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FEATURE ARTICLE

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Effective Communication in Health Care

Authors:

Darryl S. Chutka, MD

Associate Professor of Medicine, Mayo Clinic College of Medicine, Mayo Clinic, Rochester, Minne

Anthony C. Berman, EdD

Assistant Professor of Education, School of Education, Hamline University, Saint Paul, Minnesota

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Despite the fact that medical knowledge and technology have both increased significantly with tim dissatisfied with the US health care system. They find it difficult to navigate the financial aspects c frequently dealing with insurance companies and pharmacy formularies, limiting which subspecia medications they can take, and how much of their health care will be covered by insurance. They often limited amount of time they are given to see their health care provider. Health care providers difficulty dealing with the changes in health care, as they are being required to see more patients document their work. The electronic medical record and its associated challenges has also becon most providers. What has not changed, however, is the fact that patients still experience illness a associated pain and suffering, feeling of vulnerability, fear of the future, and potential limitations o continue to need a health care provider who can address their needs; that starts with effective co health care provider and the patient.

One of the most common complaints from patients is that their health care provider does not liste commonly complain that due to economic constraints, the time they have with the patient is beco and inadequate. This creates a dilemma for the caregiver and makes it more difficult to obtain the develop a care plan and establish the rapport needed to create a meaningful provider-patient rela important than ever for providers to have effective communication with their patients. Effective co providers and patients has been shown to improve treatment compliance, enhance mutual unders the provider-patient relationship.[1-3] Poor communication is often the reason for complaints about organizations and has been shown to result in an increased risk of future malpractice litigation.[1,2]

Health care providers are trained to assess illness in patients using objective measures including physical examination, laboratory test findings, and imaging study results. It is recognized that a va influence illness and the symptoms patients experience. By ignoring our patients' values and feeli missed. The social aspects of medicine need to be in harmony with the scientific components. In explored, it is important that patients feel a bond with their health care provider and establish a re understanding. They need a validation of their fears and emotions. Providers generally agree that and acknowledge that this is an important component of medical practice. The establishment of a relationship is essential to the effective practice of clinical medicine. It is a unique relationship cor who in many cases have not met before. Yet within a short time, the provider is granted access to intimate details of the patient's life. Patients generally assume their provider is competent and has clinical medicine. Other than board certification, there are very few ways for patients to determine medical competence. It is much easier for patients to assess whether their provider is approachal understanding. These are the criteria they often use to judge the quality of their provider. Health c being evaluated on their communication skills in satisfaction surveys completed by patients. In so evaluations can have financial implications for the provider.

The education of a health care provider includes significantly more than acquiring competence in technical expertise. Effective providers must also have excellent communication skills in order to patients, their families, and other health care professionals. The importance of teaching communi recognized and considered one of the core competency areas not only for medical students, but a Instruction in effective communication skills has become a standard part of the curriculum at the r graduate school levels. It is also being addressed in the curricula for continuing medical educatio providers. Health care providers need to know the available tools that can allow them to efficiently their patients, as well as gather the medical information they require in order to establish a diagnc

Communications Toolbox

The medical history has two purposes: information gathering and the establishment of rapport bet the patient. The traditional approach to information gathering that we have all been taught include chief concern(s) or main problem(s), followed by a history of present illness, past medical history, history, family history, and a systems review. Although the patient rarely gives medical information traditional sequence that is written in the clinical note. Providers often ask focused questions to ol each component of the medical history. This is especially likely when they feel pressured for time. considered "provider-centric." Although commonly used, it does not give the patient the latitude to concerns, and it also limits the accuracy of the medical history. It is more effective to use a "patien Open-ended questions should be asked such as, "Tell me about your pain," or, "How would you d Patients should be allowed to speak uninterrupted as they describe their health problems to their does not take significantly more time and yields a more accurate medical history as well as satisfi approach allows patients to feel that their provider is actually interested in them and what they ha

Health care providers should establish an agenda for the patient's visit, and it is important to know expectations are. Patients commonly have more than one reason for seeking medical care, and the expressed is not always the most important to them or the most important to their well-being. This bringing up an issue of importance at the end of the visit, commonly resulting in inadequate time t significant delay in the interview process. A more effective approach is to establish an agenda wit "What else?" Patients are asked what medical problem or problems they have. After the patient st asking "What else?" allows the patient to bring up other health concerns. As the provider continue the patient's health issues are eventually exhausted. On occasion, the patient will bring in a list of provider should ask whether the patient has such a list. If so, it is important for the provider to rev help in the prioritization process. The provider has the opportunity to determine the topics for disc may be determined that there is inadequate time to discuss all of the patient's concerns, and prior take place. It is the provider's responsibility to determine which items need to be discussed during which ones are able to wait for a subsequent visit. The patient may also be part of the negotiation agenda. If all of the issues are to be addressed during the interview, the provider is then able to d can be devoted to each issue, resulting in a more efficient and effective medical interview.

