

## Effective Communication with Patients and Family Members - Transcript from Live Session

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Laurie Fink: Hello everyone and welcome to today's webinar, Effective Communication with Patients and Family Members. We're so glad that you are able to join us today. Before we get started, I wanted to mention that all participant lines are muted and will remain in a listen only mode throughout the presentation. If you do have any questions or comments for our speaker, we encourage you to type them into the chat or the Q&A box and we will be sure to provide you with answers following the live session. If you're not seeing your chat box open, you just need to drag your mouse onto the screen and there'll be some icons that pop up at the bottom of the screen. Just look for the one that has what looks like a chat bubble or a speech bubble in it, click on that and that will open up your chat box.

Laurie Fink: So without further ado I would like to now introduce today's guest speaker, Jennifer Hersh who joins us from HCD International. Jennifer, I will now hand over the presentation to you.

Jennifer Hersh: Excellent! Thank you very much, Laurie, and thank you all for joining us. Good afternoon and I'm very happy to be here to speak with you today. We are going to speak about a very important but often times overlooked aspect component of a patient's overall healthcare experience and that is communication. So today I'm going to focus on effective communication with patients and family members.

Jennifer Hersh: As we all know, communication is more than just about the actual words that we're saying. When we speak about-

Laurie Fink: Jennifer, this is Laurie, you audio is sounding really echoey, by any chance are you on the speaker? Are you on speakerphone?

Jennifer Hersh: I am.

Laurie Fink: Do you have your computer speakers as well because it sounds very tinny.

Jennifer Hersh: Okay, let me investigate that, I apologize everyone. Let me see here; maybe just make sure that I have these things. No, I am just on phone and I have my computer speakers as muted.

Laurie Fink: Okay, let's make sure everyone else who's on the line if you could please mute your lines maybe that might help. We'll see what happens here, sorry about this folks. Alright Jennifer, do you want to give it another try?

Jennifer Hersh: Certainly, does it sound any better now Laurie?

Laurie Fink: No, it doesn't.

Jennifer Hersh: Oh my.

Laurie Fink: I'm wondering if anyone else on the line if you could just chat in real quick and let me know if it sounds alright to you. Maybe it's just my connection. Okay it looks like its sounding okay to everybody else so I'm sorry to interrupt, Jennifer, please go ahead.

Jennifer Hersh: Oh great. Okay, well I'm sorry if you miss out on anything Laurie, my apologies. So again we were speaking about communication today and effective communication particularly in the physician/patient relationship but we will also speak about other types of relationships briefly during this presentation. Again as I was starting to address earlier that most of communication that we are referring to is not the actual words that are said but things such as body language, attitude, and tone. So again we often times focus on the verbal and what's actually being said but there are those other parts of communication that I just mentioned that are actually very important, even more important than the actual words being said when you are communicating with a patient. Let me just also address that we are mostly focusing on the face to face communication today. I realize that in this day and age with a move towards technology we often times we text, we email, we now email patients. We record a lot of information in our EMR's, we give patients information as a way of communication but today we are focusing on that face to face encounter which is very important.

Jennifer Hersh: So moving on, communication is patient education and that relationship between the patient and clinician, and I will use probably clinician and physician interchangeably but also realizing you have the patient and physician relationship that also extends to other healthcare workers. The patient and the nurse, office staff, so anyone that comes into contact with the patient, has a chance to effectively or ineffectively communicate the message and actually affect the patient's overall healthcare experience. So within communication there are basically two components. We have emotion and informational components and so informational component is just the information gathering part, that's when we share medical information, we are educating the patient, we are telling them what our expectations are, managing those on both sides.

Emotional is what I will refer to it as, but it's what, as a nurse, we call bedside manner, that includes the mutual trust, empathy, respect, being genuine, being non-judgmental, how warm a clinician is with a patient and that is that emotional component which is extremely important when you are gathering information and we look at the cognitive care part of communication.

Jennifer Hersh: So why does communication even matter in the first place? We have many challenges in our healthcare system and I'm sure that all of you that are on the call today are very aware of those. Especially in this current environment so we have the big challenge that we have is that we want our patients involved in their own decision making, we want a more proactive patient. We know that proactive patients are more likely to not miss their appointments, to take their medications, to take them on time, to adhere to diet and exercise and other prescribed methods to say manage a chronic condition. We know we need to really involve patients in their care but in this current healthcare environment where not only has technology come in but we also in an environment where we are transitioning from volume based to a value based payment system that rewards healthcare systems and physicians for shorter hospital stays in a drive for efficiency. In addition to now having patient populations that have more complex medical issues, chronic care issues, we have a big challenge here. We want to do one thing but unfortunately the reality is that we can't always do what we want to do and how we want to do that.

