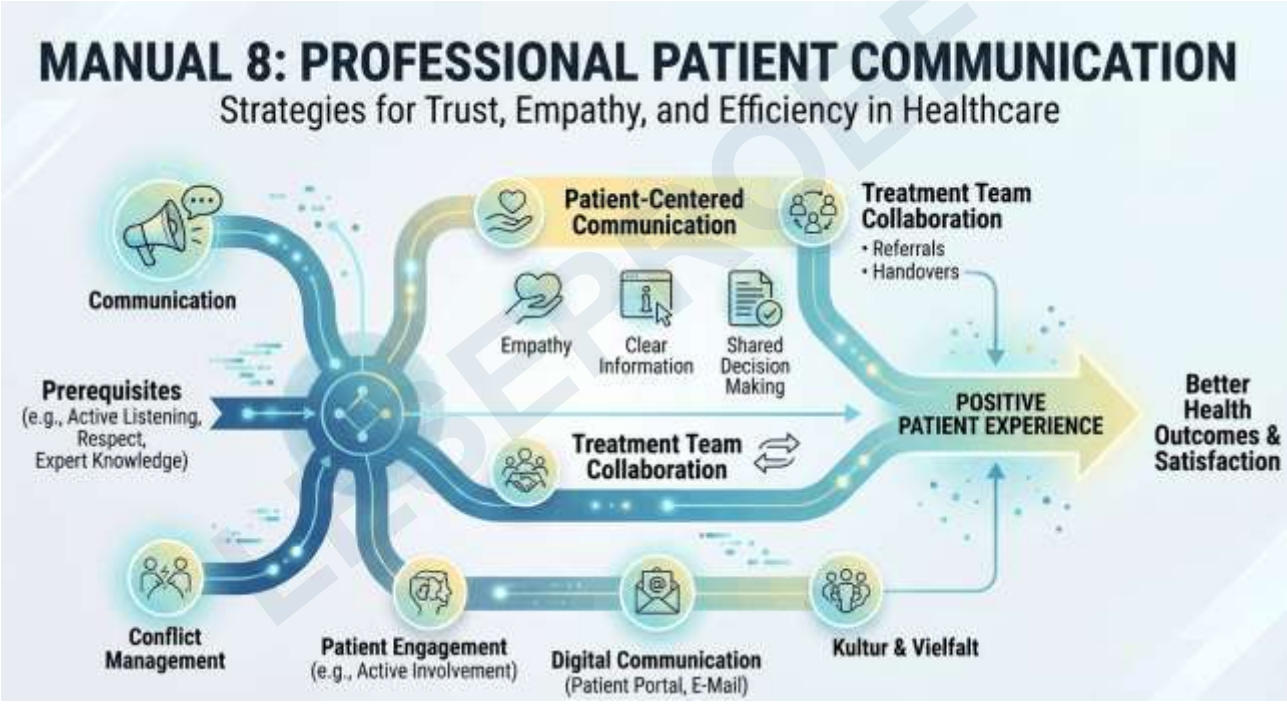
ClinicalOS – The clinical operating system for general practice

Volume 8

Professional Patient Communication

Conversation Skills · Relationships · Patient Education · Conflict · Teamwork · Patient Safety



Strategies for trust, empathy and efficiency in healthcare

Listen to concerns — Clarify the meaning — Share the decision — Ensure follow-up

About this sample

Volume 8 · Professional Patient Communication

This curated sample has 12 pages from a 53-page volume (15% target; minimum 12 pages, including the notice and end page). The chapters listed below are included in full. Original page numbers are retained; gaps are intentional. This overview and the PDF bookmarks cover the included sections. Cross-references may refer to the full volume.

- **Chapter 6 · Active listening**
- **Chapter 7 · Plain language**
- **Chapter 9 · Shared decisions**
- **Chapter 10 · Teach-back**
- **Chapter 11 · Safety-net**
- **Chapter 13 · SPIKES**

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Chapter 6 — Active Listening, WWSZ and Guiding the Conversation

Listening with an open mind, guiding the conversation purposefully

6.1 Applying WWSZ

Technique	When / Phrasing
Repeat	Repeat the last word / last sentence → Patient elaborates
Reflect	Reflecting emotion: “That sounds very stressful.” / “That upsets you.”
Summarise	“If I’ve understood you correctly: … – have I got that right?”
Listening (active)	Brief acknowledgements: Nodding, pausing, “Mmh”, “Yes, go on”

6.2 Steering the conversation without stifling it

Situation	Wording
Going off-topic	“Let me just interrupt briefly so we don’t lose sight of the main point.”
Too many topics	“It’s all important – can we go through them one by one?”
Going round in circles without making progress	“What would be the most important takeaway for you today?”
Time pressure	“We’ve got 5 minutes left – what do we absolutely need to sort out now?”

