Physician-Patient Communication: Insider Tips

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Outline

- Definition of communication
- Goals of effective communication
- MD perspective
- Why does effective communication matter?
- Elements of effective communication
- Barriers (from our perspective)
- What can you do to improve communication?
“It’s not about the nail”

www.youtube.com. “It’s not about the nail”
What is communication?

“The act or process of using words, sounds, signs and behaviors to express or exchange information or to express ideas, thoughts, feeling, etc., to someone else”¹

- Includes verbal and nonverbal
- Is a vital part of interpersonal relationships

¹ Merriam-Webster.com
Goals of MD/pt communication

1) Create good interpersonal relationship
2) Facilitate exchange of information
3) Include patient in decision making
4) Make accurate diagnosis and treatment plan upon which MD and pt agree

4 Ha, The Ochsner Journal, 2010; 10
Communication: MDs perspective

- Some people have it naturally
- We have classes in medical school
- We are taught that the history obtained from the patient is the most important factor for trying to make a good diagnosis
- This requires good listening and the ability to ask appropriate questions
MD/Patient relationship

Among interpersonal relationships, the MD/pt relation is one of the most complex\(^2\)
- Why?
  - Involves interaction between individuals where there may be a power differential
  - Is often non-voluntary
  - Concerns issues of vital importance
  - Is emotionally laden
  - Requires close cooperation and exchange of personal info between people who are initially strangers

Why is MD/pt communication important?

- It improves health outcomes and increases pt and MD satisfaction
- A review of the literature from 1983 to 1993 revealed 21 well designed studies on the topic
  - 16 showed positive results = improved health outcomes
  - 4 reported non-significant results
  - 1 was inconclusive

3 Stewart, Can Med Assoc, 1995; 152 (9)
Effective MD/pt communication was found to influence patient outcomes:\(^3\):
  - Emotional health\(^2, 3\)
  - Symptoms resolution\(^3\)
  - Function\(^2, 3\)
  - Physiologic measures (blood pressure/ blood sugar)\(^3\)
  - Pain control\(^3\)
  - Patient satisfaction and compliance\(^2\)

3 Stewart, Can Med Assoc, 1995; 152 (9)
What does the research tell us?

◆ The quality of communication matters!³

◆ When does it matter most?³:
  – during history taking (initial part of visit when problem is described by patient)
  – discussion of the management plan (plan of care)

◆ 75% of orthopedic MDs believed they communicated effectively, but only 21% of patients agreed⁴

3 Stewart, Can Med Assoc, 1995; 152 (9)
Example:

In patients presenting with a new headache:

- There was a highly significant association between pt perceptions of how fully their headache had been discussed AND resolution of headache after one year

- Study controlled for variables that could have influenced this:
  - Duration, frequency, accompanying symptoms, organic diagnosis, other risk factors, psychosocial factors

3 Stewart, Can Med Assoc, 1995; 152 (9)
Elements of effective history taking

**MD:**
- Asks questions about patient's understanding of problem, concerns, expectations and his/her perception of impact of the problem on function\(^3\)
- Asks about patient's feelings\(^3\)
- Shows support and empathy\(^3\)

**Patient:**
- Expresses him/herself fully, especially related to feelings, opinions, info\(^3\)
- Perceives that a full discussion of the problem as taken place\(^3\)

\(^3\) Stewart, Can Med Assoc, 1995; 152 (9)
Elements of effective discussion of the plan of care

◆ Patient:
  – Pt is encouraged to ask questions
  – Pt is successful at obtaining info
  – Pt is provided with info: programs (LLS, IMF, etc.)

◆ MD:
  – Physician gives clear information along with emotional support
  – Physician is willing to share decision making
  – Physician and patient agree about the nature of the problem and the need for follow-up

3 Stewart, Can Med Assoc, 1995; 152 (9)
Insider barriers

◆ Time
◆ MD and patient agenda for the visit differ
◆ Approach to the visit differs
◆ The diagnosis may not always be obvious
Insider barriers

Time

– We are taught to ask open ended questions
  • Some patients get to the point and have their thoughts organized
  • Others are scattered and ramble
– Trying to handle too many problems in one visit
– Get behind because another patient is really sick
– Behind the scenes work (documentation, insurance authorizations, results review, specialty consultations)
Insider barriers

◆ Patient agenda for visit and MD agenda for visit are not the same
  – Routine physical with PCP
    • MD wants to discuss colon cancer screening, blood sugar management, and complete PAP smear
    • Patient wants to discuss fatigue and dizziness
  – Oncology visit
    • MD is concerned about worsening neuropathy
    • Patient is concerned about interrupting treatment
Insider barriers

- Approach to the visit may differ
  - MD is focusing on problem and solution – intellectual focus
  - Patient is focusing on feelings and how the problem is affecting quality of life – emotional focus
  - Communication styles differ
  - Cultural differences
Insider barriers

- Diagnosis may not be obvious
  - May require additional tests to come to the correct diagnosis
  - This takes time, can be frustrating to patient and provider
  - May require pt communication with other staff members in the office (RN’s and scheduling)
Patient barriers

What are the patient barriers?
Research agrees...

- 50% of psychosocial and psychiatric problems are missed\(^3\)
- 54% of patient problems and 45% of patient concerns are neither elicited nor disclosed by the pt\(^3\)
- Pts and MDs do not agree on the main problem in 50% of visits\(^3\)

3 Stewart, Can Med Assoc, 1995; 152 (9)
What can patients do to improve communication?

- Agree on agenda at the beginning of visit
  - Relay your priorities/concerns for the visit and negotiate what can be addressed that day

- Ask more questions
  - Only 6% of the interaction involves patient question-assembling
  - The frequency with which patients ask questions is strongly related to “information-giving behaviors” of MDs

What can patients do to improve communication?

- Know your disease
  - You can then know which questions to ask
  - Advocate for yourself/family member
- Consider discussing one problem per visit
- Plan ahead for visits - write down questions/concerns
- Speak up!
- Change physicians if you don’t feel your needs are being met
Final thought…

“The patient will never care how much you know, until they know how much you care”
– Terry Canale (American Academy of Orthopaedic Surgeons Vice Presidential Address)
Questions?