



IMPROVING CLINICIAN COMMUNICATION

4 Conversational Cornerstones for Every Interaction

In Planetree focus groups, patients have routinely identified the same three gaps in their health care interactions: 1.) not feeling heard; 2.) not experiencing compassion and 3.) feeling uncertain about what comes next. Being intentional in every *patient interaction* to address these common gaps creates more constructive exchanges that enhance a clinician's ability to understand what matters most to the patient and collaboratively develop a plan that aligns clinical priorities with the individual's personal priorities, preferences and values.

The four conversational cornerstones presented here are the building blocks for these constructive exchanges. They are not a script to follow, but rather a basic structure to frame your interactions. Each cornerstone should occur *in every exchange*, but how it is applied will differ based on any number of factors, including the circumstances, the clinician's personal style and the needs of the individual.



A Tool You Can Use

This pocket-sized Conversational Cornerstones Cheat Sheet is designed to be laminated and kept close at hand for quick reminders throughout the day (or night.)



4 Conversational Cornerstones for Every Interaction

What To Do, What To Say and Why

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Ask Permission



WHAT TO DO

Start the exchange with courtesy and respect.

For each question, be sure to wait for the patient to respond before proceeding.

If the patient declines, take the time to explain why each of these steps is important to providing them the best possible care.

WHAT TO SAY

May I come in?

May I examine you?

May I ask you a few questions?

Would you like to include any loved ones in our discussion?

WHY

Requesting permission from the patient offers reassurance that even though the interaction may create a sense of vulnerability or a feeling of handing over control of their care, he or she remains in the driver's seat. It sets the stage for engagement by reinforcing that care is not being provided *TO* the patient, but *WITH* him or her.



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Show You Care

WHAT TO DO

Non-verbal expressions of caring include:

Know the patient's name and primary concerns before entering the room.

Sit at eye-level with the patient and maintain comfortable eye contact.

Set aside physical distractions, such as a cell phone or computer.

Use caring touch as appropriate. A gentle touch on the shoulder or a two-handed handshake show warmth and build trust.

Verbal expressions of caring include:

Ask what name the person prefers to go by and honor their preference.

Introduce yourself to anyone in the room.

Acknowledge the patient's challenges and pain. Do something to bring them comfort whenever possible.

Interact socially. Bond over the basics, i.e. weather, family, seasonal occurrences.

WHAT TO SAY

"I know this isn't what you had planned for today."

"I'm sorry you are going through this."

"It sounds like you have had a very difficult couple of days."

WHY

The foundation of quality health care is caring, kindness and respect. Trusting, empathic relationships between clinicians and the patients and families they care for have been demonstrated to increase patient engagement, improve health outcomes and reduce the likelihood of major medical errors.* More and more, the evidence clearly points to the essential connection between how we interact with one another and the quality of clinical outcomes.

*Rakel and Barrett et al in *Patient Education and Counseling* 2011. Hojat et al in *Academic Medicine* 2011. Haslam in *Medical Journal of Australia* 2007. Riess H, Herman, JB. *Academic Psychiatry* 2008; 32:259-264. McClelland, L. and Vogus, T. *Health Services Research* (49)5: 1670-1683, October 2014



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Work Together



WHAT TO DO

Ask patients to identify the #1 concern they want to be sure is addressed during the interaction. If their priority does not align with your top concern, talk through the disconnect.

Ask open-ended questions.

Personalize the exchange. A patient's health care decisions will rarely be made based solely on empirical data. They want to know how the data relates to their lives. Help them connect the dots between the data, their daily lives and their expressed goals for the future.

Use language that makes sense to the patient. Remember...*your big words can make others feel small.* If it is important that a patient "ambulates," the best way to make sure that happens is to communicate how important it is for them to get out of bed and walk!

WHAT TO SAY

To set the expectation of participation:

"I want to hear from you. Tell me: what would success look like for you?"

"What's important to you when you leave?"

"What is your top concern that you want to focus on today?"

"Tell me what concerns you as we prepare for discharge?"

"What questions do you have for me?"

"What is most important to you about your health that you want to share?"

To foster shared decision-making:

"There are different options here, and their effects and side effects differ."

"Some of these effects may matter more or less to you than to other people. Let's talk about how you feel about them."

"I'd like to walk through the options with you, so we can make a decision together."

WHY

Fear of appearing to question the expertise or competence of their doctor is a real factor that keeps patients from asking questions**. This is why it is incumbent on caregiving professionals to make it explicitly clear that questions, concerns and conversation are encouraged. These are NOT indicators of a "difficult patient," but rather of a patient who understands the essential role he or she plays in managing their care and their health.

**Frosch DL, May SG, Rendle KA, Tietbohl C, Elwyn G. Authoritarian physicians and patients' fear of being labeled 'difficult' among key obstacles to shared decision making. *Health Aff (Millwood)*. 2012 May;31(5):1030-8.

Working in partnership, clinicians and patients can make informed decisions that are consistent with patients' values, goals, and preferences. As a result, patients are more likely to follow the treatment plan agreed upon, which can ultimately lead to improved health.***

***Cochrane Database Systematic Review, 2017



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Agree on Next Steps



WHAT TO DO

Give it so they get it. Focus on the top three things the patient needs to remember. Anything more will get lost in the shuffle.

Clearly establish each party's next steps, i.e. what the patient can expect from you and what he or she needs to do on their end.

Verify the patient's understanding of the information discussed.

WHAT TO SAY

"I covered a lot of stuff. First and foremost what I want you to know is...[limit to 3 items]."

"Based on what we just discussed, what will this look like in your daily life?"

"What I hear you saying is..."

WHY

Establishing what comes next is a pivotal conversational cornerstone for ensuring that the information shared during the interaction becomes actionable.



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What To Do, What To Say and Why

Conversational Cornerstones Cheat Sheet

1

*Ask
Permission*

- May I come in?
- May I examine you?
- May I ask a few questions?

2

*Show You
Care*

- Stop. Sit. Focus.
- Make eye contact.
- Acknowledge their reality.

3

*Work
Together*

- Ask open ended questions.
- Offer choices.
- Personalize the data.

4

*Agree on
Next Steps*

- Focus on top 3 things.
- Verify understanding.
- Establish what happens next – and follow-through.