Communicating with patients and relatives

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PATIENT-CENTRED CARE

{ the he art of the matter }

Communication and patient-centred care

"…care that is respectful *of* and responsive *to* *individual* patient preferences, needs and values, ensuring that patient values guide all clinical decisions"

IOM. (2001). *Crossing the Quality Chasm: A new health system for the 21ˢ century.* Washington, DC: National Academy Press.

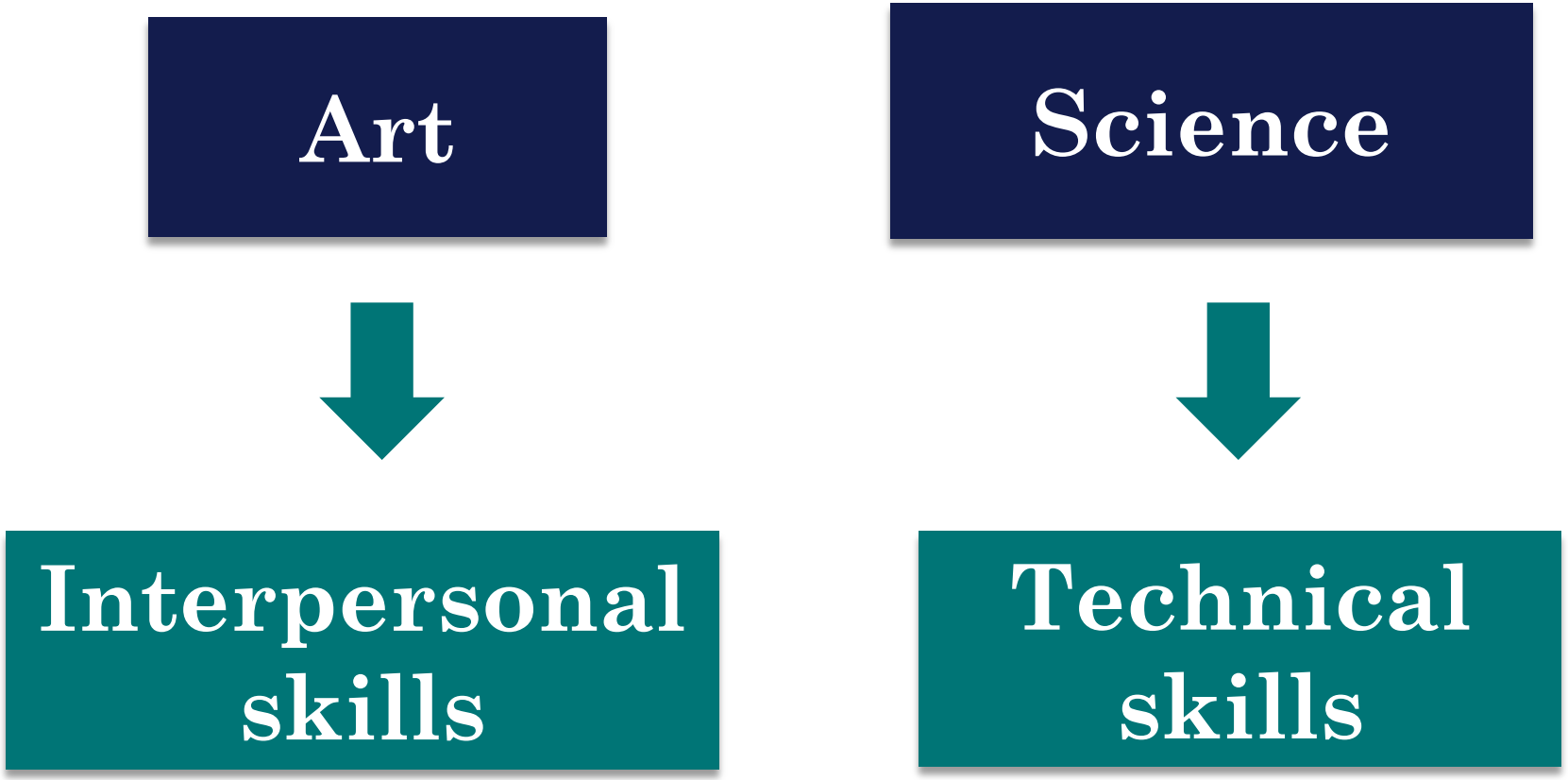
Communication and patient-centred care

- Treating patients and families with **dignity and respect**
- Communication and **sharing of unbiased information**
- **Patient and family participation** in experiences that enhance control and independence and build on their strengths
- **Collaboration** in the delivery of care, policy and program development, and in professional education

