

Patient Communication Tips

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Florida Blue 

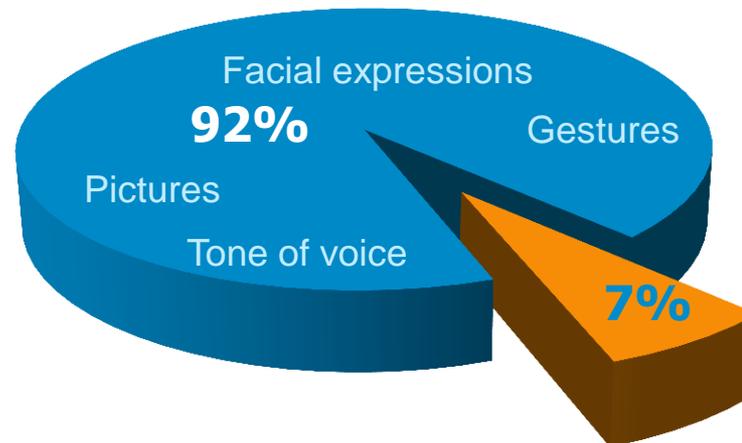
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Communication and First Impressions

- Your first Impression is an opportunity to get the patient encounter started positively. Some people may give you 30 seconds while others may only give you 5 to make a good impression. *On average, the first 6 – 15 seconds will make or break your first impression.*
- Once a first impression is created, people tend to cling to the impression often creating a long-lasting bias. Poor first impressions often lead to poor communication or miscommunications.

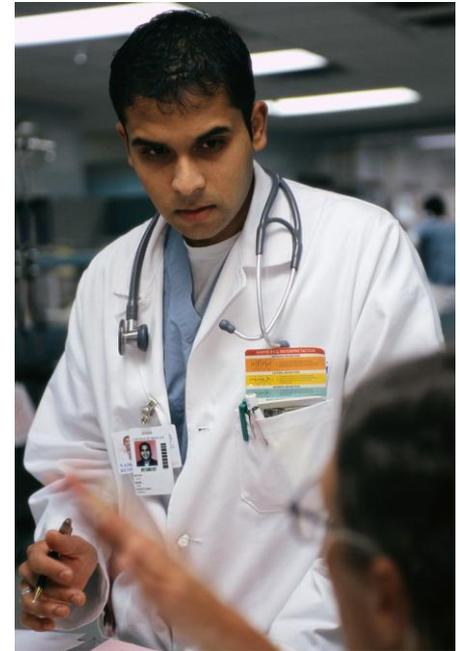
92 percent of communication is conveyed through nonverbal methods.



7 percent of our communication is conveyed through words.

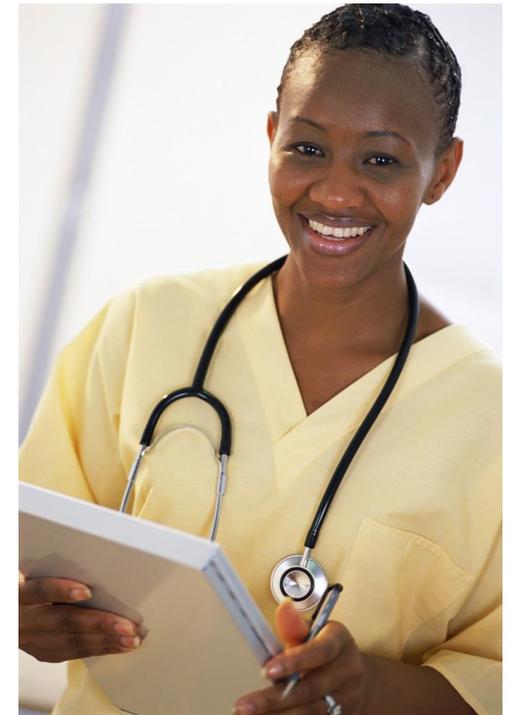
Essential Patient Communications Tips for Physicians

1. Knock on the door and wait to be invited in before entering the patient's room.
2. Greet the patient and indicate openness/friendliness by making eye contact.
3. Be prepared to address language, hearing, cultural and other communication barriers tactfully. Never make assumptions regarding a patient's communication abilities or barriers.
4. Introduce every clinical person in the exam room and his or her role.
5. Learn the identity of the persons with the patient and their role in the patient's life.
6. Look at the patient and family, not at the computer when possible. Spend as much time looking up as you do looking down.



Essential Patient Communications Tips for Physicians

7. Learn and listen. Become aware of the patient's personal circumstance and medical issues.
8. Do not interrupt or rush the patient or his or her family. The average physician lets the patient speak for only 20 seconds before speaking.
9. Do not talk about the patient in the third person or about him or her to other clinical staff within hearing range. This includes the other side of the exam room curtain or door. Instead, make them a part of the conversation.
10. Provide easy to read, written information regarding the patient's condition or treatment.
11. Provide contact information for the patient regarding the best method for getting questions answered.
12. Be empathetic and put yourself in your patient's position.



Five Fundamentals of Patient Communication

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You

Five Fundamentals of Patient Communication

Acknowledge: How physicians greet patients and establish a first impression.

