

CHAPTER 5

THERAPEUTIC COMMUNICATION SKILLS

Overview

Medical assisting students learn the importance of effective therapeutic communication for establishing and maintaining successful relationships with other health care professionals and with patients. Students analyze the communication cycle, studying both verbal and nonverbal components, in order to gain confidence and to cultivate objective observation skills that will allow them to assess patients' needs and facilitate care with empathy and impartiality. The need to adapt messages to the receiver's ability to understand is explained and stressed. Table 5-1 lists Erikson's stages of human growth and development and identifies communication problems and suggested actions to be taken during each stage of the life cycle. Table 5-2 identifies roadblocks to communication. Cultural diversity along with low-context and high-context communication styles are also discussed. Table 5-3 discusses generalizations of cultural/religious effects on health care.

Lesson Plan

I. LEARNING OUTCOMES	ABHES	CAAHEP
A. Define, spell, and pronounce the key terms as presented in the glossary.		
B. Identify the importance of communication.		
C. List and define the four basic elements of the communication cycle.		IV.A.8
D. Identify the four modes or channels of communication most pertinent in our everyday exchange.		IV.C.5, IV.A.8
E. Model the importance of active listening in therapeutic communication.	MA.A.1.8.aa	IV.A.2
F. Recognize differences between the terms <i>verbal</i> and <i>nonverbal communication</i> .	MA.A.1.8.ii	IV.C.1, 2
G. Analyze the five Cs of communication and describe their effectiveness in the communication cycle.		IV.P.2
H. Demonstrate the following body language or nonverbal communication behaviors: facial expressions, personal space, position, posture, gestures/mannerisms, and touch.		IV.A.3
I. Identify and explain congruency in communication.		
J. Differentiate between low-context and high-context communication styles.	MA.A.1.5.g	
K. Discuss Table 5-3 and generalizations of cultural/religious effects on health care.	MA.A.1.5.g	X.A.1, X.C.3
L. Discuss the use of Maslow's hierarchy of needs in therapeutic communication.	MA.A.1.8.kk	IV.C.7, IV.P.5, IV.A.7
M. Demonstrate respect for individual diversity, incorporating awareness of one's own biases in areas including gender, race, religion, age, and economic status.		IV.A.10, X.A.1
N. Recall at least three steps to building trust with culturally diverse patients.		
O. Discuss cultural brokering and its use in medical facilities.	MA.A.1.5.g	IV.C.7, X.C.3
P. Recognize eight significant roadblocks or barriers to therapeutic communication.		

Q. Discuss common defense mechanisms.	MA.A.1.5.a.	
R. Compare/contrast closed questions, open-ended questions, and indirect statements.		
S. Differentiate between adaptive and nonadaptive coping mechanisms.	MA.A.1.5.a	IV.C.16
T. Analyze the professionalism questions and apply them to this chapter's content.		

II. PROFESSIONALISM QUESTIONS

A. Communication

1. Did you listen to and acknowledge the patient?
2. Did you provide appropriate responses/feedback?
3. Did you display appropriate body language?
4. Did you respond honestly and diplomatically to the patient's concerns?
5. Did you demonstrate empathy in communicating with patients, family, and staff?
6. Did you apply active listening skills?
7. Did you maintain eye contact with the patient during communication?
8. Did you refrain from sharing your personal experiences?

B. Presentation

1. Were you dressed and groomed appropriately?
2. Did you do something to bond with the patient?
3. Did your actions attend to both the psychological and the physiological aspects of the patient's illness or condition?
4. Did you attend to any special needs of the patient? Did you first ask if assistance was needed, rather than taking charge?
5. Were you courteous, patient, and respectful to the patient?
6. Did you display a positive attitude?
7. Did you display a calm, professional, and caring manner?

C. Competency

1. Did you pay attention to detail?
2. Did you display sound judgment?
3. Did you remain calm in a crisis?
4. Were you knowledgeable and accountable?
5. Did you apply critical thinking skills in performing patient assessment and care?

D. Initiative

1. Did you show initiative?
2. Were you flexible and dependable?
3. Did you direct the patient to other resources when necessary or helpful, with the approval of the provider?
4. Did you assist coworkers when appropriate?

