

Effective patient communication



Introduction

Effective communication skills are essential to health professionals, particularly in cancer care setting.

There may be several barriers to effective communication when conducting patient education. These may include:¹

- underlying attitudes towards healthcare or healthcare professionals
- assumptions about their diagnosis or treatment
- previous experiences
- personality
- language barriers
- education level/health literacy
- physical environment, e.g. noise, lack of space and/or privacy
- emotions.

As a healthcare professional, it's important to identify and manage any potential barriers to effective communication when you are preparing the delivery of patient education.

Effective communication involves the use of both verbal and nonverbal communication.



Verbal communication

Put simply, verbal communication is the sharing of information between individuals using words. This may be spoken or written.

When providing verbal spoken communication to patients during an educational session, remember these key points:²

- **enunciate words:** speak clearly, don't mumble and avoid rushing
- **use appropriate volume:** particularly when in a public space or discussing personal patient information
- **avoid the use of medical jargon:** assume all patients are at risk of having difficulty comprehending health information
- **use open and closed questions:** both can be effective at gaining information from the patient
- **wrap up with a summary:** this provides an opportunity to emphasise important points.

Written information is an important tool that should be used in partnership with spoken information. Providing written information, in the form of hard-copy pamphlets and soft-copy resources such as links to webpages, is essential to support further learning.²

Nonverbal communication

Whilst verbal communication is a powerful tool, it can be made even more powerful when paired with active listening and nonverbal communication.

Nonverbal communication may include the facial expressions, eye contact, posture, physical proximity and gestures we use when listening or speaking with patients. Effective nonverbal communication includes:²

- **using open body language:** arms uncrossed, open stance or sitting on the edge of your seat and maintaining eye contact with the person you're speaking with
- **using body language to emphasise your verbal message:** this may include the use of hand gestures and facial expressions when appropriate
- **adjusting your nonverbal signals according to the context:** consider the type of information you're delivering, the person's emotional state and cultural background.

Empathetic communication

There is a well-established focus on empathy as an important part of cancer care delivery. Empathetic communication is important to patients with cancer, who experience significant emotional distress including feelings of fear, worry, anxiety, anger and sadness.³ Empathetic communication involves both verbal and nonverbal communication skills and correlates with greater patient satisfaction, increased self-efficacy and reduced emotional distress.³

Patient education

Patient education is the process by which health professionals provide specific and detailed educational activities and information to patients, parents/carers and family members.

Patient education sessions should be planned and delivered to meet the individual needs of the patient, carer and family and incorporate the principles of patient-and-family-centred care.^{4,5}

Delivering patient-and-family-centred education can involve multiple steps, including the assessment of the patient/carer's.^{4,5}

- learning needs
- preferred learning styles
- readiness to learn
- health literacy.

Other considerations can include the presence of learning difficulties, cultural and linguistic diversity and hearing or visual impairments.^{4,5}

Assessing the learning needs of the patient, carer and family

Assessing the individualised learning needs of the patient, carer and family is an important first step in planning education.

During this process you should aim to identify:⁵

- what is already known
- what they want and need to learn
- what they are capable of learning
- any requirement for different resources to support patients who don't speak English, have English as a second language or have hearing or visual impairments.

There are differences between the views of patients and health professionals about what the patient and family need to know. As a result, the patient may not perceive the importance of certain information. While acknowledging this difference, it is important to deliver vital information in a way that supports the patient to understand why it is important.⁵

When considering what the patient is capable of learning, it's also important to account for their cognitive limits.^{6,7} Cognitive load theory describes the human brain as being capable of processing only small amounts of new information at once.^{6,7} This limited initial processor of information is often referred to as an individual's 'working memory'.⁷ This constraint creates a bottleneck for learning and provides a challenge to health professionals required to deliver large amounts of new information to patients during education sessions.⁸

The capacity of working memory will vary between individuals.^{6,7,8} The literature suggests that some individuals can recall up to 3-5 items of information, where others can recall up to 7.⁶ The number of items of information delivered to a patient with a newly diagnosed cancer will greatly exceed this.

