Communication Techniques for Patients, Families, Healthcare Providers

Robyn Woidtke MSN, RN, RPSGT, CCP, CCSH
Objectives

• At the end of this session, the attendee will
  – Provide two examples of how low health literacy impacts care
  – Describe three types of communication techniques
Goals of Communication

- Improves efficiency
- Enhances clinician-patient relationships
- Provides improved chance for adherence to chronic illness therapy
- Improves patient safety
- Increases patient well-being
Improve Communication

**Goal 2:**

Improve the effectiveness of communication among caregivers.
Why is it so hard sometimes?
How to think about communication

Roles

Expectations

Responsibilities
Patient-Clinician Communication

The Basics

- Harmonized Goals
- Mutual Respect
- Appropriate Decision partners
- The right information
- Transparency and full disclosure
- Continuous Learning
- A supportive environment

IOM, 2011
Information to Consider

- Patients ideas, preferences, values, living condition, economics
- Build upon past experiences
- Culture, skills and health literacy
- Risks, benefits and costs
- System for feedback; care strategy changes

IOM, 2011
Tailoring Implementation

- Visit Reason
- Decision Characteristics
- Patient Characteristics
- Clinician and Practice Characteristics
Health Literacy as a component of communication

- The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (HHS 2000, Institute of Medicine 2004)

- **Functional** health literacy is the ability to apply reading and numeracy skills in a health care setting (Artenian, et al 2003)
Percent Literacy Levels

Percentage of adults in each prose, document, and quantitative literacy level: 1992 and 2003
Health Literacy: Facts to Consider

- Better health literacy leads to better health outcomes
- 36% of adults fall into the basic or below basic ranking
- Lower level of health literacy were found in the following groups
  - Elderly
  - Hispanic
  - English as a second language
  - Lower socioeconomic status
- Health literacy increased with higher education; but still 3% of those with bachelors degree had below basic
Health Literacy and Ethics

• Improves autonomy
• Allows for informed decision making
• Improves patient risk
• Improves communication between providers and patients
If you do not understand….

“What I feel, in my case, if there could be a person that could talk like us, and be kinder, and to ask us if we can read, or offer to fill it out, and with a smile, so we feel the person supports us. But if we see their hard faces, how could we ask for help to fill out the form?”

Andres & Roth, 2002. A review of health literacy
Adult Learning/Knowles’ Andragogy

1. Movement from dependency toward increasing self-directedness.
2. A reservoir of experience that is a rich resource for learning.
3. Focus on coping with real-life tasks or problems.
4. Education as a means to develop increased competence.
5. A need to know the reason to learn something.
6. The most potent motivators for adult learning are internal, such as self-esteem.
Learning

- Barriers to Learning
  - Time
  - Family
  - Self
  - Assurance/self-efficacy
  - Scheduling
  - Motivation

Learning Pyramid

- Lecture: 10%
- Reading: 20%
- Audiovisual: 30%
- Demonstration: 50%
- Discussion: 75%
- Practice doing: 90%
- Teach others: 90%

Source: National Training Laboratories, Bethel, Maine
Key Take Away

--Studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect--

AHRQ, 2011
Communication and Person-Centeredness

- Information Sharing
- Collaboration
- Participation
- Dignity and Respect

Person Centered Care
Patient Centered Care

- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- **Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.
Medical vs. Patient Centered Communication

**Medical Model**

- Patient’s role is passive *(Patient is quiet)*
- Patient is the recipient of treatment
- Physician dominates the conversation *(Does not offer options)*
- Care is disease-centered *(Disease is the focus of daily activities)*
- Physician does most of the talking
- Patient may or may not adhere to treatment plan

**Patient-Centered Model**

- Patient’s role is active *(Patient asks questions)*
- Patient is a partner in the treatment plan *(Patient asks about options)*
- Physician collaborates with the patient *(Offers options; discusses pros & cons)*
- Care is quality-of-life centered *(The patient focuses on family & other activities)*
- Physician listens more & talks less
- Patient is more likely to adhere to treatment plan *(Treatment accommodates patient’s cultures & values)*

http://instructionaldesignfusions.wordpress.com/2011/03/10/patient-centered-care/
Although Communication Is Only Part Of The Picture

