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News & Resources (/news-resources) > Perspectives on the Acute Care Continuum (/news-resources/perspectives-on-the-acute-care-continuum) > November 2016 (/news-resources/perspectives-on-the-acute-care-continuum/november-2016) > A Family Member's Perspective: 5 Communication Tips for My Father's Care Team

Perspectives on the Acute Care Continuum

The Acute Care Continuum is the integration of urgent, emergent, inpatient and post-discharge care of patients with acute medical conditions.

A Family Member's Perspective: 5 Communication Tips for My Father's Care Team

11/2/2016 3:42:28 PM | 3 comments (/news-resources/perspectives-on-the-acute-care-continuum/november-2016/physician-patient-family-communication#comments)

By: Dianna Booher (/News-Resources/Perspectives-on-the-Acute-Care-Continuum/Authors/Dianna-Booher), Anne Bruce (/News-Resources/Perspectives-on-the-Acute-Care-Continuum/Authors/Anne-Bruce)



Welcome to Mindfulness in Medicine, an ongoing column by best-selling author Anne Bruce, designed to cultivate leadership and collaborative relationships among hospital leaders, nurses, providers, and ancillary staff. Mindfulness is a powerful leadership tool that enhances emotional intelligence. It is a tool that, when practiced, can help us develop and implement emotional intelligence in medicine. It is a tool that, when practiced, can help us develop and implement relational coaching skills and illuminate various ways to improve hospital operations and cross-departmental performance. Mindfulness also improves our capacity for decision-making and participatory medicine, all while enhancing our own health and well-being. Your comments and insights on these postings are greatly valued.

My (Dianna's) sprightly 89-year-old dad had been walking two miles every day until his back began to bother him five months ago. Soon he was bent over at about 30 degrees and using a cane.

I accompanied Dad to his appointments with one back surgeon, then another. For the purposes of this post, we'll call them Dr. X and Dr. Y.

Both physicians came highly recommended. And they may well have been superstars in the OR. But being a communication trainer, I was dismayed at the way they interacted with Dad and our family.

Now I've done a lot of work with healthcare providers. I hear about shrinking reimbursements, administrative burden, EHR frustration, and the pressure to see more patients in order to survive financially. So I'm guessing I have more empathy in this respect than the average consumer.

But at one point, I caught myself thinking how I'd love to record these visits for training purposes. I pictured myself standing in front of a class of health professions students, remote in hand, and telling them, "Watch. This is *not* how you do it."

The interesting thing is, on the topic of communication, the interests of patients, payers, and providers are remarkably aligned. Good communication helps to prevent medical errors. It's foundational to the triple aim of improving quality, cost, and experience. Several questions on every patient satisfaction survey tie directly to communication.

Most importantly, the majority of healthcare professionals we know genuinely care about their patients. They got into medicine to help others.

So in today's post, we'll use Dianna's experience to show what works, what doesn't work, and how good communication can make you a hero to your patients.

1. Take a Moment for Rapport

Dr. Y walked into the examining room and, without pausing for an introduction or making eye contact, asked Dad, "What brings

you in today?"

Dad started explaining about his pain and previous back surgeries. (He'd had three.) Meanwhile, Dr. Y buried his head in the chart, quickly scanned, and then interrupted mid-sentence. From his comment, I could tell that he hadn't heard a word Dad had said.

Not only did this come across as rude, it sent a message that perhaps the chart was more reliable than the patient. Which, given the many stereotypes about our elders, is unfortunate to say the least.

A Better Way: Establishing provider-patient rapport can be done in a few minutes. Greetings, introductions, eye contact, and active listening can all go a long way. (This short IHI training video (<http://www.ihi.org/education/IHIOpenSchool/resources/Pages/Activities/AACHWaysToBuildRapport.aspx>) shows some great examples.)

Genuinely rushed? Remember that listening can actually shorten the encounter by getting all the patient's concerns out in the open.

2. Answer Questions Thoroughly

In the above encounter, my dad asked Dr. Y about a certain type of injection.

Dr. Y's answer was quick, decisive, and not terribly helpful. "I need more information," he said. "Let's do a myelogram, and then we'll talk."

Dad tried to explain that his previous physician, Dr. X, had already given him three injections *without* the aid of a myelogram. But rather than try to get to the bottom of things, Dr. Y assured us that a myelogram was the way to go.

Three minutes later, he was out the door, leaving us to wonder what the myelogram was supposed to reveal ... and if the previous physician had made a mistake.

A Better Way: Evidence suggests that a partnership approach to patient care may result in more accurate diagnoses, greater adherence to treatment, and improved outcomes. This approach stresses open communication, patient participation, and shared decision-making. For more info, see this helpful committee report (<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Effective-Patient-Physician-Communication>) by the American College of Obstetricians and Gynecologists.

3. Take Time to Explain

At the next visit, with myelogram results in hand, Dr. Y announced that surgery was "not an option."

