Interacting with Patients

Chapter 4

LEARNING OBJECTIVES
LESSON 4.1: COMMUNICATING WITH PATIENTS

1. Describe the steps in the communication process.

2. Differentiate between verbal and nonverbal communication.

3. List several types of nonverbal communication.

4. Identify and describe factors that can interfere with effective communication.

LEARNING OBJECTIVES
LESSON 4.1: COMMUNICATING WITH PATIENTS

5. Explain the elements of active listening.

6. Describe the effect of assertive, aggressive, and passive behaviors on communication.

7. Describe how eye contact can have different meanings based on cultural background.

8. Give examples of techniques that encourage a patient to continue speaking.

LEARNING OBJECTIVES
LESSON 4.1: COMMUNICATING WITH PATIENTS

9. Explain how to overcome sensory and language barriers to communication.

10. Describe ways to evaluate if communication has been effective.

INTRODUCTION TO COMMUNICATION

- Essence of communication: A sender sends a message to a receiver

- Message can be verbal or nonverbal
  - Verbal means "spoken or written"
  - Nonverbal means "expressed through body language, facial expression, or other means"

COMMUNICATION MODEL

- Sender sends message to receiver
  - Message can be verbal and/or nonverbal

- Feedback from receiver to sender
  - Also nonverbal and/or verbal
  - Helps sender decide whether to initiate a new message, expand on original message, or clarify the message

VERBAL AND NONVERBAL COMMUNICATION

- Written communication usually more formal than spoken communication
  - With increasing use of email, written communication may be as informal as oral communication

- Nonverbal communication is expressed without words

TYPES OF VERBAL AND NONVERBAL COMMUNICATION

- Verbal
  - Oral (spoken)
  - Written (email or letter)

- Nonverbal
  - Body language
  - Secondary communication: Tone of voice, voice pitch, voice volume, voice quality
  - Facial expression
  - Body position
  - Gestures

INTERFERENCE WITH COMMUNICATION

(SLIDE 1 OF 2)

- External factors
  - Distracting environment
  - Noise
  - Lack of privacy

- Internal factors
  - Emotions, such as fear or anxiety
  - Pain
  - Other preoccupations

- Impaired understanding or impaired senses

INTERFERENCE WITH COMMUNICATION

(SLIDE 2 OF 2)

- Cultural differences
  - Different meaning for gestures
  - Different experience of personal space
  - Different interpretation for physical touch

LISTENING SKILLS
(SLIDE 1 OF 2)

- Active listening is most important
  - Being in the moment
  - The listener focuses attention on the speaker
  - The listener does not allow thoughts or emotions to interfere with communication
  - The listener does think about what to say next while the speaker is still talking

LISTENING SKILLS

- Other measures of effective listening
  - Check to make sure his or her interpretation of message is correct
  - Identify what the speaker is feeling
  - Observe the speaker closely
  - Be patient and listen completely
  - Avoid interrupting the speaker

EFFECTS OF ASSERTIVE, AGGRESSIVE, AND PASSIVE BEHAVIORS ON COMMUNICATION

- Can be assertive while still being respectful
  - Assertive behavior facilitates effective communication

- Aggressive behavior ignores opinions of others and impedes effective communication

- Passive behavior causes communication to be ineffective

EYE CONTACT

- Maintaining eye contact is a sign of interest and involvement

- Some cultures feel it is not respectful to look directly at older people

AWARENESS OF BODY LANGUAGE

- Body language usually more accurate reflection of feelings than actual words

- Touch may communicate caring, but patients may find touch intrusive

- Cultural differences related to meaning of touch

- Medical assistant should be sensitive if patient seems uncomfortable with touch

- If procedure requires touch or close contact, a verbal indication can help patient prepare

INTERVIEWING TECHNIQUES
(SLIDE 1 OF 6)

- Closed questions
  - Questions that can be answered yes/no or in a short answer
    - Example: What is your date of birth?
    - Example: Have you taken any medication for your pain?
  - Effective to ask for specific information

INTERVIEWING TECHNIQUES

- Open questions
  - Questions that encourage the person being asked the question to open up and talk
    - Example: What has been going on since your last visit?
    - Example: What is your pain like?
  - Questions that ask patient to describe things being discussed
  - Useful for getting patient to describe a current problem

