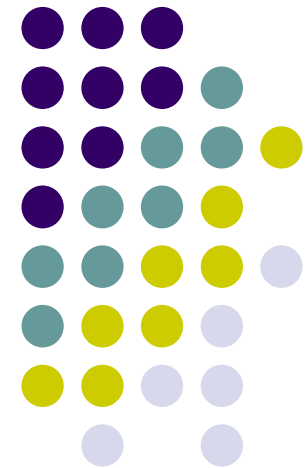


# Patient Communications And Personality Type

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John Pelley, PhD  
(and Kim Peck, MD)  
Texas Tech University HSC SOM

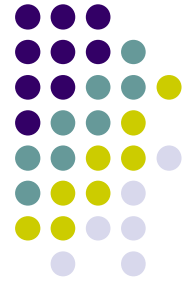




## Reference resources

- Allen J, Brock SA. Health care communication using personality type—patients are different! London: Routledge, 2000.
- Clack GB, Allen J, Cooper D, Head JO. Personality differences between doctors and their patients—implications for the teaching of communication skills. Med Educ 2004;38:177-86.

# How We Make The “What” Effective



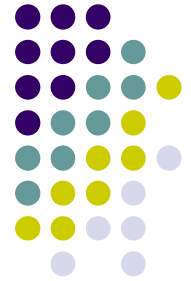
- Skills/knowledge/experience are **WHAT** we bring to patients.
- Communication is **HOW** we make the “**WHAT**” effective.



# Development Of Skilled Thinking

- Skilled thinking requires:
  - rule adherence initially, and
  - adaptation to complexity eventually.
- Expert thinking skills are acquired by real life experience.
- Rules taught now...experience accumulates.

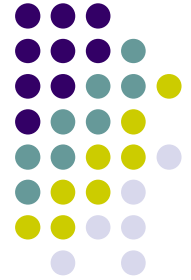
# Skills Acquisition - Dreyfus



Five levels of skill development

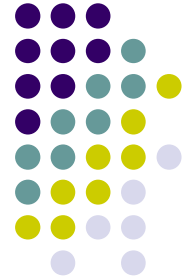
1. Novice – rule adherence (MS3)
2. Advanced Beginner – rule recognition (early PGY1)
3. Competent – standardized procedure (PGY2)
4. Proficient – discriminating, holistic (board eligible)
5. Expert – intuitive grasp, vision (5-10 yrs out)

# Why FLEX Care?



- It is “stage appropriate”
- It is basic to any other approach to communication (doesn’t compete).
- It is supported by research on patients.
- It determines clarity.
- It promotes respect.

# Patient Needs



- Patients will differ in their preference for:
  - How they are approached
  - How they gain Information
  - How they make decisions



# FLEX Care Process

1. Identify your own preferred style of communication (your own type).
2. Tune in to the patient's current personal approach needs.
3. Adjust (or “FLEX”) your approach, if necessary, to match those needs.
  - When would it not be necessary?



# What Type Is And Isn't

- Normal differences in thinking; most trusted
- Persistent mental habits
- Not an explanation for everything
  - People use same mental function uniquely
- Remember:
  - Preferences are comfortable and easy
  - Non-preferences are tiring and demanding

# Type Basics



- Next four slides review type basics
- Think about yourself
- Think about your opposite

# Extraversion vs Introversion

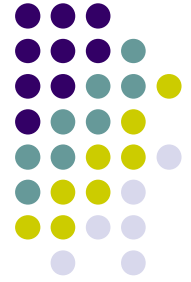


- Where do you get the stimulation for your thinking?
- Es want to talk it out
- Is want to think it through
- Es as initiators
- Is as responders



# Sensing vs. Intuition

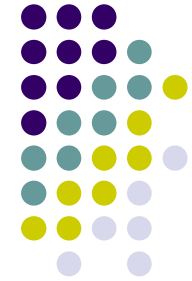
- How do you prefer to take in new information?
- Sensing types focus on specifics
- Intuitive types focus on the big picture
- Ss as describers
- Ns as understanders



# Thinking vs. Feeling

- How do you react to new information?
- Thinking types base their decisions on logic
- Feeling types base their decisions on values
- Ts as blunt, impersonal
- Fs as sensitive, personal

# Judging vs. Perceiving



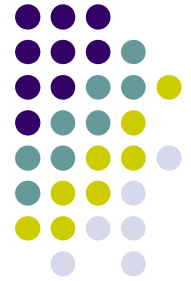
- How do you prefer to live your outer life?
- Judging types seek the joy of closure
- Perceiving types seek the joy of processing (discovery)
- Js as accomplishment oriented, “Are we finished?”
- Ps as exploration oriented, “What else do I need to know?”