The second purpose of the medical history is to establish rapport with the patient. Only after rapp between the patient and provider will patients feel comfortable discussing sensitive areas of their provide optimal medical care to patients, we need to know their philosophy regarding their life and their health. For example, it will serve no purpose if a provider establishes a correct diagnosis and that includes pharmacologic therapy if the patient is strongly opposed to taking any medications. medical interview, the patient establishes a sense of trust with the provider. This will lead to greate recommendations given by the provider. This is important if we are trying to encourage our patien weight, start an exercise program, or eat correctly. Understanding a patient's feelings and perspe providers demonstrate empathy, patients have greater satisfaction with them and show a greater treatment recommendations. A variety of responses help demonstrate empathy. This includes goo appropriate posture, and mannerisms of the provider. Reflective phrases such as, "Let me see if I telling me," or, "I want to be sure I understand what you're saying," result in the patients' realizatio interested in what they are saying and feel it is important to have accurate information. It shows th actually listening to the patient and wants to understand. This technique is known as active listeni reflection at the end of the patient interview on a particular topic. This represents a review of the p regarding their history. "What I hear you saying is that you developed this sharp pain just below y after you woke up. Is that correct?" This allows the patient to make any necessary corrections in v Empathy also includes a recognition of the patient's emotional response to symptoms such as, "Y somewhat frightened by this," or, "This must have been very difficult for you, and you appear som emotional response is obvious, but at times it may not be clear.

An effective tool that can be used to help build a relationship with patients is the mnemonic *PEAR*

P represents *partnership*. Having one's health or symptoms evaluated can be a frightening experi
have a fear that their symptoms represent a serious disease. Conveying to the patients that they
us and that "we are in this together" improves the interpersonal aspects of medicine. It is importar
"we" instead of "you" when discussing plans for evaluation or treatment.

E stands for *empathy*. To be an effective health care provider, we must show empathy toward our
our feelings into words and shows that we have an understanding with our patients. When a patie
demonstrate a specific emotion, it can be helpful for the provider to address that: "You look sad/fr
emotions are brought out into the open, there is often a greater sense of understanding between

A represents *apology* or *acknowledgement*. When a problem has occurred or an error has taken
concern and compassion. Comments such as, "I'm sorry you've had to wait," or, "I'm sorry I order
medication for you," can be helpful. It is also helpful when acknowledging difficult situations. "I'm s
news for you," or, "I'm sorry you are going through this difficult time."

R stands for *respect*. It is important for patients to know that we respect them and their decisions,
patients have made an incorrect choice. We can still show respect for their attempts to improve th
such as, "You've worked very hard on this, and I respect the fact that you are trying to improve yo
let our patients know that we value their efforts.

L is for *legitimization*. This helps to acknowledge our patients' thoughts and feelings. "Anyone wou
you've been through and the fact that you're not feeling any better."

S stands for *support*. Conveying support for the patient is extremely important in health care. Pati
we will be available to them in the future. This is even more important when patients are given a r
new therapy. There is a sense of comfort in the knowledge that we will be available if and when th

Nonverbal Communication

A significant portion of a provider-patient relationship is determined not by what providers say, but
communicated by their body language.[6] Nonverbal communication affects how patients determine
respect, and trust their provider. The psychologist/sociologist James Borg estimated that "Human
of 93% body language and paralinguistic clues, while only 7% of communication consists of word

There are two components to nonverbal communication: how a patient views the provider, and ho
patient. Providers use nonverbal clues of our patients as part of our evaluation. It is helpful to esti
their history, the degree of pain they are experiencing, and their emotional state. It is a valuable to
providers as part of their patient assessment. We evaluate the amount of eye contact the patient
are doing with their extremities, their facial expression in showing emotion, and tone of speech.

