

Lecture 8: Communication & Health

Psychology Health & Medicine
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How do we communicate?



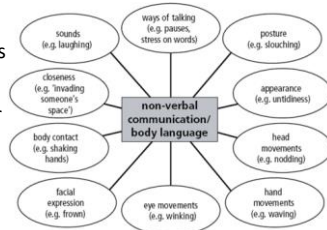
Recap: how do we communicate?

- Verbal communication:
 - What we say and how we say it
 - Includes characteristics of speech (speed, sighs, pauses)
- Strategies for enhanced verbal communication include:
 - Open questions
 - Closed questions
 - Funnel approach (closed to open)
 - Avoidance of leading/ambiguous questions

Recap: how do we communicate?

• Non-verbal communication

- Facial expressions
- Eye movement
- Spatial behaviour
- Gestures
- Touch
- Bodily contact



Why is communication important in the field of health and medicine?



Doctor – Patient Communication

- Good communication in healthcare is important for many reasons:-
 - More accurate diagnosis
 - Better patient understanding of illness
 - Better adherence to treatment
 - Patient satisfaction
 - Improved physical health outcomes
 - Improved emotional outcomes
- Important element of medical training

Doctor-patient relationship

- Development of good doctor-patient relationship is key to effective medical communication
- Perceptions of a good doctor-patient “partnership” in terms of treatment and decision-making associated with higher levels of satisfaction
- Person centred approach often considered important for successful communication

Doctor-patient relationship

Person centred approach, based on principles of psychotherapy (e.g., Rogers, 1951) considered important for successful communication:

- Non-judgemental
- Empathic/Sensitive
- Respectful
- Use of non-verbal communication and silence
- Use of reflecting back and paraphrasing
- Enabling patient to raise all issues of concern - physical and emotional

- How would you feel if a doctor asked to carry out a clinical/physical examination?
- What would be your expectations of this process in terms of verbal and non-verbal communication?



Medical Model

Patient's role is passive
(Patient is quiet)

Patient is the recipient of treatment

Physician dominates the conversation
(Does not offer options)

Care is disease-centered
(Disease is the focus of daily activities)

Physician does most of the talking

Patient may or may not adhere to treatment plan

Patient-Centered Model

Patient's role is active
(Patient asks questions)

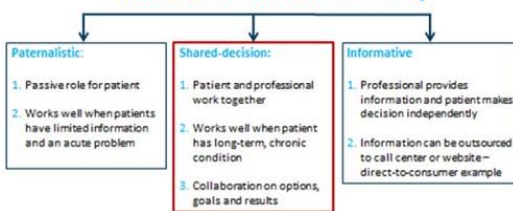
Patient is a partner in the treatment plan
(Patient asks about options)

Physician collaborates with the patient
(Offers options; discusses pros & cons)

Care is quality-of-life centered
(The patient focuses on family & other activities)

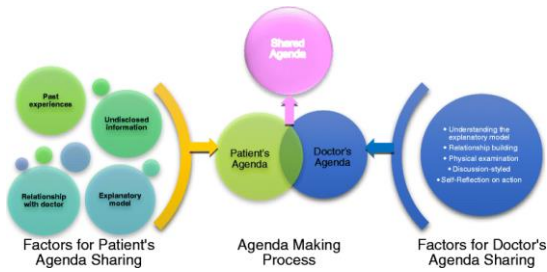
Physician listens more & talks less

Patient is more likely to adhere to treatment plan
(Treatment accommodates patient's cultures & values)

Patient-Provider Relationship

- How would you feel if a doctor suggested a long-term course of medication for you?
- What information would you expect the doctor to give you?
- What questions would you want to ask?





Shared decision-making

“an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.”

Elwyn et al. 2010

Characteristics of shared decision-making

- Involves at least the doctor and patient – may also include relatives or other advocates
- Both parties must share information
- Both parties must make an effort to be involved
- A decision must be made and both parties must agree to it
- Does NOT necessarily mean 50/50 share!

Challenges of shared decision-making

- Individual differences/personality of patient
- Not always the optimal model
- Many patients prefer/want the clinician to make the “best” decision for them
- Behaviour of doctors can prevent shared decision-making from taking place
 - Beliefs
 - Behaviours
 - Consultation pressure

Table Perceived Barriers

Below are the top five perceived barriers to shared decision making (SDM) most frequently cited by emergency physicians as being a factor for which they agree or strongly agree:

Barriers to SDM	Agree or Strongly Agree
Many patients prefer that doctors decide what to do.	67.5%
When offered a choice, many patients opt for more aggressive care than they need.	52.7%
It is too complicated for patients to know how to choose.	47.1%
It is my job as a physician to decide what tests and treatments are indicated.	43.1%
I am more likely to be sued if I do not make the best choice for my patients.	41.6%

Note: Data are sorted by sum of “agree” and “strongly agree.”

Source: Adapted from: Konraria H, et al. *Acad Emerg Med*. 2015;22:399-405.

‘Decision Support Interventions’

(Following slides kindly supplied by Dr Kate Brain, Division of Population Medicine, Cardiff University)

A Definition of 'Decision Support Interventions'

"Interventions that provide **support for patients** who are facing **tough** decisions."