<table>
<thead>
<tr>
<th>Time did not follow doctor’s advice in last two years</th>
<th>24%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of those who did not follow doctor’s advice, reasons cited</td>
<td></td>
</tr>
<tr>
<td>Disagreed</td>
<td>39%</td>
</tr>
<tr>
<td>Costs</td>
<td>27%</td>
</tr>
<tr>
<td>Too difficult</td>
<td>26%</td>
</tr>
<tr>
<td>Against personal belief</td>
<td>20%</td>
</tr>
<tr>
<td>Didn’t understand</td>
<td>7%</td>
</tr>
</tbody>
</table>

Base: Adults with a health care visit in the past two years.
• "Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand." -Confucius, 450 BC
What is in your communication toolbox?
Provider behaviors associated with better health outcomes

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Empathy</td>
<td>• Head nodding</td>
</tr>
<tr>
<td>• Reassurance/Support</td>
<td>• Leaning forward</td>
</tr>
<tr>
<td>• Patient-centered questioning techniques</td>
<td>• Direct body orientation</td>
</tr>
<tr>
<td>• Encounter length</td>
<td>• Uncrossed arms and legs</td>
</tr>
<tr>
<td>• Positive reinforcement</td>
<td>• Arm symmetry</td>
</tr>
<tr>
<td>• Humor</td>
<td>• Less mutual gaze</td>
</tr>
<tr>
<td>• Information sharing</td>
<td></td>
</tr>
<tr>
<td>• Courtesy</td>
<td></td>
</tr>
<tr>
<td>• Summarization</td>
<td></td>
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</tbody>
</table>

Beck, Daughtrich & Sloan, 2002; Communication in the Primary Care Office: A Systematic Review
Patient Assessment

- Rapid Estimate of Adult Literacy in Medicine (REALM or REALM-R)
- Test of Functional Health Literacy in Adults (TOFHLA)
- Cloze Test (must have 6th grade or higher reading level)
  - Comprehension
  - Differ from reading
  - Leaves out every fifth word; 50 “blanks” are recommended
- Listening comprehension
Material Assessments

- MS Word
  - Flesch-Kincaid
- Fry
- SMOG readability formula
- SAM – Suitability assessment of materials
  - SAM Checklist
- The Joint Commission Education Standards, 2012
- Patient Education Materials Assessment Tool (PEMAT)

The Patient Education Materials Assessment Tool (PEMAT) and User’s Guide
An Instrument To Assess the Understandability and Actionability of Print and Audiovisual Education Materials
Treating Sleep Apnea: A Review of the Research for Adults

Table of Contents
- Is This Information Right for Me?
- Understanding Your Condition
- Understanding Your Choices
- Making a Decision
- Source

Is This Information Right for Me?

Yes, if:
- A doctor said you have mild, moderate, or severe “obstructive sleep apnea,” or OSA. People with OSA may snore and stop (or “pause”) their breathing a few or many times when they sleep.
- You are looking for ways to treat your sleep apnea and want to know what research says about your options.
- You are an adult. This guide does not cover treatment for children.
Successful communication takes place only when providers understand and integrate the information gleaned from patients, and when patients comprehend accurate, timely, complete, and unambiguous messages from providers in a way that enables them to participate responsibly in their care.
A Good Resource

Readability Formulas
Free readability tools to check for Reading Levels, Reading Assessment, and Reading Grade Levels.

Readability Consensus
Based on 8 readability formulas, we have scored your text:
Grade Level: 9
Reading Level: standard / average.
Reader's Age: 13-15 yrs. old (Eighth and Ninth graders)
Presentation and reading level of sleep brochures: are they appropriate for sleep disorders patients? (Chesson et al, 1998)

- Brochures from ASDA and NSF were studied
- Reading level assessment
  - Grammatik, and for design, presentation, and motivating qualities using the Suitability Assessment of Materials (SAM).
  - Patient literacy level was assessed using the Rapid Estimate Of Adult Literacy in Medicine (REALM)
- 94% of the brochures were written on a 12th grade level or higher, yet 37% of the sleep patients tested were reading at less than a 9th grade level.
Learn More!