INTERVIEWING TECHNIQUES
(SLIDE 3 OF 6)

- Keeping the conversation going
  - Responding with another question encourages a response
  - Avoid "Why" questions because they tend to make people defensive
  - A question that gets at underlying reason may be more effective
    - Ask about meals instead of why patient did not stick to prescribed diet
    - Ask how patient feels about taking medication instead of why he or she does not take it
  - Medical assistant can disagree with a patient but should avoid being judgmental

INTERVIEWING TECHNIQUES

- Drawing patients out
  - Paraphrasing: Restating what the patient has said in one's own words
  - Translating nonverbal communication into words
  - Reflecting: Turning a question or statement around to give the patient the opportunity to continue
  - Summarizing: Using a shorter statement to highlight what patient said previously

INTERVIEWING TECHNIQUES

- Styles of communication
  - Communication is most effective when all contributors are clear, direct, and respectful
  - Being silent gives the patient time to respond and add to the information
    - Most people are uncomfortable with silence and will speak to fill the hole
    - Silence can be counterproductive if patient finds it awkward

INTERVIEWING TECHNIQUES

(SLIDE 6 OF 6)

- Avoiding responses that inhibit communication
  - Avoid responses that express disapproval or blame
  - Avoid challenging responses or responses that are not genuine
  - If patient does not feel validated, may become defensive
  - Important to accept strong emotions rather than offering false reassurance
  - Avoid arguing, because it sets up a competitive situation

BARRIERS TO EFFECTIVE COMMUNICATION

- Impaired level of understanding
  - Use short sentences and simple words
  - Speaking slowly is helpful; using a loud voice is not
  - Good eye contact makes it easy for the listener to focus
  - Repeating or saying again in a different way facilitates understanding
  - Gestures and demonstration reinforce understanding
  - Complete instructions should be given at the patient's level of understanding
  - Ask patient to repeat explanation to evaluate if it was understood
  - The person who is legally responsible must give consent for all procedures

BARRIERS TO EFFECTIVE COMMUNICATION (SLIDE 2 OF 6)

- Sight impaired
  - Total blindness is inability to perceive light and form
  - Failure to correct vision beyond 20/200 in better eye is legal blindness
  - A patient is sight-impaired if vision is better than 20/200 with decreased field of vision or low vision
  - Important to be very descriptive with visually impaired patient
  - The patient may prefer to take the medical assistant's arm to move from one place to another
  - A "clock image" is helpful to describe where things are; for example, "The examination table is to your left nine o-clock"

- Hearing impaired
  - Hearing impairment more common than total deafness
  - A clear voice, a little louder than normal speech, and short sentences are helpful
  - Good eye contact is helpful to increase nonverbal communication or if the patient can lip read
  - May need to touch person gently to get his or her attention at beginning of conversation
  - Sign language often used with hearing-impaired individuals
  - If patient uses sign language, he or she usually brings interpreter
  - If patient doesn't have interpreter, the law requires medical office to provide a translator

BARRIERS TO EFFECTIVE COMMUNICATION

- Language barriers
  - Assistance from a translator facilitates conversation if patient is uncomfortable with English
  - Translator can be office staff, volunteer, or family member
  - Children should be avoided as translators
    - May skip words they don't know how to translate
    - Adults may be embarrassed to discuss medical problems

BARRIERS TO EFFECTIVE COMMUNICATION (SLIDE 5 OF 6)

- Guidelines for using a translator
  - Speak directly to patient, not translator
  - Maintain good eye contact with patient
- Speak slowly and carefully; patient may understand partially
- Use simple terms and short sentences to facilitate understanding

BARRIERS TO EFFECTIVE COMMUNICATION

- Language barriers
  - Use gestures and pantomime if no translator is available
  - Translator must be present when obtaining informed consent
    - Routine consent forms should be available in languages commonly spoken by patients
  - Telephone and video translation services are available
    - Telephone service uses a speakerphone
    - Video translation service uses a webcam so that all parties see each other

WAYS TO EVALUATE IF COMMUNICATION HAS BEEN EFFECTIVE

- Ask for feedback

- Check for understanding

- Ask the patient to repeat back the explanation

LESSON 4.2: ESTABLISHING RELATIONSHIPS TO MEET PATIENT NEEDS
(SLIDE 2 OF 2)

- List factors that affect patient expectations of health care.

