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# COMMUNICATION SKILLS FOR FOREIGN AND MOBILE MEDICAL PROFESSIONALS

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*This book is dedicated to the many anonymous trainers in the field who cannot help but communicate with their interns. This book is also dedicated to young 'foreign' doctors such as Bruno, Homa and Chris who, despite all odds, have made the global medical world their home.*





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## Preface

*Communication Skills for Foreign and Mobile Medical Professionals* (or in short *Medical Communication Skills*) is an evidence-based communication resource book aimed at second language or language-discordant medical professionals, defined as doctors who work in foreign countries, cultures and languages, who are interested in improving or enhancing their communication with both patients and colleagues.

Good doctor–patient communication correlates directly with improved patient health outcomes. Culturally and linguistically appropriate communicative competence is a key skill for medical professionals: it can literally be life-saving.

Given the growing number of mobile medical professionals around the world and the importance of good communication to both patient outcomes and the medical professionals' own professional success, this state-of-the-art resource book is highly relevant. Professionals ranging from senior nursing staff, hospital doctors, interns, general practitioners and heads of department in multilingual or intercultural contexts to human resource managers, language trainers and cultural mediators will all have something to learn from this book.

This is a practitioners' manual for the lower/upper undergraduate, graduate and professional/practitioner levels. It covers the areas of communication skills, effective medical communication, intercultural professional communication, doctor–patient communication and patient-oriented medicine.

This book targets language-discordant medical professionals, a readership that is not served by any book on medical communication currently on the market. The book provides direct answers to the practical needs of the clinical context and can be used for training and teaching purposes both in contact teaching and autonomously. The proposed advice raises the professional's awareness of important issues in face-to-face interaction. *Medical Communication Skills* is the foundation of a medical performance support system containing strategies and tips, examples and short excerpts from intercultural health studies. It offers a wealth of insights into communication structured around the consultation timeline, which all doctors know and have training in.

*Medical Communication Skills* helps professionals gain insight into doctor–patient communication and is organised around the different phases of any consultation. It emphasises patient-oriented medicine, the ideal style of doctoring in today's Western world. The advice offered shows how communication in general and doctor–patient communication in particular work; where applicable examples

are provided. Common misunderstandings between doctors and patients with different cultural/linguistic backgrounds are dealt with specifically and in depth.

Communication in a professional context has a universal basis, and we hope that you, the intended audience, will gain some inspiration and insights from our multifaceted analyses of the topic.

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## What Can You Expect to Find in This Book

### Chapter 1. Interpersonal and Intercultural Communication in Health Care

This chapter outlines the background of the book and introduces terminology and topics vital for understanding interpersonal and intercultural communication in a healthcare context: communication and personal *style*, communication and patient *health outcomes*, *multiculturalism* and cultural *competence* and communication and *mobility*. This book is meant to function as a communication performance support tool. The information in it draws on peer-reviewed, international research and focuses on linguistic and cultural challenges faced by mobile medical professionals.

### Chapter 2. The Structure of the Consultation

When patients' physical, mental and social well-being (i.e. the *health triangle*) is not in balance, they may see a doctor. To a consultation, patients bring ideas, concerns and expectations (the *ICE triad*) about health and illness. This triad is situated within a patient's frame of reference and has both individual and cultural characteristics. In the past 30 years, medicine in the Western world has become increasingly *patient-oriented*, and the medical world has adopted a model of the consultation where patient's and doctor's perspectives are given equal weight. In this chapter, we present the *two-perspectives* consultation model, which describes the structure and timeline of the consultation. Structuring a consultation means timing and sequencing five major tasks in a logically ordered way following a mental map (cf. the Calgary-Cambridge Guides): *initiating the session*, *information gathering*, *the physical examination*, *explaining and planning*, and *closing the session*.

### Chapter 3. General Communication Strategies and Skills

In this chapter, we discuss communication skills that can be used across all stages of the consultation. We first focus on how active *listening* skills facilitate, direct and structure interaction with others. Then we explain and illustrate what makes verbal and nonverbal communication appropriate. While the focus of our verbal communication is generally the *content* of our messages, our *attitudes* about what

we say are often communicated through our nonverbal communication. The final topic of the chapter is building *rapport*: it helps make both communication and consultations more effective, efficient, supportive and satisfying for both medical professionals and patients.

## **Chapter 4. Communication Skills Specific to the Consultation**

This chapter discusses communication skills and strategies used at specific points during the consultation, providing specific advice for different stages and parts of the consultation. The first part of the consultation begins with an *opening*, followed by *medical history* taking or anamnesis, and concludes with the *physical examination*. Listening is central to these stages. The second half of the consultation focuses on discussion and generally has two components—(1) *explaining* the diagnosis and (2) agreeing on the *management plan*—that follows from this diagnosis. Both successful listening and explaining then allow for a proper *closing* of the session.

## **Chapter 5. Special Challenges in Medical Communication**

During consultations, doctors often have to deal with challenging situations. They can be caused by characteristics of the patients, the content, the communication channel or any combination of these. When *patients* are challenging, clearly structuring the interaction and acknowledging the patient may help. When dealing with sensitive or taboo *topics*, particular care and sensitivity are required. Finally, in telephone and other *mediated consultations*, an explicit and systematic approach to communication can facilitate the conversation. This chapter provides an overview of a range of challenging situations doctors are likely to encounter, and provides strategies to address them.



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## About the Authors

**Eddy Vanagt** developed a keen interest in the nature of medical communication during his life as a cardiologist at different hospitals in the Netherlands and Belgium. Over the past 20 years, while supervising and guiding an international group of interns at Antwerp Hospital Network, he compiled strategies and tips from the current literature with the help of feedback from the University of Antwerp's medical skills lab staff and input from project partners in Berlin, Maastricht, Ancona and Gothenburg.

**Kris Van de Poel** (University of Antwerp—Applied Language Studies and affiliated with North-West University's School for Languages) specialises in curriculum and syllabus design for professional and academic purposes. She developed the resource book's overall format and approach, relying on her teaching and training experience with both foreign and mobile medical professionals and students and her research on this group's needs.

**Ulrike Schrimpf** while at Charité International Cooperation—Charité International Academy, has co-developed the intercultural component of this book, drawing from years of involvement in teaching, developing and publishing materials for different medical contexts in Germany (*International Doctors, International Nurses, Cross-Cultural Communication*).

**Jessica Gasiorek** is finalising her doctoral research in the Department of Communication at the University of California, Santa Barbara, studying interpersonal and intergroup communication, focusing on communication accommodation and its consequences across contexts. She is also associated with the University of Antwerp, has collaborated on projects related to this group and has edited the language in this book for an international audience.

All four authors have been collaborating on the European project *Medics on the Move* (2006–2012), for which they carried out research and developed interactive online and mobile communication tools across languages and cultures.



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## Acknowledgements

Writing a textbook on medical communication skills does not happen overnight and does not happen single-handedly. We have certainly been inspired by the many excellent textbooks on the market. Even though we may not have quoted from them directly, they have paved the way for our better understanding of the intricacies of professional communication in action.

*Medical Communication Skills*—the running title of this book—couldn't have been realised without the comments and observations of many people who have, knowingly or unknowingly, contributed to this project, but, of course, we remain responsible for the content and format of this book, and any errors or inconsistencies in this text are our own.

We would like to thank sincerely all the medical professionals who over the years have worked with the materials and commented on them, have taken part in the experiments and have interacted with our presentations and publications.

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