SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Date:20.05.2021

From
Dr, Padma,
Professor and HOD,
Department of Obstetrics and Gynaecology,
Sri Lakshmi narayana Institute of Medical Sciences,
Bharath Institute of Higher Education and Research,
Chennai.
To
The Dean,
Sri Lakshmi Narayana Institue Of Medical Sciences,
Bharath Institute of Higher Education and Research,
Chennai.
Sub: Permission to conduct value-added course: Communication Skills Dear Sir,
With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: **Communication Skills** on JULY 2021- OCTOBER 2021 . We solicit your kind permission for the same.

Kind Regards

Dr. Padma,

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: Dr.Jayalakshmi

The HOD: Dr. Padma

The Expert:; Dr nivethana

The committee has discussed about the course and is approved.

Dean | Subject Expert | HOD

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram, Kudapakkam Post,
Villianur Commune, Puducherry-605502.

ASSOCIATE PROFESS
DEPT. OF OBSTETRICS & GYNAEC
Sri Lakshmi Narayana Instit
Medical Sciences
OSUDU, PUDUCHERRY

PROFESSOR & HEAD
DEPT. OF OBSTETRICS & GYNAECOLOGY
Sri Lakshmi Narayana Institute of
Medical Sciences
OSUDU, PUDUCHERRY.

OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 502.

[Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P -II) dt. 11/07/2011]
[Affliated to Bharath University, Chennai - TN]

Circular

Date : 2.06.2021

Sub: Organising Value-added Course: Communication Skills- reg

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research**, is organising **"Communication Skills"**. The course content and registration form is enclosed below."

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 30.06.2021. Applications received after the mentioned date shall not be entertained under any circumstances.

HOD

PROFESSOR & HEAD
DEPT. OF OBSTETRICS & GYNAECOLOGY
Sri Lakshmi Narayana Institute of
Medical Sciences
OSUDU, PUDUCHERRY.

Encl: Copy of Course content and Registration form.

Annexure 2 – Course Proposal

Course Title: Communication Skills

Course Objective:

Learning objectives
Communication of medical issues
Doctors and Patients communication
History taking in OBG
Information gathering
Explanation of procedures
Features of Good and Bad history
Breaking Bad News
Verbal Communication and Consent
Do's and Don't

Course Outcome:

Course Audience: Final MBBS Undergraduates

Course Coordinator: Dr. Nivedhana Arthi

Course Faculties with Qualification and Designation:

Dr. Padma, Prof. and HOD, OG

Dr. Nivedhana Arthi , Assistant Professor, OG

Course Curriculum/Topics with schedule (Min of 30 hours)

Sl. No	Date	Topic	Time	Hours
1	3.07.2021	Learning objectives	4.00pm -7.00pm	3
2	10.07.2021	Communication of medical issues	4.00pm -7.00pm	3
3	20.07.2021	Doctors and Patients communication	4.00pm -7.00pm	3
4	5.08.2021	History taking in OBG	4.00pm -7.00pm	3
5	16.08.2021	Information gathering	4.00pm -7.00pm	3
6	2.09.2021	Explanation of procedures	4.00pm-7.00pm	3
7	11.09.2021	Features of Good and Bad history	4.00pm -7.00pm	3
8	17.09.2021	Breaking bad news	4.00pm -7.00pm	3
9	24.09.2021	Verbal Communication and Consent	4.00pm -7.00pm	3
10	4.09.2021	Do's and Don't	4.00pm -7.00pm	3
			Total hours	30

REFERENCE BOOKS: (Minimum 2)

Williams Obstetrics Edition 21 and Strat OG

VALUE ADDED COURSE

1. Name of the programme & Code

Communication skills, OBGY 4

2. Duration & Period

30 hrs – JULY 2021 TO OCTOBER 2021

3. Information Brochure and Course Content of Value Added Courses

Enclosed as Annexure- I

4. List of students enrolled

Enclosed as Annexure- II

5. Assessment procedures:

Multiple choice questions- *Enclosed as Annexure- III*

6. Certificate model

Enclosed as Annexure- IV

7. No. of times offered during the same year:

1 & JULY 2021 TO OCTOBER 2021

8. Year of discontinuation: 2021

9. Summary report of each program year-wise

Value Added Course					
Sl. No	**Course Code**	**Course Name**	**Resource Persons**	**Target Students**	**Strength & Year**
1	OBGY 4	Communication skills	Dr. Nivedhana Arthi	Final year MBBS	JULY 2021TO OCTOBER 2021

10. Course Feed Back

Enclosed as Annexure- V

RESOURCE PERSON

ASSISTANT PROFESS
DEPT. OF OBSTETRICS & GYNAEC
Sri Lakshmi Narayana Instit
Medical Sciences
OSUDU, PUDUCHERRY

COORDINATOR

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram, Kudapakkam Post,
Villianur Commune, Puducherry - 605502.

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COMMUNICATION SKILLS

PARTICIPANT HAND BOOK

COURSE DETAILS

Particulars	Description
Course Title	Communication skills
Course Code	OBGY 04
Objective	1. Introduction 2. Learningobjectives 3. Communication of medical issues 4. Framework for consultation 5. Breaking Bad News 6. Role play 7. Assessment
Further learning opportunities	Practising skills
Key Competencies	On successful completion of the course the students will have skill in communication with patients
Target Student	Final MBBS Students
Duration	30hrs every April 2021 to August 2021 and September 2021 to January 2022
Theory Session	10hrs
Practical Session	20hrs
Assessment Procedure	Multiple choice questions

Communication Skills

Introduction

Communicationisdefinedastheactofimpartingknowledgeandencompassestheexchangeofinfor mation,ideas andfeelings.

Effective communication is central to a successful doctor–patient relationship. Traditionally, thishas been verbal but, increasingly, patients are expecting written communication from theclinician regarding results and summarising their consultation. Good communication plays apivotal role in reducing complaints made against a doctor. Poor communication accounts forapproximately10%ofallclaimsagainst doctors.

