

Skillful Physician Communication

Master the Communication Skills of a
Compassionate Patient-Experience



Brian Lee CSP
with David Dworski

Reviews for Skillful Physician & Medical Provider Communication

“Over the last four decades practicing medicine I have often contemplated what is the essence of health care. I have concluded that our calling and profession is about caring and competence. I have also found that if patients perceive you care, competence is presumed. As you journey through the pages of this book you will discover many skills and tools that will enhance compassionate communication with your patients and co-professionals. Aside from the positive impact this will have on your patients’ health, I believe you will find increasing satisfaction and joy in your practice of medicine.”

– Michael A Klein, MD, CMO

“This book is geared to improve patient perceptions of care in connection with the mandated CMS HCAHPS surveys but is much more. All physicians and healthcare providers can embrace the caring practices illustrated in this text to assist them in their patient care in hospitals and office practices.”

– Phyllis Van Crombrughe, RN, CNO

“Medicine is the science, the technique that must be taught with the humanistic example of who we are and how we wish to be treated, to each and everyone who have the opportunity and the privilege of having a patient in front. This great piece of medical literature gives us the chance to understand the challenges and huge responsibility of humanistic physician communication and behavior. It opens the door to resume the most basic, but difficult skills to empathize with our environment and patients.”

– Jorge Garcia De la Rosa M.D.

Brian Lee

Skillful Physician & Medical Provider Communication

**To provide Clinical excellence and
a compassionate patient experience**

Lee, Brian

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Profile of an author and
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Brian Lee CSP

"Mr. Customer Satisfaction"
Healthcare's "Mr. Enthusiasm"

Brian Lee is the founder and CEO of Custom Learning Systems Group and the HealthCare Service Excellence Conference.

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With headquarters in Calgary, Canada, Brian has lead his team of training professionals for 33 years, focused exclusively on hospitals and healthcare.

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Brian has personally trained and consulted over 270 Critical Access Hospitals throughout the nation over the past 15 years.

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Brian is the author of 8 books, including "Keep Your Nurses and Healthcare Professionals for Life™" and "Satisfaction Guaranteed™"

He is also the author of the acclaimed HCAHPS Breakthrough Leadership Series™ webinars and the Everyone's a Caregiver™ app.

In the past 33 years, he has travelled 5,000,000 miles to speak more than 3,840 times. He's spoken in every state and province in North America, and in 16 countries worldwide.

On a more personal note, you may be interested to know he is a member of 14 airline frequent flyer clubs, 27 hotel frequent guest clubs, and is a gold-medalist in the 1999 LA Airport Baggage Olympics!

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Skillful Physician & Medical Provider Communication

BRIAN LEE

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Foreword

This book came into being in order to provide timely and significant information about how physicians and healthcare providers can improve their communication with patients. Patients and doctors agree that the need to develop effective communication with patients is essential to compassionate care and positive healthcare outcomes. As will be explored, it is necessary for healthcare professionals to develop communication habits of investing in the beginning and end of the patient encounter, eliciting patient's perceptions of their health issues and demonstrating empathy.

As physicians and healthcare providers become more adept at their communication interactions, they reduce burnout, increase their own job satisfaction and hardwire positive patient experiences.

HCAHPS (*Hospital Consumer Assessment of Healthcare Providers and Systems*) surveys areas of clinical competence called

“Domains.” One of these is “Communication with Doctors.” This text is an extensive review of the critical elements of doctor-patient communication.

The reader will benefit by implementing the communication guidelines proven to increase patient satisfaction. It is our passionate belief that communication is crucial to promoting a positive, caring atmosphere, enhancing compliance, preventing misunderstandings and leads to more accurate diagnoses and treatment plans. (The Joint Commission reports that 60% of sentinel events are due to poor communication.)

We hope readers will connect with this information and refer to this book periodically to keep their communication sharp. Our patients deserve our very best efforts to be effective compassionate communicators.

CHAPTER 1

Master the Communication Skills of a Compassionate Patient Experience

Most of us think physicians are very special people. They are amazing, and work in a wonderful profession that we will all experience in our lives. The training doctors must undergo is rigorous almost beyond belief. Their work ethic is nothing short of extraordinary. We admire their skill and dedication.

We share their vision to provide clinical excellence.



