

# Cascade

EDUCATIONAL THEATRE FOR EVERYONE

## 'OF ART THE COMMUNICATION' (Incl. Conflict Resolution and Feedback)

### LEARNING POINTS:

#### BASICS

- Use people's names, the name they like to be called
- Remember the skills used when everything is going well
- The most valuable communication skills are often forgotten when under stress
- In a situation of conflict 70% of the problem is due to body language, 23% is vocal tone and volume and only 7% due to the words
- Left brain likes facts, details, process, systems, analysis, step by step, information in small chunks
- Right brain likes patterns, connections, meaning, the big picture, generalisations, rhythm, metaphor, giant leaps, information in large chunks

The 'fight, flight or freeze' syndrome can often be responsible for disabling the most useful brain regions and communication skills when you most need them. Being aware of this tendency can help ensure consistently positive interactions with others.

#### PHYSIOLOGY

- When under stress the Amygdala hijacks the brain with 'fight or flight' chemicals disabling rational thought
- Deep breathing is the quickest way to clear stress from the body
- A good deep breath needs to come from the diaphragm

#### ACTIVITY

This activity can be done several times a day. For maximum benefit, practice this for a minimum of 1 minute and an average of 5

- Find a comfortable place to sit
- Release shoulders and notice the points at which body connects with the chair
- Take a breath in for a count of 4  
Hold it for 4  
Breathe out for 4 (Allowing the shoulders to drop)  
Hold It for 4  
Keep repeating for the time allowed

## LISTENING

### *Some Supporting Competencies*

The foundation dentist can demonstrate to an appropriate standard the:

- 12.2 - *Inspire confidence in patients (from all age groups and situations) and build rapport through the use of effective interpersonal and communication skills.*
  - 12.5 - *Communicate effectively with patients, relatives and carers in a manner which respects the patient's privacy, dignity, confidentiality and self-image*
  - 12.11 *Listens effectively and is responsive to non-verbal cues*
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- Good listening involves good body language
  - Physical involvement improves listening
  - Make constant eye contact while listening and at least 70% eye contact while talking
  - Slightly lean towards the speaker
  - Focus on the patient not on other tasks – making notes, writing in the computer etc.
  - There will always be distractions – keep them in the back of awareness until it is polite to break away
  - Summarising back to the patient helps confirm what has been communicated
  - Ensure verbal and physical indications are given to indicate attentiveness.  
E.g. nodding and saying 'uh-huh'.
  - Listen for facts, feelings and meaning

## BLOCKS TO LISTENING

- **B.A.D.S**

A simplified model of blocks to listening  
(The expanded list is on page 9)

Four things which prevent hearing clearly what is being said:

- **B** – Boredom
- **A** – Assumptions
- **D** – Distractions
- **S** – Stress

N.B.

*At one time the Rank Xerox sales team were less effective when they became 'experts' and stopped listening to the real needs of their customers.*

A well-known and true story!

## ENSURING PATIENTS HAVE UNDERSTOOD

### *Some Supporting Competencies*

*The foundation dentist can demonstrate to an appropriate standard the ability to:*

- 12.1 - Increase patients' awareness and understanding of treatment options and procedures by careful explanation and the use of effective communication skills.
- 12.9 Provides appropriate, relevant and up to date preventative education to individual patients in a manner that inspires motivation for change

People get distracted: this increases when under stress (for many a visit to the dentist is very stressful) and information processing and decision making becomes significantly impaired.

There are a few simple processes which can help ensure effective communication

### ***Headline ~ Inform ~ Summarise ~ Check***

The ***Headline*** introduces the subject or change of subject. E.g. "I just want to tell you about the different treatment options."

Observe the patient and wait for clear 'Yes' e.g. a triple head nod before proceeding.

Next give the patient all the ***Information*** they need to make an informed decision.

***Chunking*** is a useful way of conveying information. Start with *Large chunks*. The big picture e.g. "A crown is a possibility for that tooth." Then give *smaller chunks* to fill in the detail such as the different types of crowns and the pros and cons.

