

# **Communication Skills for Nurses**

*A practical guide on how to achieve successful consultations*



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**A practical guide on how to achieve  
successful consultations**

by Marilyn Edwards



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SE24 0PB

British Library Cataloguing-in-Publication Data  
A catalogue record is available for this book

© MA Healthcare Limited 2010  
ISBN-10: 1 85642 393 X; ISBN-13: 978 1 85642 393 9

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Printed by CLE, Huntingdon, Cambridgeshire

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# **Acknowledgements**

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I would like to thank all my colleagues and friends who have offered constructive comments on specialist areas in the text. Special thanks to Heidi Cross and Sue Gribble, Paul Bowman, Michelle Price, Alison Troke and her colleagues, Marie Murphy and ‘Ann’.

My husband Chris has supported me during my many hours of research and writing and his proof reading and comments from a lay perspective have been invaluable.

# Preface

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Over a third of all consultations in general practice are conducted by nurses, having risen from 27% in 1995 to 35% in 2007 (Hippisley-Cox and Jumbu, 2008). This coincides with the increase of practice nurse numbers from 10 082 in 1997 to 14 554 in 2007 (The NHS Information Centre, 2008).

Chambers (2008) provides definitions for consultation and skill thus:

*Consultation* - a deliberation, or a meeting for deliberation.

*Skill* - expertness, aptitudes and competencies appropriate for a particular job, expert knowledge.

Consultation skills for practice nurses can be described as the competencies and expertise to interact with patients in a deliberative manner.

The consultation is the key element of primary care as patients are more satisfied with the care given by clinicians who have demonstrated good communication skills. Poor communication or dissatisfaction with a consultation is reported to be a major reason why patients decide not to attend appointments, or do not take prescribed treatment (Miles, 2008). Patients need to be satisfied with the consultation, understand their condition, and understand the reasons for their treatment or management plan.

Over a third of all consultations are no longer solely the domain of medical practitioners as nurses increasingly become the first contact for patients (Kaufman, 2008). Nurses consult with patients during every interaction, from arranging an appointment on the telephone, throughout the consultation, or during follow up contact. Good consultation skills have always been relevant to nurses but as the role develops it is essential that these skills continue to improve. Patients are reported to value the care and support given by nurses who offered more advice on self-care and management than doctors (Baird, 2006).

This book has been written to reinforce good consultation skills and highlight areas where individual readers might wish to review and improve their own consultation techniques, through case histories and scenarios that are likely to be common in many practices. Although the text and scenarios relate to practice nurse consultations, the content can be transferred to all primary care nursing settings. It is acknowledged that nurses can be male or female, but for simplicity in the text, the nurse is referred to as female.



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# Introduction

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*“Patients in their journey through the health care system are entitled to be treated with respect and honesty, and to be involved wherever possible in decisions about their treatment.”*

*(Kennedy, 2001)*

Improving the patients’ experience of health care is the central purpose of clinical governance. Patients have given consistent feedback about what matters to them (Department of Health, 2003). Good care means:

- Getting good treatment – high quality, safe and effective treatment delivered by capable teams.
- Being safe and comfortable – confidence in the care environment.
- Being informed and having a say in the care they receive.
- Being treated as a person – with respect, honesty and dignity (Royal College of Nursing, 2008).

These issues should be present at every point of contact with health services. The journey includes health awareness, access to care, continuity of care and support for carers. But people may face additional challenges. For example, people whose first language is not English may have problems with information and accessing care. The management of equity, diversity and choice also influence the patient experience.

A lack of attention to the pre-consultation period can adversely affect clinical reasoning, perceptual skills and the ability to perform effectively and impartially in the consultation (Chafer 2003, cited by Kaufman, 2008). Chapter 1 discusses the pre-consultation period with reference to the environment. The prepared nurse will offer a more efficient and effective consultation than one who has not considered environmental factors. There are many simple areas that can be addressed which can improve the ensuing consultation.

The most important part of a consultation is effective communication. This is the key to a satisfactory consultation for both the patient and the nurse. This includes the welcome, the nurse/patient relationship and observance of body language. Body language and active listening can be learned techniques. Chapter 2 uses scenarios to place communication skills into context within nursing practice. The advantages and disadvantages of telephone and email consultations are discussed within this chapter, but also referred to in later chapters. Aspects of all these skills are included throughout the text.

