

# **The Science of Doctor-Patient Communication**

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# Why learn effective doctor-patient communication?

To:

- Enhance the therapeutic nature of the medical encounter
- Manage problems in doctor-patient communications
- Improve outcomes of care through:
  - Mastering a Model of Communications
    - Function of the medical interview
    - Structure of the medical interview
  - Knowing how to improve ones skills over time

# Effective Doctor-Patient Communication

## Why?

- Most time spent between practitioner and patient
- The most prevalent behavior in a clinician's lifetime
- Diagnose and treat disease
- Facilitate healing
- Establish and maintain a therapeutic relationship
- Offer information and educate



# Therapeutic Nature of the Medical Encounter: CARE

- Help patients **C**ope with stress and illness or with bad news
- **A**ctivate patients' participation in self care and well being
- Increase patients' sense of accountability, **R**esponsibility, self esteem and confidence
- **E**mpower patients' own decision making about their health

# Problems in Doctor-Patient Communication

- 45% of patients' concerns are not elicited
- 50% of psychosocial and psychiatric problems are missed
- In 50% of visits, patient and physician do not agree on the main presenting problem
- Patients' most common complaint is the lack of information provided by physicians
- Majority of malpractice suits arise from communication errors; not incompetence

# Effective Doctor-Patient Communication

## Impact on Outcomes

- Interview-related factors have documented impact on outcomes of care such as
  - Symptom resolution (e.g., BP, sugar)
  - Pain control
  - Physiological responses
  - Daily functioning
  - Emotional health (e.g., decreased distress, anxiety)
  - Treatment adherence
  - Patient and provider satisfaction with the encounter and with overall care

# Allow Patients to Express their Major Concerns

- Satisfaction and treatment adherence of patients with children in ER were greater, when parents could express concerns
- Adults with headaches who were able to fully discuss problem, were more likely to improve

**Korsch et al, 1968;  
Freemon et al, 1971.**

**Headache Study  
Group, 1989.**

# Allow Patients to Express their Major Concerns

- Blood pressure control correlated with patients' ability to talk about concerns in their own words

**Orth et al., 1987.**

- Satisfaction of adults in medical walk-in clinic correlated with ability to talk about illness in their own words

**Stiles et al., 1979;  
Putnam et al, 1988.**



# Elicit Patients' Explanations of Their Illnesses

- Congruence between patients in pediatric clinic and physicians, about patients' problems, correlated with improvement
- Congruence between patients in general medicine clinic and physicians, about patients' problems, correlated with improvement

**Starfield et al., 1981.**

**Freidin et al., 1980.**

# Involve Patients in Developing a Treatment Plan

- Adults with hypertension, diabetes, peptic ulcer disease who were trained to ask questions and given explanations of their diagnoses and treatments were more likely to improve than were control patients

**Greenfield, et al., 1985**  
**Kaplan et al., 1989.**

# Guidelines for Effective Doctor-Patient Communication

- 1991 Toronto Consensus Statement
- Kalamazoo Consensus Statements (2001,2004)
- Macy Initiative in Health Communication (2003)

# Macy Initiative in Health Communication

## Functions of the medical interview

- Identify the Problem
  - Elicit complete and accurate information
  - Observe essential data
  - Form and test hypotheses
  - Identify psychosocial and other contextual variables
- Develop and Maintain Relationships
  - Elicit the patient's perspective
  - Respond with empathy to patient's concerns
  - Demonstrate professionalism and respect
  - Recognize and respond to conflict

# Macy Initiative in Health Communication (cont.)

## Functions of the medical interview

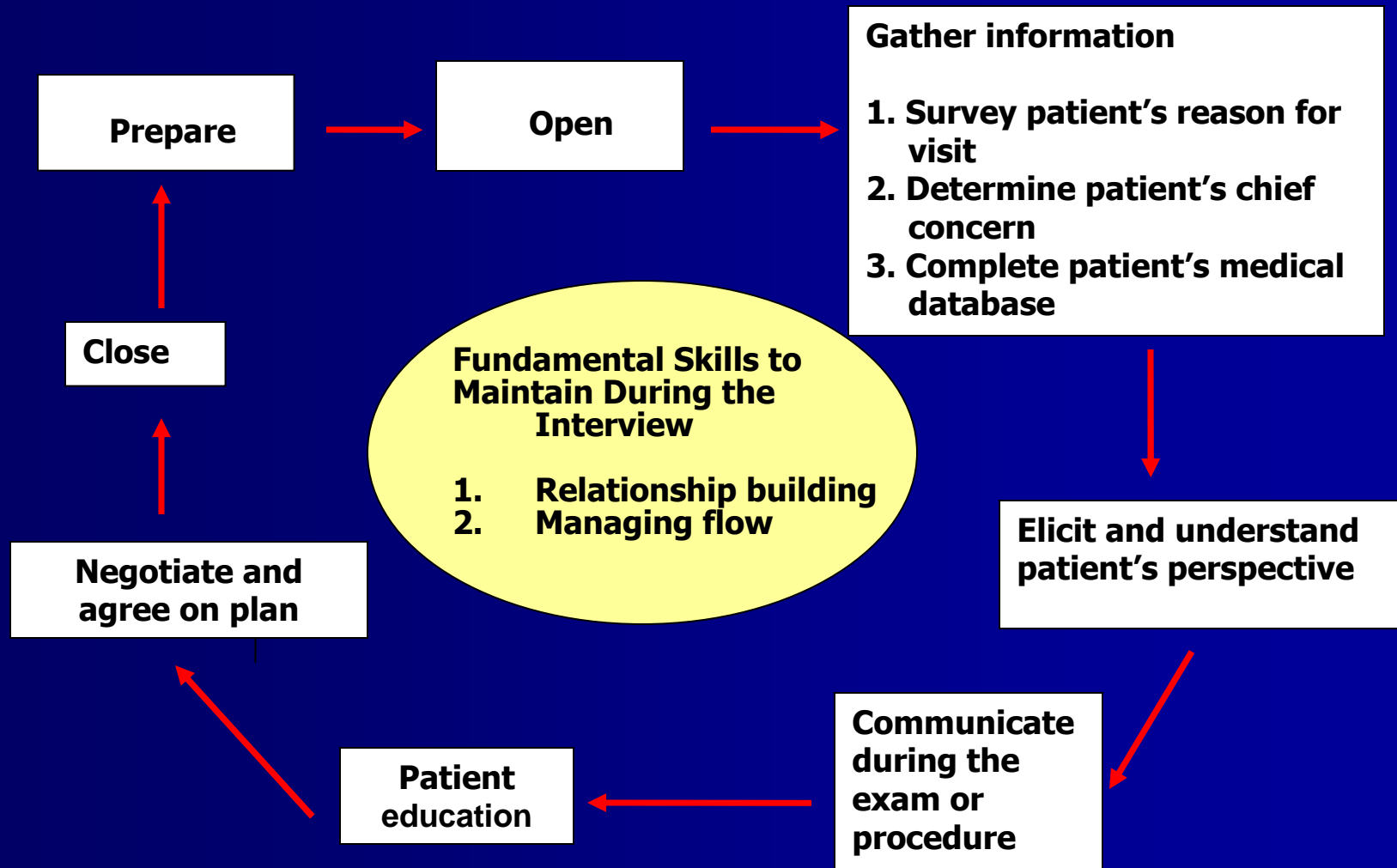
- Education and Counseling
  - Assess the patient's understanding of current problems
  - Explain recommended course of action
  - Negotiate a mutually agreeable treatment plan

