



RESOLVING PRACTICE DILEMMAS

Dealing With Breakdowns in Communication

One day Nancy Radcliff, R.N., was shadowing an orthopedist in his office. Ms. Radcliff, director of customer service for the Bronson Customer Service Institute at Bronson Hospital in Kalamazoo, Mich., is frequently hired by corporations, hospitals and physicians to diagnose and cure their communication problems, which are often in critical condition.

Communication problems between physicians and their staff, patients and colleagues can damage hard-earned reputations and lead to lawsuits. Lack of communication is often the culprit behind high staff turnover, patient dissatisfaction and plunging profits. Physicians can resolve many issues by simply replacing bad habits with effective communication strategies that create harmony in the workplace.

When the physician and Ms. Radcliff walked into the exam room, a couple was holding hands. The wife was the patient, but the physician addressed only the husband. The doctor viewed her X-ray on a light board, discussed her condition with his back turned toward them, then walked out of the room adding, "We need another X-ray."

"I was absolutely astounded—flabbergasted," recalls Ms. Radcliff. "This physician didn't have any concept of what his communication skills were. He had a sense

he was not communicating well only because [he was involved in] lawsuits."

Communication problems between physicians and their staff, patients and colleagues are nothing new. Besides lawsuits, poor communication can seriously damage hard-earned reputations and is often the culprit behind high staff turnover, patient dissatisfaction and plunging profits.

A handful of physicians are sharpening their communication skills at the National Institute of Whole Health in Wellesley, Mass. The organization provides continuing education for medical professionals in “whole-person healthcare,” explains its director, Georgianna Donadio, Ph.D.

She says that one of the biggest patient complaints is that physicians and other healthcare providers typically don’t “communicate authentically” or show respect. For example, she says, when you sit in an exam room with patients, are you really lis-

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tening to them or are you thinking about your stockbroker or about going to Bermuda over the weekend or what you'll eat for lunch? Are you "present" to that person and actually giving him or her your time and paying attention to the task at hand?

Dr. Donadio says that 70 percent of information is communicated through nonverbal means. Patients can sense when you're not present through a variety of verbal and nonverbal cues, such as lack of eye contact, leg shaking, tone of voice, facial expression and hand gestures. Then there is the distraction factor—how many times do you answer phone calls or walk out of the exam room during a patient encounter?

"Clear your mind, clear out all the nonsense that's not related to that particular person," Dr. Donadio says. "Give them what they paid for, and you'll get back 10 times in good will, recommendations and referrals. The biggest and most successful practices in the U.S. are all word-of-mouth referrals. We know that's a fact, yet somehow we don't think we have to be mindful of how people are experiencing our care."

The organization conducted a four-year trial study between 1998 and 2002. Fifty patients, who were labeled noncompliant and suffered from multiple pathologies ranging from cardiac disease and obesity to alcoholism, were enrolled in the Cardiac Rehabilitation Department at Union Hospital in Lynn, Mass. Patients were evaluated at the beginning and end of the study using SF36, a validated survey instrument that is used to measure quality of life. Six educators and six interns from the New England School of Whole Health Education participated in educating the patients at the hospital during six one-on-one sessions.

The study found that these patients performed significantly better than the control group after just six months. There was an 11-percent improvement in patients sharing their feelings, a 6-percent improvement relating to stress, 22-percent improvement in their perception of their tendency to get sick compared with others, a 21-percent improvement in their expectations of future health decline and a 4-percent improvement in their perception of their current health status.

One participant was an alcoholic in his early 50s who suffered from diabetes, heart disease and cancer. Several months into the study, Dr. Donadio says, he ran into his doctor in the hospital's

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hallway; he had not seen this physician since he was enrolled in the study.

“His doctor didn’t recognize him,” she says, explaining that this man was now standing straight instead of being hunched over, had color in his face and had lost weight. When asked what had happened to him, the man said, ‘Finally I got somebody to tell my story to. She listens.’ The doctor was transformed.”

The golden rule that the National Institute of Whole Health teaches is that nobody likes to be told what to do. Patients must be engaged and invited into the process of managing their health-care. In order for that to occur, physicians must create a level playing field that involves shared decision-making and trust patients’ intelligence and intuition when it comes to their own bodies. She says that many physicians do not ask their patients

Patients Uneasy About Confronting Care Providers: Study

A recent study suggests that patients often play an unwitting role in bringing about medical mistakes by not confronting their healthcare practitioners when they have concerns about their care.

The study, conducted by VitalSmarts, an international company that provides leadership training and consulting services, identified patients who had recently encountered problems from feeling mistreated by healthcare practitioners to feeling worried that their care provider was making a significant mistake. It found that patients usually say nothing about their concerns, and their silence puts them at risk for significant personal harm.

“Patients often find themselves in a quandary, worrying that their healthcare professional is acting on poor information,” says Joseph Grenny, author of the study and president of VitalSmarts. “The patients feel that they have to choose between being respectful and sharing their concerns. Given these two choices, they don’t speak up.”

The survey found the following:

- Fewer than half of patients spoke up when the caregiver was unclear about the diagnosis, treatment options or next steps.
- One in five of these people had suffered “substantial” health problems as a result of not speaking up.
- When patients believed that the care provider was making a medication error, they were more inclined to speak up, yet more than a third did not.

what they believe may be wrong with them.

Over a nearly 30-year span—from 1977 to 2005—the organization surveyed roughly 100,000 patients in the New England area and asked them that same question: What do you think may be wrong with you? The results found that 93 percent of the time, patients had accurately diagnosed their condition.

By asking that question to patients, Dr. Donadio says, physicians can begin to relate to patients as one human being to another. “Their eyes will brighten up, and they’ll think you’re pretty terrific because you’ve engaged them in shared decision-making,” she says. “How powerful is that?”

Is the patient a single mother working two jobs to support a large family? If so, advising her to start an exercise routine, avoid starchy foods and eat fruits and veggies would be a waste of time. The patient would feel as if the doctor doesn’t understand anything about her and “blow off” anything else that’s suggested.