

COMMUNICATING WITH PATIENTS

A Quick Reference Guide for Clinicians

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Communication has been defined as “the transmission of information, thoughts, and feelings so that they are satisfactorily received or understood.”¹ Good patient communication involves recognizing and responding to the patient as a whole person—an approach frequently termed “patient-centered” care. It also involves recognizing that in any provider-client interaction two experts are present: the provider who has the clinical knowledge and the client who has the knowledge of the individual and cultural factors that influence effective treatment and care. The RESPECT model, presented on the following page, crystallizes the patient-centered approach to communication.²

This *Quick Reference Guide* outlines some simple strategies for promoting good patient communication within the constraints of today’s clinical environment. Research indicates that health care providers who believe in the importance of the psychosocial aspects of patient care are more effective in communicating with patients and attending to their psychosocial needs.³ Nonetheless, time pressures and other stressors take a toll on clinicians as well as their patients, or clients,* and can interfere with their ability to communicate with patients in a way that will ensure the best possible clinical outcomes. Thus the suggestions in this guide are offered with an appreciation of the barriers to compassionate, patient-centered care that confront today’s health care providers. Although most providers will already be familiar with at least some of the communication strategies included in the *Quick Reference Guide*, reviewing them may identify new approaches to strengthening patient communication and serve as a useful reminder to use the familiar ones as consistently as possible.

* The terms “patient” and “client” are used interchangeably in this publication in acknowledgement of the different preferences expressed by clinicians and the people they care for.

The RESPECT Model

Report

- Connect on a social level.
- See the patient's point of view.
- Consciously suspend judgment.
- Recognize and avoid making assumptions.

Empathy

- Remember that the patient has come to you for help.
- Seek out and understand the patient's rationale for his/her behaviors or illness.
- Verbally acknowledge and legitimize the patient's feelings.

Support

- Ask about and understand the barriers to care and compliance.
- Help the patient overcome barriers.
- Involve family members if appropriate.
- Reassure the patient you are and will be available to help.

Partnership

- Be flexible with regard to control issues.
- Negotiate roles when necessary.
- Stress that you are working together to address health problems.

Explanations

- Check often for understanding.
- Use verbal clarification techniques.

Cultural competence

- Respect the patient's cultural beliefs.
- Understand that the patient's view of you may be defined by ethnic or cultural stereotypes.
- Be aware of your own cultural biases and preconceptions.
- Know your limitations in addressing medical issues across cultures.
- Understand your personal style and recognize when it may not be working with a given patient.

Trust

- Recognize that self-disclosure may be difficult for some patients.
- Consciously work to establish trust.

Source: see reference 2

WHY GOOD PATIENT COMMUNICATION IS IMPORTANT

Patient satisfaction. Medical evidence has demonstrated a positive association between patients' satisfaction with the health care they receive and their providers' ability and willingness to communicate and empathize with them.⁴

Clinical outcomes. Patient outcomes—based on objective, clinical measures—have also been shown to improve when providers incorporate appropriate communication techniques into their daily practice.⁵ A study of family planning services in Egypt found that client-centered communication not only improved client satisfaction, but significantly increased continued use of the planning method selected in consultation between clinician and client.⁶

Benefits to practice. Strategies to improve communication with the patient will yield greater efficiency in practice. For example, soliciting patients' concerns and allowing them to complete their statements has been shown to add little time to the medical interview, while significantly reducing the likelihood of “late-arising” concerns or missed opportunities to gather important patient data.⁷

Better patient retention and reductions in complaints of malpractice are additional practice benefits that have been associated with effective provider-patient communication. One study found that 90 percent of complaint letters to a managed care plan focused on physician communication style.⁸

PRACTICAL STRATEGIES FOR TODAY'S CLINICAL ENVIRONMENT

Implementing a number of simple strategies that add little or no time to the clinical encounter can improve patient communication and go far toward meeting the RESPECT guidelines for patient-centered care. The essential requirements are 1) to be aware of your personal communication “style” in patient interactions and 2) to be willing to modify that style as necessary to respond appropriately to the patient—as a person as well as someone in need of your clinical skills.

Of all the letters of appreciation I received from patients during my years of practice, not one thanked me for 'that great CT scan,' 'that great blood test,' or 'that great surgical referral.' Rather, they expressed gratitude for my listening, being present, helping them through difficult times, providing emotional support, and enabling them to understand what was going on and how to deal with it.⁹

Get the Patient Encounter Off to a Good Start

4 In clinical encounters, as in most other human interactions, first impressions matter. The introduction has been termed “the first step in the therapeutic process.”¹⁰ Spend a few moments (perhaps while washing your hands before greeting the patient) to slow down and focus all your attention on meeting that patient’s needs.