Health literacy and sleep disorders: a review.

Hackney JE, Weaver TE, Pack AI.

Department of Public Health, Health Care Center #4, 4400 Haverford Avenue, Philadelphia, PA 19104, USA. janelh_2000@yahoo.com

Abstract

Sleep medicine is a rapidly growing field with a continuing need to educate its patients. The ability of patients to understand information necessary to make appropriate health care choices and engage in positive health care behaviors is impacted by their health literacy. Low health literacy has been demonstrated to affect health outcomes in numerous disease states. Few interventions to circumvent this have been studied, and even fewer have been successful.

Health literacy issues may directly affect a clinician's ability to care for sleep disorder patients effectively. Further research needs to be done to investigate the prevalence and impact of low health literacy in patients with sleep disorders.
# Red-Yellow-Green: Patient Tools

<table>
<thead>
<tr>
<th><strong>Red Zone: Medical Alert</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Unrelieved shortness of breath; shortness of breath at rest</td>
</tr>
<tr>
<td>→ Unrelieved chest pain</td>
</tr>
<tr>
<td>→ Wheezing or chest tightness at rest</td>
</tr>
<tr>
<td>→ Need to sit in chair to sleep</td>
</tr>
<tr>
<td>→ Weight gain or loss of more than 5 pounds</td>
</tr>
<tr>
<td>→ Confusion</td>
</tr>
<tr>
<td>☑ Call your physician immediately if you are going into the RED zone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Red Zone: Means:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Your symptoms are under control</td>
</tr>
<tr>
<td>→ Continue taking your medications as ordered</td>
</tr>
<tr>
<td>→ Continue daily weights</td>
</tr>
<tr>
<td>→ Follow low-salt diet</td>
</tr>
<tr>
<td>→ Keep all physician appointments</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Yellow Zone: Caution</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have any of the following signs and symptoms</td>
</tr>
<tr>
<td>→ Weight gain of 3 or more pounds</td>
</tr>
<tr>
<td>→ Increased cough</td>
</tr>
<tr>
<td>→ Increased swelling</td>
</tr>
<tr>
<td>→ Increase in shortness of breath with activity</td>
</tr>
<tr>
<td>→ Increase in the number of pillows needed</td>
</tr>
<tr>
<td>→ Anything else unusual that bothers you</td>
</tr>
<tr>
<td>☑ Call your physician if you are going into the YELLOW zone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Yellow Zone: Means</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Your symptoms may indicate that you need an adjustment of your medications</td>
</tr>
<tr>
<td>✓ Call your physician, nurse coordinator, or home health nurse</td>
</tr>
<tr>
<td>Name: __________________________</td>
</tr>
<tr>
<td>Number: ________________________</td>
</tr>
<tr>
<td>Instructions: ___________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Green Zone: All Clear</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>→ No shortness of breath</td>
</tr>
<tr>
<td>→ No swelling</td>
</tr>
<tr>
<td>→ No weight gain</td>
</tr>
<tr>
<td>→ No chest pain</td>
</tr>
<tr>
<td>→ No decrease in your ability to maintain your activity level</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Green Zone: Means</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Your symptoms are under control</td>
</tr>
<tr>
<td>→ Continue taking your medications as ordered</td>
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<td>→ Continue daily weights</td>
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<tr>
<td>→ Follow low-salt diet</td>
</tr>
<tr>
<td>→ Keep all physician appointments</td>
</tr>
<tr>
<td>CPAP Green Zone-All is well</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>Using the CPAP machine every night at least 4 hours</td>
</tr>
<tr>
<td>Mask is new within past 6 months</td>
</tr>
<tr>
<td>No weight gain or loss of weight</td>
</tr>
<tr>
<td>No sleepiness during the day</td>
</tr>
<tr>
<td>You have energy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPAP Yellow Zone- Time to Evaluate</th>
<th>Yellow Zone Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not using your CPAP machine every night</td>
<td>You should see about getting a new mask</td>
</tr>
<tr>
<td>Have you gained weight</td>
<td>You may need to see if your CPAP pressure is adequate</td>
</tr>
<tr>
<td>Mask is getting old, might have increased leaks</td>
<td>Order a new mask</td>
</tr>
<tr>
<td>You are feeling more tired during the day</td>
<td></td>
</tr>
<tr>
<td>Had a close call while driving</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPAP Red Zone</th>
<th>Red Zone Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not using your CPAP machine at all or very few times during the month</td>
<td>Make an appointment with your sleep care provider XXX-XXXX</td>
</tr>
<tr>
<td>Mask is leaking</td>
<td>Call your durable medical equipment company</td>
</tr>
<tr>
<td>Very tired during the day</td>
<td></td>
</tr>
<tr>
<td>Significant weight gain</td>
<td></td>
</tr>
<tr>
<td>Diagnosed with a new co-morbid condition</td>
<td></td>
</tr>
<tr>
<td>Hypertension getting worse</td>
<td></td>
</tr>
</tbody>
</table>
# Behavioral Theories