Similarly, patients assess our nonverbal communication in their impression of us as health provide
thoroughness and degree of compassion. It is estimated that a patient's first impression takes pla

provider-patient encounter. Time estimates vary, but many believe that this takes place in the initi interview. Walking briskly into an examination room can give patients an impression that their pro may not have adequate time to address their concerns. The provider should be at eye level with t the patient while standing over them conveys a sense of power by the provider over the patient. E important part of nonverbal communication. A variety of emotions can be conveyed by our eyes, i hostility, and compassion. Inadequate eye contact with the patient and an excessive time taking n in the patient. Even the distance the provider sits from the patient plays a role. Sitting too far from appearance of indifference, while sitting too close can make the patients feel uncomfortable and t personal space is being invaded. Patients have indicated that when their physicians face them ar they have increased satisfaction with the provider.[8] This satisfaction decreases when the provide during the interview, especially when they cross their arms and/or legs. Affirming head motions ar associated with high patient satisfaction[9,10] and give patients the impression that their provider is saying. Appropriate light touch by the provider can promote a sense of compassion and empathy however, touch should be avoided if the provider is uncomfortable with it. Patients can often sens with touch if it is not something we do comfortably. Our tone of voice often says more than the wo timing, volume, and speed of delivery can indicate anger, confidence, or compassion. A provider v uses light humor, and occasionally laughs is also viewed favorably by most patients.

Giving Patients Bad or Unexpected News

Occasionally, health care providers need to give patients bad or unexpected news. This can be di and the health care provider. It is more comforting to the patient when this information comes fron established a good relationship with the patient. Bad news does not necessarily mean discussing Conditions which require major changes or even starting pharmacologic therapy can also be diffic accept. One approach to use for this is the mnemonic SPIKES.[11]

S stands for *setting up*. This information should take place in a proper environment. Unless absol take place in a face-to-face visit. It can be helpful for the patient to have a family member or friend

P represents *perception*. It is important to determine how much the patients already know about t shared.

I stands for *invitation*. The provider should ask patients if it is acceptable to share their health info

K stands for *knowledge.* Once permission is granted by the patient, the knowledge is shared with to be done in terms the patient understands.

E represents *emotions*. Once this information is conveyed to the patient, the patient may demons emotions. Feelings of sadness, denial, frustration, or fear are commonly experienced. It is someti provider to address these emotions and reassure patients that they are normal. Sometimes silenc for the provider while patients weigh the information they just received.

S is for *summary* or *strategy.* Once the patient is ready to continue, the summary or strategy for th discussed. Rather than asking patients if they have any questions, it is more effective to ask, "Wh have?" with the expectation that the patient does have questions. The tendency is to give patients which can overwhelm them. It is also common for patients to hear very little of what the provider s they are given the bad news. Sometimes, it is best to give just the information the patient request

Patient Education

Conveying clinical information to our patients can be challenging. Describing medical information speaking a foreign language. The information is often technical, and although other health care pr our patients often do not. To confuse the issue, patients' understanding of their medical condition their personal fears, beliefs, and values, as well as what they have heard from others. Most patien health information contained in the press and on the internet. While much of this information can b inaccurate information also is present.

During patient education, the technique of "ask-tell-ask" can be helpful.[12] When discussing a mec it is wise to determine the baseline knowledge the patient possesses. Some patients will have alr topic and have a fair amount of knowledge regarding their condition. Others will have no backgrou have heard incorrect information. Once the baseline information regarding their condition is know then be given to patients in terms that they will understand. After the information has been discus asked their understanding and their feelings. This is done to help ensure that the patient complete information.

Electronic Medical Record

An electronic medical record (EMR) can be a major hindrance to good communication between h patients. The EMR monitor is often placed in a position directly in front of the provider. It can resu contact between the provider and the patient and has the potential to create a distraction to comm hand, if used correctly, the EMR can play a major role in improving communication. It can enhanc improve the efficiency of an office visit.

The EMR contains a wealth of information about the patient that can be quickly accessed. A medi and recent medications, subspecialty consultations, laboratory test results, and imaging study res available to the provider. These can help with a discussion of treatment recommendations. It is re provider review the patient's medical information on the EMR prior to entering the examination ro engage the patient in conversation for a few minutes prior to logging on to the EMR. The location major role in whether the EMR improves or impairs communication. It should ideally be located be the patient forming a triangle, positioned such that both are able to view the information on the sc notes can be reviewed together, providing a framework for the medical interview and facilitating a medical problem. Trends in laboratory test results can be easily demonstrated along with various Gradual worsening of blood glucose or cholesterol readings, for example, can be eye-opening for

over time. Sharing imaging studies allow for ease in showing patients why their knee hurts or why continue treatment for osteoporosis.

Conclusion

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