Communication with patients and their families

Kenneth Youngstein
Who am I?

- Born in New York, raised in Italy
- University of Sussex (UK) – Experimental Psychology
- Chimpanzee field research – Uganda
- Yerkes Primate Center (US) - MS in Psychology
- Doctoral studies in neuroscience at Downstate Medical School (NY)
- Chimpanzee/ Hepatitis Research – Liberia
- Doctoral studies at Neuropsychiatric Institute/Rutgers U.
- NY Regional Transplant Program – Professional / Patient Education (1976)
- Biocom Ltd. 1979 – NYC, 1992 Zurich
- Volunteer work with Orbis since 2012 – Africa, India
Education “tool-kit” for Orbis Africa

- Print Materials
- Video clip library
- Image bank
  - Illustrations
  - Photographs
- Protocols
The Singing Tree [With Room to Read]
Q: Who is My Audience?

Are you:

A - Ophthalmologist (MD)
B – Nurse or Vision Technician
C – Patient counsellor
D – Other (e.g., program admin)
Q: Where is My Audience?

Are you in:

A - Africa
B - India
C - Other Asian country / Pacific
D – US / Latin America
E - Europe
Q: How do you feel about patient communication?

A. Communication is an essential part of healthcare.
B. Communication is nice, but not really essential for good care.
C. Communication is important, but I don’t have the time.
D. Communication is a waste of time; the patients don’t listen, don’t understand, or forget.
Q: Who should communicate with patients?

Patient communication should be the role of:

A. Doctors
B. Nurses
C. Specialized patient counsellors
D. Everyone on the eyecare-team
Goals for Today

1 – Effective communication is an essential part of the practice of medicine.
2 – What it mean to be an effective communicator.
3 – Skills that could help you become effective communicators.
Definition of Communication

Communication is a process in which a person, through the use of signs or symbols, verbally and/or non-verbally, intentionally conveys meaning to another, in order to affect change.

Effective communication:

• Improves the accuracy of diagnoses
• Improves treatment planning
• Improves treatment adherence
• Improves patient safety
• Improves treatment outcomes and leads to lower treatment costs
• Improves patient and doctor satisfaction with care
Doctor – Patient Communication

• There is no standard script!
• Know your audience (patient/family) and tailor your communication to meet the needs and circumstances of each patient.
• Communication is not a lecture or monologue.
• Communication is a two-way exchange of information.
Disease vs. Illness

Disease
How the doctor views the problem:
• Pathology
• Symptoms

Illness
How the patient views the problem:
• Symptoms
• Effect on life
• Fear and anxiety
Doctor – Patient Relationship: Traditional
Doctor-Patient Relationship: Today
Skills for Communicating with Patients

Third Edition

Jonathan Silverman
Suzanne Kurtz
Juliet Draper

Forewords by Professor Myriam Deveugele and Dr. Anthony L. Suchman

Calgary-Cambridge Observation Guide 1996
Communication skills

• **Content Skills** – what you communicate.
• **Process Skills** – how you communicate.
• **Perceptual Skills** – understanding both the disease and the illness, your own attitudes and biases.

• Total of 70 skills!
The four stages of a consultation

1 – Initiating the consultation
2 - Gathering information
3 – Explanation and planning
4 – Closing the consultation
Stage 1 - Initiating the consultation

- Preparation – if possible, read chart *before* the patient enters the room.
- Greet patient and ask for name.
- Introduce yourself and clarify your role.
- Maintain eye contact with the patient, as you speak.
- Invite the patient to sit down and ask if she/he is comfortable.
- Ask the patient – “the opening question”.
The opening question

• Make no assumptions based on chart

• The Opening Question:
  • No: “When did your symptoms begin?” (closed question)
  • Yes: “Tell me why you have come to the clinic today.” (open question)

• Listen!!!!
Listening – the key to good communication

There are two types of people:

- Those who **listen**
- Those who **wait to talk**
“Attentive Listening”

- **Wait.** There is nothing wrong with silence.
- **Facilitate responses.** Encourage the patient to begin or continue speaking.
- **Do not interrupt.**
- **Non-verbal communication.** Let your body show that you are interested in what the patient is saying.
- **Observe.** Pick up on patient’s verbal and non-verbal cues. Look at the patient’s body language.
Confirmation

• Give the patient a summary of what you have heard.
• Ask the patient - is that correct?
• Anything to add?
The Holy Mantra of Communication

• Ask
• Listen
• Confirm
Identify patient’s disease beliefs

Tip: ask: When this problem began, what did you think was the cause?