Questions to begin our thinking about compassionate communication:

- Is patient satisfaction important?
- Do we have to sacrifice patient satisfaction for the sake of efficiency and productivity?
- Can healthcare providers improve their communication skills with their patients?

This text is dedicated to those healthcare providers who are serious about improving their communication with patients. It is important, and no, we don't have to sacrifice patient satisfaction for the sake of efficiency.

As a patient, have you ever felt that communication between doctors/providers and patients is somehow lacking? Have you ever left a clinical situation dissatisfied, with the nagging feeling that you weren't listened to? Or worse: that you didn't understand what the doctor told you about your health?

If you've ever had these feelings, you are not alone... unfortunately, these patient experiences are all too common. This is borne out by several patient follow-up surveys.

Recently, a retired physician, (we'll call him Dr. Richards), was reminiscing about his early days in practice. He pointed out that he had to learn many lessons that were not covered in his formal medical training. One such lesson was that he had to learn to be patient with people, and not be too hasty in his diagnoses or discussions with patients. Furthermore, he had to learn to really listen to his patient's concerns and be very clear when communicating to them.

Patients need to share their story, their worries and symptoms in their own way. When they're allowed to do this, they feel heard the first time and don't need to repeat themselves or seek a second opinion because they felt ignored. They don't become irritated or dissatisfied. "Yes," said Dr. Richards, "We have to learn to balance efficiency with thoroughness." As in so many interactions, the key is how we communicate to our patients. This is the greatest tool of patient care, and it isn't always easy. Learning to speak to patients their way requires a determined and consistent effort.

William Osler, MD (1849-1919), sometimes called the father of modern medicine, said "The good physician treats the disease, the great physician treats the patient who has the disease."

Our mission in this text is how to analyze doctor-patient interactions and recommend guidelines to develop skillful communication for physicians/providers. This is part of the **H.O.P.E.** (*Hardwiring Our Patient's Experience*) Plan.

For the compassionate experience to be successful, there are five habits Physicians must strive to acquire. ("Habits" are organized ways of thinking and acting during clinical encounters. Frankel and Stein, 1998.) The habits are:

- Invest in the beginning of the patient encounter.
- Shake hands
- Elicit the patient's perceptions of their condition.
- Demonstrate empathy.
- Invest in the end of the encounter

- 1 Invest in the beginning.** Quickly review the patient's chart before the encounter, and greet the patient by name when entering. Use this technique: *"Would you be comfortable if I use your first name or would you like me to use the more formal, Mr., Mrs., or Ms.?"* Or ask: *"How would you like to be addressed?"* This shows respect, offers the patient some control and establishes a partnering communication. Then put the patient's preference on the white board.
- 2 When entering, shaking hands denotes a certain egalitarianism.** Let the patient know you are familiar with their case. *"I've reviewed your record and would like to discuss several issues with you."* If need be, apologize if they have been kept waiting. Be seated. Use open-ended questions to elicit their concerns and determine how aware they are of their condition. *"Tell me about how you're feeling."* Use emphatic responses such as head nods and "uh huhs" to indicate that you are listening. (We'll discuss much more about listening later.) These are common sense issues, but they are important and often neglected.
- 3 Elicit the patient's perspective.** The focus here is understanding the impact the symptoms have on the patient. Again, using open-ended questions is extremely useful. *"What worries you the most?"* *"How is this affecting your life style, work or family?"* Probing the patient's perspective shows respect, caring and helps gather clinical data. Encourage the patient to describe their condition, their way. *"Tell me in your own words..."* This approach respects diversity and often uncovers hidden concerns, especially as they relate to the patient's anxieties. In addition, it is helpful to assess the patient's expectations regarding etiology and

expectations. Discovering the full spectrum of the patient's concerns affects their compliance. According to Froelich and Welch, and other studies, 40-80% of patients who receive recommendations do not follow them. Knowing the patient's perspectives will mitigate against their lack of follow up.

