Certificate in Psycho-Oncology (United Kingdom)

Communication Skills In Oncology

Active Listening – Related terms: Empathy, reflective listening, patient-centered communication. A skill that involves giving full attention to the patient, acknowledging verbal and non-verbal cues, and confirming understanding. Example: “What I hear you saying is…”. Practical use: Improves trust and reduces anxiety. Challenge: Resisting the urge to interrupt with clinical information.

Adaptive Communication – Related terms: Flexibility, cultural competence, health literacy. Adjusting language, tone, and delivery to match the patient’s cognitive, emotional, and cultural context. Example: Using plain English with a newly diagnosed patient versus technical terms with a specialist. Practical application: Tailoring explanations of treatment options. Challenge: Identifying the appropriate level without appearing patronising.

Affirmation – Related terms: Positive reinforcement, validation, supportive statements. A brief verbal or non-verbal cue that recognises the patient’s feelings or coping efforts. Example: “You’re doing a great job managing these side-effects.” Practical use: Strengthens resilience. Challenge: Ensuring affirmations are genuine and not formulaic.

Agenda Setting – Related terms: Consultation structure, patient priorities, shared decision-making. The process of jointly establishing the topics to be covered at the start of a consultation. Example: “Before we begin, are there any concerns you’d like to discuss first?” Practical use: Aligns clinician and patient expectations. Challenge: Time constraints may limit thorough agenda negotiation.

Breaking Bad News (BBN) – Related terms: SPIKES protocol, empathic disclosure, patient preparedness. Delivering information about diagnosis, prognosis, or treatment failure in a compassionate, structured manner. Example: Using the SPIKES steps to introduce a recurrence. Practical application: Reduces shock and facilitates coping. Challenge: Managing emotional reactions while maintaining factual clarity.

Communication Audit – Related terms: Feedback, reflective practice, quality improvement. Systematic review of recorded consultations to assess adherence to communication standards. Example: Scoring interactions against the ‘Communication Skills Checklist’. Practical use: Identifies training needs. Challenge: Ensuring confidentiality and obtaining consent for recordings.

Compassion Fatigue – Related terms: Burnout, secondary traumatic stress, self-care. A state of emotional exhaustion resulting from prolonged exposure to patients’ suffering. Example: Feeling detached after multiple end-of-life conversations. Practical strategies: Regular debriefing, mindfulness, workload management. Challenge: Recognising early signs without stigma.

Confidentiality – Related terms: Data protection, privacy, informed consent. Obligation to protect patient information from unauthorised disclosure. Example: Not discussing a patient's diagnosis in a public waiting area. Practical application: Builds trust and complies with GDPR. Challenge: Balancing confidentiality with multidisciplinary information sharing.

Cultural Competence – Related terms: Cultural humility, interpreter services, health disparities. Ability to interact effectively with patients from diverse backgrounds, respecting beliefs, values, and communication styles. Example: Acknowledging a patient's preference for traditional medicine alongside chemotherapy. Practical use: Improves adherence and satisfaction. Challenge: Avoiding assumptions and stereotypes.

De-escalation Techniques – Related terms: Conflict management, calming strategies, crisis communication. Methods to reduce tension during emotionally charged conversations. Example: "I can see this is upsetting; let's take a moment to breathe." Practical application: Prevents escalation in distressed patients. Challenge: Maintaining therapeutic alliance while managing strong emotions.

Empathy – Related terms: Emotional resonance, perspective-taking, validation. The capacity to understand and share the feelings of another, expressed verbally or non-verbally. Example: "I can imagine how frightening this must feel for you." Practical use: Enhances rapport and reduces perceived isolation. Challenge: Differentiating empathy from sympathy to avoid over-identification.

Exploratory Questioning – Related terms: Open-ended questions, narrative elicitation, patient story. Using prompts that invite patients to describe experiences, concerns, and values in their own words. Example: "Can you tell me what has been most difficult since your diagnosis?" Practical application: Uncovers hidden worries. Challenge: Managing lengthy narratives within limited appointment time.

Family Meeting Facilitation – Related terms: Multidisciplinary team, shared decision-making, family dynamics. Guiding a structured conversation with patient, relatives, and clinicians to discuss treatment goals, expectations, and support needs. Example: Summarising each member's concerns and aligning them with the care plan. Practical use: Ensures coherent information flow. Challenge: Navigating conflicting viewpoints and emotional volatility.

Feedback Loop – Related terms: Reflective listening, confirmation, patient understanding. Process of checking that the patient has correctly interpreted information and that the clinician has accurately captured patient concerns. Example: "You mentioned you're worried about side-effects; is that correct?" Practical use: Reduces misunderstandings. Challenge: Time pressure may limit thorough checking.

