

# The least effective responses english language essay

[Linguistics](#), [English](#)



Communications Assignment Society and Health

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## **Introduction**

This interview was conducted on the 2nd of April at the interviewee's house. James, a 19 year old male, discussed with me his experiences of fighting a nasopharyngeal cancer since he was 9 years old. This cancer was successfully treated through chemotherapy and radiotherapy and he discusses how he has managed in the past 10 years. This report will analyse my 3 most effective and least effective responses after which a self-appraisal of my interview management skills will be conducted. A final reflection using the lessons learned from this interview will focus on improving my communications skills for future practice.

## **3 Most effective responses**

Effective Response 1

**R4: Ok, thank you, umm... so... going back to the beginning, how did you react at the time? Could you remember anything from that?**

Uh... at the time before I was diagnosed, I was getting... I was quite sick for quite a while.

**R5: Ohh (concerned nodding)**

And they uhh... I saw my family doctor several times and eventually he came out and said he had no idea what was wrong with me so he sent me off to an ear nose and throat specialist at the Royal Children's Hospital [in Melbourne] and I sort of... I ... I don't remember that at all, I think I was quite ill... that day I just... I don't know, I don't even remember. R4 was effective in that it opened the interview with an open question as recommended (Silverman, Kurtz, Draper, van Dalen, & Platt, 2005). The open question allows the subject to choose the aspects that are most important to them to discuss (Berglund & Saltman, 2002). This allowed room for the patient to relive the experience and this elicited a narrative of how it all started. Starting at the point where the subject thinks is most important gives "primary data" (Lichstein, Walker, Hall, & Hurst, 1990) that can be built upon later on in the interview. The response was also helped by the use of non-verbal gestures to further encourage the patient to communicate. Effective Response 2

**R10: How did you feel when you received that news?**

I honestly cannot remember, I apparently...

**R11: That's alright (reassuring smile)**

Apparently what happened was I was talking to my mum when I just had my first lot of chemotherapy

**R12: Oh Okay...**

And I was incredibly... chemotherapy is pretty awful so I was pretty out of it at the time and I said, apparently I said to my mother: "I'm really quite..."

I'm... despite how bad this is I'm glad it's not something really terrible like cancer or something."

### **R13: Ohh (nodding)**

Then my mum, my mum said... well actually it is.

### **R14: Okay**

But it was actually quite helpful for me to not be told immediately because when I was... at the time I was only 9...

### **R15: Yeh... Yeh... (Nodding understandingly)**

And I didn't actually know that a cure for cancer existed

### **R16: Of course (continuing to nod)**

R11 - R16 were probably some of the more effective responses in my interview. The most effective part of these responses were the non-verbal cues. The nods and reassuring smile gave the patient that "the interviewer was interested" and reassures the patient "that he or she should go on speaking" (Lichstein et al., 1990). This combined with verbal encouragement indicated my active listening which would strengthen the rapport that I had with the patient (Talley & O'Connor, 2009). All of this made the interviewee feel more comfortable and made it easier for them to open up and paint a picture giving a good indication of how they felt at the time. Indeed the effectiveness of the response is highlighted by the fact that the interviewee started the response by stating that they couldn't remember how they felt.

Effective Response 3

**R39: Yep, good, umm... so you mentioned that you had... you mentioned something about your pituitary gland at the time, so how has the cancer and the subsequent chemotherapy affected your life?**

Well... the major things that it has... the major things that it has affected since post post treatment was... since I have had radiation to my pituitary gland, it means I've got hormone problems umm... I have to take pills every day...

**R40: Okay... (nodding)**

... for certain hormones but that... that's almost... doesn't really affect me at all. R39 was also an effective response. Bringing the topic of the pituitary gland once again reinforced my active listening (Lichstein et al., 1990) but it was also a good way to signal to the interviewee that a new question had started. I specifically focussed on the pituitary gland and hormone problems as I identified it as being one of the major concerns in the long term management of the side effects of the cancer treatment. The " signposting" of the important issue ensures that the key themes of the discussion are clear to the patient which reduces the risk of the patient rambling (Silverman et al., 2005). Seeking clarification about the issues related to the pituitary gland was useful as it gave a chance for the patient to correct my misconception (Maguire & Pitceathly, 2002) that the pituitary gland was his most significant concern. Although my assumption in this case was wrong, I did manage to obtain a better understanding of the underlying emotional concerns. Having a correct understanding of the patients' story would allow a physician to better treat the emotional aspects of health (Geisler, 2010).

