Communication Skills

Dr. Asmaa Abed

Communication

Communication is the process of exchanging information, emotions, and ideas between individuals or groups. It involves sending and receiving messages through various means, including spoken words, written text, body language, and digital platforms. However, basic communication does not necessarily ensure that the message is understood or that the intended outcome is achieved.

Effective Communication

Effective communication goes beyond merely exchanging information. It ensures that the message **is clearly understood**, the sender's intent is accurately conveyed, and the desired response or action is achieved.

In effective communication both received and sender are satisfied

- **Ranked in a survey as the most important requirement for successful job performance.**

This is because it plays a critical role in ensuring that tasks are understood and executed properly, fostering teamwork, and building strong relationships among colleagues, clients, and stakeholders. In the healthcare sector, for instance, clear and empathetic communication is essential for accurately diagnosing conditions, ensuring patient adherence to treatment plans, and providing compassionate care. Across all professions, effective communication skills help in resolving conflicts, making informed decisions, and leading teams efficiently, ultimately contributing to better organizational performance and job satisfaction.

- **Also known as "people skills" or "soft skills".**

As they are essential for effective interpersonal interactivity and not tied to specific technical abilities
And they directly related to how individuals engage with and understands others.

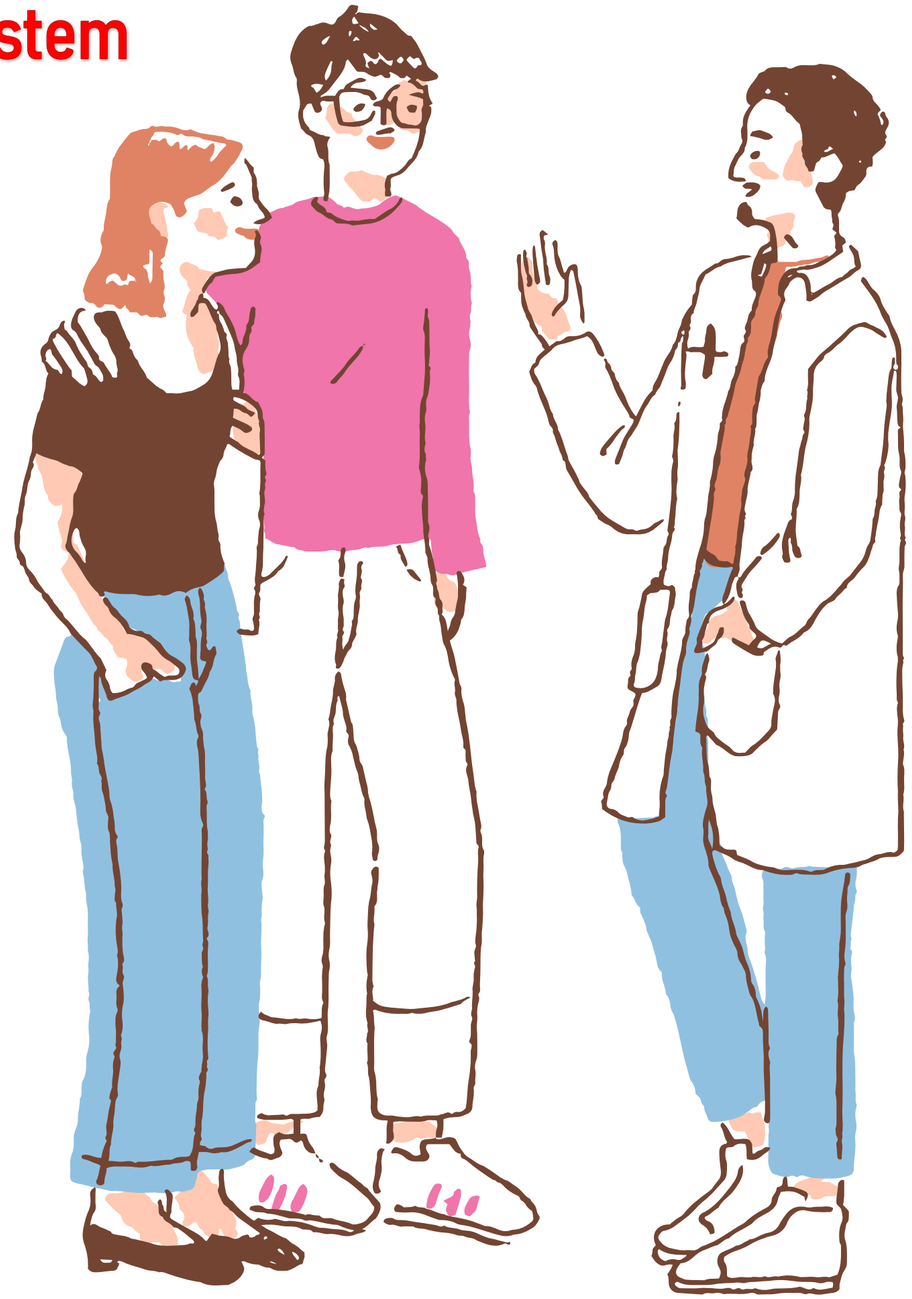
Importance of communication skills for health care system

- As health care professional you need to have stronger communication skills than ever before.

- You should communicate effectively with the health care providers and the patients.

- You should have the skills necessary to ensure clear understanding when you encounter a patient.

- Dealing with diverse populations requires that you have the skills to bridge gaps in communication



Communication is a cornerstone of the healthcare system, playing a critical role in ensuring the delivery of high-quality care.

1. Improving Patient Outcomes

- **Accurate Diagnoses:** Effective communication between healthcare providers and patients ensures that accurate and complete patient histories are gathered, leading to better diagnoses.

60% to 80% of diagnosis by history taking

- **Adherence to Treatment**: Clear explanations of treatment plans and instructions enhance patient adherence, reducing the likelihood of complications and improving health outcomes.

2. Enhancing Patient Safety

- **Reduction of Errors:** Effective communication among healthcare team members helps prevent errors, particularly during handoffs and transitions of care.

- **Clear Instructions:** Providing patients with clear, understandable instructions reduces the risk of medication errors and misunderstandings about follow-up care.

more than 50% of patients deviate from the doctors' advice or do not follow it at all.

3. Building Trust

- **Patient Trust:** Open and empathetic communication builds trust between patients and healthcare providers, which is crucial for a therapeutic relationship.

- **Patient Satisfaction:** Patients who feel heard and understood are more likely to be satisfied with their care and have better overall experiences.

4. Facilitating Teamwork and Collaboration

- **Interdisciplinary Collaboration:** Effective communication is essential for coordination among different healthcare providers, ensuring that all team members are on the same page regarding patient care.

- **Conflict Resolution:** Good communication skills help resolve conflicts within healthcare teams, leading to a more efficient working environment.

5. Ensuring Informed Consent

- **Patient Understanding:** Clear communication ensures that patients fully understand the risks, benefits, and alternatives of proposed treatments, which is necessary for informed consent.

- **Ethical Practice:** Providing patients with all the information they need to make informed decisions is a fundamental ethical obligation in healthcare.

6. Supporting Patient-Centered Care

- **Individualized Care:** Effective communication allows healthcare providers to understand patients' values, preferences, and needs, leading to more personalized and patient-centered care.

- **Empowerment:** Patients who are well-informed and engaged in their care are more likely to take an active role in managing their health.

Patient-centred care is about treating a person receiving healthcare with dignity and respect and involving them in all decisions about their health.


Incorrect Recommendations
Poor Patient Experience
Effects of Poor Communication between Healthcare Professionals and Patients
Wrong Diagnosis and Prescriptions
Irregular Follow-Ups
LeewayHertz


Poor Patient Care
Increased Casualties
Effects of Poor Communication among Healthcare Professionals
Poor Organization
Less Productivity
LeewayHertz

Benefits of effective Communication
Enhances patient satisfaction
Patient may disclose more information
Builds trust between patient and professional
Patient is more involved in decision making
Leads to more accurate diagnosis
Leads to more realistic patient expectations
Better patient adherence to treatment
Patient more open to seeking further care

Therapeutic communication

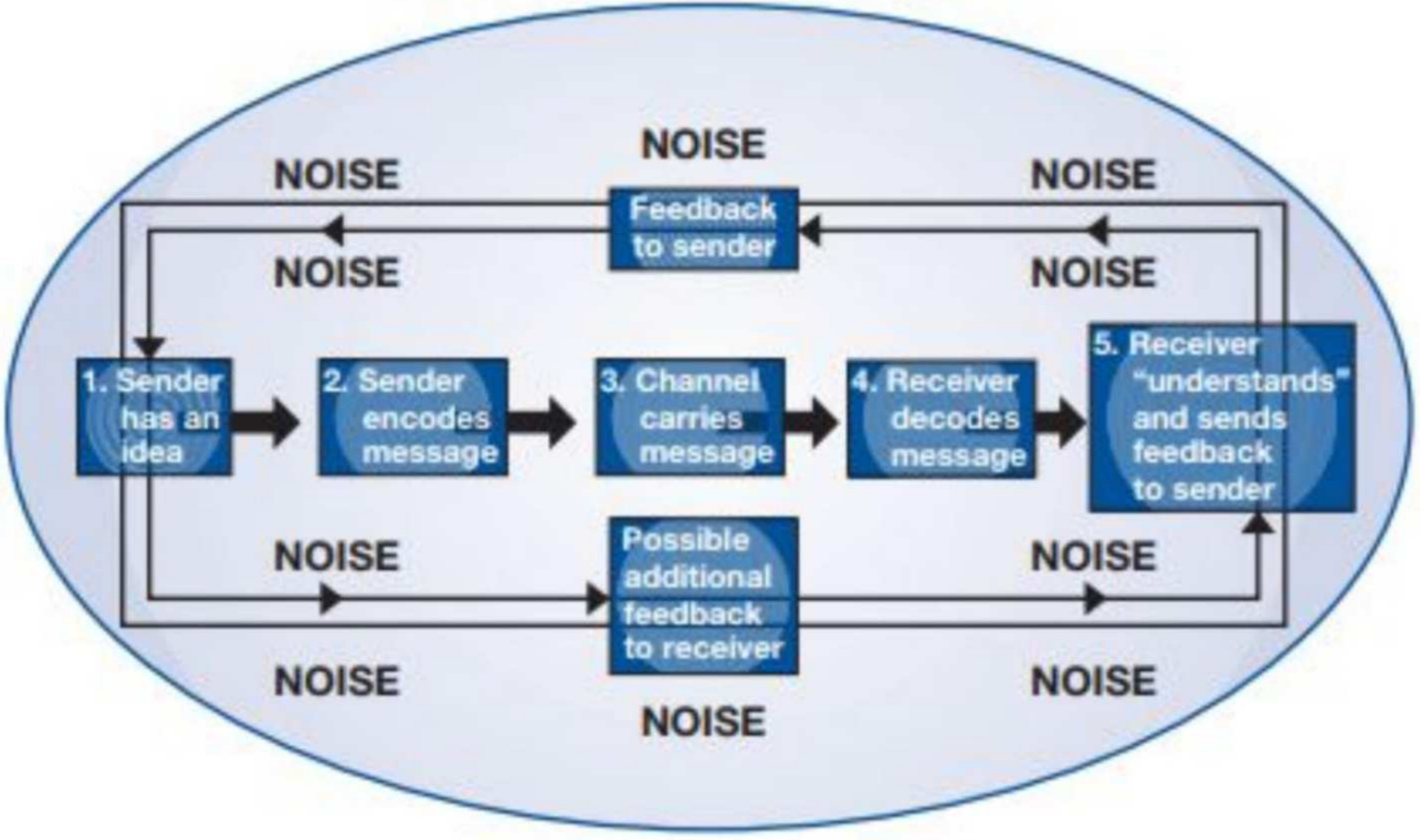
Therapeutic communication is a specialized form of communication used by healthcare professionals to support the emotional and physical well-being of patients. It involves a purposeful and goal-directed interaction that aims to enhance the patient's comfort, understanding, and ability to cope with their health conditions.

At any time when you communicate with a patient or their family members, you are engaging in therapeutic communication.

