



For you, your career, and your life

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Resident Assistance Program Newsletter

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Patient Communication: It's Not Just What You Say, It's How You Say It

Very smart, competent doctors who do not communicate with empathy and respect are more likely to have noncompliant patients. They are also more likely to get themselves into legal trouble.

There are specific ways to gain a patient's trust, show respect and communicate caring. The very first encounter can set the tone.

It's all about respect

"The worst thing a doctor can do is display arrogance and superiority," says Joseph Shrand, M.D., instructor of psychiatry at Harvard Medical School and medical director of Castle, an adolescent substance abuse program at High Point Treatment Centers in Brockton, Mass. "The best thing a doctor can do is demonstrate respect. Respect activates the brain's pre-frontal cortex, and builds the critical attachment between a physician and their patient. In this realm of trust, true healing begins."

A brain does not activate anger



"Think like a wise man but communicate in the language of the people."

- William Butler Yeats (1865 - 1939)

when it perceives it is being treated with respect, Shrand explains. "A doctor who is disrespectful is only going to anger and alienate their patient."

"Lawsuits are usually the result of anger," says Edna Ma, M.D., an anesthesiologist at St. John's Medical Center in Santa Monica, California. "Patients are less inclined to sue a doctor if they feel their doctor cares and if they genuinely like their doctor. It may be well worth a doctor's effort to take the time listen to a patient's concerns to avoid the costs of litigation."

Communicate with us, anytime. RAP is here to help when you find yourself dealing with a challenging issue during your residency. We are your confidential resource, and we understand the stress you deal with daily. We're also here to help you develop a personal skill set that will complement your medical knowledge. Our caring professionals are just a phone call away.

Contact RAP: 813-870-3344.

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What not to say

No matter how stressed and pressed for time a doctor is, there are words and phrases that shouldn't be used in any encounter with patients or their families.

"I don't have time."

"I'm too busy."

"Stop complaining."

Phrases that are dismissive or condescending, or imply that a doctor's time is more important than

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Perspectives: What is the best way to establish rapport with a patient?

Susan K. Bobrick, family member of a recently hospitalized patient: "Be kind and gentle—your words and attitude in the first visit will be the basis of your relationship with that patient, no matter how short or long the treatment."

Wendie A. Howland, RN MN CRRN CCM CNLCP, Principal, Howland Health Consulting, Inc.: "Speak to the patient's nurse and ask what's going on with him/her, the family, and the day. Ask what the patient knows already. Then go in, introduce yourself, sit down, turn off your pager, take as few notes as possible, and touch the person even if it's only a handshake. Use reflective language: 'I hear you saying that...' and 'So you had thus-and-such happen, did I get that right?' Never interrupt. Assume the role of a helper, not a person with all the answers, and mean it. Make that person feel as if s/he is the only concern you have all day today. Then ask if it's OK if you examine him/her."

Joseph Shrand, M.D.: "Be honest. I tell my patients I will never lie to them. I may say things they don't want to hear, but I am going to say them anyway. I expect the same honesty from them. I tell them I'll do the best I can to help. Other people will tell me what they see. I bring my experience. But they are the only one who can tell me what it is like to be them. I rely on them to be as accurate a reporter as they can be."



Money Matters

New Rules May Make Credit Cards More Expensive

New rules designed to limit credit-card issuers from quietly raising interest rates and fees will undoubtedly help consumers become more aware of the terms and conditions on their credit cards. But the real news is that the Credit Card Accountability, Responsibility and Disclosure Act of 2009 (CARD) may actually be making credit cards more expensive to use.

The CARD Act placed strict limitations on how and when the credit-card companies can raise interest rates and fees, but the credit-card companies are pushing back — with higher rates and fees. All this is a good reminder that although credit cards are a convenient way to help manage your spending, it may be more important than ever to use them with caution.

It's more important now than ever to keep a close eye on your statements. If your card issuer informs you of a pending rate increase, you'll have plenty of time to pay down your balance or close out the account. If your issuer decides to levy an annual fee, you may want to consider switching to a new card. Research shows that three out of four card users will either cancel or consolidate cards that impose an annual fee, and there's bound to be a company that sees an opportunity to pick up these new customers with a fee-free card.

Now is also a good time to reevaluate the role that credit cards play in your overall financial picture. Credit cards will probably always remain an important tool for consumers, but as they become more expensive, some users may want to consider other options for financing larger purchases.

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Patient Communication *continued*

the patient's, can anger a patient, and an angry patient is less likely to cut you slack, says Shrand. "I always address patients by their last name, which shows respect. I sit down at their bedside when I talk to them. I may spend the same amount of time as I would standing, but sitting presents the impression that you are taking the time to really understand their situation."

"Avoid any medical jargon, unless the patient uses it themselves and seems to understand it," adds Nick Bennett, MBBChir., Ph.D. "In addition, euphemisms about death and dying can lead to confusion, and misunderstandings are far more common in high-stress situations. Just use the 'D' word."

It's OK to say you're sorry

"Some doctors have a difficult time saying 'I'm sorry' when they want to communicate sympathy, because they fear that this may be interpreted as an admission of wrongdoing or fault," says Ma. "Unexpected outcomes do occur, regardless of fault, due to the imperfect nature of medicine. However, it is important that the patient and family know that the doctor is concerned."

Saying "I understand what you're going through," when breaking bad news can backfire, Bennett notes. "The patient may think, 'How can they possibly know how I'm feeling?' A better alternative is, 'I can see how this must be difficult for you,' or 'I know this isn't what you wanted to hear — I'm really sorry.'"

Your demeanor makes a difference

Be open to feedback from your supervisors about your communication style, and always be willing to look at yourself, advises Shrand. "Remember you have the greatest job in the world: working with people in their time of need. Always be respectful, and aware of the tremendous opportunity you have to make a difference in someone's life. It is a remarkable privilege and honor."

Essentials of a Respectful Doctor-Patient Relationship

- 1. Strong basic relational and communication skills.
- 2. Eliciting the full agenda of what the patient wants to pay attention to.
- 3. Eliciting the story of the illness, both the symptoms and the suffering.
- 5. Responding to feelings with just enough empathy, verbal and non-verbal.
- 4. Careful medical explanations for illness, checking patient understanding.
- 5. Forecasting the process of medical care.
- 6. Clear advice on what actions to take to improve, checking patient understanding.
- 7. Using motivational interviewing to encourage health behavior change.
- 8. Nurturing an attitude of unconditional positive regard for the patient, that is, assuming that each is doing the best they can with the resources they have, taking on a partnership task of increasing the resources.
- 9. To know and nurture the "self" of the physician to be consistently authentic in a helping relationship.

□ Source: Norman Jensen, MD MS FACP FAACH; President, American Academy on Communication in Healthcare.