



6. Communication for better health

Introduction

Communication is a generic skill that greatly determines the quality of human interaction, not least in the health system. We express our state of well- or ill being, we ask questions to retrieve information or to get advice. Through communication we express our feelings and anxieties, but also our expectations and experiences. Communication is a crucial aspect too when we strive for a healthier life, as it co-determines which information we receive, which support we get, how we feel and what we can do. In addition there is a correlation between the quality of interaction of medical staff and patients' and the precision of diagnosis and adequacy of treatments.

As the field of health care is highly complex and loaded with information, a patient is reliant on the support of the professionals, be it to get informed about alternative treatments, regarding financial issues to be negotiated with the insurances, or for enough consultation time. At the same time there are unwritten rules regarding the interaction between physicians and their patients, which are strongly shaped and determined by culture. Knowing these shall help refugees and migrants to receive better support.

In this category we focus on the communication with actors in the medical sector, and present small activities that aim to create awareness and practical experiences for the relevance and impact of communication in the field of health and well-being. Learners shall get ideas how they can actively contribute to a positive and effective interaction with medical staff and other health service providers for the sake of their own health.

Challenges/problems

Communication between migrants and actors in the health system, like physicians and nurses, is determined by a number of aspects that put a barrier to their access to health services. First of all it's the language proficiency that may cause difficulties, but also different cultural perceptions of health and body, aspects of shame etc. and the transfer of relevant knowledge about disease and cures.

Studies about communication barriers to migrants in the health system have shown that many physicians feel insecure in their ability to communicate effectively when caring for immigrant patients and note higher levels of misunderstanding. Physicians change their behaviour and communication style to become more directive, which negatively impacts shared decision -making. Also, many physicians may have limited knowledge of the cultural issues that impact communication with their immigrant patients. Due to their limited language proficiency, immigrant patients may be hesitant and fearful when speaking with physicians. They may be less likely to engage with the healthcare system and seek



appropriate care. Communication barriers and lack of trust in the healthcare system results in less adherence to treatment decisions and plans.¹

Explanation/Background

Communication is needed to describe ailments, but also to understand proposed cures and the expected impact and side effects of a treatment. It is needed to discuss alternative approaches and to evaluate results of previous measures. Thus communication is very much determining the quality of interaction and the level of support migrants and refugees may experience.

For example, physicians may be reluctant to engage in conversation with patients if there is the possibility of being misunderstood. Further, communication efforts may take more time and therefore result in physicians adopting a more directive approach than interpersonal. Cultural differences may also contribute to barriers in communication between physicians and immigrant patients. Immigrant patients may believe that communication with physicians results in stereotyping, and they are therefore less likely to communicate with physicians due to lack of language proficiency. Culture and previous experience with different healthcare systems may contribute to the sense of hierarchy between immigrant patients and physicians, which impairs communication of health concerns.²

Consequences

- More time needed for consultations. This may cause doctors to behave more decisively;
- Increase in power differential between doctor and patient;
- Avoidance of visiting doctors out of fear of being misunderstood;
- Misunderstandings in regard to diagnosis and/or prescribed cures;
- Negative impact on shared decision making between patients and physicians;
- Lower quality of health service provision;
- Negative impact on patient activation for self-care;
- Frustrations for all parties involved.

Overview of topics

The topic is divided into the following subtopics:

- Communicating our state of being
 - Activity 6.1: Preparing for a doctor's visit
- Communication rules
 - Activity 6.2: Role play on communication dynamics

¹ C.f. Ahmed, Salim; Lee, Sonya; Shommu, Nusrat; Rumana, Nahid; and Turin, Tanvir (2017) "Experiences of communication barriers between physicians and immigrant patients: A systematic review and thematic synthesis," Patient Experience Journal: Vol. 4 Iss. 1, Article 13. URL: <http://pxjournal.org/journal/vol4/iss1/13>

² C.f. Ahmed et al (2017)



- Activity 6.3: Privacy of information
- Language barriers and ways around
 - Activity 6.4: Explaining pains through body language
 - Activity 6.5: Organising support
- Dealing with misunderstandings and conflicts
 - Activity 6.6: Misunderstandings
 - Activity 6.7: Staying cool

What you can expect

On the following pages you will find a number of activities that you can embed as short interventions in any suitable training course, in order to raise awareness for the relevance of communication, and make your learners discover tips and tricks how to communicate their state of well being, and which forms of communication are feasible to increase their benefit from health services. Last but not least one can learn about successful ways to communicate, not only with nurses and physicians, but transferrable into other domains of life.

For each of the subtopics you will find a short introduction and a number of selected activities that you can insert into your training programme.



Activity 1: Preparing for a doctors visit

Rationale

Health systems in Europe are among others characterised by a lack of time, especially for the interaction between doctor and patient. To prepare for the consultation before going to the doctor increases chances to develop a good relationship, as it shows you anticipate time restraints of medical staff, and to get the support needed by being focused on what is relevant and to not waste time with other issues. One should reflect in advance what shall be addressed and which questions need to be asked. Otherwise important questions may be forgotten to be asked. Too long and inefficient consultations may frustrate doctors and alter their (initially neutral) attitude towards the patient.

