

BOOK REVIEW

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Introduction

The CARE Approach has been specifically developed to help practitioners reflect on, practise, maintain and improve their communication skills and to use these skills effectively to help in empowering and enabling the patient. These tools are based on a broad definition of 'relational empathy' in the clinical context, which is defined as the ability to: understand the patient's situation, perspective and feelings (and their meanings), communicate that understanding and check its accuracy and to act on that understanding with the patient in a helpful (therapeutic) way. The key principle underlying the CARE Approach is flexibility. Each encounter is unique - it has never happened before and it will never happen again - and thus it requires awareness, sensitivity, an unconditional acceptance of the patient and of his or her needs and an ability to be present and respond in the moment. It is also influenced by context. For example, what may be helpful and appropriate in an in-depth psychiatric assessment may not be so in an exchange between a healthcare assistant and a patient attending to have a blood sample taken. The CARE Approach is not intended to be a rigid set of rules to be applied in the same way in every encounter, but rather a broad set of guiding principles to be applied flexibly according to the situation and circumstance. We need to connect and reconnect with colleagues during the course of a day and reassessing and responding at various times. The CARE Approach raises awareness of communication issues in teams and of those elements of working relationships that contribute to positive and effective teams.

How the book is organized - a modular approach

The book is organised in a series of modules or themes including: connecting and assessing, responding,

compassion, attending, understanding, empowering, values, rapport and having a positive attitude. In healthcare literature and policy documents, the term 'person-centred care' is becoming a popular term which is often used interchangeably with 'client-centred' or 'relationship-centred'. Although there is as yet no consensus on the definition of being person-centred, it is used to describe healthcare delivery that has at its core a deep consideration for the patient in terms of their human experience and a profound respect for their values. The focus is on the process of interaction and it is recognised that this process is influenced by the qualities and attitude of the health practitioner.

Throughout the modules' suggested exercises, audio recordings and video clips of patient-practitioner encounters are included to illustrate certain points, facilitate learning and reflection and to help staff to respond in relation to their own working environment. The clips of the encounters are simulated and show interactions between actor-patients and real healthcare practitioners. A worksheet on which to record their answers is provided within this book. Possible answers to the exercises are included for modules. The clips show different approaches to exploring with patients what they can do to improve their situation, identifying choices that are realistic for them and seeking their preferences actively. Having watched the video clips readers can analyse the interactions by considering exercise questions such as: 'In what ways do the practitioners differ in their approaches?' 'In what ways do the practitioners show care and compassion?' 'In what ways do the practitioners in the clips communicate that they are being positive?' An important aspect of making a plan of action with the patient is to check frequently that the patient understands the information given and that he/she is clear about what course of action has been jointly decided on. Having a clear understanding enhances the patient's ownership of his/her health and enables a better management of the situation.

Communication and the CARE Approach

Communication is central to the CARE Approach. The way we express ourselves has a direct effect on those around us. Effective communication needs good verbal and non-verbal skills. In broad terms, 'verbal communication' relates to what is said while 'non-verbal communication' refers to how something is said. Thus, non-verbal communication includes the tone and speed of speech as well as body language, such as eye contact, facial expressions and posture. We tend to be less aware of our own non-verbal behaviour than our verbal communication, as it happens subconsciously. Yet our non-verbal communication powerfully 'speaks' to the other person, conveying our attitudes and feelings. Our non-verbal behaviour plays a much bigger part in overall communication than we realise and can facilitate or hinder the effectiveness of what we are saying. When what is said contradicts how it is said, people tend to believe the non-verbal message. For example, a patient is less likely to be convinced that you are really listening to them, even if you say so, if you persist in looking at the computer screen. Therefore, for communication to be effective and credible, it is important that we match what we say and how we say it.