### 3 Least effective responses

#### Ineffective Response 1

#### **R68: Sure, alright. Ok thank you for your time today. I wish you well for the future.**

Thank you, very much.[Off tape]I guess the main thing with the... my situation is that people take it a lot more seriously than I do. For example, when I was on camp... and it was time for my injection everybody would be very serious and I'd have 5 torches shining on me...This was probably the least effective response in the interview. R68 would have signalled the end of the interview. This was probably due to my concerns about time management in the interview. It did not afford the patient an opportunity to express any further concerns not addressed in the interview (Silverman et al., 2005). This mistake was made more profound by the further response that I received when I had stopped the recording. As well as this, the lack of acknowledgement of his concerns and feelings may have made the patient think I didn't completely listen to and understand his remarks (Welsby, 2005). A better response would address these issues:

**Is there anything else you would like to add?**

**[Pause] wait for response.**

**Thank you so much for your sharing your experiences James! You've really helped to enlighten me today. It's really amazing you can look back on such a confusing and difficult time at an early stage in your life with a smile now.**

Ineffective Response 2Umm... and the... they're all quite easy to deal with in terms of... as long as I take the measures to make sure that I'm ready... prepared for all this.

**R63: Yeh, of course, that's good to hear. So have you... could you remember this umm... lead to any specific lifestyle changes? Like for example umm... you have to take... I think – the adrenaline shot with you when you go skiing – what about your other... you know day-to-day life things that you use to manage umm... your condition. For example, do you sort of... around the house have you worked to minimise... you know the chance of accidents happening... has your healthcare practitioner talked to you about that at all?**

Uhh... not particularly, it's like I said, it's kind of its quite simple to manage really.

**R64: So not a huge effect?**

No... not a huge effect. R63 was also an ineffective response. The response was very confusing and punctuated, it would have been apparent that the interviewer was struggling for a response in this situation. In doing so, the patient was overloaded with information that wasn't very clear or useful. A

more appropriate response would have directly sought clarification for what other "measures" had been taken (was the general substance of the question anyway). This would have better satisfied the requirement of following the interviewee as well as providing a slightly more open question. Having a more open question would be more likely to elicit all the things the patient wants to say (Lloyd, Bor, Blache, & Eleftheriadou, 2009) - in this case all the measures used to manage his condition. For example:

**That's great to hear! Are there any other measures – if any – that you or your family have taken to minimise or manage any risks?**

Ineffective Response 3 It was quite confusing, and I was just... it... it obviously wasn't helped very much by the fact that I was incredibly sick, so... it was more difficult on top of that to deal with.

**R9: Yeh... right... that must have been bad... ummm... so... basically... umm... at the beginning you said it took about a week before you realised you had cancer?**

Yes R9 was problematic firstly in the way that it reciprocated the patients concerns. The phrase "that must have been bad" was both insufficient in the tone used as well as the vocabulary used. Since empathy is closely related to reassurance (Lichstein et al., 1990), an inappropriate empathetic response could have dissuaded further exploration of other emotional issues (Lichstein et al., 1990). The second reason this response was inappropriate was changing the topic suddenly. This is an example of the "blocking behaviour" which blocks further disclosure from the patient (Maguire & Pitceathly, 2002). A more appropriate response would have expressed empathy more



appropriately and without hesitation. It is also crucial that an alternate response also follows on from the patients' current train of thought:

**(Gentle Tone) That must have been horrible – at such a young age too! Are you able to remember how you were able to deal with it?**

### **Managing the Interview**

I believe the management of the interview on the whole was satisfactory. However there are still areas that need to be worked on to further improve my communication skills in the future. Before commencing the interview, I ensured that the interviewee was comfortable by allowing him to pick a location in his home that he was comfortable with (the dining room). Glasses of water were also made available as we were going to be doing a lot of talking. I sat at right angles to my interviewee so as to reduce the barrier of the dining table as shown in our clinical skills sessions (FIGURE 1). The quiet nature of the dining room prevented outside disturbances and also assured strict confidentiality throughout the interview (Silverman et al., 2005). The effectiveness of the beginning of the interview was surprising. I was surprised during the interview by just how well my subject was dealing with everything after the cancer. While there was some concern expressed about the "increased chances of skin cancer in the future", the level of concern was still well below what I had expected for someone who had experienced cancer at such a young age. This made me wonder whether the empathy shown at times was too much given the subject seemed to take it all in his stride. Judgement? From a time management perspective, it was

done very well, however, Throughout the interview, respect was demonstrated by...The most difficult section of the interview was...

## **Reflection**

I feel like the most important thing that I have gained from this interview stems from my surprise at how well my subject was dealing with cancer. Through this experience, it became obvious to me just how easy it is for my personal values and judgements to present in an interview. Although this could stem from my lack of appreciation of how well medicine can treat cancer, it could also be due to the personal experiences of losing a family member to cancer. This notion that cancer was a fatal disease or something that had to be managed rather than being treated may have been different from the patients' views. This made me aware that it is important not to impart a personal judgement system onto a patient as it could influence them and impede a physician's ability to understand disease from the patients' perspective.

## **Conclusion**