



# Communication Skills in Case-taking

**ABSTRACT:** Case receiving is not merely gathering of information....communication skills and interview techniques are critical components of medical interaction.....two critical skills- active listening and feedback.....listening- an active pursuit, role of mirror and soundboard....understanding barriers of communication..... positive, attractive and negative, turn-off qualities...Concept of homoeopathy as Lord Ganesha.



**Dr AJIT KULKARNI** Director, Homoeopathic Research Institute,  
38, Bhawani Peth, Satara. Ph. (02162) 84286/34842  
dr\_ajitkulkarni@rediffmail.com

**CHARLES ESTES** defines communication “--- the reception, digestion and transmission of meanings, attitudes and feelings through words, gestures and symbols.” For a Homoeopath, communication skills are a critical component of the developing patient-physician relationship and need to be learnt and practiced well if one is to achieve the final result: Health of the patient

This lecture, given by the author in Homoeopathic Research Institute, Satara, has been transcribed by his students.

*“In every art there are few principles and many techniques.”* - Dale Carnegie

## INTRODUCTION

Today I am going to talk on a fundamental subject of communicating with our patients. Our syllabus at undergraduate (BHMS) level or at Post-graduate (MD) level does not contain the subject of communication. Case taking in homoeopathy is a multi-dimensional complex process, which demands full exploration of a human being. It is not merely gathering of symptoms through certain frame of questions. To be frank, when I began homoeopathic practice I was unaware of the depth of case taking and communication skills. My entire interview was based on questions alone and I bombarded patients with innumerable, stereotyped, successive spells like the Rawalpindi Express of Shoaib Akhtar. I was concentrating not on length and accuracy but on

speed. This resulted in many fours and sixes as there were many ‘Sachins’ in my patients. I lost many matches and yet I was confused: Why I lost? Why were there drop-outs?

I started looking seriously and I found that communicating with patients has a heavy bearing upon physician - patient interaction. Now I realize that communication is a critical component of all medical interaction, and that communication is the keystone of the doctor-patient relationship.

## DEFINITION

Exchange of words only does not constitute ‘communication.’ The word ‘communication’ originates from Latin term “**communicare**” or “**communico**” meaning To SHARE. When a patient communicates his grievances, complaints and painful experiences from his life, he is actually sharing with the physician. Sharing involves a deeper process of human interaction, of human relations.

Webster dictionary defines communication as “the interchange of thoughts or opinions.” **Interchange:** To inform, tell, express, or show in order to get a reaction or response. It also means to listen, understand, weigh or evaluate.

Communication has a basic attribute of enlargement of feelings, facts, attitudes and ideas.

So when a physician starts interrogating a pa-



tient, a patient is unearthed, unfolded and appears to him as a living vibrating individual whose facts are known, whose inner feelings are brought onto the surface, his attitudes and inclinations are understood and his true sickness is uncovered.

Communication is not a momentary event; in fact it is a momentary intensification of a continuing, cumulative process that starts even before actual communication takes place and continues after it has occurred.

Communication is not merely transmission of meaning from one person to another through symbols. It involves the pathway

Source → Sender → Sent → Received → Receiver → Result

*"The success of communication is measured in terms of not only effective transmission of message but also achievement of intended result."*

This sentence gives the crux. A physician should not get relaxed only by sending the message. He must concentrate also on what is the net result of communication. This net result is the feedback which every patient gives to a physician.

There are two critical skills - **Active listening** and **Feedback**.

**LISTENING:** I give pivotal importance to listening- the base of any communication and a great skill. It is not a passive skill, rather the most active one. A homoeopathic physician who sits on a chair with holistic philosophy in mind, who has to deal with the patient from totalistic viewpoint, has to keep his awareness fully to focus on emotions, on every body movement, gestures, postures, speech modulations etc. But first he has to be a good listener. It is said that knowledge - seeker has to be a good listener. The process of case taking is a knowledge-seeking process. Ultimately it is the patient who gives knowledge to a homoeopathic physician. Listening helps a physician to resist himself from pre-judgment and become an unprejudiced physician.

Major difference between 'hearing' and 'listening' must be understood. Hearing alone is not listening. Hearing means merely picking up sound vibrations while listening means making sense out of what we hear. Hearing is related to 'ear' functioning while listening is related to, 'ears, brain and mind'.

To be an active listener, following skills will help a homoeopathic physician.

- Make eye contact
- Exhibit affirmative head nods and appropriate facial expressions
- Avoid distracting actions or gestures
- Ask questions
- Paraphrase
- Avoid interrupting the patient
- Do not over talk
- Make smooth transaction

The second critical skill is **FEEDBACK**. The process of interview evokes innumerable responses from a patient. Some responses may be bizarre and silly, but a physician has to keep his mind balanced. A physician must remember, "Positive feedback is more readily and accurately perceived than negative feedback."

### SKILLS FOR FEEDBACK

- (i) Focus on specific behavior
- (ii) Keep feedback impersonal
- (iii) Keep feedback goal-oriented
- (iv) Make feedback well-timed
- (v) Ensure feedback positive
- (vi) Direct forward behavior

Communication skills are not innate or fixed. They can be learned and improved and thus a physician can improve the interaction and the health outcome.

