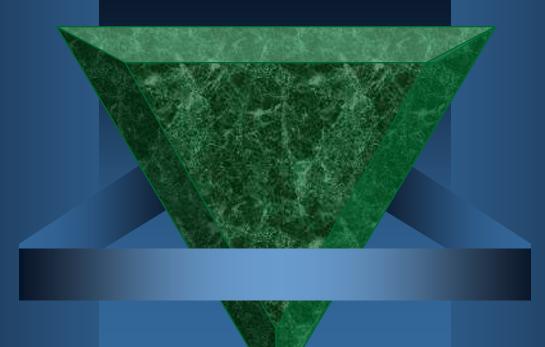
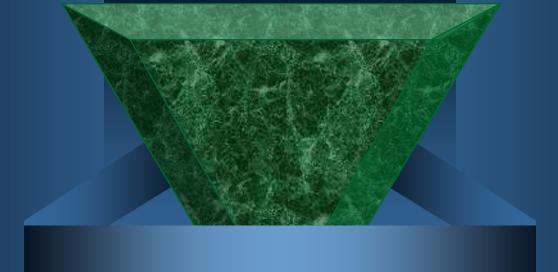


#### **Communication in Healthcare**



Recognition to American Academy on Communication in Healthcare (AACH) and Mayo Clinic for collaboration on program development.







### **Communicating Effectively**

Communication skills are essential to

 Physician-patient relationship
 Daily interpersonal contact

 ''Art of medicine''

 Hard science demonstrating clinical outcome benefits



# **Physician** Perspective on Communication

 $\vee 250,000$  patient encounters during our professional lifetime  $\sqrt{25\%}$  of these encounters are often described as frustrating  $\vee 50\%$  of these encounters can be described as dysfunctional or difficult by some specialties



**Physician** Perspective on Communication: Why?

#### **VPhysicians often feel:**

- Poorly equipped to deal with the many demands placed on them
- The behaviour and personalities of certain patients often strain inadequate skills
- Personal, social, and cultural "baggage" often interfere with communication



# **Patient** Perspective on Communication

80% feel their doctors are too busy to listen to their complaints
27% state their primary care physician failed to address their main

concern

 $\checkmark 32\%$  state that their sub-specialist failed to address their main concern



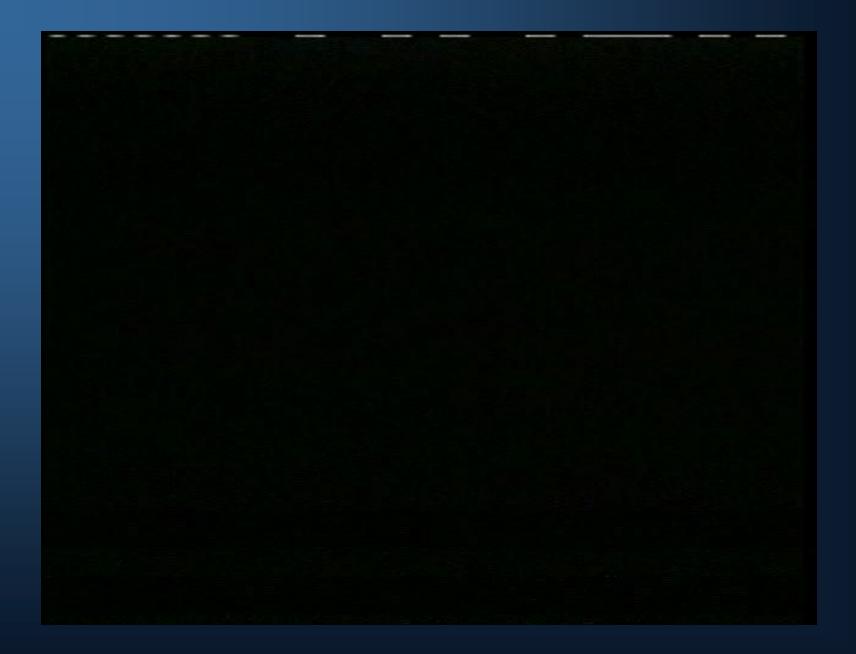
## But We Are the University of Florida College of Medicine-Jacksonville\_\_\_\_\_



#### **Patient Satisfaction Survey**



#### **Staff Satisfaction Survey**





Hughes CM. Drugs & Aging. 21(12):793-811, 2004.
Suarez-Almazor ME.. Current Opinion in Rheumatology. 16(2):91-5, 2004 Mar.
Lussier MT. Richard C.. Canadian Family Physician. 51:37-9, 2005 Jan.



