



Communication skills when providing decision support

Effective communication skills are essential for good decision support when providing counseling or [decision coaching](#). There may be a tendency in decision making interviews to be more mechanistic, rely more heavily on questioning skills and focus on the cognitive elements of the decision. However, it is important to remember that when people are trying to make decisions, all aspects of the person - cognitive, affective, social and spiritual - are involved. As well, it is important to focus on being with the patient in a true encounter (Arnold 1995, Egan 1990, Hartrick 1997, Sundeen 1994).

Key communications techniques (Arnold 1995, Ivey 2003) include:

1. listening skills (e.g. encouraging, paraphrasing, reflecting feeling, summarizing, validating)
2. questioning skills (e.g. open and closed questions)
3. sending messages (e.g. providing feedback and providing information)

1. Listening Skills

Listening skills include encouraging talk, paraphrasing content, reflecting feelings, summarizing key comments and validating accuracy of perceptions.

1.1 Encourage talk by providing prompts to encourage the patient to continue.

Prompts the patient to continue talking using encouragers or key words

Practitioner prompts may be cues: **uh huh**, leads: **go on** or **and then?**, or repeating the patient's key words or phrases: **It's upsetting.**

1.2 Paraphrasing content. The goal is to promote personal exploration, clarify the content or cognitive component of a patient's message and communicate that the patient's unique perspective has been heard and understood (Egan 1990). To paraphrase properly, the practitioner must communicate back to the patient (in his/her own words) the essence of what has been said. It is often helpful to include a few key words, which a patient has used, but avoid "parroting" or repeating the exact response, which can be irritating and disrupt communication.

Shortens and clarifies the essence of what the patient has just said (content) and feeds back in practitioner's own words

Monica: **I spent a long time trying to sort out the information package the nurse gave me on hormones.**
Practitioner accurately feeds back Monica's content: **So, you found it difficult to understand the material.**



1.3 Reflection of feelings. People are usually reluctant to disclose personal feelings until trust has been established. Practitioners should avoid eliciting in-depth reflection of feeling early in the relationship, as the patient is likely to be resistant or frightened by the experience (Egan 1990). It is wise to use brief reflections, at an interchangeable level, (reflect back feelings at the level of awareness and intensity communicated by the patient without taking away from the meaning of the message). Such reflection communicates that the practitioner understands the feelings being experienced by the patient and often serves to free-up the patient for further problem solving.

Identifies what the patient is feeling now and feeds back in practitioner's own words

Monica: **I've looked at the material but I seem to go back and forth and still don't know what to do.**

Practitioner accurately feeds back Monica's current feelings: **So, you're unsure about which option is best for you.**

1.4 Summarization of the patient's key comments can be used effectively mid-way through an interaction and in the final stage of the interview (Egan 1990). The practitioner notes the patient's verbal behaviour over a period of time and communicates his/her understanding of key concepts back to the patient. Effective summarization, by tying together critical elements of the situation, assists people to gain a broader perspective of the situation rather than becoming mired in detail.

Condenses several key comments made by the patient over time during the interview (content and/or feelings) and feeds back in practitioner's own words

Practitioner focuses on Monica's key content and/or feelings: **So, you've read the information, you've discussed the issue with your partner but you're having difficulty making a decision because you're worried about the risks.**

1.5 Perception checks are used to verify with the patient that the practitioner is interpreting the patient's message clearly. Perception checks are often used following a paraphrase or a summary.

Checks to ensure that what is said or heard is accurate; may be used after a paraphrase, reflection or summary

Monica: **It's difficult to decide. My symptoms are really not that bad. I don't know.**

Practitioner validates accuracy of understanding with Monica: **You're saying that you're not ready to make a decision at this time. Am I hearing you correctly?**



2. Questioning Skills

Open and Closed questions While both open and closed questions are useful in interviewing, it is recommended that practitioners rely primarily on open questions to ensure that the patient has some control over what to reveal (Egan 1990). Closed questions may be needed to obtain specific information necessary to understand the patient's perspective.

