TIPS FOR COMMUNICATING WITH PATIENTS

The Communication Training Group (CTG), Seattle WA, and Champaign, IL
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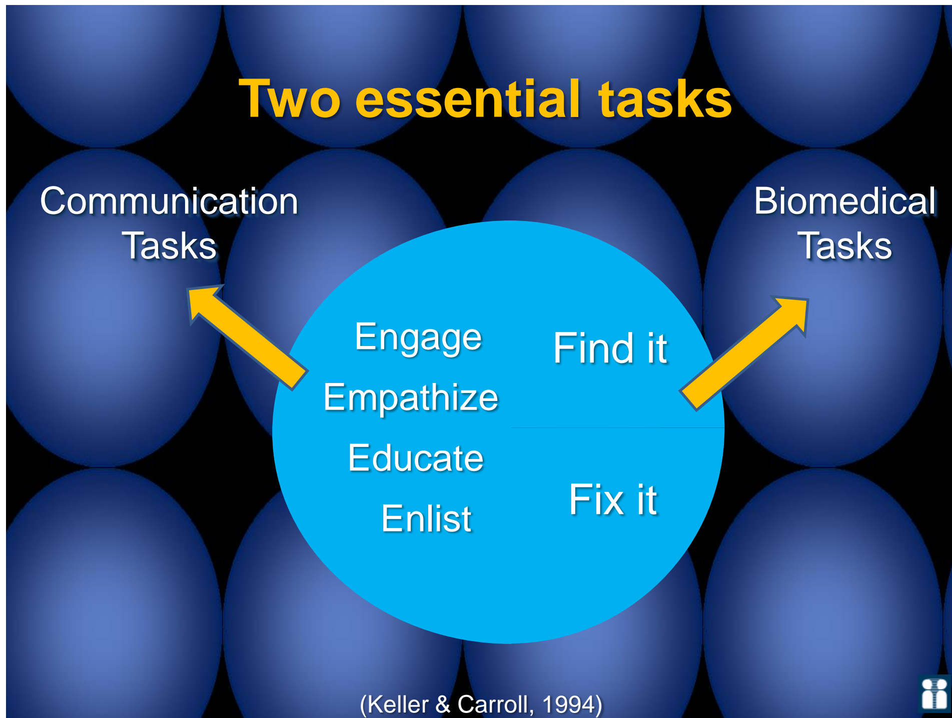
TWO ESSENTIALS TASKS OF CLINICAL CARE: Both are important!



"Clinician Patient Communication: to Enhance Clinical Outcomes"
(Developed through the Institute for Healthcare Communication, New Haven, CT)

1. Engage: Make the most of your medical assistant. Utilize 3-5 minute briefings with your medical assistant/nurse at the start of morning and afternoon sessions, going through the computer printout of the schedule, identifying and anticipating needs for information and adjustment while there is still time to head off trouble. You can also meet at the end of the day to prepare for the following day's schedule. Refer to your MA by his or her name and make use of information the patient has given her to demonstrate how closely you partner with your MA. This will allow her to do more for you in the patient's eyes (return phone calls to pass along information) as she is seen as an extension of you.
    a. "Brenda, my medical assistant, wrote down that there are 3 things you wanted us to go over together in today's visit…"
    b. "Brenda will be coming in now to give you those handouts. Promise me that you will give her a call in a week or so if you are not seeing any improvement and we can re-think our plan if needed."

2. Engage: Build an agenda at the start of the visit. Do not let yourself or the patient go into a diagnostic dive until you have an agenda for the visit.
    a. "Let's make a list at the outset of the things you wanted to be sure to go over with me today."
    b. "Before I ask more about your stomach I wanted to check to see if there was anything else you wanted us to go over in today's visit?"

3. Engage: If the patient has more agenda items than you think can be handled in the time set aside, then negotiate what is most important to cover today from both your perspectives and make a plan for how everything will be addressed eventually. One way to divide the work up over a number of visits is to ask the patient to come back for a follow up visit that you may otherwise have done on the phone or by letter. Then ask them to bring up the unfinished item on the agenda for that next visit. Show them that you are reminding yourself as well by an EHR note.
    a. "I will call you in a week or two to go over your lab results and ultrasound and we can also discuss if you are still having knee problems at which point we can make a follow up appointment. Does that sound fair?"

