

## Making a Difference



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has no financial relationships to  
disclose. She is an Independent  
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"An old man walked up the  
shore..."



that was littered with  
thousands of starfish,



beached and dying



after a storm.



A young man was picking them up



and flinging them back into the ocean.



"Why do you bother?" the old man scoffed.



**"You're not saving enough to make a difference."**



**The young man picked up another starfish**



**and sent it spinning back into the water.**



**"Made a difference to that one" he said.**



## The moral of the story....

None of us can save the world - but we can "save" a small piece of it every day.

Each patient is an opportunity to practice "acts of random kindness" and to make a difference in someone's lives.



You need to think **out** of the box when you work with your patient - "partnering" with them to ensure they receive the best health care that is possible from you.

Look at your patient and try to determine how they "understood" the process. Were they involved or just "listening" ?

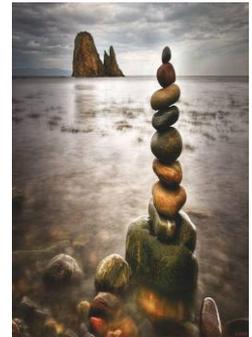


IF this were your grandmother having the exam, did you do the same job with your patient as you would have with her?



Did you:

- Slow down and speak in terms she would understand
- Did you watch her face and explain when you think she was confused
- Were you patient
- Were you respectful
- **Did you care ?**



## You Need To Find A Common Language

Poor health **literacy** is extremely common, especially among elderly patients.

More than 33% of patients ages 65 and older have inadequate or marginal health literacy! You've got to speak the same "language" as your patient.



Patients with poor health literacy have communication difficulties that often affect their health outcomes. Patients report their health is worse, and they have less understanding, about their medical conditions and treatment. This often leads to increased hospitalization rates.



Communication is a core skill for physicians and staff, yet many patients state they have difficulty understanding what their doctors just told them. Studies have shown that even immediately after leaving their doctor's offices, patients are only able to recall 50% *or less* of the information they just were told.



They also state: they have a difficult time navigating the health care system (making appointments on line, etc), give inaccurate or incomplete histories regarding their problems, miss doctors' appointments, use their medications incorrectly *or* don't know how to use their medicines... often "modifying" the dosages/times and have a definite lack of "informed" consent



## Informed Consent

Informed consent is more than getting a patient to sign a written consent form. "It is a process of **communication between a patient and physician** that results in the patient's authorization or agreement to undergo a specific medical intervention" (AMA).

In the process, the physician providing or performing the treatment and/or procedure (**not a delegated representative**), should disclose and discuss:

- The patient's diagnosis, if known
- The nature and purpose of a proposed treatment or procedure
- The risks and benefits of a proposed treatment or procedure



- Alternatives (regardless of their cost or the extent to which the treatment options are covered by health insurance)
- The risks and benefits of the alternative treatment or procedure
- The risks and benefits of not receiving or undergoing a treatment or procedure.



*The patient should have an opportunity to **ask questions** to get a better understanding of the treatment/procedure so they can make an informed decision to proceed or refuse a particular course of medical intervention.(AMA)*

To give informed consent, the patient must have adequate reasoning faculties and have all relevant facts at the time consent is given.

Impairments to reasoning and judgment which may make it impossible for someone to give informed consent include: basic intellectual or emotional immaturity, high levels of stress (PTSD) or as severe mental retardation, severe mental illness, intoxication, sleep deprivation, Alzheimer's disease, coma or under the influence of anesthesia !!!!



## What Are The Problems With Communication ?

### **Understanding the Physician's Vocabulary**

The terminology we use with our patients is often a barrier to them if they have inadequate health literacy. Studies show that physicians/staff use medical terms, combined with the patient's limited vocabulary, that results in inadequate and highly confusing communication. Patients often complain that physicians did not explain their illness or treatment options to them in terms they could understand.



## Literature Is Too Complicated

Studies done in the 1990's showed that only 19% of health education pamphlets written for parents of pediatric patients were written below a 9th grade level, and only 2% were written below a 7th grade level. This placed the literature **above** the reading comprehension for most adults, for whom average reading skills are at the 8th grade level !



- \* When scripting written materials, use no more than (4) simple messages per handout.
- \* Use familiar language, and avoid jargon
- Use pictures or models for key points
- Use 14 point type size or larger



### **Compliance.**

Limited literacy (reading ability or ability to follow instructions) may be related to poor compliance with recommended treatments.

Patients with poor literacy may take medications at the wrong dosage or frequency and are not always aware of potential side effects and/or the need for follow up testing



### **Validity of the Medical History**

Approx. 60%-80% of diagnostic information physicians get is from what patients say during their history/CC process.

Patients often do not realize what information the doctor needs to help them identify the problem.

Patients often *cannot* relate details re: their symptoms or timing of problem so their "stories" usually occur in a rambling, out of sequence fashion!



