Physician Communication and Care Management: The Good, the Bad and the Ugly

By Alan H. Rosenstein, MD, MBA

In this article...

Examine five steps health care organizations can take to improve physician communication skills.

With increasing stress and complexity in today's health care environment, appropriate and effective physician communication is more important than ever. This includes communication among physicians, nurses, case managers, and other members of the health delivery team, communication among physicians and administration, and communication among physicians, the patients, and their families.

The good news is that strong communication leads to a great potential for improving the patient experience in regard to satisfaction, quality and safety. The bad news is that there are too many communication gaps that lead to less-than-optimal outcomes of care.

The ugliness occurs with physicians (and others) who refuse to abide by appropriate professional standards of care and often leads to disruptive behaviors that can negatively impact patient care. What can we do to make things better?

There needs to be a multidirectional approach to improving communication. This starts by raising levels of awareness as to the importance of communication in the care management process, looking at obstacles that may get in the way, providing communication skills training, developing a supportive organizational culture, and addressing issues of noncompliance that may result in adverse events (see Table I).

Awareness

The first step is to raise levels of awareness.

Physicians need to recognize the importance of effective communication and how it impacts patient care. From a care management perspective, communication plays an important role in three areas: compliance, coordination and error prevention.

Taking the time and making the effort to communicate effectively with patients and their families will promote a better understanding of the medical condition and help frame appropriate expectations that will improve patient compliance in following instructions and recommendations for care.

In more complex medical cases where multiple care providers are involved, more effective communication with other physicians, nurses, care managers and support personnel will improve overall care coordination that is particularly important as patients and their families move through the various stages of transitional care.

Third and most important is the prevention of communication gaps that may lead to the occurrence of preventable adverse events. The good news is that there is a great opportunity to improve outcomes of care. The bad news is that it isn't working the way it should. The ugly news is that the continued occurrence of adverse events often can be traced back to gaps in communication flow. ^{2, 3}

Understanding

After raising awareness, the next step is to get a better understanding of underlying barriers that may impede the process. No one intentionally starts out the day planning to be an ineffective communicator. It's just that things seem to get in the way.

From a historical perspective, physicians are not trained to be effective communicators. The training process starts out in an environment of intimidation and insecurity, leading to feelings of low self-esteem. Confidence and respect are gained by independent study promoting knowledge acquisition and technical competency.

Little if any time is spent on developing personal or relationship skills that may lead to a lowered sense of "emotional intelligence," resulting in a diminished sensitivity to surrounding events. 4.5 These experiences often lead to an autocratic, egocentric, domineering style of behavior that is the antithesis of team collaboration and communication skills.

The good news is that many medical schools are now introducing training courses to promote communication and collaboration skills. The bad news is there remains a personal and organizational reluctance to change.

A second contributing factor is the growing stress and frustration in today's health care environment. Increasing complexity, growing external monitoring and intrusions affecting decisions about care delivery, time demands, changing models of care, and significant reductions in reimbursement have all led to increased levels of physician stress, frustration, and career dissatisfaction. These, in turn, may lead to increasing levels of burnout, depression and more serious behavioral disorders. ^{6,7}

The good news is that many of the situations can be addressed by recognizing the importance of working with physicians and implementing educational programs, wellness programs, and/or coaching services designed to help them more effectively deal with environmental stresses. The bad news is physician reluctance to admit that they can't handle the stress or accept outside help or advice.

Communication

After raising awareness and addressing potential barriers, the next step is to introduce communication skills for physicians. This is a complex process that may be limited by physician values, beliefs, interests and willingness to spend time in training.

Many organizations have approached this topic by implementing more generalized system-wide communication enhancement programs that involve multidisciplinary participation.

Many organizations have had success with the SBAR (Situation/Background/Assessment/ Recommendation) communication tool that is designed to enhance

Table I: Improving Communication Competency in Physicians

Raise awareness

Impact on patient care (compliance/ coordination/ error prevention)

Recognize and address underlying barriers

Training

Competency

Emotional intelligence

Environmental stress

Communication skills training

SBAR/ Team training

Educational seminars

Special programs (sensitivity/ diversity/ conflict management ...)

Workshops

Skill development

Organizational culture

Trust, respect, mutual goals

Interventions

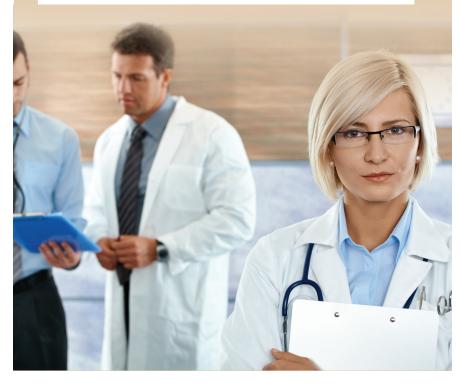
Informal

Special classes

Coaching

Behavioral modification

Sanctions



efficiency in health care information exchange by scripting out specific questions and responses that promote an efficient interchange between two individuals responding to a specific patient need. This tool has worked well, particularly in the area of nurse/physician interactions.

Team collaboration training through models based on the airline industry crew resource management programs have been of value in improving team-based care, particularly in the areas of surgery, peri-natal, emergency care and intensive care services.

For physician-specific communication training, the easiest way to introduce a program is through a series of one-hour educational seminars that start with developing the business case of why effective communication is important to patient care and then following up with a series of different lectures on sensitivity training, diversity training, conflict management, anger management and other topics relevant to organizational needs.

More comprehensive workshops and training sessions can get into more depth on communication mechanics, personality styles, and role-play scenarios. Looking at the typical physician/patient encounters, important skills to emphasize include listening, not interrupting, seeking input, taking time to discuss, being sensitive to other people's needs and levels of understanding, and maintaining focus on a collaborative effort to accomplish the desired goals.

Some physicians may need additional training to help with "difficult conversations" in an effort to enable them to more effectively present critical information about the seriousness of a disease and alternative treatment plans in an objective and empathetic manner. The more time the physicians and other members of the health care team spend on group discussions and role-play interactions, the greater the chance for success.

Support

Crucial to the success of any communication training program is the underlying culture and leadership commitment to make it all happen. Having clinical and administrative leaders committed to the importance of culture, trust, respect and collaboration, and championing the cause around promoting quality and patient safety sets the stage for success.

At our organization we have implemented the Just Culture Program, SBAR training, and the Team Steps Training Program, and are currently working our way toward Magnet designation.⁸

Intervention

Appropriate and timely intervention reinforces effect. As mentioned previously most physicians are not aware that they are not effective communicators, and hopefully education and training focusing on the benefits to care management and overall satisfaction will increase their sensitivity to the importance of learning and adopting effective communication skills.

In many cases where communication lapses are brought to the attention of the physician, raising their awareness and making positive suggestions as to how to more effectively handle the situation will often do the trick. Success is dependent on the individual circumstance, the skill set of the individual doing the intervention and the receptiveness of the physician to have this type of discussion.

More chronic and severe cases will require more formal interventions that may lead to more structured recommendations for coaching, training or counseling. In severe cases, particularly around disruptive behaviors, holding physicians directly accountable for their actions may be the only recourse, with noncompliant physicians being subject to sanctions or loss of privileges.

Improving communication leads to better outcomes of care. As leaders of a multidisciplinary health care team, physicians need to recognize the importance of their role in being able to lead, direct, coordinate, and follow through on care decisions and treatment recommendations that require efficient communication flow and task accountabilities for all participants in the process.

Physicians have their own individual pressures, priorities and constraints, and we need to be sensitive to these issues as we ask them to become involved in projects outside their traditional views on care.





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