

Gathering Information

A leaflet for healthcare staff



Making conversations easier

Gathering Information

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1. Explore the patient's problems
2. Understand the patient's perspective



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Gathering Information

1. Explore the patient's problems

Being 'in tune with' the patient's nonverbals results in staff **pausing** at moments of heightened anxiety, at which times patients often disclose sensitive information. If staff don't do this, patients may not share vulnerable information **even** when staff ask the patient appropriate questions.

Communication skills

- Encourage the patient to tell their story (open questions)
- Listen attentively
- Use minimal verbal encouragers
- Screen for other problems and symptoms
- Pick up on the patient's nonverbal cues
- Use summaries
- Paraphrase
- Clarify
- Reflect
- Use closed questions



Gathering Information

1. Explore the patient's problems

Encourage the patient to tell their story

Use open-ended questions. Avoid interruptions – verbal or nonverbal.

*How can I help? How are things? How are you doing?
What's happened? What can I do for you today?
What's up? So what has brought you in today?*



Listen attentively

Active listening is the process of using positive, visible, verbal and nonverbal cues to signal our attention to what the other person is saying. Skills include, open posture, nodding, leaning, maintaining eye contact, an interested expression, silence and keeping questions to a minimum.



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1. Explore the patient's problems

Use minimal verbal encouragers

Brief supportive statements that signal attention and interest, aim to encourage the patient to continue talking.

*Go on /ok /uh-huh /I see/
Mmmm-mmm...*



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1. Explore the patient's problems

Screen for other problems/symptoms

Screen at a natural pause – avoid making it an interruption.

Ok so before we look at that in more detail, was there anything else you wanted to discuss today?



Pick up on the patient's nonverbal cues

Active listening means that you not only listen fully to what the patient has to say but also seek to understand what they are feeling through observing their non-verbal behaviours. Facial expression, body language and verbal tone can give you clues about how the patient is feeling and what they are thinking.



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1. Explore the patient's problems

Repeating what the patient has said, shows that you have listened and understood. It helps to ensure that your interpretation of the information is correct and gives the patient an opportunity to hear what they have said and reflect on it. **Paraphrasing, summarising, clarifying and reflection** are an important part of active, empathic listening.

Use summaries

Ensure mutual understanding by periodically summarising what has been said.

Can I just check that I've got it right – the problem started two weeks ago...



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1. Explore the patient's problems

Paraphrase

Learn to listen with both ears – keep one ear out for **emotion**. Paraphrasing involves saying back to the patient, in your own words, what you think they just said. Paraphrasing also reflects back something that the patient has not yet stated directly.

So you were frustrated when...?

Clarify

Clarifying means asking questions until you get a clearer picture of what is being said, so you understand it.

You said that you were feeling funny, what do you mean by funny?



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1. Explore the patient's problems

Reflect

Reflections involve forming a reasonable guess as to, the meaning of the patient's story and giving voice to this guess in the form of a statement.

What I hear you saying is... You've been doing really well these past few weeks, and then this week has been harder.



Use closed questions

Closed questions are used to dig deeper, finalise options and bring closure to an issue. Closed questions usually begin with **do**, **can**, **how many** and often result in one-word answers like **yes** or **no**.



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1. Explore the patient's problems

TIP

Don't be afraid to use **silence** to allow a pause in the conversation or consultation. This is especially important after you ask the patient an open question. When you first increase your **wait time**, the silence may make you feel slightly uncomfortable. Using this skill offers you and the patient an opportunity to reflect on what has been said and evidence shows is that just increasing your wait time from **one second to, three to five seconds**, brings the following changes... patients... contribute more often, speak for longer, ask more questions and provide more evidence for their thinking.



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2. Understand the patient's perspective

The I.C.E. acronym is often used to establish what the patient is thinking and to understand the patient's perspective.

Communication skills

I

Ideas

C

Concerns

E

Expectations



Gathering Information

2. Understand the patient's perspective

I Ideas

What can the patient tell you about their problem...

Why do you think this has happened?

C Concerns

Sometimes the patient may have concerns that you have not considered...

Is there anything in particular that is worrying you?

E Expectations

What does the patient think might happen next...

What do you think might be the best way forward?



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2. Understand the patient's perspective

TIP

Note: sometimes clinicians can focus on ticking the I.C.E. box and moving on. Consultation skills are about more than giving patients a chance to explain their ideas and concerns. Some people are reluctant to reveal their perspectives, or they may be unable to articulate their concerns. It is important to be aware of this and to watch for the (sometime fleeting) nonverbal cues like - **hesitation**, a change in body language or a **facial expression** that may indicate the need to spend more time and use skills like paraphrasing and so on to help reflect something that the patient has not said directly.

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This Skills Card is the work of the National Healthcare Communication Programme.

