



The Essential Skills of Listening and Summarising

“Learn to listen because sometimes opportunity knocks very softly”

Listening

Learning to Listen!

So you think you are a good listener? Are you sure about that?

When asked the question about the characteristics of good communication, many of us think that it's about being articulate, knowledgeable, and *talking*. Rarely does anyone ever *initially* say that it's about LISTENING. One of the best quotes in communication has to be:

“You have two ears and one mouth, use them in appropriate proportions.”

Having an ability to really focus on what is being said, to process it, consider it, and think about what you now need to ask, is a real skill that only comes with deliberate practice.

So why don't we listen very well? Well, we are pretty much hardwired to judge everything we hear and say what we think about it – either internally or out loud, and to do it quickly. No matter what you hear, it is very hard to suspend personal judgement in the moment and just absorb and accept what you are hearing.

If a friend told you they had a headache, what's the first thing you would do?

- 1) Think if you also have a headache;
- 2) Tell them you also have a headache;
- 3) Ignore the comment and talk about something else entirely;
- 4) Acknowledge their state and ask a few light questions; or
- 5) Ask them some questions about their headache to get a deep understanding.

If you are at 4 or 5 you have displayed some genuine listening ability!

TASK: Tell your family and friends you have a headache and see what happens!

Listening can be labelled in a number of ways depending on the level of engagement with you:

Disengaged – Not taking any notice whatsoever of what was said and recalling nothing from the conversation.

Polite – Someone may nod and acknowledge, but they are likely thinking about something else entirely. They are probably wishing they had never engaged you in conversation and are thinking of how to end the conversation and move on as soon as possible.

Passive – They are having a conversation with you and taking some interest but are likely judging you and talking about themselves. They may interrupt and can't wait for you to breathe so they have some space to start talking!

Active – They are taking a genuine interest in what you are saying, are asking questions relevant to what you have said, and are thinking about you and your words.

Deep – They are taking more of an interest in you than themselves. They are visually and verbally engaged, they are completely focused on you, and they are able to accurately summarise what you have said. They at no point refer to themselves or advocate. There is unconditional acceptance of what you are saying.

Deep listening is exhausting. It requires conscious practice, focus and energy. It is not surprising that tired health professionals make poor decisions or are disengaged with patients. Their primary job is to listen and develop a comprehensive understanding of your reality. This takes energy, time and dedication.

With practice, you can develop your active and deep listening ability in social settings so that when you have to see a health professional you are equipped to get the best outcome for yourself. With deep listening you hear key words that need further exploration through asking building questions. You can use the 'Box Technique', explained shortly.

Why is listening important?

Quite simply, listening develops relationships as it shows you care about someone. Listening, in itself, is some of the best medicine you can ever give someone.

One question every GP or A&E doctor should ask every patient at the end of the consultation is: "Do you feel any better now compared to when you walked in?" Many patients with a non-urgent condition just want someone to talk to about how they feel. They are being listened to!

The reason therapy, group sessions, coaching, counselling and mentoring all work is because of one thing – conscious and structured listening. Listening is about giving and investing that most precious commodity of all to someone else – your **time**.

Taking the time to listen to each other is something that both you and your health professional should be doing in abundance for each other. It is a false economy to rush through a conversation just to hit a target. Many hours, funds and errors would be saved and avoided but for having a quality conversation in the first place.

The relevance of this to your healthcare is that not being good at listening can have dire consequences. What if your mind is so preoccupied with assumptions and yourself that you miss critical information? What if you go into a conversation with such a rigid agenda that you miss vital dialogue?

Other reasons we don't listen: (many of these reflect personal desire to be in control)

Selfishness – Wanting to talk about ourselves. Thinking about our opinions and experiences is somehow more important and valid than what the other person is saying.

Perceived time pressure – Jumping to conclusions too quickly and wanting to move on.

Agendas – Wanting to get our point across and being stubborn.

Boredom – Not being interested in what is being said.

Judgement – Rushing to conclusions because we think we already know.

Stress – Thinking you are too busy to put the time into listening.

Status – Thinking you don't have to listen because you are far too important to possibly learn and gain anything from someone else. Ego alert!

On a scale of 1-10, how good are you at genuinely listening? If you think you are good, what makes you a good listener? How many of your friends would describe you as a good listener? If you are not so good, identify your personal barriers to listening and think about how you may address them.

Of the healthcare professionals you have met, how many of them are a really good listener? Have they ever asked you for feedback?

Learn to listen – it could save your life.