Practice Pearl – Listening

- ✔ 3 seconds’ silence after a question = a productive pause. Don’t fill it.
- ✔ Take notes only after a pause in the conversation, not whilst the patient is speaking.
- ✔ Eye contact rule: make eye contact at least every 30 seconds.
- ✔ Summarising is part of the diagnostic process – errors can be corrected immediately.

→ → *Chapter 3 ICE/SIFE* · → *Chapter 12 NURSE*

Chapter 7 — Communicating Information and Plain Language

Facilitate understanding rather than simply imparting specialist knowledge

7.1 The 7 rules for clear explanations

Rule	Practical application
1. Short sentences	Max. 15 words per sentence. Main clauses, not nested clauses.
2. One idea per sentence	Not: “The heart is weakened, which is why you have fluid in your legs, which puts further strain on the heart.”
3. Active voice	“Take the tablet in the morning” – not “It should be taken in the morning.”
4. Translate technical terms	‘Hypertension’ = ‘high blood pressure’. Always provide a translation.
5. Make figures concrete	Not: “5% risk”. Better: “5 out of 100 patients in your situation”.
6. Max. 3 key messages	What does the patient need to know today? Just that.
7. Put it in writing	Write down important points or provide follow-up information.

7.2 Ask-Tell-Ask

Step	Phrasing
Ask (prior knowledge)	“What do you already know about [diagnosis/medication]?”
Tell (Information)	Provide brief, clear information in everyday language
Ask (Understanding)	“How does that sound to you?” / “What’s still unclear?”

Practice Pearl – Communication

- ✔ “Imagine you’re explaining it to a friend, not a student.”
- ✔ Analogies: “The heart is like a pump that’s now pumping less strongly.”
- ✔ Figures with visual aids: drawing, sketch, risk diagram (frequency format).
- ✔ “What do you take away as the most important piece of information today?”

COMMUNICATION RED FLAGS

- ⚑ Monologue > 2 minutes without follow-up questions → Patient has stopped listening after 30 seconds
- ⚑ Technical term used without explanation where a language barrier or low literacy is suspected
- ⚑ Handing over a sheet of paper as a substitute for a conversation

→ → *Chapter 10: Teach-back* · → *Chapter 16: Language barriers* · → *Chapter 17: Literacy*

Chapter 9 — Shared Decision-Making and Risk Communication

Sharing decisions without relinquishing responsibility

When to use SDM – when to give a directive recommendation?

SDM: for preference-sensitive decisions (several equally valid options, patient values are decisive)
Directive recommendation: for clear medical indications with no viable alternative
Clarification: SDM does not mean 'the patient decides alone' – rather, it involves making the evidence, the doctor's assessment and the patient's values transparent.

9.1 SDM in 4 steps

Step	Formulation
1. Present the problem	"We have an issue for which there is no single, clear-cut best solution."
2. Describe the options	"There are essentially two possibilities: … and …"
3. Advantages and disadvantages	Use absolute figures: "Out of 100 patients, 12 benefit from option A."
4. Patient values	"What is particularly important to you when making this decision?"

9.2 Risk communication: Dos and don'ts

Wrong	Correct
"You have a 5% risk"	"5 out of 100 patients in your situation experience …"
"The risk is small"	More specific: "1 in 1,000 patients …"
Relative risk reduction	Always give absolute figures: state the NNT and NNH
Only mention risks	Always present benefits and risks side by side

PRACTICE PEARL – SDM tip

- ✔ Use decision aids from www.patientenentscheidungshilfen.de.
- ✔ "I would recommend …, and I'll explain why – but the final decision is yours."
- ✔ Be patient with ambivalence: offering time to think it over is not a waste of time.

→ → *Chapter 8: Patient Education* · → *Chapter 28: Deprescribing* · → *Volume 6: polypharmacy*

Chapter 10 — Teach-back and comprehension checks

Avoiding false confidence

Why teach-back?

Studies: Patients forget 40–80% of medical information immediately after the consultation.
Teach-back identifies misunderstandings before they lead to treatment errors.
Do not check whether the patient has heard the information – but whether the explanation was understandable.

