

# Communication and Patient Safety

# Communication

- **Communication failures have been identified as the root cause of the majority of both malpractice claims and major patient safety violations, including errors resulting in patient death.**

# Communication Data

- Physicians with the highest risk for lawsuits were poor listeners, often failed to return phone calls, and were rude and/or disrespectful to patients.

Hickson et al, 2002

# Communication Data

- **“Physicians are most often sued, not for bad care, but inept communication”**

Joint Commission, 2005

# How to Communicate

- **Effective communication depends on clarity; the speaker must convey the message in a way that the listener can clearly understand the message.**
- **Effective VS. Efficient**

# Six Risk Factors

- Culture/Ethnicity
- Socioeconomics
- Literacy
- Gender
- Personality
- Behavior

# ACGME

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

# ACGME

1. Communicate effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds;
2. Communicate effectively with physicians, other health professionals, and health related agencies;



# ACGME

3. Work effectively as a member or leader of a team;
4. Act in a consultative role to other physicians/health professionals;
5. Maintain comprehensive, timely, and legible medical records.

# Physician/Patient Relationship

- Effective communication enhances patient satisfaction, health outcomes, and adherence to treatment.
- Learning general communication skills enables a physician to break bad news in a way that is less uncomfortable for them and more satisfying for the patient.

# Greeting: What Clinicians Do

- Shake Hands: 83%
- Do not use the patients name at all: 39%
- Do not introduce themselves: 11%
- Clinicians talk about themselves as much as 34% of the time.
- 79% of the time the clinician doesn't come back to what the patient was talking about

# SOFTEN

- Smile
- Open Gestures
- Forward Lean
- Tone of voice and touch
- Eye contact
- Nod

# Skilled Interviewing Techniques

- **Active Listening**
- **Process of truly listening and absorbing patient's emotional state and using verbal and non-verbal cues to have the patient expand.**
- **The patient senses that you truly are listening.**

# Barriers to Communication

- **Language:** The choice of words or language in which a sender encodes a message will influence the quality of communication.
- **Defensiveness, distorted perceptions, guilt, project, transference, distortions from the past**

# Barriers to Communication

- Misreading of body language, tone and other non-verbal forms of communication
- Noisy transmission (unreliable messages, inconsistency)

# Barriers to Communication

- Receiver distortion: selective hearing, ignoring non-verbal cues
- Power struggles/Hesitation to be candid
- Assumptions- e.g. assuming others see situation same as you, has same feelings as you



# Barriers to Communication

- **Interpersonal Relationships:** How we perceive communication is affected by the past experience with the individual.
- **Cultural Differences:** Effective communication requires deciphering the basic values, motives, aspirations, and assumptions

# CARDINAL RULES

- Introduce by using first and last name, and the fact that you are a student.
- Have the courage to speak up