Adapted from Doak, Doak and Root, 1996

<table>
<thead>
<tr>
<th>Theory Name</th>
<th>Description</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Belief Model</td>
<td>Respond best to messages when they believe they are at risk and it is serious</td>
<td>Intervention addresses these factors. Can imply best sequence, content and topic (risk, reduce and barriers)</td>
</tr>
<tr>
<td>Social Cognitive Theory Self-Efficacy</td>
<td>Adopt a health behavior if they think they can do it</td>
<td>Little successes build up confidence</td>
</tr>
<tr>
<td>Locus of Control (self agency)</td>
<td>Believe that they are in control of their own health status</td>
<td>For those who do not believe that they are in control, build more support</td>
</tr>
<tr>
<td>Cognitive Dissonance</td>
<td>High levels of unhappiness = behavioral change</td>
<td>Design intervention to foster unhappiness, i.e. sleep apnea is unhealthy; resistance is often encountered</td>
</tr>
<tr>
<td>Diffusion Theory</td>
<td>Applies to a community or population, early and late adopters</td>
<td>Foster early adoption by understanding individual beliefs, values etc.; not everyone changes at the same time</td>
</tr>
<tr>
<td>Stages of Readiness</td>
<td>Different stages of readiness of adoption</td>
<td>Intervention may need tailoring to meet each stage</td>
</tr>
</tbody>
</table>

Adapted from Doak, Doak and Root, 1996
Health Belief Model

- People respond best if they believe that they are “at risk”
- That the risk is serious
- The barriers to success are not unachievable
Self-Efficacy (described in both SCT and HB models)

- Addresses confidence and prior successes
- Partition difficult ideas or large tasks into smaller ones
- Repetition is key
- Reinforcement essential

Make the task “do-able”
Frequent Reinforcement
Behavior Change
Stages of Readiness (AKA Stages of Change or Transtheoretical Model)

- Pre-contemplation
- Contemplation
- Action
- Maintenance
- Termination

- Ascertain readiness stage
- Develop Plan based on stage: May require several plans
- Behavior Change
CPAP Self Efficacy Scale

For each item, please select the correct response that best describes how you would expect to feel over the next month.  
1 = disagree completely  
5 = agree completely

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident that I can use CPAP regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have the ability to use CPAP regularly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident I will use CPAP even if I do not feel like it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident that I will use CPAP regularly even if I experience uncomfortable side effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can operate the CPAP machine to make it more comfortable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Stepnowsky, C et al 2002 3;239-247 Sleep Medicine (with permission)
Readiness to Change Ruler

**READINESS RULER**

Below, mark where you are now on this line that measures your change in ______________________________.

