

Syrian Private University

Faculty of Medicine

Art of Communication skills



The Science of Doctor-Patient Communication

Mr.M.A.Kubtan,MD-FRCS

Why learn effective doctor patient communication?

To:

- Enhance the therapeutic nature of the medical encounter
- Manage problems in doctor-patient communications
- Improve outcomes of care through:
 - Mastering a Model of Communications
 - Function of the medical interview
 - Structure of the medical interview
 - Knowing how to improve ones skills over time

Effective Doctor-Patient Communication

- Most time spent between practitioner and patient
- The most prevalent behavior in a clinician's lifetime
- Diagnose and treat disease
- Facilitate healing
- Establish and maintain a therapeutic relationship
- Offer information and educate



Therapeutic Nature of the Medical Practice

CARE

- -Help patients **C**ope with stress and illness or with bad news
- -**A**ctivate patients' participation in self care and well being.
- -Increase patients' sense of accountability **R**esponsibility, self esteem and confidence
- -**E**mpower patients' own decision making about their health

Problems in Doctor-Patient Communication

- 45% of patients' concerns are not elicited
- 50% of psychosocial and psychiatric problems are missed
- In 50% of visits, patient and physician do not agree on the main presenting problem Patients' most common complaint is the lack of information provided by physicians
- Majority of malpractice suits arise from communication errors; not incompetence

Effective Doctor-Patient Communication

Impact on Outcomes

- ▶ Interview-related factors have documented impact on outcomes of care such as
 - Symptom resolution (e.g., BP, sugar)
 - Pain control
 - Physiological responses
 - Daily functioning
 - Emotional health (e.g., decreased distress, anxiety)
 - Treatment adherence
 - Patient and provider satisfaction with the encounter and with overall care

Allow Patients to Express their Major Concerns

- Satisfaction and treatment adherence of patients with children in Examination Room were greater, when parents could express concerns
- Adults with headaches who were able to fully discuss problem, were more likely to improve
- Blood pressure control correlated with patients' ability to talk about concerns in their own words
- Satisfaction of adults in medical walk-in clinic correlated with ability to talk about illness in their own words

Elicit Patients' Explanations of Their Illnesses

- Congruence between patients in pediatric clinic and physicians, about patients' problems, correlated with improvement.
- Congruence between patients in general medicine clinic and physicians, about patients' problems, correlated with improvement.

Involve Patients in Developing a Treatment Plan

- ▶ Adults with hypertension, diabetes, peptic ulcer disease who were trained to ask questions and given explanations of their diagnoses and treatments were more likely to improve than were control patients.

Initiative in Health Communication

Functions of the medical interview

- ▶ **Identify the Problem**
 - Elicit complete and accurate information
 - Observe essential data
 - Form and test hypotheses
 - Identify psychosocial and other contextual variables
- ▶ **Develop and Maintain Relationships**
 - Elicit the patient's perspective
 - Respond with empathy to patient's concerns
 - Demonstrate professionalism and respect
 - Recognize and respond to conflict

Initiative in Health Communication (cont.)

Functions of the medical interview

► Education and Counseling

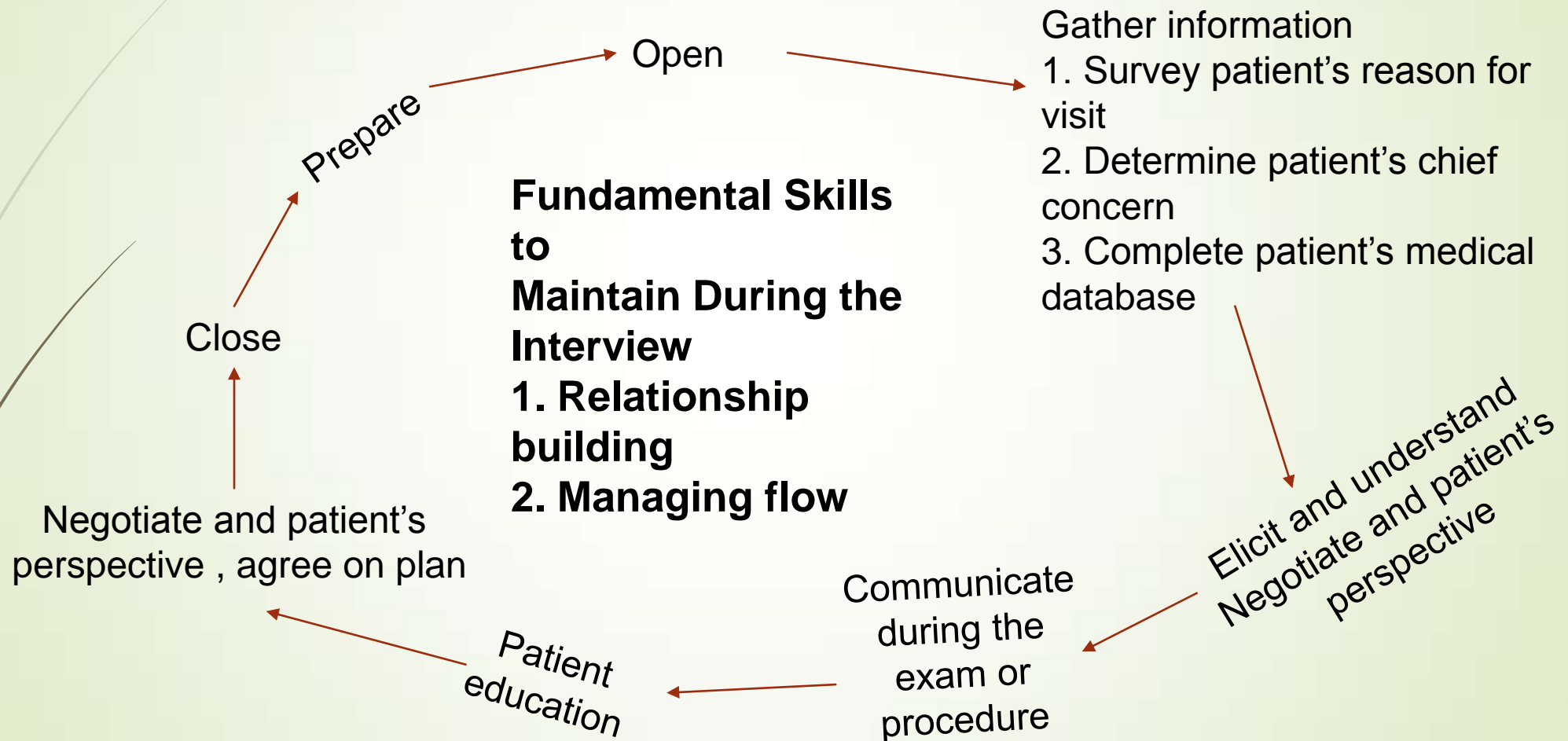
- Assess the patient's understanding of current problems
- Explain recommended course of action
- Negotiate a mutually agreeable treatment plan