E. Integrity

1. Did you work within your scope of practice?
2. Did you demonstrate sensitivity to patients' rights?
3. Did you protect personal boundaries?
4. Did you demonstrate respect for individual diversity?
5. Did you demonstrate an appreciation for the patient's attitude toward the illness or condition?
6. Did you protect and maintain confidentiality?

III. REFERENCES

- A. Lindh, Wilburta Q., Pooler, Marilyn S., Tamparo, Carol D., Dahl, Barbara M., & Morris, Julie A., *Delmar's Comprehensive Medical Assisting: Administrative and Clinical Competencies*, 5e
- B. See text Chapter 5, References/Bibliography
- C. Any other teacher-preferred reference material

IV. VISUAL AIDS

- A. Computer access to identified Internet resources
- B. Any other teacher-preferred visual aids (PowerPoint, etc.)

V. EQUIPMENT AND MATERIALS

- A. Computer, TV monitor, and Internet access

VI. SAFETY

- A. Basic classroom procedures

VII. PREPARATION

- A. Arrange for visual aids equipment
- B. Collect materials
- C. Review Chapter 5 in the text, the Study Guide, the Competency Manual, and the Instructor's Manual

VIII. INTRODUCTORY REMARKS/ACTIONS

- A. Read Learning Outcomes in the text with students to introduce the chapter.
- B. As students enter classroom, sit in front of the classroom with arms folded and legs crossed. Have a stern facial expression. Stare at students as they come in and sit down. Do not say anything until everyone is seated.
- C. Smile and ask, "How did you feel as you walked into the classroom today and saw me?"
- D. Discuss the messages your body language was expressing.

IX. PRESENTATION

- A. Importance of Communication
 - 1. Foundation for all patient care
 - 2. Therapeutic communication skills create feelings of comfort for patients
- B. The Communication Cycle
 - 1. Involves two or more individuals exchanging information
 - 2. Involves sending and receiving messages
 - 3. Four elements of communication cycle
 - a. The sender begins cycle by encoding message
 - b. The message and a channel or mode of communication
 - (1) Speaking
 - (2) Listening
 - (3) Gestures or body language
 - (4) Writing
 - c. Review Figure 5-1
 - d. The receiver must decode the meaning of the message
 - e. Feedback takes place after receiver has decoded message sent by sender
 - f. Listening skills
 - (1) Active listening involves verifying message from sender
 - (2) Received message is sent back to sender worded slightly differently
- C. Types of Communication
 - 1. Verbal Communication
 - a. Takes place when message is spoken
 - b. Sender and receiver must apply same meaning to spoken words
 - c. The five Cs of communication
 - (1) Complete—message must be complete
 - (2) Clear—information given must be clear
 - (a) Eye contact enhances clarity
 - (b) Articulate and enunciated
 - (c) Time to process message
 - (d) Message must be heard
 - (3) Concise—does not include unnecessary information or technical terms
 - (4) Cohesive—a message is organized and logical in its progression
 - (5) Courteous—important in all aspects of communication
 - d. Review Figure 5-2 of the text
 - e. Review Patient Education box of the text
 - f. Good communication skills help establish rapport with patients

