Patient Communication: Not Just the Same Old Talk

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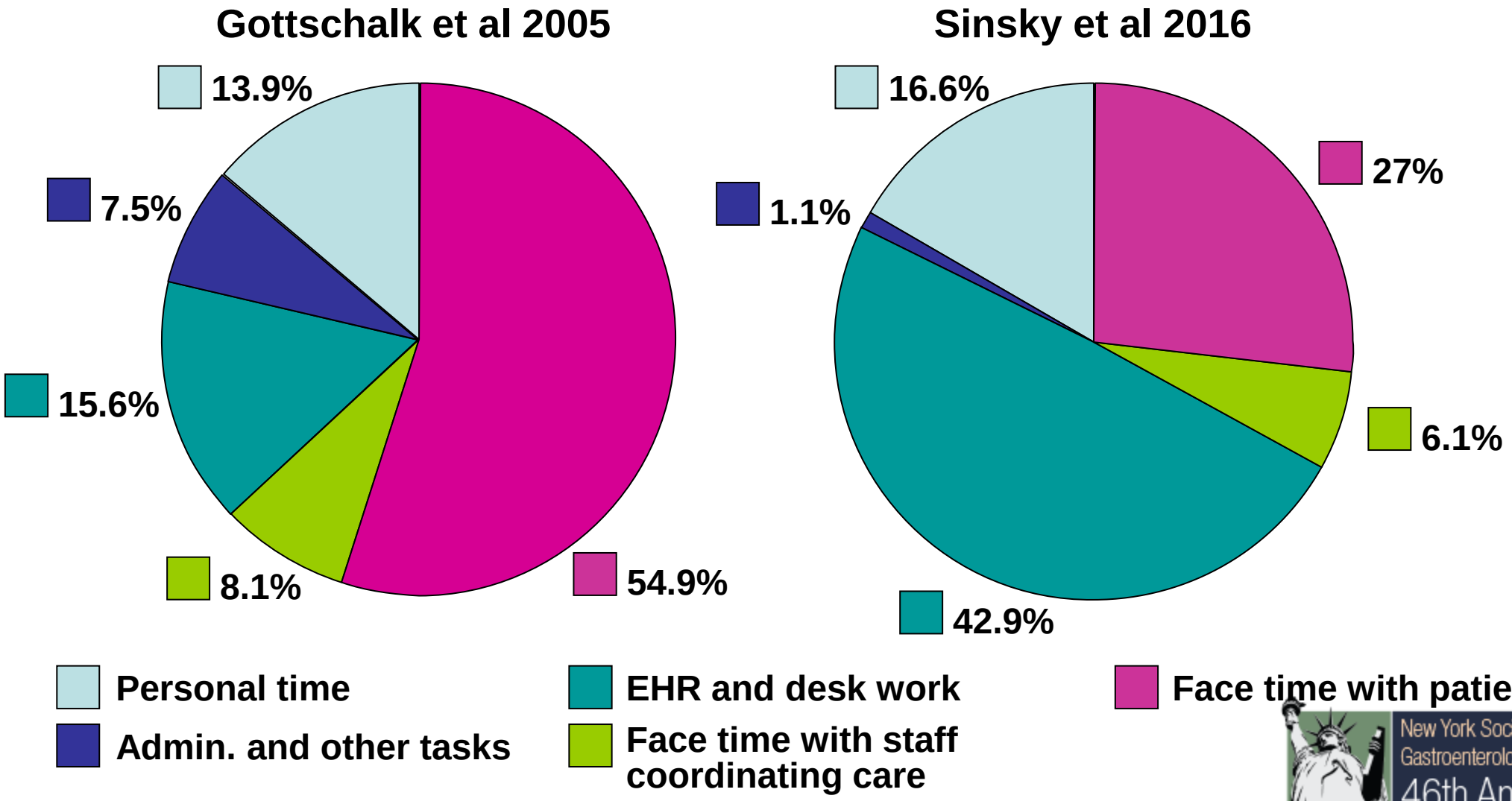
46th Annual New York Course

Top 3 Things to Optimize Quality in Patient-Provider Communication

- Practice evidence-based interpersonal communication strategies that improve overall health, patient and provider satisfaction and reduce costs
- Know how to de-escalate and angry patient
- Be aware of trauma and practice trauma-informed care

