Improving Patient Safety Through Effective Physician Communication Techniques

John P. McGuire, FACHE, FHFMA

In real estate, we have always heard the three factors of success are: Location, location, and location. In patient safety, it seems obvious that three important factors of success are: Communication, communication, and communication.

While most of the clinical studies on patient safety and communication have been in the inpatient setting, there are many opportunities to apply the lessons learned to any interaction between physicians and patients.

Everyone wants patients to be safe, so what causes the problem? Dr. Michael Woods identified six risk factors that can stifle communication:

1) **Culture/ethnicity** - Interaction with the caregiver can be affected by the patient’s cultural history. I remember hearing stories from the nurses in the immigrant clinics that certain groups did not want the word “cancer” used when discussing illnesses because of the belief that the very mention would bring a curse on the patient. Difficulties with the language, by either the patient or the physician, can also lead to misunderstandings and miscommunication.

2) **Socioeconomics** - Levels of education, literacy, and behaviors can vary tremendously across both the patient population and the caregivers, leading to additional opportunities for communication errors.

3) **Literacy** - How well does the patient understand the medical terms that you use? Healthcare is notorious for its use of acronyms, and unfortunately, many of them vary in meaning, depending on the setting where they are encountered. Can the patient understand and perform follow-up activities?

4) **Gender** - Gender differences can certainly influence the relationships between caregivers and with the patients.

5) **Personality/behavior** - Our personalities impact how we behave, and how we are perceived. Numerous studies have reported on the influence of body language and speech patterns on the effectiveness of communications.

6) **Time/urgency factor** – A rushed communication may be viewed as curt or incomplete, and at the same time discouraging follow up questions.

So given all these barriers to effective communication, what can be done to address the problem? Many of the efforts focused on improving patient safety have focused on standardizing processes and procedures. These same lessons can be applied to patient
interactions. Developing a mental checklist for patient inquiries can help to prevent overlooking key items, and adopting the practice of open-ended questions can often reveal items that would be missed with questions requiring simple “yes or no” answers.

Many practices are now taking advantage of new technologies to enhance physician/patient communications through patient’s electronic health records (EHR’s). Capabilities can include request for appointment scheduling, review of test results, documentation of medical history and opportunities to send electronic messages to the physician or the office. This type of messaging is very helpful for minor and routine questions that are non-urgent. While speed and convenience can certainly be an enhancement, responsibility for clarity and completeness lies with both patient and provider, since neither party has the benefit of face-to-face communication and interactive feedback.

Helen Osborne identified several suggestions that could be used to help improve communications:

**Patients to Providers**

The key opportunity is to teach patients how to ask questions. By helping them to prepare for their interactions, the efficiency and completeness of the communication can be greatly improved. After a visit, each patient should be able to answer the following:

- What is my main problem?
- What do I need to do?
- Why is important for me to do this?

Another practical suggestion is to encourage patients to keep a current list of medications and procedures. This is especially helpful for patients with a complicated medical history. Many patients go to multiple providers, and seeing an unfamiliar medication on the list could be the key to finding out about a pertinent medical condition.

**Providers to Patients**

Organize in advance what you are going to say.

Having a verbal communication plan will help you make sure that all important points are covered.

Reconcile discrepancies and correct omissions.

Patients are often confused about the communication interaction between various providers. I have heard reports from numerous physicians about patients who
happened to mention that they had been admitted to the hospital for a procedure and assumed that the physician would have known all about it, even if it occurred out of the area. Again, reviewing medication lists may provide a clue about other care issues. Asking direct questions about other care providers may also open up the communication stream.

**Use the teach-back method.**
Having the patient repeat back your assessment and instructions can be invaluable in confirming that the patient understands the scope and content of your communication. Many of the electronic medical record systems now provide the opportunity to produce a written summary of the visit. While this is a convenient tool, it is still important for someone to review the information with the patient, again giving them the chance to ask questions and clarify any items they are confusing to them.

**Provider to Provider**
Given the growing complexity of the healthcare delivery system, miscommunication between providers can also have a negative impact on patient safety. A report on patient safety prepared by HealthGrades 3 noted a significant increase in overall patient safety events for those hospitals where communication scores were low for nurses and doctors. Establishing standards for provider to provider communications is a key requirement of improving patient safety.

One of the communication protocols that is being used for provider to provider communications is referred to as SBAR. This acronym stands for Situation, Background, Assessment, and Recommendation, and can be used either as a reporting mechanism, or to guide a structured inquiry:

- **Situation**- What is going on with the patient?
- **Background**- What is the clinical background or context?
- **Assessment**- What do I (you) think the problem is?
- **Recommendation**- What do I (you) think needs to be done for the patient?

Using such a protocol will help insure the completeness of the communication and allow all the providers to share their information and expertise.

**Summary**
Communication can be complicated, patients can be difficult, and time may be short, but the importance of good communication cannot be overstated. Reduction in medical errors, improvement in patient satisfaction, and improved efficiency in practice can all result from a focused, organized effort on improving communications. Establishing processes for
standardizing your interactions with your patients, your colleagues, your referrals and other clinicians will only help to improve these crucial aspects of your practice.

Sources:


*John McGuire is a senior health care consultant with Anders Health Care. John works with physicians and hospitals to improve their operations and financial bottom lines. If you have questions about this article or Anders Health Care, you can contact John at 314-655-5596, jmcguire@anderscpa.com. www.andershealthcare.com.*

*Original publication St. Louis Metropolitan Medical Society “Medicine”, March/April 2013.*