BASIC DOCTOR-PATIENT COMMUNICATION SKILLS

I. PREMISES
- A. Communication is the clinician's responsibility
  1. An essential part of being a physician
  2. Physician will conduct more than 100,000 interviews during career
  3. Can't be delegated
- B. Communication has multiple powerful influences
  1. Health outcomes (diagnostic accuracy; adherence)
  2. Social outcomes (patient satisfaction; clinician satisfaction; malpractice risk)
- C. Communication skills can be learned

II. WHY IS COMMUNICATION IMPORTANT?
- A. Associated with improved health outcomes
  1. Symptom resolution
  2. Psychological distress
  3. Health and functional status
  4. Blood pressure
  5. Pain control
  6. Patient anxiety
- B. Associated with improved diagnostic accuracy
  1. Quality of clinical data
  2. Quantity of clinical data
- C. Associated with improved adherence
  1. Important predictor of adherence is interpersonal skills of clinician
  2. Of 750 million prescriptions each year, only 270 million taken as prescribed (1986 figure)
  3. Annual economic cost of non-adherence over $100 billion (1993)
- D. Associated with improved patient satisfaction
  1. Physician tone of voice, eliciting pt agenda associated with satisfaction
  2. Patients who feel understood feel more satisfied
  3. Good communication skills associated with patient perceiving clinician spent adequate time with them
- E. Associated with improved clinician satisfaction
  1. Most important determinant of clinician global satisfaction is clinician-patient relationship
- F. Associated with reduced malpractice risk
  1. 71% of patients who filed claims cited poor relationships
  2. 32% felt abandoned by physician
  3. 29% felt devalued
  4. 26% felt information was delivered poorly
  5. 13% felt lack of understanding by clinician
  6. Patients seeing frequently-sued clinicians report feeling rushed, receiving no explanations, feeling ignored, feeling spent less time

7. No claims clinicians oriented patients to process of visit, used facilitative comments, asked patient opinion, used active listening skills, used humor and laughed, and had longer visits

III. MODEL OF CLINICAL CARE
- A. Biomedical tasks (Find it; fix it)
- B. Communication tasks: opening - (engage; empathize; educate; enlist) - closing

IV. OPENING
- A. Introduction and greeting
- B. Welcome (be a good host or hostess) (Glad to see you; hope you didn't wait too long; are you comfortable?)
- C. Maintain eye contact; don't tower over patient

V. ENGAGE
- A. Engagement is a connection that continues throughout the encounter that is person-to-person, and professionally, a partnership
- B. Join the patient
  1. Occurs during opening
  2. Use pleasant, consistent tone of voice
- C. Build rapport (comfort, trust)
  1. Be curious about the person of the patient as well as their medical problem
  2. Establish some similarity (common experience, background)
  3. New patient - "Before we get to what brought you here today, tell me something about yourself."
  4. Return patient - mention something personal from previous visit
- D. Elicit the story
  1. Story is the patient's subjective experience of illness organized in narrative form
  2. Allow first 2-3 minutes of interview to have patient tell story
     a. Don't interrupt
     b. Use open-ended questions (Tell me more; I'm curious about; how did that happen?)
     c. Acknowledge the story (That must have been uncomfortable; you must have been frightened)
     d. Use reflective listening (paraphrase, clarify)
     e. Incorporate patient language
- E. Elicit the patient's agenda
  1. Find out explicitly patient's expectations or goal for encounter (What were you hoping we'd accomplish today?)
  2. Find out all the complaints - assume there is more than one (Anything else you were wondering about? Any other problems?)
  3. Summarize the agenda - list the issues (You're concerned about your sugar, your diet, getting enough exercise. And you're worried about that little pain in your foot. Have I got it all?)

F. Negotiate and agree upon an agenda for this encounter - prioritize

VI. EMPATHIZE

A. Physician has successfully empathized when the patient reports s/he has been seen, heard, and accepted by the physician
B. See the patient as a person
    1. Greet a new patient while they are fully clothed
    2. Not as important for return patients
    3. Notice facial expressions (I notice you frown when I mention exercise)
    4. Don't write and listen at the same time (alternate)
    5. Keep head level approximately even with patient
    6. Don't permit physical barriers (chart, desk) to come between you
C. Hear the patient
    1. Invite patient to tell you what s/he is feeling or thinking
    2. Be curious about the experience of the patient as a person
    3. Reflect on your understanding of what the patient is saying by using paraphrase and clarification
    4. Allow patient to correct your understanding
    5. Make sure your nonverbal cues reflect your verbal expressions of interest
D. Accept the patient
    1. Judge the behavior, not the person
    2. Normalize patient reactions (A lot of people are afraid of taking that test)
    3. Use self-disclosure when appropriate - don't disclose life story

VII. EDUCATE

A. Education has taken place when the patient has greater knowledge and understanding, increased capacity and skills, and decreased anxiety about the situation.
B. Assess current knowledge
    1. Find out what the patient knows
    2. Ask for questions and things *they* wonder about
    3. Tailor information to patient's needs and wants
C. Listen for the question behind the question (assumed questions)
    1. Their situation (What's happened to me; why has this happened to me?; What will happen to me in the future?)
    2. Physician's actions (What are you going to do?; Why are you doing this rather than something else?; Will it hurt me or harm me;? When and how will you know what these tests mean?: When and how will I know what these tests mean?)
D. Check understanding
    1. Don't simply ask: Do you understand?
    2. Find out what patient understands
        a. Tell me what you don't understand
        b. Is there a part you'd like me to repeat

c. Tell me how you're going to take your medications

VIII. ENLIST

A. Enlistment occurs when an invitation from the physician to collaborate in the decision-making surrounding the problem and the treatment plan is accepted by the patient
B. Elicit patient's self-diagnosis
    1. If you and the patient differ, patient will follow self-diagnosis
    2. May include
        a. Cause and solution;
        b. Functioning meaning (I can't work at my current job any longer);
        c. Relational meaning (I can't have sex with my husband);
        d. Symbolic meaning (my mother developed this same problem right before she was diagnosed with cancer)
    3. Ask about self-diagnosis (This is what I think is going on; how does that fit with what you've been thinking?)
C. Agree and diagnosis (even if provisionally)
D. Agree on treatment
    1. Keep treatment regimen simple
    2. Tailor regimen to individual's habits and routines
    3. Write out regimen
    4. Have patient identify barriers to successfully following the regimen
    5. Agree on plan to modify regimen or circumvent barriers
    6. Plan for missed dosages
    7. Describe benefits of treatment, the timetable to carrying out the treatment, and when the benefits will be realized
    8. Discuss side effects if appropriate
    9. Ask for feedback to ensure patient understands what to do
    10. Motivate the patient by discussing importance of treatment

IX. CLOSURE

A. Anticipate ending
    1. Give patient idea of how long you have
    2. Provide warning of ending as time draws nearer
B. Summarize what has been accomplished (diagnosis, treatment plan)
C. Review next steps (what will be done next, future visits, calls, tests, results)
D. Express hope and say goodbye