Thistutorialaimstoprovidethenecessarycomponentstohelpyoutoachievesuccessfulcommunication withcolleagues,patientsandtheirrelatives.

Learningobjectives

Whenyouhavecompletedthiscourse,youwillknow:

- the components of effective communication within a medical consultationthe useofappropriatequestioningtechniques
- the characteristics and use of open and closed questionsthe principlesofimpartingbadnews
- a framework for effective communication with colleaguesthe
- importanceof usingtranslators
- theprinciplesofcommunication whensomething goeswrong.

Communication of medical issues

Medicalcommunicationisacomplex process.Themostcommondoctor–patientinteractionisinthemedicalconsultationinterview.Atundergraduatelevelthemedicalintervie wskillsthataretaught concentrate on how to determine the reason for the woman's referral through historytaking.Theabilityto takea historyisakeyandfundamentalclinicalskillandaidstheclinicianto establish a diagnosis. History taking generally follows a structure, there are differentapproaches but the aim should be to obtain efficient, comprehensive and relevant history in alogicalsequence, theorderdoesnot reallymatteraslong as theaimis achieved.

Suggestedstructures forhistorytakinginO&G

Obstetrichistory

- Age,BMI
- Gestation age
- Presentingcomplaint
- History of presenting complaint
- Historyofindexpregnancy
- Pastobstetric history
- Past medical history/past medical history
- Drug history
- Family history
- Social history

Gynaecological history

- Age
- Presentingcomplaint
- History of presenting complaint
- Systemicenquiry
- Past gynaecological and obstetric history
- Pastmedicalhistory/pastsurgical history
- Drug history
- Family history
- Social history

Historytakingisusuallyfollowedbyan examinationandthenthe formationofadifferentialdiagnosiswithaplanof managementformulated.

However, to ensure that the medical consultation is effective and successful, an appropriateframeworkmustbe inplace.Structureishelpfulasithelpstheinterviewprocessproceedinalogical sequence. No important areas will be omitted; the consultation will be completed in asuitable timeframe.

Framework for consultation

The following steps provide a structure for a medical interview, and also help you to build arelationship withthepatient.

Wewillnowexploreeach aspectofthe frameworkin detail.

1. Initiating the session

Thislaysthe groundworkforasuccessfulconsultation.Itisworthpreparingbeforeyoumeetthewoman;having notesavailablebefore the consultation andreading referrallettersbeforethepatientarrives.Thepatientwillprovidetheappropriatehistoryfortheconsultation;beawarethismay bearnorelationship totheinformationthatappearsin thereferralletter.

Arrival and greeting

Going to the waiting room to collect the patient yourself is helpful; you can see who they arewith and how they seem when making their way to the consulting room. However, a nurse orreceptionistmaybring thepatienttoyourroomorthepatientmaybe presentintheroombeforeyouenter.Bywhatevermeansshearrives,whenthefirstencounterwiththewomanoccurs,itisimportant togreether.

"Youdon'tgetasecondchancetomake the firstimpression" (Anon)

This greeting may simply be by checking the woman's name (remember there may be twowomen of the same name in your waiting room, you may have been given the wrong set ofpatientrecordsora misfiledletter)andgivingyourownname.

This part of the consultation is designed to try to put the woman at ease. Remember to

alsointroduce any other person(s) in the room, gaining consent for medical students or trainees tobe present. Find out who is accompanying the woman, particularly if this person has alsoentered the consulting room, but beware of making assumptions, it may be her partner not herfather,usingaphrasesuchas *"whohaveyoubroughtwithyoutoday"* cansaveembarrassment for both parties. It is appropriate to attend to the woman's wellbeing at this earlystage of the consultation process. For example, ensure that she is not staring directly at the sunand that shecan clearly seeyourface duringtheconsultation.

Open question

Havinggonethrough theseverynecessarypreliminaries,itistime to identify the reason forthewoman's attendance. The use of an open question here will prove useful. Open-endedquestionshavethefollowingadvantages as they:

- allowthe patientto telltheir storymorecompletely
- allowthepatientto choosewhattosayandhowtosayit
- give control to thepatient
- tendtoelicitmoreinformation
- helpto explore thediseaseandillnessframeworks
- allowreflectiontimeforthedoctor
- contributetomoreeffectivediagnosticreasoning
- allowmore time togenerate aproblem-solvingapproach.

Open-ended questions often begin with "*how*", "*tell me*", "*why*", "*what*" or "*describe*". At thebeginning of the consultation when inviting the patient to tell you about their symptoms, use anopen-ended question such as: *"I've read the referral letter from your GP but in your own wordscanyou tellme whyyouhave come today"* or *"Tellmewhatistroubling you MrsSmith"*.

Having asked this question it is best to allow the woman to make her opening remarks withoutinterruption. Even though the woman has described one issue, it is relevant to check whetherthere are any other problems that she would like addressed during this consultation, this avoidsyou missingthewoman'sagendabeforeconstructing yourown.

Women do not often open with their most concerning problem because they may find it moredifficult to express these concerns but, having mentioned one issue, they may then feelempowered to add to these concerns. Or occasionally a woman may throw a number ofseemingly unrelated issues at you; in that situation it is reasonable to suggest the patientfocusesononeissueata time with a promiseto return tothe otherslater.Thisthen allowsyouto planwiththe womanthestructure oftheconsultation.

2. Information Gathering

Thissectionofthemedicalinterviewusesthestructure forhistorytakingandistheareaofthepatient and doctor interaction that is most familiar. However, by following principles of

goodcommunication during the consultation, this section of the medical consultation can beenhanced.

It is important to explore the woman's perspective; identifying her expectations and whatconcerns she may have. A relative may have died from a gynaecological cancer and she maybe concerned that her symptoms are similar, leading her to the conclusion that she too hasdevelopeda terminalillness.Givenherconcerns,itislegitimate to explore howherpresentingcomplaintandassociatedconcernsimpact onherlife.

