



Federal Democratic Republic of Ethiopia
Ministry of Health

Ethiopian primary health care clinical guidelines

Clinical Communication Skills



Introduction to CCS

“Extensive research has shown that no matter how knowledgeable a clinician might be, if he or she is not able to open good communication with the patient, he or she may be of no help.”

Clinical communication is a different and special kind of communication with the objective to find out:

What is the matter with the patient and what matters to the patient

Motive for CCS training as part of PACK

- Given the increase in multi-morbidity of patients and the comorbidity between chronic illness and a common mental disorder, a need has arisen for health professionals to acquire skills to treat both the physical and mental.
- Psychological skills development is therefore of utmost importance and timely.



Evidence for CCS

Current evidence from research studies in high income countries indicate that good communication skills are essential in providing both quality health care (1, 2), improving adherence of patients to medication (3), as well as empowering patients to self-manage their chronic condition.

Research into clinical communication has suggested that:

- More effective interviews:

↑accuracy

↑efficiency

↑supportiveness

**Enhanced patient and health professional satisfaction =
Improved health outcomes for patients**

Training Clinical Communication Skills

- *Based on skills, behaviours and attitudes*
- *Learner centred*
- *Interactive and experiential*
- *Based on objective observation*
- *Uses constructive feedback*
- *Works best if it is a mirror of the clinical encounter*



Session overview

Session 1: Initiating the Consultation (PRY)

Session 2: Gathering Holistic Information (ICE)

Session 3: Dealing with Emotions (NURS)

Session 4: Empowering, Motivating and Informing Patients to Self – Manage (5A's)



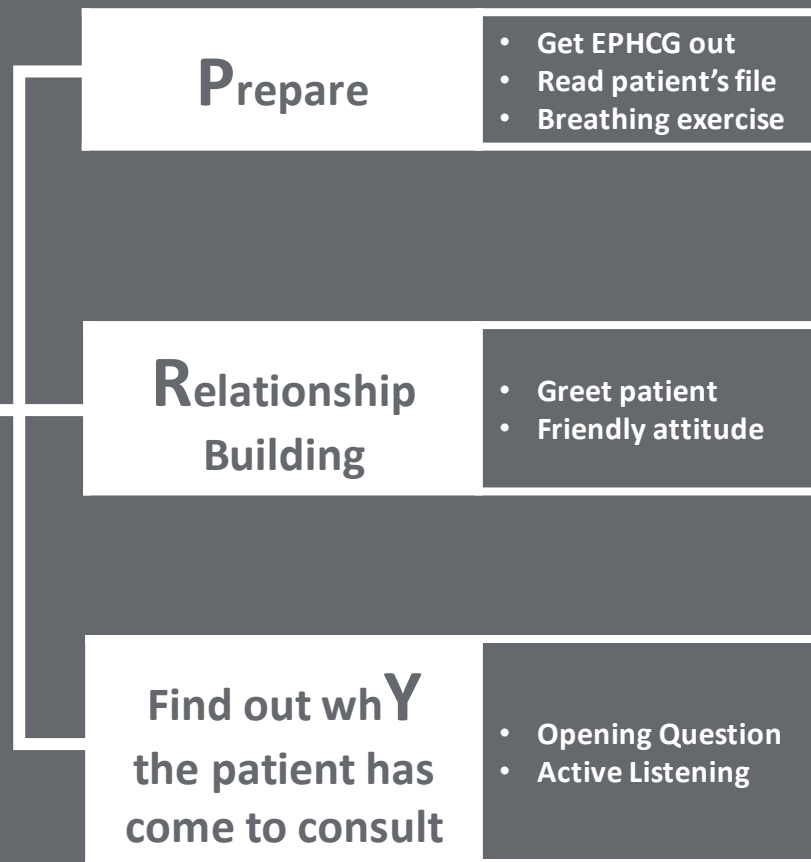
PRY

PRY is a clinical communication skill used in the first golden minutes of a consultation. The goal is to prepare for the patient and to build a relationship with the patient in order to get a comprehensive problem list through the use of therapeutic interviewing skills (open questions, pausing, and active listening, summarising).