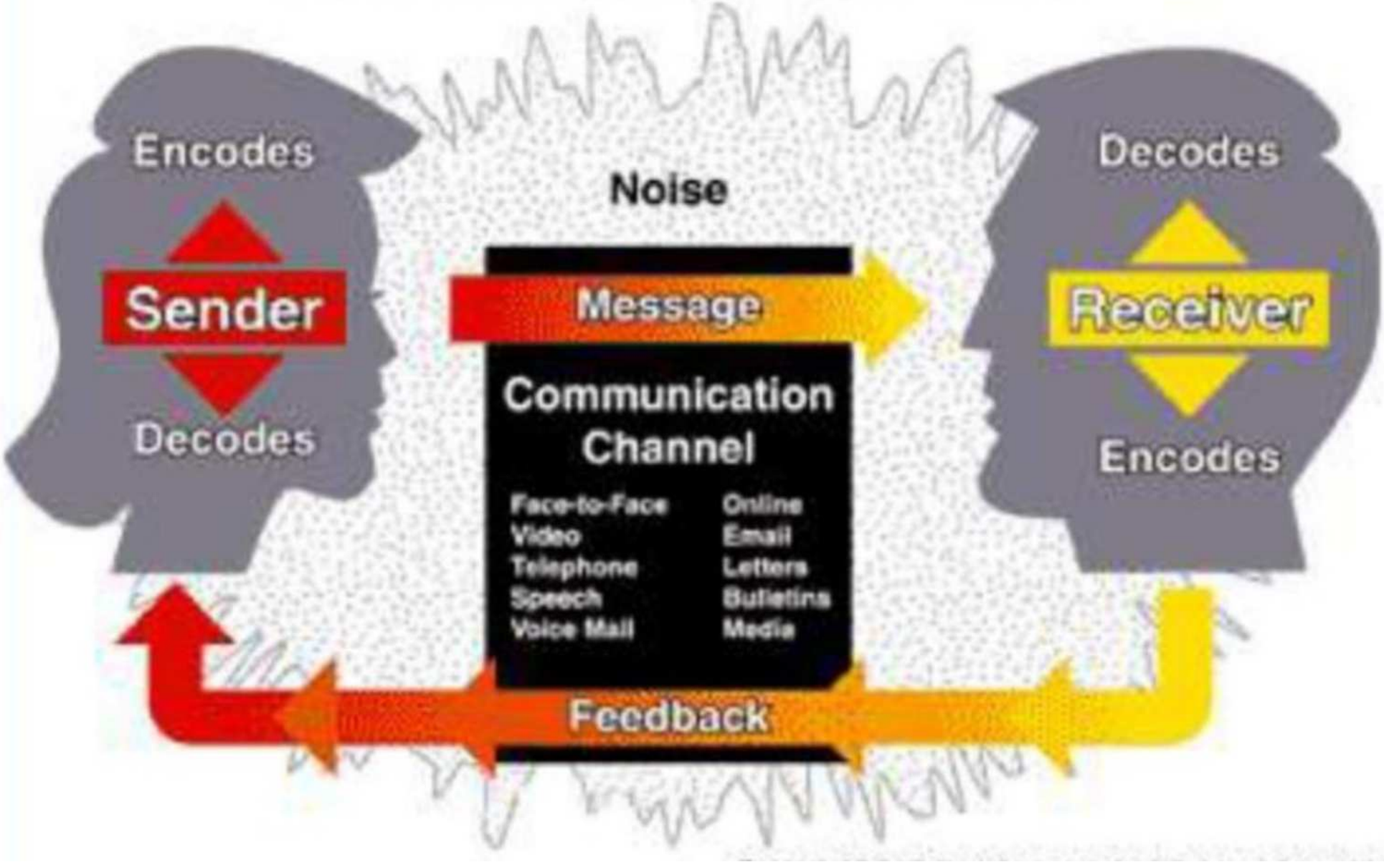
Communication guidelines

- Understand what your message is
- What audience you are sending it to
- How it will be perceived
- The circumstances surrounding your communications, such as situational and cultural context.

The communication process



The Communication Cycle



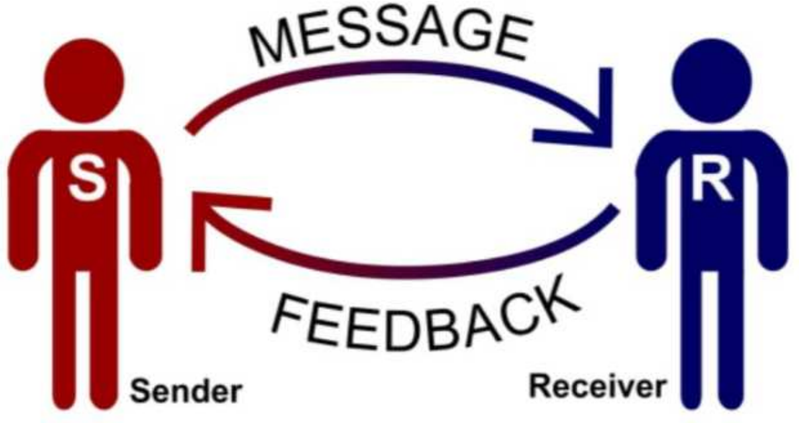
The Five Steps of the Communication Process

1. The Sender has an Idea to Communicate

This idea to be communicated can be the result of thought or feeling

The sender simply has something they want to communicate to someone else.

(For example, a radiology technologist must instruct a patient on how to place their injured arm on the x-ray table.)



2. The sender has an idea to message

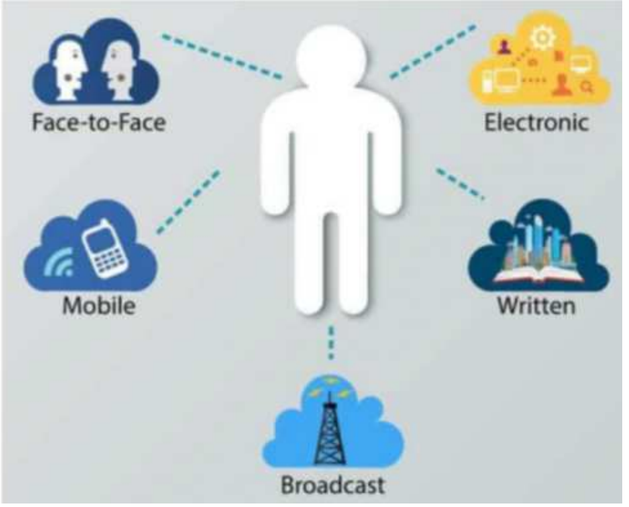
2. The Sender Encodes the Idea in a Message

- To encode the idea means to put the idea into some form that can be communicated.
- The sender puts the idea into spoken or written words, or perhaps into hand gestures, body movements, or facial expressions.
- A good communicator always understands the importance of using words, symbols, or gestures that the receiver will understand.
- *(The radiology technologist instructs the patient with words on how the injured arm should rest on the table.)*

3. The Message Travels Over a Channel

3. The Message Travels Over a Channel

- There is always a particular means, or medium, by which the sender sends the message. This is the channel. The channel could be “telephone, face to face, writing on paper, fax, email, ….”
- Sometimes the channel can be disrupted by noise. Noise is anything that disrupts the channel’s ability to carry the message clearly.



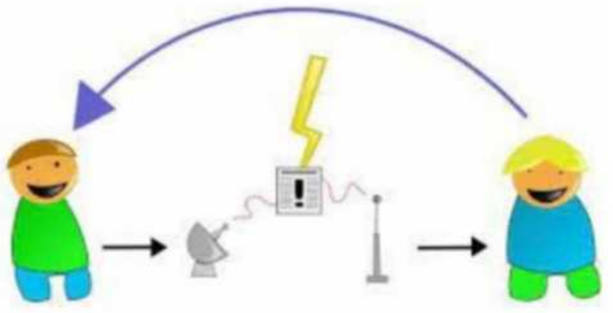
4. The Receiver Decodes the Message

- The receiver must then make some sense of the message. To do this, the receiver must decode the message, that is, translate the original message from its encoded form into a form that the receiver understands.
- There might be physical conditions that prevent the receiver from decoding the message.

5. The Receiver Understands the Message and Sends Feedback to the Sender

- The receiver understands the message and provides the sender with feedback. This can be verbal or nonverbal.
- The receiver can also enhance this step by paraphrasing back to the sender the original message, saying, This is what I think you said.
- *(Placing their arm across the table, the patient says to the radiology technologist, "Is this how you want me to do it?")*
- Finally, the receiver can do nothing, that is, make no response which is also a response telling the sender of the message that they have not received or understood the message. The sender must try again.

Noise



- Anything that inhibits effective communication can be labeled noise. Noise can come in many different forms. For instance:
- *The receiver of the message may have some sort of physical pain or discomfort that prevents them from effectively "listening."*
- *The receiver may be distracted by fear or anxiety about themselves or a family member or friend and cannot effectively concentrate on the message.*
- *There may be a language barrier or cultural differences that prevent the receiver from understanding the message.*
- *The receiver may not be interested in what the sender of the message has to say, either through a simple lack of interest or because of other concerns that have a higher priority for the receiver.*


FREE
PALESTINE

Communication Skills 2

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According to Purpose/Function:

Formal Communication

Structured and Official: Communication that follows official protocols and formal channels.

Informal Communication

Casual and Unstructured: Spontaneous and less structured interactions.

Therapeutic Communication

Goal-Oriented: Purposeful communication aimed at supporting the patient's well-being

According to mode of delivery :

- Verbal communication
- Non verbal communication
- Paraverbal communication

Verbal Communication

Definition: Verbal communication involves the use of words and language to convey a message. It includes both spoken and written forms of communication.
Spoken Communication:
This includes face-to-face conversations, phone calls, video conferences, and any other form of communication where spoken words are used.
Written Communication:
This encompasses emails, letters, reports, texts, and any other written documents where written language is used to convey a message.

-paraverbal communication
Definition: Paraverbal communication refers to the vocal elements that accompany verbal communication and influence the meaning and perception of the message being conveyed. It includes aspects such as tone of voice, pitch, volume, rate of speech. Paraverbal communication plays a critical role in expressing emotions, attitudes, and emphasis, and can significantly affect how a message is received and interpreted by others.

Non-verbal Communication

Definition: Non-verbal communication involves the transmission of messages without the use of words. It includes a variety of visual, auditory, and tactile elements that can complement, enhance, or even contradict what is being said verbally.

Paraverbal Communication

Tone:

Example: Saying "I'm fine" in a sarcastic tone versus a genuine tone.
Explanation: The sarcastic tone might sound flat or exaggerated, indicating that the speaker is not actually fine, while a genuine tone would sound more sincere.

Pitch:

Example: "Really?" said with a high pitch versus a low pitch.
Explanation: A high pitch might indicate surprise or excitement, while a low pitch could suggest doubt or skepticism.

Volume:

Example: Whispering "Can you help me?" versus shouting the same phrase.
Explanation: Whispering might indicate secrecy or a need for discretion, while shouting could convey urgency or anger.

Rate:

Example: Speaking quickly when saying, "I'm really excited to see you!" versus speaking slowly.
Explanation: A fast rate might indicate excitement or nervousness, while a slow rate could suggest thoughtfulness or hesitation.

Non-verbal communication

Non verbal communication

- Communication between healthcare professionals (HCPs) and their patients begins well before they actually say anything to each other.
- It occurs when the HCP observes the body language of the patient and even when the patient observes the body language of the HCP.
- Nonverbal communication, which may be unintentional, includes body movements, gestures, and facial expressions.

Non verbal communication

- 70% of communication is nonverbal
- 23% involves the tone of voice
- 7% of communication occurs by the chosen words

Non verbal communication

Imagine entering a waiting room and observing the patients. There are universal, natural behaviors and positions that may convey significant meaning. For example, a patient may:

- Have their arms relaxed on the armrest or have their arms folded tightly across their chest;
- Sit up straight or slouch in a chair;
- Have a pleasant, content expression or have a frown

Other behaviors exhibited by patients may also be revealing such as nail-biting, toe-tapping, and leg-shaking.

Non verbal communication

- These observations allow the HCP to begin formulating opinions about their patient and the patient's emotional state.
- For example, the nonverbal behaviors displayed by a seriously ill patient may convey a buildup of feelings, especially fear, anxiety, confusion, or anger.
- This patient may benefit from extra attention in the form of interest, concern, consideration, and emotional support. The HCP could invite the patient to release their feelings by talking about their concerns.
- Therefore, it is essential that the HCP observe and correctly interpret nonverbal behaviors displayed by their patients so that any unspoken messages are not lost.

Non verbal communication

- It is important to remember that one cannot always be sure what certain behaviors indicate.
- For example, consider the patient who is sitting with their arms folded across their chest. An initial interpretation may be that the patient is angry or impatient.
- However, one must be mindful that this position could have other meanings. Does it provide them with some form of comfort or the feeling of protection from nearby people? Are they self-conscious about their figure? Or are they simply cold?

Communication Skills 3

Dr. Asmaa Abed

Types of Nonverbal Communication

There are several distinct categories of nonverbal communication, including:

- **Kinesics** (involving body movement in communication)
- **Proxemics** (involving the physical distance between people when they communicate)
- **Haptics** (Touch)

Kinetics

1. Gestures

Gestures include movements of the head, hands, eyes, and other body parts. Often used in place of words, gestures are one of the most obvious and common forms of nonverbal communication.

Key Roles of Gestures in the Medical Field

1.Enhancing Communication Clarity:

Complementing Verbal Instructions: Gestures can help clarify verbal instructions or explanations, especially in situations where language barriers exist or where the patient has hearing difficulties.

Examples:

1. A doctor might use hand gestures to indicate the location of pain or discomfort on a patient's body, making it easier for the patient to understand the discussion.
2. Pointing or using directional gestures can guide a patient on where to sit, move, or focus during an examination.

2.Facilitating Non-Verbal Communication:

Communicating Without Words: In situations where verbal communication is not possible or practical, such as with intubated patients, those with speech impairments, or during surgeries, gestures become an essential tool for communication.

Examples:

1. A thumbs-up or thumbs-down gesture from a patient who cannot speak can indicate agreement, understanding, or discomfort.
2. During surgery, surgical teams often rely on hand signals to communicate critical information without breaking focus or sterile protocols.

3.Cross-Cultural Communication:

Bridging Language Barriers: Gestures can help bridge language gaps when communicating with patients from different cultural backgrounds. Simple, universally understood gestures can help convey basic messages when language is a barrier.

Examples:

1. A smile combined with an open-handed gesture can universally signal friendliness and approachability, regardless of language differences.
2. Gestures like mimicking drinking to ask if a patient wants water can be effective when verbal communication is limited.

4. Demonstrating Procedures and Techniques:

Educating Patients: Gestures are often used to demonstrate medical procedures, exercises, or the use of medical devices. This visual aid can enhance understanding and compliance.

Examples:

1. A physiotherapist might demonstrate an exercise using gestures to guide the patient's movements.
2. A doctor may use hand movements to show how to properly use an inhaler or apply a bandage.

5. Interpreting Patient Gestures:

1. **Assessing Patient Condition:** Observing and interpreting a patient's gestures can provide valuable insights into their physical and emotional state. This can be especially important in assessing pain, anxiety, or confusion.
2. **Examples:**
    1. A patient who repeatedly touches or points to a specific area of their body may be indicating pain or discomfort in that area.
    2. A patient who is fidgeting, avoiding eye contact, or crossing their arms may be signaling anxiety or discomfort, which can prompt the provider to explore these feelings further.