Comparison of Provider's Time Allocation During Office Hours



Evidence-based interpersonal communication strategies

Slides courtesy of Doug Drossman, MD

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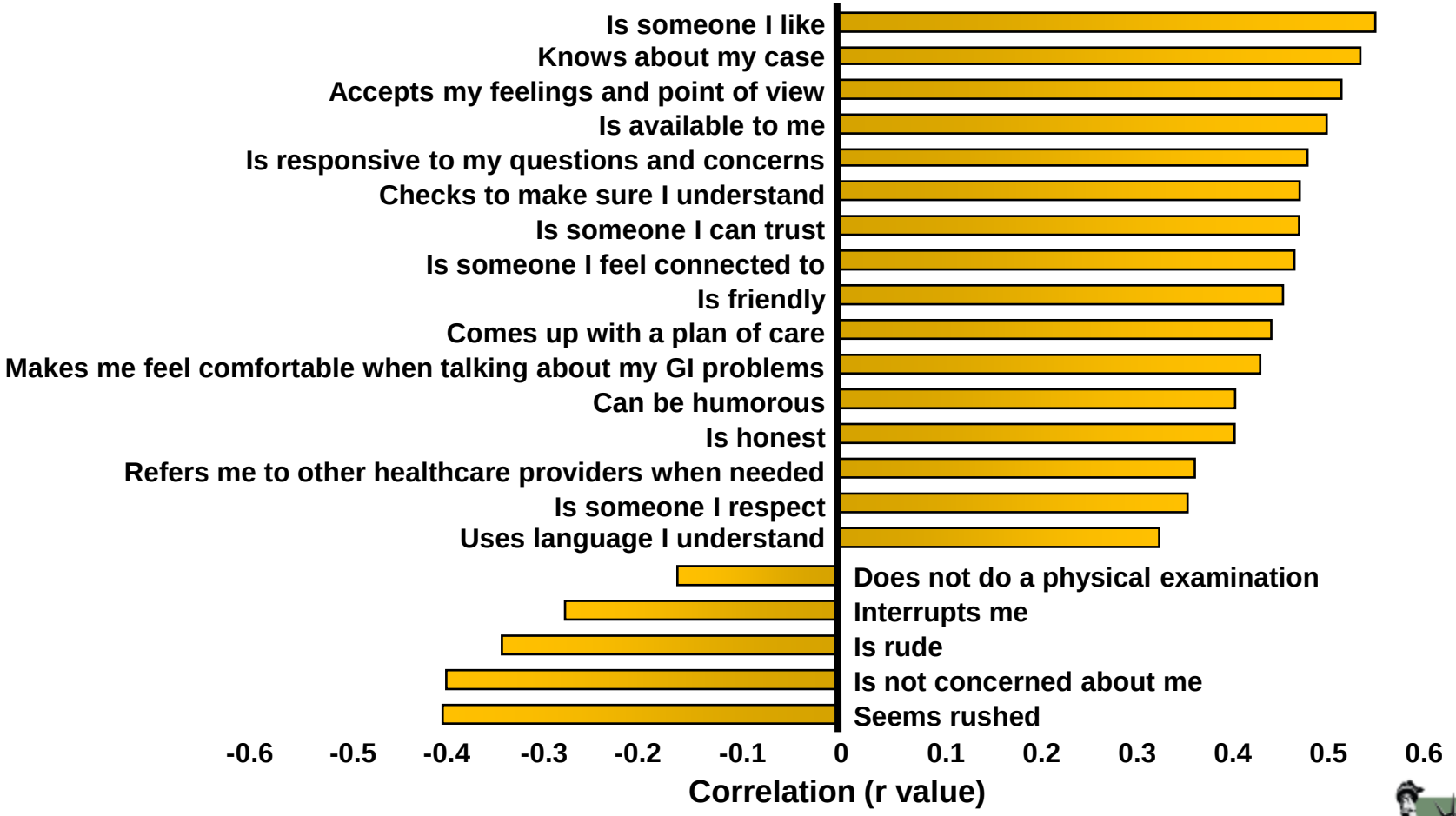
Value of Effective Communication Skills

- **Improves diagnosis and clinical decision making**
  - Active listening, addressing the agenda, empathy, and validation motivates patients to provide more valuable clinical and psychosocial information
- **Creates a collaboration of care**
  - Creates trust where patients share meaningful information
  - Offloads provider from taking on undue responsibility and empowers patient to participate in clinical decisions
- **Establishes meaningfulness for the provider**
- **Saves time**
  - Provider asks fewer questions to capture the key features of diagnosis and the patients biopsychosocial milieu
- **Provides benefits to patient and provider**
  - Patient acquires trust, knowledge, engagement and mutual goal setting
  - Provider is more satisfied and empathic and with less flooding and burnout

Drossman DA, Ruddy J. Improving the patient-provider relationship to improve health care. Clinical Gastroenterol and Hepatol. 2020;18:1417.