Values and the CARE approach

'Values' relate to beliefs about what is right and wrong, what you consider important and what you think should be done in certain circumstances. Values relate to how we view and understand the world and they give meaning to what we do in life. They underpin our attitudes (assumptions, expectations and judgements), behaviour and the way we communicate. Therefore, it is important to be aware of the values, beliefs and attitudes that we hold and thus what we bring (consciously or not) to the encounter. We are not born with values and beliefs. We develop them as we grow and mature, through our parenting, our education and our interactions with others. Like all things in life, they can change. Conflicts can arise when our values and behaviour do not correspond, or when we are working in an environment that is at odds with our values or does not allow us to express them. Our values may also 'leak' through communication in a way that patients find unhelpful, prejudicial, judgemental and confusing.

Rapport and the CARE Approach

The process of establishing rapport involves creating a trusting atmosphere in which the patient is comfortable to share personal information. Establishing rapport starts at the very beginning of the encounter; for example, in the way the patient is greeted in the waiting room and when invited to the consulting room, or in the way the patient is

approached at the bedside. First impressions are important. The way clinicians introduce themselves (verbally and non-verbally) and their opening words and sentences form an essential part of 'connecting' with the patient.

'Connecting' and the CARE Approach

Connecting CARE explores: the importance of 'connecting' in the encounter, to enhance rapport with patients, to make effective use of non-verbal communication and to encourage the 'patient narrative' as part of connecting. 'Connecting' is what happens when you 'click' with someone. It often occurs naturally and spontaneously between two people when they first meet and very quickly like each other. As this occurs at a subconscious level, it can be difficult to describe exactly why it has happened. We sense its absence when it does not happen (and it can create a mutual feeling of unease). Connecting is a two-way process and as such it cannot be forced or faked. However, the CARE Approach, suggests that connecting is a key component of the patient encounter and thus of the professional role. Often, effort is needed to maximise the chances of connecting with the patient. Fortunately, an optimisation of connecting, which for the healthcare professional is an active process that requires both conscious effort and willingness, can be learned. Within the context of the CARE approach, 'connecting' refers to the start of the process of actively engaging with the patient. So patients will share their views and concerns and clinicians need to do their best to ensure that they feel comfortable and are at ease about doing so. Connecting covers four features that are part of empathic, person-centred communication. These are: establishing rapport, accepting the patient as a person, effective non-verbal communication and allowing the patient to tell his or her 'story'.

Connecting *and* assessing

In the modules on connecting and assessing, the authors looked at ways of obtaining a picture of what the important issues are for the patient through attending, using a holistic approach and picking up on the patient's verbal and non-verbal cues. By building rapport and by paying close attention to the patient's narrative, we can enhance and deepen the therapeutic relationship. Responding to the patient (see below) occurs throughout the encounter. This is done verbally and non-verbally. In the process of 'responding', we follow-up and act on the findings of the assessment, from which we can obtain an accurate picture of what the important issues are for the patient. In responding, we continue to pay attention to the patient's verbal and non-verbal cues to observe how he/she reacts to us. Within the CARE Approach, 'responding' means directly replying to the issues identified in assessing, as well as communicating

and checking that we have accurately understood the patient's concerns before then acting on that understanding. There are four aspects to responding: demonstrating understanding, showing care and compassion, being positive and giving relevant information and clear explanations.

Responding and the CARE Approach

The responding module explores how responding interacts with connecting and assessing, different ways to communicate our understanding of the patient's story. Why is showing care and compassion important? Why is being honest and positive important? How to feel more confident in explaining things clearly and answering questions sensitively - *et cetera*. Responding to the patient in a way that conveys care and compassion is a key aspect of the CARE approach. One way of showing our involvement with the patient is through an empathic comment that reflects the patient's feelings. In responding to a description of pain, for example, the response could take the form of questions. "It is affecting your mood as well, because you are struggling to do all the activities that you were used to be able to do?" Is that right, would you say?" Another way of conveying that we are 'with' the patient at a human level is through validating patients' reactions to their experiences as normal and understandable. A validation shows the patient that his/her reaction is appropriate and acceptable considering his/her experiences. For instance, in response to a patient who is crying and excusing him/herself, a practitioner might say, 'No, that is fine. It is very normal and understandable. It is a long time that you have been suffering the pain'.