# The Skill of Reflective Listening

Excellent starting point for beginning a dialogue with a complex patient.

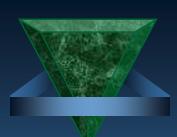
- Attitude: curious, non-judgmental, seek to understand the patient's perspective
- Skill: Ask open ended questions and actively listen.

✓This attitude will often take the patient by surprise.



# Skills Workshop: Reflective Listening

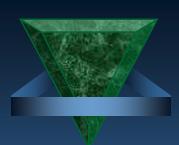
An exercise to demonstrate reflective—and hopefully active—listening
 Pair off in groups of two
 Alternate Speaking and Listening roles – 3 minutes each



### Skills Workshop: Reflective Listening

✓ Speaking task: Share with your partner a "stepping stone".

 ✓A stepping stone represents a major, direction changing event in your life. It may be a person, event, or experience.



## Skills Workshop: Reflective Listening

- Listening task: Listen actively but quietly without interrupting or interjecting your opinions.
- ✓ Try to focus completely on what your partner is saying, rather than to your internal thoughts.

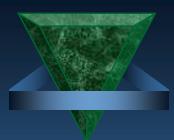
✓ When your partner finishes, summarize or paraphrase what they told you using their words as much as possible.

#### Relationship Building

#### Information Gathering

#### The Patient Centered Interview

#### Patient Education



## The Physician Centered Interview

 Traditional history-taking and interview

 A manual of laundry lists
 Hundreds of items pertaining to organ systems



## The Physician Centered Interview

✓ On the average, physicians interrupt the patient
 <u>18 seconds</u> after the patient begins to speak.

Lipkin M, Putnam S, Lazare A. eds. The Medical Interview. Clinical Care, Education and Research. NY. Springer-Verlag.1995.p.531.



✓THE CLINICIAN IS THE EXPERT ON DISEASE

✓THE PATIENT IS THE EXPERT ON <u>HIM/HER SELF</u>

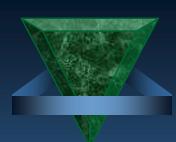


Center on the patient's needs
• NOT DISEASE-CENTERED
• NOT DOCTOR-CENTERED

 $\checkmark$  It is a <u>skill</u> that can be mastered

✓ Engage the patient to play a larger role

✓ Help the physician to manage time and improve efficiency and effectiveness



Patient: "That doctor is probably a pretty good doctor, but you can't talk to him. He didn't seem to want to know what I was worried about."

"Tell me About Yourself"; The Patient Centered Interview. Annals of Internal Medicine. Vol. 134. No. 11. June 2001. pp. 1079-1081.



Physicians who focus on the patient as well as the disease:

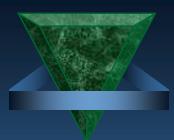
Obtain more thorough and accurate historical data

Increase patient adherence and satisfaction

 Set the stage for more effective patient-physician relationships
 Increase clinician satisfaction

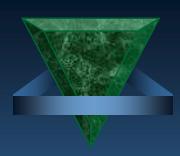


Patients who were not interrupted *rarely* took more than <u>one minute</u> to complete their list.



Patients who were not interrupted *never* took more than <u>three minutes</u> to complete their list.

Why not interrupt? Isn't that how we take control?

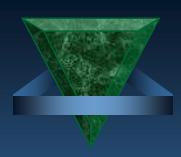


### Why not interrupt?

✓ We lose potentially relevant information:

– We change the course of the story

We jump to conclusions:
 Premature hypothesis testing (differential diagnosis)



### Why not interrupt?

The degree to which patients can *tell their own story* affects outcomes...

- Headaches are more likely to resolve
- -Hypertension improves
- Lipkin M, Putnam S, Lazare A, eds. The Medical Interview in Clinical Care, Education and Research. NY: Springer-Verlage.1995. p. 9-10.



#### Why not interrupt?

Patients need a period of *uninhibited talk* at the beginning of the interview to *express their concerns*

#### IT DOESN'T TAKE LONGER!

#### Relationship Building



#### The Patient Centered Interview

#### **Patient Education**



#### Information Gathering

Elicit data efficiently and accurately
Seek the patient's agenda
Set the agenda jointly
Negotiate priorities together



## Information Gathering: Eliciting Data

Elicit Data Efficiently and Accurately
 Patients want to give information about their concerns.

