i TO i VS. EYE TO EYE: BEST STRATEGIES TO IMPROVE COMMUNICATION IN HEALTHCARE

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Over the past several years Health Care Reform has introduced a number of new initiatives that have added new compexities and accountabilities for health care delivery. The new focus on "value based care" has added a series of restructured financial incentives that either reward or penalize providers based on their ability to document the delivery of appropriate, efficient, safe, high quality, patient satisfying care across the full spectrum of services. There is also a mandate requiring the meaningful use of electronic medical records. In response, the health care industry has jumped onto the technology bandwagon in an effort to improve access, analysis, and dissemination of medical information. This has both positive and negative consequences.

The positive side is the ready access to patient and clinical care information that will help improve data dissemination and care efficiency. It also provides a vehicle for data aggregation, assessment, and sharing which can be used in creating best practice care guidelines and more comprehensive patient analytics. Use of smart phone technology can help connect care giver partners and alert providers about new clinical information impacting patient care. All well and good, except, health care is more than just knowledge sharing and data driven decision support. It's about developing strong relationships and positive personal interactions that impact both individual perceptions and outcomes of patient care. Good relationships are built on good communication.

Background

Physicians have the ultimate responsibility for directing and managing patient care. In order for this to occur there needs to be good communication between physicians and other treating physicians (Consultants, Hospitalists, Intensivists), good communication between physicians and clinical staff (Nursing, Pharmacy, Case Management, Social Services and others), and good communication between physicians, patients, and their families. Good communication with other physcians fosters a more focused consistent approach to overall patient management. Good communication with staff promotes better process flow, care coordination, and transition. Good communication with patients and their families improves their overall understanding, helps set expectations, and promotes patient compliance. Unfortunately, many physicians are not the best communicators.[1,2] Teaching physicians how to be more sensitive to the needs and values of others (Emotional Intelligence), and how to develop key communication skills that emphasize the importance of listening and connecting with individuals during their conversations will improve work relationships. Improved relationships will improve understanding, care coordination, and compliance. Improved compliance will improve clinical outcomes. Improved outcomes will enhance satisfaction. Improved satisfaction will increase engagement. It's people support skills, not technology, that makes the difference.

Recommendations

So how can we persuade physicians to be better communicators? This is a multistep process that includes addressing a number of different influencing factors that affect physician attitudes and behaviors beyond just providing training to improve physician communication skill sets. *(see Table I)*

The process actually begins during the training phase. Many studies have equated medical school training to a fraternity hazing process. You start out with low self esteem and develop confidence through intense independent study. The focus is on gaining knowledge and technical competency. This leads to an autocratic style of control and command behavior which is the antithesis of effective communication and team collaboration. Spoiler alert! This can be an imposing barrier when you begin to approach physicians about being more open and receptive to new communication techniques. Fortunately many of the more progressive medical schools are in the process of re-evaluating their selection criteria looking for more well-rounded students (with a focus on social sciences and humanities rather than just math and science), and revising their core curriculum to promote the importance of developing people and social relationship skills early on in the training process.[3]

The next step is to find the right physician for your organization (or for the physician to find the right organization for themselves). Recognizing the importance of collaborative care management partnerships and physcian alignment, many organizations are revising their interview process to include a series of questions that address job expectations and responsiveness to organizational priorities as a way to assess whether the physician is a good "cultural fit" for their organization. After hire, the organization should provide a comprehensive on-boarding process to discuss relevant health care issues affecting care delivery and the resources available to help the physician be successful in their practice.

To improve communication responsiveness, it would be helpful for physcians to understand the reason and rationale for change and why it's so important. Providing ongoing educational programs that emphasizes the implications of Health Care Reform, Value Based payments, Accountable Care Organizations, greater accountability for performance outcomes, the importance of patient satisfaction, hospital readmissions, and "quality" ratings will help set the stage for what needs to be done.

Now we can begin the actual training process. A good portion of communication efficiency is dependent on individual attitudes, perceptions, and behaviors that set the framework for an individual's willingness and capability to improve their communication skills. Issues related to age (generational preferences), gender, culture and ethnicity, as well as other life experiences all influence and impact an individuals view of the world. In this context providing training on diversity management, cultural competency, emotional intelligence, customer service, and/or conflict management will help individuals gain a better understanding of their own constitution, the needs and values of others, and the best way to address individual differences.[4]

Now we can get into the specifics of communication skills training. There are several ways that this can be addressed. One way is to improve communication efficiency through scripting. One good example would be the use of SBAR (Situation, Background, Assessment, Recommendation) communication model, a tool commonly used to assist nurses in organizing information in an effective way to present information to the physician so they can respond accordingly. Another example is the CRM (Crew Resource Management) techniques utilized by the aviation, nuclear medicine, and NASCAR industry (TeamStepps as an example). The training focuses on the importance of team dynamics that emphasize mutual respect, trust, understanding individual roles and responsibilitis, accountability, the importance of professional behaviors, and the benefits of team collaboration.. All good. But the most important spectrum of communication lies in the one on one personal conversations.