Institute for Family Centered Care. Core principles of family-centered heath care. Advances in Family Centered Care 1998; 4:2-4

- Review the role of communication in clinical practice
- Reflect on how medico-legal research has increased our understanding of the pivotal role of communication in ensuring patient satisfaction
- Consider various communication strategies to ensure optimal relationships even in the event of an adverse outcome

The role of communication



Source: MPS

The role of communication

- Health Care Professional Privilege
- Ethical Relationship
- Better relationships
- Better time management
- Better relationships with staff and colleagues
- Decreased risk of litigation

Barriers to quality communication

- Practitioner issues:
  Personal

- System issues:
  Time
  Patient flow
  Resources
  Cost
  Working patterns

Medico-legal research and the role of communication

Patient motivation to take action

- Adverse outcomes in 3.7% of admissions
- 1 in 4 due to negligence

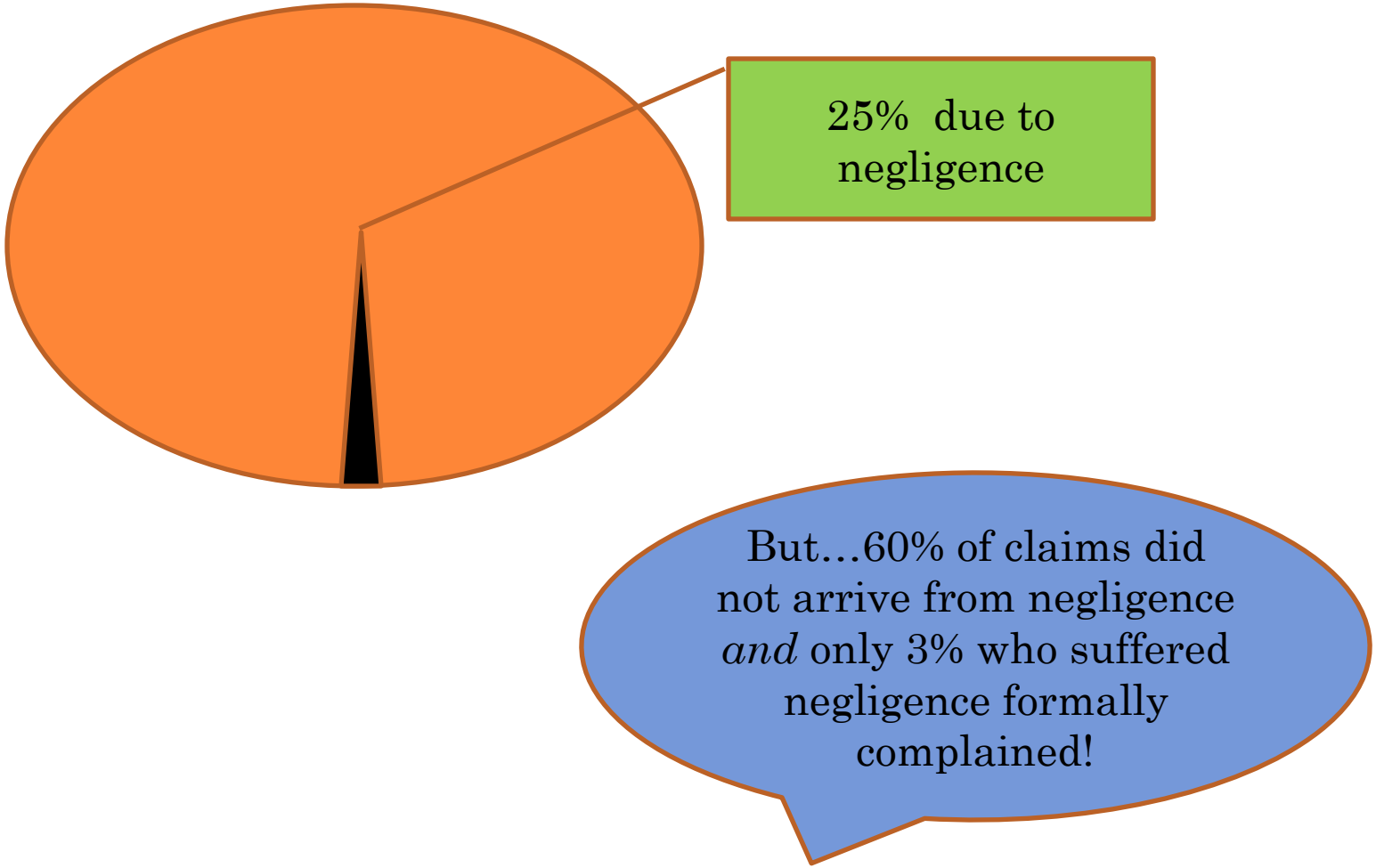
  Leape et al 1991

- 2 of 3 claims from patients with no adverse outcome or adverse outcome not due to negligence
- Only 3% of patients who suffered negligence filed a lawsuit

  Localio 1991

Source: MPS

Patient motivation to take action



Patient motivation to take action cont.

- 70% of litigation is related to poor communication after an adverse outcome where patients feel that they have:
  - been deserted
  - been devalued
  - lacked information, or
  - been misunderstood

  Beckman 1994
- 27% of surgical claims are related to poor explanation of the procedure to the patient

