

Some Ideas about Active Listening

Active listening is about trying to discover the real meaning of what the other person is saying. It involves carefully listening to the words that the person says, the way they speak, their body language, eye contact, and the whole way the person is telling their story. The listener needs to **concentrate**, and be **curious** to discover what the person is saying and what they **mean**.

During a consultation, some techniques which contribute to active listening include:

Initial listening: just listen to the patient, be curious about their story, and do **not** mentally think about which question you want to ask next. Observe both the content of the patient's words, and the ways in which they are saying them, including what they are not saying, the emotional content, body language, etc.

Facilitate using verbal and non-verbal techniques. Verbal methods include encouraging noises (eg *“mmm”, “go on”, “right”,* etc), soft commands (eg *“could you tell me a little more about that”*) and other consultation micro-skills. Show interest without directing the patient into our own agenda. Non-verbal methods include an active interested posture, smiling, nodding, eye contact, body echoing, encouraging gestures, etc.

Notice cues, including verbal and non-verbal. The patient may exhibit a cue early in the consultation, and rather than interrupt to pursue it at the time, it may be helpful for the doctor to notice the cue, ‘park’ it mentally, and then refer back to it later in the consultation. For example, *“you mentioned earlier that...”*

Feedback or reflect on an observation, to encourage the patient to consider additional aspects of their story. For example, *“I noticed that when you said X you seemed upset, and I was wondering if this is bothering you.”*

Paraphrase and **summarise**, using the patient's own words where appropriate (think of giving the patient a ‘receipt’ for their story). This helps the patient to know that you have heard and understood them, and they have the opportunity of correcting or amending if needed.

A checklist of some aspects of active listening:

- **focus** on the patient (avoid distractions by other people, telephone, etc)
- **listen** to the patient (avoid interrupting them)
- **encourage** the patient (using smiles, eye contact, nodding, etc)
- **concentrate** on what the patient is saying (avoid thinking about what you will say next)
- **be patient** with people who are less articulate or who have poor language skills
- **summarise** so the patient knows you have understood them (and which gives the patient the chance to correct or amend if needed)

Consider which of these techniques you already use, and reflect on how effective they are.

Consider which techniques you would like to develop. How will you do this?

Blocks to good Active Listening

External Factors

- noise
- environment
- other people
- language
- speech disabilities, accent, etc

Personal Factors which inhibit effective listening

Comparing your own thoughts and feelings with those of the person talking.

"I didn't feel that way when my granny died." "If that happened to me I would want..."

Interpreting what the person is saying, rather than listening and accepting what they say.

"I think his boss probably meant..."

Rehearsing what you are going to say next, rather than just listening.

"I must remember to ask open questions." "I will ask him how he feels about losing his job."

Selecting certain parts and ignoring other parts of the speaker's story. We may do this because we expect to hear certain things, or feel we can only cope with certain aspects.

Judging the person or what the person is saying, rather than listening fully.

"I think she caused the situation herself."

Labelling the speaker as a stereotype and listening to the person you have decided they are, rather than them as an individual person.

"That's just what I would have expected someone like that to say."

Daydreaming and thinking about other things rather than listening.

"I have several more patients to see, and have to get that report done before I go home."

Identifying with your own experience rather than listening to the patient's experience.

"When that happened to me..."

Having your own agenda, being more interested in what **you** want to say, rather than listening.

Directing the conversation to areas that you are interested in, rather than listening carefully to the ideas and concerns of the other person.

Suggesting and advising rather than discovering what the patient would like to do.

"In this situation, the best thing to do is..."

Being right, rather than exploring other options.

Reassuring, placating and humouring, in order to end the conversation prematurely.

"Yes, yes, I know ... it'll be fine."

Consider which of these may be relevant personally.

How can we overcome our own personal blocks and really listen to the other person?