Introduce: How physicians and others introduce themselves to patients, their role in the patients' care and the experience they bring.

Duration: Keeping the patient informed on wait times, admission length, test turnaround times, therapeutic effect or symptom resolution.

Explanation: Providing patients with information on treatment, medications, diagnosis and therapy options.

Thank you: Thanking patients for trusting physicians with their care and closing the clinical encounter.

Learn Model: A culturally sensitive medical interviewing tool

Listen with sympathy and understanding to the patient's perception of the problem.

Explain your perception of the problem.

Acknowledge and discuss differences and similarities.

Recommend treatment.

Negotiate agreement.



Source: Western Journal of Medicine

Bathe Model: A memory aide for asking simple questions about background, affect, trouble, handling and expressing empathy

Background: The simple questions: “What is going on in your life?” brings out the context of the patient’s visit.

Affect: Asking “How do you feel about what is going on?” or “What is your mood?” allows the patient to report and label the current feeling state.

Trouble: “What about the situation troubles you the most?” helps the nurse and patient focus and may reveal the symbolic significance of the illness or event.

Handling: “How are you handling that?” gives an assessment of functioning and provides direction for an intervention.

Empathy: “That must be very difficult for you” legitimizes the patient’s feelings and provides psychological support.

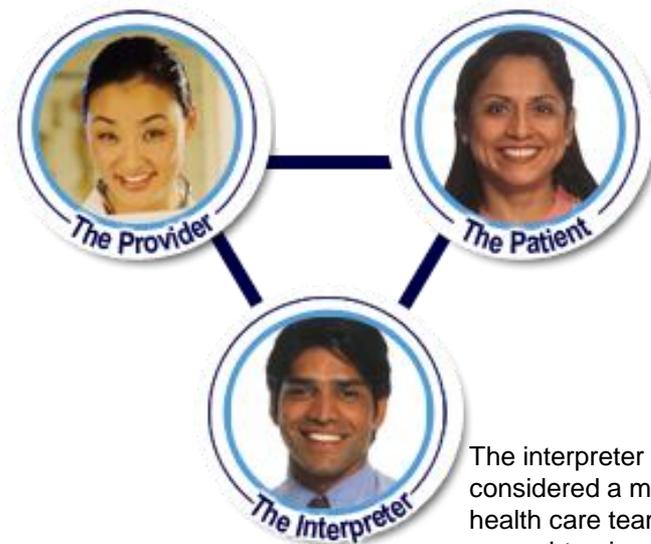


Triadic Interview: Working effectively with an interpreter

Triadic interview consists of :

- A pre-interview process
- Triadic interview
- Post interview/debriefing (if necessary)

The doctor should arrange chairs to facilitate communication with the patient. The doctor should face the patient and speak directly to him or her.



The interpreter should be considered a member of the health care team but remain as unobtrusive as possible.

Triadic Interview Checklist

Before the interview:

- Arrange for extra time for the interview.
- Arrange for a trained interpreter.
- Make sure the interpreter and patient speak the same language and dialect.
- Hold a brief meeting with the interpreter.
- Give the interpreter a brief summary of the patient.
- Establish goals for the session with the interpreter.
- Establish ground rules.
- Insist on sentence-by-sentence interpretation.

Triadic Interview Checklist

During the interview:

- Remember that you, as the healthcare provider, not the interpreter, are responsible for the interview.
- Watch the patient, not the interpreter.
- Speak slowly and clearly. Use simple, straightforward language, and avoid metaphors, jargon and slang.
- Clearly explain medical terminology.
- Observe and evaluate what is going on before interrupting the interpreter.

After the interview:

- If necessary (for example, in situations of death or dying or giving bad news), hold a post-interview meeting with the interpreter.

Summary

1. Our goal is to deliver patient-centered healthcare.
2. Physician communication should be open, understandable, compassionate and respectful.
3. There exists a disparity of healthcare quality for the limited English proficiency minority patients.
4. The U.S. Census Bureau predicts that nearly half of the U.S. population will be from cultures other than White, non-Hispanic (in 50 years).
5. It is therefore imperative that physicians become culturally competent.
6. Cultural competence involves self-awareness and biases, knowledge about a patient's cultural background and knowing what questions to ask.
7. Cultural awareness requires empathy. The goal is trust, appropriateness and respect, and the ability to negotiate so that appropriate medical care can be provided.
8. For patients with limited English proficiency, use an interpreter. This form of communication is called Triadic.
9. It is important to know the facts about specific ethnic groups; but it is more important to understand each individual's beliefs and each individual's understanding of his or her disease.



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Source: U.S. Department of Health and Human Services, Office of Minority Health (<https://cccm.thinkculturalhealth.hhs.gov>)

Resources

- Institute of Medicine of the National Academies 2002 report on racial and ethnic disparities
- Office of Minority Health (HHS.gov)
- HCAHPS
- HCAHPS Handbook, Studer Group, 2010
- Hospital Compare.hhs.gov
- Western Journal of Medicine
- U.S. Department of Health and Human Services, Office of Minority Health (<https://cccm.thinkculturalhealth.hhs.gov>)
- U.S. Department of Health and Human Resources Administration