- ✓ Review the chart before you enter the exam room.
- ✓ Have an open, friendly expression; smile.
- ✓ Greet the patient by name, referring to the chart and using the appropriate title (Mr., Ms., Judge, etc.), before introducing yourself (if it is a first visit): “Good morning, Ms. Jones; I’m Susan Smith.”

You may follow up by asking the patient “What would you like me to call you?” or “How should I say your name?”

- ✓ Greet anyone accompanying the patient in a similar manner.
- ✓ Introduce any colleagues who may accompany you.
- ✓ Exercise caution in touching the patient.

All touch should be conscious and by mutual agreement between provider and patient. Ask permission to conduct an exam, particularly if it is a first visit.

- ✓ Make eye contact; look at the patient directly.

An exception to this rule occurs in cases where the patient’s culture may view this practice as rude or otherwise inappropriate. Koreans, Filipinos, certain other Asian cultures, and Native Americans are among those who may find direct eye contact offensive.¹¹ If the patient’s traditions and culture are likely different from your own, be guided by the patient’s behavior; if he or she appears to be avoiding eye contact, follow suit.)

- ✓ Sit at eye level.
- ✓ Use facial expressions in response to the patient’s comments as a way of letting the patient know you are listening attentively.
- ✓ Face the patient while reading the chart or speaking.
- ✓ Begin the therapeutic contact (history or any discussion) when the patient is fully clothed.

Monitor Your Body Language

Good communication contains both verbal and nonverbal elements. Body language can often convey as much meaning to the patient as a spoken word.

- √ Keep the chest area open and arms unfolded to avoid setting up a perceived barrier between you and the patient (no arms across the chest or tightly clutched chart or X-rays).
- √ Maintain a relaxed body position, whether standing or sitting.
- √ Face the patient directly.
- √ Lean slightly forward when speaking.
- √ Keep an appropriate distance from the patient.
 - For most people, 2–4 feet will be comfortable for the patient and also convey your engagement in the conversation.
- √ Avoid looking over the rim of your glasses at the patient, a gesture that strikes an authoritarian, superior pose.
 - On the other hand, taking off your glasses while the patient is speaking conveys a caring, empathic response to what you are hearing.
- √ Remain still and focused on the patient who is telling you something that is clearly important to him or her.

Practice Effective Listening Skills

Being a good listener is key to providing patient-centered care that conveys empathy for the person as well as interest in his or her health problems and concerns. The patient who feels that the clinician has been an attentive listener is comforted, reassured, and more likely to leave the encounter with a positive impression. Equally important, the clinician obtains essential information from the patient. In one study, researchers found that only 12 percent of diagnoses were based solely on physical examination and only 11 percent on laboratory findings.¹² Although the physical examination and laboratory investigations were instrumental in excluding some diagnoses and increasing the clinicians' confidence in the ones they reached, *the patient history led to the final diagnosis in 76 percent of the cases studied.*

Active listening: Respond to the patient through brief statements, body movements, or facial expressions that confirm that you are listening to what the patient is saying.

- √ Use subtle changes in facial expression—a slight widening of the eyes or, in response to the description of something painful, a wince—to convey not only that you are listening but recognize the import of what is being said and empathize with the patient's experience.

- √ Nod your head at key points in the patient's statements.
- √ Lean slightly forward and make eye contact as recommended earlier.
- √ Offer brief confirmations that you hear what is being said and understand.
 - An "um-hmm" or "I see" uttered while looking directly at the patient may be all that is required.

Reflective listening: Repeating something the patient has said not only confirms that you heard the statement and place importance on it but provides an opportunity to confirm or clarify what you heard. Reflective listening can also convey empathy.

- √ Repeat a key part of the patient's statement.
 - Patient:** *The pain usually starts on the left side.*
 - Clinician:** *On the left side.*
- √ Paraphrase or rephrase the statement.
 - Patient:** *The headaches get even worse when I come home at night and still have work to do.*
 - Clinician:** *So you're already exhausted when you get home, and the headaches get worse when you think about all you have yet to do.*
- √ Pose a question if you want clarification of the patient's statement.
 - Clinician:** *Are you saying that the pain is worse when....?"*
- √ **Avoid interrupting the patient.**
 - Avoid interrupting colleagues and coworkers as well.
- √ Briefly summarize what the patient has said as a way of clarifying, empathizing, and transitioning to a discussion of next steps, e.g., diagnostics, treatment.