- g. Call patients by full name
- h. Encourage patients to verbalize feelings
- i. Give technical information to patients clearly
- j. Allow patients to make practical application to their health needs
- k. Discuss ways to be courteous to the patient
- 2. Nonverbal Communication
 - a. Body language includes unconscious body movements, gestures, and facial expressions that accompany speech
 - b. Kinesics is the study of body language
 - c. Discuss Figure 5-3
 - d. Body language learned first
 - e. Body language influenced by primary caregivers and culture
 - f. Feelings and emotions communicated through nonverbal means
 - g. Seventy percent of language is nonverbal
 - h. Tone of voice communicates 23% of message
 - i. Spoken word communicates 7% of message
 - j. Facial expression
 - (1) Eyes reflect feelings
 - (2) Staring is invasion of privacy
 - k. Cultural influences affect facial expressions
 - l. Personal space
 - (1) Comfortable personal space
 - (2) Handled differently by various cultures
 - (3) Explain procedures that will be invasive
 - m. Posture
 - (1) Relates to position of body or parts of body
 - (2) Involves at least half the body
 - n. Position
 - (1) Face-to-face communication
 - (2) Should enable observation of verbal and nonverbal cues
 - (3) Review Figure 5-4 of the text
 - o. Gestures and mannerisms
 - (1) “Talk” with hands
 - (2) Enhances spoken word
 - (3) Discuss the common gestures and their meanings as listed in the text
 - p. Touch
 - (1) Appropriate touch is therapeutic
 - (2) Not all patients are comfortable with touch
 - (3) Discuss cultural diversity and touch
- D. Congruency in Communication
 - 1. Verbal and nonverbal messages must agree
 - 2. Discuss the meaning of mixed messages
 - 3. Clustering groups of nonverbal messages
 - 4. Masking conceals true feeling or message
 - 5. Perception
 - a. Conscious awareness of one’s own feelings and the feelings of others
 - b. Sense another’s attitudes, moods, and feelings
 - c. Follow perceived assessments with verbal validation
 - d. Easily misinterpreted
- E. Factors Affecting Therapeutic Communication
 - 1. Age barriers
 - 2. Study Table 5-1, Erikson’s stages of human growth and development, communication problems, and suggested actions to be taken
 - 3. Role-play scenarios pertaining to each age group identified by Erikson
 - 4. Economic barriers
 - 5. Education and life experience barriers

6. Biases and prejudices as barriers
 - a. Assign or discuss the Critical Thinking box
7. Verbal roadblocks to therapeutic communication (Table 5-2)
8. Defense mechanisms as barriers
 - a. Regression
 - b. Denial
 - c. Repression
 - d. Projection
 - e. Sublimation
 - f. Displacement
 - g. Compensation
 - h. Rationalization
 - i. Undoing
9. Discuss barriers caused by cultural and religious diversity (Table 5-3)
 - a. Communication context
 - b. Caregiving expectations
 - c. Time focus
10. Human needs as barriers to communication
 - a. Maslow's hierarchy of needs
 - b. Review Figure 5-5, Maslow's hierarchy of needs
11. Discuss the patient with special needs
 - a. Language barriers
 - b. Patients with audio challenges
 - c. Patients with visual challenges
 - d. Patients with mental cognition challenges
12. Environmental factors
13. Time factors
14. Assign or discuss the Critical Thinking box
- F. Establishing Multicultural Communication
 1. Review Figure 5-6, United States demographic make-up (2010 Census)
 2. The patient must trust the professional
 3. Steps to building trust include:
 - a. Risk/trust
 - b. Conveying empathy
 - c. Respect
 - d. Being genuine
 - e. Active listening
 4. Cultural brokering—cultural broker serves as a go-between, or one who advocates on behalf of another individual or group within the health care community
 5. Goal of cultural brokering is to increase the capacity of health care and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems
 6. Cultural brokers may assume the role of medical interpreter
 7. Interpreters do not provide word-to-word equivalence, but rather focus on the accurate expression of equivalent meaning
 8. Remember to speak directly to the patient, not to the interpreter
 9. A family member may serve as the interpreter
 10. The disadvantage of a family member serving as interpreter is that he or she may not understand medical terminology, and it would be very difficult for a family member to be the one to share a poor prognosis or a life-threatening diagnosis
- G. Therapeutic Communication in Action
 1. Interview Techniques
 - a. Closed questions
 - b. Open-ended questions
 - c. Indirect statements
 - d. Silence
 - e. Feedback
 - f. Giving recognition
 - g. Offering comfort

H. Point of Care Techniques

1. Location in which the patient and provider or patient and clinic personnel physically interact
2. Review the Patient Education box of the text

I. Community Resources

1. Need to refer patient to a community resource
2. Developing a community resource document
3. Procedure 5-1: Identifying Community Resources

X. APPLICATION

- A. Use the Learning Outcomes at the beginning of Chapter 5 in the text as the basis for questions to assess comprehension.
- B. See the Classroom Activities section below for numerous application activities.
- C. Assign students to complete Chapter 5 in the Study Guide.
- D. Complete Procedure 5-1, using the Competency Manual to evaluate.