Correlation of Physician-Patient Relationship Items (PPRS-Patient) with Overall Satisfaction (SAT-37)



Drossman DA et al. Neurogastroenterol and Motility, 2022 Feb;34(2) doi: 10.1111/nmo.14191

Recommended practices to improve connection with patients

- Prepare visit with intent
  - Review chart before seeing the patient, summarize your last visit and what has happened since if significant [hospitalization, surgery]
- Listen intently and entirely while sitting down
- Formulate an agreed upon agenda
  - What matters the most to the patient that day?
  - Be prepared to set up another visit if too many agenda items
- Connect with the patient's story [EPIC sticky notes]
- Name and validate the patient's feelings

Drossman DA et al. Gastroenterology 2021;161-1670

Know how to de-escalate an angry patient

Case study: Is this familiar?

A.G. is a 42-year-old man referred for chronic abdominal pain. His pain has been treated with opioids by multiple E.R. providers over the past 3 years. Extensive testing has not identified a specific cause for his symptoms. He cannot work due to his pain and co-existing anxiety and depression. He is correctly diagnosed with centrally mediated abdominal pain syndrome (CAPS); the treating physician suggests a trial of a neuromodulator. A.G. requests a fentanyl patch - "just to tide me over" - but is told that opioids are not appropriate for his condition. The office visit appears to end cordially; however, at the checkout desk he screams at the nurse, throws his paperwork, and tells her that he will "find her" if he does not get Percocet immediately.

- A systematic review of 17 studies involving 17,207 medical staff in a variety of clinical situations identified a workplace violence prevalence of **47%**.

Lacy, BE, Keefer, L., Drossman DA. AJG, 2022; Ramzi Z.S., Front Psychol, 2022

Do's and Don'ts for Disruptive Patients

Do	Do NOT
Stop what you are doing and give patient full attention	Physically crowd or touch the patient
Maintain eye contact (but do not stare)	Turn your back or let patient get between you & door
Stay composed- polite and respectful	Take notes or type
Body language signal- relaxed, open stance	Interrupt or tell patient to "stop yelling"*
Try to move to a private location	Yell, threaten or show anger yourself
Speak slowly and calmly with even tone	Take the patients remarks personally
Restate patients concerns and acknowledge frustration	Assume you know all the facts
Use Empathy	Try to have the last word
Be willing to negotiate	Stand over patient- maintain eye level

*if threatening, calmly state you cannot work with them and you will return in a few minutes when s/he can speak in a normal tone