  Krause et al 2001

Source: MPS

Factors in the decision to take action

Predisposing factors

- Rudeness, delays, inattentiveness, miscommunication, apathy, no communication

Precipitating factors

- Adverse outcomes, iatrogenic injuries, failure to provide adequate care, providing incorrect care, system errors, mistakes

Bunting et al 1998

Source: MPS

Further analysis of complaints

- 10% of doctors are responsible for over 60% of complaints

  Hickson et al 2002

- No evidence of variable quality of care between doctors

  Entman 1994

- Predictive behaviour patterns for complaints

  patient complaints of rudeness, not returning phone calls, failure to show respect

  Hickson 1994

Source: MPS

What Conclusions can we Draw?

In the absence of predisposing factors, a precipitating factor is unlikely to lead to patient action against a doctor….

Predisposing factors are directly related to the quality of interaction we have with our patients….

A satisfied patient makes a satisfied doctor…

Making communication an active, effective and efficient process

- Communication is both non-verbal and verbal
- Making a human connection early is important
- Listening is just as important as talking
- Conveying empathy assists patients to feel heard and understood

Source: MPS

Making communication an active, effective and efficient process

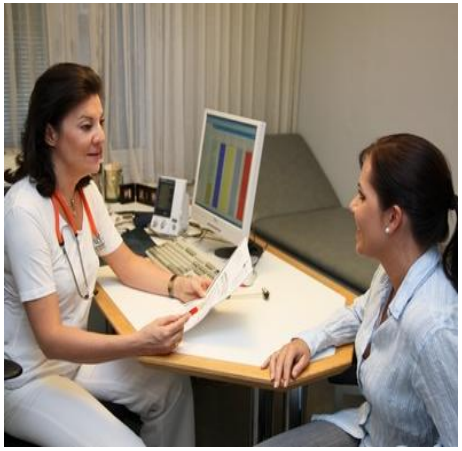
- Patients form rapid assessments of doctors' interpersonal competence

- They are concerned with three key questions:
  - Are you listening?
  - Do you care?
  - Are you going to get this right?
    - diagnosis
    - treatment

