Assessing and responding to different communication needs

Be prepared that a service users needs and receptiveness to clinical contact can change regularly.

Be mindful of drowsiness in the frail, this doesn’t necessarily mean they cant hear or cant understand you.

Read the room, asking people questions about how much they would like to go through. Are they ready for in depth conversation or do they just want to go over the basics for now.

**Unreponsiveness:**

If a patient is non verbal or too unwell to engage in communication, or you feel like they might not be able to understand you at this time, find out from family or other staff who have been working with them what is normal for them. It may be that they are not ready to communicate at this time and need some rest.

**Anger:**

Ensure an environment free of distractions and noise, not pressured by time restrictions, and with any support or family that the patient wants to be there.

Establish what they know about their condition already and what their concerns are (ICE). Ask “Is there anything I can help you with”, to empower the patient to take some control of the course of the conversation so they can get the most out of it.

Stop the conversation if it is becoming overwhelming for the patient. You can always come back and discuss the rest at another time.

Avoid falsely reassuring the patient out of good will, this can be harmful down the line. Regarding negative language (such as relating to death, dying, not recovering etc), mirror the patient’s own language when they discuss this, and try not to discuss it unless they bring it up themselves (shows that they are ready to talk about it, and identifies their individual needs and concerns).

If someone becomes angry, respond in a three stage process.

1. Show you are concerned, often by an apology
2. Find out what has gone wrong, allow the patient to identify this themselves. Confirm you have understood any problems they raise.
3. Find out what can be done about it, again, allow the patient to identify this themselves or offer them options if they are not able to. Make a plan together to resolve things.

Trying to resolve a deteriorating situation quickly can come across as being defensive or unwilling to help.

“I understand this has been a difficult conversation today. Perhaps we should draw a line under things today to give you time to mull things over, then we could talk things through again tomorrow?”

Eg: A patient’s son has run in to your office screaming that his mother is in pain and nobody is seeing her. He’s been asking for painkillers for her for two hours and nobody has come. Why is no one helping her??

“Im so sorry Mr X, I can see that you’re upset and I want to help. I’m not allowed to administer pain relief myself, but I can go and find the nurse who can, and ask her to see your mother right away. Does that sound like a good plan?”