The principles of ethics are integral to all patient consultations. This includes confidentiality and consent, autonomy and advocacy. Chapter 3 aims to provide the reader with an insight into some of the issues that may be encountered during any consultation. Accurate and comprehensive documentation is explored. Aspects of the ethical issues discussed will be found throughout the book.

The Calgary-Cambridge consultation guide (Silverman et al, 2005) is adapted and expanded:in Chapter 4 but follows a basic framework. This relates to initiating the session, gathering information, physical examination, explanation and planning and closing the session. Chapter 4 examines the patient-centred consultation from welcome to closure. Although a medical model, it is easily adapted to nursing consultations. Nurses prepare for the consultation, establish a rapport with the patient, identify the reason for the consultation, consult, make an action plan and close the session. This occurs in all consultations, from administering a contraceptive injection to managing a leg ulcer.

Children and adolescent patients present unique challenges to the nursing consultation. It is important to gain an accurate understanding of the child's perspective of their condition. They are experts on themselves and only they can provide certain information. Chapter 5 examines some of the ethical and legal issues relating to this patient group, explores key issues with consultation skills and offers suggestions for management of some common scenarios.

The term disability covers a multitude of conditions, including physical, intellectual, visual and hearing impairment. Chapter 6 offers an insight into some of the challenges presented during a consultation, with tips for effecting a satisfactory and safe consultation. Issues of sexuality and cultural diversity within the disability framework are briefly discussed within the text.

Providing equitable health services demands that provision is appropriate, sensitive and inclusive. Research from Stonewall (2006) suggests that the gay population do not receive the same health care as the heterosexual population and are stigmatised due to their sexuality. Chapter 7 examines the experiences of lesbian, bisexual, gay and transgender (LBGT) patients to highlight good practice consultation skills in this marginalised population.

Understanding the challenges of delivering bad news to a patient is an important part of the nurse consultation as they will most likely encounter this situation on a regular basis. People differ in their perception of bad news. Bad news for one person can be good news for another. For example, a diagnosis of anaemia might be a relief for a patient who has been feeling tired and unwell for some weeks or months and was frightened in case the symptoms signified cancer. A diagnosis of diabetes can be devastating for a patient whose father had an amputation due to the disease. The do's and

don't's of delivering bad news are discussed in Chapter 8. It is acknowledged that this skill, along with supporting patients and carers, usually develops with practice.

Nurses need to have an understanding of the cultural diversity of their practice population to be able to engage their patients during a consultation. This includes understanding the specific health problems of certain groups and their underlying health beliefs (Dhami and Sheikh, 2008). Chapter 9 offers guidance on consultation skills where ethnicity and culture may be a challenge within the practice. There is no emphasis on a particular culture but the examples are intended to highlight major issues. The reader is recommended to explore transcultural issues related to their practice population.

Chapters 1 to 9 explore and discuss various consultation skills. It is hoped that every reader will identify at least one area in the text where they can improve their skills. Chapter 10 offers a range of suggestions for developing these skills, from reflection to video recording a consultation.

The following comments were from seven people (two men, five women) aged 32-67 years whom I met in 2008, and illustrate positive and negative consultation experiences.

*'I planned my travel in advance and the nurse was very helpful.'*

*'The nurse was very busy.'*

*'The nurse was on time.'*

*'I don't care what she looks like. I want the nurse to know what she is doing.'*

*'I appreciate time spent asking about my general health.'*

*'If there's a student present it's hard to say no. The student should be outside when the nurse asks.'*

*'I like an informal approach, with the patient in control, not being dictated to. A two-way consultation.'*

*'I want advice to be constant and correct. Three people in three surgeries all gave different advice.'*

*'Continuity of care is appreciated.'*

*'I get cross if kept waiting.'*

*'I had to pressurise the nurse to take my blood pressure.'*

*'The nurse took my blood pressure as routine.'*

*'If there's bad news I want it straight out in layman's terms, not on the telephone.'*

*'When I went for travel advice I had a full risk assessment.'*

This book attempts to cover the management of most of the issues raised. Consultation skills for managing patients with mental health problems has

been deliberately omitted as this requires more specialist skills.

There is inevitably an overlap of issues throughout the book. This should be viewed as reinforcement and not duplication. The reader will probably be able to relate to many of the scenarios cited within the text. Most are related to true incidents, although names have been changed for reasons of confidentiality, and some are hypothetical.

Consultation skills can be learned but we all need to identify our deficiencies. Researching and writing this book has been an enlightening process for the author.

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