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Reducing the Complexity of Clinical Communication

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“The way you communicate is part of your work as a healer. You’re not born with communication skills, you learn them” Anthony Back MD
(www.oncotalk.info)

The ways we communicate with patients and families is changing. Are you ready?



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Patients say health care professionals do not:

- Listen carefully to them
- Look at them; rather they look at their computers
- Ask them questions, and this is especially true if it a repeat visit for the same condition
- Provide them with adequate, understandable information

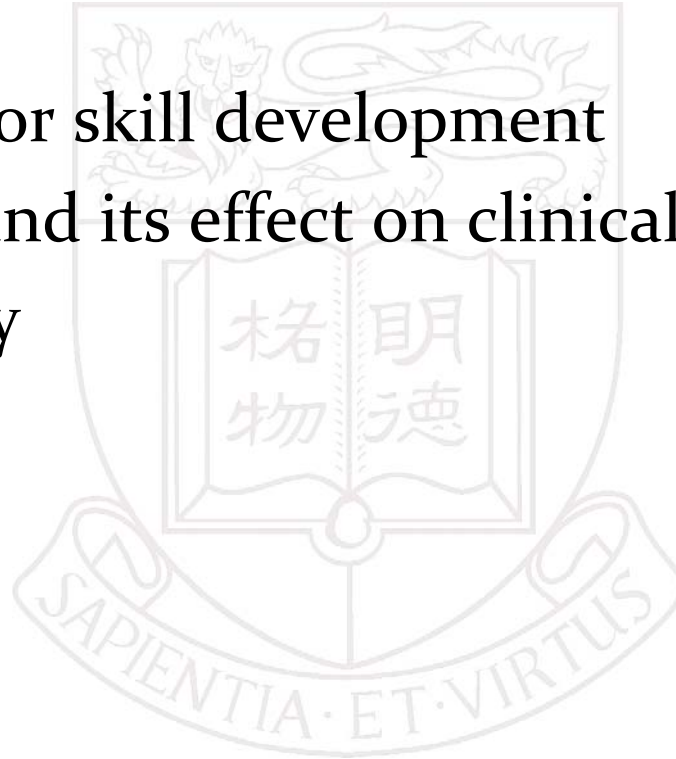


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Three areas for discussion

- Simple ideas for skill development
- The internet and its effect on clinical communication
- Health literacy



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Skill development

- Remember effective skill development is more than observing a supervisor, attending physician or mentor.
- That person may not be a good communicator.
- The first step in clinical communication is to ask the right questions to find out what the presenting problem(s) is



Ask me 3

- A simple tool for physicians, nurses, pharmacists and others to use to better understand patient needs.
- These are questions patients should ask you; so be prepared to make sure you provide this information even if it is not asked.
- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?



What prevents health professionals from being good clinical communicators?

Lack of :

- Time
- Skill
- Empathy
- Understanding of what patients and families need and want to know and where they go to seek information



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QuEST Counseling Mnemonic

- Qu Quickly & accurately assess the patient*
- E Establish that the patient is an appropriate self-care candidate
- S Suggest appropriate self-care strategies
- T Talk with the patient

* Use the SCHOLAR mnemonic



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SCHOLAR symptom management mnemonic

Symptom	What are the main and associated symptoms?
Characteristics	What is the situation like? Is it changing?
History	What has been done so far?
Onset	Where did it start?



SCHOLAR continued

Location Where is the problem?
Aggravating factors What makes it worse?
Remitting What makes it better

Source: US Pharm 2009, Jobson Publishing, Medscape

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Internet: the good and the bad

In the past 2 years in the US, the use of the web for health information has nearly doubled from 31 to 60%.