Are you not prepared to change, already changing or somewhere in the middle?

0 1 2 3 4 5 6 7 0 9 10

Not prepared to change

Already changing

www.adultmeducation.com
Motivational Interviewing

• MI is a style of patient-practitioner communication that is specifically designed to resolve ambivalence about, and build motivation for, behavior change. MI focuses on creating a comfortable atmosphere without pressure or coercion to change.


Borelli, B. 2006
Motivational Interviewing (MINT) Improves Continuous Positive Airway Pressure (CPAP) Acceptance and Adherence:

A Randomized Controlled Trial

N=100
- 50 per arm
- Nurses trained in MI

6-12 yrs of sleep exp

## MINT Outcomes

### Adherence Differences Between MINT and Control Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>MINT group</th>
<th>Control group</th>
<th>p</th>
<th>Effect size (Cohen’s d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence (hours per night), 1 month</td>
<td>4.85 (2.55)</td>
<td>3.25 (2.83)</td>
<td>.003</td>
<td>0.59</td>
</tr>
<tr>
<td>Adherence (hours per night), 2 months</td>
<td>4.73 (2.62)</td>
<td>3.22 (2.76)</td>
<td>.005</td>
<td>0.56</td>
</tr>
<tr>
<td>Adherence (hours per night), 3 months</td>
<td>4.63 (2.69)</td>
<td>3.16 (2.69)</td>
<td>.005</td>
<td>0.55</td>
</tr>
<tr>
<td>Adherence (hours per night), 12 months</td>
<td>4.21 (3.25)</td>
<td>3.00 (3.18)</td>
<td>.061</td>
<td>0.38</td>
</tr>
</tbody>
</table>

*Note.* All values are pooled results from multiple imputation analyses. MINT = motivational interview nurse therapy.
Comparing Communication

<table>
<thead>
<tr>
<th>Standard Approach</th>
<th>Motivational Interviewing Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Focused on fixing the problem</td>
<td>▪ Focused on patient's concerns and perspectives</td>
</tr>
<tr>
<td>▪ Paternalistic relationship</td>
<td>▪ Egalitarian partnership</td>
</tr>
<tr>
<td>▪ Assumes patient is motivated</td>
<td>▪ Match intervention to patient level</td>
</tr>
<tr>
<td>▪ Advise, warn, persuade</td>
<td>▪ Emphasizes personal choice</td>
</tr>
<tr>
<td>▪ Ambivalence means that the patient is in denial.</td>
<td>▪ Ambivalence: normal part of the change process</td>
</tr>
<tr>
<td>▪ Goals are prescribed</td>
<td>▪ Goals are collaboratively set; patient is given a menu of options.</td>
</tr>
<tr>
<td>▪ Resistance is met with argumentation and correction</td>
<td>▪ Resistance: interpersonal pattern influenced by provider behavior</td>
</tr>
</tbody>
</table>

OARS [open-ended questions; affirmations; reflective listening; summaries]
OARS

- Open ended questions
  - What, tell me, and how
- Affirmations
  - “it takes courage to face such a situation”
  - “you really care about your health”
  - “it was a hard week, but you used your CPAP almost every night”
- Reflections
  - Not parroting
  - Synthesize; are statements not questions
- Summarize
  - Does not need to wait until the end of the conversation
  - Start with negatives, end with positives
The 5 A's

- **Assess**
  - Beliefs, behavior and knowledge
- **Advise**
  - Information re risks and benefits of change
- **Agree**
  - Collaboratively set goals
- **Assist**
  - Identify personal barriers and strategies for support
- **Arrange**
  - Follow-up
7 Essential Components

• Build the relationship
• Open the discussion
• Gather information
• Understand the patients perspective
• Share information
• Reach agreement on problems and plans
• Provide Closure

Bayer Institute for Health Communications (1999)
The American Medical Association recommends 6 steps for improving doctor-patient communication:

- Slow down, slow down, slow down
- Create a shame-free environment, encouraging questions
- Limit the amount of information provided (keep it action-oriented—“this is what you need to do”)  
- Use plain, nonmedical language
- Show or draw pictures
- Use the teach-back method or show-me technique

http://instructionaldesignfusions.wordpress.com/2011/03/10/patient-centered-care/
Always Events

Anne Arundel Medical Center
Institute for Healthcare Improvement
Teach Back Method

- Chunk
- Check
- Chunk

HRSA Effective Communication tools for healthcare professionals
Teach-Back Examples

- I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?
- What will you tell your wife (husband/partner/child/etc) about the changes we made to your medications today?
- We’ve gone over a lot of information today about how you might change your diet. In your own words, please review what we talked about. How will you make it work at home?

http://www.teachbacktraining.org/
An eye opener

- Video on health literacy
Primum non nocere

Removing barriers to better, safer care

Health literacy and patient safety: Help patients understand

Reducing the risk by designing a safer, shame-free health care environment
How the patient is at risk?

• Physical harm may result from behaviors often categorized as non-adherent:
  • Not filling or refilling a prescription
  • Inappropriate dosing or timing of a medication
  • Failure to recognize effects of inappropriate dosing, side effects or drug interactions
  • Failure to take action needed for evaluation, treatment or follow-up
How the patient is at risk?

- Emotional harm may result from shame, stress, frustration, confusion, worry and poor self-esteem associated with:
  - Efforts to conceal reading difficulties
  - Being asked to complete tasks outside one’s comfort zone
  - Feeling unsafe or unwelcome
  - Failure to seek care
How the patient is at risk?

• Economic harm may result from:
  • Repeat visits, tests or procedures
  • Unnecessary or inappropriate medication regimens
  • Poor preparation and cancellation for evaluative studies
  • Use of higher and perhaps more costly levels of care
  • Lost earnings and job productivity
  • Transportation and child care costs
How is the provider at Risk?

- Inefficiency
  - Interruptions and callbacks for clarification
  - Increased staff time
  - Rescheduling missed appointments, tests and procedures
- Lost profits
Liability

• A growing **number of malpractice cases** have been settled in **favor of patients** who were not appropriately informed about medical decisions.

• Poor communication or miscommunication between physician and patient is the leading reason for patient **dissatisfaction**

• Health care professionals **may be held liable** for errors due to miscommunication and lack of patient understanding that result in harm.

• Patients who miss appointments **may have a viable lawsuit** if they can prove their failed appointment resulted in harm due to a doctor’s unclear, inadequate, or omitted instructions and/or advice.

• Risk managers advise physicians to assess communication success and patient understanding in those who miss appointments.
Have Patience!

- In only 23% of the visits, patients were provided the opportunity to finish their initial statement.
- The physician interrupted the patients’ statement 69% of the time which occurred on an average of 18 seconds after beginning of the patients statement.
- If allowed to speak without interruption, patients were able to get out all of their concerns in less than 3 minutes.

Beckman and Frankel, 1984
Summary

• Effective communication takes patience and practice

• Use tools to help communicate effectively
  – teach back
  – Motivational Interviewing

• Learn about behavioral change theories, employ when able

• Explore, be creative, be curious and have fun
“The single biggest problem with communication is the illusion that it has taken place.”
— George Bernard Shaw
Question #1

Functional health literacy is defined as

a. The ability of the patient to read the labels of their medication bottles

b. The ability of the patient to synthesize pamphlets

c. The ability of the patient to apply new skills at home

d. The ability of the patient to apply reading and numeracy skills in a healthcare setting
Answer to Question #1

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Question #2

When designing patient-centered materials, one assessment for readability is

a. Kincaid Reading Score
b. Kincaid Rapid Elements of Memory Score
c. Flesch-Kincaid
d. Kincaid-SAM
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Question #3

Self-efficacy is

a. The confidence in one’s ability
b. The same as self-determinism
c. Control over actions
d. Process of self-recognition
Answer to Question #3

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a. The confidence in one’s ability
b. The same as self-determinism
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