 Begin with a <u>comprehensive</u> inquiry about the patient's entire <u>list</u> of concerns before collecting details on any one complaint

 This ultimately saves time and assures focus on key issues.



### Information Gathering: Seek the Patient's Concerns

#### ✓ When?

– At the beginning of the visit

#### ∀ How?

- Comprehensive "What Else?" *examples*...
  - "What else?"
  - "What else has concerned you lately?"
  - "Are you worried about anything else?"
  - "Anything else?"
  - "Tell me more"

#### ∀ Why?

Minimizes "Oh by the way..." at the end of the visit



### Information Gathering: Negotiating Priorities

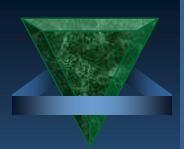
#### ∀ Example:

- I'm not certain we can cover all <u>our</u> concerns.
- <u>We</u> agree that A is important. I also want to address B, and you expressed concern about C.
- Where should we start?"



### Information Gathering: Joint Agenda Setting

Patient and Physician
 Negotiate priorities together
 Share control
 Establish concept of limits



Information Gathering: Negotiating Priorities When patients believe their concerns have been heard, they are more willing to accept the clinician's recommendations

When patients feel their concerns are not heard and not responded to, dissatisfaction and poor compliance result.



#### Summary: Information Gathering Y Facilitate:

- "Tell me more"
- Attentive listening
- Echo the patient's last few words
- ✓ <u>Clarify:</u>
  - "Help me understand what you mean by that"
  - "Let me review what I think I heard you say"
  - "I'd like to summarize so we can both be sure I have the story straight"



# Skills Workshop: Information Gathering

Each participant will have the opportunity to practice a patient interview

Elicit patient's entire list at the beginning of the interview

– Negotiate the agenda and set priorities

#### The Patient Centered Interview

# CONNECTING





#### How do you measure the success of a patient's experience?





# Correct diagnosis and treatment plan.





#### How does a patient measure the success of his/her experience?





#### ✓"Correct" is key

#### ✓"Connect" is key

### Recognize and Respond



### CONNECTING **Relationship Building V**Recognize Patient's Emotions: - anger - fear - sadness – anxiety

- uncertainty

▼Respond with "PEARLS"



# **CONNECTING Relationship Building**

**P** = **PARTNERSHIP** E = EMPATHYA = APOLOGYR = RESPECT**L** = **LEGITIMIZATION**  $\overline{S} = \overline{S}\overline{UPPORT}$ 



# PARTNERSHIP

Patient and physician working together to correctly define the issues and solve problems jointly...

- "Let's tackle this together."

- "We can do this."



# EMPATHY

- V Understand the patient's feelings <u>and</u> communicate that understanding to the patient.
   V Requires:
  - Listening
  - Wanting to understand
    - walk a mile in his/her shoes
  - Communicating...
    - "That sounds hard."
    - "You look upset."
  - Express understanding of how patient feels...
    - "Let me see if I have this right . . ."



#### **APOLOGY/ACKNOWLEDGE**

✓ Acknowledge patient's frustrations and anxiety

✓ Take personal responsibility and apologize when appropriate...

 "I am sorry we can't get everything scheduled today and tomorrow. Let's try to do the best we can."

"I'm sorry I was late."



# RESPECT

✓ Demonstrate appreciation/value for patient's choices, behaviors, and special qualities...

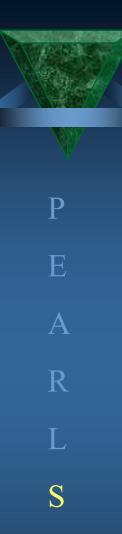
- "You have obviously worked hard on this."
- "That was tough. You handled it well."
- "You have obviously researched this problem quite well. Let's see if I can add to your knowledge."



# LEGITIMIZATION

✓ Concur that patient's feelings and choices are appropriate...

- "Anyone would be (confused, sad, irritated) by this situation."



# **SUPPORT**

✓ Offer ongoing personal support...

- "I'll stick with you as long as necessary."

– "I'll be here when/if you need me."



P E A R L S

## SUCCESSFUL CONNECTION

✓ Patient feels alliance, safety and trust

✓ Stronger relationship to cope with stresses of illness

Successful Connection = Satisfied Patient and Physician



# CONNECTING

#### **Recognize** feelings and emotions

#### **Respond** with a supportive statement

The Patient Centered Interview

### Successful Connection = Satisfied Patient and Physician

Click to Launch PEARLS Video