How to practice listening in social settings:

- *Only talk about yourself or your own experiences if you are asked a direct question.
- Don't respond to comments from others by starting a sentence with 'I'. Practice self**LESS**ness.
- Practice by asking questions that build on each other.
- If you are on the phone, don't do other things that take your attention away: reading web pages, writing emails, watching TV. Focus on what the person is saying – **give them your time.**

How to be a good listener:

- 1) Suspend your personal judgement
- 2) Don't interrupt others
- 3) Don't talk about yourself unless asked
- 4) Focus!
- 5) Ask questions that are relevant to what you have heard
- 6) Summarise what you have heard

* Doing more of this will also endear you more to others, quickly and exponentially developing your relationships, and generally helping you to be a more respectable human being.

Summarising

(the act of repeating what you have heard with as few words as possible to clarify the meaning and understanding of what has just been said)

Through asking good questions and by practising conscious deep listening, you can use *summarising* as a technique to check your understanding of what you think you have heard.

Summarising in a healthcare setting helps you, the patient, and the professional in front of you to take stock of what has been said, to reflect on the conversation and to confirm the

facts. Summarising the facts in hand is essential before making a decision of what to do with your body.

With medicine being a complex issue, it is easy to get lost in what has been said. Even in a simple setting in everyday life, it is very common for two people to have a conversation then walk away thinking they both have the same understanding of what the issues in hand are and what is about to happen – only for the reality to be something completely different! How many times have you either said or heard someone say, “Well I thought we were going to...!”?

A large part of this is the way we are hardwired to receive information. Some of us will focus and spend more time listening and remembering the details and facts, whereas some of us will be more able to remember the concepts and ideas. An idea to one person can be intent to another. Only through summarising and checking can you bridge this gap in understanding and avoid the unfortunate post-event wisdom of, “Well I thought we were going to...!”

You don't have to try to do anything clever or overtly smart with summarising. After a period of time, openly say something along the lines of, “I'd like to summarise my understanding to check we are in the same place...”

Once you have summarised your understanding, follow it up with a clear question,

“Is that what you said?”

“Is that a fair reflection of the facts?”

“Is there anything I have missed?”

“What else do I need to know?”

Part of the power of summarising is the concept of ‘playback’. When we are talking we are on transmit, and few people have the ability to accurately recall and repeat what they have said verbatim. Playback is the idea of you, the patient, replaying what your healthcare worker has said to help them better understand what they think is going on and to achieve better accuracy. It's amazing how many people change what they have said when they have something played back to them verbatim!

Summarising cuts through the quantity of words, potential confusion, opinions and guesswork to focus on the key salient points and facts that are the bases for making the best decisions.

It may help you to summarise by taking notes when you have a conversation, perhaps by writing down key words or phrases.

Another useful method is to **get a friend to do your summarising for you**. When you are worried and stressed and thinking you may be ill, it can be difficult to process a lot of information rationally and objectively. Ask a friend to listen and take notes to then summarise what they think the facts are. This can help ease the pressure on you and it can be useful to hear an observer's recollection of the conversation.

Summarising also allows the healthcare worker time to think about the conversation and add critical information as needed.

The importance of summarising:

- To establish the facts
- To achieve clarity
- To improve accuracy
- To check mutual understanding
- To help decision-making

A quality conversation between you, the patient, and the healthcare worker will involve both of you using summarising. The healthcare worker should use summarising to ascertain and fully understand your reality and history, and you should use it to check what you think is going on.

The better you are at listening, the more accurate you will be at summarising.

The BOX technique. This is a technique that you can learn to use that will quickly help you develop deeper listening skills and help you efficiently find out what another person is thinking about and referring to when discussing a topic. Medical students have been taught this technique and found it very useful and allowing them to build rapport and understanding with patients much faster than a checklist approach to questioning.

As a patient, it's useful for you to know if the health professional is exploring your reality as deeply and thoroughly as possible. You can use this technique yourself to explore the key themes you have heard in any conversation. Building your own awareness of what is happening in a conversation will make you a more effective communicator.

How the box technique works:

Listen to the other person's opening statements in any conversation. Pick out two to four key words they have used. Then think of each of these words as a label on a box. You can't see inside this box. The other person, however, knows everything about this word, and their experiences, emotions and understanding about how much this word means to them. Explore this word with them by asking further questions to discover what you need to know and what the other person really wants or needs to share with you. Now check your understanding before 'opening the next box' and exploring that label. Each time, summarise and check. It takes much less time this way to get to what the other person and you, the listener, needs to know and share. This technique develops active listening skills and helps build rapport and mutual understanding.

TRY the box technique and see what happens. Practise will sharpen your listening skills and help you then deliver information and shared decision-making at an equal level.

Ears hear but we don't always listen. So let's look at real listening and practice.

An exercise for you to try:

Ask a question to a friend or family member.

E.g. "What was your last holiday like?"

Then follow the guide below...

* Listen to their response. Listen very carefully to the words they use and pick out three significant words.

* Now imagine these three words are labels on a box.

* You can't see inside the box but the person you are asking questions of, knows and has experienced everything that is hidden from you in the box.