Listening

Already the importance and use of an open question to initiate the consultation has beendiscussed; it is now important to listen to the information the patient is giving you. Listening is askillinitself,theattributesof agoodlistenerinclude:

- appearinginterestedinthepersonand what theyare saying
- notinterruptingthespeakerandavoidingdistractionsfromexternalevents,e.g.telephonecalls
- echoing
- usingappropriate questionsasrequired toopenuplinesofenquiry
- clarifyinganswersandcheckingunderstanding
- summarisingwhathasbeenheard.

Appearinginterestedinthepersonandwhattheyaresaying showsyou arepayingattentionand registering what the patient has to say. This can be reflected in your body languagethrough the position and posture you adopt and your facial expression (e.g. arms uncrossedand upperbodyleaningslightly forward, maintaining goodeyecontact).

Not interrupting the speaker does not mean sitting silently but using expressions such as *"uh-huh","yes","hmm",* thiswillencouragethepatienttogoonandconveythatyouareregisteringtheinformation,knownas activelistening.

Echoingrefersto atechnique thatparaphraseswhathasbeen saidandreflectingbackwhatthe speakerhasalreadysaidto showempathyandunderstanding.Forexample:

MrsTaylor: *Inthe weeksbefore myperiodmymood swingsareoutofcontrol.Mypartnercan’tcope with me any more, he’ll often bear the brunt of it, I’ve been know to lash out at him and Iknowits notfair, I’mnot sure howmuch longerhe’llput up withme…*

Doctor:*Isee,it’shavinganegativeimpactonyourrelationship….(echoing)*

MrsTaylor:*Yesdoctor,myGPprescribedthepillin thehopeitwouldhelp mebutIdon’tseemanybetteronit.*

Directing the consultation

The need to let the patient talk must be balanced against the need to also obtain theinformation you need for a systematic history, to allow you to formulate a differential diagnosis,investigationandmanagementoptions.Afterallowingthepatienttotelltheirstoryyouwill needto use techniques combining open and closed questions to guide the patient to give theinformationyouneed.

Openquestioningtechniquesmaystillfocusthe patienton aparticulararеabutallowthemtoexpand their answer. At times, the open questions will be more direct while remaining "open"(e.g."*what makes thepainworseorbetter*?").Using open questions allows much more information to be gathered. The patient is moreinvolved in the interview and is given the opportunity to discuss her concerns and anxieties –problemsare oftenmissed byusing only closed (orconvergent)questions.

Closedquestionsdo howeverhave theirplacein the medicalinterviewand duringa successfulhistory-taking experience, the doctor will switch between open and closed questions; the latterisusedto elicit more specific detailsofthepresentingproblem.

Characteristicsofclosedquestions:

- canbeansweredwithasinglewordor shortphrase
- oftenanswered"*yes*"or"*no*"
- givefacts
- easyto answer
- quicktoanswer
- often begin with "*when*", "*which*" or "*did*

  you".Potentiallimitationsof

  closedquestioning:

- tendtoproduceastab-in-the-darkapproachtoquestions
- responsibilitylieswiththequestioner
- patientis notableto openup areas ofconcern
- can exploreoneavenueonly,whichmaytaketheinterviewinthe wrongdirection.

As the interview progresses it may be necessary to clarify what the patient means for examplewhen discussing heavy periods, *"you say Mrs Smith your periods are heavy, can I just clarifywhat that means to you, tell me how often in the day will you have to change your pad ortampon?Doyoupass clots?"*

Another helpful way to demonstrate you are listening and clarify is to summarise what has beenheard, for example, *"you say you have tried x treatment and x treatment for your periods butneither ofthesehelpedandnowyouarethinking surgerymaybe thesolution,isthiscorrect?"*

Features of good and bad history

Feature	Goodhistory	Bad history
Interaction	Engages patient,listens	Disengaged,ignoresanswers
Questions	Open,unambiguous	Closed,ambiguous
Sequence	Logical,avoidrepetition	Illogical,repetition
Emphasis	Focus on presentingcomplain t	'Scattergun',vague
Information	Relevant, facilitatesdifferenti aldiagnosis	Irrelevant,inabilitytoarriveatdifferentialdiagnosis
Time toacqui re	Rapid	Slow
Presentation	Succinct,germane	Drawnout,extraneousinformation

Addressing the patient

We have considered how asking open questions and exploring the patient's perception of theproblemarehelpfulgeneraltechniquesofcommunication.Sometimesfollowupquestionsneedto bedirect, closedquestions, dependingupon theanswers given.

Thedoctor needstobemindfulofobservingthepatientandpickinguponnon-verbalcluesandsubtle hints given by the patient that may lead to the revelation of an underlying issue ofexplored. The hidden agenda may not be easy for the patient to speak about but will often bethekeytounderstandingthe patient'spresentation;a good doctorwillbeable toelicitthis.

Modern Communication methods

Mostwomennowhaveamobilephone,particularlyyounger women.Someclinicshavebegunto use SMS text messaging to remind women of appointments. This has been donesuccessfullyinsomecolposcopyandsexualhealth settings.Itisparticularlyusefulintracing womenwhomovearoundandwhereclinicappointmentlettersmaynotreachthem,orwherethe

womanhas specified'nohome contact'.

3. Physical Examination

An examinationisanintergralpartofanyconsultationbutitmay notbe inevitable.

Consideration must be given to what information will be obtained by such an examination. Ageneral physical examination does not usually provoke concerns in a woman but agynaecologicalexaminationisaveryintimateprocessandmaycauseembarrassmenttothewoman. However,theexaminationcanalsobeakeytimefor youtoelicitapatient'sfearsandconcerns and then begin to address these. The RCOG has produced a working party report,which gives guidanceonthe gynaecological examination.