6. **Supporting Patient Autonomy and Engagement:**

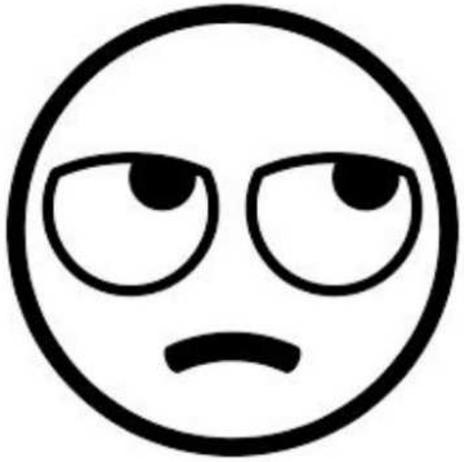
1. **Encouraging Participation:** Gestures can be used to engage patients in their care by encouraging their involvement in decision-making or by prompting them to express their preferences.
2. **Examples:**
    1. A healthcare provider might gesture towards a decision aid or a consent form, inviting the patient to review and discuss their options.
    2. Pointing to a list of treatment options while discussing them allows the patient to visually connect with the choices being presented.

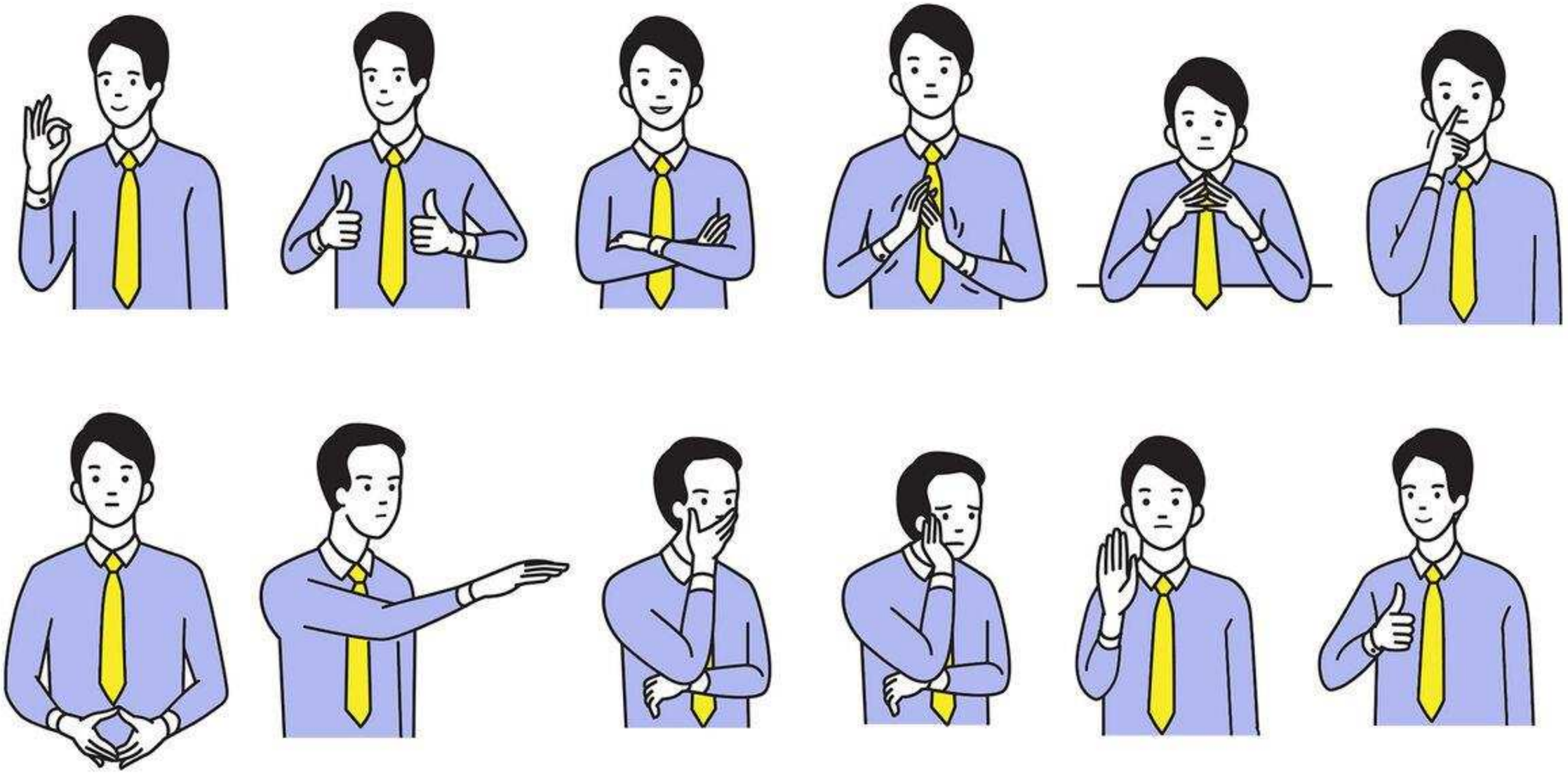
7. **Non-Verbal Feedback:**

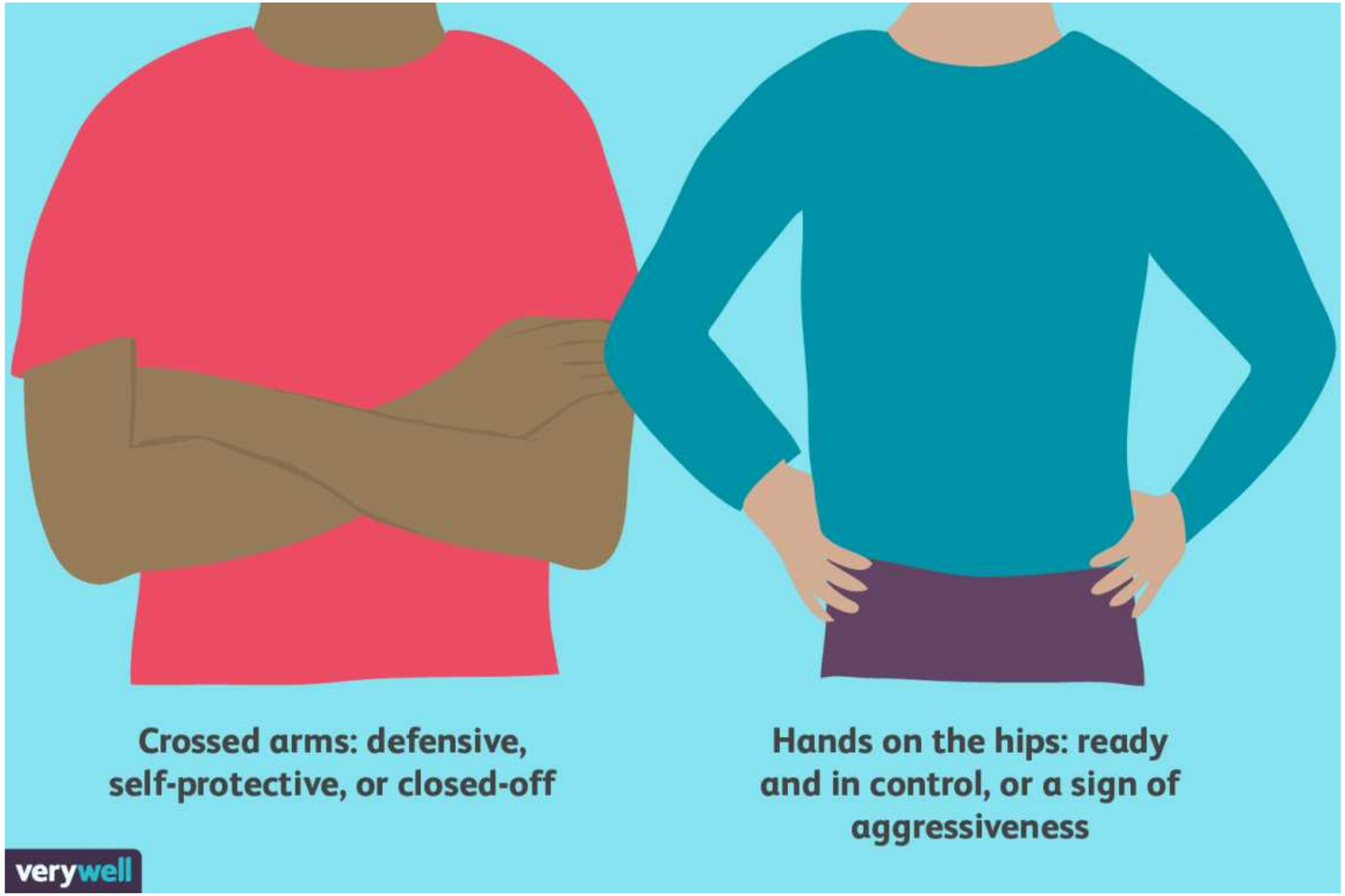
1. **Providing Silent Feedback:** Healthcare providers often use gestures to give or receive non-verbal feedback, which can be crucial during patient interactions, team discussions, or even in telemedicine settings where verbal interruptions need to be minimized.
2. **Examples:**
    1. A nod or a hand wave can signal understanding or agreement during a team briefing without disrupting the flow of conversation.
    2. In a virtual consultation, a patient might use hand signals to indicate understanding or to show they need clarification.

Gestures

- “Positive” gestures may include thumbs up, winks, handshakes, and fist bumps. These are signs of acceptance, encouragement, appreciation, and friendliness.
- “Negative” gestures may include looking at one’s watch, rolling one’s eyes, and tapping one’s foot.






Crossed arms: defensive, self-protective, or closed-off
Hands on the hips: ready and in control, or a sign of aggressiveness
verywell

How to Read BODY LANGUAGE

CROSSED ARMS & LEGS

GESTURING WHILE SPEAKING

TORSO TURNED AWAY

MASSAGING FOREHEAD

TOUCHING NOSE

fab HOW

HOW TO READ BODY LANGUAGE

Leakage

- **Leakage:** when gestures come involuntary or subconscious.
- Also the true feelings or attitudes are revealed by an individual.
- **For Example:**

an 18-year-old football player may say that ***he is not afraid*** of injection or the clinical procedure, but he ***wrings his hands or shakes his leg***.

2. Facial expressions

- **The human face provides a complex but rich source of information regarding emotions for HCPs as well as patients.**
- **These expressions may also be used to punctuate a message or to regulate the flow of conversation between two individuals.**
- **Because patients are sometimes reluctant to express themselves verbally, it is essential that HCPs understand and accurately interpret their patient's facial expressions.**
- **Listeners use facial expressions to provide the speaker with feed- back.**
- **Facial expressions can show the speaker not only that the listener is interested, surprised, or disgusted by what they have heard, but that they have understood.**
- **The speaker is able to monitor these reactions and adapt communication accordingly. During a conversation with a patient, a smile serves as a reinforcer and encourages the patient to continue.**

Facial expressions

- The facial expression of pain is of particular importance to the HCP.
- Grimaces of pain are not observed in a patient until that patient's thresh- old of pain is reached. (This threshold level varies among individuals.)
- HCPs have a tendency to underestimate pain when performing clinical assessments.

Important Points For HCP

- ✓ Control your facial expressions especially when having negative feelings such as anger, disgust and shock.
- ✓ When talking with patients smile to encourage and reinforce.
- ✓ Pay extra attention to signs of pain.

3. Gaze Pattern

Gaze is a form of communication as well as a method for collecting information. Specifically, it serves three primary functions:

■Monitoring—Assessing how others appear (e.g., a nurse gazing at a very sick patient for clues about their condition), or how a listener is responding to the speaker (e.g., interest, understanding, boredom, confusion)

■Regulating—Using gaze to regulate the conversation such as indicating when it is the other person's turn to speak (When a person finishes speaking, they tend to look at the listener and the listener perceives this as a cue that it is their turn to speak.)

■Expressing—Feelings and emotion

General rules related to Gaze pattern

- Eye contact illustrates that the HCP is interested in giving and receiving messages and acknowledges the patient's worth.
- A lack of eye contact or looking away while the patient is talking may be interpreted as avoidance or disinterest in the patient.
- On the other hand, staring is dehumanizing and may be interpreted as an invasion of privacy.
- The ability to examine the patient without staring at them and making them feel uncomfortable or self conscious is a mark of professionalism in a healthcare worker

Gaze pattern

- Gaze patterns are affected by changes in mood. Sad or depressed people tend to make less eye contact and look down. Gaze also tends to be averted in patients with mental health problems.
- Patients who receive longer gazes from HCPs tend to talk more freely about health concerns, present more health problems, and provide more information about psychosocial issues. These findings highlight the importance of considering gaze and its functions during the patient interview.

Important point to HCP

Normal gaze patterns between individuals in conversation may be characterized as follows:

- Direct eye contact in a normal conversation occurs for about 50% to 60% of the time.

- The average length of gaze is usually less than three seconds and the average length of mutual gazes is less than about two seconds.

- Consider the gender and the cultural norms of the patient

- Don’t make the patient uncomfortable

Proxemics

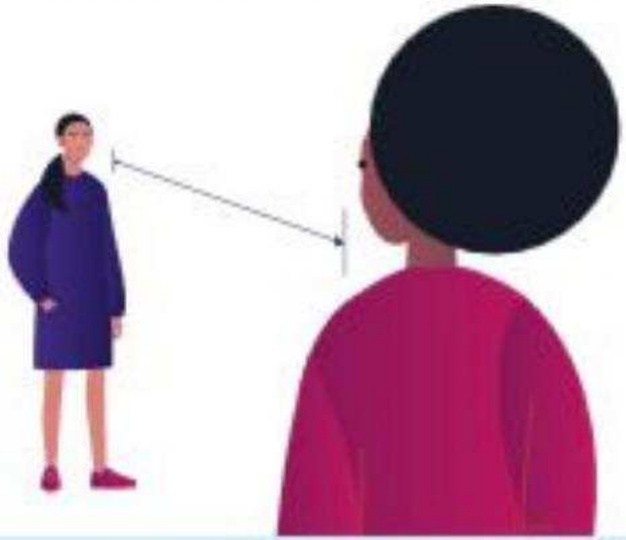
Personal Space

a form of nonverbal communication or body language in which messages are conveyed from one person to another by the changing space that separates them during a conversation.