Empathic listening: Addressing the emotional element of a patient's experience demonstrates empathy, can be accomplished in as little as 30–60 seconds, and in some cases may even shorten the consultation time.¹³

- √ Make a response to the patient that is sympathetic and supportive.
 - *That must have been difficult for you.*
 - *You seem concerned.*
 - *You are understandably anxious about all this.*
 - *This isn't easy, but you are clearly trying.*
- √ Ask the patient how any emotionally-laden information revealed makes her or him feel.
- √ Encourage the patient to talk about problems or concerns rather than dismissing them.

In cases where the patient may find the topic awkward, embarrassing, or even traumatic, declining to talk about it may only magnify the problem in his or her eyes.

Ask Questions That Yield Information and Offer Support

Asking questions is a way of expressing interest and getting the patient's perspective on the health concern that is the reason for the clinical encounter. It is also essential to gathering the information needed to make an accurate diagnosis and provide appropriate care.

- √ Ask open-ended questions to engage the patient and learn more than a "yes" or "no" answer allows.
 - *How would you describe the pain?*
 - *How often does this occur?*
 - *How have you handled this problem in the past?*
- √ When closed-ended questions are required, try to alternate them with open-ended ones to keep the patient involved and avoid the appearance of a rote or rushed approach.
- √ Introduce a series of closed-ended questions by saying, "*Now I'd like to ask you several questions that will give me some important information...*"
- √ Move gradually from less threatening areas of inquiry to those that may be more alarming or difficult for the patient to understand and respond to.

The BATHE Technique (A strategy for communicating with the patient who has non-medical concerns)

Background

"What is going on in your life?" (Elicits context of the patient's visit)

Affect

"How do you feel about what is going on?" (Allows patient to report current feelings)

Trouble

"What about the situation troubles you the most?" (Helps you and the patient focus on one aspect of the problem)

Handling

"How are you handling that?" (Provides assessment of how the patient is functioning)

Empathy

"That must be very difficult for you." (You then reinforce the patient's coping strategies or suggest alternatives)

Source: See reference14

- √ Ask questions in a form that doesn't suggest what the “right” answer should be, such as “*No problems sleeping at night?*” The eager-to-please patient may be prompted to give the answer he or she thinks you want, rather than the truth.
- √ Ask follow-up questions that allow the patient to expand on a statement that may have clinical or psychosocial importance.
- √ Review with the patient the information you have gathered and ask if there are any other issues he or she would like to discuss, using an open-ended question such as, “*What else would you like to discuss with me today?*”

Give Answers That Will Be Understood

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Most patients want to understand the basics of any health problem they experience, and any treatments they may receive. Research also suggests that patients who are interested and knowledgeable about their illness do better than passive, less informed ones.¹⁵

- √ Use terminology that the patient will understand rather than technical jargon; try to use language that is comfortable for both you and the patient.
- √ Explain what you are doing throughout examination or procedure.
- √ Remember that the patient hears what you say to others who are present.
- √ Use analogies or similes to make complex information understandable.
- √ Provide handouts.
- √ Draw pictures.
- √ Be sure to include in your comments any family member or friend who has accompanied the patient.
- √ Ask if there is anything you have said that the patient would like you to review again.

Partner with Your Patient

The partnership approach to patient care recognizes that both partners “bring knowledge, experience, beliefs, and values to the question or concern.”¹⁶ Both have rights and needs, and both must play a role in the decision making about health care and the implementation of any treatment plan.

Effective Client Partners

- Participate in personal/social exchanges.
- Ask questions.
- Clarify points/issues.
- State opinions.
- Express concerns.
- Provide essential information.

Source: See reference¹⁷

- √ Acknowledge to the patient that health care is a collaborative process and that the patient and his or her family and support system are the most important elements in that process.
- √ Make it clear in your approach that you consider the patient a peer, not someone to whom you condescend.
- √ Follow your discussion of a diagnosis or treatment plan with a request for the patient's opinion of it.
- √ If the patient's perspective on the problem, its cause or treatment is at odds with your own, try to understand that perspective rather than reject it.
- √ Compromise when it is possible to do so without abandoning effective treatment.
- √ Educate the client about treatment plans you are recommending when a compromise cannot be reached.
- √ Make informed consent your watchword, even when there is no legal requirement for it.

Providers may be reluctant to inform patients fully about treatment options, side effects, or outcomes or to encourage them to take part in decisions, for fear that they will make a decision that is not in their best interest. But informed patients may have a different view of their "best interest" than the professionals who care for them.¹⁸

Develop Cultural Competency

For many clinicians in the United States today, providing patient-centered care involves learning to communicate effectively with clients from non-English-speaking communities and with cultural backgrounds that may be unfamiliar. Being competent to meet this challenge requires a set of skills, knowledge, and attitudes that enable the clinician to:

- Understand and respect patients' values, beliefs, and expectations
- Be aware of personal assumptions and value systems, in addition to those of the US health care system
- Adapt care to be congruent with the patient's expectations and preferences¹⁹

Although these clinician attributes are important to caring for any patient, they become especially important when commonalities of language and cultural experience are not present.