Once the patient has the information and their questions have been answered, provide a brief ***Summary*** of what has been said. This helps embed the information and helps pick up on anything which might have been missed if the patient 'switched out'.

Finally, ***Check*** for understanding. Often people will nod as if listening but they have not taken in the information so check with them. E.g. "I know there is a lot of information there so can you tell me your understanding of what we've talked so that I know I've given you all the info *you really need*?" You don't have to use this exact sentence as I am sure you will find your own. However, it is important to check that the patient understands. It may take a little extra time but it could save a lot of difficulties later. Patients will learn quickly that you will be asking them to repeat what has been discussed so they may become more engaged during the conversation.

Be aware of patients' non-verbal behaviour in response to what you have said:

- Tension in the face – frowning etc.
- Leaning away
- Crossing arms
- Looking down (or side to side and up)
- Head tilting
- Frequency of nodding
- Holding of breath
- Any change in facial expression or posture in response to your statements

## BODY LANGUAGE CUES FOR SPECIFIC 'INTERNAL STATES'

Is the patient...

- **Listening** – Is the patient giving triple head nods and can you see subtle lateral eye movement (eyes moving very minutely from side to side)?
- **Confused** – Are patients frowning during information exchange?
- **Anxious** – Are patients stroking or rubbing their hands, face, neck, arms or legs?
- **Doubtful** – Are patients shrugging with shoulders or mouth or is their head half turning away from you?

If a patient is distracted information is less likely to be retained and proper informed consent might not be achieved. Simply, stop and check. Check if what has been said is making sense, check how the patients feels about it or check if they understand what it all means to them.

## EYE ACCESSING CUES

Understanding thought processes from eye movements

- People looking up are usually thinking in pictures. Visual images appeal to them, so a book of pictures might be very useful
- Eyes moving from side to side indicate sound based thinking. Therefore, ensure a clear voice that has the appropriate volume and avoid loud background sounds
- Eyes looking down can indicate self talk or kinaesthetic processing. This means that people are talking to themselves or checking out how they feel about something. Be sure to check how people seem when they have finished their thought processes. Watching their responses can give you great insight into what people really think or feel about the preceding comments.

There are many articles about eye accessing cues on the internet but make sure you calibrate an individual's cues before making assumptions about their thinking processes.

## CLARIFICATION

The amount of detail shared, in a communication, needs to be limited to make a conversation possible. Imagine the following conversation.

DENTIST           What can I help you with today?

PATIENT           Well, I was in my lounge which is painted beige. It's 12ft by 12ft and I was entering it to retrieve a used mug which had contained a strong coffee. I came in through the south door and took five steps toward the table on which the cup was placed. I didn't notice the roller skate on the floor. I bought it five years ago for ...

I think you get the point!

This is how it should go.

DENTIST           What can I help you with today?

PATIENT           I tripped on a roller skate and cracked this front tooth.

Whether a lot or a little detail is communicated the relevant detail must be extracted to help patients make informed decisions.

**Specificity** is the key to resolving this problem. The precision model of communication developed by John Grinder helps clarify the general statements people make. The fingers of one hand can act as an aide memoir for the elements of the model.

- The thumb = Too much/ too many
  - Vague statement: "That's way too much."
  - Clarifying question: "Do you mind if I ask, it's "too much" compared to what?"
- Index finger = Nouns
  - Vague statement: "My tooth is really painful"
  - Clarifying question: "Which tooth precisely?"
- Middle finger = Verbs
  - Vague statement: "Yeah, sure I brush my teeth."
  - Clarifying question: "How specifically do you brush your teeth?"
- Ring finger = Limitations, rules and restrictions – (I can't, I shouldn't, It won't)
  - Vague statement: "I couldn't have that done to me."
  - Clarifying question: "May I ask what prevents you from having the treatment."
- Little finger = Universals (All, Every, Never)
  - Vague statement: "Unfortunately I never brush my teeth."
  - Clarifying question: "Never?"