- Explain the levels of Maslow's hierarchy of needs.

- Correlate the existence of unmet needs to types of patient behavior in the health care setting.

- List several ways to establish caring relationships with patients.

- Describe the importance of maintaining appropriate self-boundaries.

LESSON 4.2: ESTABLISHING RELATIONSHIPS TO MEET PATIENT NEEDS

- Explain the role of empathy in the relationship between the medical assistant and patients.

- Describe how the medical assistant can handle common emotional responses to illness.

- Clarify how empathy helps improve the relationship between the medical assistant and the patient.

- Describe ways to support the terminally ill patient in all stages of the grieving process.

- Demonstrate respect for cultural and ethnic diversity in approaching patients and families.

PATIENT EXPECTATIONS OF HEALTH CARE

- To be seen by doctor in reasonable amount of time

- To have the doctor "fix" whatever is wrong

- To avoid nagging about changing his or her lifestyle

- Often focused more on relief of symptoms than diagnostic testing to determine cause

- Want medication or treatment to promote a speedy recovery

MASLOW'S HIERARCHY OF NEEDS
(SLIDE 1 OF 2)

- Arranged in a hierarchy (arranged in order of importance)

- Shows most important needs at lowest level

- The image of a pyramid is often used to depict

MASLOW'S HIERARCHY OF NEEDS

(SLIDE 2 OF 2)

- Bottom level: Basic physiologic needs for survival

- Level 2: Needs for safety and security

- Level 3: Needs for love and belonging

- Level 4: Needs for esteem and recognition

- Top level: Need for self-actualization (fulfillment of an individual's potential)

Self-actualization
desire to become the most that one can be

Esteem
respect, self-esteem, status, recognition, strength, freedom

Love and belonging
friendship, intimacy, family, sense of connection

Safety needs
personal security, employment, resources, health, property

Physiological needs
air, water, food, shelter, sleep, clothing, reproduction

EFFECTS OF UNMET NEEDS DURING ILLNESS

- An individual moves up or down Maslow's pyramid depending on which needs are unmet

- Lower level needs must be met before individual can progress upward

- Medical assistant should foster the meeting of needs beyond physiologic needs
  - Example: Intervening for a victim of abuse fosters sense of love and belonging
  - Example: Teaching a patient to manage a chronic disease fosters self-esteem

DEVELOPMENTAL STAGES

- Erikson's stages of psychosocial development
  - Infancy: Trust versus mistrust
  - Toddlerhood: Autonomy versus shame/doubt
  - Preschool age: Initiative versus guilt
  - School age: Industry versus inferiority
  - Adolescence: Identity versus role confusion
  - Young adult: Intimacy versus isolation
  - Adulthood: Generativity versus stagnation
  - Old age: Integrity versus despair

ESTABLISHING CARING RELATIONSHIPS

(SLIDE 1 OF 3)

- Empathy
  - Ability to put oneself in another's position and imagine what one would feel
  - More objective than sympathy, experiencing the same emotion as another
  - Medical assistant helps the patient handle feelings

ESTABLISHING CARING RELATIONSHIPS

(SLIDE 2 OF 3)

- Expression of caring
  - Verbally
    - By using effective interviewing techniques
    - By letting patient tell story in own way
  - Nonverbally
    - Using positive body language
    - A position at the same height as the patient when talking creates a more friendly atmosphere
    - Good eye contact and touching the patient communicate interest and caring

ESTABLISHING CARING RELATIONSHIPS

(SLIDE 3 OF 3)

- Value of effective relationships with patients
  - A medical assistant who gets to know a patient well can be a true liaison between patient and doctor
  - If a patient develops a trust of staff, he or she will be more relaxed during procedures

SELF-BOUNDARIES

- Include physical, mental, and spiritual guidelines or limits to define how close other people can come without posing a threat

- Uncommon to encounter someone with mental boundaries too weak or too strong

- Medical assistant must take appropriate steps to maintain personal boundaries

EMPATHY

- Must be able to identify the patient's feelings

- More objective than sympathy

- Requires a person to retain perspective and have confidence that strong emotions are not dangerous