Learning outcomes

Learners are able to:

- anticipate the work context of medical staff, e.g. little time, many patients, large amount of complex information and high responsibility;
- take the initiative and cooperate with actors in the health system;
- identify relevant points and questions in preparation of a consultation

Training methods

- Exchange of experiences and discussion
- Brainstorming

Equipment

- Story about a doctor's working day
- Paper to document important points and tips

Number of learners

- Min. 2

Duration of activity

- 30 minutes

Description of activity

This activity consists of several steps, of which each can also be applied as stand-alone activity, depending on the course situation and the needs of the group.



1. Firstly start a discussion with the entire group about their experiences with visits at the doctor or in the hospital. Reflect about the aspect of communication and how it plays out individually. Some questions you could ask:
 - How do you feel when you see a doctor?
 - Do you trust doctors? If yes, why? If not, why?
 - What frustrates you when you go to the doctor?
2. One result of the discussion may be that a lack of time creates stress, or that it is frustrating to not feel properly understood. To open up the perspective for the point of view and conditions medical staff bear, read the story of a doctors working day. The aim is to make learners understand the perspective of their counterpart and to lead them to the notion that they can contribute by adapting their behaviour accordingly.
3. Based on what was said in the previous discussion, you may highlight that against the scarcity of time it is feasible to use the precious consultation time as efficiently as possible. One way to do so is to prepare oneself before going to the doctor. But how? This can be discussed again in the group. The most important aspects should be documented and saved for later use. Relevant tips in this regard are:
 - Think about your issues and what you need to talk about when you see your doctor, make an inner list.
 - Check if your expectations are realistic, now knowing about the working conditions of your doctor.
 - Practice in advance. Ask yourself, if you can express what you want to say or ask. If you notice you lack certain words, e.g. a name of a disease, look them up and write them down. Alternatively you may want to take someone along to translate for you. (Activity 6.5 of this module focuses on the role and adequacy of interpreters).

Tips for the educator

Depending on how much time is available or how relevant this topic is for your group, you may do all steps at once, or split them up to several sessions of your course.

Make sure the guidelines to prepare for a doctors' visit, collected during the discussion, are made available to all learners.

Summary of the activity

In this activity learners shall become aware of the relevance and meta aspects of communication with medical staff and how they can constructively adapt by explicitly preparing for a consultation with a physician.

Resources/Appendixes



- Handout 6.1 “A doctors working day”





Activity 2: Dynamics of good and bad communication

Rationale

"What goes around, comes around." is a common saying that to a certain extent applies to the quality of interaction between patients and medical staff as well. This activity aims to show the impact of different ways of communication. These dynamics shall be exemplified in two role plays, one showing how it is not supposed to be, and the other way around. This way learners can recognise different dynamics in communication and how communication influences the quality of interaction. Also they are stimulated to reflect on their own communication style when interacting with medical staff.

Learning outcomes

Learners are able to:

- understand the dynamics of constructive vs. destructive communication styles
- reflect on their own communication style

Training methods

- Role plays
- Feedback and discussion

Equipment

- Scenarios for role plays

Number of learners

- Min. 4

Duration of activity

- Approx. 15 minutes per role play plus 20 min. for final reflection about the scenes and own communication style (depending on group size)

Description of activity

- Begin the activity by explaining its objective and the procedure. The central focus is the recognition of communication dynamics between doctor and patient. Ask who volunteers to take over a role. The rest of the audience is instructed to listen and observe (and maybe to take some notes). Each scenario should not take longer than 5 minutes. The trainer keeps the time.
- In the first round an example shall be given how interaction with a doctor is not supposed to be: the conversation is bold, rude and disrespectful. Use Handout 6.2 to clarify the roles. Each player is to anticipate their role. Give them a few minutes to identify with it. Then ask them to play out the scenario. Of course improvisation is allowed.



- In the second round the opposite dynamic is to be shown. Handout 6.2 describes a respective example: the conversation is polite, pleasant and respectful. Again give learners a few moments to get into their role.
- After two rounds of role plays, invite the group to share their impressions. Then you can identify aspects of good communication, as seen in the play and beyond. Ask learners to reflect about their own way to speak to others and ask, if they have further questions or whether they need advice. Answers to these questions can be collected in the whole group.

Tips for the educator

- If the learners have problems to identify with the scenario, make clear that the concrete information is not so important, rather the way they talk and interact. It may help to ask them to remember a similar situation from their own experience.
- The scenarios provided are very general and abstract. Of course they can be adapted according to the needs of the group or to fit a real case.

Summary of the activity

This activity creates awareness for different qualities of communication and highlights why good communication is important in the context of the health system. Good practice rules are derived from a discussion between the learners.

Resources/Appendixes

- Handout 6.2: Dynamics of good and bad communication

Activity 3: Medical confidentiality

Rationale

The obligation to keep health related information private is an important fact in the patient-doctor relationship. Although there is medical confidentiality – the secrecy between patient and doctor – the understanding of it may be unfamiliar for people from non-european countries. By discussing the perception and dealing with privacy in their home country compared to the host country, learners become aware of this fact and gain ideas how to deal with it.

Learning outcomes

Learners are able to:

- understand different cultural perceptions of privacy;
- know which practical relevance medical confidentiality has for them.