## FOUR LEVELS OF COMMUNICATION

Imagine living in a new area and buying a newspaper on the way to work each day. A relationship with the Newsagent is developing:

- SUPERFICIAL:  
"Hello", "Good Morning may I buy a newspaper?"
- FACTS AND DETAILS:  
"Hello, did you see the match last night?"
- FEELINGS:  
"I believe your daughter's just gone to uni – how does it feel without her?"
- VALUES AND BELIEFS:

### RAPPORT

. . . you share something in common ☺

To create Rapport quickly, use a 'shortcut' from Superficial to Rapport by learning and adding value to something important that you have in common:

"What did you do last weekend?"

"I went for a walk in the countryside"

/ Shopping

"Oh, yes, I love walking. I think it's *important* to make the most of the outdoors."

/Treat yourself now and then

## ASKING QUESTIONS

*Some Supporting Competencies*

*The foundation dentist can demonstrate to an appropriate standard the:*

- 12.3 - Present questions and information to the patient (or carer) in a clear, concise and understandable manner.

The quality of the information gathering process can ensure that the information needed for good clinical assessment is gleaned, as well as the information the patient thinks is important.

Start with **open questions** – questions which cannot be answered with a yes or a no. This provides the patient with the opportunity to tell you what is important to them. Turn towards more closed questions once a general idea has been gleaned in order to determine information which might be important to you.

Open questions

What can I help you with today?

How is the problem affecting you?

When do you experience discomfort or pain?

Closed question examples

Do you experience bleeding...?

Is the pain ...?

Can you make an appointment for next week?

## TONE OF VOICE

There are three actions that can be conveyed vocally.

- Asking questions
  - The Questioning tone - The voice rises at the end of a sentence ('Australian disease')
- Making statements
  - The Statement tone – The voice slightly dips at the end of a sentence
- Issuing commands
  - The Commanding tone – The voice dips significantly at the end of a sentence

The three actions can have a very different effect on people depending on how and how often they are used. The ideal relationship with patients is to be in a state of rapport (see above). In communication human beings are always in one of these three states:

- Seeking rapport
- Maintaining rapport or
- Breaking rapport

In good communication the aim is to maintain rapport. This is done mostly, by using the *statement* tone. The *questioning* tone, used too often, can be perceived as low status and *seeking* rapport and the *commanding* tone breaks rapport. A warm *statement* tone is usually perceived as confident and caring.

To help patients feel less 'quizzed', different approaches need to be added to information gathering. A simple phrase is "Tell me about..." or "I'd be interested to know about..." Said with a warm *statement* tone voice this can infer interest and ease any pressure.

**HOWEVER . . .**

**WHEN THINGS GO WRONG . . .**

## DEALING WITH ANXIOUS, AGITATED OR ANGRY PATIENTS

*Some Supporting Competencies*

*The foundation dentist can demonstrate to an appropriate standard the:*

- 12.7 - Address challenging communication situations including the effective management of anxiety, anger, confusion or misunderstanding of patients, and offer support to patients where they may need help in making decisions
- 12.8 - Effective management of all patients through the use of suitable interpersonal and behavioural skills, including those with anxiety or other special needs.

### THINGS TO AVOID

- Saying 'calm down'
- Pointing
- Raising your voice
- Saying 'you can't talk to me like that'
- Arguing over details (you may be able to clarify things once they are calmer)
- Turning your back
- Saying 'I understand how you feel'

### THINGS TO DO

- Ensure personal safety first as well as that of your staff
- Stand up to greet the patient (or collect the patient oneself)
- Smile the moment the patient sees you. Before might give the impression that something else triggered the emotion – too late looks fake.
- Make consistent eye contact – especially when listening
- Maintain good posture – stand upright and keep your arms relaxed by your sides
- Tilt your head to show openness when listening
- 'Seek first to understand before seeking to be understood'
- Listen, listen, listen, then summarise
- Acknowledge observable emotion. 'I'm not surprised you're upset, I would be in the same situation.' or 'I can imagine that's very frustrating'
- Reflect facial expressions
- Keep all doors open – physically and mentally. Ensure that everything remains a possibility until the patient is calmer and more relaxed
- Maintain a calm friendly tone of voice