Personal Space and Position.

"Personal distance," or about an arm's length, between the medical assistant and the patient in this illustration is commonly used in healthcare settings. An eye-level position enables the HCP to maintain eye contact with the patient.

Proxemics *refers to the study of how human beings use space to convey messages.*



Hall (1959) identified **four** specific spatial zones that convey messages.

There are four generally accepted distance zones to be considered when interacting with others:

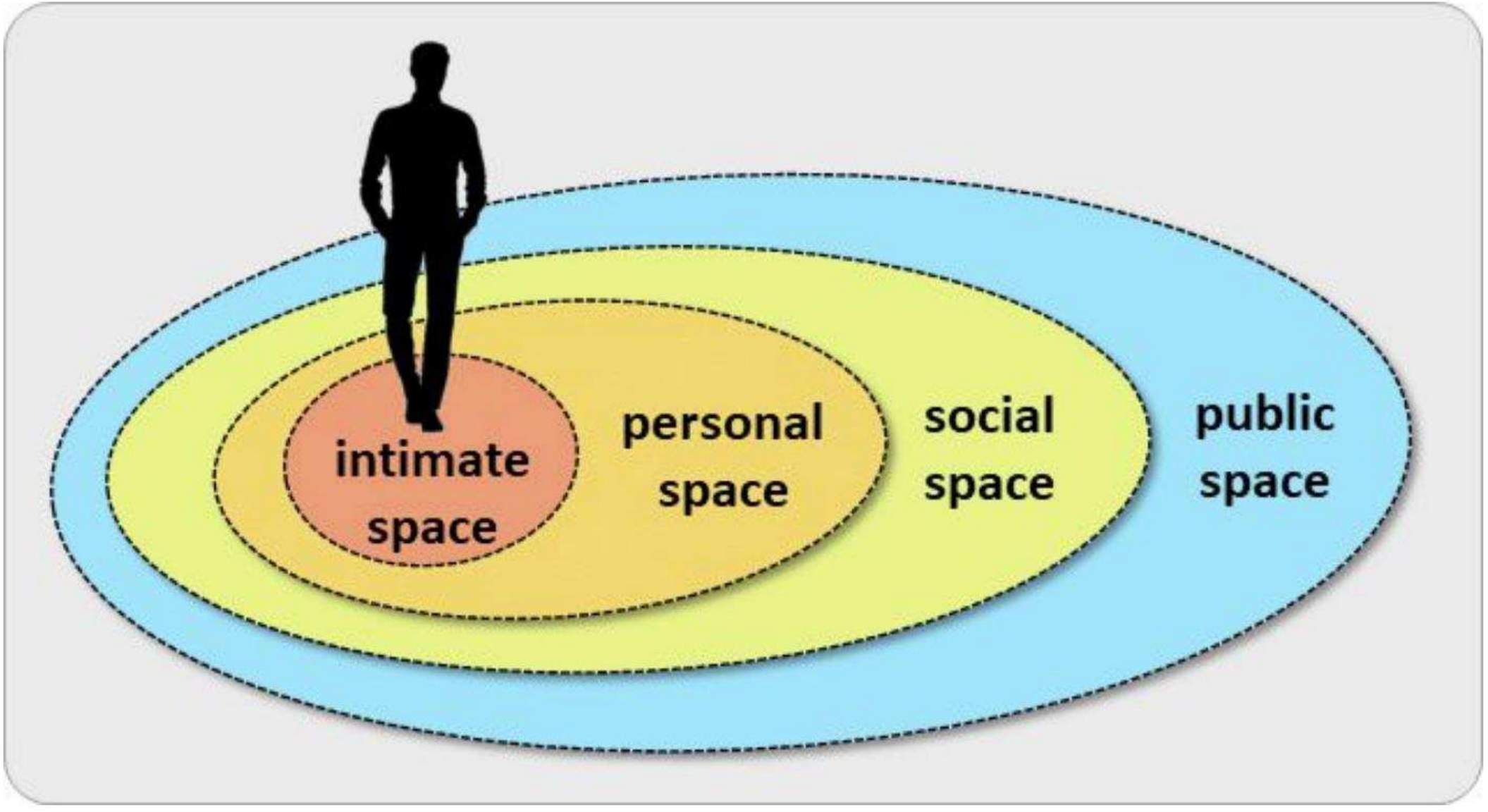
Intimate distance = up to 1.5 feet apart (up to 45 cm) . This distance allows the individuals to touch each other. Clinicians often need to enter this zone to examine and care for the patient.
HCPs are members of one of the few professions where it is not only legitimate, but necessary, to enter this zone.
for close relationships such as family, close friends, or intimate partners.

Personal distance = 1.5 to 4 feet apart (about an arm's length)(45-120 cm) . This is the distance at which personal conversations with soft or moderate voices may take place. The personal distance is commonly used in healthcare settings where a clinical procedure is being explained or a patient is discussing a personal matter.
Used for interactions with friends, close acquaintances, and colleagues.

Social distance = 4 to 12 feet apart(1-3.5 m). This distance is common in business or social settings. Many HCPs may maintain a social distance during a consultation.
Common in formal or professional settings, such as business meetings or social gatherings.

Public distance = more than 12 feet apart. Used in larger events, this distance is intended to separate the speaker from the listener.
Used for public speaking or when addressing larger groups.

Too much distance between the HCP and the patient may be interpreted as avoidance.
Moving away from the patient may be interpreted as dislike, disinterest, boredom, indifference, or impatience.


intimate space
personal space
social space
public space

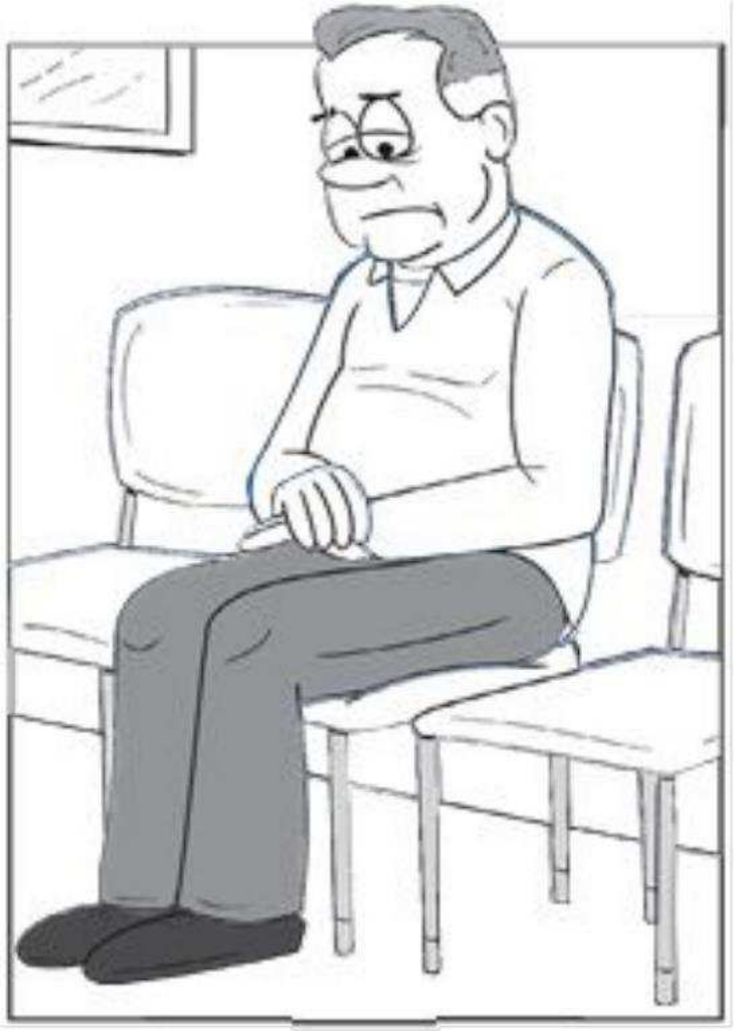
Posture

Posture refers to the position of the body and limbs as well as muscular tone.

• The posture of a patient may reveal a great deal about their emotional status.

• Depression or discouragement is characterized by a drooping head, sagging shoulders, low muscle tone, and the appearance of sadness or fatigue.

• Anxiety may be characterized by increased muscle tone where the body is held in a rigid and upright manner.



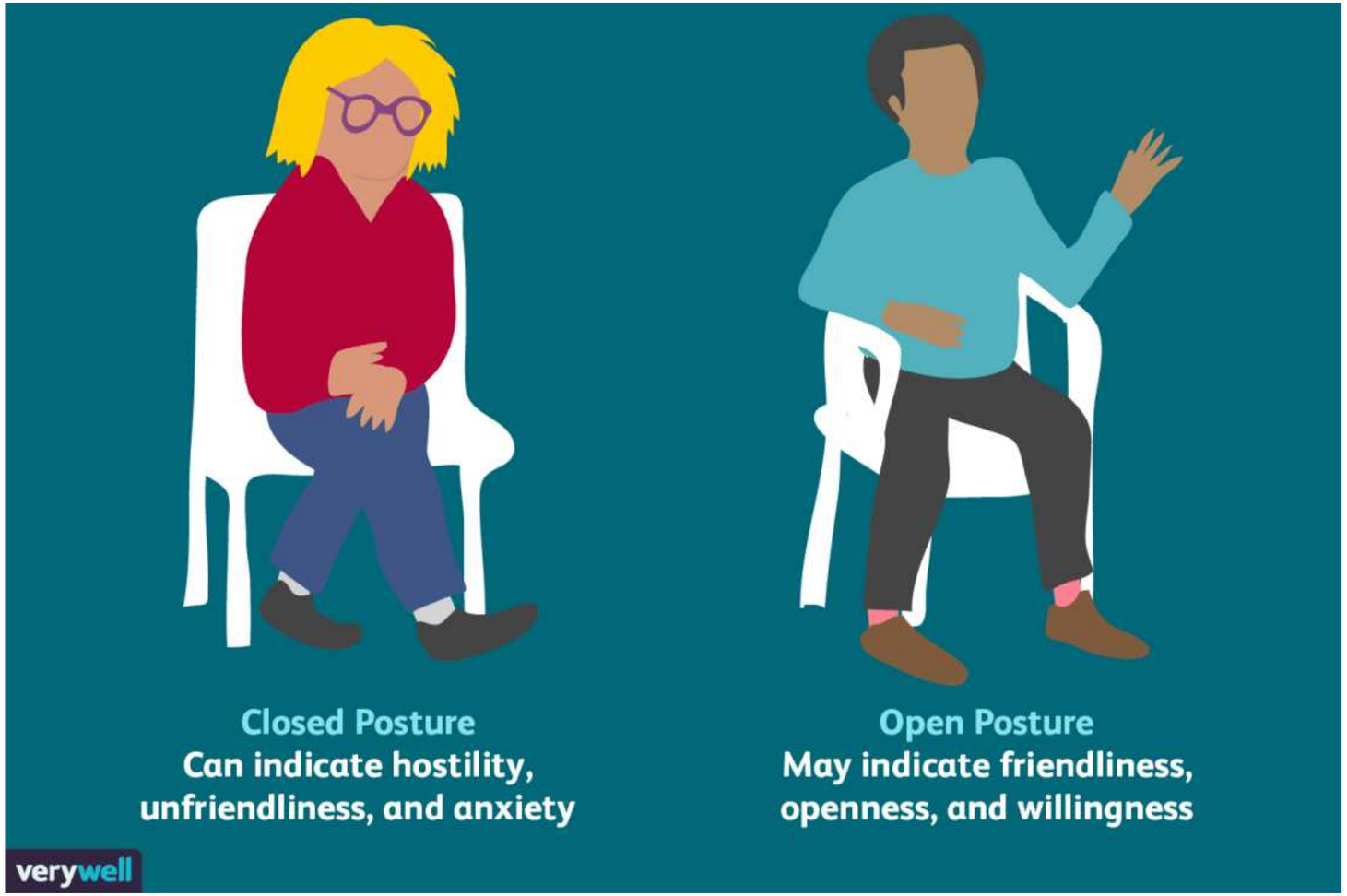
He's lazy.

He's nervous.

He's stolid.

He's a good sort.

For the HCP, the maintenance of *a* ***relaxed and open body posture is important***. This posture is also perceived as more friendly, warm, and inviting



Haptics

Haptics *refers to the study of communication by touch*

Touch

Touch is a powerful communication tool. It conveys many messages and can be beneficial in terms of giving emotional support and showing care and concern. A **handshake**, pat on the arm or a **touch on the shoulder** are considered acceptable forms of touch in healthcare.

Touch

Touch also has many other important functions in health care as it may serve to:

- ■ Ease a patient’s sense of isolation;
- ■ Decrease patient anxiety;
- ■ Demonstrate caring, empathy, and sincerity;
- ■ Offer reassurance, warmth, or comfort;
- ■ Enhance the rapport between the HCP and the patient;
- ■ Supplement verbal communication.

Active listening

Scenario: A Doctor-Patient Consultation

Patient:
"Doctor, I've been feeling really anxious lately. I can't sleep, and I'm constantly worried about my health. I think something might be seriously wrong, but I'm not sure if it's just in my head."

1.Eye Contact and Open Body Posture:

Doctor: Maintains gentle, consistent eye contact with the patient, showing attentiveness and concern. The doctor leans slightly forward with an open posture (no crossed arms), signaling that they are fully present and engaged.

2.Nodding and Verbal Affirmations:

Doctor: Nods slightly as the patient speaks, occasionally using verbal cues like "I see," "Hmm," or "I understand," to encourage the patient to continue sharing their thoughts.