4. Engage: Introduce and refer to the computer as a valued asset at the start of and throughout the visit.
    a. Log on in front of patient to show protection of confidentiality
        i. "Let's open up your record so we have all the previous notes and labs available to us."
    b. Engage: Make eye contact with the patient whenever asking questions and never be out of eye contact with the patient for more than 10 seconds while typing or scrolling through their record. Empathy: Be sure to step away from the computer to completely focus on the patient when you are discussing an emotional issue or other issues of critical concern to the patient.
    c. Enlist: Turn the screen toward the patient as a prop to show that there is nothing secret and to increase collaboration.
        i. "Let's take a look at the specialist consultation note from your visit last month to remind ourselves what she was recommending."
    d. Educating: Explain what you are doing as you are doing it
        i. "Let me take a moment to get some of this down while it's fresh in our minds."
    e. Closing: Log off in patient's presence to demonstrate that their record is safe and closed.
        i. "Let me close your record now to maintain your privacy."

5. Educating: Ask for the patient's self-diagnosis/causal explanation for their symptoms early on. This will alert you to specific questions and expectations they may have for the visit and is a useful place to start (since a self-diagnoses must be given careful attention for the visit to be satisfying to the patient).
    a. Enlisting: "What did you think might be causing that?/ making it worse now? And why do you think that is?"

   Don't worry if the patient comes back with "You're the doctor, why are you asking me?" Instead reply, "Oh I will certainly have my ideas, but I find that many of my patients have ideas of their own and I want to be sure I am taking these into account."

6. Engage and Enlist: Many patients have already seen/are seeing other doctors for the same complaint/symptoms they are discussing today. Before launching into your own independent work-up/discussion of these symptoms, create more continuity of care by asking them to describe to you what other doctors have said.
    a. "Have you had a chance to discuss this problem with other doctors in the past? What have you been told by other doctors about what might be causing these symptoms and what can be done about it?"
    b. "Let's take a look at the notes of your visit with Dr. X and remind ourselves of what you were both thinking when this came up previously."

7. Engage: Specialists usually have at least 2 "customers", the patient and the referring doctor. Be sure to elicit both of their perspectives <u>early</u> in the consult. You don't want to be inadvertently disparaging a perspective that has been offered by a colleague. Similarly, you should expect that the patient will soon be meeting again with that referral doctor and discussing your work-up. To be useful, a consultation or specialty care plan should make sense and be supportable to the referring doctor and to accomplish that you must know what their questions were.
    a. "When Dr. X was referring you to me in ENT, what did she lead you to expect would be our approach?"
    b. "What is your understanding of why Dr. X referred you to me at this point?"
    c. "How closely does what I propose match up with what your other doctor has been suggesting?"

8. Engage: Ask what they might have been expecting you would do for them in today's visit. Notice how this follows naturally from having elicited their self-diagnosis.
    a. "With that (diagnosis) on your mind, is there something specific that you were hoping or expecting we would get started today?"

b. "As I ask some more questions and when we do your physician exam let's pat particular attention to anything that would tell us wheter an MRI or CT scan would be helpful here."

9. Education: Use the <u>key</u> <u>question technique</u> to see if there is a simple and straightforward question that could be answered briefly
   a. "Did you have a specific question about that?"

10. Educating and Enlisting: Utilize the provide-elicit-provide rhythm by speaking more briefly and/or eliciting the patient's view more quickly before going on. This will identify questions/misunderstandings sooner rather than later and you will know if you are losing the patient along the way.
    a. "You are describing many of the signs and symptoms of depression. Is that something you had been considering as a possible contributor to your tiredness?"

11. Educating and Enlisting: When making diagnoses and or offering diagnostic and treatment plans check for agreement with the patient. You will know where to invest additional time and explanation if the patient is not sufficiently convinced. You will save time by not giving lengthy explanations about things they already know and with which they already agree.
    a. "Based on what you have told me, the physical exam, and the tests we have done so far I think what's going on is this ______________. How closely it is that match what you are now thinking?"

12. Enlisting: Use clear criteria for frequent requests e.g., narcotics, imaging, referrals, disability forms etc. Meet with your colleagues to develop consistent criteria so you have more confidence in speaking for your group when addressing a patient request.
    a. "We have given that quite a bit of thought in family medicine and the conclusion we have come to is______"
    b. "There are 3 criteria we look at in deciding when an MRI scan would be helpful. Let's go over them together and see where we stand at this point."