Conducting a quick assessment of your patient, carer and family's learning needs can assist you in providing patient-and-family-centred education.⁸ It can also assist you in reducing the limitations of working memory by focusing on the most appropriate information for them and their treatment.

Patient education modalities

Everyone learns in different ways and a patient's preferred learning style should be taken into consideration when planning education.^{9,10,11}

There are many different ways of categorising learning styles. One of the most commonly adopted models, the VARK model, identifies learners by their preference for:^{10,11}

- visual learning, e.g. pictures, movies, diagrams
- auditory learning, e.g. music, discussion, lectures
- reading and writing, e.g. making lists, reading textbooks, taking notes
- kinaesthetic learning, e.g. movement, experiments, hands-on activities.

Many patients will have multiple learning preferences, which is referred to as a multimodal learning style within the VARK framework.^{10,11}

Educational resources to support cancer patients are available in a variety of formats to complement different learning styles. The appropriate selection and use of different resources can be a powerful tool to support optimal patient education.^{11,12}

There are various tools that can assist with the identification of an individual's preferred learning style, however the routine use of these tools in practice may be limited.^{10,11} Asking the patient, carer or family about their preferences is a simple method of determining what resources will be the most effective.^{10,11}

Using a multimodal-learning-style approach to patient education that incorporates elements of all the learning styles is an effective approach to conducting patient education.¹²



Supporting special populations

In order to appropriately assess and respond to a patient's diverse educational needs, it's important to recognise specific cultural factors such as race, gender, age, religion and ethnicity.¹⁰ Other factors such as geographical location, cognitive, visual and hearing impairments should also be considered.¹⁰ All of these factors may influence how patients engage with and respond to information during an education session.

Before providing education to a patient/carer or family, consider the following:¹⁰

- Does the patient have an accurate understanding of their diagnosis?
- Do I need to schedule longer and multiple appointments to provide education to the patient?
- Do I need to organise additional support services for the session? e.g. qualified interpreter, support worker.
- Are there any additional resources that I need to access? e.g. audiovisual equipment for telehealth.
- Do I know where to refer the patient for additional information and education?
- How will I confirm that the patient has understood the information I have given them?

Culturally and linguistically diverse (CALD) patients

When educating patients from culturally and linguistically diverse (CALD) backgrounds, it's important to consider their diverse cultures and beliefs. Patient education should be culturally safe, appropriate and be tailored to the individual patient's preferences.¹²

Within your workplace, you may have access to a cultural liaison officer or other multicultural health and welfare services that can help you to share information with patients of different backgrounds. Referring patients to these services is an important part of planning and delivering culturally sensitive education.

The use of an appropriately trained interpreter when providing education and information about anti-cancer drug treatment is recommended for non-English speaking patients, carers and families.¹² Written information in languages other than English should also be provided when applicable.¹²

The [eviQ website](#) has a number of [translated resources](#) available for patients.

The [Cancer Council](#) offers translation services to cancer patients that call 13 11 20. Alternatively, patients can call the Telephone Interpreter Service (TIS) on 131 450.

You can also find more information and patient education resources for special populations by visiting the following resources:

- **Cancer Institute NSW** – [Support for everyone](#)
- **Cancer Council support services** – [Multilingual resources](#)
- **Peter MacCallum Cancer Centre** – [Multilingual cancer glossary](#)

Aboriginal and Torres Strait Islander patients

Cancer is the third leading cause of burden of disease for Aboriginal and Torres Strait Islander people.¹³ Whilst cancer survival rates in Australia are among the highest in the world, Aboriginal and Torres Strait Islander people experience significant disparities in cancer outcomes compared with non-Indigenous Australians.¹³

Factors contributing to these disparities include:^{13,14}

- health professional understanding of Aboriginal and Torres Strait Islander people's cultures
- disruption of Aboriginal and Torres Strait Islander people's ties to the land
- living in remote areas
- racism
- unconscious bias by health professionals.

