



The Importance of Excellent Patient Communication

Patients require individualized attention.

BY JEFFREY LEHRMAN, DPM

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Clinical decision-making has typically been governed by answering the question, “What is the best thing for this patient at this time?” The answer to this question is usually gleaned from years of education and experience and ideally high quality clinical trials. Many pathologies even have evidence-based algorithms that direct us to what should come next based on the clinical situation at that moment. Most or all of the time these guidelines take all these factors into consideration with the exception of—the patient! We must ask:

**What Is the Patient Thinking?
What Are the Patient’s Concerns?**

Patient-centered care refers to care that is more responsive to the patient’s needs and perspectives, with

patient values and perspectives being taken into account when making decisions. This replaces the concept of “doctor always knows best.” Each patient presents in a context that requires individualized attention. We may

to perform activities of daily living while non-weight-bearing on a lower extremity? Do they have the financial resources necessary to obtain a realistic non-weight-bearing device? These are things we must consider.

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know from our training that patients should be non-weight-bearing following a certain procedure and therefore instruct them to be non-weight-bearing. But we must consider if they are even capable of being non-weight-bearing. Will they be able to feed their family under that restriction? Do they have the help they may need in order

It is easy for us to say, “You have a better chance of healing your diabetic foot ulcer and avoiding an amputation if your glucose is better controlled.” While this statement is true, it is important to take the next step and not only provide this education but also discuss it with the

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patient. What barriers to better glycemic control are they experiencing? Financial or even familial pressures may contribute to difficulty with glycemic control. The same can be said of nutrition, weight loss, and tobacco use.

If the doctor is overlooking elements of a patient's environment and interests, proper management of that patient's complaint is unlikely to happen. Excellent communication and an enriched doctor-patient relationship are essential to creating rapport with the patient and allowing the type of frank discussion alluded to above to occur.

With the powerful tool of the Internet, patients have more access to health information and data than they ever had in our history. Patients are more educated and often have ideas of their own. Many would like to be included in healthcare decisions. They will often present with their own ideas and concerns, and it is important that doctors allow these patients to share their thoughts and consider them.

Address Competing Agendas

There are often competing agendas during a patient's visit to a doc-

I be able to drive to work with that?" or "Will I be able to get my child to soccer practice with that?"

How do we address these competing agendas? The answer lies in excellent patient communication. Much overlap exists across studies aiming to define behaviors that lead to increased patient satisfaction, and they all point to patient-doctor com-

in terms they can understand. This can be difficult for some doctors, often feeling like they have to speak a different language than the one they hear in their heads while considering the pathology and treatment options.

The minimization of medical jargon and utilizing repetition can help with this. If you really want to test

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munication. In addition to satisfaction, even improved outcomes have been tied to communication skills.

Effective communication behaviors can be divided into task behaviors or affective behaviors. Task behaviors include active listening strategies such as eye contact and facilitative remarks. Providing detailed information is another example of a task behavior.

Affective behaviors include not being overly directive and being attentive to the patient's receipt of information. Literature suggests that affective behaviors are less directly linked to

yourself, ask the patient to repeat back to you the explanation of his or her diagnosis. Ask patients to practice the description of their diagnosis they plan to provide to their spouse or partner when they get home. You may be surprised to find just how little they understand or have retained from the discussion that has just taken place.

This can be an eye-opening exercise to help you identify deficiencies in your current communication pattern. During these exercises, if patients consistently leave out certain components of your plantar fasciitis explanation, this can help you to identify an area that needs to improve.

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tor. The doctor's agenda may be classifying the disease state and providing treatment, while the patient's agenda encompasses perspectives on his or her illness, the need for information and understanding, and the desire for partnership in management. The doctor's task is to address both agendas, while resolving any conflict that may exist between the two by further dialogue and negotiation. The doctor may know instinctively that a certain pathology requires a below-knee cast, but the first thing the patient may be thinking upon mention of a cast is, "Will

patient satisfaction than task behaviors, but both are important.

These behaviors are consistently mentioned in attempting to tie outcomes to communication skills. It is important to combine these behaviors with a patient-centered approach for the best results.

Make Communication Uncomplicated and Specific

Successful communication should be uncomplicated and specific. Patients are not impressed with a doctor using big words. They would much prefer a simple explanation

Non-Verbal Communication Takes the Lead

It may be surprising to learn that 93 percent of communication is determined by non-verbal cues. So only seven percent of the effectiveness of your communication is determined by what you actually say. Nonverbal cues include eye contact, facial expression and posture while the other person is speaking, and nodding to indicate receipt of information. All of these indicate that you are showing interest in what the patient has to say.

Maintaining eye contact while communicating with patients lets them know that they are the most important thing to you at that moment. You can send the wrong mes-

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sage by becoming distracted looking through a paper chart or clicking through an electronic health record while the patient is telling you his or her story. They usually have a story to tell you, may have been waiting multiple weeks to tell you their story, and may have even been practicing that story. Allow patients to tell their stories without interrupting them and with maintaining eye contact. It doesn't take long and it makes a big difference.

