



DOs and DON'Ts of Patient Communication



Population	DOs	DON'Ts	Resources
General	<ul style="list-style-type: none">● Ask open-ended questions to gauge patient's understanding of their condition.● Mimic level of language used (use similar terminology in your education or explanations).● Use teach-back method to gauge their understanding of your explanation.<ul style="list-style-type: none">○ Example: "What are three strategies that are going to help you with your diabetes?"● Ask them how they learn best. Try to meet these learning needs in your explanation or education.	<ul style="list-style-type: none">● Assume patients level of understanding, knowledge or perspectives.● Assume learning style.● Say, "do you understand?"● Label patient by their disease or disorder.	<ul style="list-style-type: none">● https://goo.gl/811LnV
English as a Second Language (ESL)	<ul style="list-style-type: none">● Decrease speed and pause between sentences.● Reduce use of long polysyllabic words, slang, idioms, jargon, and abstract terms.● Repeat key information.● Allow more time for appointment.● Using interpreters:<ul style="list-style-type: none">○ Explain the overview of the expected interaction with the interpreter beforehand if possible.○ Speak in short units and avoid professional jargon.○ Look at the client when speaking.○ Encourage interpreter to translate the client's exact words rather than paraphrasing.	<ul style="list-style-type: none">● Increase your volume.● Over-exaggerate words.● Assume patients level of understanding, knowledge or perspectives.	<ul style="list-style-type: none">● www.phsa.ca/health-professionals/professional-resources/interpreting-services

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Those with Cognitive Disabilities	<ul style="list-style-type: none"> ● Research the disability. ● Allow patient to choose where to sit or stand. ● Consider moving the session to a less formal environment. <ul style="list-style-type: none"> ○ Go for a walk if that seems of interest to patient. ● Make sure clients know to ask for clarification if they are unsure at any point. ● Allow more time for appointment. 	<ul style="list-style-type: none"> ● Use professional jargon. ● Label patient by their disability. ● Assume patients level of understanding, knowledge or perspectives 	<ul style="list-style-type: none"> ● www.aipc.net.au/articles/working-with-the-intell-actually-disabled/ ● www.reifpsychservices.com/mistakes-to-avoid-when-counseling-clients-with-disabilities/
Elderly	<ul style="list-style-type: none"> ● Call them by their surname until patient says otherwise. ● Rapport building may require a more respectful approach than with younger adults. ● Speak distinctly and speak raise volume slightly if indicated. ● Ensure room has adequate lighting, as those patients who have impaired hearing may rely on lip-reading. 	<ul style="list-style-type: none"> ● Yell. ● Assume patients level of understanding, knowledge, cognitive abilities or perspectives. 	<ul style="list-style-type: none"> ● www.chs.ca/communication-tips-0
Cultures Different from Your Own	<ul style="list-style-type: none"> ● Learn a little bit about their culture beforehand. ● Be aware of religious influences, holidays and practices. ● Learn some commonly used words in their culture: this can go a long way with rapport building. ● Be curious and ask questions. 	<ul style="list-style-type: none"> ● Assume perspectives, attitudes, motivations, religion, race, beliefs. 	<ul style="list-style-type: none"> ● https://goo.gl/BCQhRF ● www.livingmyculture.ca