

IMPROVING PATIENT CARE AND PUBLIC CONFIDENCE IN DOCTORS : “Role of effective communication in patient care”

by Intisar Ulhaq

FILE	17534-INTISAR_ULHAQ.DOCX (37.79K)		
TIME SUBMITTED	12-MAR-2017 01:33PM	WORD COUNT	1635
SUBMISSION ID	782956543	CHARACTER COUNT	9402

Special communication article

IMPROVING PATIENT CARE AND PUBLIC CONFIDENCE IN DOCTORS :

“Role of effective communication in patient care”

Correspondence details:

Author: Dr.Intisar Ulhaq

Consultant Paediatrician

MBBS, FRCPCH (UK), MRCPH (UK), MRCP (Ireland), PG Cert PEM (Edinburgh), MACadMed (UK)

Department of Paediatrics, National Health System (NHS)

UK

Email: Intisar@doctors.org.uk

Key words: Quality, healthcare, communication, continuity, tertiary, news, follow up, team

ABSTRACT

Over the last few decades the health care has tremendously improved thanks to continuous advancements in the medical field. Besides latest technologies, new therapeutic agents, biomedical research, improving prognoses and sophisticated surgical techniques, the art of practicing medicine itself has also changed in a positive way. Due to latest information technology, the patients and their carers of current era are more knowledgeable about various health problems and the ways these can be managed effectively. This has resulted in high expectations from doctors which occasionally may not be realistic. These factors have increased the responsibilities of modern time doctors. In addition to the need for being up to date with the latest medical developments, they also need to focus and improve skills which are vitally important in patient care such as effective communication, ensuring continuity of care and managing patients through team approach. There is a desperate need to improve these skills for three main reasons; to improve quality of care, to build public confidence in doctors and most importantly to reduce the increasing number of complaints against doctors.

BACKGROUND

This article mainly focusses on the importance of communication in health practice.

A common saying is “there is always some room in improvement”, it is certainly true for patient care. Modern health care and clinical practice has evolved over the last few decades. As opposed to a more paternalistic approach, great emphasis is put in patient and family centred care in modern medical practice.

Experience has shown that spending time with patients and their families in order to explore their understanding of their diagnosis and care plan facilitates a better doctor-patient relationship in addition to reducing anxiety and improving compliance with treatment, thus making medical intervention more effective and better tolerated. The same is true when planning for a patient's discharge and follow up as families go home more confidently and with a better understanding of how to respond to subsequent problems.

DISCUSSION

We may not realise the extent of our communication in our day to day practice. Be it an outpatient setting, emergency department or in patient ward it is all about communication. History taking, physical examination, explaining the diagnosis, discussing management options and breaking bad news, there is not a single stage where importance of communication may be underestimated. Besides our patients, we also communicate with our own colleagues, other specialist doctors, nurses and allied health professionals. This may involve handing over patient's care, asking for specialist opinion or arranging a transfer to other speciality and/or other hospital. Excellent written and verbal communication plays a key role in successful patient management and patient satisfaction.

The question we all need to ask ourselves is; *how effective our communication skills are?* and *what is needed to improve these?* Effective communication with patients and their families has double impact on patient care. On one hand it provides autonomy to patients in their care and decisions making and on the other hand it helps them to build confidence in health professionals. Contrary to this, poor communication results in poor doctor-patient relationship leading to complaints against professionals.¹

In general, patients and their carers have a high degree of faith in doctors. As a result they discuss their health issues openly during consultations. They expect same degree of openness from doctors in return. From ethical perspective, it also makes more sense to involve the patients in the decisions making at every stage of their care. The information given should be clear, precise and delivered politely and honestly since they deserve to be informed about their underlying diagnosis in a way they fully understand its nature, implications and possible complications.²

Doctors are professionally and ethically bound to explain the possible management options to their patients. Whether it is about obtaining consent for a treatment/procedure or explaining treatment(s), communication with patients, carers and other health professionals should be effective, adequate and relevant. Lack of effective communication results in medical errors, poor patient care, patient dissatisfaction and complaints.³

Another area where effective communication can make a huge difference in clinical practice is breaking bad news to patients and their carers. By adopting a structured approach in these circumstances helps the patients and families to cope well with their diagnosis and be compliant with the management offered. It becomes even more important when talking about life limiting conditions and palliative care.⁴ Communicating bad news is not always easy and even an expert professional may find it distressing to break such news. Health professionals need continuous support and training to achieve the skills required in such sensitive matters.⁵ The way a bad news is broken may be variable depending upon the clinical scenario, social dynamics and cultural values. However, every member of the medical and nursing team should have an insight into the sensitivities of this matter. In addition to doctors, nursing staff should also be involved in the process of training as well as breaking bad news

since they are an integral part of medical team and more often than not patients and their families develop a strong bond with them owing to their caring nature.⁶ Breaking bad news in its own right is vast topic which needs detailed discussion. However a useful approach which may be helpful in this context is summarised in table 1.⁷

1

TABLE 1

The ABCDE Mnemonic for Breaking Bad News

Advance preparation

- Arrange for adequate time, privacy and no interruptions (turn pager off or to silent mode).
- Review relevant clinical information.
- Mentally rehearse, identify words or phrases to use and avoid.
- Prepare yourself emotionally.