Training method

- Discussion along leading questions

Equipment

- List of questions
- Internet access for researching specific aspects

Number of learners

- Min. 2

Duration of activity:

- 10-20 minutes

Description of activity

Introduce the group to the topic. Ask if they have heard of the term “medical confidentiality” and make sure everyone knows what medical confidentiality means in the context of the country you are in. Then invite the learners to reflect and discuss in how far the issue is relevant for them, and in which situations the privacy issue might affect them directly. Further questions to ask could be whether medical confidentiality has the same meaning in their home country, like it has in the hosting society. Then you could focus on distinct differences dealing with privacy issues in their home and host country and how they think about it.

If questions come up that can't be answered in the group, invite participants to research this information directly, to feed the further discussion.



The discussion can come to an end, when you feel that the learners are aware of “medical confidentiality” and know in which ways it is relevant for them.

Tips for the educator:

- If the learners don’t know how to start or even what you mean, you can show some images/pictures of a patient visiting a doctor (one patient one doctor; a few people and one doctor, one patient a few doctors) to exemplify the flow of information
- You may give an example/tell a story to exemplify why medical confidentiality is so highly valued in Europe.
- Every country has a different understanding of privacy of information – it should be an open discussion without the fear of saying something wrong.

Summary of the activity

By discussing the differences regarding medical confidentiality in home and host country, cultural differences become visible and tangible. The resulting insights help to gain a better understanding of the legal context of a patient-doctor relationship, but also of the overall relevance of data privacy and the risk of data abuse. In addition learners become aware in which way the privacy rule is important for their own lives.



Activity 4: Explaining pains through body language

Rationale

The field of medicine has its own specific language and the ability to clearly describe ones health problems must be learned. Migrants may lack the vocabulary to do so. But it is possible to describe a medical condition without words, through body language. This activity gives learners the chance to get feedback on how they manage to make themselves understood through body language. At the same time they learn new words.

Learning outcomes

Learners are able to:

- to describe a certain health problem through body language
- learn words for different ailments and health problems

Training method

- Pantomime game
- Vocabulary teaching

Equipment

- List of terms

Number of learners

- Min. 4

Duration of activity:

- Approx. 5 minutes for each presentation incl. finding the solution in the group

Description of activity

This activity is a simple game in which learners describe their health problems only through body language. The game has two stages: first the learners get to know the terms for the diseases and medical conditions that are to be used in the activity. You, the trainer should select these prior to the activity. In the second step one participant is selected for acting out a term that is given by the trainer and the group has to guess it.

Select the terms you want to work with from the Handout 6.4 “List of medical conditions” having in mind the group and the time available.

Present the terms to your group. Give them some time to become familiar with the words.

Introduce the pantomime game: ask who volunteers to pantomime in front of the group. Ideally each group member should have their turn.



Give a term that was previously introduced to the volunteer and have him/her describe the problem by means of body language only. During the pantomime the other learners can already start guessing, which problem they see.

If you want to stress the competitive aspect of the game (e.g. in a group of younger learners), you can form two teams playing against each other. Finally you can award the winning team or both teams for their effort.

Tips for the educator

- Make sure the group is comfortable with each other, so they can bear to laugh about each other without taking it personally. Some of medical conditions have the potential to produce a laugh. And laughing is good for learning.
- You may exemplify the activity yourself first, so learners know clearly what is expected from them. By exposing yourself in acting out a term, the threshold for participation can be lowered.
- Alterations are possible by splitting the group in tandems or two competing teams.
- This activity has teambuilding qualities. Depending on the composition and chemistry of the group you should decide on the format to carry out the game (e.g. entire group, no competition, no prizes or two competing teams, or pairs of two,...)

Summary of the activity

This game uses body language – pantomime – to support the language learning process. Even without knowing the term for a health problem, the right gestures can help to make the doctor understand a medical condition.

This way of explaining a medical conditions can even be precise (the patient knows where the pain comes from) and the fear of misunderstandings and language difficulties can be reduced. Connecting physical activity to learning of vocabulary raises the learning impact.

Resources/Appendixes

- Handout 6.4: List of medical conditions

Activity 5: Organising support

Rationale

Language barriers are one of the major challenges for migrants in European health systems. In some countries migrants and asylum seekers have a legal claim entitling them to use an interpreter to assist in medical examinations. In other countries support has to be organised on own initiative, and at own costs. This puts the responsibility on the shoulders of the migrants, to organise support themselves. Most obvious is to ask a family member or friend to come along. But in some cases this may not be a good idea, especially if children are expected to serve as interpreters. Interpreting, especially in legal and health contexts, is connected with a high responsibility, not everyone can or in case of children should bear. The family member him/-herself may not be proficient in the host countries' language, may misunderstand instructions etc.. The consequences of an interpreting error can cause clinical errors and lead to serious consequences for the patients' health, and strain the relationship. The aim of this activity is to create awareness for role and responsibilities of interpreters and to elaborate ideas how to organise support that is reliable and safe.

Learning outcomes

Learners are able to:

- decide if support for consultation is needed
- Know criteria for selecting interpretation help
- Claim their rights to receive support

Training method

- Brainstorming
- Discussion

Equipment

- Good practice guide for interpreting³
- Flipchart or board and pens

Number of learners

- Min. 2

Duration of activity:

- 30 min.

Description of activity

Prepare by reading the 'Good practice Guide for Interpreting', developed by migrants for migrants. It contains the arguments and recommendations that you want your learners to discover in the discussion.