Jennifer Hersh: So when we look at what issues patients have regarding their relationships with their physicians, it's usually related to communication and not the physician's clinical skills or their competency. They really want doctors who can communicate effectively then also treat their sicknesses but that just folds right into that overall picture that how important communication is if we're seeing here that patients are putting that at the forefront of their healthcare experience.

Jennifer Hersh: There are studies that show that doctor/patient communication there's patient discontent even when many doctors think that I just had a great interaction with this last patient. So we have research that shows this disconnect on the patient's view or perception of the communication with their physician and then we flip that to how the physician or clinician sees that same communication with the patient. The study here looked at orthopedic surgeons and 75% in the study thought that this particular communication or encounter with the patient went well while only 21% of those same patients reported that they had a satisfactory encounter or a good encounter with their doctor. That's pretty consistent, so it's consistent, the message here is that patients really feel that they are not communicating well with their physicians on both ends and this is something that really needs to be addressed.

Jennifer Hersh: I'll go into the term I used earlier that I know you're all familiar with and that's bedside manner. Doctors with this good bedside manner or better communication skills can actually detect problems earlier and prevent medical problems from even occurring and that has to go to gathering information. So

when physicians have these interpersonal skills and we'll speak about them in a little while but I'll just mention a few. Things such as empathy, responsiveness, attentiveness, they're more able to elicit information from a patient. If a patient perceives that their physician or other clinician is in a rush, you know they have patients to see or they're not paying attention or they are speaking to them in a pedantic manner then they're less likely to feel welcome and they're also less likely to communicate very important medical information. So please keep that in mind as we go through.

Jennifer Hersh: Again this goes to the impact of physician communication, that we need strong physician communication. We've looked at some studies on this and they really do show that the patient/clinician relationship does have a statistically significant effect on healthcare outcomes. So, it is positively correlated with patient adherence to their treatment regimens and that's really, really important. It's an important thing to keep in the back of your head here and again we'll move on to training physicians in communication skills and that's something that in my experience, at least in the past has not typically been done in regards to medical school curricula. As a nurse it was something the patient/nurse relationship was something that was fostered a little bit more, it was a little bit stronger so we were able to gain those skills. I also say here that while some people are naturally great communicators and have that warm empathetic tone to them that they can communicate with their patients and have that great bedside manner; it also can be a learned skill. So, if it's not something that you already possess, it is something that can be learned and so that's where we get into actually training physicians in these skills, because again they don't come naturally to everyone.

Jennifer Hersh: Here some studies have shown that with communication training the odds of patient adhering to either a regimen or a medication is 1.62 times higher than if a physician received absolutely no training. So there you go. So it does show that there is value in training our physicians how to effectively communicate with our patients. This next slide here just continues on that same vein in that good communication it positively correlates with patient adherence. When we talk about adherence it's not just to a medical regimen. We want to think about other things, how to self-manage a chronic condition and some of that might be medications for a lot of people it is but it's also things such as diet, exercise and then preventative health behaviors as well. Diet, exercise, making sure that your patient's actually showing up for exams, scheduling, just a routine exam instead of waiting for something to be wrong or to happen before they go and see their physician. So again fostering that positive patient/physician relationship through effective communication is very important in healthcare.

Jennifer Hersh: So now we're moving on to examples of communication and the CDC has actually provided recommendations for core elements. Here we're talking about antibiotic stewardship, this can basically apply to anything but the main point here is this slide is consistency and I think that is what the CDC is trying to get across. So basically communication with clinic staff members will set patient expectations. So that needs to be consistent so if a patient, the example here, if

a patient goes into a physician's office, they're not feeling well, everyone wants an antibiotic, they think that's the cure all for everything. So, to set that expectation or manage that expectation right from the beginning by effectively communicating with the patient and letting them know, listen you may or may not get an antibiotic because you may or may not need one. So this is just one example, I'm sure that there are many that we could speak to. Again I've said this applies to all staff members, okay. So we're talking about administrative staff, medical assistants, we're also talking about nurses, pharmacists, a medical director, anyone that will come in contact with a patient as part of our move to team centered approach to caring for patients.

Jennifer Hersh: Continuing with that example, so it's also providing communication skill training for all clinicians, so not just physicians. I think that everyone could definitely use some training in this and so we will address some components of these skills but they can be used to address patient concerns, harms, and managing expectations with things like antibiotics. Those types of things require a whole team communication and that needs to be consistent. So this is some interesting information, it was very interesting for me to see this that a lack of communication has actually been shown to result in a high risk of malpractice suits and that we all know is not a good thing. That comes from a communication breakdown and/or failure in communication. Researchers have shown that this is actually a root cause, this breakdown in communication resulting in malpractice suits. So the fact that a breakdown in communication results in a malpractice suit is really eye opening to me and also important to remember that it's also avoidable. We'll think about that as we move on.