Build a therapeutic environment/relationship

- Determine what and how much the patient wants to know.
- Have family or support persons present.
- Introduce yourself to everyone.
- Warn the patient that bad news is coming.
- Use touch when appropriate.
- Schedule follow-up appointments.

Communicate well

- Ask what the patient or family already knows.
- Be frank but compassionate; avoid euphemisms and medical jargon.
- Allow for silence and tears; proceed at the patient's pace.

- Have the patient describe his or her understanding of the news; repeat this information at subsequent visits.
- Allow time to answer questions; write things down and provide written information.
- Conclude each visit with a summary and follow-up plan.

Deal with patient and family reactions

- Assess and respond to the patient and the family's emotional reaction; repeat at each visit.
- Be empathetic.
- Do not argue with or criticize colleagues.

Encourage and validate emotions

- Explore what the news means to the patient.
- Offer realistic hope according to the patient's goals.
- Use interdisciplinary resources.
- Take care of your own needs; be attuned to the needs of involved house staff and office or hospital personnel.

Table 1

The role of communication in continuity of patient care cannot be emphasised enough. In modern medicine multiple health professionals and various health agencies are involved in patient care. The treatment settings continuously change. A patient's journey from primary care to hospital and from ambulatory care to nursing home, the only way to maintain a continuity of care is through effective communication among all the professionals involved.⁸ Whilst transferring patients from one facility to another, if a systematic approach is not adopted with regards to communication, the patient's care may be jeopardised due to break in continuity of care.⁹

In situations where a patient is transferred from one hospital to another, various professionals are involved in the process. Doctors, nurses, paramedics and ambulance crew all have shared

responsibility to minimise the risks to patient's health by following a timely and systemic communication approach for sharing the patient information.¹⁰

Finally, communication may be improved by working in teams, regular training, developing various communication tools and strategies according to local needs and regularly auditing existing communication models.¹¹

REFERENCES

1. Paul Kindersley, Adrian Edwards .Complaints against doctors. BMJ 2008;336:841
2. Taylor, D. M., Wolfe, R. and Cameron, P. A.Complaints from emergency department patients largely result from treatment and communication problems. Emergency Medicine 2002; 14: 43–49
3. Henry Thomas Stelfox,Tejal K. Gandhi, E. John Orav,Michael L. Gustafson .The relation of patient satisfaction with complaints against physicians and malpractice lawsuits. amjmed 2005;01.060
4. Barbara Hanratty, Elizabeth Lowson, Louise Holmes, Gunn Grande, Ann Jacoby,Sheila Payne, et al.Breaking bad news sensitively: what is important to patients in their last year of life?.BMJ Support Palliat Care 2012;2:24-28
5. Rassin M, Levy O, Schwartz T, Silner D. Caregivers' role in breaking bad news: patients, doctors, and nurses' points of view. Cancer 2006 Jul-Aug;29(4):302-8

Nurses' perspectives on breaking bad news to patients and their families: a qualitative content analysis. Abbas Abbaszadeh,Seyyedeh Roghayeh Ehsani,Jamal begjani,Mohammad Akbari Kaji,Fatemeh Nemati Dopolani,Amir Nejati, et al. J Med Ethics Hist Med 2014; 7: 18.

6. Anderson, Mary Ann, Helm, Lelia B Talking about Patients: Communication and Continuity of Care. Journal of Cardiovascular Nursing: April 2000 - Volume 14 - Issue 3 - pp 15-28
7. Breakdown in informational continuity of care during hospitalization of older home-living patients: a case study. Int J Integr Care 2014; Apr–Jun; URN:NBN:NL:UI:10-1-114779
8. Haig, Kathleen M.; Sutton, Staci; Whittington, John SBAR: A Shared Mental Model for Improving Communication Between Clinicians. The Joint Commission Journal on Quality and Patient Safety, Volume 32, Number 3, March 2006, pp. 167-175(9)
9. M Leonard,S Graham,D BonacumThe human factor: the critical importance of effective teamwork and communication in providing safe care.. Qual SafHealth Care 2004;13:i85-i90.

Conflict of interests: None

Contributory statement: Dr Intisar Ulhaq is the sole author of this article with regards to topic selection, literature review, manuscript writing and collating references.

IMPROVING PATIENT CARE AND PUBLIC CONFIDENCE IN DOCTORS : “Role of effective communication in patient care”

ORIGINALITY REPORT

18%	18%	5%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.aafp.org Internet Source	17%
2	europemc.org Internet Source	1%

EXCLUDE QUOTES ON
EXCLUDE BIBLIOGRAPHY ON

EXCLUDE MATCHES OFF