# The Macy Model of Doctor–Patient Communication

- Represents a complete set of core skills and vital communication elements
- Provides an overall framework for each visit
  - Acute visit
  - Follow-up visit
  - Obtaining informed consent
  - Delivering bad news
  - Counseling about lifestyle
  - Communicating with anxious or depressed patient
  - Communicating with adolescents

# Structure of the Medical Interview

## The Macy Model



# Structure of the Medical Interview

## Fundamental Skills During Entire Interview

- Use Relationship Building Skills
  - Allow patient to express self
  - Be attentive and empathic non-verbally
  - Use appropriate language
  - Communicate in a non-judgmental and supportive way
  - Recognize emotion and feelings
  - Use PEARLS Statements—Partnership, Empathy, Apology, Respect, Legitimization, Support
- Manage Flow
  - Be organized and logical
  - Manage time effectively



# Structure of the Medical Interview

## Prepare

- Review the patient's chart and other data
- Assess and prepare the physical environment
  - Optimize comfort and privacy
  - Minimize interruptions and distractions
- Assess ones own personal issues, values, biases, and assumptions going into the encounter

# Structure of the Medical Interview

## Open

- Greet and welcome patient and family member
- Introduce yourself
- Explain role and orient patient to the flow of the visit
- Indicate time available and other constraints
- Identify and minimize barriers to communication
- Calibrate your language and vocabulary to the patient's
- Accommodate patient comfort and privacy

# Structure of the Medical Interview

## Gather Information

- Survey Patient's Reasons for the Visit
  - Start with open-ended questions
  - Invite patient to tell the story chronologically
  - Allow the patient to talk without interrupting
  - Actively listen
  - Use verbal and non-verbal encouragement
  - Define symptoms completely to determine main concern
  - Summarize and check for understanding
- Complete the Patient's Medical Database
  - Obtain past medical, family and psychosocial history
  - Summarize what you heard and check for accuracy

# Structure of the Medical Interview

## Elicit and Understand Patient's Perspective

- Ask patient about ideas about illness or problem
- Ask patient about expectations
- Explore beliefs, concerns and expectations
- Ask about family, community, and religious or spiritual context
- Acknowledge and respond to patient's concerns, feelings and non verbal cues
- Acknowledge frustrations/challenges/progress (waiting time, uncertainty)

# Structure of the Medical Interview

## Communicate During the Exam/Procedure

- Prepare patient
- Consider commenting on aspects and findings of the physical exam or procedure as it is performed
- Listen for previously unexpressed data about the patient's illness or concerns



# Structure of the Medical Interview

## Patient Education

- Use 'Ask-Tell-Ask', to giving information meaningfully
  - Ask about knowledge, feelings, emotions, reactions, beliefs and expectations
  - Tell the information clearly and concisely, in small chunks, avoid "doctor babble"
  - Ask repeatedly for patient's understanding
- Use aids to enhance understanding (diagrams, models, printed material, community resources)
- Encourage questions

# Structure of the Medical Interview

## Negotiate and Agree on Plan

- Encourage shared decision making to the extent patient desires
- Survey problems and delineate options
- Elicit patient's understanding, concerns, and preferences
- Arrive at mutually acceptable solution
- Check patient's willingness and ability to follow plan
- Identify and enlist resources and supports

# Structure of the Medical Interview

## Close

- Signal closure
- Inquire about any other issues or concerns
- Allow opportunity for final disclosures
- Summarize and verify assessment and plan
- Clarify future expectations
- Assure plan for unexpected outcomes and follow- up
- Appropriate parting statement



# Conclusion

## The Medical Interview

- Core clinical skill
- Most time spent between practitioner and patient
- Important contribution to clinical reasoning, diagnosis, and outcomes of care
- Most prevalent behavior in a clinician's lifetime
- Well established guidelines describe core communication elements essential for every clinical encounter