### 'TTWYCD'

- Tell them what you CAN do
- Avoid arguing about what can't be delivered
- Look for areas of agreement

**THEN ...**

**TO HELP THINGS GO WELL ...**



## FEEDBACK OR THE 'EMOTIONAL BANK ACCOUNT'

*Some Supporting Competencies*

*The 'FD' needs to:*

- 13.1. *Work effectively with colleagues as part of a team, in accordance with current GDC standards.*
- 13.2 *Interact effectively with members of the clinical team and peers, understanding the scope of practice of DCPs and the value they bring to patient care.*
- 13.5 *Communicate with all members of the clinical team and peers in an appropriate manner, which inspires confidence, motivation and teamwork.*

### THINGS TO AVOID

- Giving compliments then saying 'but' or 'however'
- Sandwiching a negative between two positives
- Only giving compliments shortly before "letting 'em have it"
- Saying you 'always' do this or that
- Just giving negative feedback
- Just saying 'Thank you'

### THINGS TO DO

- Notice several times a day what others do successfully.
- Tell colleagues and patients what they are doing well
- Be specific
- Be consistent
- Be genuine
- Separate positive feedback from "developmental points"
- Separate the 'criticism' from the person – behaviour not identity.  
"Sometimes you"; "Occasionally you"; "It's unlike you to..."  
This suggests that the problem is one of behaviour and not of identity
- Seek to understand before seeking to be understood
- Praise the early efforts someone makes towards a new habit or skill
- If somebody resists or rejects your feedback revealing their positive behaviours to a close friend or colleague might have the impact desired

Carol Brooking ~ Kit Maher  
Cascade ~ 2018

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## BLOCKS TO LISTENING - expanded

- MIND READING
  - You don't believe what you hear so you try to work out what they mean
- REHEARSING
  - You prepare what you're going to say and don't listen/hear
- JUDGING
  - Prejudge someone so don't pay attention "I know what you're saying."
- DREAMING
  - Something they say triggers your own thoughts
- IDENTIFYING
  - Relate everything to yourself "Oh yes, that happens to me"
- ADVISING
  - Just want to solve the problem so don't listen to the whole story
- SPARRING
  - Debate/argue with everything OR use sarcasm to disclaim their view
- BEING RIGHT
  - You don't listen to constructive criticism or another point of view – go to any length to be right – make excuses etc. "Yes, but when it was like this .."
- DERAILING
  - When bored, change the subject or make a joke
- PLACATING
  - Just agreeing and being nice to be liked

## **BOOK LIST**

### **EMOTIONAL INTELLIGENCE**

Any book by Daniel Goleman.

The best is 'Emotional Intelligence – Why It Can Matter More Than IQ'

'The Chimp Paradox' by Dr. Steve Peters

### **SUCCESS**

'The Seven Habits of Highly Effective People' by Stephen Covey.

'The One Minute Manager' by Ken Blanchard

### **BODY LANGUAGE**

'The Definitive Book of Body Language' by Allan and Barbara Pease.  
Very entertaining and quite detailed.

'The Book of Tells' by Peter Collett.  
A bit more in depth.

'What Every Body is Saying' by Joe Navarro

### **NLP**

'NLP The New Technology of Achievement' by Steve Andreas.  
A very good introduction.

'The NLP Workbook' by Joseph O'Connor.  
Very comprehensive and practical.

### **MBTI – (Understanding Personality)**

'Type Talk' by Otto Kroeger and Janet M. Thuesen.  
A good introduction.

'Personality Type (An owner's manual)' by Lenore Thomson  
A more in-depth exploration.

### **COMMUNICATION SKILLS**

'Skilled Interpersonal Communication' by Hargie and Dickson.

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