The second page after the preface in the APC Guide is called 'Communicating Effectively' and is a very useful resource for nurses to refer to for suggestions on communication skills.



Golden Minutes



P- Prepare – how do you centre yourself for your next patient?

- Clear mind
- Make sure your space is clear
- Read history of patient if possible
- Breathing exercise
- Periodic bathroom break

R- Relationship Building – how do you build the patient/clinician relationship?

- How are you doing today?
- Use patient name
- Make sure patient is comfortable
- Introduce yourself to the patient

Y- Find out why the patient has come to the clinic. What are some ways to find out the why?

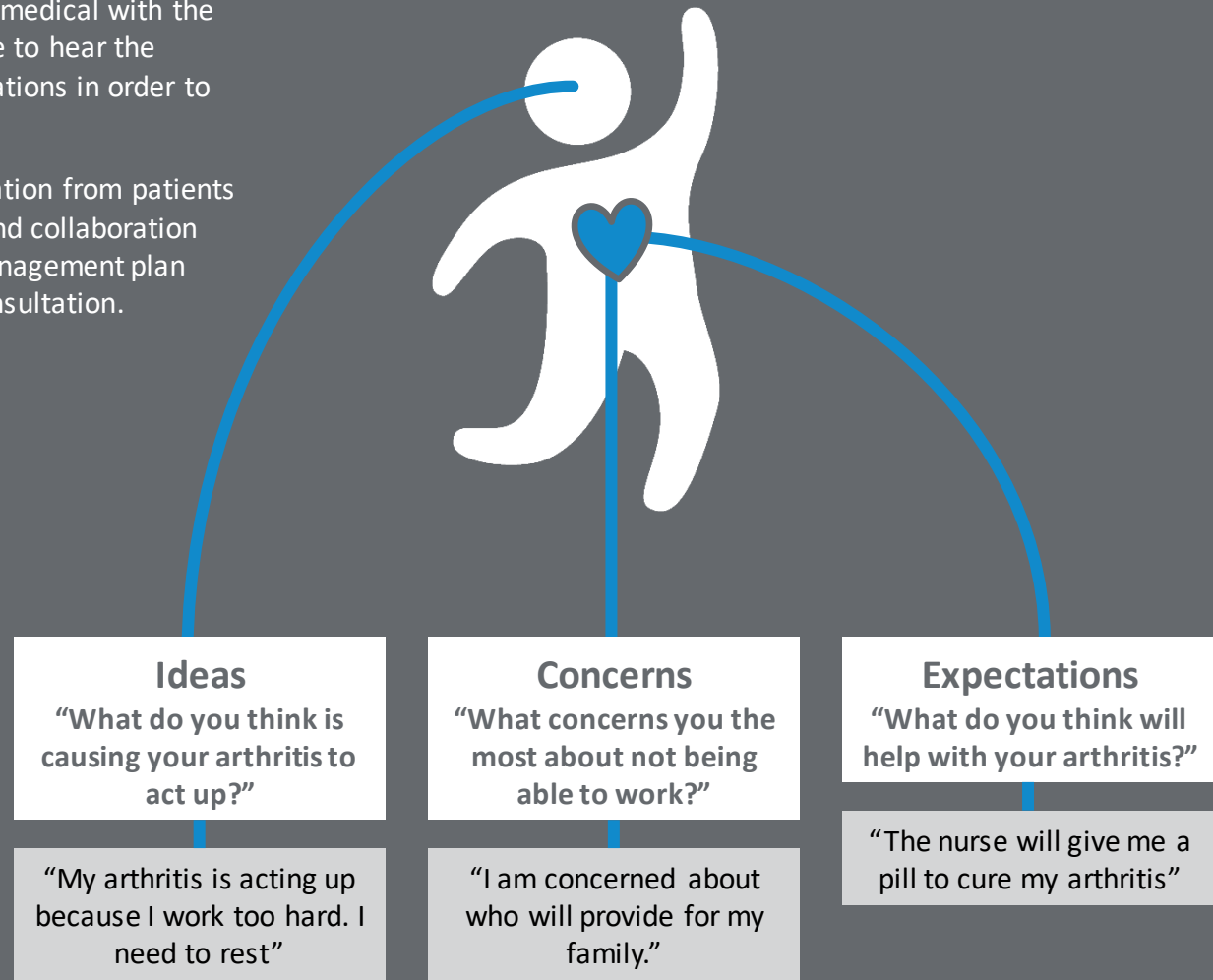
- What brings you to the clinic today?
- Is there anything else you would like to discuss today?
- Practicing active listening
 - Pauses
 - Non-verbals
 - Checking