XI. EVALUATION

- A. Evaluate any assigned application activities
- B. Grade responses to Chapter 5 in the Study Guide.
- C. Evaluate student performance on Procedure 5-1.

Classroom Activities

1. Assign students to write a research paper on a topic of their choice on the importance of communication in the health field.
2. Students should break up into groups of three or four. Assign groups to brainstorm lists of common biases and prejudices that exist in today's society. The group should also discuss how culture might influence these biases and prejudices. For example, male patients may prefer a male provider because they feel uncomfortable disrobing for a female provider. Each group should share one or two items on their list during a class discussion.
3. Assign students in small groups to demonstrate the communication cycle by writing a conversation between a sender and a receiver. Label the four elements of the communication cycle in the conversation. Share the conversation with the class, pointing out the four elements.
4. Prepare typical patient comments on index cards. Some examples might include, "I can't have that operation or I will die"; "I'm afraid of hospitals"; and "I don't need that drug, and it's way too expensive." Hand the cards out to volunteer students. Have the students reword the statements to demonstrate active listening.
5. Assign students to create a poster displaying the five Cs of communication. The poster should include an example of each category.
6. Write the following statements on the chalkboard:
I have a doctor's appointment tomorrow.
It's not supposed to rain until Monday.
I'm so tired of always picking up after you.
Why don't we talk about this?
Have volunteers take turns saying these statements using various facial expressions, personal space, posture, gestures, and mannerisms to express different emotions.
7. Assign students to reflect on the defense mechanisms described in this chapter and to write a short essay on how they personally have used one or more of these mechanisms recently. Students should be told that they need not share any sensitive feelings in this essay and that they may choose not to share their essays with the class.
8. Designate a day as Multicultural Day. Encourage the students to share their personal cultural customs; dress according to their culture; or have a multicultural potluck meal together, with each student bringing a dish representing their culture.
9. Ask each student to write a scenario related to therapeutic communication in action. Then have groups of students role-play the scenarios. The rest of the class members serve as observers and take note of any nonverbal communications expressed. Decide if the nonverbal communication was a positive or a negative cue to the interaction.
10. Ask students to compile a community resource database for the community in which they live.

11. Critical Thinking boxes are provided within the chapter content to stimulate critical thinking discussion and skills necessary for medical assisting.
12. Explore the Case Studies in the Study Guide for additional discussion and enhancement of principles pertinent to chapter content.

Answers to Critical Thinking Boxes

Define in your own words the terms *bias* and *prejudice*. Now identify one bias and one prejudice that you have. How will these impact your ability to respond therapeutically in the medical setting? What steps can you take to become more accepting of the uniqueness of others, thereby improving therapeutic communication?

Ask the students to share their meanings of the words. Bias is defined as a slant toward a particular belief. Prejudice is defined as an opinion or judgment that is formed before all the facts are known.

These answers will be individual and will vary.

Understanding one's own biases and prejudices go a long way to preventing hostile attitudes. Recognize that individuals and cultures are different. Learning more about various cultures helps us accept the uniqueness of others different from ourselves and promotes understanding and tolerance toward others.

An established patient arrives 20 minutes early for his appointment. He is in obvious pain and discomfort and tells the administrative medical assistant, "I can't sleep, I can't eat, and I can't go to work today." Which of Maslow's stages most accurately describes this patient? What actions should the medical assistant take to assist this patient?

Survival or physiological needs are not being met.

Take him to an exam room as quickly as possible. Have him lie down and provide a cover for warmth. Record the pertinent information in his medical record and have the provider see him early if possible. If not, make regular checks on him to see that he is comfortable and assure him that he will be seen as quickly as possible.

Answers to Case Studies

Case Study 5-1

Review the scenario at the beginning of this chapter and respond to the following.

It is a typically active day at the clinic of Drs. Lewis and King. Despite the three emergencies in the early afternoon and the full schedule of patients, everything is running smoothly with Dr. Lewis, and the entire staff is responding quickly but thoroughly to patient concerns.