Be aware of trauma and practice trauma-informed care

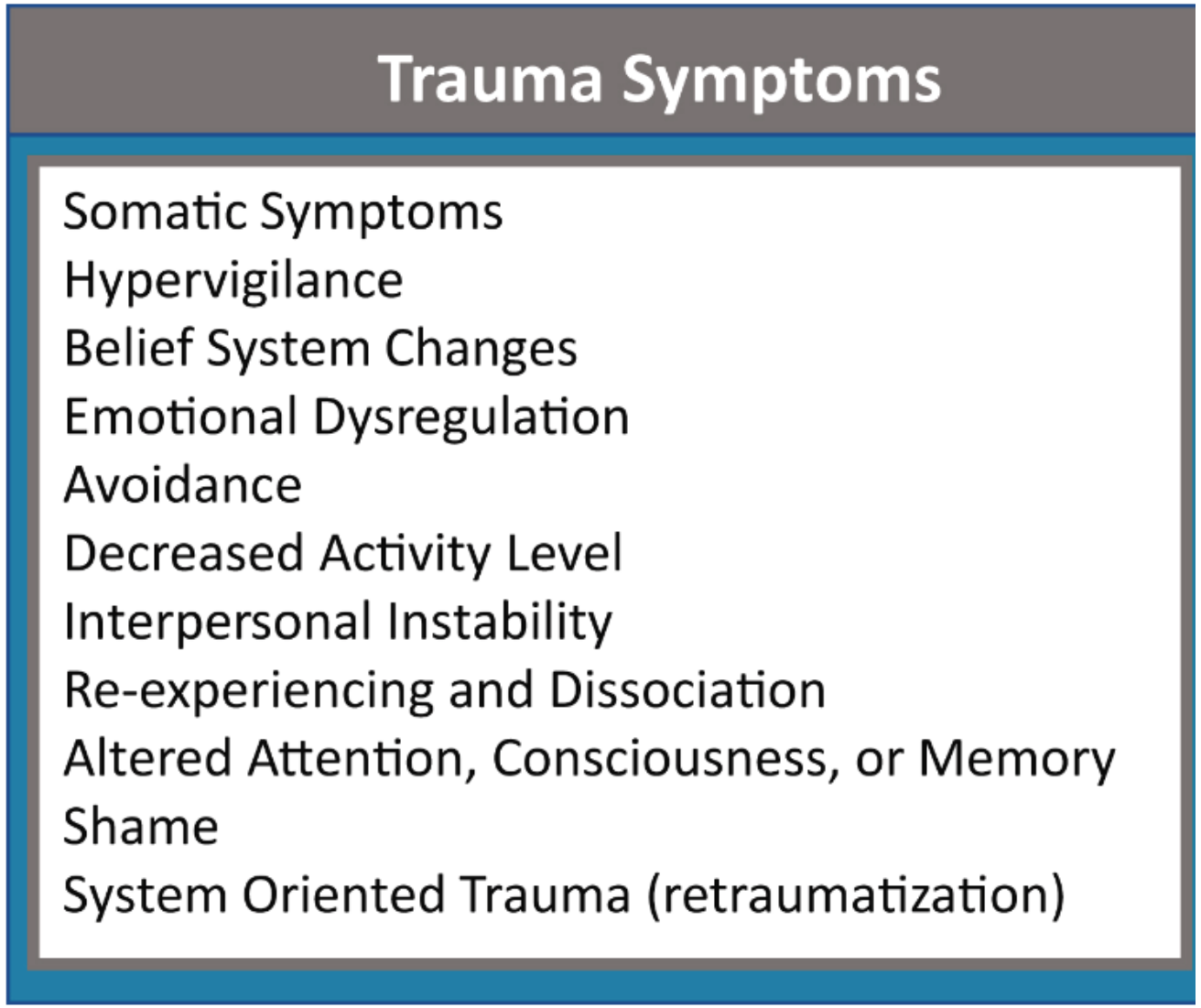


Fig. 3

Symptoms of trauma.

Trauma-informed GI Care

Screen for prior history of trauma and its impact

Do not challenge or discount reports of abuse or trauma

Avoid periods of isolation during hospitalization

Avoid labeling patient as anxious, drug-seeking, “difficult”

Pay extra attention during exams and procedures to consent, comfort, privacy, security and safety

Do not **ignore or “ghost”** the patient

Ensure all communication is Kind, Necessary and True

Adapted from: Jagielski, C and Harer KN. Gastro Clinics NA, 2022

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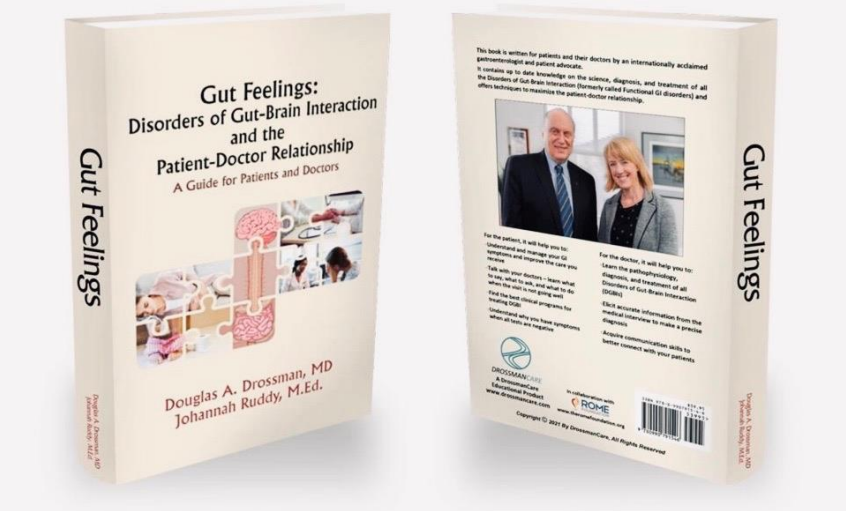
Additional Resources



Co-Authored by Douglas Drossman MD and Johannah Ruddy M.Ed. to educate patients and doctors on the value of the biopsychosocial approach to care and the importance of communications skills to the patient/doctor relationship.

For more information on communication skills programs go to https://romedross.video/2KPTYzC