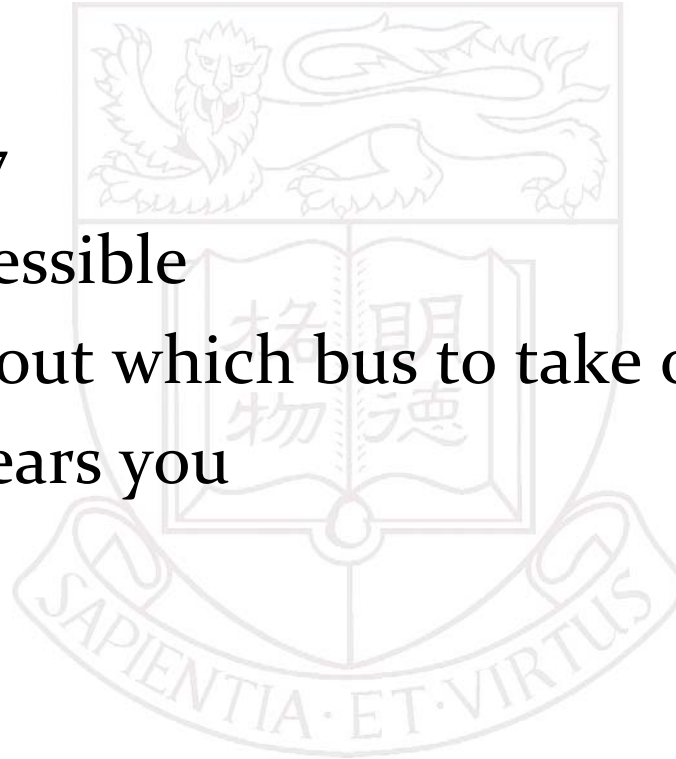
Study by the Pew Foundation, December 2008, “Pew Internet & American Life Project” found the top 3 choices of whom Americans contacted for health information:

- Health care professionals 86%
- Family, friends 68%
- Internet 60%



Why use the internet?

- Is is open 24/7
- It is easily accessible
- No worries about which bus to take or where to park
- No one overhears you



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What should your concerns be about patient use of the internet?

- Anyone can put information on the web
- Healthcare providers review less than half of web based medical information
- Websites may use jargon; be hard to read
- The information may be old
- Is the source reliable? Usually government, education and professional association sites are reliable
- Who hosts the site? Is there a financial gain for the site host?



Two good programs to teach clinical communication

I*Care: www.mdanderson.org/care

- An excellent program developed by a team at MD Anderson Hospital in Houston Texas to teach clinicians how to effectively communicate with oncology patients
- Good communication increase patient and family satisfaction with the care; motivates patient to undergo treatment; can reduce medical errors; can increase informed consent; and can reduce litigation



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Oncotalk

www.Oncotalk: an online teaching toolbox to improve the communication skills of oncologists.

Developed by a team of public health professionals and physicians from the Universities of Washington and Pittsburgh, Duke University and MD Anderson.

“Tough talk” to help physicians deal with difficult conversations



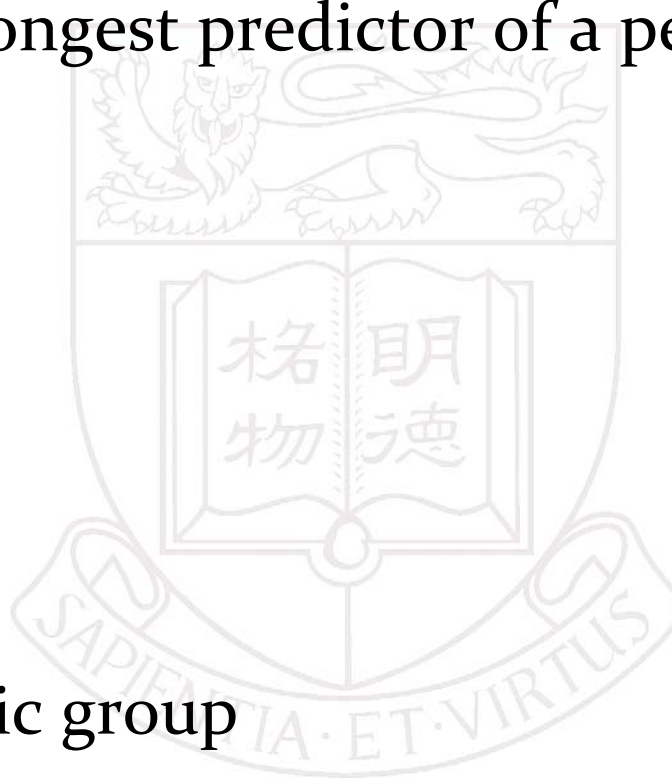
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• Health Literacy

Which is the strongest predictor of a person's health status?