Open questions

Asks for elaboration or clarification; cannot be answered with yes / no / one word

Practitioner: **What else might influence you to take hormones?**

Closed questions

Asks for minimal and specific information; can usually be answered with yes / no / a few words

Practitioner: **Is your partner supportive?**

Practitioners can use other skills (paraphrase, reflection of feeling) to respond to the information gathered through questioning. This is advisable to prevent the patient from feeling "grilled" and to communicate that the practitioner has understood the cognitive and affective information provided. If the practitioner feels a need to move away from the person's immediate concern, it is not necessary to use questions. The practitioner can link the response to something the person has mentioned earlier in the interview. For example she can introduce the topic by stating "You mentioned earlier--". Ivey & Bradford-Ivey (2003) describe staying with the topic presented by the person or explaining the switch to another topic as verbal tracking, an important aspect of "attending" behaviour. They view attending behaviour as the foundation skill for all other communication skills.



3. Sending messages

Messages are sent by **providing information** and **providing feedback**. Information giving responses should be clear and related to the person's situation. The emphasis should be on sharing information and not on advice giving. According to Sundeen, Stuart, Rankin & Cohen (Sundeen 1994) "information giving" allows the patient to supplement his/her own knowledge and often leads to a more informed decision, while "advice" takes the focus away from personal or shared decision making and places it on the practitioner.

Providing feedback deals with the practitioner's perception of a person's behavior. People often tend to focus on past events or future hopes, but may have difficulty dealing with current thoughts and feelings related to those past events or future hopes. In the interaction, the practitioner should try to achieve a balance of focus on the past, present and future (exploring the person's vision of his/her ideal outcomes).

The practitioner should try to maintain a balance between facts and a person's values that influence the decision making. It is also important to focus on the person's strengths (such as the personal and external resources the person brings to the decision making situation, especially for people who tend to focus on the problems associated with the decision.

Provide information

New information, explanations, teaching, responds to questions

Practitioner: **If we look at the evidence, the risk would be...**

Provide feedback

Provides the person with practitioner's perception of person's behaviour

Practitioner: **I notice that you have been focusing more on what happened in the past rather than how you are presently dealing with the decision.**

Practitioner: **You seem to have a good grasp of the key facts; you also value input from your partner.**



4. Overall Assessment of the Interaction: Patient/Practitioner-Centered

Was the interaction patient-centered or practitioner-centered? In a patient-centered interview, practitioners use a range of communication skills to establish the beginnings of a trusting relationship and facilitate adequate exploration, understanding and action in relation to the decision being made. Criteria for evaluating patient-centeredness are described below.

Criteria	Intended Interpretation
Balance between having practitioner vs. patient focus, talk time.	<ul style="list-style-type: none"> • Not equal focus or use of talk time, but a reasonable balance • Agenda reflects balance between the patient's and practitioner's thinking and issues
Balance between using questions, listening skills and sending messages.	<ul style="list-style-type: none"> • Questions not used as the only way to obtain information. (Too many questions make the patient feel grilled.) • Good use of listening skills or having a talkative patient may decrease need for questions • Focusing primarily on sending messages (providing information) will reduce listening
Balance between using open and closed questions.	<ul style="list-style-type: none"> • Generally, more open than closed questions • May need closed questions with talkative person, to focus the discussion, or to obtain specific factual data
Tailoring the approach to the patient's needs	<ul style="list-style-type: none"> • Acknowledges patient's questions or situation and provides relevant information (related to needs) • Determines patient's needs before providing information • Does not ignore questions or provide unsolicited advice

The quality of decision support and communications skills of practitioners can be assessed using the Decision Support Analysis Tool (DSAT) (Guimond et al., 2003) and a revised version focused on decision support only (DSAT-10) (Stacey, Taljaard, Drake, & O'Connor, 2008). These tools can be used for self-appraisal, by an observer not involved in the decision making process, and in training. The DSAT-10 is available in English and French (http://decisionaid.ohri.ca/eval_dsat.html).



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Note: This document was adapted from Bunn H, O'Connor A, Jacobsen, MJ. Analyzing Decision Support and Related Communication ©1998, Revised 2001. Available at:

<http://decisionaid.ohri.ca/docs/develop/Tools/ArtDecSupComm2001.pdf>.