Communication Specifics

The basic tenet of good communication is to establish a dialogue between individuals to exchange information and set expectations. Most physicians assume that they are good communicators because they possess the knowledge and expertise to direct care. Unfortunateley the conversation usually unfolds in a unilateral direction with little receptiveness or sensitivity as to how this impacts the recipient as to their feelings, understanding, needs, values, or their expectations. This is particularly important in conversations with the patient.

There are a number of different tools available (AIDET/ STARS/ RELATE ...) that can be used to teach the appropriate skill sets to improve commincation efficiency. *Table II* gives an oveview of the key attributes of a successful communication process.

First impressions are crucial. On entry, introduce yourself and acknowledge the patient's condition. Demonstrate that the patient's condition is your primary concern. Be attentive, engaged, and avoid distractions. At this point body posture and voice tone are more important than the actual message in setting the stage for developing trust and making the patient feel more at ease. Get close to the patient and maintain eye contact. One of the most important components of good communication is reflective listening.[5] Encourage input. Take time to listen and reflect and respond to the issues that evolve. Focus on the patient's perspective and explain in a context that the patient can understand. Take into consideration their values and priorities, discuss alternatives, and set mutually agreed upon expectations. Create the necessary enablers, encourge questions, and make arrangements for appropriate follow up. In the end, more effective communication leads to a better understanding of the issues and expectations, less disruptions and frustrations, greater compliance with care management directives, improved patient and provider satisfaction, and better outcomes of care.

There are other considerations that can impact communication efficiency. Many of these issues relate to individual feelings and attitudes about care delivery. One of the strongest contributors is the underlying organizational culture and work place environment. Strong leadership that supports a positive workplace environment by showing respect and support for its staff goes a long way in improving morale and personal interactions which will positively impact communication.[6]

Another contributing factor is overall staff well- being. Many recent studies have shown a growing amount of stress and burnout in physicians and other clinical staff resulting from changing priorities, roles, and responsibilities, all of which can have a significant impact on both physical and emotional states. Organizations need to recognize the negative impact this can have on staff perceptions, performance, and career perspectives. By providing the necessary administrative, clinical, or behavioral support, organizations can take an active role in helping physicians better adjust to the pressures of today's health care environment.[7]

A final step is to improve overall physcian satisfaction and engagement. Physicians truly want to practice good medicine but the growing constrictions from outside intrusions that threaten their autonomy and control are leading to increasing frustrations that impact the way they deliver care. To better engage physicians, there needs to be a process whereby physcians can gain a better understanding of the nature and implications of the changes in the world around them. They need a forum in which they can share their concerns about their own needs and priorities, be allowed opportunities for input into care re-design, and be recognized and appreciatiated for what they do.[8]

Improving physician feelings about engagement will improve physician satisfaction which will in turn increase their receptivity to improve the way they interact with staff and patients.

Conclusion

Health care is a people industry and good communication is crucial for improving patient outcomes . While advanced information technologies will improve data access and dissemination, developing strong interpersonal relationships is the key to success. Communication is more than just message content, it's the perceptions, feelings, and resulting attitudes of the people involved. Improving communication is a multistep process. Begin with reason and rationale. First, provide education and staff training on relevant topics to improve work realtionships, communication, and team collaboration skills. Next, focus on developing programs to provide staff support to help address behavioral issues and promote staff well- being. Finally, take the time to recognize and thank staff for what they do. From a staff perspective good communication will improve satisfaction and morale, improve workplace dynamics, improve staff attitudes and engagement, improve retention, and improve productivity. From a patient perspective good communication will improve relationships, clarify expectations, improve staisfaction, improve compliance, improve outcomes, and spread positive vibes through social media.