"Why not?" we asked.

"The last thing I want to do is operate on an 89-year-old man," he said. "Let's try a fourth injection."

Later, Dad consulted with the family members. We decided if Dr. Y wasn't going to communicate and bring Dad into the decision-making, it was time to get a third opinion.

And wow, were we glad we did. We'll call the third surgeon Dr. A — A for awesome.

A Better Way: Dr. A ultimately came to the same conclusion as Dr. Y. But unlike Dr. Y, he gave a stunningly clear explanation.

"I don't recommend surgery either," he said. "But it has nothing to do with age. It's about results.

"We get the best results with the first surgery. With the second surgery, statistics say your chance for pain reduction goes down about 50 percent. With the third surgery, your chance for pain reduction is minimal. With any surgeries after the third, benefits are highly unlikely, and the risks for something going wrong greatly increase: heart attack, stroke, paralysis."

His explanation put an end to the matter of surgery as a corrective action. He also offered clear alternatives. For the first time, we all felt we were moving forward.

4. Provide Clear Definitions

Dr. X, Dr. Y, and their staffs referred often to "pain management," which my dad and I interpreted to be medication.

Later, Dr. A defined the term to include a spinal-cord stimulator, physical therapy, and simply walking to strengthen muscles. This relieved all of us and opened everyone to further discussion.

A Better Way: There's a concept called the "curse of knowledge" that affects everyone from healthcare providers to car mechanics to your IT department. The gist: once you know something, you can't imagine what it's like *not* to know it.

The cure: translate your intentions into concrete language and examples. This Harvard Business Review article (<https://hbr.org/2006/12/the-curse-of-knowledge>) has some great examples (from Trader Joe's and beyond).

5. Respect Our Time, Too

Dr. Y. made it clear that he was a terribly busy guy. I have no doubt he was, but I think it should go without saying that the patient's time matters too.

Patients and family members often take time off from work for appointments, only to endure long delays in the waiting room. In the ED or inpatient setting, this might translate into long turnaround times for test results, or waiting around after care is complete for someone to perform a discharge.

A Better Way: When delays are inevitable, practice open communication. The "D" in the Struder Group's AIDET patient satisfaction mnemonic (<https://www.studergroup.com/aidet>) stands for "duration." Acknowledging the issue and offering a realistic timeframe for completion shows patients that their time is important to you.

So those are our thoughts as patients, family members, and communication coaches. But we'd love to hear from providers too.

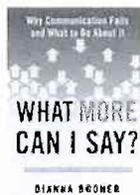
How do you quickly establish rapport and trust? Comment below to tell us about it.

About the Authors



Anne Bruce has provided training and performance coaching for MedAmerica and CEP America. She also serves as MBSI's Employee Development Coach and Leadership Facilitator. Anne is a bestselling author with more than 20 books published by McGraw-Hill Publishing, New York. Her next book on mindful behavior is titled, *Conscious Engagement* and is scheduled for release in 2017. She considers her award-winning life-coaching book, *Discover True North: A 4-Week Approach to Ignite Passion and Activate Potential* (McGraw-Hill Publishing) (<http://www.amazon.com/Discover-True-North-Activate-Potential/dp/0071403000>) to be one of her most "mindful" books to date. She also leads a popular Discover True North Expedition group on LinkedIn (<https://www.linkedin.com/grp/home?gid=5144419>) and a fan page called Fans of Anne Bruce on Facebook. Anne can be reached at 214-507-8242 or by writing to her at Anne@AnneBruce.com

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Dianna Booher is the bestselling author of 46 books published in 27 languages. She works with organizations to improve their productivity through clear communication and with leaders to expand their influence by a stronger presence. Her personal development topics include communication, leadership, executive presence, productivity, life balance, and faith. Her latest books include *What MORE Can I Say?* ([http://www.whatmorecanisaythebook.com/?](http://www.whatmorecanisaythebook.com/?utm_source=Signup%20form&utm_campaign=efa371fa1c-)

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Andrea Kamenca

What an excellent post! I too had a father with recent medical conditions. The providers and staff who communicated with patience and kindness brought a new level of healing to the process.

11/3/2016 2:28:38 PM

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Dianna Booher (<http://www.booherresearch.com>)

It was a pleasure to work with Anne Bruce on this article, regarding my dad's care from three different physicians. As Anne and I both know after years of offering communication coaching to busy executives, it can be difficult to "think on your feet" during a hectic day to incorporate great communication along with excellent healthcare. But with conscious effort, it can become a habit--and ultimately SAVES time.

11/3/2016 9:26:55 AM

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Anne Bruce (<http://annebruce.com>)

Thank you to bestselling author and friend Dianna Booher for sharing these 5 impactful communication tips that all align with what we call "Mindfulness In Medicine". Dianna's book, "What More Can I Say?" is a great read and I highly recommend it for anyone wanting to improve the communication practices of their teams.

11/2/2016 4:31:04 PM

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