

Doctor – Patient relationship

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Doctor Patient Contacts

The nature of the relationship determines the success or otherwise of the contact

Communication and Diagnosis

Patients who feel at ease and who are encouraged to talk freely are more likely to disclose the real reason for consultation

Communication and Treatment

Advice reassurance and support from the doctor can have a significant effect on recovery

The placebo effect

- clinical competence used to include the medical technical knowledge, physical examination and medical problem solving .
- The Communication skill was missing from the list !!!!!!!!!!!!! ,but not anymore .
- It is clear from the literature that better physician communication skills improve patient satisfaction and clinical outcomes and that good communication skill can be taught and learned

- Now a days patients have become more doctor dependent because they see doctors sooner than people did 50 years ago .
- managed care upheaval with its cost-cutting strategies has shortened office visits time and threatened to reduce the traditional doctor-patient covenant to a business contract.

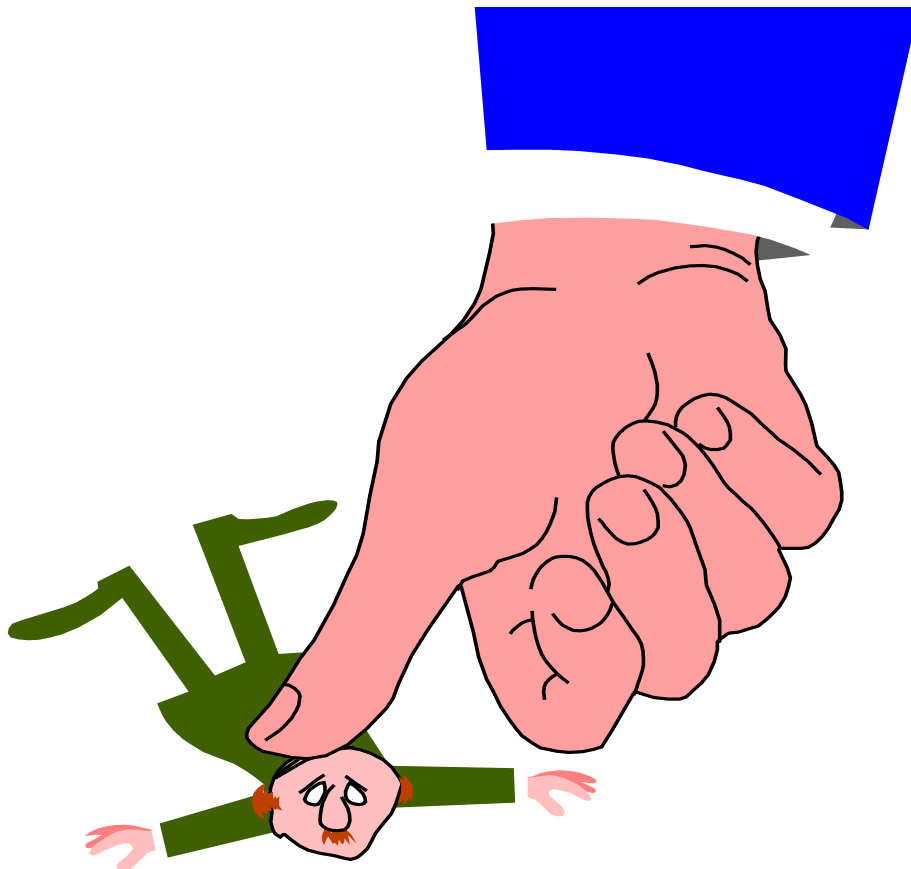
Which concept is appropriate?

illness is a disease process that can be measured and understood through laboratory tests and clinical observations	illness is a disrupted life
focus is more on keeping up with the rapid advances in medical science than on trying to understand the patient's feelings and concerns	patient satisfaction comes primarily from a sense of being heard and understood.
doctors do not see the role of physician as listener, but instead view their function more as a human car mechanic: Find it and fix it	patients often feel devalued when their illness is reduced to mechanical process.
Doctors feel frustrated, even betrayed, when patients withhold pertinent information	patients who use alternative medicine, for example, may not tell their doctors for fear of ridicule or being labeled as flaky or gullible

