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Communication skills: a guide for the foundation year doctor

Introduction

Communication is a process of conveying your thoughts and views across to others clearly and effectively. Communication is a two-way process, wherein an effective communicator tries to get the point across without creating any confusion or misunderstanding at the receiver's end (Bull, 1983).

Communication skills are important in day-to-day interactions with patients, relatives and colleagues, but sometimes being a good listener is just as important. You may need good communication skills while giving a presentation to your peers, writing an e-mail to your clinical director or even trying to obtain blood results from the pathology laboratory on the telephone. Communication skills may be needed in interacting with people for different cultural backgrounds or language barriers, children or mentally-challenged people. Some day you might need to use your negotiation and convincing skills to get a research proposal accepted.

How do you communicate?

Linguistic competence signifies distinctive mental and cognitive organization and operation which is directly apparent in your behaviour. However, non-verbal communication is used at the same time as speech, and is characteristically seen only in humans. An estimate is that in a typical dyadic encounter, the verbal component carries about one-third of the social meaning, the remaining two-thirds being conveyed by non-verbal communication (Bull, 1983).

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If the verbal element in conversation is taken to mean just the words used, then the term non-verbal communication can refer to vocal features such as tone of voice, emphasis, speech rate, accent, loudness and intonation, as well as non-verbal behaviour such as contact, kinesics (body language), proxemics (interpersonal space), and physical characteristics of appearance (facial movements, gaze, pupil size, body movement). It can also refer to communication through touch, smell and through limitless artefacts, such as clothes, masks and various other entities (Bull, 1983; Hargie et al, 2002).

So, communication is largely what you convey to others, and how it is interpreted by the receiver. It may not be just the words you speak, but also other aspects of non-verbal communication.

Active listening

Being a good listener accompanied by positive body language is a very powerful tool of communication. Being attentive and acknowledging and reflecting the other person's feelings and experience in a supportive manner helps. Just listening to the patient's presenting symptoms may make you feel good. When accompanied by your body language, like nodding your head or eye-to-eye contact, this can give the patient confidence and faith that you, the doctor, have taken his/her symptoms seriously and will work on it.

Patients or relatives often feel that nobody had time to listen to their concerns. Listening carefully to the smallest concerns and giving the other person the time they need may avoid bigger complaints. For example, if the patient has been waiting for a long time for an appointment and the doctor listens attentively to these issues, the patient may appreciate this and be less likely to take it further. Most of the time, people just want to be listened to.

Active listening builds rapport, and develops trust and better relationships between you and patients and colleagues.

Writing skills

Good record-keeping is important in terms of accurate documentation of clinical findings in a way that anyone who reads them can understand. It also helps continuity of care on follow-up visits. Good documentation in legible handwriting or in the form of a concise diagram can help gather the information the other person needs in a short time.

Nowadays, communication in the form of GP letters is electronic, wherein appropriate patient detail and precise information on treatment and management is crucial. You need to pay attention to grammar and spelling while writing any formal letter, avoiding slang and abbreviations. Writing in an organized format is imperative.

Information technology

Keeping up-to-date with the local intranet system helps you stay in touch with news and views within the trust. Setting up your own webpage helps to let everyone know about yourself, your biography, hobbies, research interests and so on. E-mail has helped people communicate anywhere in the world. However, you need to be careful when composing e-mails, as there are no non-verbal cues to soften what could be construed as a possibly abrupt tone.

You can also register with any scientific journal of interest to you, and get regular e-mail alerts.

Presentations

Presentations, either to small groups or addressing big audiences, need good communication skills. A lot of skills are needed to convert a hearer into a listener. You have to understand the purpose of the presenta-

tion. Prior preparation and dedicating time to structure and organization is vital before going in front of a big audience. The presentation should be simple, clear and concise. Try to use Powerpoint and bullet points to highlight the important points. Use good explanatory diagrams or flow charts for better understanding. Keep a comfortable pace and keep to time. Leave some time for discussions and questions. Always maintain alert and attentive body language.

Interviews

You may come across many instances, for example facing an examiner or at a job interview, where your external appearance or body language says more than your words.

Studies show that the behaviour of the interviewee affects the judgments and decisions of the interviewer, and that the interviewers may affect the interviewee through their own behaviour. For example, interviewees demonstrating bodily cues like eye contact, smiling, attentive posture, smaller interpersonal distance and a direct bodily orientation were judged significantly more favourably than ones who showed poor eye contact, did not smile, had a slouched posture and an indi-

rect body orientation. Similarly, interviewers who smile, give positive head nods and eye contact seem more likeable, friendly, less nervous and put the candidate more at ease than those who frown, shake their head and avoid eye contact (Bull, 1983; Robinson, 1998). A first impression can be the last impression. Trying to be calm, attentive and having a positive attitude with a warm smile could say more than just words.

Conclusions

Good communication skills require you to understand your personal style of communicating. Knowledge of various facets of non-verbal communication, and of their effects in social interaction, can enable us to improve both our ability to interpret the cues which are emitted by others, and our ability to control the impressions which we are conveying to others. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine.

Bull P (1983) *Body Movement and Interpersonal Communication*. John Wiley and Sons, Toronto
 Hargie O, Saunders C, Dickinson (2002) *Social Skills in Interpersonal Communication*. 3rd edn. Routledge, London
 Robinson L (1998) *'Race', Communication and the Caring Professions*. Open University Press, Buckingham

KEY POINTS

- Communication is a two-way process.
- Non-verbal communication is more significant than verbal.
- A first impression is a lasting impression.
- Listening is a vital part of communication.
- Make the most of the information technology facilities available.