Gender Sensitivity – Related terms: Gender identity, inclusive language, bias mitigation. Awareness and adaptation of communication to respect gender-related preferences and avoid assumptions. Example: Asking "How would you like me to address you?" Rather than assuming pronouns. Practical application: Fosters inclusive environment. Challenge: Integrating gender considerations without disrupting flow.

Health Literacy – Related terms: Plain language, teach-back method, patient education. Degree to which patients can obtain, process, and understand health information needed to make decisions. Example: Using visual aids to explain chemotherapy cycles. Practical use: Improves adherence and reduces anxiety. Challenge: Assessing literacy levels discreetly.

Informed Consent – Related terms: Autonomy, risk disclosure, decision-making capacity. Process whereby a patient voluntarily agrees to a proposed intervention after receiving adequate information. Example: Outlining benefits, risks, and alternatives of a surgical procedure. Practical application: Legal and ethical safeguard. Challenge: Ensuring comprehension in emotionally distressed patients.

Interdisciplinary Communication – Related terms: Team briefing, handover, collaborative care. Exchange of information among oncologists, nurses, psychologists, social workers, and allied health professionals. Example: Summarising psychosocial concerns in a tumour board meeting. Practical use: Promotes holistic care. Challenge: Maintaining consistency across disciplines and avoiding jargon.

Language Concordance – Related terms: Interpreter services, bilingual staff, translation tools. Ensuring that communication occurs in a language the patient fully understands. Example: Arranging a certified interpreter for a non-English speaking patient. Practical application: Reduces errors and improves satisfaction. Challenge: Limited availability of qualified interpreters for rare languages.

Listening for Cues – Related terms: Verbal hints, non-verbal signals, affective markers. Attentively observing subtle expressions of fear, denial, hope, or distress. Example: Noticing a patient's clenched fists while discussing prognosis. Practical use: Guides appropriate emotional support. Challenge: Requires heightened awareness and may be missed under workload pressure.

Motivational Interviewing (MI) – Related terms: Change talk, reflective statements, ambivalence resolution. A collaborative counselling style that strengthens a patient's intrinsic motivation to change health behaviours. Example: Exploring a patient's desire to quit smoking during treatment. Practical application: Enhances adherence to lifestyle modifications. Challenge: Requires training to avoid directive approaches.

Non-verbal Communication – Related terms: Body language, eye contact, facial expressions. All messages conveyed without words, influencing patient perception of empathy and competence. Example: Leaning forward to show engagement. Practical use: Reinforces verbal messages. Challenge: Cultural differences may alter interpretation of gestures.

Patient-Centered Communication – Related terms: Shared decision-making, respect for preferences, individualized care. Approach that places the patient's values, needs, and context at the core of the interaction. Example: Asking "What matters most to you right now?" Practical application: Improves satisfaction and outcomes. Challenge: Balancing patient wishes with clinical guidelines.

Patient Narrative – Related terms: Story-telling, illness experience, meaning making. The personal account a

patient constructs about their cancer journey. Example: A survivor describing how diagnosis reshaped family roles. Practical use: Aids clinicians in understanding psychosocial impact. Challenge: Allocating time to listen fully within brief appointments.

Power Dynamics – Related terms: Authority gradient, hierarchy, empowerment. The implicit or explicit influence of clinician status on patient participation. Example: Encouraging a patient to voice concerns despite perceived hierarchy. Practical application: Promotes equitable dialogue. Challenge: Clinicians may unintentionally dominate conversation.

Prognostic Disclosure – Related terms: Truth-telling, hope communication, future planning. Discussing likely disease trajectory, survival estimates, and treatment expectations. Example: Using calibrated language ("median survival is about 12 months") while maintaining hope. Practical use: Facilitates advanced care planning. Challenge: Managing variability in patient desire for detail.

Reflective Listening – Related terms: Paraphrasing, summarising, validation. Repeating back the patient's statements to confirm understanding and demonstrate empathy. Example: "So you're feeling uncertain about the side-effects?" Practical use: Clarifies information and builds rapport. Challenge: Avoiding over-use that may sound mechanical.

Respectful Language – Related terms: Person-first terminology, stigma avoidance, inclusive diction. Choosing words that honour the patient's dignity and avoid labeling. Example: Saying "person with cancer" rather than "cancer patient" when appropriate. Practical application: Reduces stigma. Challenge: Maintaining consistency across team members.

Risk Communication – Related terms: Uncertainty, probability, benefit-risk balance. Conveying the likelihood of adverse events and treatment outcomes in an understandable way. Example: Using visual aids to illustrate a 5% risk of neutropenia. Practical use: Supports informed decisions. Challenge: Patients may misinterpret percentages as certainties.