Types of Dr-Pt relationship

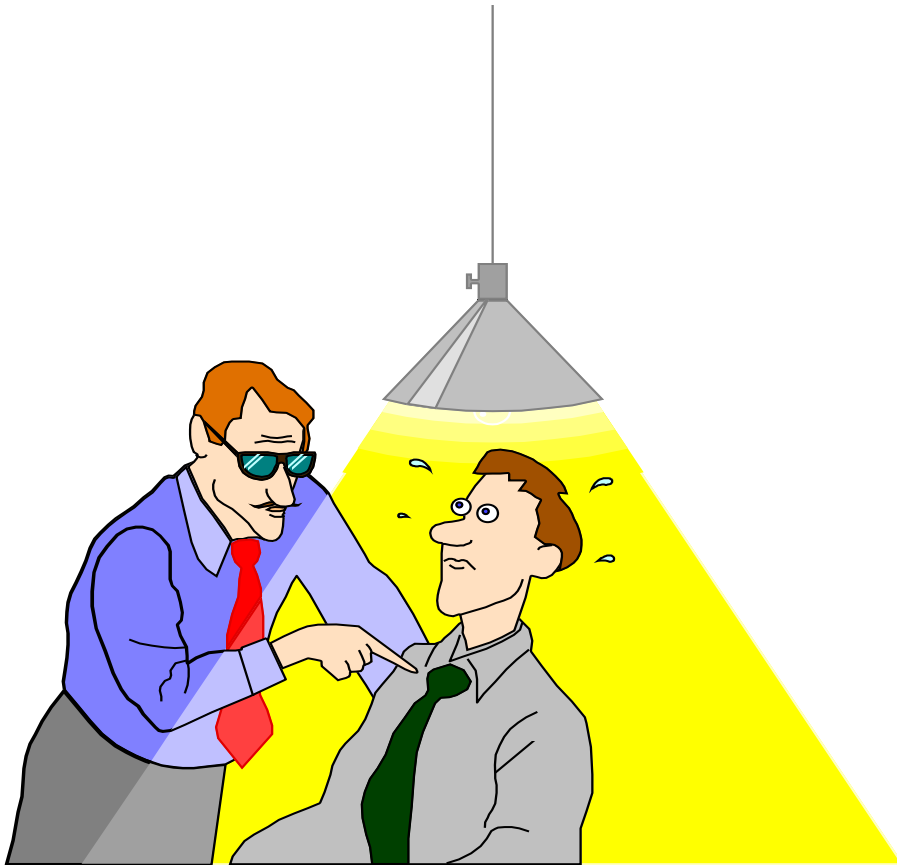
- Patient controlled .
- Doctor controlled .
- Patient centered .

Patient controlled consultation



“You’re paid to do what I tell you!!”

The Paternalistic Approach



“If I’ve told you once I told you 1,000 times, stop smoking!!”

Patient Centred consultation style

- Dr is less authoritarian , encourages patients to express their own feelings and concerns , empathic , listen more than talk .
- Dr use open end questioning , show interest in psycho-social aspect of patient's illness .

Patient centred clinical interview

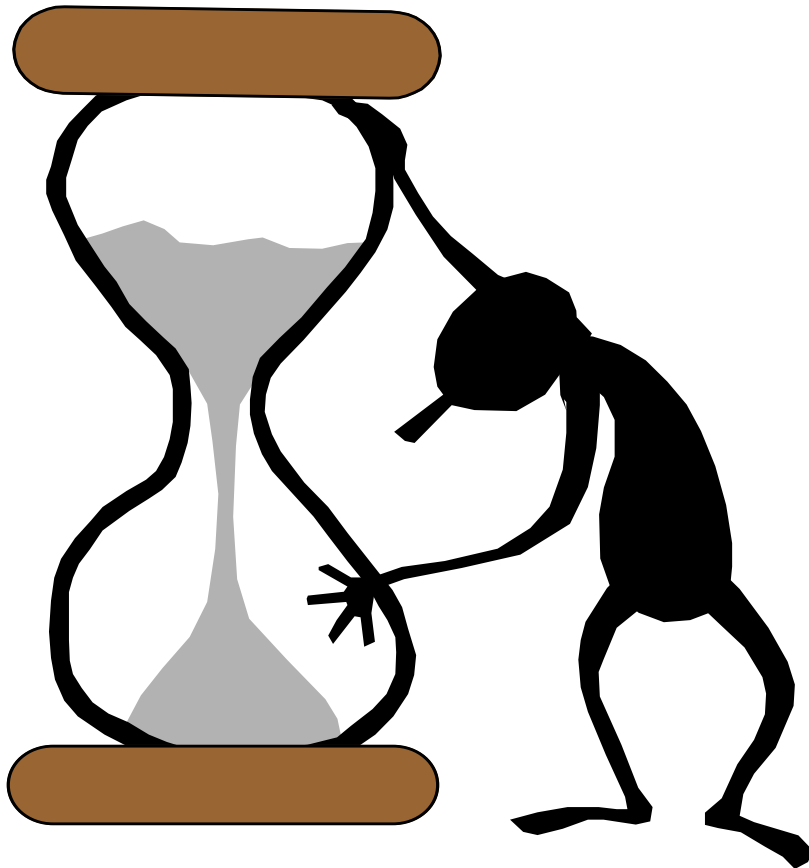
Doctor – history, examination , investigations

results in a diagnosis and management plan.