- Age
- Income
- Literacy Skills
- Education
- Racial or ethnic group



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What is health literacy?

- The ability to read, understand and act on health care information
- Capacity to obtain, process and understand health information and services needed to make appropriate health decisions
- Does your patient understand what you are telling them?

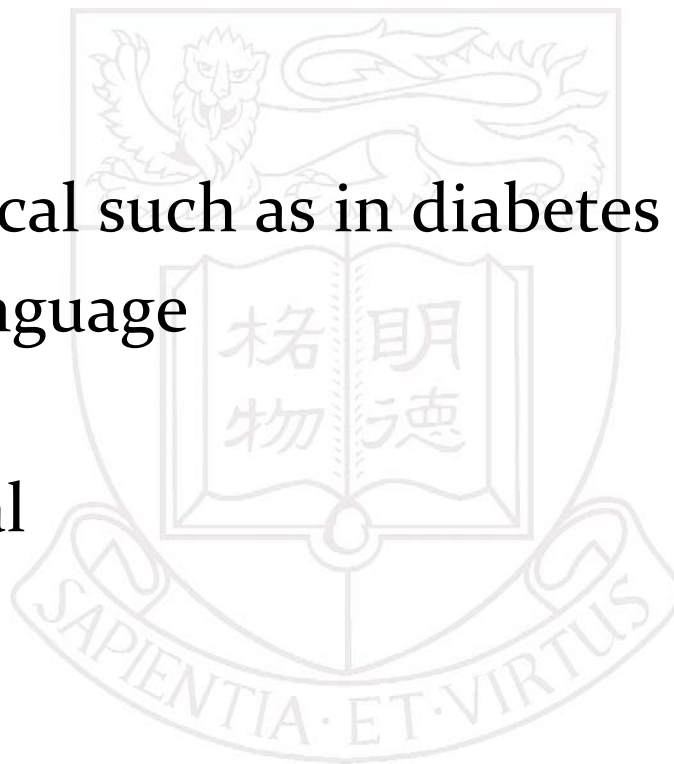


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Types of illiteracy

- Functional
- Sensory/physical such as in diabetes
- Cultural or language
- Psychological
- Computational



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What happens when someone has health illiteracy?

- Limited general knowledge
- Does not ask for clarification
- Focuses on details; hard to get the person to set priorities
- Does not understand things like math, Likert scales
- Deals in literal, concrete concepts versus abstract
- Uses only an essential vocabulary
- On questionnaires will check answers without understanding



Why should you worry if someone has health illiteracy?

- Does not always keep appointments
- Cannot find the clinic or office
- Does not take medications correctly
- Gives an incomplete health history
- May overuse A and E services
- Unhealthy or risky behaviors
- Diagnosis may be made later



Some suggestions for verbal messages

- Begin strong: people remember what is said first and last
- Use repetition
- Use plain language and have the person repeat the information
- Limit information to 3 points
- Encourage patient and family to ask questions



Suggestions continued

- Use models, sketches, pictures, video presentations
- Give instructions to the patient and a family member
- If you are rushed, ask someone else to do the teaching and explaining
- Be aware that the person may not hear well



Communication in print materials

- Use an active voice and conversational tone
- Make the information personal
- Eliminate jargon, technical terms or slang words
- Avoid multi-syllable words and use simple terms
- Use a print size that is easily readable (12 point for most people; 14 point for older people)



Print material suggestions

- Use upper and lower case; all capital letters are hard to read
- Use examples to show the desired behavior
- Have plenty of white space
- Choose ink that markedly contrasts with the color of the background



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Use the TEACH mnemonic:

- *Tune in.* Listen before you start teaching. The needs of the patient should direct the content.
- *Edit information.* Teach necessary information first. Be specific.
- *Act on each teaching moment.* Teach whenever possible.
- *Clarify often.* Make sure your assumptions are correct. Seek feedback
- *Honor the client as a partner.* Build on the client's experience. Share responsibility with the client.





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