³ <http://migrantsorganise.org/wp-content/uploads/2012/09/Interpreting-guide-English.pdf>



Start the activity by asking your group, which experiences they have with support and interpretation when utilising health services (or which problems they encounter without support). Document the pros and cons that are mentioned on a flipchart or board. After experiences were shared, ask further questions to bring the discussion to a more abstract level.

- Why is it important to look for qualified interpreters, rather than taking along anyone?
- What is problematic about using help of children or other family members?
 - o Does the person really have the knowledge of complex medical conditions and terminology? (Knows medical phrases, the context of the disease, the understanding of the meaning, the exact translate and not only the approximate meaning, has experience talking to a doctor/medical service)
 - o Attention for context and gender aspects: is a brother the right choice to take along to the gynaecologist?
 - o How objective can support be if the person is personally involved? (Example: your interpreter doesn't agree to a proposed treatment, and thus filters the information passed on to you.)
 - o Will the medical details stay private and if not, are you ok with it? (e.g. family members may chat)
- Who is suitable to come along to interpret during a medical consultation?
- Which competences and features should this person have?
- Which institutional support is available (e.g. interpreters networks)
- What about the costs for professional interpretation?
- Which other support is available?

Make a list as a summary of the discussion and produce a handout that you can pass out to the learners in the next session. You can add additional resources, e.g. from the list of references below.

Tips for the educator:

- Make sure that the supporting tools are up-to-date (Apps and Websites changing quickly and constantly new tools are being developed).
- Legal claims for interpretation support in the health system vary. In UK there is a claim, in Germany the patient has to carry the costs, but funding schemes exist, to receive a refund. Inform yourself about the conditions in your country or look for respective information in our further reading section.

Summary of the activity

The choice of a supporting person for interpretation during medical consultations is important. Good interpretation has strong impact on the quality of the medical treatment.



The group discusses their experience with interpreters and learn how to find the right person for support.

Resources/Appendixes

- Migrants organise: Good practice guide for interpreting. It is available in English, Arabic, Bengali, Chinese and Somali. URL: <https://www.migrantsorganise.org/?p=21539>
- The Picture Communication Tool comprises a set of drawings to help speak with people whose first language is not English. URL: <http://www.picturecommunicationtool.com/>
- The British Red Cross and NHS 'Emergency multilingual phrasebook' (published 2004) is available in Albanian, Amharic, Arabic, Bengali, Bosnian-Bosanski, Chinese, Czech, Farsi, French, German, Greek, Gujarati, Hindi, Hungarian, Italian, Japanese, Korean, Kurdish, Lingala, Macedonian, Pashto, Polish, Portuguese, Punjabi, Romanian, Russian, Slovak, Somali, Spanish, Swahili, Tamil, Turkish, Ukrainian, Urdu, Vietnamese and Welsh. URL: https://webarchive.nationalarchives.gov.uk/20130105192116/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073230
- EthnoMED is a U.S. website with a range of patient education materials in different languages. URL: <https://ethnomed.org/>
- Google translate allows you to type text or translate a document in over 50 languages.

Activity 6: Avoid Misunderstandings

Rationale

Misunderstandings and (hidden or open) conflicts have a direct impact on the treatment of a patient. There are basically two areas from which misunderstandings and conflicts can evolve: language barriers resulting in a feeling of helplessness, and strong emotions that may overrule the objective level of interaction between patients and doctors. The following activity aims to create awareness for these distinctions and prepares to act respectively.

Learning outcomes

Learners are able to:

- Identify the difference between objective and emotional level of conversation
- Identify rules of communication to avoid misunderstandings

Training method

- Communication analysis

Equipment

- Flipchart, Board, large paper, pens

Number of learners

- Min. 2

Duration of activity:

- 10-30 minutes (depending on the number of examples used)

Description of activity

First the group should be introduced to the aim of the activity: to create awareness for misunderstandings based on the difference between objective and emotional level of conversation

- Write down one of the sentences of examples from the handout or pass around sheets with the full range of examples.
- Explain the different ways to understand the exemplary sentence (the information itself; the emotional connotation of the message).
- Take another sentence, but this time the learners have to find the different meanings – keep in mind that there are more than two possible meanings.
- Ask the learners to generate new sentences (or use other examples)
- Afterwards start a discussion focused on: How can I prevent this kind of misunderstanding? Identify communication rules in the group and document them (Some tips are already listed in the handout 6.5)

Tips for the educator:



This activity is based on a simplified version of the so called “four-sides- model”. The four-sides model is a communication model by Friedemann Schulz von Thun and refers to four sides of a message. These are fact, self-revealing, relationship, and appeal. (Wikipedia)
If your learners enjoy thinking and discussing you can also introduce the two sides not addressed in the activity description and extend the exercise accordingly.

Summary of the activity

Learners discuss different messages of a statement, the objective level of information, and the emotional level which filters what we hear. They become aware of the need for clarity and reflect which consequences to draw for the sake of clear communication that minimises the potential of misunderstandings.

Resources/Appendix (handouts, materials etc)

- Handout 6.6: Avoid Misunderstandings



Activity 7: Staying cool

Rationale

Misunderstandings often go hand in hand with stress and emotional tension. Despite all good intentions, they cannot always be avoided. A good way of dealing with negative emotions, especially in a communicative situation, is to know how to quickly calm down and refocus. There're a lot of different methods - physical and mental - all can be used in daily life. We present a collection of easy techniques which help to calm down in or after a communication conflict.