13. Enlist: Referral Problems. Patient centered care and partnership is a key dimension of an effective healthcare delivery system as defined by the Joint Commission, the Institute of Medicine, and the Institute for Health Improvement and patient advocacy groups. The patient expects the caring physician to be an advocate for their needs, not only a gatekeeper for system resources. Fortunately we can often accomplish both tasks by demonstrating that we are taking their anxieties into account even if we cannot ultimately guarantee that their requests will be approved.

a. Empathy: In those situations where you need to empathize with patient's anxiety, but feel that the service requested is not supported by evidence based medicine start with explaining the medical reasons for redirecting the patient's request to an approach which you feel is more appropriate. Since you have already elicited their self-diagnosis and any specific requests before beginning the work-up, you should have been addressing these issues through the chart review, physician exam and discussion so your alternate recommendation does not come as a surprise.
b. Should that not succeed then proceed with the following: Remember the patient expects you to be their advocate. Reminding the patient that these decisions are reviewed for medical necessity allows you to empathize with their concern, advocate on their behalf, but all within the context of acknowledging that you will be guided by the wisdom of the group.

   "I can see you're worried about this and I will put in the referral request to the review committee. You should know though, that the reviewers will focus on the medical necessity and as we discussed I can't assure that they will approve it as necessary at this point. But I will explain your concerns and preferences and let's see what they decide."

14. Engage/Empathy/Education/Enlist: Use short summaries regularly to demonstrate understanding and encourage correction.
    a. "Let me see if I have got this correctly…"

15. Empathy: Project the demeanor of warmth and empathy and use empathic phrases frequently
    a. "I can see that that is worrisome." "I know this must be frustrating." "I wish there were a less burdensome way to accomplish this." Etc.

16. Educating: When responding to a patient's requests for narcotics or benzodiazepines, or responding to requests for test for treatments that you are concerned might be unsafe or inappropriate, utilize the framework explicitly of safety, effectiveness and not wanting to risk doing more harm than good. This is the most solid ground on which to refuse a request as it sets the limit on yourself and not on the patient. Patients should feel free to make any request they want. Our job is to give them the best possible advice based on clear criteria that should be consistent with research and community standard where available.

"If this is the safest and most effective way to treat the problem we can certainly do it. I just want to be sure that it would not be doing more harm than good. Let's go over some of the concerns we have about how safe this approach is and then let's take a look at how effective it's been for you so far."

17. Educating: Ask before telling. Try not to spend time telling the patient what he/she already knows. Instead get them to tell you what they already know and then fill in blanks and misconceptions. Remember you are not learning while you are talking, and you really want to know where to focus so key points stand out and are better remembered. Us the ASK, TELL,ASK technique learned in the workshop.
    a. "Tell me what you already know are the most important dietary changes that diabetics must make."
    b. "What have you read or heard about this from the Internet or other doctors whom you have seen in the past?"
    c. After telling them information, encourage them to repeat any instructions you have told them. This allows any miscommunication to be corrected and will save phone calls to staff and clinicians.

18. Enlisting: Sometimes you will reach an impasse, with you and patient unable to agree after reasonable discussion. Since arguing is rarely helpful and appearing autocratic will almost certainly lower patient satisfaction and could create liability risk if there is an adverse outcome, it is often wise to use the "second opinion" technique. Here is one way to do this:
    a. "I can see you feel strongly about this, so let me make a suggestion. I will run this by one of my colleagues later this afternoon and get their view. If they think that an MRI scan is reasonable then I will put in that referral request. In the other hand if they also think that an MRI would not add much at this point, then I will ask that we take a few more steps first to see if we can solve the problem. Sound fair?"

19. Education and Enlisting: Patient's memory for spoken information has been shown to be weak. As you are summarizing aspects of the treatment or diagnostic plan, make some very brief notes in your EHR that you can print out for the patient to take with them, or write down brief notes on the key things you are recommending and hand the note to the patient to take home. This does not need to be full sentences, just enough to cue the patient and family at home, to all the steps in the plan. This will not only cue recall of things that may otherwise be forgotten, but also helps the patient explain to other people who are also judging the adequacy of your care.

a. Enlisting: "As we are talking about what to do next, I am jotting down a few key terms and phrases to help you remember.
    i. Get blood work in the next week when fasting.
    ii. Take ranitidine 2 times a day 30' before eating to reduce stomach acid.
    iii. Cut down on caffeine and alcohol which irritate stomach lining
    iv. Return to see me in 2 weeks

20. Enlisting and Boundary Setting: There are times when you will need to say no to things like narcotics requests and tests and treatments that are not indicated. One effective strategy is to frame your thinking in terms of "safe and effect" while reminding the patient that you would not allow yourself to propose or go along with plans that you thought " dould do more harm than good".
    a. "As we think about prescribing more narcotics for your back pain, let's look closely at whether this is the safest and most effective way to help you with this problem. I could not allow myself to continue to prescribe narcotics if there is evidence that they may be dong more harm than good. Don that make sense?"

Developed by Physicians involved in the California Quality Collaborative, San Francisco, CA 2008-2009

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