When we feel compassion, we find it easier to listen deeply, understand more fully and demonstrate empathy. As a result, we are able to show concern that is heartfelt. Empathic comments, like reflections or validations, demonstrate that we are attempting to understand the meaning behind the patient's words, value his/her perspective of the situation and support him/her. A reflection goes beyond the content of the patient's story (unlike paraphrasing or summarising), as it also takes into account the non-verbal behaviour, the context of what was said and the words used. For example, 'It sounds like your back pain is really affecting quite a lot of areas in your life'.

Assessing - a holistic approach

Assessing shows how to use a holistic approach and how to identify and apply different kinds of questions in order to gather further information and strengthen the connection with the patient. This requires a biopsychosocial perspective. In making a holistic assessment we need to listen to the patient directly, about how his/her symptoms or medical problems are influenced by his/her life. This includes stress, emotions and psychological issues; family work and

other important life roles and relationships and about how the illness is affecting his/her as an individual. For example, a recent life-threatening illness, such as a heart attack, may result in anxiety and stress, interfere with the patient's ability to work, raise concerns about intimacy and sexual activity, challenging his/her view of him/herself as strong and healthy and raising existential or spiritual questions about life and death. In assessing, we need to understand what the patient finds important in his/her life and how he makes sense of what is happening to him/her. Core questions are: 'What are the issues and concerns from the patient's perspective?' and 'What does the patient want to achieve in relation to his/her health?' Only by listening carefully and asking the right questions can we obtain insight into these issues.

Assessing - the vital role of information collection

'Assessing' is the combination of gathering information regarding a patient's concerns and expectations and holding and sifting through that information to decide how best to respond and empower that individual. Thus, assessing in the CARE approach is done on the basis of gathering the information that is unique to that individual and reflecting on this with the patient (or internally with yourself) as you begin to plan how best to respond. In many cases, as with connecting, this happens quickly and intuitively, without any need to reflect, think or plan. However, in many encounters, such intuitive and accurate responses may not be forthcoming. Such situations will thus require reflection and planning on the best ways forward in the next phase of the encounter or even after the encounter, in thinking ahead to future meetings with the same patient. The aim of assessing is to get to the heart of the matter - to understand how the patient sees his/her situation and to obtain a picture of the patient's world, including his/her emotional state and the issues he/she is facing. We need to be sure that our own 'take' on the story does not distort the way we are listening and what we are hearing. Are we making judgements about the patient (based on partial evidence) or accepting his/her as he/she is and allowing his/her story to continue to unfold in its own way. Listening in this way is not easy. It requires practice, reflection and experience before clinicians can give their complete attention to their patients and for it to become a natural way of interacting.

The patient's story and the words used

To fully understand the patient and be able to respond meaningfully, we need to pay close attention to the content of the patient's story, the words that he/she uses to describe his/her experiences and how he/she makes sense of his story. This process, as outlined above, is called 'attending'.

This goes beyond listening as we have seen and there is a need to be fully present in the moment and wholly aware of what the person is communicating verbally and non-verbally. We need to resist reacting to what the patient is telling us and answering immediately to 'fix' his/her problem. We need to be aware of, but resist getting side tracked by, our own thoughts, feelings and *agendum* as the patient's story unfolds. By listening carefully and accurately, we need to be able to 'hold' and 'stay with' the emotions that we feel. Through attending, we demonstrate that we are focused on the patient and communicate that we care about his/her wellbeing. Attending is a powerful way to show that we respect and value the patient. However, if the patient feels that we are not paying close attention, that we are not giving fully of our time or are making assumptions or judgements about him/her, then he may feel that his/her concerns are being ignored or not taken seriously. In this situation, he/she may disconnect, become less open about his/her concerns and show signs of withdrawing from us. This is unlikely to be an empowering experience for the person. There is very useful guidance on posing questions such as avoiding 'leading questions' which imply specific answers, which are based on our assumption of what we think the patient should be experiencing. Also avoiding compound or double questions mean that we ask more than one question at a time and send a mixed message and often the patient's answer is incomplete or confused.