Learning outcomes

Learners are able to:

- regulate own stress level through simple exercises

Training method

- Physical exercises

Equipment

- No

Number of learners

- Can be done individually and with any group

Duration of activity:

- 2 – 15 minutes per technique

Description of activity

- Before you start this activity make sure that you printed your chosen examples.
- Begin the activity to explain the benefit of the exercises.
- Based on the handout instruct selected exercises.
- Finish with a quick reflection how they feel after each exercise.
- Give out the handout, so learners can practise the exercises in their daily life.

Tips for the educator

- Some of these techniques increase their effect when regularly repeated.

Summary of the activity

Learners learn different physical exercises to calm down, cope with stress, unpleasant situations and personal pressure.

Resources/Appendixes

Handout 6.7: Cooling down techniques



Annex



Handout 6.1 Working conditions of doctors

The work of doctors is of course highly diverse. But there are a number of conditions and demands they have to put up with that many doctors, especially family doctors, share. Knowing these conditions and demands, helps patients to understand how this influences their own experience when being at the doctor. The following list of working conditions is of course not universal, but helps to anticipate the complexity, density and the high level of responsibility a doctor has. As empathy is a crucial element of positive social interaction, this knowledge may help to improve awareness and understanding for limitations and frictions in the health system without having to take it personally, but to adapt ones behaviour as a patient to support the doctor in doing their work.

Doctors - Working Conditions – a general overview

Interpersonal Relationships

- Have a high level of social interaction. They constantly talk with patients, parents, and medical staff.
- Are greatly responsible for the health and safety of their patients and the people they supervise.
- Are responsible for the work outcomes of the staff they supervise.
- Often are placed in conflict situations in which patients and family members may be unpleasant or angry.
- Work as part of a team providing care to patients.
- Communicate with medical staff and patients daily by phone, e-mail, and in person.

Physical Work Conditions

- Always work indoors.
- Work daily with patients who have diseases or infections.
- Wear protective clothing weekly such as masks, gloves, or apron.
- Work physically near patients.

Work Performance

- Must be very exact and accurate in performing their job. This is very important because very serious mistakes could risk patients' health.
- Repeat the same physical and mental activities, especially when performing exams.
- Make decisions on a daily basis that substantially impact patients and their families.
- Make nearly all their decisions and set their daily tasks and goals independently.
- Must meet strict weekly deadlines.



Hours/Travel

- Work more than 40 hours per week.
- Generally work a set schedule.
- May travel between office and hospital to visit patients.
- Work on the weekends and nights when on-call.

Source: Illinois Career Information System (CIS) brought to you by Illinois Department of Employment Security.



Handout 6.2: Dynamics of good and bad communication

This handout presents two different scenarios for the role plays in activity 6.2. Under each profile there are sketch points that shall help to get an idea how to play the role. It may help to add a concrete medical problem to the scenario, e.g. suspicion of diabetes, cancer prevention

Scenario A: the conversation is bold, impatient and disrespectful

Profile Patient:

Behaviour: No or unfriendly greeting, starts directly to talk and to complain about waiting time, has own idea of how to be treated and which medicines to receive, doesn't listen properly and doesn't want to cooperate

Expectations: wants some antibiotics, the same ones previously given to wife/brother/sister...,

Profile Doctor:

Behaviour: Calm and determined, but tired, slightly leaning back in chair, starts out friendly but then gets more and more irritated and impatient, works strictly according to regulations,...

Background : doctor already had a long day without a real break, no food since breakfast at 7, awareness of full waiting room

Scraps of conversation for inspiration:

Patient: "I already waited for more than 40 min.... I want the same antibiotics like my wife ... No need to discuss ... I know exactly what I want..."

Doc: "Sorry for waiting ... there were a lot of patients today ... I need to do a proper medical examination ... i can't just give you meds ... there are rules ..."

Scenario B: the conversation is polite, pleasant and respectful

Profile Patient:

Behaviour: Friendly greeting, although he/she is sick and doesn't feel good she/he tries to smile, knows that waiting is absolutely normal, listening openly, waiting for pause before starting to talk, ...

Expectations: Needs doctors help, believes in the doctors' advice, if he/she isn't sure about a thing, he/she asks politely, shows gratitude and appreciation for doctor

**Profile Doctor:**

Behaviour: is exhausted but friendly, is generally tense due to full waiting room,...

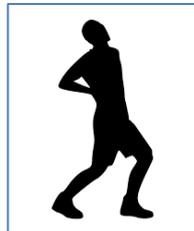
Background: doctor is interested in justifying confidence of patients, values good work and accuracy, takes the time needed,...

Scraps of conversation for inspiration:

Patient: “Excuse me for taking up your time... thank you for your advice ... may I ask you again ... thank you for helping me...”

Doc: “I’ll do the best I can ... I want to be sure ... I’ll send some samples to the lab ... no worries, everything will be fine...”

