

## COMMUNICATION TALK

### I. OVERVIEW OF SESSION

### II. TWO MODELS OF CLINICAL CARE OPERATING SIMULTANEOUSLY

- **Biomedical tasks** (Find it; fix it)
- **Communication tasks:**
  - **Opening**
  - **Connect/engage; empathize; educate/negotiate; enlist; ask help**
  - **Closing**
- These elements should be present in every clinical encounter
- Difficulty of attending to these two tasks because
- **Two voices in medicine**
  - **Patient's voice** -
    - Wants to tell the story
    - Concerned with personal meaning of illness
    - Speaks in response to open-ended questions
  - **Physician's voice** -
    - Wants to obtain history quickly
    - Uses close-ended questions
    - Wants to make a diagnosis
- **Clinical practice is simultaneous balancing and reconciliation of these two voices**

### III. WELCOME TO MY EXAM ROOM

- **Opening is the first contact with patient, phase when first impressions are formed**
- **Barriers to a good opening:**
  - Cold, impersonal environment
  - Sense of factory-like assembly line
  - Physician rushed, remains standing
- **Techniques for a good opening**
  - Introduction and greeting
  - Welcome (be a good host or hostess; make patient feel at home)
  - Show concern for pt wellbeing (long wait; comfortable)
  - Maintain eye contact; don't tower over patient

### IV. CONNECT/ENGAGE

- **Definition: Engagement is a person-to-person, human connection professionally, a partnership**
- **Barriers to engagement**
  - Making the encounter seem like inquisition vs. conversation
  - Being overcontrolling
    - setting the agenda with minimal input from patient (dr-centered)
    - ignoring patient complaints
  - Interrupting patient frequently
- Result is that patient will disengage, withdraw from interview
- **Techniques for Engaging**
  - **Build rapport** (comfort, trust)
    - Be curious about the personas well as medical problem

- Establish some similarity (common experience, background)
- **Elicit the patient's agenda**
  - Find out explicitly patient's expectations or goal for encounter (What were you hoping we'd accomplish today?)
- **Find out all the complaints** - assume there is more than one (Anything else you were wondering about? Any other problems?)
- **Summarize the agenda** - list issues; let pt know you've heard concerns
- **Negotiate and agree upon an agenda** for this encounter - **prioritize**
- **Elicit the story** of the first item on the agenda
  - Use open-ended questions (Tell me more; I'm curious about; how did that happen?)
  - Acknowledge the story (That must have been uncomfortable; you must have been frightened)
  - Use reflective listening (paraphrase, clarify)
  - Incorporate patient language

#### V. EMPATHIZE

- **Definition: Empathy is the ability to understand and have concern for another person's experience such that you are motivated to help (therapeutic response)**
- Physician has successfully empathized when the **patient feels s/he has been seen, heard, and accepted by the physician**
- **Barriers to empathy**
  - Concern it will take longer
  - Belief it is nice but not necessary
  - Concern it creates an emotional burden for the physician
- **Techniques of empathy**
  - **Seeing the patient as a person**
    - Notice facial expressions/nonverbal behavior: discrepancies verbal
    - Pay attention to physical presentation, appearance
    - Don't write and listen at the same time (alternate)
    - Don't permit physical barriers (chart, desk, computer) to come between you and the patient
    - Use your imagination to envision the patient's experience
  - **Hearing the patient**
    - Don't interrupt
    - Be curious about the patient's story
    - Invite patient to tell you what s/he is feeling or thinking
    - Reflect your understanding of what the patient is saying by using paraphrase and clarification
    - Allow patient to correct your understanding
- **Accepting the patient**
  - Judge the behavior, not the person
  - Normalize patient reactions
  - Use self-disclosure when appropriate
  - Balance judgment with compassion

#### VI. EDUCATE

- **Definition: Education has taken place when the patient has greater knowledge and understanding, increased capacity and skills, and decreased anxiety about the situation.**
- **Barriers to education**
  - Physician thinks education is a one-way street

- Physician uses stock explanations, rather than tailoring to patient's educational level, level of concern
  - Physician doesn't check out pt understanding
  - Physician doesn't address unasked questions
  - **Techniques of education**
    - **Assess current knowledge**
      - Find out what the patient knows
      - Ask for questions and things *they* wonder about
      - Tailor information to patient's needs and wants
    - **Listen for the question behind the question** (assumed questions)
      - Their situation (What's happened?; what will happen in future?)
      - Physician's actions (What are you going to do?; Why are you doing this rather than something else?)
    - **Check understanding**
      - Don't simply ask: Do you understand?
      - Find out what patient understands
        - Is there a part you'd like me to repeat?
        - What else would you like to know?
    - **Teach back**
- VII. **ENLIST**
- **Definition: 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**
  - **Barriers to enlistment**
    - Physician-patient disagreement about diagnosis
    - Physician-patient disagreement about seriousness of disease
    - Physician-patient disagreement about efficacy of treatment
    - Complexity of the regimen
    - Expense of regimen
    - Lack of trust in the physician
  - **Techniques of enlistment**
    - **Ask about self-diagnosis and treatment plan**
      - If you and the patient differ, patient will follow self-diagnosis
      - May include
        - **Cause and solution;**
        - **Functional meaning** (I'll lose my job as a gardener if I follow your advice not to do heavy work for a week)
        - **Relational meaning** (You must be wrong about my having genital herpes, because if I do my husband will divorce me);
        - **Symbolic meaning** (my mother developed this same problem right before she was diagnosed with cancer)
    - **Negotiate diagnosis and treatment** (even if provisionally)
      - Look for common ground
    - **Structure treatment mutually**
      - Keep treatment regimen simple
      - Tailor regimen to individual's habits and routines
      - Involve patient actively in treatment (e.g., lifestyle change)
      - Write out regimen
      - Have patient identify and problem-solve barriers to successfully following the regimen
  - **Ask for feedback to ensure patient understands what to do**
  - **Motivate the patient by discussing importance of treatment**

VIII. **ASK FOR HELP/INVOLVE OTHERS (EXTEND THE SYSTEM)**

IX. **CLOSURE**

- **Definition: Concluding the interview**
- **Barriers to closure**
  - Patient brings up new agenda
  - Patient is unconvinced about diagnosis or treatment
  - Patient keeps talking
  - Patient becomes very emotional
- **Anticipate ending**
  - Give patient idea of how long you have
  - Provide warning of ending as time draws nearer
- **Summarize** what has been accomplished (diagnosis, treatment plan)
- **Review next steps**
  - what will be done next
  - future visits, calls, tests, results
- **Express hope** and say goodbye

X. **COMMUNICATION IS A BEHAVIOR ALSO AN ATTITUDE**

- **Behavior should be informed by attitudes/values of caring/compassion**

XI. **ATTENDING TO EMOTIONS**

- **Emotions often the elephant in the room**
- **(At least) two sets of emotions**
  - Physician's
  - Patient's
  - (Also family members, nurse/MA etc.)

XII. **PHYSICIAN EMOTIONS**

- **Awareness of feelings**
  - "I am feeling something!"
- **Acceptance of feelings**
  - "My feelings are not wrong; and I am not a bad person/doctor for having these feelings"
- **Discernment about feelings and their clinical implications**
  - How might frustration, anger, resentment affect pt. care?
  - How might over-identification, projection affect pt. care?
- **Working with feelings**
  - Softening judgment
  - Cultivating caring and concern

XIII. **PATIENT EMOTIONS**

- N = name the emotion
- U = understand the emotion
- R = respect the patient
- S = support the patient
- E = explore the emotion