# Components Of Dialogue

- Factual information (S)
- Alternatives, e.g. explanations, goals, outcomes. (N)
- Analysis, making sense of things (T)
- Inquire about personal interest, “How do you feel about...?” (F)
- “Type” can change order and emphasis in patient-physician dialogue

# How To ID Communication Style From Behavior Cues



- No need to administer pencil and paper test
- Not “typing” but rather being alert and sensitive
- Not a way of manipulating, but simplifying
- Communication style is assessed based on behavior cues

# Behavior Cues



<b>BEHAVIOR CUES</b>	
<p><b>TALK IT OUT (E)</b></p> <ul style="list-style-type: none"><li>• Rapid speech</li><li>• Appears to “think aloud”</li><li>• Interrupts</li><li>• Louder volume to voice</li></ul>	<p><b>THINK IT THROUGH (I)</b></p> <ul style="list-style-type: none"><li>• Pauses in answering or giving information</li><li>• Appears to be thinking things through</li><li>• Quieter voice volume</li><li>• Shorter sentences, not run-on</li></ul>
<p><b>SPECIFICS (S)</b></p> <ul style="list-style-type: none"><li>• Asks for step-by-step information or instruction</li><li>• Asks about the present situation</li><li>• Asks “what” and “how” questions</li><li>• Uses precise descriptions</li></ul>	<p><b>THE BIG PICTURE (N)</b></p> <ul style="list-style-type: none"><li>• Asks for the purpose of an action</li><li>• Asks for current and long-range implications</li><li>• Asks “why” questions</li><li>• Talks in general terms and possibilities</li></ul>

# Behavior Cues



## **LOGICAL IMPLICATIONS (T)**

- Appears to be “testing you” or your knowledge
- Weighs the “objective” evidence
- Not impressed by what others decide
- Conversations follow a pattern of checking logic, “if this, then that”

## **IMPACT ON PEOPLE (F)**

- Strives for harmony in the interaction
- May talk about “values”
- Asks how others have acted or resolved the situation
- Matters to them whether others have been taken into account

## **JOY OF CLOSURE (J)**

- Impatient with overly long descriptions, procedures
- The tone is “hurry up . . . I want to make this decision”
- May make decisions prematurely
- Enjoys being done

## **JOY OF PROCESSING (P)**

- Seems to want “space” to make own decisions
- The tone is “let’s explore, what are some more factors to consider?”
- May even decide at the “last moment”
- Enjoys processing

# George, a farm manager (positive experience)



- *“I had pains in my chest and I had them for four months. I was managing a busy farm and was very tired. I hadn’t told anyone about the pains.”*
- *“I thought they would go away and it was nothing to worry about. When they didn’t go away I decided to go to my doctor and get it checked out.*

# Mark, a lawyer (positive experience)



- *“I felt completely at ease and looking forward to getting the procedure over with. His open and clear explanation enabled me to ‘own’ what was happening and greatly diminished my apprehension. I have a strong need to understand why something is being done.”*

# Flexing Strategies - ST/SF



## FACTS (ST)

- Use nonpersonal words: e.g., *it* and *the*
- Give specifics and accurate details
- Remember the facts
- Ask "how" and "what" questions to hear the specifics
- Be prepared for critical or "testing" questions
- State the immediate benefits that will result from addressing the need

## LOYALTY (SF)

- Use personal pronouns: e.g., *your* and *our*
- Ask what the patient has experienced, listen closely to his or her story
- Strive for harmony in the interaction, find points of agreement
- Care about *this* patient; "go the extra mile." He or she wants to know you will "be there."
- Tell the patient how others have resolved similar situations