Patient – ideas, expectations , feelings,

results in an understanding of patients beliefs

Length of Consultation



Average 8 minutes

Makes patient centred
consultation styles more
difficult.

Doctors often blame patients when communication breaks down. But researchers have found that many doctors have shaky interviewing skills

- **Doctors do more talking than listening.** A new study published in (JAMA) found that 72% of the doctors interrupted the patient's opening statement after an average of 23 seconds. Patients who were allowed to state their concerns without interruption used only an average of 6 more seconds.
- **Doctors often ignore the patient's emotional health.** A study of 21 doctors at an urban, university-based clinic found that when patients dropped emotional clues or talked openly about emotions, the doctor seldom acknowledged their feelings. Instead the conversation was directed back to technical talk.

- **Doctors underestimate the amount of information patients want and overestimate how much they actually give.**

In one study of 20-minute office visits, doctors spent about 1 minute per visit informing patients but believed they were spending 9 minutes per visit doing so.

- **Doctors who can't communicate are more likely to end up in court.**

An analysis of 45 malpractice cases found that many of the doctors being sued delivered information poorly and devalued the patient's views

- **Patients aren't perfect either.** In one survey doctors rated 15% of their patients as “difficult. ““crocks” or “turkeys”-- researchers have identified common characteristics of patients that everyone agrees are hard to manage.

Patients described as “frustrating” by doctors
do not trust or agree with the doctor.
present too many problems for one visit.
do not follow instructions.
are demanding or controlling.

- **What can be done?**
- **Cultivate a patient - centered partnership.**
- “The patient desires to be known as a human being , not merely to be recognized as the outer wrappings for a disease. In a video-taped study of 171 office visits, doctors who encouraged patients to talk about psychosocial issues such as family and job had more satisfied patients and the visits were only an average of two minutes longer

- **Check posture and body language.** A fascinating study of time perception found that when doctors sat down during an office visit , the patients always thought the visit was longer than when the doctors remained standing , even though the length of both visits was exactly the same. Other simple gestures , such as leaning forward , have been found to help the patients relax , as well as improve satisfaction and recall.

- **Solicit the patient's concerns and opinions through open-ended questions**, such as “What’s been going on since you were here last?” In the *JAMA* study, last minute questions--a pet irritative for many doctors--occurred less frequently when the patient was invited to talk.
- **To improve patient compliance, work on mutual trust.** Research confirms that the doctor-patient relationship is the best predictor of whether the patient will follow the doctor’s instructions and advice.

- **Develop a system to communicate test results to patients.**

according to a survey published in *Archives of Internal Medicine*, one in three doctors do not always inform patients of abnormal test results, especially if the results are mildly abnormal

- **Respect patients as experts in the experience of illness.** Traditionally, doctors have been taught to view the patient as “an unreliable narrator” and to chart patient observations in subjective language that implies a certain skepticism, such as “the patient believes” or “the patient denies.” However, Rotter and Hall argue for a patient-centered relationship that accepts the patient’s unique knowledge as just as important to outcome as the doctor’s scientific knowledge. They conclude, “The medical visit is truly a meeting between experts”

Teaching communication skills

- 1 .Communication is a basic clinical skill.*
- 2. Communication is a series of learned skills , a set of procedures for improving outcomes of care , it is a learned skill rather than a personality trait. , anyone who wants to learn can .*
- 3. experience alone can be a poor teacher,* as we often don't perceive our own communication very accurately.

4. *knowledge by itself does not translate directly into performance.* If you really want to enhance skills , five elements are necessary:

- 1 - Systematic delineation and definition of skills to be learned.**
- 2 - Observation of learners performing the skills (live or on videotape).**
- 3 - Well-intentioned, detailed, descriptive feedback**
- 4 - Practice and rehearsal of skills.**
- 5 - Repetition**

- **Time is a factor in learning communication skills**
 - physicians who engaged in patient-centered practice with those who did not engage in such practice. The latter took 7.8 minutes on average per consultation. Physicians who had mastered the patient-centered skills took 8.5 minutes – less than one minute longer. However, while they were learning the skills, physicians took nearly 11 minutes.