3.Reflecting and Paraphrasing:

Doctor: *"It sounds like you've been really stressed and anxious lately, especially about your health. You mentioned having trouble sleeping and worrying constantly. Is that right?"*
This shows the patient that the doctor is actively processing what they've said and ensures that the doctor has understood the key points.

4. Clarification:

Doctor: *"When you say you're worried about your health, can you tell me more about what specifically concerns you? Are there any particular symptoms that you're noticing?"*

This invites the patient to elaborate, ensuring that the doctor gathers all necessary information while also making the patient feel heard.

5. Empathy and Validation:

Doctor: *"I can see why this has been so difficult for you. It's completely understandable to feel anxious when you're unsure about what's going on with your health."*

By acknowledging the patient's feelings, the doctor validates their experience, helping to build trust and rapport.

6. Summarizing:

Doctor: *"So, you're dealing with a lot of anxiety and sleep problems, and you're worried there might be something more serious happening with your health. Let's work together to figure out what's going on and how we can address these concerns."*

Summarizing reinforces the doctor's understanding and provides a transition to the next steps in care.

7. Responding Thoughtfully:

Doctor: *"Based on what you've shared, I think it would be helpful to do a thorough check-up to rule out any serious conditions. At the same time, we can also talk about strategies to help manage your anxiety and improve your sleep. How does that sound to you?"*

The doctor provides a clear, thoughtful response that addresses the patient's concerns and invites their input, reinforcing a collaborative approach to care.

Key Points in Active Listening Demonstration:

•**Full Attention:** The listener gives undivided attention, showing that the speaker’s words are valued.

•**Reflecting:** The listener repeats or paraphrases what the speaker has said to confirm understanding.

•**Clarifying:** Asking open-ended questions to gain deeper insight into the speaker’s concerns.

•**Empathy:** Showing understanding and sensitivity to the speaker’s emotions and perspective.

•**Non-Verbal Cues:** Maintaining eye contact, nodding, and using appropriate facial expressions to convey interest and understanding.

By practicing active listening, healthcare providers can ensure that patients feel understood and supported, leading to better communication, stronger relationships, and improved patient outcomes.

- Wear professional attire and maintain good hygiene.
- Offer the patient a firm handshake and a warm greeting.
- Sit down when speaking with the patient.
- Ensure privacy when speaking with the patient.
- Assume a position of about one arm's length from the patient.
- Maintain a posture that is relaxed but attentive. When seated, lean slightly forward and be still but not motionless. Keep your hands visible.
- Eliminate barriers between you and the patient.
- Maintain a demeanor that is warm and friendly.
- Maintain an attitude of confidence and professionalism.
- Maintain eye contact with the patient. This will confirm your willingness to listen and will acknowledge the patient's worth.
- Encourage the patient with affirmative head nods as opposed to listening without expression. This not only prompts the patient to continue and provide more information, it makes the patient feel understood and empathized with.
- Recognize the different forms of nonverbal communication that may be conveyed by the patient. In many cases, there are similarities in the way that most people physically react and express themselves. However, the HCP must remain mindful that various gestures, facial expressions, or postures may have many different meanings. Avoid making assumptions and try to confirm the proper interpretation of a patient's nonverbal behaviors.
- Observe the patient's reactions toward you. This will provide feedback about your own nonverbal behaviors.

Verbal communication

Introduction

- The lack of effective communication is the single most common cause of patient complaints.
- Being able to communicate effectively with patients and colleagues can make all the difference between a career that succeeds and one that does not succeed.
- Being a good communicator consists of maximizing the effectiveness with which you understand what others are trying to tell you and accurately conveying what you want to say.

إن الافتقار إلى التواصل الفعال هو السبب الأكثر شيوعًا لشكاوى المرضى

إن القدرة على التواصل بشكل فعال مع المرضى والزملاء يمكن أن تحدث فرقًا كبيرًا بين مهنة ناجحة ومهنة غير ناجحة

إن كونك شخصًا جيدًا في التواصل يعني تعظيم فعالية فهمك لما يحاول الآخرون إخبارك به ونقل ما تريد قوله بدقة

تعريف التواصل اللفظي

Definition of Verbal Communication

- Verbal communication is the use of spoken words and sounds to successfully transfer a message from the sender to the receiver.

الاتصال اللفظي هو استخدام الكلمات والأصوات المنطوقة لنقل رسالة بنجاح من المرسل إلى المستقبل

ادارة للحوار بشكل جيد استماع وتحدث للطرفين بشكل سليم

أغراض استخدام لغة واضحة للتواصل اللفظي الفعال مع المرضى

The Purposes of Using Clear Language for Effective Verbal Communication with Patients

المحتوى واختيار الكلمات

1. Content and Word Choice

- The content must be as clear as possible, and this means that the speaker must have a clear understanding of what they mean to say.

يجب أن يكون المحتوى واضحًا قدر الإمكان، وهذا يعني أن المتحدث يجب أن يكون لديه فهم واضح لما يقصد قوله

- The speaker should avoid unclear, ambiguous, or unnecessarily technical language.

يجب على المتحدث تجنب اللغة غير الواضحة أو الغامضة أو التقنية غير الضرورية

- The HCP professional who communicate effectively will have a clear sense of what they want to say and they will say it using appropriate word choice

سيكون لدى متخصص الرعاية الصحية الذي يتواصل بشكل فعال إحساس واضح بما يريد قوله وسيقوله باستخدام اختيار الكلمات المناسبة

1. Content and Word Choice

سأقوم بسحب بعض الدم لقياس مستوى الكوليسترول في الدم أثناء الصيام. يرجى وضع ذراعك على المقعد المبطن بحيث تكون راحة يدك في الأعلى. الآن قم بقبضة يدك. سأخبرك عندما تتمكن من فتحها. سيكون هناك شعور بوخز بسيط في البداية ثم سينتهي الأمر

- *"I'm going to draw some blood for a fasting cholesterol. Please place your arm across the padded bench so that your palm is up. Now make a fist with your hand. I'll tell you when you can open it. There will be a small pricking feeling at first and then it will be over."*
- This explanation indicates the professionalism of the HCP when interacting with the patient. The patient will respond more positively to this than they will to flippant or overly technical explanations.

يشير هذا التفسير إلى احترافية مقدم الرعاية الصحية عند التعامل مع المريض. وسوف يستجيب المريض لهذا التفسير بشكل أكثر إيجابية من التفسيرات السطحية أو الفنية للغاية

القواعد والنطق

2. Grammar and pronunciation

يمكن أن تؤدي القواعد النحوية غير الصحيحة إلى إعاقة وضوح الرسالة، والأهم من ذلك، أنها يمكن أن تقلل من ثقة المستمع في أن المتحدث يعرف ما يتحدث عنه

- Incorrect grammar can obstruct the clarity of message , and just As important, can diminish the confidence the listener has the speaker knows what they are talking about.
- The same holds for pronunciation. Incorrect pronunciation inhibits understanding and can cause mistrust.

وينطبق الأمر نفسه على النطق. فالنطق الخاطئ يعيق الفهم وقد يؤدي إلى انعدام الثقة

النبرة

3. Tone

إن النبرة التي يتحدث بها أخصائي الرعاية الصحية مع المريض أمر حيوي للعلاقة العلاجية لأنه يشير إلى فهم احتياجات المريض ويعزز قدرة أخصائي الرعاية الصحية على تلبية تلك الاحتياجات

- The tone with which the HCP speaks to the patient is vital to the therapeutic relationship because it indicates an understanding of the patient's needs and enhances the HCP's ability to meet those needs.
- Generally speaking, the tone the HCP uses should be relaxed and conversational, helping to establish a connection with the patient.

بشكل عام، يجب أن تكون النبرة التي يستخدمها أخصائي الرعاية الصحية مريحة وحوارية، مما يساعد على إقامة اتصال مع المريض

3. Tone

1. Expressive tone نبرة تعبيرية
2. Directive tone نبرة توجيهية
3. Problem solving tone نبرة حل المشكلات

1. Directive tone

لغة مباشرة او لغة الاوامر

1. Directive tone

إن النبرة التوجيهية تتسم بالسلطوية والحكمية. وهذه هي النبرة التي يستخدمها الشخص لإعطاء الأوامر أو ممارسة القيادة أو إصدار الأحكام

- A directive tone is authoritative and judgmental. This the tone one uses to give orders, exert leadership, or pass judgment.
- Used to give orders instructions or commands. تستخدم لإعطاء الأوامر أو التعليمات
- The directive tone is an indication that there exists a difference in professional rank between the speaker and the listener.

إن النبرة التوجيهية هي إشارة إلى وجود اختلاف في المرتبة المهنية بين المتحدث والمستمع

1. Directive tone

- The directive tone is generally not an appropriate tone for the HCP to use when speaking to patients. إن النبرة التوجيهية ليست عمومًا نبرة مناسبة لاستخدامها من قبل مقدم الرعاية الصحية عند التحدث إلى المرضى
- Patients come into the practice seeking expert treatment that include understanding and empathy on the part of the healthcare team. يأتي المرضى إلى العيادة بحثًا عن علاج متخصص يتضمن الفهم والتعاطف من جانب فريق الرعاية الصحية
- Consider the following two examples involving a nurse whose patient has an upper respiratory infection. o The patient's doctor has prescribed an antibiotic to fight the infection. فكر في المثالين التاليين اللذين يتعلقان بممرضة يعاني مريضها من عدوى الجهاز التنفسي العلوي. o وصف طبيب المريض مضادًا حيويًا لمحاربة العدوى
- In the first example, the nurse orders the patient to comply, and in the second, instructs the patient about the benefits of compliance في المثال الأول، تأمر الممرضة المريض بالامتثال، وفي المثال الثاني، ترشد المريض إلى فوائد الامتثال

1. Directive tone

أمر المريض: أنا أقول لك لا تفوّت جرعة واحدة من هذه الحبوب. إذا فعلت ذلك، فلن تزول العدوى وستشعر بأسوأ مما كنت تتوقع

- Ordering the patient: *“I am telling you. Do not miss a single dose of this pill. If you do, you infection won’t go away and you ‘ll feel even worse”.*
- Explaining to the patient: *“taking these pills regularly will achieve the best results. You ‘ll do a better job of fighting the infection.*

شرح للمريض: تناول هذه الحبوب بانتظام سيحقق أفضل النتائج. ستؤدي عملاً أفضل في مكافحة العدوى

2. Expressive tone

- Expressive Tone is spontaneous, emotional, and uninhibited. We use this tone, for instance, when we express our feelings, tell jokes, or complain, when we socialize.

إن النبرة التعبيرية عفوية وعاطفية وغير مقيدة. نستخدم هذه النبرة، على سبيل المثال، عندما نعبر عن مشاعرنا، أو نحكي النكات، أو نشكو، أو عندما نتواصل اجتماعيًا

- This is generally not a tone of voice the HCP should use when speaking to patients, because it takes the focus of the discussion off the patient and puts it on the HCP

هذه ليست عمومًا نبرة الصوت التي يجب على مقدم الرعاية الصحية استخدامها عند التحدث إلى المرضى، لأنها تحول تركيز المناقشة بعيدًا عن المريض وتضعها على مقدم الرعاية الصحية

- The HCP should make every effort to let the patient know that the patient's needs are the reason for the visit.

يجب على مقدم الرعاية الصحية أن يبذل قصارى جهده لإبلاغ المريض بأن احتياجات المريض هي سبب الزيارة

- Research indicates that patients do not usually appreciate an emotional or even joking tone from their HCPs.

تشير الأبحاث إلى أن المرضى لا يقدرون عادةً النبرة العاطفية أو حتى الساخرة من مقدمي الرعاية الصحية

3. Problem solving tone

- The problem solving tone is rational, objective, and unbiased. This is the tone we use to indicate to the listener that we are using the analytical portion of our brains to come to the correct answer about a certain set of circumstances.

إن نبرة حل المشكلات عقلانية وموضوعية وغير متحيزة. هذه هي النبرة التي نستخدمها للإشارة إلى المستمع بأننا نستخدم الجزء التحليلي من أدمغتنا للوصول إلى الإجابة الصحيحة حول مجموعة معينة من الظروف

- This is the tone the HCP uses most frequently when serving patients' needs.

هذه هي النبرة التي يستخدمها أخصائي الرعاية الصحية في أغلب الأحيان عند تلبية احتياجات المرضى

- A significant part of the allied health professional's job consists of verbally collecting important information from the patient and providing explanations and solutions to the patient.

يتألف جزء كبير من عمل أخصائي الرعاية الصحية من جمع المعلومات المهمة شفهيًا من المريض وتقديم التوضيحات والحلول للمريض

- The problem solving tone is what the patient rightfully expect from the HCP.

نبرة حل المشكلات هي ما يتوقعه المريض بحق من أخصائي الرعاية الصحية


DON'T YOU SPEAK ENGLISH?
CAN I GET SOMEONE TO HELP YOU WITH ENGLISH?

Verbal communication

التأكيد

Emphasis

- By this time, it should be clear that how you something is often just as important as what you want to say. بحلول هذا الوقت، يجب أن يكون من الواضح أن كيفية قيامك بشيء ما غالبًا ما تكون بنفس أهمية ما تريد قوله
- Even within a sentence, the emphasis you place on certain words or parts of a sentence can lead to vastly different interpretations by the patient.
- By this time, it should be clear that how you something is often just as important as what you want to say. Even within a sentence, the emphasis you place on certain words or parts of a sentence can lead to vastly different interpretations by the patient. حتى داخل الجملة، فإن التركيز الذي تضعه على كلمات أو أجزاء معينة من الجملة يمكن أن يؤدي إلى تفسيرات مختلفة تمامًا من قبل المريض

بحلول هذا الوقت، يجب أن يكون من الواضح أن كيفية قولك لشيء ما غالبًا ما تكون بنفس أهمية ما تريد قوله. حتى داخل الجملة، فإن التأكيد الذي تضعه على كلمات أو أجزاء معينة من الجملة يمكن أن يؤدي إلى تفسيرات مختلفة تمامًا من قبل المريض

Verbal communication (2)

Good Communication With Patients

- Content
- Grammar and pronunciation
- Tone
- Emphasis
- Small talks
- Using commentary

محادثة قصيرة

Small Talk

- Small talk is what we say to each other before we begin to discuss the business at hand.