Effective cancer services and education for Aboriginal and Torres Strait Islander people involves both an understanding and respect of their cultures.¹⁴ This begins with a culturally competent workforce that have received adequate training and skills in delivering culturally appropriate care and education to Aboriginal and Torres Strait Islander peoples.^{13,14}

In your workplace you may have access to Aboriginal Liaison Officers or Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. Wherever possible, you should ensure patients are linked with these services during their cancer journey.

There are several other online resources that can support the education and Aboriginal and Torres Strait Islander patients about cancer and their anti-cancer treatment, including:

- **Cancer Australia** – [Our mob and cancer](#)
- **Cancer Institute NSW** – [Support for everyone: Aboriginal and Torres Strait Islander people](#)
- **Cancer Council Australia** – [Understanding cancer talk](#)
- **Yarn for Life** – [It's ok to talk about cancer](#)

Rural and remote patients

Approximately one third of Australians live in rural, regional and remote areas of the country.¹⁵ Unfortunately, patients living in these areas experience additional challenges to cancer care, such as having to travel for tests and treatment.^{15,16} For some patients, this can cause additional financial and emotional stress.

Telehealth services offered via telephone or video link can reduce the travel burden on patients in rural and remote areas.¹⁶ The use of telehealth is an important strategy for supporting patients in these areas and improving the quality of care they receive closer to home.

You may be involved in providing patient education using telehealth for patients who are unable to attend their appointment in person.

Want to learn more about supporting rural and remote patients? Check out the following resource:

Cancer Institute NSW – [Support for everyone: people in rural and remote areas](#)

Children and adolescent and young adult (AYA) patients

Educating children and adolescent and young adult (AYA) patients, carers and family members requires a consideration of their individual preferences, needs and values.¹⁷ Healthcare providers should be flexible in their approach to patient education.¹⁷ Education can be adapted in a way that supports the young person's emerging or established autonomy, developmental and educational level.¹⁷

It's important for healthcare professionals to engage children and young people in their own health care at a developmentally appropriate level.^{5,17} Taking time to interact and communicate appropriately helps children and young people feel empowered. It builds trust and rapport and encourages them to share information and ask questions.

The learning styles of children and AYAs will also differ from older adult patients.⁵ These patients may show a preference for visual, auditory and kinaesthetic learning resources rather than excessive written resources to support the patient education process.⁵

Want to learn more about educating children and AYA patients? Check out the following resources:

- **eviQ Education** – [Adolescent and young adult cancer care course](#)
- **Peter MacCallum Cancer Centre** – [AYA health professional education](#)

You can find further information and patient education resources using the following resources:

- [Canteen](#)
- [Victorian Paediatric Integrated Cancer Service](#)

Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) patients

People with diverse genders and sexualities can experience unique disparities, barriers and risk factors related to cancer.^{18,19} It's important that you understand these challenges and how to effectively provide appropriate and sensitive education to patients.

While LGBTQI+ people display similar cancer care needs to the general population, they are faced with a multitude of challenges related to both social and institutional factors.^{18,19} These can include the following:^{18,19}

- health professionals making assumptions about their sexual orientation, gender and sex characteristics which can make the patient feel invisible
- anxiety about coming out as a LGBTQI+ and fear of negative reactions from health professionals
- higher levels of depression and anxiety due to a history of marginalisation, stigma, exclusion and discrimination
- less or no support from their family of origin
- lack of LGBTQI+ specific information or support
- lack of knowledge among health professionals about issues specific to LGBTQI+ people.

These challenges can negatively influence LGBTQI+ uptake of cancer care health services, treatment adherence and treatment outcomes.^{18,19}

Providing patient-focused education that is relevant and gender sensitive in this population should be a priority for all healthcare professionals.^{18,19}

There are several training courses designed for health professionals and organisations to assist in providing individualised care to these patient groups.