* Now ask questions about each label (significant word). Begin these with *what, when, how* or simply, "*Tell me more about that.*"

* For each label (significant word), summarise back what you have heard.

You should have experienced a deep and thorough conversation which leaves you very aware of that person's experience on holiday. It may help to write down key words as you listen to the first answers. You could practise summarising back to see if the holiday you now describe sounds like the one they went on. This could be a new radio game show!

Next try asking about the last time they saw a healthcare professional and think about how the conversation went, how would it have been different if the box technique had been used and review how much information was shared and listened to. What examples do they have of the significant boxes being opened? Which critical boxes were left unopened?

Next time you see a healthcare professional, listen out for the key words and open those boxes! You can also practice what you are going to say and begin a conversation with perhaps 2 or 3 clear words that acts as labels or reminders for what you really want to talk about.

Communication skills summary

Why are good communication skills needed?

Many errors in interactions between people are down to poor communication. Most of us assume we are good at communicating despite the fact that many of us have spent little or no time thinking about what it actually involves. More alarming is the fact that health professionals, who would themselves mostly agree communication is a key skill in delivering excellent patient care, either have limited formal training or forget to use these skills. They are often stretched by hectic schedules, making effective conscious communication difficult – but worse is being so deluded that they deny needing any extra help to improve. The great news is that the current generation of medical students now undergoes communication skills training as a major part of their education. The skill of really listening, acknowledging and responding appropriately will go a long way to addressing the concerns of the last five years.

The ultimate aim we seek is a conversation between two or more people, with a free exchange of ideas and concerns, without the barriers of status, bias, misguided self-interest, delusion or the fear of ridicule and with facts being valued more than opinions. In this way the professional uses their skills and knowledge to address the concerns of the patient who is not a customer. Talking in this way allows the patient to maintain control and keep their needs clear.

This style of talking overcomes a two-way assumption block. Such a block occurs when the health professional assumes the patient will state their main concerns and the patient assumes the doctor will ask the right questions and know all the answers. There are many barriers to achieving clear communication, not least from the patient's perspective is the fear of finding something is wrong and the possible need for treatment.

To help you remember the ideas we have mentioned, the table below summarises how to structure each part of your conversation. Each time you sit with a health professional, use the following 'ICED' structure.

Think of your ideas, express them as clearly as you can, listen to the responses given, review and check that the original concerns have been fully discussed, then make a plan together which is focused on your needs (which are reasonable!).

The ICED Communication Model

Ideas – Concerns – Expectations – Decision

A	B	C	D
Think it	Say it	Check it	Plan it
What are your Ideas?	What are your Concerns?	What are your Expectations?	What have you Decided?
What are all the symptoms, events and facts?	How is this affecting my life? What's my emotional state?	Have A and B been addressed?	What is your plan of action?

If you practice the techniques above you will realise that effective communication is a combination of asking good questions, actively listening and then checking mutual understanding. The conversation needs to allow questioning between the people without the fear of being judged for asking a poor question, or the fear of being abused for asking a good one.

An example of the ICED technique in action:

Think it – Consider the whole scenario. This is a general overview of what has been happening. What is the background? What symptoms have you had? How long have things been concerning?

Say it – Sharing your reality. Now consider what specifically has troubled you the most and share this with the health professional. What is REALLY concerning you? Has it affected your lifestyle? What have you been doing about it?

Check it – Summarising and checking. Listen carefully to what the health professional says back to you and try to summarise your understanding. Have your main concerns been addressed? Repeat them if needed and ask further questions.

Plan it – Making clear decisions. Based on what you have heard, what are you going to do now? How will you follow up? What have you decided to do that is in your best interests?

Why using this framework is so important:

Dealing with your emotional needs and addressing the facts is the way to improve your overall wellbeing.

Think of that last time you saw a health professional. How much of this framework did you use? What could you have done differently? Were your emotional needs met? Was the plan and outcome agreed, satisfactory and ultimately your decision?

Negative communication

We are occasionally on the receiving end of communication that closes down the dialogue negatively and blocks good communication, which in turn potentially affects our care.

There are many examples, such as no eye contact, no explanations of procedures, not answering questions, not explaining things as requested.

A recent example of poor/negative communication was a GP whose opening line was; *"I only have five minutes, what's wrong with you?"*

Whilst this time constraint may be true for him, it runs the risk of shutting down the patient who will then not open up. It could make the patient feel like they are bothering the doctor and that the doctor's time is more important than the patient's care.

Poor and negative communication should be directly challenged. Such a response to the above GP comment may be, "Are you in the right frame of mind to be seeing patients? If you are unable to properly examine and diagnose me in the next five minutes, who can see me who has more time?"

Some may see this as confrontational! But remember – take control; IT'S YOUR BODY!