الحديث الصغير هو ما نقوله لبعضنا البعض قبل أن نبدأ في مناقشة العمل المطروح

- Hence the expression, “Let’s cut the small talk and get down to business.”

ومن هنا جاء التعبير، دعونا نتوقف عن الحديث القصير وننتقل إلى العمل

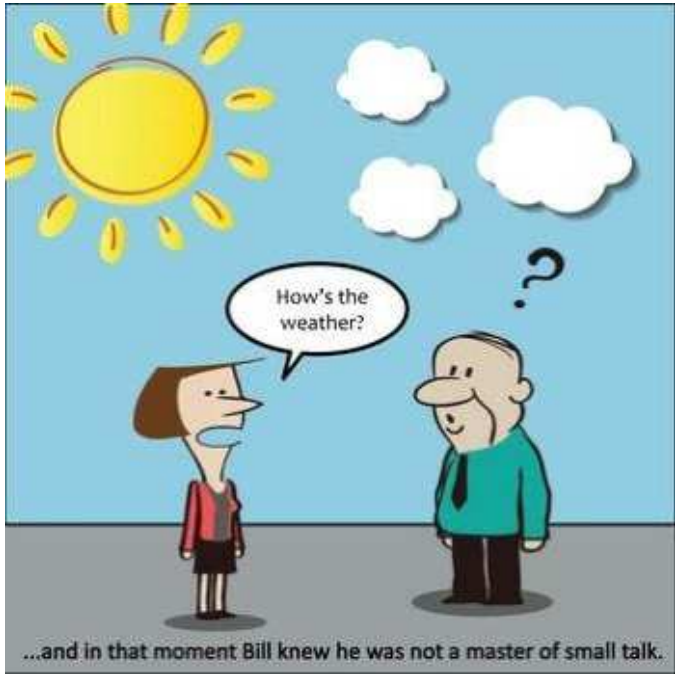
- Small talk is talk about the weather, the local sports team, why the subway train was delayed and the patient was late getting to the doctor’s office.

الحديث الصغير هو الحديث عن الطقس، والفريق الرياضي المحلي، ولماذا تأخر قطار المترو وتأخر المريض في الوصول إلى عيادة الطبيب

- Small talk is not talk about emotional, personal, or controversial subjects.

الحديث القصير لا يعني الحديث عن مواضيع عاطفية أو شخصية أو مثيرة للجدل

- An HCP can use small talk to help a nervous patient feel more at ease, taking some of the feelings of pressure off the patient.



يمكن لمقدم الرعاية الصحية استخدام الحديث القصير لمساعدة المريض العصبي على الشعور براحة أكبر، مما يخفف بعض مشاعر الضغط عن المريض

Small talk

- When the patient is more comfortable, they will be better able to discuss their case. عندما يشعر المريض براحة أكبر، فإنه سيكون قادرًا بشكل أفضل على مناقشة حالته
- If, for example, a family member is present in the examination room during the visit, the HCP can engage them in small talk to build rapport with the patient. One should always keep in mind, though, that small talk should be limited as it is not the purpose of the patient's visit.

على سبيل المثال، إذا كان أحد أفراد الأسرة موجودًا في غرفة الفحص أثناء الزيارة، فيمكن لمقدم الرعاية الصحية إشراكه في محادثة قصيرة لبناء علاقة طيبة مع المريض. ومع ذلك، يجب أن نضع في الاعتبار دائمًا أن المحادثة القصيرة يجب أن تكون محدودة لأنها ليست الغرض من زيارة المريض

- Small talk should be viewed and used as a tool for building rapport with the patient.

ينبغي النظر إلى الحديث القصير واستخدامه كأداة لبناء علاقة طيبة مع المريض

استخدام التعليق

Using commentary

- Sometimes, the HCP must focus on some task that is part of the care process but is not part of directly engaging the patient in questions and answers.

في بعض الأحيان، يجب على مقدم الرعاية الصحية التركيز على بعض المهام التي تشكل جزءًا من عملية الرعاية ولكنها ليست جزءًا من إشراك المريض بشكل مباشر في الأسئلة والأجوبة

- These tasks can range from the unpleasant, such as changing a colostomy bag or cleaning an infected intravenous (IV) site, to the mundane such as preparing an x-ray machine or entering data into the patient's file on a computer.

يمكن أن تتراوح هذه المهام من المهام غير السارة، مثل تغيير كيس القولون أو تنظيف موقع وريدي مصاب، إلى المهام العادية مثل تحضير جهاز الأشعة السينية أو إدخال البيانات في ملف المريض على جهاز كمبيوتر

- It is helpful to the process if the HCP briefly comments on what they are doing, just to keep the interaction alive and allow the patient to remain engaged in the active role they take in their own care.

من المفيد لهذه العملية أن يعلق مقدم الرعاية الصحية بإيجاز على ما يفعله، فقط للحفاظ على التفاعل حيًا والسماح للمريض بالبقاء منخرطًا في الدور النشط الذي يلعبه في رعايته

- Such commenting, moreover, can ease fear and reduce anxiety for the patient.

كما أن مثل هذا التعليق يمكن أن يخفف من الخوف ويقلل من القلق لدى المريض.

استخدام التعليقات والمحادثات القصيرة

Using commentary and small talks

- One should always remember, though, that strategies such as small talk and commentary are best used to build and strengthen bond with patients.

ومع ذلك، يجب أن نتذكر دائمًا أن الاستراتيجيات مثل الحديث القصير والتعليق تُستخدم بشكل أفضل لبناء وتعزيز الروابط مع المرضى

- When used too frequently or for excessive amounts of time, these techniques can become distracting to the patient.

عند استخدامها بشكل متكرر أو لفترات زمنية مفرطة، قد تصبح هذه التقنيات مزعجة للمريض

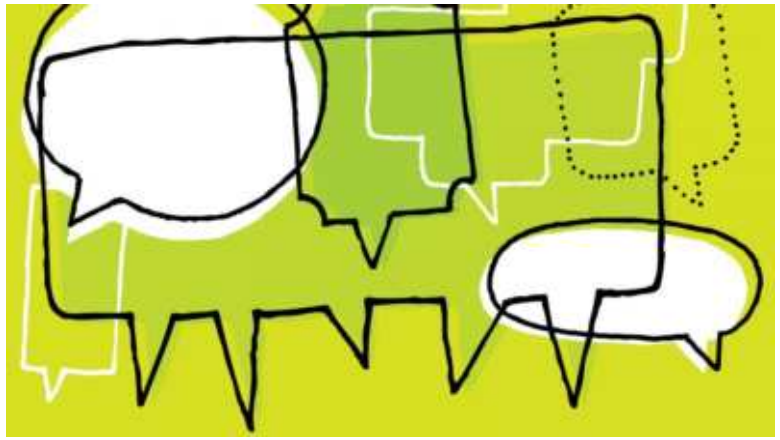
Verbal communications

- Important Practices for Effective Verbal Communication with Patients and Other HCPs ممارسات مهمة للتواصل اللفظي الفعال مع المرضى وغيرهم من مقدمي الرعاية الصحية

❖Send a Clear Message:

أرسل رسالة واضحة

- An effective message is a clear message, it is crucial that the information you provide to the patient is clear الرسالة الفعالة هي رسالة واضحة، ومن المهم أن تكون المعلومات التي تقدمها للمريض واضحة



Verbal communications

- Important Practices for Effective Verbal Communication with Patients and Other HCPs

❖Use Standard English and Not Slang: استخدم اللغة الإنجليزية القياسية وليس اللغة العامية

- A patient comes into a practice expecting to receive expert care, and the use of standard English by the HCP is a signal that expert care is, in fact, what the patient will receive

يأتي المريض إلى العيادة متوقعًا تلقي رعاية متخصصة، واستخدام اللغة الإنجليزية القياسية من قبل أخصائي الرعاية الصحية هو إشارة إلى أن الرعاية المتخصصة هي في الواقع ما سيحصل عليه المريض

Verbal communications

- Important Practices for Effective Verbal Communication with Patients and Other HCPs

تجنب المصطلحات الطبية عند التحدث الى المريض

❖Avoid medical Jargon when speaking with the patient:

- Many professions have a specialized language that is used primarily by those who work in the profession when communicating among them-selves. Such a specialized language is called jargon.

العديد من المهن لديها لغة متخصصة يستخدمها بشكل أساسي اولئك الذين يعملون في المهنة عند التواصل بينهم هذه اللغ المتخصصة تسمى المصطلحات

Verbal communications

- Important Practices for Effective Verbal Communication with Patients and Other HCPs

تحدث الى المريض وليس على المريض وكن مستمعا جيدا

❖Talk to the Patient, not at the Patient, and Be a Good Listener

- Making sure that you talk to the patient and not at them is a way of showing respect for the patient and their concerns. This involves providing some nonverbal cues to the patient, such as facing the patient directly and making appropriate eye contact, letting them know that when they speak you are listening carefully.

ان التاكد من التحدث الى المريض وليس اليه هو وسيلة لاظهار الاحترام للمريض ومخاوفه ويتضمن ذلك تقديم بعض الاشارات غير اللفظية للمريض مثل مواجهة المريض بشكل مباشر والاتصال بالعين بشكل مناسب واعلامه عندما يتاحد انك تستمع اليه بعناية

Verbal communications

- Important Practices for Effective Verbal Communication with Patients and Other HCPs

❖Help the patient to be a good listener مساعدة المريض على أن يكون مستمعًا جيدًا

- This begins with speaking in a conversational and relaxed manner, and by using vocabulary and language that are appropriate.

يبدأ هذا بالتحدث بطريقة محادثة ومريحة، وباستخدام المفردات واللغة المناسبة

- Use your own words to repeat back to the patient what they have told you to verify that they agree with their own version.

استخدم كلماتك الخاصة لتكرار ما قاله لك المريض للتأكد من موافقته على نسخته الخاصة

Verbal communication

- Developing Skills for Listening and Paraphrasing What the Patient Says تنمية مهارات الاستماع وإعادة صياغة ما يقوله المريض
- To paraphrase is to use your own words to repeat what someone else has said. إعادة الصياغة هي استخدام كلماتك الخاصة لتكرار ما قاله شخص آخر
- Good Paraphrasing skills are essential to effective communication. تعتبر مهارات إعادة الصياغة الجيدة ضرورية للتواصل الفعال
- A HCP should use Paraphrasing for several reasons. ينبغي لمقدم الرعاية الصحية استخدام إعادة الصياغة لعدة أسباب
  - A test of the message for the HCP اختبار الرسالة للـ HCP
  - A test of the message for the Patient اختبار الرسالة للمريض
  - building of Rapport—a Human Connection بناء التفاهم - اتصال إنساني
  - Focusing on the Patient and Keeping the Patient Talking التركيز على المريض وإبقائه يتحدث

Verbal communication

- Developing Skills for Listening and Paraphrasing What the Patient Says
- • A test of the message for the HCP
  - Paraphrasing back to the patient what the patient has said provides the HCP with an opportunity to verify that they have understood what the patient has said.

إن إعادة صياغة ما قاله المريض للمريض يمنح أخصائي الرعاية الصحية فرصة للتحقق من فهمه لما قاله المريض

- • A test of the message for the Patient
  - The patient listen to their HCP's Paraphrase, checking to see that theParaphrase is what the patient intended to say and that the HCP understand.

يستمع المريض إلى إعادة صياغة مقدم الرعاية الصحية، ويتحقق من أن إعادة الصياغة هي ما قصد المريض قوله وأن مقدم الرعاية الصحية يفهم

Verbal communication

- Developing Skills for Listening and Paraphrasing What the Patient Says •
- A building of Rapport—a Human Connection
- Paraphrasing what the patient says helps to build trust between the patient and the HCP. إن إعادة صياغة ما يقوله المريض يساعد على بناء الثقة بين المريض ومقدم الرعاية الصحية
- The HCP shows engagement with the patient's case, validating the patient's concerns. يظهر مقدم الرعاية الصحية تفاعله مع حالة المريض، مما يثبت مخاوف المريض
- The patient understands from this interaction that the HCP is focused on the patient and cares about them. يفهم المريض من هذا التفاعل أن مقدم الرعاية الصحية يركز على المريض ويهتم به
- The patient is then more likely to slow down and listen carefully to the HCP.

ومن ثم يصبح من المرجح أن يبطئ المريض ويستمع بعناية إلى مقدم الرعاية الصحية

Verbal communication

- Developing Skills for Listening and Paraphrasing What the Patient Says
- • Focusing on the Patient and Keeping the Patient Talking
- Paraphrasing what the patient says reinforcing the point that the healthcare encounter is occurring for the purpose of helping the patient.

إعادة صياغة ما يقوله المريض مع التأكيد على أن لقاء الرعاية الصحية يحدث لغرض مساعدة المريض

- When the patient clearly understands this, the patient will feel more comfortable and open up.

عندما يفهم المريض هذا الأمر بوضوح، فإنه سيشعر براحة أكبر وانفتاح

- Patients typically have a lot to say about their own case, even if they do not seem to at first.