At 4:00 PM, another emergency patient arrives; at the same time, Jim Marshal, an architect in a downtown firm, comes in early for a routine appointment and demands to be seen immediately. Jim, a regular patient, has a history of being difficult and impatient; being a bit arrogant, he tends to put his needs first. However, Dr. Lewis is occupied with another patient. It is critical to treat the patient with the emergency as soon as possible, and Jim is half an hour early.

Joe Guerrero, CMA (AAMA), the clinic's administrative and clinical medical assistant, calmly asks Mr. Marshal to please wait until his scheduled appointment time. When he threatens to leave, Joe explains to Mr. Marshal that there are two patients ahead of him, but that the provider will see him at his scheduled appointment time.

1. What communication roadblocks did medical assistant Joe Guerrero avoid in reacting to Jim Marshal's demands to see the provider?

Joe avoided the communication roadblocks of defending/contradicting. He simply explained to Jim that there were two patients ahead of him but that the doctor would see him at his scheduled appointment time.

2. With another student, role-play the scenario, with one student taking the role of patient and one student the role of the medical assistant. Identify roadblocks to communication imposed by the patient. How is the medical assistant using the five Cs of communication to deal with the situation?

The role-play of this scenario will offer varying answers to identifying roadblocks to communication.

3. Do you think the medical assistant reacted appropriately? What else could he have done? What should he *not* do in this situation?

Yes, Joe acted appropriately. If the patient was intent on leaving, he could have offered to reschedule the appointment. Joe, the CMA (AAMA), should not have used reassuring clichés, lectured, required any explanations, criticized, or threatened the patient in any way.

Case Study 5-2

You have learned in this chapter that communication has not been successful until the cycle is complete. Consider the following scenario.

An 82-year-old woman with moderate dementia and a hearing impairment is brought to the surgeon's clinic for a follow-up appointment after hip replacement surgery. The woman's daughter accompanies her. The goal of the appointment is to make certain the hip is healing nicely and to discuss precautions before the patient returns to her assisted-living apartment. Almost immediately, the conversation is directed toward the daughter because it is so much easier to explain to her what should be done.

1. What might the staff do to help the patient understand the following?

- Use the walker consistently.
- Shoes must be leather, tennis-shoe type, or uniform style; consider Velcro closure as opposed to laces that have to be tied.
- Do not wear pantyhose.
- You will not be able to walk your dog on a leash.
- To help the patient understand why using the walker consistently is so important, they could have sat next to her so they could speak more directly to her and explain in simple terms why it is important. "We don't want you to fall and hurt yourself, so it is important to always use the walker. Do you have any questions?"
- Speaking directly to the patient again, ask, "Do you have a good walking shoe? You need shoes that will provide good support, like a tennis shoe. Something with Velcro closures would be better than shoelaces that have to be tied."
- Speaking directly to the patient again, say, "I do not want you to wear pantyhose until after I see you again. It will be difficult to pull them up and down and I don't want you to fall and undo the surgery you have just had."
- The doctor might say something like, "I know you have that cute little dog that you enjoy taking for walks on a leash. But for the time being, you will not be able to do that. Dogs can be strong, and he might pull you off balance and hurt your hip. Can you just let him out in the backyard to run, or is there someone who can stop by and walk him?"

2. Should the patient be left out of the conversation? Should the daughter be included?

The patient should not be left out of the conversation. By speaking directly to her and asking for feedback, you can determine if she has heard and understood what was said. Because of the moderate dementia, the daughter needs to hear the conversation so that she can remind her mother of the statements or take actions to appropriately see that instructions are followed.

3. In cases such as these, is something other than verbal communication indicated?

It may be helpful to write the instructions down for the patient. She could be asked to read through them every day and to call if there is something she does not understand.

Answers to Certification Review Questions

1. d. all of the above
2. b. creating the message to be sent
3. a. is used to express feelings and emotions
4. d. 4 to 12 feet
5. c. a roadblock to communication
6. a. sublimation
7. c. a response that permits the patient to elaborate
8. c. explicit and highly detailed language
9. a. the study of body language
10. c. behavior used to protect the ego from guilt, anxiety, or loss of esteem
11. c. large print materials
12. a. statements that elicit a response without asking a direct question

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