.
- The Guarded Paranoid patient.
- The Superior patient.
- Breaking bad news.
- Caring for the dying patient.
- Conflicted Roles.
- Solving Conflicts.

**How to improve my communication skills?**

We, doctors, nurses, medical students, and other healthcare professionals, all grew up with a set of communication skills we obtained and learned from our environments. We consider that as part of our personality! We think it is part of our genetics! That is what I am, this is where I come from! this is me! thus, that is what I can accomplish! Unfortunately, not all of our communication skills are right and can serve us to achieve our goals. In fact, unconsciously, most are working against us! Worse, some give others the wrong impression about who we are!!

"That is what I am! this is where I come from! this is me!" are wrong phrases. You have now achieved a position, whether it is a medical student or graduate, because of your efforts to continuously aim for the best, teaching yourself new sciences and training yourself new techniques. So, why you stop at communication skills?

Communication skills are learnable, trainable, adaptable just like any other skill! Yes, it is not easy to change yourself. But it wasn’t easy to be in your current academic achievement either. You can teach yourself these skills, learn them, adopt them, and make them part of the new you! The new medical student or graduate, or even a new start towards being a successful physician!

There are hundreds of books and courses to help you improve your communication skills. Also, there are hundreds of professional that are willing to sit with you, observe the way you communicate and pinpoint what is wrong and needs to be changed, what needs improvements, and what is pretty good! We highly recommend to look for one of these resources and ideally make it a lifelong, continuous fine tuning of your communication skills.

Observe yourself as you go through your day and assess if you are achieving what you aimed for? It is difficult to identify our weakness and strength! Ask your friends to observe you and criticize your communication skills! Be
open minded for critics! Do that favor for them too. Observe them and on the same time watch what skills that they have and work with them on what they are missing?

Don't leave thinks in the dark hoping for thinks just to go fine. Act now. It may take some time but it is so rewarding!!

*Documentation Skills*

Remember to document everything you do, if there is no record it was not done. The more details you can document the better. These not only help support the reason for hospice care but they help protect you and the company.

Key points to remember when documenting:

1. Detail, detail, detail…… if you are unsure it is okay, put too much and let the office review it.
2. Timeliness- the sooner you can accomplish your charting the better it will be for your memory of what happened. Also will help you adhere to the company policy for turning in paperwork within 48 hours.
3. Remember to document all and any communication between you and other disciplines. This includes our staff and staffing at a facility. Example: you are a CNA and while showering a patient you realize that they have a skin tear on their forearm. You report this to our nurse as well as the facility staff then documentation of this needs to be recorded that you communicated with both.
4. Remember to report all and any changes to the nurse over the patient.