- 4 Demonstrate empathy.** Putting yourself in the patient's place. Try to see their concerns from their point of view. Empathy joins the patient and the physician in a shared understanding of the patient's experience. Empathy means being open to the patient's feelings. *"I can understand how you could feel this way."* *"I can see how distressing this is to you."*



Pro Tip

Do not use the word, "exactly" when empathizing. As in, *"I know exactly how you feel."* First, it is nearly impossible to know *exactly* how another person is feeling. Secondly, the "exactly" comment often elicits a, *"No, you don't,"* response from the patient. Sometimes the physician's concerns for efficiency and time management can act as a barrier to using empathy. Stuart et. al. showed that physicians who demonstrated sensitivity to patient's emotional concerns took approximately one minute longer in patient encounters than physicians who do not (University of Western Ontario, 1989). Paraphrasing also helps with empathy. *"You indicated that you were worried about..."* *"If I understood you correctly, you felt your pain increased with movement."*

5 Invest in the end. The first three habits deal with gathering information. The fourth habit is concerned with dispensing information, teaching and participating with the patient in decision making. Explaining the diagnoses, test results, procedures, and course of treatment in terms the patient can understand is critical to compassionate communication and compliance. Patients naturally want to know what is causing their symptoms and what can be done to relieve them of their pain or discomfort. Using the patient's expressed concerns gleaned from habit # 2 provides a guide to explaining their condition. "You said that the pain was intermittent and caused numbness in your fingers. Our tests indicate a carpal tunnel problem which explains your symptoms and gives us a clear course of action to relieve your problem." Remember that once a patient has heard a diagnosis, especially if the news is bad, the patient doesn't listen well because their emotions interfere with their comprehension. It is extremely important to check the patient's understanding of what has been discussed. Also, patient participation in decision-making is essential to positive functions and biomedical outcomes. Always finish your interview by asking if there are any further questions or concerns. Finally, offer reassurance of ongoing care.

Consider that physicians conduct over 120,000 patient interviews during their clinical practice. Improvements in compassionate communication during these interviews greatly affect positive healthcare outcomes!

Patients are less concerned with how much their physicians know, than how much they care.

The goals in establishing these compassionate communication habits are to: establish rapport, build trust, facilitate the exchange of information, demonstrate concern and ensure compliance. Cultivation of these habits contributes to physician satisfaction and reduces burnout.

A word about “burnout.”

Although many Americans think physicians have it made, the reality is quite different. The pressures and time constraints are tremendous. Physicians have a high suicide rate, have more trouble with addictions, divorce more frequently and often feel overwhelmed.

A 2012 study of 5000 physicians showed that 89% would not recommend medicine as a profession to their children. 52% of physicians over the age of 50 plan to leave the profession within 5 years. One solution is to lessen the de-personalization and exhaustion so many physicians feel. (John Puma, MD Physician August 2014.)



Recommendations:

1. Take a few moments to review the patient’s chart or records before the encounter.
2. Use open-ended questions to allow the patient to explain their condition, their way. Listen carefully.



Continued...

Recommendations:

3. Make empathetic responses during the interview.
4. Explain information about their condition in terms they can understand.
5. Involve them in decision-making.

CHAPTER 2

Medical Provider Questions

HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems. It's a survey of clinical performance on a scale from 1 ("never") to 4 ("always"). The areas surveyed are called "domains" – this text is concerned with the "Communication with Doctors" domain.

Three survey questions are asked of patients regarding doctor communication:

Survey Question #1: *During your hospital stay, how often did doctors treat you with courtesy and respect?*

Survey Question #2: *During your hospital stay, how often did doctors listen carefully to you?*

Survey Question #3: *During your hospital stay, how often did doctors explain things in a way that you could understand?*

Recently, the national average of patients responding with a “4” (meaning “always”), was 79.4%. Compare that with your facility scores on these questions. How did you compare?

Something to Remember:

Questions stimulate thinking. This is the reason the HCAHPS Inpatient Survey has 31 questions.

It is beneficial to consider questions that patients typically are asking themselves.

Examples:

- What should I expect from my doctor?
- How can I explain my symptoms?
- What’s going to happen next?
- What do their tests show?
- How long will I be here?
- Why do I feel this way?
- What should we be asking ourselves as healthcare providers about our communication?

If we know that most patients are asking themselves these types of questions, what questions must we ask ourselves in response?

Examples:

- How can I best put this patient at ease?
- How can I best establish rapport?
- How can I be more empathetic?
- How can I hone my listening skills?
- Have I explained things in a way that my patient understands?
- Have I opened the doors for the patient to ask me questions?

Since we know the test questions, wouldn't it be a good idea to master the answers?

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