Empowering outcomes of the CARE Approach

The potential empowering outcomes of the CARE Approach are highlighted throughout the book. These are that patients feel understood, valued and respected; involved in their care in a way they feel comfortable with; able to self-manage and that the interaction supports their overall wellbeing. Through feeding back to the patient what is said and our understanding of this, we give the patient the opportunity to check and correct our own understanding. Feeding back demonstrates that we are paying attention and communicates that we care. In making this explicit, the chances are that the patient will feel understood and appreciated and we will create more opportunities to increase rapport and trust. In turn, this will strengthen the connection made at the start of the encounter and thereby encourage patient to express him/herself more freely.

Having a positive attitude requires us to be honest and, at times, frank, but never negative about the patient's problem. In all situations in healthcare, we should strive to offer hope and to empower. We need to be aware at all times that our approach and attitudes can have powerful effects on our patients, especially when they feel vulnerable and anxious. We should not be insincere or dishonest, as the patient will quickly detect this. Remaining positive in our approach and attitude is perhaps the most important thing we can do to encourage our patients to see a clear way ahead for them. Indeed, research

on the importance of different aspects of person-centered care has shown that patients get better more quickly when their doctors respond to their problems in a positive way.

Teamwork

Module 7 emphasises the importance of teamwork, barriers to effective team working and successful team working. It also concentrates on connecting, assessing, responding and empowering in the context of teamwork. As well as concentrating on the relationship between the healthcare professional and the patient, the authors of the volume report broadening their focus to consider working with other across professional boundaries and in multidisciplinary teams. A useful description of team working is provided in this module. 'Team building' is an evolutionary process that starts with an awareness of our ways of interacting with colleagues and a willingness to listen and to understand the contributions of others. The CARE Approach provides a shared language when discussing issues of team working. It places a very high value on communication. Each person in a team has information that someone else in that team needs or achieve effective and successful healthcare outcomes. The writing is communicating directly with healthcare workers.

Target audience

Conversations between patients and practitioners lie at the very heart of healthcare. Such conversations happen day in and day out in primary care clinics and hospitals when patients consult their general practitioner (GP), attend an outpatient department, see their physiotherapist or visit their practice nurse for a minor illness or chronic disease management. The list of opportunities for healthcare conversations is almost endless given the wide range of staff working in modern healthcare systems and given the different ways in which encounters can happen. In the course of a career, a healthcare professional is likely to have hundreds of thousands of clinical encounters. Module 7 describes the CARE approach with colleagues and in teams. Taken together, this experience helps create an understanding of how an individual clinician's work fits into the bigger picture of everyday healthcare delivery.

Conclusion

The CARE Approach aims to assist healthcare professionals in developing, practising and reflecting on empathic person-centered communication. This book, by describing the CARE Approach in detail represents a practical tool to help clinicians in their everyday endeavours. The authors hope the CARE Approach will inspire and support healthcare staff in their encounters with the people, their patients. This is much needed.

Indeed while it is tempting to think that experienced healthcare practitioners know all about: connecting, assessing, responding, compassion, attending, understanding, empowering, values, rapport and having a positive attitude, an overwhelming literature proves the opposite. In addition to the text, the video clips provide excellent examples of good communication. They are short and directly demonstrate verbal and non-verbal skills. This invaluable text is useful, in addition, for teaching, with the advantage the large format enabling sections to be discussed in group work. In short, then, this text is highly recommended.

Conflicts of Interest

The author declares no conflict of interest.