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
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.
Greetings: What Clinicians Do

- Shake Hands: 83%
- Do not use the patient's 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