4. Explanationandplanning

Followingappropriateinformationgatheringandexamination,adiagnostichypothesiswillhavebee n formed. At this point an explanation should be given to the woman. This must bestructuredinsuchaway thatthewomancanunderstand. Patients'concernsusuallyresolvearoundoneoftwobroadissues:

- apprehensionaboutthecondition(diagnosis,prognosis,cause)
- anxietyaboutthemedicalcare(testsandtreatment)

Ausefulformattofollowwhen givinganexplanationistofirstfindoutwhatthepatientalreadyknows; she may be well informed, she may have her own ideas, thoughts and feelings aboutthe condition. By first exploring the patient's ideas you know where to start with yourexplanation and you can clearly address patient concerns or correct any preconceivedmisnomers,forexample:

Doctor:*MrsTaylor beforeIexplainthefibroidwehaveseenontheultrasounditwouldhelpmeto know whatyouhavealreadylearnt about thisandwhat yourconcernsare.*

Mrs Taylor: *Well, I know my mother had fibroids, she suffered terribly with her periods andendeduphavingahysterectomyandfollowingthisshegotabloodclotonherlungsandshewasnev erthesame againafterthat,Ireallydon'twantsurgeryforthis.*

Once you have established what the patient already knows you then need to give anexplanation and inform them about the condition. It is important to avoid the use of medicaljargon and describe the condition in plain English. Written as well as verbal information may berelevant, as is the use of charts and diagrams to explain your ideas for diagnosis andmanagement. If the information is complex it is important to reduce it to distinct sections, e.g.,"*thereare fourareasweneedto discuss*" andthenmove through themsystematically,ensuringthat the woman has understood what has been said at each stage. After the explanation, it ispertinent to reflect on whether the patient's expectation has been

met. Once this has beenaddressed, a plan of management has to be formulated that is mutually acceptable. It isnecessaryto checkthat thewoman is happywith theoutcome oftheconsultation.

Explanation for procedures

Often the purpose of the medical consultation is to explain investigation results and then planfurther management. This may require a focused history taking followed by explanation andplanning.

Taking consent

All healthcare involves decisions made by patients and those providing their care. Takinginformed consent from patients is a common patient encounter and requires goodcommunication skills tobecarriedouteffectively.

They outline principles forgoodpractice inmakingdecisions,whichapplytoalldecisionsaboutcare:fromthetreatmentof minor and self-limiting conditions, to major interventions with significant risks or side effects.Whatever the context in which medical decisions are made, you must work in partnership withyourpatients to ensuregoodcare.In sodoing, you must:

1. Listento patientsandrespecttheirviewsabouttheirhealth
2. Discusswithpatientswhattheirdiagnosis,prognosis,treatmentandcareinvolve
3. Sharewith patientstheinformation theywantorneedin order tomake decisions
4. Maximisepatients'opportunitiesandtheirability,tomakedecisionsforthemselves
5. respectpatients' decisions.

5. Close the session

Atthecloseofthesession,itisworthbrieflysummarisingtheconsultation,reiteratingtheplanof management and ensuring that the woman not only understands the planned care but isagreeable toit,and thatshehasbeen givenample opportunitytoexplore herconcerns.

Givingwritteninformation atthisstage to takeawayto considerisagood practicepoint.

GaskandUsherwood explorethesesareasintheir articleinthe *BritishMedical Journal*.Guptaencapsulatedasimilarinterviewstructureintoaneasilyrememberedmnemonic –BEST.

- **B**eginwithnon-verbalcues.Soften(smile,openarms,forwardlean,touchwitharm,handshake,eyecontact, nod).
- **E**stablishinformationgatheringwithinformaltalk.
- **S**upportwithemotionalchannels.
- **T**erminatewithpositivenote.

Breaking Bad News

Bad news can mean different things to different people. Some situations are universallyaccepted as bad news such as the diagnosis of terminal cancer; other situations can be morecomplex,andmiscarriagecould beanexample ofthis.Within theliteraturebad newsisdefinedas:

"Situations where there is either a feeling of no hope, a threat to a person's mental or physicalwellbeing,riskofupsettinganestablishedlifestyle,orwhereamessageisgivenwhichconvey sto an individual fewerchoices in his orherlife".Boretal (1993).

"...anyinformationwhichadverselyandseriouslyaffectsanindividual'sviewofhisorherfuture"(Buck man 1992).

"...anyinformationthatisnotwelcome"(ArberandGallagher 2003).

"...[an]uncomfortableexperienceforboththegiverandreceiver"(AitiniandAleotti2006).

The common denominator is that bad news is a message that has the potential to disruptnormal routines; dreams can be shattered and relationships turned upside-down, leading toverydifferentlifestylesandchoices.

Oneofthemostdifficultareasofcommunication isbreaking badnews.Fewpeople wanttobethe bearerof badnews.Commonconcerns include:

- beingblamed for thebadnews
- fear ofcausingpain anddistressand notbeing abletoalleviatethese
- beingremindedofour own losses,orlossesthatwefear
- fear oftherecipient'sreactions,e.g.anger.

Traditionally, doctors dealt with these concerns by being brisk and maintaining a detachedprofessionaldistance.Asa resulttheyriskbeing seen asaloofand uncaring.Mostpeople wanttheirdoctortodemonstrate empathy andunderstanding.

Giventhe sensitive nature ofthistypeofcommunication,traineesoften havelittleopportunitytowitness good practice in this area. Thus, many feel ill equipped to deal with this part of theirwork. Inevitably, the need will arise for each one to be involved with the delivery of bad news,whetherinobstetrics orgynaecology practice.

Overview

There are many frameworks for breaking bad news, all of which can be distilled into fourphases to aid the process of communicating bad news and can be simply followed in

dailypractice:

1. Preparation –ofself,ofrecipient,ofenvironment
2. Communication – deliveryoftheinformation
3. Planning–agreeing whathappensnext
4. Follow-up–documentation,provisionofwritteninformation,liaisonwithotheragencies.

A 10 step approach

AcommonlyusedmodelforbreakingbadnewsisKaye'smodel(1996).