Jennifer Hersh: So moving on to the next slide, that leads us to unhappy, uniformed patients, which is not a good thing for anyone. A study showed that overall in 2015, primary care physicians' communications actually created more of a negative than positive patient experiences. So as we proceed, that is really something that we're going to focus on. So why are these patients unhappy, what is going on, what are the issues that are happening within the construct of the patient/physician relationship? So I didn't mention this earlier that patients usually report that physicians will actually drive or lead a discussion or a consultation in an often times paternalistic manner. This is deciding on a treatment plan without receiving the patient's input or asking the patient's input for their input, without engaging them in a conversation about their care decisions and also about asking too few questions about the patient or just asking them those close ended yes/no questions that a patient can't really elaborate on because they're not given the form to do so.

Jennifer Hersh: Finally, and this is something that I found as a nurse that happens far too often, and I would say all clinicians are often times guilty of this one, is rushing through explanations of a patient's illness. That and then coupled with providing the information in complicated, unfamiliar medical jargon just really does not help that relationship. So rather than conveying the information in terms that's understandable to the patient, in lay terms, clinicians often times rush through information and they are using a lot of medical jargon. Patients are confused,

they don't understand, however they feel rushed and they don't feel that they can ask questions.

Jennifer Hersh: Moving on to that, doctors therefore often times orient conversations just towards the physical symptoms of a patient and they don't really include the psycho-social aspects that are related to a condition. Particularly a chronic condition and I'll just hit on these really briefly. But when we think about psycho-social we think about patient's personality, their life history, even their past experiences in healthcare, their background, and their values. They also think about another part of psycho-social aspects are what is the state of the patients current interpersonal relationships and also how does this patient cope. How do they take in this information particularly when it's related to either a chronic disease or a very shocking diagnosis and how do they process that information. Again, often times patients don't feel comfortable that they can actually convey these feelings that they are afraid or they are concerned or they're unsure of what's going on and so therefore they're less likely to volunteer this information. They're not going to come back and say that they had a good experience with their healthcare provider.

Jennifer Hersh: So continuing on and this is the last slide about our unhappy, uninformed patients and unfortunately we have all too many of them but the good news is that this is preventable and this is something or addressable and this is something that we can work on as clinicians. So when patients have these negative experiences, they don't feel good when they leave the doctor's office, they feel they're frustrated, they don't feel like they were heard. They're not very motivated, if I didn't have a good conversation with my physician or the nurse practitioner who's providing me care or the physician assistant, I don't know that I'm likely to even comply or do what they've just told me if I didn't feel that it was a good interaction. So that's really something important to think about. The study also focused on primary care doctors specifically but we really also have to think about the hospital setting and these problems can actually be exacerbated in this really fast-paced environment and often times it really is difficult to establish a physician/patient relationship. I was an ICU nurse for over 15 years and so I've seen this many times that it's really difficult to establish that in the hospital. So, taking the time to do so in these crazy, very busy environments is very important.

Jennifer Hersh: Moving on to patient safety and it's really important to recognize that ineffective communication puts patients at risk. So when I talk about ineffective communication that also means a breakdown or communication failure. The Joint Commission has looked at this and they have also said that medical errors would be in the top five causes of death ahead of things such as diabetes, accidents and cancer if they did actually break them in this way, as being one of the main causes of death in this country. So that's really important. So according to the JC such failures are, like I said, this is a breakdown in communication. The root causes for things such as medication errors, treatment delays, we've heard the horrible stories about wrong site surgeries and it's really important to recognize that communication can prevent these. These are preventable. I also

just want to say very quickly that while we are focusing on the physician/clinician and patient communication or relationship, effective communication is important also as we know between clinicians.

Jennifer Hersh: As you can see looking at this, when we talk about medication errors or something like a wrong site surgery so not only does the patient factor into this but the clinician to clinician relationship and communication between clinicians factors into this as well. So just something that I'm sure we're all aware of but to keep that in mind too, especially in a busy fast paced environment. We want to make sure that we are communicating effectively to our peers.

Jennifer Hersh: So continuing with risk to patient safety. We're looking at effective clinical practice and the most important thing is we need to really focus on the human factor here. As we move to technology as I mentioned earlier, we often forget about that human factor, the human touch and so we really need to collaborate and communicate effectively to help prevent errors and also foster trust with patients. The final point to this is just also a need to plan or assess any set-ups that would lead to poor communication and also just to be on top of this to be diligent about offering different programs and outlets to foster team communication and those can come in different forms. I know many especially primary care practices have huddles and so that is a very effective way to communicate between clinicians. So it's just really being on top of this, knowing that communication could or if it isn't already a problem and it could be an issue and this gives healthcare organizations whether it be at the practice level or a big hospital system the opportunity to really enhance their patient outcomes. Again in an environment where we want our patients, we always want our patients to have good outcomes but when we move from that volume to value based payment and reimbursement these outcomes really affect our bottom line. So it behooves everyone to communicate effectively.