10.1 Formulating the teach-back correctly

Incorrect	Correct
“Have you understood that?”	“So that I know whether I’ve explained it properly – can you tell me how you’re going to take the medicine?”
Yes/No question	Ask for an open-ended retelling
Check only once	For complex plans: 3-step teach-back loop

10.2 Mandatory indications for teach-back

⚠ ALWAYS USE TEACH-BACK FOR:

- Anticoagulation • Insulin therapy • Course of antibiotics
- New serious diagnosis • Steroids • Pregnancy
- Paediatric care • Language barrier • Dementia / geriatrics
- Polypharmacy • Discharge following an emergency visit

COMMUNICATION PEARL

Teach-back phrasing: “So that I know whether I’ve explained this clearly – could you please tell me how you’ll do this at home?”

→ → *Chapter 7: Conveying Information* · → *Chapter 16: Language Barriers* · → *Chapter 32: Patient Guides*

Chapter 11 — Safety-net communication

Ensuring continuity in cases of uncertainty

The Safety Net as a safety framework

Safety-Net entrusts the patient with monitoring their own progress – in concrete terms, not vaguely.
Vague: “If you don’t feel any better, come back.”
Specific (Safety-Net): “If your temperature rises above 39 °C, come in straight away – even without an appointment.”

11.1 Safety-Net formula

SAFETY-NET FORMULA

If [specific warning sign],
then [specific action: GP surgery / A&E / 112],
within [specific time frame].

Example: “If the pain gets worse or you develop a fever, call us straight away – we have an emergency slot.”

11.2 When is the Safety-Net mandatory?

Situation	Safety-Net content
Watchful-waiting decision	Clear criteria for return: what, when, where
New symptoms of unknown cause	Timeframe until re-evaluation
Discharge following acute contact	Specify the 112 criteria
Changes to polypharmacy	List symptoms of drug interactions
Language barrier	Written safety net in the patient’s own words

COMMUNICATION PEARL

The Safety Net is not a safeguard for the doctor. It is a tool to ensure the patient’s safety throughout their care.

→ → *Volume 1, Chapter 4: Red Flags* · → *Volume 4: Patient Management* · → *Chapter 2: Closing Formulas*

Chapter 13 — SPIKES: Bad News

Structure rather than improvisation

Why use SPIKES in GP practice?

GPs deliver far more bad news than specialists:
cancer diagnoses, chronic conditions, mortality, loss of function, negative lab results.
Without structure: an information overload, conversations cut short, shock without support – loss of trust.

13.1 SPIKES in detail

S-P-I-K-E-S	Content + Wording
S – Setting	A quiet room. Seating. Allow plenty of time. Offer an accompanying person.
P – Perception	"What do you already know about your diagnosis / condition?"
I – Invitation	"Would you like to know all the details today, or would you prefer to take it step by step?"
K – Knowledge (warning)	"I'm afraid I have some serious news…" – then a short pause.
E – Emotions (NURSE)	Acknowledge the emotion. Apply the NURSE approach. Do not continue with further information straight away.
S – Strategy & Summary	Outline next steps, follow-up appointment, emergency contact. Summarise.

13.2 BAD acronym for GP practice

BAD FORMULA

B – Announce the findings: "Unfortunately, I have some important news …"
A – Check in: "What do you already know, and what were you worried about?"
D – Plan next steps: "What's the next step now?"

Practice Pearls – Bad News

- ✔ Actively offer the option of a support person – not just during cancer consultations.
- ✔ A heads-up + a 3-second pause → the patient can prepare themselves.
- ✔ After delivering the news: first address their emotions (NURSE), then provide information.
- ✔ Always be specific about the next step: appointment, referral, follow-up call.
- ✔ Provide a written summary: patients remember little after the initial shock.

USE CASE 13 | Cancer diagnosis over the phone

Situation: Histology results are in: carcinoma. The patient calls from work.
Wrong: To convey the diagnosis over the phone.
Correct: "I have some important news for you. Could you come to the surgery as soon as possible, ideally with someone to accompany you?"
Key point: Bad news does not belong on the phone – always have a face-to-face conversation in a suitable setting.

COMMUNICATION RED FLAGS

- Communicating a cancer diagnosis over the phone
- Starting the treatment plan immediately after delivering the news – the patient stops listening
- Brushing aside emotions: “Now we need to see what we can do…”
- No specific next step → Patient left alone with the news

→ → *Chapter 12 NURSE* · → *Chapter 22 Oncology* · → *Chapter 23 Palliative Care*

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