Thisisnotbased uponrigorousresearch buthasstood the testoftime and isthemostpopularsetof'rules'amongstteachersand practitioners.These 'rules'are notto beadheredtoin aslavish manner but offer a framework. The ten steps follow a logical sequence but in practiceyoumayneedtojumpaheador returntoastepasguidedbythepatient'sneeds.Thetenstepsare:

1. Preparation
2. Whatdoesthepatientknow?
3. Ismoreinformationwanted?
4. Giveawarningshot
5. Allowdenial
6. Explainifrequested
7. Listentoconcerns
8. Encourageventilationoffeelings
9. Summarise andplan
10. Offerfurtherinformation

Preparation

Consideryoursurroundings

Trytofindasuitableenvironment–aprivate,tidyandcomfortableroomwhereyourconversation cannot beoverheard.

Ensurenointerruptionsbyturningofftelephonesand bleepsand askingnottobe disturbed.

Try to avoid distressed patients having to walk through busy areas where it can beembarrassing anddifficulttobeseen.

Haveaglass ofwaterandaboxof tissues tohand.

Prepareyourself

It is essential to be familiar with the case record and all the relevant pieces of information thataretobediscussed,particularlyifyouhavenotalwaysbeenthedoctorcaringfor thewoman.

Partofyourpreparationmaybediscussionwiththemultidisciplinaryteam,seniorcolleaguesorother relevant professionals, find out as much as you can about the condition (particularlyprognosis,therapy andsupport).

Find out whom the patient wants present. If you do not know the patient, or person(s) she mayhave with her, introduce yourself and check whom she has with her. You should also introduceanyotherpeoplein theroom, such asmedical students,juniorstaff ornursing staff.What does the patient know?

Checking what the woman understands so far can help to set the scene for the consultation. Itislikelythatshewillhave hadanumber ofinvestigationsor teststhatwillhavetobeexplainedas part of this consultation. It is worthwhile finding out from her what has occurred since youlast met and her understanding of these events. Open-ended questions are best used at thisstage. You could ask for a narrative of events from the patient eg "*How did it all start?*"Or"*Whathaveyoubeentoldsofar?*"

This step will give you insight into what the patient is expecting from the consultation andwhethertheyhaveconsideredthepossibilityofbadnews.Youcanusethisssteptoensureyoualign youragendaintheconsultationwith thepatient'sexpectation.

Is more Information wanted?

Next,testthewatersbutbeawarethatitcanbe quitefrightening toaskfor more information.Using phrasessuch as"*Would youlike metotell you alittle more*"canhelp.

Give information honestly, but with sensitivity. Try to use simple language and avoid medicaljargon where possible. Aim to be flexible, responsive and listen to what the woman has to sayand be intuitive to body language, which indicates how the recipients of the information arefeeling.

Give a warning shot

No matter whether the patient is expecting bad news or whether this will come as a 'bolt fromthe blue', it is useful to send a warning to the patient. This allows her and her attending relativesor friends to prepare for what you are about to say. How this is actually done will depend on thecircumstances,forexample:

Scenario1

You are the gynaecology registrar and an experienced early pregnancy ultrasound scanner.You have been called to see a 35-year-old nulliparous woman who has presented withbleeding at 11 weeks of gestation. Your scanning shows the absence of a fetal heartbeat – thediagnosisismiscarriage.

*Doctor:MrsThomis,Iam unabletosee anymovementsofthebabyonthescan(**warningshot1).***

*Doctor:…andIamunabletosee thebaby'sheartbeat **(warningshot 2).***

MrsThomis: Oh my God, what are you telling me, is the baby

dead?Doctor:Iamreallysorrytogiveyou thisnews…yesthe babyhasdied.

Scenario2

Youareabouttogivetheinformationthatanendometrialbiopsyfromawomanwith PMBhad shownendometrialcancer.

Doctor:MrsDay,Iwouldliketodiscussthefindingsofthebiopsyyouhadlastweekifthat'sokay?

MrsDay:Goahead,Ihave beenanxiousto find out.Wasita polyp?

*Doctor: We were hoping it was going to be a polyp …but I'm afraid the news is worse thanthat(**warningshot1).***

*Doctor:Someofthecellslookedabnormalunderthemicroscope(**warningshot2).***

MrsDay:Abnormal?

Doctor: Yes, the biopsy shows that it is cancer of the lining of the

womb.MrsDay: It's cancer?

*Doctor:Yes,I'mafraiditscancer(**repetition).***

Allow Denial

Denialisa defence mechanismand a wayofcoping.Onceyou have giventhe bad newsbereadyfor silenceandpossiblereactions.Thepatientmayenter astate oftemporaryshock.

Allowthenews tosinkin,repetitionmay beneeded.

Importantlyallowthepatienttocontrolthepace andamountofinformationtheyreceive.

Explain if requested

Explanations must be given sensitively and in stages to allow the woman to assimilate theinformation. Not every woman wishes to know all the details; some would rather have a broad-brush approach to their diagnosis – what is wrong and what can be done. Eliciting thisinformation will become easier with experience but it can be quite difficult at the start of dealingwith these issues. However, sometimes a direct but screening question can be helpful, "*If thisturned out to be a serious problem, are you the sort of person who wants to know exactly whatisgoingon*".However,thiscanmakethewomanevenmoreonherguardandperhapsinterferewith the effectiveness of the interview. Some authorities believe that the patient will only take inthatinformationthattheywishtohear,so amore direct approachis the betterone.

Offerinformation stepbystep.Detailsofthisinformation maynotberemembered,but the **way** you offer the information will. Using the techniques of questioning that have alreadybeencovered,ensurethatthewomanhasunderstoodwhatshehasbeentoldbeforemovingon tothenext stageof thediscussion. The areas of discussion will depend on the type of problem dealt with but they cover four basicareas:

1. theproblem
2. optionsformanagement(medical,surgical,drugs,radiotherapyetc)
3. timescale
4. plansforfuture review.

These areas should be covered in turn, going at a pace that suits the woman. Each stageshouldbeintroducedwhenthewomanisready.Shemayhavesomequestionstobeansweredfirst of all. Again, it is important to be as honest as possible with your answers, identifying areaswhere knowledge is sparse or you are yourself unsure and where you would be seeking furtheradvice.Itis alsoimportant toinvolvethe womanfullyin this planof care.