EMOTIONAL REPONSES TO ILLNESS

- Guilt
  - Amount of guilt may or may not relate to a person's responsibility for the disease or condition
  - Sometimes people with unhealthy lifestyles or habits don't seem to experience any guilt
  - Sometimes people feel guilt when there is no known way to prevent their illness

EMOTIONAL REPONSES TO ILLNESS

(SLIDE 2 OF 5)

- Loss of control
  - Feeling of loss of control is common in illness
  - Patient may become irritable, anxious, and defensive
  - Medical assistant should give patients choices to foster feeling of control

EMOTIONAL REPONSES TO ILLNESS

- Anxiety
  - Anxiety is a response to a perceived threat
  - Can impair patient's ability to understand
  - Important to help the patient stay focused
  - Written instructions may be necessary for the anxious patient

EMOTIONAL REPONSES TO ILLNESS

- Anxiety
  - Symptoms of a full-blown anxiety attack
    - Hyperventilation
    - Rapid heart rate
    - Numbness in fingers and toes
    - Intense fear or sense of dread
  - Medical assistant's response to anxiety attack
    - Encourage person to describe feelings
    - Coach person to take slow, deep breaths
    - Remain calm and stay with the person until symptoms subside, usually within 1 or 2 minutes

EMOTIONAL REPONSES TO ILLNESS
(SLIDE 5 OF 5)

- Anger
  - The cause and intensity of anger may be subconscious
  - The medical assistant should remember that if the anger is expressed toward him or her, it is not personal
  - The medical assistant should respond without becoming angry in return, because anger escalates easily
  - The medical assistant should try to help the angry person identify the true source of the anger
  - It may be necessary to move the angry patient to a more private area to defuse the anger
  - *Keep yourself between the patient and the door*

EMPATHY TO IMPROVE RELATIONSHIPS WITH PATIENTS

- Always use empathy to connect with patients

- When patients feel that you know and understand what he or she is going through, the relationship can be improved

- Do not use ego defense mechanisms

THE GRIEVING PROCESS
(SLIDE 1 OF 3)

- Denial
  - State of shock and disbelief
  - Defense against unmanageable anxiety
  - Listen, without confronting unrealistic statements

- Anger
  - "Why me?" mode
  - Patient may be belligerent, uncooperative, and critical
  - DO NOT take criticism personally

THE GRIEVING PROCESS

- Bargaining
  - Patient tries to give up something to gain more time
  - Usually between the patient and God

- Depression
  - Patient recognizes facts
  - May become silent and prefer to be alone
  - May be more difficult to deal with
  - Medical assistant should strive to maintain communication

THE GRIEVING PROCESS
(SLIDE 3 OF 3)

- Acceptance
  - Some people find a degree of peace
  - Seldom seen in medical offices, more often in hospitals or hospice care

- Make patients aware of community resources for grief

- Communicate needs of the patient and his or her family to the doctor

CULTURAL INFLUENCES AFFECTING HEALTH CARE
(SLIDE 1 OF 4)

- Patients often seek traditional practitioners in addition to seeking medical treatment

- In many cultures there is a strong belief in the effectiveness of amulets, tattoos, prayer, or other practices that have not been scientifically validated

CULTURAL INFLUENCES AFFECTING HEALTH CARE
(SLIDE 2 OF 4)

- Causes of illness
  - In many cultures some diseases or conditions are attributed to a supernatural cause
  - It is important not to ridicule such, beliefs because this prevents development of trust
    - Patients may not follow up if they think their beliefs are not respected
    - Medical assistant should be willing to listen to the patient's beliefs

CULTURAL INFLUENCES AFFECTING HEALTH CARE

- Treatments and traditional practices
  - In general, treatments that are not dangerous should be tolerated
  - Health professionals should be aware of traditional practices of patients in their practice
    - Dietary practices are a common area of traditional practice
    - Diseases or conditions may be seen as "hot" or "cold," requiring specific food for balance
    - Certain herbs may be used to restore balance
  - Discuss traditional practices to identify those that are dangerous or might interfere with treatments

CULTURAL INFLUENCES AFFECTING HEALTH CARE

- Behavior requirements
  - Behavioral practices may have a cultural origin
    - Women may need an escort when they leave their homes
    - The oldest male in the family may make all important decisions
    - Removal of clothing, jewelry, or head coverings may be prohibited
  - Important to demonstrate respect and acceptance of these practices

Questions?