Jennifer Hersh: So moving on to more about effective communication and looking at this as being actually the core of the relationship between the therapeutic doctor/patient relationship. I mentioned this earlier and again most patient complaints about their physicians, they don't have to do with their clinical skills. They're related to communication issues and actually a breakdown in that relationship. So what's the goal here? The goal is to really again achieve the best possible patient outcomes for many reasons as I just mentioned when I was speaking about the last slide. This is really essential for us to deliver effective healthcare in this country which we all know is the problem. Addressing the communication issue, while just one component of delivering effective care, is a very, very important component that can be easily or moderately of ease addressed. It needs to be taken care of before it becomes a problem.

Jennifer Hersh: So, communication skill. So what are the skills that actually promote patient engagement and there are many and again I'll go back to that bedside manner so again these can be skills that are learned. Like I said, some physicians or clinicians, nurses as well, just have these skills but again these are also skills that can be learned. So if that is not one's personality, there is hope, I assure you. So

we talk about empathy, careful listening, patients really want to know that they're being heard. An open mind, not being judgmental, and let's think back to earlier in the presentation when I spoke about communication being only approximately 7% verbal or the words that are said, so it's about tone, how are we delivering this message. It's about things such as your body stance. Are your arms folded? That is something that also think about these are just communication aspects that we would address in everyday life. Eye contact, are you making eye contact with the patient. Are you being attentive?

Jennifer Hersh: Are you asking questions? A general interest in the patient and not just the yes/no questions but open ended questions where a patient has the ability to communicate how they're actually feeling about the information that was just given to them or they are providing you with richer information, which we all know information is power. So the more information we can illicit from patients regarding whether it be their healthcare experience or their condition or their symptoms then the better off we are. Then investing the time and effort to educate patients and again I know this is a challenge in the current environment and often times we can provide patients a hand out that's the end of it. I think that it's really important that we actually speak to any educational materials and make sure that the patient actually understands them. Again this is also I'm speaking about physicians here but again it's a really team centered approach because I do realize with everything that's going on within a doctor's office or a hospital setting that physicians often don't have time to. So it's just very important that it needs to be communicated effectively, not just by the physician and the message needs to be consistent so that's very important to remember.

Jennifer Hersh: Continuing on with these skills and these skills again like I said, you can develop them and they are very important because they provide important contextual information. Like I said we really need that information because then you can tailor the care to the individual patient and actually then when you foster patient engagement we go back to patient actually participating in their own care and shared decision making. So these skills that make the patient feel comfortable, at ease, willing to share information that they may not be comfortable sharing with say a family member or someone else. Being able to illicit this information, it all effects how we provide healthcare and it's very important to be able to get that information. So to be able to demonstrate that you are receptive to this information is key in this aspect.

Jennifer Hersh: The final thing that I'm going to address today, this has gone very fast so it's a brief time. There are many cultural barriers to effective communication. That's something that's really important to note and earlier I did talk about some of the psycho-social aspects but also really whether a patient had a good communication with their physicians or they look at it either positive or negatively actually you know it's really influenced by the context of a patient's background, their values, what their past healthcare experience is, those psycho-social aspects that I mentioned earlier. Many ethnic minority patients, they do report experiencing communication difficulties. There are often times

language barriers, unfortunately there's still discrimination. A difference in value or beliefs and so that's where I talked about not being judgmental, being open to what patients have to say to you and again a culture related issues.

Jennifer Hersh:

Our final slide today here we continue with cultural barriers to that communication and it's just some feedback from studies but patients who usually actually need to use an interpreter and I'm not talking about the great medical interpreters that we have often times in the hospital which when you are practicing within a big healthcare system that's often times available. But if you're in a small practice you don't often times have that resource. So sometimes your interpreter might be a family member, a son or a daughter or someone like that or possibly a staff member which would actually be a better situation. But when you have an interpreter this really actually embarrasses the patient. So think about if a patient is using say their son to interpret their medical information because they don't speak English and it is less likely that a patient is going to share very sensitive but important information because you have that barrier because their son is conveying it to the nurse practitioner, to the physician and so that's also something that's really important to think about when you're taking this in because you might not be getting all of the information that you need if you don't have the appropriate interpreter available to you.

Jennifer Hersh:

So this concludes today's webinar and I really want to thank everyone for your participation. I am sorry for the technical difficulties earlier and again, as mentioned earlier, if you should have any questions at all, feel free to submit them via the WebEx and we will be providing answers or responses to your questions following the live call.

Jennifer Hersh:

Thank you all and have a great afternoon.