ICE

ICE is a clinical communication skill used to gather information which combines the biomedical with the patient perspective. It allows for one to hear the patients Ideas Concerns and Expectations in order to improve diagnostic accuracy.

ICE is useful when gathering information from patients and supports patient centredness and collaboration and developing an effective self-management plan with our patients at the end of a consultation.

Patients come to consult having ideas and beliefs about what is wrong with them, they come with more than one concern or worry and they come with certain expectations and hopes about what is going to happen in the consultation. Your role as a nurse is to facilitate the conversation in such a way that meets the expectations of the patient and fulfils your obligation as a clinician. The questions you ask, the way you listen and the content you gather during a consultation is key to meeting these objectives.



Be aware of the potential difference between the ICE of nurses and patients

Integration into EPHCG training

Case 11: Debitu (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the EPHCG/EPHCG	Case complexity
Mental Health			
Tiredness	Mild depression with anxiety	Moving from a symptom page to a diagnosis page	Mid-level

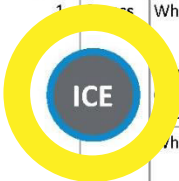
Show the group the waiting room scene. Ask them to find Debitu and ask them what they think about what they see...

- **Debitu** is a 40 year old lady who is attending the clinic.
- How would you use the '**P**' of **PRY** to prepare for her consultation?
- She comes into your consultation room, how would you use the '**R**' of **PRY** to initiate the consult?
- How would you use the **why** of **PRY** to find out what brings Debitu to the clinic?
- She tells you she has come for her routine 6 month hypertension review.



How will you use the EPHCG to manage Debitu?

1 FACILITATOR to ask these questions to prompt using the guide:	2 As the PARTICIPANTS use the EPHCG/EPHCG, give these details to help answer their questions about the case:	3 Page/s to follow in the EPHCG/EPHCG:
ROUTINE CARE – hypertension		Hypertension routine care
1 Assess What must you ask this patient? <i>Question: How would you use the clinical communication skill of ICE to find out what Debitu's ideas, concerns and expectations are?</i>	<ul style="list-style-type: none"> • Debitu has no symptoms of heart failure, stroke/TIA. • She looks rather tearful and tells you that her husband has lost his job recently and that he has been spending more and more time at the shebeen. He has been spending whatever money she gets from her children's grants. • She mutters that she is constantly worrying about how she is going to feed her children and that she is sure her BP will be high as she has been very stressed because of this. 	
What must you look for on examination?	<ul style="list-style-type: none"> • Her BP is 125/70 and 120/70 • Her CVD risk assessment is 15%. • Eyes were normal at last visit 	
What tests must you do for this patient?	<ul style="list-style-type: none"> • Her glucose was 5 at her last visit • eGFR:100 • Urine dipstick is normal 	
Can you identify another chronic condition?		Stressed or miserable patient
2 Advise What advice must you give this patient?		
3 Treat What drug treatment do you give this patient? Do you need to refer the patient?	She has adhered to her hydrochlorothiazide, and simvastatin.	



References

1. Pinto RZ, Ferreira ML, Oliveira VC, Franco MR, Adams R, Maher CG, et al. Patient-centred communication is associated with positive therapeutic alliance: a systematic review. *Journal of physiotherapy*. 2012;58(2):77-87.
2. Stewart M, Brown J, Donner A, Oates J, Weston WW, Jordan J. The impact of patient-centered care on outcomes. *Fam Pract*. 2000;49:796-804.
3. Van Rensburg BJ, Taljaard L, Wilson Z. Communication and adherence of patients at a South African public sector specialist psychiatric out-patient clinic. *Archives of Clinical Psychiatry (São Paulo)*. 2014;41(6):142-9.





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Thank you