Categories of Communication Skills

- **Content skills – what doctors say**, e.g., the substance of the questions you ask and the answers you receive, the information you give, the differential diagnosis list, the medical knowledge base you work from
- **Process skills – how doctors say it**, e.g., how you ask questions, how well you listen, how you set up explanation and planning with the patient, how you structure your interaction and make that structure visible to the patient through signposting or transitions, how you build relationships with patients

Perceptual skills – what you are thinking and feeling, e.g., awareness of your own decision making and other thought processes, awareness of and response to your own attitudes and emotions during an interview, whether you like or dislike the patient, your biases and prejudices, noise or discomfort that distracts you from attending to the patient.

Currently process skills tend to be the primary focus of communication skills programs while content and perceptual skills receive significant secondary emphasis.

Goals of Communication Teaching and Learning

- **Doctors with good communication skills identify patients' problems more accurately**
- **patients are more satisfied with their care and can better understand their problems, investigations, and treatment options**
- **patients are more likely to adhere to treatment and to follow advice on behavior change**

- **Patients' distress and their vulnerability to anxiety and depression are lessened:**

one year prospective study showed that the best predictor of resolution of headache problems after presenting at family physicians turned out to be not diagnosis, not intervention, not referral, not prescriptions. The best predictor that they had had an opportunity to tell their story and discuss their concerns about the headache fully with their physician during the first visit.

it raises communication to a procedural level where we can begin to talk about communication as a treatment option that anyone can use.

- **Doctors with good communication skills have greater job satisfaction and less work stress Since physicians conduct some 200,000 interviews during their careers, it is worth paying attention to what might make those interactions more satisfying**

Approaches to COMMUNICATION

- **Shot-put approach** originated in classical Greek times *well-conceived, well-delivered message*. Effective communication was content, delivery, and persuasion
- **Interpersonal approach** two concepts

The first concept is *confirmation* : to recognize, acknowledge, and endorse another person. The second concept central to this interactive approach is *mutually understood common ground*.

- **Principles of Effective communication (or teaching):**
- ***Ensures interaction not just transmission***
- ***Reduces unnecessary uncertainty*** un-
certainty distracts attention and interferes with
accuracy, efficiency , and relationship
- ***Requires planning, thinking in terms of outcomes***

- ***Demonstrates dynamism*** engaging ,being there in the moment, flexibility toward to develop skills which allow different approaches with different patients or with the same patient in different circumstances.
- ***Follows a helical rather than a linear model*** –
if you want accurate understanding you have to go over information again and perhaps again, in helical fashion, each time moving up the spiral to a little different level of understanding. Repetition, reiteration, feedback are essential elements of effective communication

Improving Medical Team Member Communication

- Communication among team members must be clear and complete. Faulty communication can occur in a variety of settings. For example, a patient may be jeopardized when the referring doctor provides too little information to a consultant or when nurse-to-nurse communication lacks critical data

- **Avoid Deliberate Critical Comments**

- Communication skills become even more important when an adverse outcome occur
- A common catalyst in the chemistry of malpractice suits is an inadvertent or deliberate critical comment by a health professional concerning a colleague's actions. Experienced defense attorneys estimate that 25 percent of all claims may be triggered by such an event.

- **Beyond Carelessness**

Unfortunately, such remarks often go beyond mere carelessness. Sometimes they are made deliberately and stem from strong therapeutic biases, ego problems, or interpersonal conflicts.

Peer Criticism

- It is not necessary for physicians to verbalize disapproval to reveal sentiments. If you are a consulting physician, particularly in a second opinion situation, you should make every effort to avoid communicating any criticism of a colleague by word or action. Since you were not present during the initial treatment, it is vital that you maintain the position that you don't know why or how it happened.

- **Do Not Conceal or Assume**

Refraining from uninformed comment does not imply or suggest deliberate concealment

- Most situations are not so sharply defined, and the consulting physician should carefully avoid coming to a conclusion without knowing all the facts. Obviously, a thorough review of medical records is mandatory. A direct call to the first physician can provide important insight into the situation. Perhaps the patient inadvertently or deliberately omitted significant information

- **In Conclusion**

Communication techniques are a learned skill. Unfortunately, many health care providers discover this after an adverse event occurs. If this is the case in your facility, turn that negative experience into a positive teaching tool by asking these questions:

- What can we learn from this?
- How can we prevent a recurrence?
- Is there anything we can do now to alleviate the situation?

A close-up photograph of two hands clasped together in a supportive grip. The hands are positioned with fingers interlaced, conveying a sense of strength and solidarity. The background is a soft-focus blue sky with white clouds. The text "Thank you" is overlaid in the center in a yellow, serif font.

Thank you