عادةً ما يكون لدى المرضى الكثير ليقولوه عن حالتهم الخاصة، حتى لو لم يبدو ذلك في البداية

Verbal communication part III

Verbal communication

- Developing Skills for Listening and Paraphrasing What the Patient Says
- Listening الاستماع التفكير بما يقال وتحليله تنمية مهارات الاستماع وإعادة صياغة ما يقوله المريض
- Receiver's role is to listen. دور المتلقي هو الاستماع
- Hearing and listening are two distinct activities. السمع والاستماع نشاطان مختلفان
- Hearing is biophysical السمع هو عملية حيوية
- Listening is an active process الاستماع عملية نشطة
- Effective listening skills are necessary and a major part of your expertise as an HCP. مهارات الاستماع الفعّالة ضرورية وتشكل جزءًا رئيسيًا من خبرتك كمتخصص في الرعاية الصحية
- A good listener gains the confidence of the speaker. يكتسب المستمع الجيد ثقة المتحدث

Verbal communication

Developing Skills for Listening and Paraphrasing What the Patient Says

- Focusing on the Patient and Keeping the Patient Talking التركيز على المريض وإبقائه يتحدث
- Three steps to good listening: ثلاث خطوات للاستماع الجيد:

1. Focus attention on the speaker and what is being said تركيز الانتباه على المتحدث وما يقال
2. Interpret what is said to understand تفسير ما يقال لفهمه
3. Restate what you thought you heard (Paraphrasing) (إعادة صياغة ما اعتقدت أنك سمعته (إعادة صياغة

- Being a good listener means being receptive and open, but not playing the role of advisor. أن تكون مستمعًا جيدًا يعني أن تكون متقبلاً ومنفتحًا، ولكن ليس لعب دور المستشار

Verbal communication

- Verbal Communication Providing Empathy and Understanding to the Patient التواصل اللفظي الذي يوفر التعاطف والتفهم للمريض
- To show empathy to the patient is to show that you understand how the patient feels. إظهار التعاطف للمريض يعني إظهار فهمك لمشاعره
- The patient will almost always tell you how they are feeling, even when they are trying not to. سيخبرك المريض دائمًا تقريبًا بما يشعر به، حتى عندما يحاول ألا يخبرك
- Either through nonverbal or verbal means, the patient will communicate, which means that the HCP must be an effective listener and observer.

سيتواصل المريض إما من خلال وسائل غير لفظية أو لفظية، مما يعني أن مقدم الرعاية الصحية يجب أن يكون مستمعًا ومراقبًا فعالاً

Verbal communication

- The Difference between Empathy and Sympathy. الفرق بين التعاطف والشفقة
- Empathy is sometimes confused with sympathy, but there are important differences between these two concepts.

يتم الخلط أحيانًا بين التعاطف والشفقة، ولكن هناك اختلافات مهمة بين هذين المفهومين

- To feel empathy is to feel what another person is feeling. To feel sympathy is to have an awareness of what another person is feeling, and to feel sadness, pity, or sorry for that other person.

إن الشعور بالتعاطف هو الشعور بما يشعر به شخص آخر. أما الشعور بالتعاطف فهو إدراك ما يشعر به شخص آخر، والشعور بالحزن أو الشفقة أو الأسف على ذلك الشخص الآخر

- Showing empathy for a patient can build rapport between the HCP and the patient.

إن إظهار التعاطف مع المريض يمكن أن يؤدي إلى بناء علاقة طيبة بين مقدم الرعاية الصحية والمريض

- To put it another way, empathy vs. sympathy is a difference between the head (empathy) and the heart (sympathy).

(وبعبارة أخرى، التعاطف مقابل الشفقة هو الفرق بين العقل (التعاطف) والقلب (الشفقة).

Verbal communication

- The Difference between Empathy and Sympathy.
- Sympathy goes beyond empathy because it involves an emotional response. إن الشفقة يتجاوز التعاطف لأنه ينطوي على استجابة عاطفية
- Empathy is intellectually but not emotionally identifying with feelings, thoughts, or attitudes of another person.

التعاطف هو التماهي فكريًا وليس عاطفيًا مع مشاعر أو أفكار أو مواقف شخص آخر

- Learn to provide compassionate care without emotionally exhausting yourself. تعلم كيفية تقديم الرعاية الرحيمة دون إرهاق نفسك عاطفيًا
- Being empathic helps to keep distance so you can think and act in your patient's best interest.

إن التعاطف يساعد على الحفاظ على مسافة بينك وبين المريض حتى تتمكن من التفكير والتصرف بما يخدم مصلحة المريض

Empathy or Sympathy?

تعاطف نظرا لتجربة مسبقة

الشفقة نظرا لوضعه السئ وانه انا بحاول اضع نفسي محله

empathy
(understanding through experience)

sympathy
(feelings of sorrow)

Verbal communication

Writing الكتابة

- A significant way of communicating information in health care
- Charting as a direct influence on patient care

طريقة مهمة لتوصيل المعلومات في مجال الرعاية الصحية

الرسم البياني كأثر مباشر على رعاية المرضى

- *Give facts, not opinions* تقديم الحقائق وليس الآراء
- *Use approved abbreviations* استخدام الاختصارات المعتمدة

Verbal communication

Questioning the Patient توجيه الأسئلة إلى المريض

The HCP has three types of questions they can use to elicit information from the patient يتوفر لدى أخصائي الرعاية الصحية ثلاثة أنواع من الأسئلة التي يمكنه استخدامها لاستخلاص المعلومات من المريض

- Open-ended Questions أسئلة مفتوحة في هادا النوع انا بسترسل المريض وبيحكيلي بشكل مفتوح عن كتير حجات مش ع قد السؤال
- Closed Questions أسئلة مغلقة اسئلة اجابتها محددة
- Multiple Choice Questions أسئلة اختيارية متعددة

Verbal communication

Closed questions

We use closed questions when we need a simple ‘yes’ or ‘no’ answer or confirmation of something. For instance:

نستخدم الاسئلة المغلقة عندما نحتاج الى اجابة بسيطة نعم او لا او لتأكيد لشيئ ما

For example:

‘Would you like an extra pillow?’ هل ترغب في وسادة اضافية ؟؟

‘Can you tell me your address?’ هل يمكنك اخباري بعنوانك ؟؟

Verbal communication

Open questions

Open questions encourage the patient/client to speak in more depth about something. They are open because they invite the person to open up.

الاسئلة المفتوحة تشجع المريض على التحدث بمزيد من التعمق من شيء ما وهم منفتحون لانهم يدعون الشخص للانفتاح

The best example of an open question in health care is: 'How do you feel?' The patient/client can respond briefly by saying 'fine', but if he or she says 'not great', or 'awful', it means we can begin to ask some more open questions to find out what is going on – 'what do you feel is wrong?' Asking one open question often leads to asking another.

افضل مثال على السؤال المفتوح هو ما هو شعورك يمكن للمريض الرج بإيجاز بقوله بخير ولكن اذا قال ليس رائعا او فظيعا فهذا يعني انه يمكننا البدء في طرح المزيد من الاسئلة لمعرفة ما يجري ما هو الخطأ وغالبا ما يؤدي السؤال المفتوح الى طرح سؤال اخر

Verbal communication

Similarly, if the patient/client responds with ‘well, funnily, I’ve had quite a bit on my mind recently’, or some other indication those things aren’t quite right, we can begin to ask more open questions to help us identify the problem.

واذا كان المريض بجيب ب حسنا او بشكل مضحك والخ هذا يعني ان هذه الاشياء غير صحيحة تماما ويمكننا البدء في طرح المزيد من الاسئلة المفتوحة لمساعدتنا في تحديد المشكلة

Written communication

Health services need to keep good written records of the care given to patients/clients for three main reasons:

تحتاج الخدمات الصحية الى الاحتفاظ بسجلات مكتوبة جيدة للرعاية المقدمة للمرضى

1. To make sure the care and treatment can continue to be given safely no matter which staff are on duty, 24 hours a day, seven days a week

للتاكد من استمرار تقديم الرعاية والعلاج بأمان بغض النظر عن الموظفين المداومين 24 ساعة 7 ايام

2. To record the care that has been given to the patient/client

لتسجيل الرعاية التي تم تقديمها للمريض

3. To make sure there is an accurate record to be used as 'evidence' when there is a complaint from a patient/client about the care they have received.

للتأكد من وجود سجل دقيق لاستخدامه كدليل عندما تكون هناك شكوى من مريض حول الرعاية التي تلقاها

التواصل بين فريق الرعاية الصحية

Communication among health care team:

- Strategies to improve effective communication between healthcare providers: استراتيجيات لتحسين الاتصال بين مقدمي الرعاية الصحية

1. Education التعليم
2. Training programs برامج التدريب
3. Understanding of communication barriers; authority gradient and different communication styles فهم حواجز الاتصال / تدرج السلطة واساليب الاتصال المختلفة

- All of this can improve the teamwork and communication

كل هذا يمكن ان يحسن العمل الجماعي والتواصل

Barriers of good communication between health care team and patients

حواجز الاتصال الجيد بين مقدمي فريق الرعاية الصحية والمرضى

1. Difference in languages between health care providers and patients

الاختلاف في اللغة بين مقدمي الرعاية الصحية والمرضى

2. Health care providers' being overworked

عمل مقدمي الرعاية الصحية بشكل مفرط

3. Presence of emergency patients in the ward

لما تكون انت في الاستقبال بتحكي مع حالة ودخلت حالة طارئة

4. Family interference

التدخل الاسري

5. Gender difference between health care providers and patient

الاختلاف بين الجنسين بين مقدمي الرعاية الصحية والمريض

6. Hectic environment of the ward

جو القسم بالمستشفى يكون مشحون

7. Patient's anxiety, pain and physical discomfort

قلق المريض وألمه وعدم ارتياحه الجسدي

- "لو كان الطب سهلاً ، لكان الجميع قد أصبحوا أطباء "
- لا راحة و سعادة إلا بعد الكثير من التعب ، فتذكر عزيزي الطالب أن النجاح يأتي على طبق من تعب .
- والعلامة لا تعكس الجهد أبداً ! فالجهد يجلب لك الرضا الداخلي المهم أنك أتممت واجبك و على الله التوفيق 🙏💫

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

تكييف التواصل مع قدرة المريض على الفهم

PATIENT'S ABILITY TO UNDERSTAND

- As discussed in previous chapters, pain, fear, and anxiety may negatively impact communication with any patient.

كما ناقشنا في الفصول السابقة، فإن الألم والخوف والقلق قد يؤثر سلبًا على التواصل مع أي مريض

- Moreover, low health literacy, language differences, visual impairment, loss of hearing, advanced age, or confusion may also impair communication in some patients.

علاوة على ذلك، فإن انخفاض مستوى الثقافة الصحية، والاختلافات اللغوية، وضعف البصر، وفقدان السمع، والتقدم في السن، أو الارتباك قد يضعف أيضًا التواصل لدى بعض المرضى

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

- As discussed in previous chapters, pain, fear, and anxiety may negatively impact communication with any patient.

كما تمت مناقشته في الفصول السابقة، فإن الألم والخوف والقلق قد يؤثر سلبًا على التواصل مع أي مريض

- Moreover, low health literacy, language differences, visual impairment, loss of hearing, advanced age, or confusion may also impair communication in some patients.

علاوة على ذلك، فإن انخفاض مستوى الثقافة الصحية، والاختلافات اللغوية، وضعف البصر، وفقدان السمع، والتقدم في السن، أو الارتباك قد يضعف أيضًا التواصل لدى بعض المرضى

- Therefore, healthcare professionals (HCPs) must learn to adapt their communication for these patients in order to remain effective when delivering their message.

لذلك، يجب على المتخصصين في الرعاية الصحية أن يتعلموا كيفية تكييف تواصلهم مع هؤلاء المرضى من أجل البقاء فعالين عند توصيل رسالتهم

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Health literacy

محو الأمية الصحية

- Health literacy is defined as "the degree to which individuals the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

يتم تعريف محو الأمية الصحية على أنها الدرجة التي يتمتع بها الأفراد بالقدرة على الحصول على المعلومات والخدمات الصحية الأساسية ومعالجتها وفهمها اللازمة لاتخاذ القرارات الصحية المناسبة

- Health literacy includes the ability to understand instruction on over-the-counter and prescription drug labels, appointment slips, medical education brochures, doctor's instructions, and consent forms, as well as the ability to navigate complex healthcare systems.

تشمل معرفة الصحة القدرة على فهم التعليمات الموجودة على ملصقات الأدوية التي تُصرف بوصفة طبية أو بدون وصفة طبية، وأوراق المواعيد، وكتيبات التعليم الطبي، وتعليمات الطبيب، ونماذج الموافقة، فضلاً عن القدرة على التنقل عبر أنظمة الرعاية الصحية المعقدة

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Health literacy

- Health literacy also includes mathematic skills. For example, understanding probability and risk, calculating blood sugar levels, measuring medication, and understanding nutrition labels all require math skills.

تشمل معرفة الصحة أيضًا مهارات الرياضيات. على سبيل المثال، يتطلب فهم الاحتمالات والمخاطر، وحساب مستويات السكر في الدم، وقياس الأدوية، وفهم ملصقات التغذية، مهارات الرياضيات

- Patients may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.

قد لا يفهم المرضى العلاقة بين عوامل نمط الحياة مثل النظام الغذائي وممارسة الرياضة والنتائج الصحية المختلفة

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Health literacy

- The HCP may employ a variety of strategies to communicate and interact most effectively with patients with low health literacy, including the following: قد يستخدم أخصائي الرعاية الصحية مجموعة متنوعة من الاستراتيجيات للتواصل والتفاعل بشكل أكثر فعالية مع المرضى الذين يعانون من انخفاض مستوى الثقافة الصحية، بما في ذلك ما يلي

1. Evaluate the patient's understanding before, during, and after the introduction of information or instruction.
تقييم فهم المريض قبل وأثناء وبعد تقديم المعلومات أو التعليمات
2. Limit the number of messages given to a patient at any one time.
تحديد عدد الرسائل المرسلة للمريض في أي وقت
3. Use plain language استخدم لغة بسيطة
4. Supplement instructions with pictures
تعليمات الملحق مع الصور يشرح للمريض من خلال الصور

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Health literacy

- The HCP may employ a variety of strategies to communicate and interact most effectively with patients with low health literacy, including the following:

5. Tailor medication schedule to fit a patient daily routine

قم بتخصيص جدول الدواء ليناسب الروتين اليومي للمريض

6. Prepare written forms of communication at a fifth to sixth grade reading level and in a format that appears easy to read

إعداد أشكال مكتوبة للتواصل على مستوى القراءة من الصف الخامس إلى السادس وبصيغة تبدو سهلة القراءة

7. Provide or serve as a reader for forms or written information

توفير أو العمل كقارئ للنماذج أو المعلومات المكتوبة

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Language Barriers الحواجز اللغوية

- When the patient and the HCP do not speak the same language, instead of communicating with each other, the patient and the HCP must rely on a medical interpreter.