Self-Disclosure – Related terms: Professional boundaries, authenticity, therapeutic rapport. Sharing limited personal information to build connection while maintaining professional limits. Example: Briefly mentioning a personal experience with a similar side-effect. Practical application: Can normalise patient concerns. Challenge: Ensuring disclosure does not shift focus away from the patient.

Shared Decision-Making (SDM) – Related terms: Patient partnership, decision aids, deliberation. Collaborative process where clinician and patient jointly consider options, preferences, and values to reach a treatment choice. Example: Using a pamphlet comparing oral versus intravenous chemotherapy. Practical use: Increases patient engagement. Challenge: Time constraints and variable patient readiness.

Silence – Related terms: Therapeutic pause, reflective space, emotional processing. Deliberate use of non-verbal pause to allow patients to think, express emotions, or gather thoughts. Example: Waiting a few

seconds after a patient receives bad news. Practical application: Encourages deeper sharing. Challenge: Clinicians may feel uncomfortable filling silence quickly.

Social Support Assessment – Related terms: Network mapping, caregiver involvement, resource referral. Evaluation of the patient's emotional, practical, and informational support systems. Example: Identifying a spouse who can assist with medication administration. Practical use: Informs care planning and referrals. Challenge: Patients may under-report support deficits.

Spirituality Discussion – Related terms: Existential concerns, chaplaincy referral, meaning making. Exploring beliefs, values, and sources of hope that influence coping. Example: Asking "Do your spiritual beliefs affect how you view this illness?" Practical application: Aligns care with personal meaning. Challenge: Clinicians may feel untrained to address spiritual topics.

Standardised Communication Protocols – Related terms: SPIKES, BREAKS, CALM. Evidence-based frameworks that guide specific communication tasks in oncology. Example: Applying the SPIKES steps for delivering a recurrence diagnosis. Practical use: Provides structure and reduces anxiety for clinicians. Challenge: Rigid adherence may limit personalisation.

Therapeutic Presence – Related terms: Mindfulness, attentiveness, embodied empathy. Being fully engaged, physically and emotionally, with the patient during interaction. Example: Maintaining eye contact and an open posture while listening to a patient's concerns. Practical application: Conveys safety and trust. Challenge: Competing demands can fragment presence.

Transition Planning – Related terms: Survivorship care, discharge communication, continuity of care. Preparing patients for the shift from active treatment to follow-up or palliative phases. Example: Outlining surveillance schedule after curative surgery. Practical use: Reduces uncertainty and promotes self-management. Challenge: Ensuring all relevant information is communicated clearly.

Triadic Communication – Related terms: Patient-family-clinician interaction, joint consultation, shared understanding. Three-party dialogue where the clinician must balance information flow among patient, family member, and themselves. Example: Discussing genetic testing with a patient and their adult child. Practical use: Aligns expectations across parties. Challenge: Managing confidentiality and differing information needs.

Verbal Disclosure – Related terms: Information delivery, language choice, clarity. The act of communicating facts, diagnoses, or plans using spoken words. Example: Explaining the purpose of a PET scan in simple terms. Practical application: Central to patient education. Challenge: Avoiding jargon while maintaining accuracy.

Visual Aids – Related terms: Diagrams, infographics, anatomical models. Graphic tools used to illustrate disease processes, treatment pathways, or side-effects. Example: A chart showing the timeline of

chemotherapy cycles. Practical use: Enhances comprehension and retention. Challenge: Ensuring visual materials are culturally appropriate and up-to-date.

Vulnerability Acknowledgement – Related terms: Empathic attunement, emotional safety, authenticity. Recognising and naming the patient's feelings of fear, helplessness, or uncertainty. Example: "It sounds like you feel overwhelmed by the treatment plan." Practical application: Validates emotions and opens space for support. Challenge: Balancing acknowledgement with reassurance.

Worry Management – Related terms: Anxiety reduction, coping strategies, reassurance. Techniques to address patient concerns about disease progression, side-effects, or future planning. Example: Providing realistic timelines and offering follow-up appointments to discuss emerging worries. Practical use: Reduces distress. Challenge: Differentiating normal worry from clinically significant anxiety.

Written Communication – Related terms: Discharge summaries, patient letters, consent forms. All non-verbal informational exchanges, including letters, emails, and hand-outs. Example: Sending a clear summary of the consultation after a complex treatment discussion. Practical application: Reinforces verbal messages and serves as a reference. Challenge: Ensuring readability and avoiding contradictory information.

Zero-Tolerance Policy for Discrimination – Related terms: Equity, inclusive practice, safeguarding. Institutional commitment to prevent any form of bias or harassment in patient interactions. Example: Training staff to recognise and address micro-aggressions. Practical use: Creates a safe environment for all patients. Challenge: Maintaining vigilance and responding promptly to incidents.