Mostwomenwillwanttohavesome ideaofwhatthefuturewillhold,whether thediagnosisiscancer or a failed pregnancy. It is advisable to be realistic with this prognosis, but it is alsorelevanttobe awareofhowthe womanwillcopewith thisinformation.

Listen to concerns

Never more than in the situation of bad news must the woman have trust in her doctor. It

isimportant throughout the consultation to continue to build up a good rapport with the womanand any relatives in attendance, bearing in mind that they may be very angry and upset by thenews imparted and will react accordingly. By demonstrating empathy with the woman, you aremore likely to be able to pick up the nonverbal cues from the woman and identify when shewishes to raise issues. You could ask *"What are your main concerns at the moment?"* and thenallowspaceforexpressionoffeelings.

Ifnotalready known,itisvitaltodiscoverhowthisdiagnosiswill impactonthe woman's lifeandfamily. There may be childcare problems or ill health in a spouse, which will make this situationeven more distressing. Questions such as: *"Do you have any other concerns you want todiscuss now?"* can assist at this stage of the interview. If the woman is concerned about whatshe will tell a loved one you could offer to go over this with them and offer to see them againwith theperson(s)present.

Itisalso pertinenttowatchoutfor thewoman(orrelative) whoseemsto blockoutwhatisbeingsaid. They may set about changing the subject or become tearful or noncommunicative. Thesenonverbalcuesmustnotbemissedor theconsultationwilldeteriorateandbecomeineffective.

Encourage ventilation of feelings

It is important that you allow the patient to vent their feelings and there may be times in theconsultation when your role is to actively listen. Using phrases such as: *"I can see this isupsettingfor you..."*allowsyoutoacknowledgefeelingsandthenallowthepatientspacetoventifthey needto.You should be non-judgmental and not make assumptions about how a person may react tobad news; there are many factors that will influence a person's reaction. This step is vital forpatientsatisfaction.

Summarise and plan

Time spent ensuring that the woman has understood the situation by summarising theconsultation and outlining the next steps in her management will be time well spent. Developinga clear arrangement to meet and talk again will prove useful. This gives the woman and herrelativestimetoassimilatetheinformationgiven.

During the subsequent consultation they will be given an opportunity to express concerns andhow these will be met and to discuss the treatment options that were provided during the initialinterviewwhenthebadnews was broken.

You should:

1. arrangereviewappointmentorafollow-upconsultationrelativelysoon
2. ensurethatthewoman isaware ofwhomto contactiftheyhaveanyquestions,for example,the specialist nurse

3. makesurethewomanisawareifanyfurthertestsareexpectedandhowtheywillreceivetheresult s.

10. Offer further information

Most women will need further explanation (the details will not have been remembered) andsupport(adjustmenttakesweeksormonths)and maybebenefitgreatlyfroma furthermeeting.

You should:

1. providewritteninformationorasummaryofthediscussion.
2. givedetailsofappropriatesupportive organisations
3. suggestthatthewomanwritesdownanyquestionsassoonasshethinksofthem,andthatshebringst hislist tothenextmeeting.
4.

Thedo'sanddon'tofbreakingbadnews

Do	Don't
Haveallthefactstohand	Givetoomuchinformationatonce
Check if the patient wants anyoneelsepresent	Giveinappropriatereassurance
Clarify what the patient knows or suspects	Answer questions unless you have all the facts to hand
Be prepared to follow the patient's agenda	Hurry the consultation
Observe and acknowledge the patient's emotional reactions	Use euphemisms
Check the patient's understanding of what you are saying	Stop emotional expressions from the patient
	Agree with relatives requests to withhold information

Communication with colleagues

Communication between healthcare professionals constitutes a significant proportion of adoctor'sworkinanybranch ofmedicine.Inanage whencareisprovided frommultidisciplinaryteams and professionals work shift patterns, there must be good communication within theteam. In obstetrics and gynaecology, the team will consist of midwives, nurses, pharmacists,physiotherapists, radiographers, ultrasonographers and medical secretaries as well as clinicreceptionists and clinicians from other allied specialties, e.g, anaesthetists, neonatologists,physicians and surgeons. Good record keeping forms the basis for communicating with thosewho arerequiredtohavethe patientinformation.

Written communication

Medicalrecord keeping

Information in medical records should be documented on a daily basis and in chronologicalorder demonstrating continuity of care and response to treatment. The information should becomprehensive enough to allow a colleague to carry on where you left off. The notes should beclear, concise and legible. The General Medical Council has clearly stated that clinical recordsshould include relevant clinical findings; decisions made and actions agreed, and who is makingthe decisions and agreeing the actions; information given to patients; any drugs prescribed,investigationsor treatment;anddetailsofwhoismakingtherecord andwhenitwasmade.

The case record forms a legal document and what is written should stand up to scrutiny by alawyer or a professional enquiry. Poor record keeping is a major factor in litigation casesbroughtagainsthealthcare professionals.Well-managednotescanprovideafirmdefence.Thecase record may also be subject to scrutiny within the trust or hospital since it provides data forstatisticalanalysis andaudit.

Tipsforgoodrecordkeeping:

- writelegibly
- includedetailsofthepatient,date,and time
- clearlysignallentries
- avoidabbreviations
- do notalteranentryordisguise anaddition
- avoidunnecessarycomments
- check dictatedlettersandnotes
- checkreports

Referral letter

As well as communication within the hospital multidisciplinary team, there is also a need tocommunicate between primary and tertiary care providers. Much of this communication will bewritten. The ideal referral letter should give all the pertinent information, including the results ofanyinvestigations thathavebeenundertakenpriortoreferral.

Telephone communication

Therewillbeoccasionswhenverbalcommunicationwillbebytelephone.Justasinthemedicalconsultation framework section, it is important to structure this correspondence with colleagues.The telephone gives a rapid method of contacting the person with whom you might wish todiscuss the patient, but remember that it is an intrusive form of communication. If it is not urgentit is wise to check whether it is convenient to interrupt them, negotiating a suitable time for thediscussion may provemorefruitful.