Table I: Strategies to Improve Physician Communication:

1. Revise medical training
2. Recruitment and retention
   > Look for cultural fit
   > In-boarding services
3. Physician education
   > Health Care 101
4. Physician training
   > Training work shops
   > Communication skills training
5. Culture
6. Support services
   > Administrative
   > Clinical
   > Emotional
7. Physician satisfaction
   > Physician engagement

Table II: Best Communication Practices:

- Introduction/Acknowledgement
- Engagement/Time/Attentiveness/Concern
- Verbal tone/Posture/Avoid conflict or distractions
- Comfort/rust
- Solicit input/Reflective listening
- Enhance understanding
- Set goals and expectations
- Create enablers
- Follow up

Communication Efficiency: i to i vs. Eye to Eye
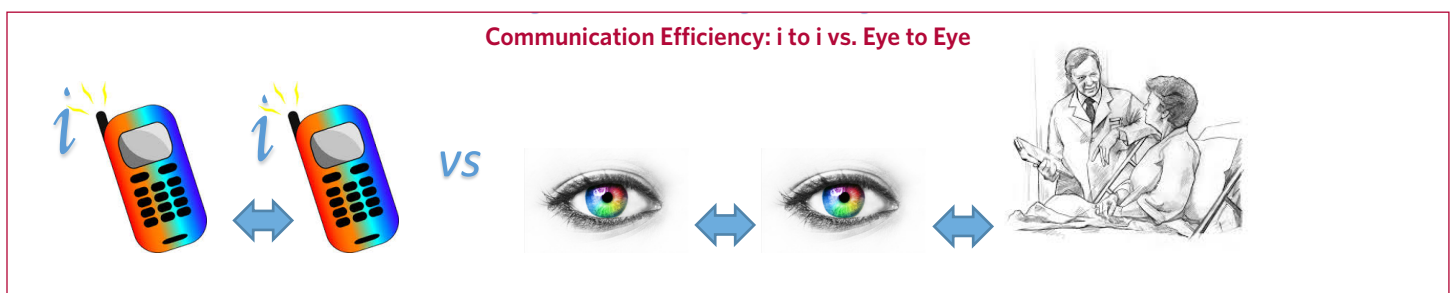
About the Author

Dr. Alan Rosenstein is currently a practicing Internist in San Francisco, CA, and a consultant and educator in health care management. Previously he served as Medical Director of Clinical Effectiveness and Care Management at ValleyCare Hospital in Pleasanton, CA, Medical Director for Physician Wellness Services in Minneapolis, MN, Vice President and Medical Director for VHA West Coast, Vice President of Clinical Informatics for McKesson- HBOC, Medical Director of Clinical Decision Support for HBSI information systems, and Director of Medical Resource Management, Manager of Outcome Measurement and Chairman of Case Management at California Pacific Medical Center in San Francisco, CA.

He has also served as Regional Medical Director for BPS Health Care in Northern California and as Medical Director for a hospital sponsored I.P.A. and M.S.O. Dr. Rosenstein has had over 170 publications and extensive national and international lecture and consultation experience in the areas of care management, physician engagement, performance improvement, patient safety, nurse- physician relationships, disruptive behaviors, communication efficiency, physician stress and burnout, and cultural and behavioral factors affecting patient/staff satisfaction and clinical performance. Dr. Rosenstein's primary interests lie in working with administration, physicians, and clinical staff to identify opportunities to improve performance outcomes by taking amultidisciplinary organizational approach to improving behaviors that affect care practices and work relationships impacting patient and staff satisfaction, and clinical, operational, and financial outcomes of care.

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CE QUESTIONS: i TO i VS. EYE TO EYE

1. Developing positive personal interactions between clinical staff and patients can impact:

    a. Physician's assessment

    b. Outcome of patient care

    c. Patient safety

2. A more focused approach to overall patient management can be achieved through:

    a. Good communication

    b. Sharing data electronically

    c. Introducing clinical control systems

3. _____ have the ultimate responsibility for directing and managing patient care:

    a. Nurses

    b. Physicians

    c. Administrative staff

4. The skills that impact the most on patient care are:

    a. Technological skills

    b. People support skills

    c. Administrative skills

5. Since many organizations are recognizing the importance of collaborative care management partnerships and physician alignment, they are revising the:

    a. Data capturing techniques

    b. Operations manuals

    c. Interview process

6. One way to improve communication efficiency is through:

    a. Efficient coding

    b. Scripting

    c. Clinical process control

7. Good communication is to establish a dialogue between individuals to:

    a. Exchange information

    b. Set expectations

    c. Both exchange information and set expectations

8. In some cases, the conversation between physicians and patients that unfolds in a _____ direction may complicates the communication process.

    a. Unilateral

    b. Bilateral

    c. Multilateral

9. Organizations by providing necessary administrative, clinical, or behavioral support can help physicians better adjust to the:

    a. Daily clinical work flow

    b. Pressure to the healthcare environment

    c. Patient's needs and perceptions

10. One way to improve communication in the hospital settings is by:

    a. Providing relevant staff training

    b. Encouraging nurses to be more directly involved with patients

    c. Asking administrative staff to share data electronically