Handout 6.4 : List of medical conditions



Sorted by body areas

Head

- Headache
- Blurred sight/Eye problems
- Toothache
- Earaches
- Hearing loss
- Sniffles
- Sinus problems
- Sore throat
- Cervical pain/neck aches

Arms

- A broken arm
- Pain in arm joint
- Pulled muscle
- Dislocated shoulder
- Sprained finger
- Tennis elbow

Legs

- Sprained knee
- Bounced hip
- Twisted knee
- Twisted ankle
- Broken toe
- Torn ligaments



Torso/body

- Broken ribs
- Slipped disc
- Lumbago
- Stomach pain
- Inflamed appendix
- Heart problems

Whole body

- Digestion problems
- Nausea/ sick feeling
- Tiredness/Weariness
- Breathing problems
- Skin problems (easy – you can show the specific area), e.g. skin cancer, neurodermitis, bites,...
- Disorientation
- Flatulence
- Panic attack
- Muscle tension



Handout 6.6: Avoid Misunderstandings

Below we present examples for ways in which statements can be understood in very different ways, depending on the focus of the communication partners. A indicates the actual objective message, B the emotional aspect (what the other side understands)

Doctor to patient: „You should have come earlier...“

A: If you had come sooner the medical condition could have helped you more easily.

B: You're late because you're being lazy.

Doctor to patient: “You should take this medicine regularly...”

A: Only if you take this medicine regularly, it can help.

B: Listen, do as I say... I know it better. You never do as I told you!

Doctor to patient: “You should read the instruction leaflet of your medicine”

A: You should read it because it's important.

B: You should read it, because I'm not sure how to apply it correctly.

Patient to doctor: “I don't feel so well...”

A: I'm not sure what happened to me ... but I need help.

B: I just need a day off ...

Patient to doctor: “I don't understand what you're saying ...”

A: Could you say in a different way, so that I can understand you?

B: I'm not listening and I don't care.

Patient to doctor: “Are you sure that this is going to help me?”

A: I'm afraid of it. Will this really improve my health?

B: I don't believe in your treatment...



Aspects of Communication to avoid misunderstandings

Listening:

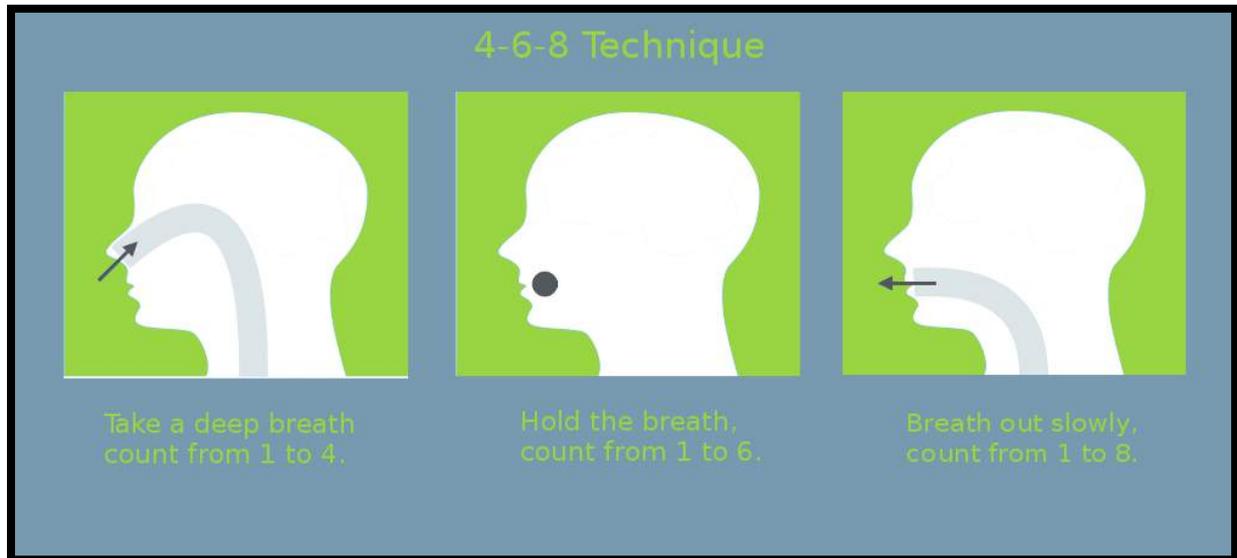
- Be warm and attentive (conversation is a giving and taking)
- Show that you are listening (by reflecting and body language)
- Check understanding (react on the said things; ask questions; understand the emotional reaction)
- Be slow to pass judgement (don't react immediately on the conversation, think about and make sure you're not judge by emotions)
- Use silence appropriately (take a break, let the said things take effect)

Talking:

- Convey messages in a clear and effective manner (no small talk, think about the things you want to say)
- Use clear and unambiguous language (keep messages clear, simple and straight to the point (if possible))
- Use non-verbal methods of communication (use your body language; use pen and paper, or even presentation)
- Use repetition (if there is something really important say it twice)
- Check understanding (make sure that the one you're talking to the point by checking)

Handout 6.7: Cooling down Techniques

Deep breath (4-6-8 Technique): A technique to lower your stress level



Breathing through your nose (Surya Bhedana Pranayama)

This Yoga-Exercise can be used to give you some energy back, to refocus

- Find a position where you are sitting comfortable
- Use your right hand to do the VISHNU MUDRA gesture and close your left nostril with your fingers
- Take a deep breath through your right nostril for 2 sec.
- Hold your breath for 8 sec.
- Use your thumb to close your right nostril
- Breathe slowly through your left nostril for 4 sec.
- Do this exercise for a couple of times