### ADHERENCE

Every physician has insecurity in his mind. Whether my patient will stick to me or will he leave? Insecurity hovers. Anxiety state develops. And reaction develops "Today's patients do not adhere." Remember that "Poor adherence can be attributed to patient characteristics" is a



## General Theme

myth. In fact no consistent relationship has been shown between adherence and

- Age
- Gender
- Social / economic status
- Marital status
- Personality traits (introverted, gregarious etc)

### THEN WHAT AFFECTS ADHERENCE?

- Patients' perception of seriousness of the disease
- Patients perception of the efficacy of treatment
- The duration of the treatment and illness
- The complexity of the regimen
- The relationship with a physician

### SKILLS FOR IMPROVING ADHERENCE

- Demonstrate compassion
- Communicate
  - Personal concern for the patient
  - Personal interest with patient's well being
  - Activate patient's motivation
  - Share responsibility with the patient
  - Discuss the patient's beliefs

### BARRIERS TO COMMUNICATION

- When I started practice I was not aware of 'barriers' to communication. I found that there are some patients to whom I was unable to communicate. In some patients I was right about selection of remedy or at repetition, but not knowing how to handle them through positive communication. Subsequently I understood that good communication skills are required not only in the first interview but also in follow-ups. The dropouts in my practice taught me to see the barriers, which are collectively termed, as NOISE. These are as follows: Absence of a common frame of reference
- Badly encoded messages
- Disturbance in transmission channel
- Poor retention (esp in face to face communication)

- Inattention by the receiver
- Premature evaluation of the message
- Unclear assumptions
- Mistrust between sender and receiver.
- Different perceptions of reality
- Semantic difficulties.
- Vagueness about the objectives to be achieved
- Misinterpretation of the message
- Clash of attitudinal nuances of sender and receiver.
- Psycho - physical factors
- Selection of wrong variety of language

Now I focus on the factors, which produce the NOISE and I see that the communication is barrier-free and smooth.

I briefly outline some of the qualities needed on the part of a physician for homoeopathic interview.

### HOMOEOPATHIC INTERVIEWER: QUALITIES

- Well-defined ego; not to be over involved
- Healthy attitude towards patient
- Empathy, sensitivity and sensibility
- Sufficient intelligence to understand and coordinate in a coherent way
- Interview skills for warm and effective communication: both verbal and non-verbal
- Maintaining professionalism: Open and trusting way
- Ability to create supportive climate in interview to be able to make patients express their true feelings and honest opinions without fear of rejection or censure
- Knowledge of related subjects: Clinical, para-clinical, homoeopathic, social, psychology etc.
- A calm, quiet, balanced mind and yet alert
- Jovial, charming, cheerful communication
- Aware and observational eye
- Precision of mind
- Asking the right question(s) at right time
- Appropriate use of memory box

Now if you think that you know the basics of communication, you know key communication



skills and now you are in a position to take an interview, you may face a lot of difficulties; for, you must know **communication techniques**.

### COMMUNICATION TECHNIQUES

- 1 **FACILITATION:** Verbal or non-verbal communication that encourages the patient to elaborate.
- 2 **OPEN-ENDED QUESTIONS:** Requests stated in general terms for non-specific information.
- 3 **DIRECT QUESTIONS:** Are those that ask a patient for specific information. There should not be leading questions; they should give a graded response than yes or no.
- 4 **SUPPORT:** Indicates physician's interest and concern and his willingness to help the patient.
- 5 **EMPATHY:** Communication that expresses understanding of and sympathy for the patient's feelings.
- 6 **SILENCE:** Expresses a range of responses from total disinterest to active concern. It gives the patient a chance to explore and express deeper.
- 7 **REFLECTION:** A response from the physician that repeats, mirrors or echoes a portion of what the patient has just said; useful in eliciting both facts and feelings.
- 8 **CLARIFICATION:** A response that asks the patient for further information and explanation for the sake of clarity.
- 9 **CONFRONTATION:** A technique that brings the patient face to face with the patient. It should be used with caution.

10 **HYPOTHETICAL:** If a patient is not coming out with hard facts, this technique may help in selected cases.

11 **SUMMATION:** Reviews the information that has been given by a patient.

12 **INTERPRETATION:** Formulation by a physician of data, events or thoughts into terms that make the patient aware of inter-relationship.

13 **ASSURANCE:** Emotionally disturbed patients may need this technique, as also some patients who do not understand the frame of homoeopathic Questions. Assurance facilitates interview.

14 **NON-ACCEPTANCE:** Some patients hold some rigid views and these produce blocks during interview. Non-acceptance facilitates continuity of interview.

15 **BODY LANGUAGE:** Actions speak louder than words. BL is a peep-hole into patient's hidden feelings and conflicts and helps a physician in knowing elusive mind.

I have applied all these techniques in my interview chamber and found them extremely beneficial. I request you, readers, to apply these techniques and send me your feedback.

My friends, remember that to explore the human being is not an easy task. We have to change our personality, look within us, banish our prejudices, wrong notions or beliefs and go ahead with vigor. It is ultimately the physician who has to infuse energy in the interview. Amen! ○

**What is height of **\*\*Honesty\*\*** ?**

**A pregnant woman taking one and a half ticket.**

**What is height of **\*\*Suicide\*\*** ?**

**A dwarf jumping from the footpath on the road.**

**What is height of **\*\*De-hydration\*\*** ?**

**A cow giving milk powder.**