SBAR: Situation – Background – Assessment – Recommendation

SBARisaneasytoremembermnemonicthatyoucanusetoframeconversations,especiallycritical ones, requiring a clinician's immediate attention and action; therefore, it is particularlyuseful for telephone communication. It enables you to clarify what information should becommunicated between members of the team, and how. It can also help you to developteamworkandfosteracultureofpatient safety.

Situation:

- identifyyourselfandwhereyouarecallingfrom
- identifythepatientbyname andthe reason for yourreport
- describeyourconcern.

Background:

- givethepatient'sreasonforadmission
- explainsignificantmedicalhistory
- youtheninformthereceiverofthepatient's backgroundincluding:
  - admittingdiagnosis
  - date ofadmission
  - prior procedures
  - currentmedications
  - allergies
  - pertinentlaboratoryresultsand otherrelevantdiagnosticresults.

Forthis,you needtohave collectedinformationfromthepatient'schartandnotes.

Assessment:

- vitalsigns
- contractionpattern

- clinicalimpressions,concerns.

Recommendation:

- explainwhatyouneed–bespecificaboutrequestandtimeframe
- make suggestions
- clarifyexpectations.

Situation	I have two women needing my simultaneous attention. I am going to needyou tocomein
Background	There's an instrumental delivery for a pathological CTG, followed by thedetails of the patient, her labour and the clinical assessment AND a patientneeding arepeat FBSandthedetails alsoofthispatient
Assessment	Thepatientinroom6 willneed assessing andaplan fordeliverybutIwillbe delayeddoingtheinstrumentaldelivery
Recommendation	Can you come in, assess room 6 while I do the instrumental, I should thenbe freeifweneedtogototheatre

VALUE ADDED COURSE

Communication skills and OBGY 04

List of Students Enrolled July 2021 – October 2021

.NO	UNIVERSITY REG.NO	STUDENT NAME	SIGNATURE
1	U13MB151	ABDUL RAHMAN.A.	
2	U13MB152	ABIRAMI KAMBAN K.S	
3	U13MB153	ABIRAMI.A.	
4	U13MB154	AFRAA.S.	
5	U13MB155	AHILA. M.	
6	U13MB156	AKMAR JEBIN.V.P.	
7	U13MB157	AKSHAYA. S.	
8	U13MB158	ALLADI SANATH KUMAR	
9	U13MB159	ANBAZHAGAN. D	
10	U13MB160	ANGELINJEEVA PUSHPAM.S	
11	U13MB161	ANIK GHORAI	
12	U13MB162	ANUPRIYA. B.	
13	U13MB163	ANUPRIYA.S.	
14	U13MB164	ANUSUYA.V. ,	
15	U13MB165	ARIKO IMCHEN	
16	U13MB166	ARULMOZHI. T.	
17	U13MB167	ARUN KUMAR. K.	
18	U13MB170	BALA PRIYADHARSHINI. P	
19	U13MB168	BALAJI. S.	
20	U13MB169	BALAKRISHNAN.R.	

COMMUNICATION SKILLS

CHOOSE THE BEST ANSWERS

Course Code: OBGY 04

I. ANSWER ALL THE QUESTIONS

1) **1** You should respect the contributions of your colleagues more than focusing on only your own ideas

True

False

2) It is not your responsibility to meet the language and communication needs of patients

True

False

3) An open question allows a woman to tell her story in her own words and a leading question is phrased in such a way that an assumption of the known answer is made

True

False

4) A probing question would naturally lead to a monosyllabic answer.

True

False

5) A closed question would naturally lead to a monosyllabic answer

True

False

6) The following questions relate to non-verbal communication.

Non-verbal forms of communication include:

- eye contact
- smiling
- presentation – clothes, accessories and hair
- posture – attitude towards the patient
- personal space
- hand gestures.

Answer whether the following statements are true or false.

A It transmits information about attitudes and emotions less efficiently than language

True

False

B It works in combination with verbal messages

True

False

C It is under our conscious control

True

False

D It is not received as quickly as verbal messages

True

False

E It is given out by both the doctor and the patient

True

False

7. Good doctor–patient interaction can only occur if the patient is actively involved in the consultation. In this way, more information is forthcoming. This has been proved in studies of consultations, which have shown that doctors tend to interrupt patients during their history toclarify statements that have been made. This tends to close down the patient's opening statement and may lead the consultation in the wrong direction.

A: 10 seconds

B: 18 seconds

C: 30 seconds

D: 40 seconds

E: 48 seconds

F: 60 seconds

G: 78 seconds

H: 100 seconds

I: 128 seconds

J: 150 seconds

What is the mean time for the doctor to interrupt the patient when they have interpretedsomething incorrectly?

What is the shortest time that the patient will take if she is allowed to tell her story in her ownwords?

Breaking bad news is an important part of the duties of an obstetrician or gynaecologist. The following scenarios describe some situations where you might be required to see a woman whohas received some bad news. For each scenario, select the most suitable option. Each may beused once, more than once or not at all.

A: Good preparation

B: Ensure no interruptions

C: Consider the surroundings

D: Break the news in manageable chunksE:

Give a warning shot

F: Identify the woman's main concerns

G: Identify the woman's coping strategies and support mechanismsH:

Close the interview by making arrangements for further meeting I:

Good documentation

J: Check the woman's understanding at each stage

1 You have been summoned to the early pregnancy unit to see a 20-year-old nulliparous woman. She is well, although she has had a very small amount of bleeding at 10 weeks ofgestation. Her sister had a miscarriage a

month ago and she is concerned. Her pregnancytest was positive and she feels pregnant. She had an ultrasound scan 30 minutes ago, which showed that she does not have a living fetus. She is expecting to hear that all is well. Which option would be the most appropriate

2. You are the night duty registrar. You have been asked to see a man whose wife was told earlier today that the findings at her recent laparotomy have unexpectedly shown that shehas ovarian cancer.

3. You have been asked to see a married couple at the ultrasound department. The woman has had IVF and at her first ultrasound scan she has been shown to have a twin pregnancy where one of the twins has a lethal congenital abnormality. The radiographer has told her that all is not well. Which of the options would you choose?