• Scientific based.
• Religious based – disease is a punishment from God – cured by prayer.
• Shamanistic – an imbalance in the natural world – cured by sacrifice or traditional medicines.
• False information.

• Always be respectful of a patient’s beliefs!
Stage 2 – Gathering Information

• Patient physical examination – explain what / why you are doing each test.
• Ask questions
• Listen to “the patient’s narrative”
The Open-to-Closed Cone

Open Questions

Closed Questions
Summarize

At the end of the information gathering phase, always be sure to summarize what you have learned.

Advantages:
  • Shows the patient you have been listening
  • Makes this a collaboration
  • Allows the patient to confirm or correct
Stage 3. Explanation and Planning

The goals are:

• Provide explanations that the patient can understand and remember.

• Provide explanations that relate to the patient’s own disease beliefs and experience of the illness.

• Involve the patient in the planning of treatment, to increase the likelihood of adherence – make a plan that they can really follow.
Explanation

• Who are you talking to? Patient, parent, care giver?
• Deliver Information as a *slow infusion*, rather than a quick *push*. Don’t give too much, too quickly.
• Think about patient’s disease beliefs, language and knowledge base, emotional status.
• Decide the correct amount and type of information to give each patient.
• “Chunks and Checks” — A process of breaking down the information into small pieces (*chunks*). After you deliver each piece, *check* that the patient has understood.
Explanation

• Use terminology that is appropriate for this specific patient. Avoid any medical jargon or terms the patient may not understand.

• Use appropriate visual aids.

• Relate each piece of information to the patient’s experience of the illness.

• Remember to encourage the patient to ask questions.

• If you have many things to discuss, it is helpful to organize what you will say.
Planning

Treatment Options:
• Do nothing
• Wait and see
• Further tests
• Medication
• Surgery
• Traditional remedies
Treatment Considerations

- The patient’s age
- General health
- Impact of delaying treatment
- Distance from the clinic and ability to travel
- Clinic resources
- Availability of support from family
- Cost – including travel and time away from home – for patient and care helpers
Stage 4. Closing the Consultation

1. Review what has been discussed
2. Teach-Back – “Tell me.......”
Summary of C & C Guidelines

The essential components of communication with patients:

1. Ask – use open to closed questions
2. Listen – attentive listening
3. Confirm & Summarize
4. Teach-back
Communicating in the Real World

- Limited time with each patient
- Long patient waiting times
- Patient + family members
- Languages – interpreters
- Diverse patient populations (urban and rural)
- Cultural barriers to care
- Teams – who should do what?
The Eye Book
An Illustrated Guide for Patients

Produced by orbis
External Anatomy of the Eye

- Upper eyelid
- Pupil
- Iris
- Sclera
- Lower eyelid
Cataract

The problem
- The lens of the eye is normally clear, allowing light to pass into the eye.
- A cataract is clouding of the lens – turning the lens from clear to milky white. This blocks the light from passing into the eye.
- Cataracts start small and get larger with time – eventually causing blindness.
- Cataracts can occur in one eye or both eyes.
- Cataracts usually occur in older people, but they can appear at any age, including infants.
- Cataracts can also be caused by injury to the eye.

Why Treat Cataract?
- Over time, the cataract blocks more and more light entering the eye, causing vision loss and eventually blindness.

Treatment
- There are no medications or traditional treatments that will make a cataract go away.
- The only way to treat a cataract is an operation to remove the cataract and replace the natural lens with an artificial lens.
Cataract Surgery

- The patient is awake.
- The eye is not removed.
- The operation takes 20 minutes.
- After the operation, there is a patch covering the eye.
- The patient stays at least one night in hospital – sometimes several days, depending on their general health and how far they live from the clinic.
- The patch is removed the next day and the patient can immediately see.
- If the patient has cataracts in both eyes, one will be operated and the second a few weeks or months later.
- Some people may need spectacles after the operation.
Glaucoma - effect on visual field

- Normal vision
- Early glaucoma
- Advanced glaucoma
- Extreme glaucoma
ACTS:
Active Communication Training Simulator
Q: This presentation

Was this presentation helpful?
A. Not helpful
B. Somewhat helpful
C. Very helpful
Q: The Eye Book

Would you use The Eye Book?

A. I would **not** use it.
B. I **might** use it.
C. I **would definitely** use it.
Q: ACTS (online training)

Would you use ACTS?

A. No
B. Perhaps
C. Yes
Your Questions
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