عندما لا يتحدث المريض ومقدم الرعاية الصحية نفس اللغة، بدلاً من التواصل مع بعضهما البعض، يجب على المريض ومقدم الرعاية الصحية الاعتماد على مترجم طبي

- The patient is less likely to effectively convey their complaints and concerns. من غير المرجح أن يتمكن المريض من نقل شكواه ومخاوفه بشكل فعال
- The HCP may also be less likely to effectively convey their diagnosis and recommendations. قد يكون من غير المرجح أيضًا أن ينقل مقدم الرعاية الصحية تشخيصه وتوصياته بشكل فعال
- This may lead to increase use of diagnostic tests as well as increase rate of hospitalizations.

وقد يؤدي هذا إلى زيادة استخدام الاختبارات التشخيصية فضلاً عن زيادة معدل الاستشفاء

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

The HCP may employ a variety of strategies to work more effectively with a medical interpreter, including the following:

قد يستخدم أخصائي الرعاية الصحية مجموعة متنوعة من الاستراتيجيات للعمل بشكل أكثر فعالية مع المترجم الطبي، بما في ذلك ما يلي

- Look at and speak directly to the patient. انظر إلى المريض وتحدث إليه مباشرة
- Use short sentences استخدم جملاً قصيرة
- Avoid the use of informal and unprofessional vocabulary تجنب استخدام المفردات غير الرسمية وغير المهنية
- Remain patient and understanding حافظ على الصبر والتفهم
- Observe the patient's nonverbal messages لاحظ الرسائل غير اللفظية للمريض
- Repeat important information كرر المعلومات المهمة
- Employ teach back, in other words, ask the patient to repeat important instructions or information in their own words

استخدم أسلوب التعليم العكسي، بمعنى آخر، اطلب من المريض تكرار التعليمات أو المعلومات المهمة بكلماته الخاصة

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Visual Impairment ضعف البصر

- Vision loss refers to difficulty seeing even when wearing corrective lenses (glasses or contacts), as well as complete blindness.

يشير فقدان البصر إلى صعوبة الرؤية حتى عند ارتداء العدسات التصحيحية (النظارات أو العدسات اللاصقة)، فضلاً عن العمى الكامل

- The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are visually impaired.

قد يستخدم أخصائي الرعاية الصحية مجموعة متنوعة من الاستراتيجيات للتواصل والتفاعل بشكل أكثر فعالية مع المرضى الذين يعانون من ضعف البصر

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Visual Impairment

- These strategies, which are based primarily on courtesy, respect, and common sense, include the following: تتضمن هذه الاستراتيجيات، التي تستند في المقام الأول إلى المجاملة والاحترام والفطرة السليمة، ما يلي

1. Great the patient التعامل مع المريض باحترام
2. Shake hand with the patient only if they offer their hand مصافحة المريض فقط إذا عرض يده
3. Speak directly to the patient التحدث مباشرة إلى المريض
4. Tell the patient that you will be touching them before you do so إخبار المريض بأنك ستلمسه قبل أن تفعل ذلك
5. Explain to the patient what you are doing as you are doing it شرح ما تفعله للمريض أثناء قيامك بذلك

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Visual Impairment

These strategies, which are based primarily on courtesy, respect, and common sense, include the following:

6. Be verbally descriptive when providing instructions or when conveying information كن وصفيًا لفظيًا عند تقديم التعليمات أو عند نقل المعلومات

7. Use the words "look" and "see" normally"استخدم كلمتي "انظر" و"انظر بشكل طبيعي

8. Tell the patient when you are leaving the area أخبر المريض عندما تغادر المنطقة

9. Do not attempt to guide the patient without first asking. لا تحاول توجيه المريض دون أن تسأله أولاً

10. Provide reasonable accommodations

قدم تسهيلات معقولة

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Deafness and Hearing Loss الصمم وفقدان السمع

- The term "deaf" refers to those patients who are unable to hear well enough to rely on their hearing and use it as a means of processing information. يشير مصطلح الصمم إلى هؤلاء المرضى الذين لا يستطيعون السمع بشكل جيد بما يكفي للاعتماد على سمعهم واستخدامه كوسيلة لمعالجة المعلومات
- The term "hard of hearing" refers to those patients who have some hearing and are able to use it for communication purposes. These patients are described as having mild to moderate hearing loss.

يشير مصطلح ضعف السمع إلى هؤلاء المرضى الذين لديهم بعض السمع ويمكنهم استخدامه لأغراض التواصل. يوصف هؤلاء المرضى بأنهم يعانون من فقدان سمع خفيف إلى متوسط

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Deafness and Hearing Loss

- Ineffective communication between the HCP and deaf or hard of hearing patients can lead to misdiagnosis and medication errors, as well as potential patient embarrassment, anxiety or fear.

قد يؤدي التواصل غير الفعال بين مقدم الرعاية الصحية والمرضى الصم أو ضعاف السمع إلى سوء التشخيص وأخطاء الدواء، فضلاً عن الإحراج المحتمل للمريض أو القلق أو الخوف

- The HCP must remember to be patient and considerate. Remain mindful that everyone, especially hard of hearing patients, will have more difficulty hearing and understanding when they are tired, ill or in pain.

يجب على مقدم الرعاية الصحية أن يتذكر أن يتحلى بالصبر والاهتمام. يجب أن يظل مدركًا أن الجميع، وخاصة المرضى الذين يعانون من ضعف السمع، سيواجهون صعوبة أكبر في السمع والفهم عندما يكونون متعبين أو مرضى أو يعانون من الألم

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Deafness and Hearing Loss

The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are deaf or hard of hearing:

قد يستخدم أخصائي الرعاية الصحية مجموعة متنوعة من الاستراتيجيات للتواصل والتفاعل بشكل أكثر فعالية مع المرضى الصم أو ضعاف السمع

1. Interact directly with the patient التفاعل مباشرة مع المريض
2. Record and respect the patient's preferred method of communication تسجيل واحترام طريقة التواصل المفضلة لدى المريض
3. Position yourself in front of the patient الوقوف أمام المريض
4. Be sure the patient sees you approach التأكد من أن المريض يراك تقترب
5. Gain the patient attention before you speak جذب انتباه المريض قبل التحدث

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Deafness and Hearing Loss

The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are deaf or hard of hearing:

6. Speak clearly, in a normal tone of voice, a little more loudly and at moderate pace and pause between phrases.

تحدث بوضوح، بنبرة صوت طبيعية، وبصوت أعلى قليلاً وبسرعة معتدلة، وتوقف بين العبارات

7. Optimize conditions for speech reading, make sure that the patient see your face and lips clearly

قم بتحسين ظروف قراءة الكلام، وتأكد من أن المريض يرى وجهك وشفتيك بوضوح

8. Minimize the use of medical terminology, speech readers typically rely on previous experience with vocabulary and various topics

قلل من استخدام المصطلحات الطبية، يعتمد قراء الكلام عادةً على الخبرة السابقة في المفردات والموضوعات المختلفة

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Deafness and Hearing Loss

The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are deaf or hard of hearing:

9. Maintain eye contact with the patient حافظ على التواصل البصري مع المريض

10. Include the use and observation of nonverbal communication when appropriate استخدم ولاحظ التواصل غير اللفظي عندما يكون ذلك مناسبًا

11. If the patient has difficulty understanding your message, rephrase or write the message إذا واجه المريض صعوبة في فهم رسالتك، فأعد صياغة الرسالة أو اكتبها

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Deafness and Hearing Loss

The HCP may employ a variety of strategies to communicate and interact most effectively with patients who are deaf or hard of hearing:

12. When changing the subject during the conversation, be sure that the patient is aware that you have changed the topic

عند تغيير الموضوع أثناء المحادثة، تأكد من أن المريض يدرك أنك غيرت الموضوع

13. Supplement the conversation with visual aids

أكمل المحادثة بالوسائل البصرية

14. Employ teach back, ask the patient to repeat the information

استخدم أسلوب التعليم العكسي، واطلب من المريض تكرار المعلومات

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Advanced Age تقدم السن

- Declining health and complex disease management in the elderly results in multiple visits to doctors and other healthcare providers each year
- Unfortunately communication between these older patients and their HCPs may be impaired by several factors including sensory loss (e.g., vision loss and hearing loss) declining in memory, and the slower processing of information

يؤدي تدهور الصحة وإدارة الأمراض المعقدة لدى كبار السن إلى زيارات متعددة للأطباء ومقدمي الرعاية الصحية الآخرين كل عام

لسوء الحظ، قد يتأثر التواصل بين هؤلاء المرضى الأكبر سنًا ومقدمي الرعاية الصحية لديهم بسبب عدة عوامل بما في ذلك فقدان الحواس (مثل فقدان البصر وفقدان السمع) وتدهور الذاكرة، وبطء معالجة المعلومات.

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Advanced Age

The HCP may employ a variety of strategies to communicate and interact most effectively with patients of advanced age:

يمكن لمقدم الرعاية الصحية استخدام مجموعة متنوعة من الاستراتيجيات للتواصل والتفاعل بشكل أكثر فعالية مع المرضى في سن متقدمة:

1. Schedule older patient earlier in the day, and allow extra time for the visit

حدد موعدًا للمريض الأكبر سنًا في وقت مبكر من اليوم، وخصص وقتًا إضافيًا للزيارة

2. Speak slowly clearly and loudly, use simple words and short sentences

تحدث ببطء ووضوح وبصوت عالٍ، واستخدم كلمات بسيطة وجمل قصيرة

3. Repeat important information and write down instruction

كرر المعلومات المهمة واكتب التعليمات

4. Focus on one topic at a time and minimize distractions

ركز على موضوع واحد في كل مرة وقلل من عوامل التشتيت

5. Face the patient and maintain eye contact

واجه المريض وحافظ على التواصل البصري

6. Use visual aids, charts, models and figures

استخدم الوسائل البصرية والمخططات والنماذج والأشكال

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Delirium and Dementia الهذيان والخرف

- In addition to a decline in their physical health, some elderly patients also have a decline in their cognitive abilities
بالإضافة إلى تدهور صحتهم الجسدية، يعاني بعض المرضى المسنين أيضًا من تدهور في قدراتهم الإدراكية
- They are more likely to experience confusion.
هم أكثر عرضة للتعرض للارتباك
- There are two types of confusion هناك نوعان من الارتباك
- Acute confusion also referred to as delirium, occurs when a patient undergoes a temporary or reversible period of disorientation, hallucinations, or delusions.

الارتباك الحاد، المعروف أيضًا باسم الهذيان، يحدث عندما يمر المريض بفترة مؤقتة أو قابلة للعكس من فقدان الاتجاه، أو الهلوسة، أو الأوهام

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Delirium and Dementia

- During these episodes the patient will find it difficult to focus attention and to rest or sleep, episodes may last for hours or days

خلال هذه النوبات، قد يجد المريض صعوبة في التركيز والراحة أو النوم، وقد تستمر النوبات لساعات أو أيام

- Chronic confusion also referred to as dementia, occurs when a patient undergoes a progressive, irreversible decline in mental function, characterized by memory impairment, deficits in reasoning, judgement, abstract thought, comprehension, learning, task execution, and use of language

يحدث الارتباك المزمن، الذي يُشار إليه أيضًا باسم الخرف، عندما يعاني المريض من تدهور تدريجي لا رجعة فيه في الوظيفة العقلية، ويتميز بضعف الذاكرة، وعجز في التفكير، والحكم، والفكر المجرد، والفهم، والتعلم، وتنفيذ المهام، واستخدام اللغة

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Delirium and Dementia

Effective communication with cognitively impaired patients, especially those with dementia is particularly challenging for HCP

يعد التواصل الفعال مع المرضى الذين يعانون من ضعف الإدراك، وخاصة المصابين بالخرف، تحديًا كبيرًا لممارسي الرعاية الصحية

- The HCP may employ a variety of strategies to communicate and interact most effectively with these patients:

قد يستخدم أخصائي الرعاية الصحية مجموعة متنوعة من الاستراتيجيات للتواصل والتفاعل بشكل أكثر فعالية مع هؤلاء المرضى:

1. Expect an increase in confusion from the patient from waking up till the end of the day

توقع زيادة في ارتباك المريض من الاستيقاظ حتى نهاية اليوم

2. Approach the patient from the front and call the patient by name

اقترب من المريض من الأمام واتصل به باسمه

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Delirium and Dementia

The HCP may employ a variety of strategies to communicate and interact most effectively with these patients:

3. Respect the patient's personal space and observe their reaction as you move closer احترم المساحة الشخصية للمريض ولاحظ رد فعله عندما تقترب

4. Avoid sudden movements that may startle or irritate the patient

تجنب الحركات المفاجئة التي قد تخيف المريض أو تزعجه

5. Speak slowly and distinctly in a low-pitched voice

تحدث ببطء ووضوح بصوت منخفض النبرة

ADAPTING COMMUNICATION TO PATIENT'S ABILITY TO UNDERSTAND

Delirium and Dementia

The HCP may employ a variety of strategies to communicate and interact most effectively with these patients:

6. Ask one question at a time اطرح سؤالاً واحدًا في كل مرة
7. Give one step direction and instruction at a time قدم توجيهات وتعليمات خطوة بخطوة في كل مرة
8. Remain mindful of your nonverbal messages كن منتبهًا لرسائلك غير اللفظية
9. Do not disagree or argue with the patient

لا تعارض أو تجادل المريض