7/10

COMMUNICATION SKILLS (4)

CHOOSE THE BEST ANSWERS RegNO: 013NB156

Course Code: OBGY 04

I. ANSWER ALL THE QUESTIONS

1) I You should respect the contributions of your colleagues more than focusing on only your own ideas

True

False

2) It is not your responsibility to meet the language and communication needs of patients

True

False

3) An open question allows a woman to tell her story in her own words and a leading question is phrased in such a way that an assumption of the known answer is made

True

False

4) A probing question would naturally lead to a monosyllabic answer

True

False

5) A closed question would naturally lead to a monosyllabic answer

True

False

Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

(Deemed to be University under section 3 of the UGC Act 1956)

CERTIFICATE OF MERIT

This is to certify that **ANUSUYA.V.** has actively participated in the Value Added Course on ***Communication skills*** held during Jul 2021 – Oct 2021 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

RESOURCE PERSON

ASSISTANT PROFESSOR
DEPT. OF OBSTETRICS & GYNAECOLOGY
Sri Lakshmi Narayana Institute of Medical Sciences
OSUDU, PUDUCHERRY.

COORDINATOR

Dr. G. JAYALAKSHMI, BSc., MBBS., DTCD., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram, Kudapakkam Post,
Villianur Commune, Puducherry-605502.

Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research
(Deemed to be University under section 3 of the UGC Act 1956)

CERTIFICATE OF MERIT

This is to certify that **AFRAA. S** has actively participated in the Value Added Course on ***Communication skills*** held during Jul 2021 – Oct 2021 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

RESOURCE PERSON

ASSISTANT PROFESSOR
DEPT. OF OBSTETRICS & GYNAECOLOGY
Sri Lakshmi Narayana Institute of Medical Sciences
OSUDU, PUDUCHERRY.

COORDINATOR

Dr. G. JAYALAKSHMI, BSc., MBBS., DTCD., M.D.,
DEAN
Sri Lakshmi Narayana Institute of Medical Sciences
Osudu, Agaram, Kudapakkam Post,
Villianur Commune, Puducherry-605502.

Annexure 4

Course/Training Feedback Form

Course:
Date:
Name:
Reg NO.
Department: Obstetrics and Gynaecology

Q 1: Please rate your overall satisfaction with the format of the course:

a. Excellent   b. Very Good   c. Satisfactory   d. unsatisfactory

Q 2: Please rate course notes:

a. Excellent   b. Very Good   c. Satisfactory   d. unsatisfactory

Q 3: The lecture sequence was well planned

a. Excellent   b. Very Good   c. Satisfactory   d. unsatisfactory

Q 4: The lectures were clear and easy to understand

a. Excellent   b. Very Good   c. Satisfactory   d. unsatisfactory

Q 5: Please rate the quality of pre-course administration and information:

a. Excellent   b. Very Good   c. Satisfactory   d. unsatisfactory

Q 6: Any other suggestions:

Comments:

Thank you for taking the time to complete this survey, your comments are much appreciated.

***OPTIONAL Section*:** Name ______________________________
Signature ______________________________________ Date _____________________

<u>**Annexure 4**</u>

Course/Training Feedback Form

Course: COMMUNICATION SKILLS
Date: 19/08/2021
Name: ABIRAMI. A
Reg NO. U13MB153
Department: Obstetrics and Gynaecology

Q 1: Please rate your overall satisfaction with the format of the course:

a. ✓ Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 2: Please rate course notes:

a. ✓ Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 3: The lecture sequence was well planned

a. ✓ Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 4: The lectures were clear and easy to understand

a. ✓ Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 5: Please rate the quality of pre-course administration and information:

a. ✓ Excellent b. Very Good c. Satisfactory d. unsatisfactory

Q 6: Any other suggestions: NILL

Comments:

Thank you for taking the time to complete this survey, your comments are much appreciated.

***OPTIONAL Section*:** Name ____________________________

Signature ____________________________ Date ____________________

Annexure 4

Course/Training Feedback Form

Course: COMMUNICATION SKILLS
Date: 20/08/2021
Name: AHILA. M
Reg NO. U13MB155
Department: Obstetrics and Gynaecology

Q 1: Please rate your overall satisfaction with the format of the course:

a. Excellent ✓ b. Very Good c. Satisfactory d. unsatisfactory

Q 2: Please rate course notes:

a. Excellent ✓ b. Very Good c. Satisfactory d. unsatisfactory

Q 3: The lecture sequence was well planned

a. Excellent ✓ b. Very Good c. Satisfactory d. unsatisfactory

Q 4: The lectures were clear and easy to understand

a. Excellent ✓ b. Very Good c. Satisfactory d. unsatisfactory

Q 5: Please rate the quality of pre-course administration and information:

a. Excellent ✓ b. Very Good c. Satisfactory d. unsatisfactory

Q 6: Any other suggestions: NILL

Comments:

Thank you for taking the time to complete this survey, your comments are much appreciated.

***OPTIONAL Section*:** Name ______________________________

Signature ______________________________________ Date ____________________

Annexure 5

Date: 16.10.2021

Frpm
Dr. Nivedhana Arthi,
Assistant Professor,
Obstetrics and Gynaecology,
Sri Lakshmi Narayana institute of Medical sciences,
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

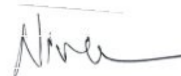
To
The Dean,
Sri Lakshmi Narayana institute of Medical Sciences,
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Completion of value-added course: Communication Skills

Dear Sir,

With reference to the subject mentioned above, the department has conducted thevalue-added course titled: **Communication Skills** on JULY 2021 - OCTOBER 2021. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards



ASSOCIATE PROFESS
DEPT. OF OBSTETRICS & GYNAEC
Sri Lakshmi Narayana Instit
Medical Sciences
OSUDU, PUDUCHERRY

Dr. Nivedhana Arthi

Encl: Certificates

Photographs

VALUE ADDED COURSES

OBGY 4 COMMUNICATION SKILLS