Improving Patient Communication: Good Strategies for Better Outcomes

October 23, 2012
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Are you making the most out of your patients’ office visits? If you are not listening effectively, the answer is no, said Douglas A. Drossman, MD, at the American College of Gastroenterology 77th Annual Scientific Meeting in Las Vegas.

Several practical patient communication tips were offered by Dr. Drossman in the David Sun Lecture, “Helping Your Patient by Helping Yourself: How To Improve the Patient-Physician Relationship.” Dr. Drossman is President of the Drossman Center for Education and Practice of Integrated Care and Professor of Medicine and Psychiatry, UNC Center for Functional GI and Motility Disorders, Chapel Hill, North Carolina.

Frustration with patients who do not fit a specific disease model is not uncommon, Dr. Drossman explained. In fact, in a recent study that compared residents’ attitudes toward patients with organic disease versus those who presented with functional symptoms, residents noted that they like patients with organic disease better than those with functional symptoms. Even though patients had the exact same symptoms, the residents thought that the symptoms in patients with organic disease were more serious and caused more disability than functional symptoms.

With this in mind, Dr. Drossman said, clinicians would do well to give up biases and negative thoughts and release judgments before entering the examining room. Because medical tests are not perfect, he added, the patient who has visited several times with complaints may meet the criteria for the organic disease on the fourth or fifth visit. Ultimately, he said, both the physician and the patient will be more satisfied with the encounter if the physician can step back and accept the functional disorder status.

Good communications can have a positive impact for both patient and clinician. Studies have shown that patients who receive quality communication from their doctors report a higher quality of life. Physicians with good communication skills also report that they are less frustrated and like their jobs and patients better, Dr. Drossman added.

To facilitate positive communications, Dr. Drossman shared the following 8 items that clinicians need to consider during a visit:

1. Identify agendas. Be sure to ask your patient questions like, “What brought you here today?” “What do you think you have?” “What are you concerned about?” “What do you think I can do to help?”

2. Empathize. Recognize patients’ hardships as they cope with their illness and symptoms by saying things like, “I can see how difficult it is for you to deal with the pain.”

3. Validate feelings. Many patients with chronic disease bring concerns about their illness to the office, especially when an organic cause is not evident. Addressing their feelings by commenting “I can see you are frustrated” is important. Psychosocial components of the disease should still be addressed. Remind patients that although you believe that their symptoms are real and physical, things like stress, emotion, diet, and exercise can influence the symptoms. Tell patients that you would like to help them figure it all out.
4. Set realistic goals. Remind patients, especially those with chronic illness, that change may not come fast and may not be easy. Try to avoid responding personally to patients who challenge, “So what can you do?”

5. Educate patients. Determine what your patients know and what they think, and then address any misconceptions or misunderstandings about their symptoms, illness, and prognosis.

6. Reassure. This means reassure them that you have heard their concerns. Avoid false reassurances, like “It’s all going to be OK” or “There’s nothing to worry about.”

7. Use negotiation. Remember to leverage the physician-patient partnership and have the patient take responsibility. For instance, rather than ask “How is your pain?” ask “How are you managing your pain?” Also, present patients with options and involve them in making treatment decisions. Share choices, including risks and benefits, in language they can appreciate. Then ask them which direction they would like to try first.

8. “Be there.” Illness often brings up other issues and emotions. Instead of attempting to solve these problems they should listen and provide support.

By applying these tenets, physicians can enhance the patient-physician relationship, which in turn can lead to better outcomes, Dr Drossman concluded.

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