Source: MPS

The patient has a story to tell

- Patients have rehearsed their 'story'
- Telling you their story is very important
- Doctors interrupt stories from patients very early
- Patients may not let you 'move on' till they've told their story
- Patients have a clear **expectation** that you will listen to their story
- Failure to listen may lead to perceptions the consultation was 'rushed' or you are not interested
- Non-verbal communication in this phase is critical



Source: MPS

Communication and patient expectations

Identifying and addressing patient expectations is crucial

Source: MPS

Communication and patient expectations

- The personal qualities of the doctor
- The quality of the treatment received
- The size of the account
- How they will be treated as people
- How much time will be spent with them
- Doctor availability
- Competence
- How ancillary staff will treat them
- Amount of information they will receive

Source: MPS

Establishing patient expectations

- Indicates to a patient that what is important to them is important to you
- Seek patient's expectations explicitly
- This can happen by asking specific questions:

  - What were you hoping to achieve today?
  - What else would you like to discuss today?
  - Are you sure there's nothing else?

Source: MPS

Assessing competence

- Patients have difficulty assessing your clinical competence
- Quality of the interaction can become the 'de facto' standard of clinical competence
- If the quality of the interaction is low, patients may infer the quality of clinical care is low

Source: MPS

Conveying Empathy

Techniques

Short summarising statements:

- content
- emotions

Results

- Patient feels understood and appreciated
  Sung et al 2004
- Shorter consultations
  Levinson 2000

Source: MPS

Some techniques for improving non-verbal skills

- Mirroring body language
- Matching voice and vocabulary

Source: MPS

Mirroring

- Technique:
  - adopt the postures, gestures and expressions of the patient
  - maintain eye contact

- Results:
  - enhanced patient feeling of connection and of being understood

Source: MPS

Matching voice and vocabulary

- The patient's perception of understanding and concern can be enhanced by matching his or her:
  - rate of speech
  - volume of speech
  - vocabulary

- Matching of vocabulary by the doctor leads to significantly higher patient satisfaction
  Williams and Ogden 2004

Source: MPS

Tone of voice is important

- Surgeons with history of two or more claims were accurately identified by assessment of tone of voice from 10 second sound bites!

  Ambady & LaPlante et al 2002

Source: MPS

Communicating with relatives

- Valuable in the doctor-patient relationship

- Information sharing should be in the context of the duty of the confidentiality owed to the patient
  - Permission must be sought and consent obtained prior to any discussion
  - Be clear as to what the patient would like to be discussed
  - Gold standard is to have these discussions in front of the patient
  - Record the content of any discussion in the patient's record

Communicating with relatives

Request by relatives to withhold information:

- Happens frequently

Principles:

- Explain that patient needs to understand as much as possible – diagnosis and treatment
- Your obligation is to interact with all your patients honestly
- Be prepared to justify your actions and document all discussions

Communication and Patient-centered Care

Table 1

Behavioral Characteristics of Patient-Centered and Doctor-Centered Approaches to Communication

Patient-Centered	Doctor-Centered
Solicits and acknowledges patient concerns and uses them to build agenda	Sets agenda based on biomedical issues
Asks explicitly about the patient's thoughts	Assumes patient will volunteer thoughts if important
Encourages patients to express their feelings	Tends to focus the conversation away from feelings
Solicits patient involvement in decision-making	Regards decision-making as largely based on physician judgment

Communication and Patient-centered care

Medical Model		Patient-Centered Model
Patient's role is passive *(Patient is quiet)*	→	Patient's role is active *(Patient asks questions)*
Patient is the recipient of treatment	→	Patient is a partner in the treatment plan *(Patient asks about options)*
Physician dominates the conversation *(Does not offer options)*	→	Physician collaborates with the patient *(Offers options; discusses pros & cons)*
Care is disease-centered *(Disease is the focus of daily activities)*	→	Care is quality-of-life centered *(The patient focuses on family & other activities)*
Physician does most of the talking	→	Physician listens more & talks less
Patient may or may not adhere to treatment plan	→	Patient is more likely to adhere to treatment plan *(Treatment accomodates patient's cultures & values)*

Communication and Risk Management

Source: MPS

Patients do not care how much you know until they know how much you care

Scherger 2001

THANK YOU