The Model of Doctor–Patient Communication

- Represents a complete set of core skills and vital communication elements
- Provides an overall framework for each visit
 - Acute visit
 - Follow-up visit
 - Obtaining informed consent
 - Delivering bad news
 - Counseling about lifestyle
 - Communicating with anxious or depressed patient
 - Communicating with adolescents

Structure of the Medical Interview

The Macy Model



Structure of the Medical Interview

Fundamental Skills During Entire Interview

- ▶ Use Relationship Building Skills
 - Allow patient to express self
 - Be attentive and empathic non-verbally
 - Use appropriate language
 - Communicate in a non-judgmental and supportive way
 - Recognize emotion and feelings
 - Use PEARLS Statements—Partnership, Empathy, Apology, Respect, Legitimization, Support
- ▶ Manage Flow
 - Be organized and logical
 - Manage time effectively

Structure of the Medical Interview

Prepare

- ▶ Review the patient's chart and other data
- ▶ Assess and prepare the physical environment
 - Optimize comfort and privacy
 - Minimize interruptions and distractions
- ▶ Assess ones own personal issues, values, biases, and assumptions going into the encounter

Structure of the Medical Interview

Open

- Greet and welcome patient and family member
- Introduce yourself
- Explain role and orient patient to the flow of the visit
- Indicate time available and other constraints
- Identify and minimize barriers to communication
- Calibrate your language and vocabulary to the patient's
- Accommodate patient comfort and privacy

Structure of the Medical Interview

Gather Information

- Survey Patient's Reasons for the Visit
 - Start with open-ended questions
 - Invite patient to tell the story chronologically
 - Allow the patient to talk without interrupting
 - Actively listen
 - Use verbal and non-verbal encouragement
 - Define symptoms completely to determine main concern
 - Summarize and check for understanding
- Complete the Patient's Medical Database
 - Obtain past medical, family and psychosocial history
 - Summarize what you heard and check for accuracy

Structure of the Medical Interview

Elicit and Understand Patient's Perspective

- Ask patient about ideas about illness or problem
- Ask patient about expectations
- Explore beliefs, concerns and expectations
- Ask about family, community, and religious or spiritual context
- Acknowledge and respond to patient's concerns, feelings and non verbal cues
- Acknowledge frustrations/challenges/progress (waiting time, uncertainty)

Structure of the Medical Interview

Communicate During the Exam/Procedure

- ▶ Prepare patient
- ▶ Consider commenting on aspects and findings of the physical exam or procedure as it is performed
- ▶ Listen for previously unexpressed data about the patient's illness or concerns



Structure of the Medical Interview

Patient Education

- ▶ Use 'Ask-Tell-Ask', to giving information meaningfully
 - Ask about knowledge, feelings, emotions, reactions, beliefs and expectations
 - Tell the information clearly and concisely, in small chunks, avoid "doctor babble"
 - Ask repeatedly for patient's understanding Use aids to enhance understanding (diagrams, models, printed material, community resources)
- ▶ Encourage questions

Structure of the Medical Interview

Negotiate and Agree on Plan

- Encourage shared decision making to the extent patient desires
- Survey problems and delineate options
- Elicit patient's understanding, concerns, and preferences
- Arrive at mutually acceptable solution
- Check patient's willingness and ability to follow plan
- Identify and enlist resources and supports

Structure of the Medical Interview

Close

- Signal closure
- Inquire about any other issues or concerns
- Allow opportunity for final disclosures
- Summarize and verify assessment and plan
- Clarify future expectations
- Assure plan for unexpected outcomes and follow- up
- Appropriate parting statement

Conclusion

The Medical Interview

- Core clinical skill
- Most time spent between practitioner and patient
- Important contribution to clinical reasoning, diagnosis, and outcomes of care
- Most prevalent behavior in a clinician's lifetime
- Well established guidelines describe core communication elements essential for every clinical encounter

Thank you