# Flexing Strategies - NT/NF



## LOGICAL OPTIONS (NT)

- Use nonpersonal words: e.g., *it* and *the*
- Never assume you know what this patient needs
- Ask what possibilities or options the patient may already have in mind
- Be prepared to be “tested” on what you know and suggest alternatives
- Give both current and long-term benefits that meet this patient’s needs

## SUPPORT FOR MY VISION (NF)

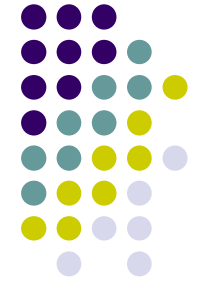
- Listen carefully to this patient’s experience and what he or she envisions
- Restate his or her point of view until the patient knows you’ve got it
- Treat the patient as a partner in the process
- Create a feeling of sincerity and warmth; make sure that what you say and how you say it match
- Present details only after putting them into this patient’s framework of what’s important

# Breaking bad news



- Good news about bad news: There may be 50 ways to leave your lover, but there are only 4 ways to give bad news.
- Research shows four combinations are important:
  1. ST
  2. SF
  3. NT
  4. NF

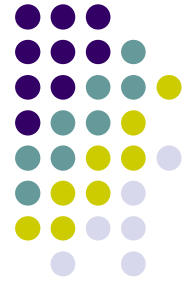
# Four patients responding to, "How would you prefer to have bad news broken to you?"



ST - "I just want the straightforward facts,  
no warm-and-fuzzy prelude."

SF - "I need clear information delivered by  
someone who relates to me as a person."

# Four patients responding to, "How would you prefer to have bad news broken to you?"



NF - "I want to be seen as a whole person, not a disease, and to have my personal values and options taken into account."

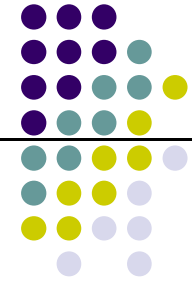
NT - "I want to know that the doctor is competent, what options there are, and to be consulted as an equal."

# How People Conceptualize “Honesty”



ST	<ul style="list-style-type: none"><li>- Straightforward information given</li><li>- The truth, not sugar coated</li><li>- Anxiety from beating around the bush</li></ul>
SF	<ul style="list-style-type: none"><li>- Give all the facts gently, not bluntly</li><li>- Patient's partner present</li><li>- Supportive and truthful</li></ul>

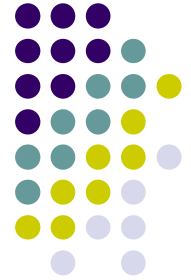
# Medical Honesty (cont'd)



NF	<ul style="list-style-type: none"><li>- To hear the truth in order to understand the probabilities</li><li>- To be given the facts diplomatically</li><li>- The doctor is genuine</li><li>- Allowed to absorb implications at their own pace</li></ul>
NT	<ul style="list-style-type: none"><li>- To feel the doctor is skilled, supportive, and open</li><li>- To receive an informed evaluation of the prognosis</li><li>- To have a clear dialogue with the doctor</li></ul>

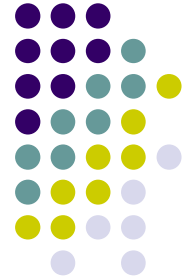
# Food for Thought

## Sympathy vs. Empathy



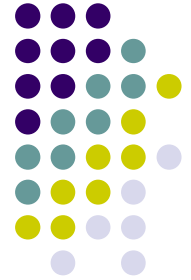
- One drains your energy
- The other helps you communicate

# Sympathy



- Sympathy is how “I” feel about you.
- Energy flows from me to you.
- I am the one talking.
- I learn nothing about you.
- Patient doesn’t get much satisfaction from the conversation.

# Empathy



- Empathy is how “you” feel about you.
- Energy flows from you to me.
- You are the one talking with prompting from me.
- I am learning valuable information that will help me to help the patient.
- The conversation is much more satisfying to the patient since someone is listening.