- √ Address the patient initially using the name and any titles provided in the chart, rather than in familiar, first-name terms.
(Ask how the patient would like to be addressed and how to pronounce unfamiliar names.)

- √ Be alert to nonverbal cues about the patient's comfort level with eye contact or physical distance between the two of you.
- √ Ask the patient to describe the problem prompting the clinical visit and use the response to assess both language fluency and the patient's perspective on the problem.
- √ In cases where the patient's understanding is questionable, use a trained clinical interpreter as a translator whenever possible, rather than a family member or other lay person.

One study found that between 23 percent to 52 percent of words and phrases were incorrectly translated by ad hoc interpreters.²⁰ The presence of a family member or friend may also constitute a serious, unwanted breach of patient confidentiality.

- √ When using an interpreter, speak directly to the patient rather than the interpreter.
- √ When an interpreter is not present, speak slowly and carefully in terms as simple as possible.
- √ Don't use technical jargon or terms that convey value judgments.
- √ Ask permission to examine the patient and do not touch the patient until permission is granted.
- √ Ensure that all instructions for implementing any treatment are as detailed and specific as possible, e.g., whether a liquid medication is to be administered orally ("*Drink this medicine.* ") or topically ("*Rub the medicine on sores.*").
- √ Check that you have been understood by asking the patient (or family member) to repeat the instructions and correct any misunderstanding as necessary.
- √ When possible, provide simple, illustrated printed materials for the patient to take home.

The LEARN model was developed with cross-cultural encounters in mind but it offers a useful approach for building a provider-patient partnership with most patients.²¹

The LEARN Model of Patient Communication

- **Listen** with sympathy and understanding to the patient's perception of the problem
- **Explain** your perceptions of the problem
- **Acknowledge** and discuss the differences and similarities
- **Recommend** treatment
- **Negotiate** treatment

Source: see reference 21

Provide Motivational Counseling

Motivational interviewing and counseling techniques developed by Miller and Rollnick are invaluable in gaining an understanding of the patient (or client) and helping him or her adopt new behaviors that are important to promoting health or treating disease.²² These techniques have their basis in behavioral theory that views change as a serial process. In the long run, they may actually decrease the amount of time clinicians must spend with patients to achieve treatment goals.

By trying first to understand the patient's perspective and to highlight his or her underlying strengths that will contribute to success in achieving treatment goals, the clinician encourages the patient to develop a sense of competence and autonomy. Rather than telling patients what to do or what is right for them, the clinician helps them find their own way to make needed changes or adopt new behaviors, e.g., adhere to a drug regimen or other treatment. The relative effectiveness of motivational counseling, compared with other, more confrontational therapeutic approaches, has been well established in studies with problem drinkers.^{23,24}

- √ Express empathy.
Use reflective listening, positive body language, and other strategies and demonstrate non-judgmental acceptance of the patient's perspective.
- √ Develop discrepancy.
Discuss discrepancies between the patient's current situation or behaviors and the hoped-for goal of therapy. Encourage the patient to present reasons for change.
- √ Avoid argument and confrontation.
Ask questions that will help the patient shift his or her own perspective rather than offer arguments that will produce a defensive reaction. Invite new perspectives, but don't impose them.
- √ Roll with resistance.
Resistance is toxic and occurs when the patient feels pressured beyond his or her present ability to modify or change behavior. Ask the patient to identify an alternative to the proposal that he or she resists.
- √ Promote self-efficacy.
Encourage the patient to think of other obstacles overcome in the past and to identify the personal strengths that contributed to his or her success. Express confidence in the patient's ability to make needed changes.

Demonstrate Empathy and Compassion

Most of the strategies outlined above will effectively demonstrate your empathy and concern for your patients. A more complete discussion of how to communicate with patients about critical health issues—such as conveying a devastating diagnosis, managing severe pain, or comforting someone in the aftermath of a traumatic injury or other loss—is beyond the scope of a brief guide like this one. At a minimum, however, clinicians should always approach the suffering patient with the following guidelines in mind:

- ✓ Offer validation that grief is an appropriate response.
- ✓ Provide privacy for expressing grief, sorrow, or pain.
- ✓ Give patients “permission” to voice their views.
- ✓ Encourage patients to talk about their feelings through open-ended questions such as “*How is this for you?*” or “*What bothers you most about this?*”
- ✓ In the case of life-threatening illness, be honest and realistic, but don’t remove all hope.
- ✓ Do not abandon the patient.

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