## Liability

The liability consequences of low health literacy are considerable, estimated to cost from \$50 billion - \$73 billion per year. Doctors/hospitals can be held liable for adverse outcomes that occur to patients who did not understand the information given.



## How Do You Know If a Patient Is Understanding You?

- \* Watch the patient and/or their family during the appointment
- \* Listen to the patient's responses and watch their reaction when you give them written information
- \* Listen to their answers when you question them about their medicines



## Adjust Your Discussion/Information To Your Patient

Tailor information to the patient by ensuring it is appropriate for the patient's age, social and cultural diversity and language skills when preparing health information



**KISS**  
keep it simple...

## Pay Attention To The "Things" That Don't Make Sense

*Example:* Your patient states she's taking her eye drops, but she can't tell you how many times a day, which eye, her eye pressures are no lower (and are actually higher) and the doctor is seeing increased damage to her nerve.



## Patient/Family Behavior In The Clinic

- Registration forms are incomplete, or not filled out at all.
- "I forgot my glasses. Can you read this to me?"
- "Let me bring this home so I can discuss it with my children"
- Family members "jump in" to explain



## How Can You Help ?

- Sit - don't stand over them
- Include the patient's family/ friends to help them understand in their terms
- Use plain, nonmedical language. Explain things to patients as you would explain them to a family member
- Limit the amount of information you give. Information is best remembered when it is given in small chunks



## Why Patients Leave You !

80% of patients that left their doctor for a new one stated they left because of **poor communication** and **interpersonal relationships**.

*Here's a kicker:* a large percentage of them stated it was *not* related to the technical skill of the Doctor.... it was due to poor communication **at the front desk and/or nurse/technician/ patient interaction.**



## Patient Responsibility: Respect & Honesty

Patient's have a right to *expect* to be shown respect, but it is also the patient's responsibility to *show* respect in return.

Patients also need to be totally honest with their doctor - sharing information about their health & habits. They need to avoid withholding information that might interfere with the care they need.



## Patient Responsibility: Complying with Treatment Plans

The patient and their doctor need to have an *interactive* discussion regarding their medical concerns. Potential treatment plans should be discussed as well. The patient needs to have the opportunity to ask questions so they can "buy into" their treatment plan.



Once the patient and their doctor agree upon their treatment plan, the patient has a responsibility to cooperate with that plan and to keep their appointments.



"Never believe that a few caring people can't change the world. For, indeed, that's all who ever have."

Margaret Mead



## Things You Can Do: Patient Education

Patients often say that the only people who can understand their concerns are others who have experienced the same problem/surgery. Example: have a few patients that would be willing to be a resource that have had the same problem/surgery talk to patients that want to have the same type of surgery. A "buddy system" ☺



## Things You Can Do: Angry Patients

**No one ever wins an argument with a patient!**

If you tend to argue, or have a short fuse, don't say anything that you will regret later! Avoid making



emotional responses to an angry patient. It may appear personal to you, but it isn't!

## Things You Can Do: Building Loyal Relationships

Be clear about *who* will do *what* next.

If you state: "Your test results will be back in a week," the patient is left wondering whether you will call him or should they call you. Be specific about what you will do after the patient's visit and what *your patient* should do.



## What Patients Want

- Seeing a doctor who knows them well
- Seeing a doctor with a warm and friendly manner
- Having a shorter waiting time for an appointment
- Having flexibility in selecting appointment times



## What Causes Your Patient To Complain ?

Some of the most common complaints are:

- scheduling patients too closely together
- long waiting times
- inefficient insurance/payment gathering
- poor explanations to patients regarding their care.

Patients and their insurance plans used to be "captive" to one provider/hospital. This is not the case anymore - and they will leave if they continue to feel they are receiving poor attention.



A study listed the following reasons patients often complained:

- unprofessional conduct (19%)
- poor patient/provider communication (17%)
- poor treatment/care of patient (16%)
- waited too long to get in for an appointment (11%).



## Example: Unprofessional Conduct

The translator for the patient stated that the technician was rude, made faces and rolled her eyes when examining the patient.

They felt that the technician made inappropriate comments and displayed inappropriate body language.

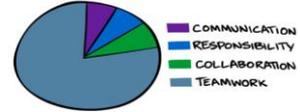




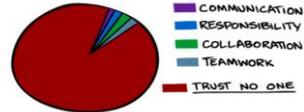
Patients usually don't complain to the doctor about their bad experience in the office - but they *will* complain to their family and friends. Especially if the doctor is the reason for their irritation.

## Working As A Team With The Patient

WHAT GROUP PROJECTS ARE SUPPOSED TO TEACH YOU



WHAT GROUP PROJECTS TAUGHT ME



Working with patients to ensure that they are receiving quality care can be a very difficult task because of all the potential miscommunication areas that can occur. But, taking the time to show the patient that you "care" is the best first step you can make !



"Never lose sight of the fact that the most important yardstick of your success will be how you treat other people - your family, friends, and coworkers, and even strangers you meet along the way. "

Barbara Bush



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