- **ACON Pride Training** – [Trans and gender diverse training](#)
- **eviQ Education** – [LGBTQ communities and cancer care](#)
- [Pride in Health + Wellbeing](#)

There are also a growing number of resources that you can use to support patients during your patient education session:

- **Cancer Council NSW** – [LGBTQI+ cancer support services](#)
- [LGBTIQ+ Health Australia](#)

You can find more resources to support caring for LGBTQI+ patients on the eviQ website.

eviQ – [Resources for the care of transgender individuals referred to a clinical genetics service or familial cancer centre](#)

Patients with special needs

When planning and delivering education, it is important to take into consideration how specific learning difficulties can affect how individuals take in, interpret, retain and express information. A learning difficulty or impairment may include:

- hearing impairment
- visual impairment
- cognitive impairment
- dyslexia and other reading or writing difficulties.

When providing information and education to patients with impairments or other learning difficulties, you should consider the following strategies:¹⁰

- orientate the patient by explaining who you are and what you will be doing during the session
- encourage a caregiver or support person to be present
- address the patient directly and involve them in the session
- use simple wording and avoid medical jargon

- present 1 idea at a time
- confirm the patient's understanding of the information
- if the patient does not understand what you are saying, try to rephrase your statement
- avoid speaking too quickly or too loudly
- call the patient and caregiver after the session to follow up on how they are managing at home.

Support tools and resources to overcome the challenges of impairments and learning difficulties are essential tools that should accompany an education session.¹⁰



Resources

Australian resources:

- **eviQ Cancer Treatments Online** – <https://www.eviq.org.au/>
- **Cancer Council** – <https://www.cancer.org.au/>
- **Australian Rare Cancer (ARC) Portal** – arcportal.org.au/
- **Beyond Blue** – beyondblue.org.au
- **Cancer Australia** – canceraustralia.gov.au
- **Cancer Voices Australia** – cancervoicesaustralia.org
- **Canteen** – canteen.org.au
- **Carers Australia** – carersaustralia.com.au
- **CHILL: Cancer related hair loss** – scalpcooling.org
- **Cancer Council: LGBTQI+ people and cancer** – cancercouncil.com.au/cancer-information/lgbtqi
- **Look Good Feel Better** – lgfb.org.au
- **Radiation Oncology Targeting Cancer** – targetingcancer.com.au
- **Redkite** – redkite.org.au

Community-based resources:

- **Leukaemia Foundation** – <https://www.leukaemia.org.au/>
- **Brain Tumour Alliance Australia** – <https://www.btaa.org.au/>
- **Bowel Cancer Australia** – <https://www.bowelcanceraustralia.org/>
- **McGrath Foundation** – <https://www.mcgrathfoundation.com.au/>
- **Prostate Cancer Foundation of Australia** – <https://www.pcfa.org.au/>

New Zealand resources:

- **Te Aho o Te Kahu Cancer Control Agency** – <https://teaho.govt.nz/>
- **New Zealand Cancer Society** – <https://www.cancer.org.nz/>
- **Leukaemia and Blood Cancer New Zealand** – <https://www.leukaemia.org.nz/>

International resources:

- **BC Cancer (British Columbia, Canada)** – <http://www.bccancer.bc.ca/>
- **National Cancer Institute** – <https://www.cancer.gov/>

If you work with children, adolescents and young adult populations, you may refer to the following patient education resources:

- **Cancer Australia: Children's cancer** – <https://childrenscancer.canceraustralia.gov.au/>
- **Association of Pediatric Hematology/Oncology Nurses (APHON)** – <https://aphon.org/education/patient-family-resources>
- **Children's Oncology Group (COG): Family handbook** – <https://www.childrensoncologygroup.org/index.php/cog-family-handbook>
- **Paediatric Integrated Cancer Service (PICS) Families** – <https://www.vics.org.au/pics-families>
- **Canteen and Youth Cancer Services** – <https://www.canteen.org.au/how-we-help/youth-cancer-services>
- **KidsHealth: Children's cancer services in New Zealand** – <https://www.kidshealth.org.nz/childrens-cancer-services-new-zealand>

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