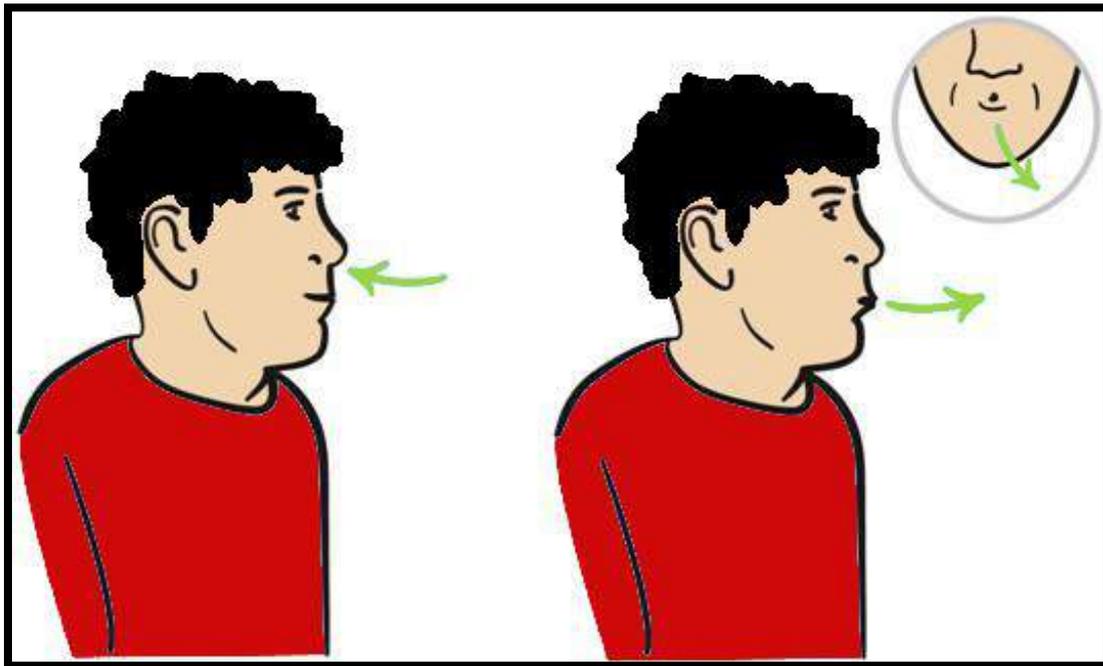


Vishnu Mudra gesture

The ratio for inhale, hold and exhale is 1:4:2 (as a beginner you can start with a ratio of 1:1 for inhale and exhale).

Pursed lip technique

This technique can be used to relieve your level of stress and shortness of breath.



Sit on a chair or in a comfortable position

Inhale through your nose

Exhale through your mouth while pursing your lips (press your lips together softly)

Visualization

A technique to relax and calm down

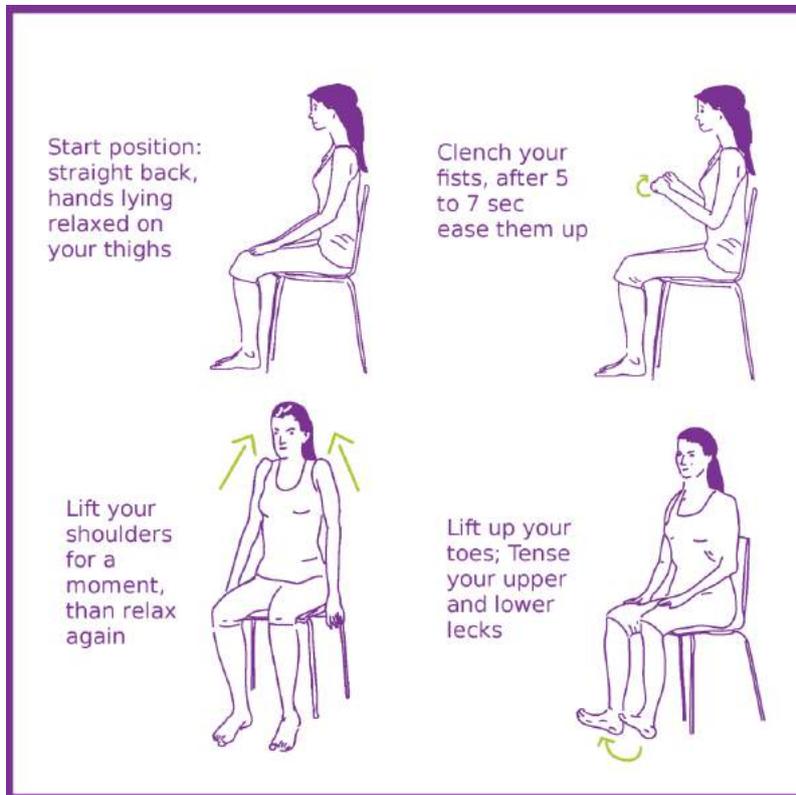
Focus on a lovely and peaceful image, like a beach at sunset, and imagine as many sensual details, like the wind softly touching your face, the noise of the waves, the feeling of sand under your feet

Breathe deeply at your own pace

Rest in this peaceful image and when other thoughts arise, just let them pass by without paying much attention.

Progressive muscle relaxation I

A technique to relax and to get mental rest



Progressive muscle relaxation II

This is a great way to get rid of pressure and stress anywhere in your body.

Close your eyes.

Pay special attention to one muscle or muscle group (i.e. your hands).