(Elwyn et al. 2010)

"Decision aids differ from usual health education materials because they **make explicit** the decision being considered and the detailed, specific, and personalized focus on options and outcomes for the purpose of **preparing people** for decision making."

(Stacey et al. 2011)

Why use Decision Support Interventions?

In 86 trials evaluating decision support tools that cover 35 different screening or treatment decisions, use has led to:

- Greater knowledge
- More accurate risk perceptions
- Greater comfort with decisions
- Greater participation in decision-making
- Fewer people remaining undecided
- Fewer patients choosing major surgery

Stacey *et al.*
Cochrane Database of Systematic Reviews, 2011



Types of Decision Aids

- Self-administered decision aids (extensive)
- In-clinic decision aids (brief)
- Most decision aids to date have been self-administered, but they have faced substantial implementation issues (Elwyn et al. 2008; Frosch et al., 2011):
 - Professionals are reluctant to recommend them
 - Professionals do not know about them
 - Patients do not use them
 - There is no policy guiding implementation
- The bottom line: there are many good decision aids that no one uses!

Option Grids - Introduction

- Option Grids are brief easy-to-read tools to help patients and providers talk about difficult decisions.
- They answer frequently asked questions in a grid format, enabling direct comparison of options
- They are available online: <http://www.optiongrid.org/>
- <http://vimeo.com/55088088>

SDM Tools

[illegible]

The screenshot shows a video player interface. The video content features a cartoon character with a large head and a small body, sitting at a desk. The character is looking at a computer monitor and has a thought bubble above their head that says "What are my options?". The video player includes a play button, a progress bar, and a volume icon. In the top right corner, there is a logo for "The Health Foundation" and a tagline "Making good decisions in collaboration".

“Ask 3 Questions” Campaign

Patient engagement campaign.

Patient Activation – bottom-up approach

3 questions to help patients become more involved in healthcare decision

what are my options?

what are the possible benefits and risks of those options?

how likely are the benefits and risks of each option to occur?

Campaign adapted from:

Shepherd R, Barnett A, Trower L, et al. Three simple questions to increase information about treatment options and patient involvement in healthcare consultations. Patient Education and Counseling. 2011;84:379–85.2011

Ask 3 Questions

Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these 3 questions:

what are my options?

what are the possible benefits and risks of those options?

how likely are the benefits and risks of each option to occur?



We want to know what's important to you
www.ask3questions.co.uk



Gofynnwch 3 Cwestiwn

Welldro, bydd dewisiadau i'w gwneud ynghyd â'ch iechyd. Os rhwyd chi gael i'w gwneud, gwnewch yn dda â'ch bod chi'n cael yr atbwrdd i'w 3 cwestiwn yma:

po ddewisiadau sydd ar gael?

beth yw mantelion a risgiau posibl y dewisiadau hynny?

po mor debyg yw hi y gweith y mantelion o'i arllanleision hynny ddigwydd?



Hoffem wybod beth sy'n bwysig i chi
www.ask3questions.co.uk



Understanding the SDM encounter and the use of SDM aids

SDM in practice is highly complex incorporating consideration of a patient's clinical history, lifestyle, social circumstances and preferences.

Clinician skills are imperative in achieving SDM.

SDM tools are not necessary for SDM and are often presented at the end of the consultation.

One of the key learning points from the MAGIC programme is that:

'skills trump tools, and attitudes trump skills'

Motivational Interviewing

- A form of directive counselling that attempts to help patients understand their reasons for their behavioural choices and their reluctance to trying to change a behaviour
- Aim is to help the person become *motivated* to change, rather than persuading them
- <https://www.youtube.com/watch?v=s3MCJZ7OGRk>

Motivational Interviewing demonstration

- <https://www.youtube.com/watch?v=bTRRNWrwRCo>

Motivational Interviewing V Shared Decision Making

“Motivational interviewing and shared decision making provide practical and well-described methods to accomplish patient-centered care in the context of situations where medical evidence supports specific behaviour changes and the most appropriate action is dependent on the patient’s preferences”

Elwyn et al., 2014
(seminar discussion article)

Motivational Interviewing V Shared Decision Making

- Different clinical situations require different approaches and
- Clinicians need to be skilled enough to adapt and, where needed, integrate methods.
- If faced with difficult treatment decisions, shared decision making alone can be effective and appropriate.
- Where clinicians perceive a need to change behaviour to improve health outcomes, motivational interviewing may be a useful approach

(Elwyn et al., 2014)

Summary

- Our understanding of communication styles can inform our understanding of effective patient-doctor relationships
- The patient's "agenda" is important in effective medical communication and MI techniques can tap into this
- Clinicians need to be skilled in recognising different emotional responses and responding appropriately
- Shared decision-making approaches considered best approach but not without its challenges

Essential readings from core text for exam preparation

- Chapter 17 – Section 17.3
- Chapter 18 – all of it!

Next week

- Revision/review lecture
- Mock exam practice –bring your core text book and notes with you!