Your facial expression while listening is important. If your face says, "I've heard this story a million times and I'm bored," the patient will see that. Imagine yourself in that position—in pain and possibly scared or nervous. Would you want your doctor listening attentively or looking bored? Some helpful gestures that can make a difference:

Sitting upright and engaged with the patient sends the message that you are interested in what they have to say as opposed to slouching in your seat or leaning back on your stool against the wall.

Nodding to indicate you understand and offering facilitative remarks further indicate your interest in their story.

Something as simple as "uh huh" or "I understand" or "that must have hurt" can put a patient at ease and help to develop the trust and comfort level necessary for a good relationship.

All of this can be a challenge in this age of electronic health records, when we are forced to constantly input information into our systems. This is not an excuse to ignore these behaviors. You may need help with better templates, a more user-friendly system, or even a scribe or assistant to help with recording patient information.

There are a number of other things to consider when it comes to excelling at patient communication:

- Professional attire such as a clean white coat has been shown to have a positive effect on patient trust and confidence in their doctor.
- Addressing a patient by their

name creates a sense of individualized care and can help them from feeling like they are "exam room 3."

- A simple knock on the exam room door shows respect for a patient's privacy and personal space.

- Shaking hands with a patient upon entering an exam room is physical contact that helps to create a personal connection.

- Sitting down instead of standing can be a powerful tool.

- Studies have been done that show that patients perceive the amount of time a doctor has spent with them to be longer when the doctor is sitting throughout the encounter rather than standing. This is of particular interest to those seeing pa-

a stretch to hypothesize that those experiencing podiatric illness are analogous. Weiner and colleagues, in an observational study, showed improved healthcare outcomes in patients who had their cues about psychosocial factors attended to in primary care clinics.

In further support of how improved communication can affect outcomes, literature demonstrates that patients who understand their physician are more likely to acknowledge their health problem, understand treatment options, modify behaviors, and take medications as prescribed.

This is a risk management issue as well. Among the most common

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tients in the inpatient setting, where doctors rarely pull up a chair for their conversation with a patient.

You may be asking yourself why you should make the investment of your time and effort to employ some of these strategies. Not only are there practice management benefits, but outcomes can be positively affected as well. In addition, it is just the right thing to do!

Studies have shown a greater improvement in blood glucose levels and blood pressure among patients who graded their communication with their doctor to be of greater quality as compared to those who perceived their communication with their doctor to be of lower quality. Similar improved results were seen with headache frequency and depression in patients who experienced better patient-doctor communication. Patients who are more comfortable communicating with their doctor demonstrate less distress when experiencing illness.

While there is little in the podiatric literature about this topic, it is not

reason patients initiate a malpractice lawsuit include the claim that the doctor did not spend enough time with them; didn't explain things to them; and didn't pay attention to them. In a paper by Beckman, et al. physicians with higher malpractice complaints had twice as many complaints about communication.

Our reimbursement model is shifting from fee-for-service to a quality-and-outcome driven model. Patient outcomes and satisfaction will soon play a role in our reimbursements. This is already happening on the hospital level. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) tool is a patient satisfaction survey required by the Centers for Medicare and Medicaid Services (CMS) for all hospitals in the United States.

Among other questions, this survey asks patients if the doctors in the hospital treated them with courtesy and respect, listened carefully to them, and if the doctor explained things to them in a way they could

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understand. Payment to the hospital from CMS is in part determined by the responses to these questions.

Does instituting improved communication skills take more time? No, it does not. Ineffective commu-

nication often leads to misunderstanding, the need for clarification,

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and no time saved. An appropriate amount of repetition up front can actually save time in the long run. It may take 15 seconds to review with a patient the post-operative protocol following a matrixectomy. If that extra step is not taken and the patient needs to call with a question about their at-home care, think about the time it takes for your staff to answer that call, get you the message, and then for you to return the patient's call. If you get a voicemail when you return that call, it can lead to a time-consuming back-and-forth phone call situation between the doctor and patient before they actually connect.

These skills apply not only to the doctor, but to office staff as well. These are the first and last people the patient interacts with at the office, which can leave a powerful lasting impression. If the office staff is exercising these techniques and making patients feel more comfortable, the patient's overall experience will be improved.

If this all seems daunting to you, and you are questioning your ability to institute some of these techniques, rest assured that studies show that communication skills are largely teachable. If this is new to you, do not try to put all of these into practice at once, but rather pick one or two to start with. As you see the positive return on your investment, you can begin to institute more of these over time. **PM**



Dr. Lehrman is a Fellow of the American Academy of Podiatric Practice Management, serves on the APMA Coding Committee and the APMA MACRA Task Force, and is an Expert Panelist on Codingline.com. He sits on the Board of Directors of both the American Professional Wound Care Association and the American Society of Podiatric Surgeons. Follow him on Twitter @DrLehrman