Clench the muscle group as tightly as possible for 10 seconds. Focus on the tension. How does it feel?

Then, relax the muscle group completely for five seconds. Focus on the relaxation. How does it feel?

Repeat this process throughout the body. In fact, you can do a full body check starting from your toes and working your way up through your ankles, calves, thighs, bum, and so on – all the way up through your shoulders, neck, and various muscles in your face and head.

Breathe deeply in and out as you work your way through each muscle group.

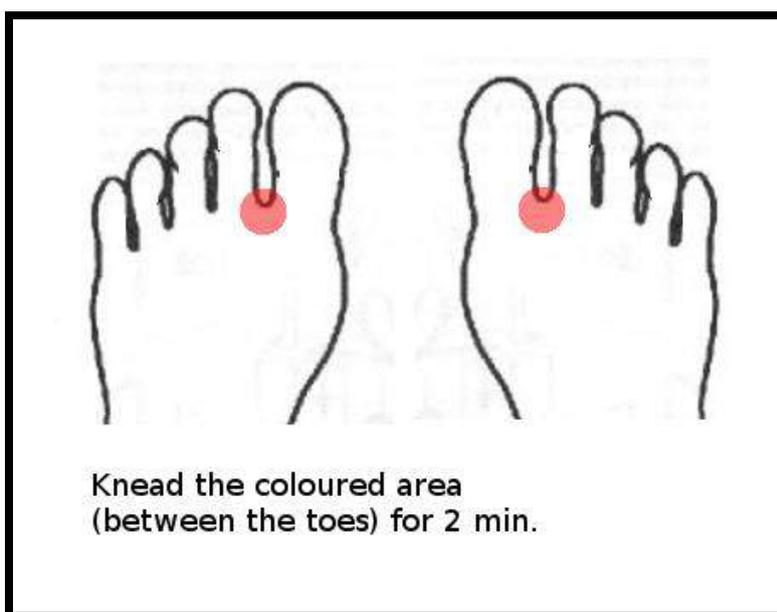
Progressive muscle relaxation III

A Technique to relax by tensing and releasing specific body regions

Sit on a comfortable chair with both feet standing firmly on the floor
 Lay the hands on the top of the thighs, the palms of your hands towards the ground
 Let your head rest on your chest
 Close the eyes, focus on the breath and the heart beat ... but without any influence on them
 Start tensing your strong hand; release the tension after 3 sec.
 Press your lips against each other; let go of pressure slowly
 Make wrinkles on your forehead; release the tension after 3 sec.
 Lift your shoulders as high as you can and slowly let them down again
 Start with the next inhale to tense your abs by pushing them against your belt; release the tension at the highest point of pressure
 Tensing your leg and your foot without moving them, release the tension slowly at the highest point
 Push the tip of your tongue against the palate; release the tension after 3 sec.
 Always keep your focus on the body region that is being tensed and released.

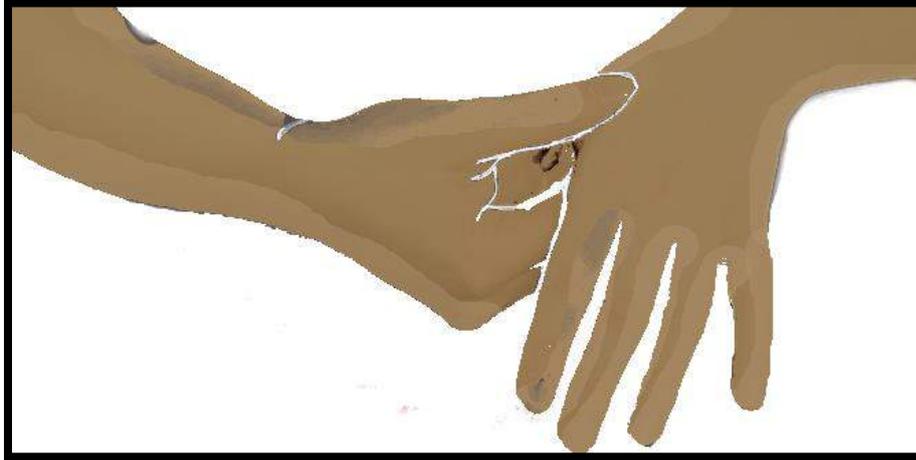
„Kshipra“ – Foot marma

The ayurvedic acupressure can be used if you are under tension and to calm you down



„Kshipra“ – Hand marma

This technique recharges your energy and helps against a tensed neck and shoulder. It can also ease headaches.



Place the thumb of your right hand in the area between your thumb and the index finger of your left hand (the index finger of your right hand supports the thumb from below)

Press and move your right thumb clockwise.

Change hands after one minute.

SMILE

A scientific study of the Loma Linda University in California showed that smiling has a big influence on our well-being.⁴



Even if you don't feel like smiling, do it. The tensed muscles used for smiling make your brain emit endorphins, so we start to feel good, even if we weren't before.

⁴ <https://www.ncbi.nlm.nih.gov/pubmed/24682001>
<https://myllu.llu.edu/newsoftheweek/story/?id=16173>

Shiatsu to go

Techniques to relax (you can use it as you go)

Lay the right middle finger of your right hand between the thumb and the index finger of your left hand (below, index finger on top)

Knead the middle finger for 15 sec.

Change hands

