

Communication between healthcare providers and patients

Jong-Min Woo, MD, PhD, MPH

Dept. of Psychiatry, Inje Univ. Seoul Paik Hospital

Jongmin.woo@gmail.com



ance of
8% (CDC)

pk:
sha
to Tonya,
hen's the baby
just 1 month
are pregnant + to

about that
lot to tell you, but first

if he's been tested.... I'm afraid to ask
gotten HIV test? Kiler's been

it to think about it
now? I don't want to know.
about you anymore.
d out for your baby.

T - If you test + and get treated, ^{before birth}
you can lower the risk of your
baby getting HIV by almost 100%

Presentation - Rachana (CDC)
cartoon
Script
SAM - Nav
Research - Nav

(2) Hope w/tx

"I listened to you..."

P1: Keisha tells Tonya that she got tested
and that she's HIV+. Tonya: I know what you're
going through.

P2: K - upset: ^{He} broke up w/me when he
found out ^{he} was HIV+. What's going to
happen to ^{me} when I get sick?

T - I found out I was pregnant when I was
pregnant. My baby look so healthy

K - What if I don't get tested every day - it's a
T - I know. And if I can do it, you can do it.

It's scary





Emergence of Communicational Difficulties

- Facing medical limits
- Patient's refusal
- Emotions (aggressiveness)
- Distance / identification

Indicators of communicational difficulties

- Predominance of clinician's speaking time
- Unbalanced focus on medical themes
- Abrupt transitions and deadlocks (premature consolations, denial of preoccupations, closed questions)
- Introduction of a third person
- Distance, aggressivity, indifference

Guex, Stiefel and Rousselle / Rev Franc Psy 2002

structure / transitions

N: ... before you receive chemotherapy, we will administer a medication against nausea

P: .. Mhm, mhm

N: chemotherapy is not always associated with nausea, but we like to prevent nausea, that's why we prescribe it anyway, eh: what do you work ?

P: I am accountant of a small factory...

N: the chemotherapy should be well tolerated ...

Relapse

C: ... to summarize, the results show that the cancer has come back again

P: but I thought I was cured !

C: but I have told you that the chance for cure is not 100% !

P: well ...

How to take the bandages off from a burn patient?

“And the one that particularly bothered me in the burn department was the process by which the nurses took the bandages off me. Now, you must have all taken a Band-Aid off at some point, and you must have wondered what's the right approach. Do you rip it off quickly -- short duration but high intensity -- or do you take your Band-Aid off slowly -- you take a long time, but each second is not as painful -- which one of those is the right approach?” (Dan Ariely, 2009 TED)

- “The nurses in my department thought that the right approach was the ripping one, so they would grab hold and they would rip, and they would grab hold and they would rip. And because I had 70 percent of my body burned, it would take about an hour. And as you can imagine, I hated that moment of ripping with incredible intensity. And I would try to reason with them and say, “Why don't we try something else? Why don't we take it a little longer -- maybe two hours instead of an hour -- and have less of this intensity?” And the nurses told me two things. They told me that they had the right model of the patient -- that they knew what was the right thing to do to minimize my pain -- and they also told me that the word patient doesn't mean to make suggestions or to interfere or..”

Table I
CHARACTERISTICS OF PARTICIPANTS AND PROCEDURES

	Colonoscopy	Lithotripsy
Number of patients	154	133
Mean age (years)	56 ± 14	47 ± 14
% Female	55	35
% Previous experience with procedure	42	46
% Received intravenous analgesia	85	68
Real-time assessments during procedure		
Duration (min)	23 ± 13	33 ± 6
Peak Pain	7.7 ± 2.7	6.4 ± 3.1
Initial Pain	2.6 ± 2.5	1.6 ± 2.0
End Pain	2.0 ± 2.7	4.4 ± 3.1
Average Pain	3.1 ± 2.0	3.8 ± 2.5
Total Pain (area under the curve)	72 ± 61	126 ± 84
Retrospective assessments of procedure		
Patient's rating (immediate)	4.6 ± 2.6	4.8 ± 2.4
Patient's rating (follow-up)	4.6 ± 2.7	5.5 ± 2.4
Patient's relative ranking	4.3 ± 2.2	3.7 ± 1.9
Physician's rating	4.3 ± 2.6	4.6 ± 2.6
Physician's judgment (% should use more anaesthetic)	16	12

Values are mean ± standard deviation, or percentage of each group.

Patients' memories of painful medical treatments: real-time and retrospective evaluations of two minimally invasive procedures , 1996

- There was no significant correlation in either disease between the duration of the procedure and the patient's average intensity of pain ($r = 0.03$ and $r = \mathbf{0.08}$, *respectively*). No significant correlations between Duration and Initial Pain ($r = 0.09$ and $r = 0.02$, *respectively*) or End Pain ($r = 0.04$ and $r = 0.01$, *respectively*). The correlation between Duration and Peak Pain was statistically significant but small ($r = 0.21$ and $r = 0.12$, *respectively*). A small positive correlation between duration and Peak Pain was ex-

RELATION BETWEEN RETROSPECTIVE ASSESSMENTS AND SELECTED REAL-TIME MEASURES

	Duration	Peak pain	End pain
Colonoscopy			
Patient's rating (immediate)	0.03	0.64*	0.43*
Patient's rating (follow-up)	0.12	0.61*	0.44*
Patient's relative ranking	0.14	0.51*	0.42*
Physician's rating	0.15	0.64*	0.44*
Anesthetic judgment	0.05	0.35*	0.32*
Lithotripsy			
Patient's rating (immediate)	0.11	0.63*	0.56*
Patient's rating (follow-up)	0.04	0.46*	0.45*
Patient's relative ranking	0.02	0.36*	0.40*
Physician's rating	0.10	0.42*	0.33*
Anesthetic judgment	0.02	0.23*	0.30*

Values are Pearson correlation coefficients.

*Values which are statistically significantly different from zero($P < 0.05$).

Patients' memories of painful medical treatments: real-time and retrospective evaluations of two minimally invasive procedures , 1996

Peak Pain and End Pain

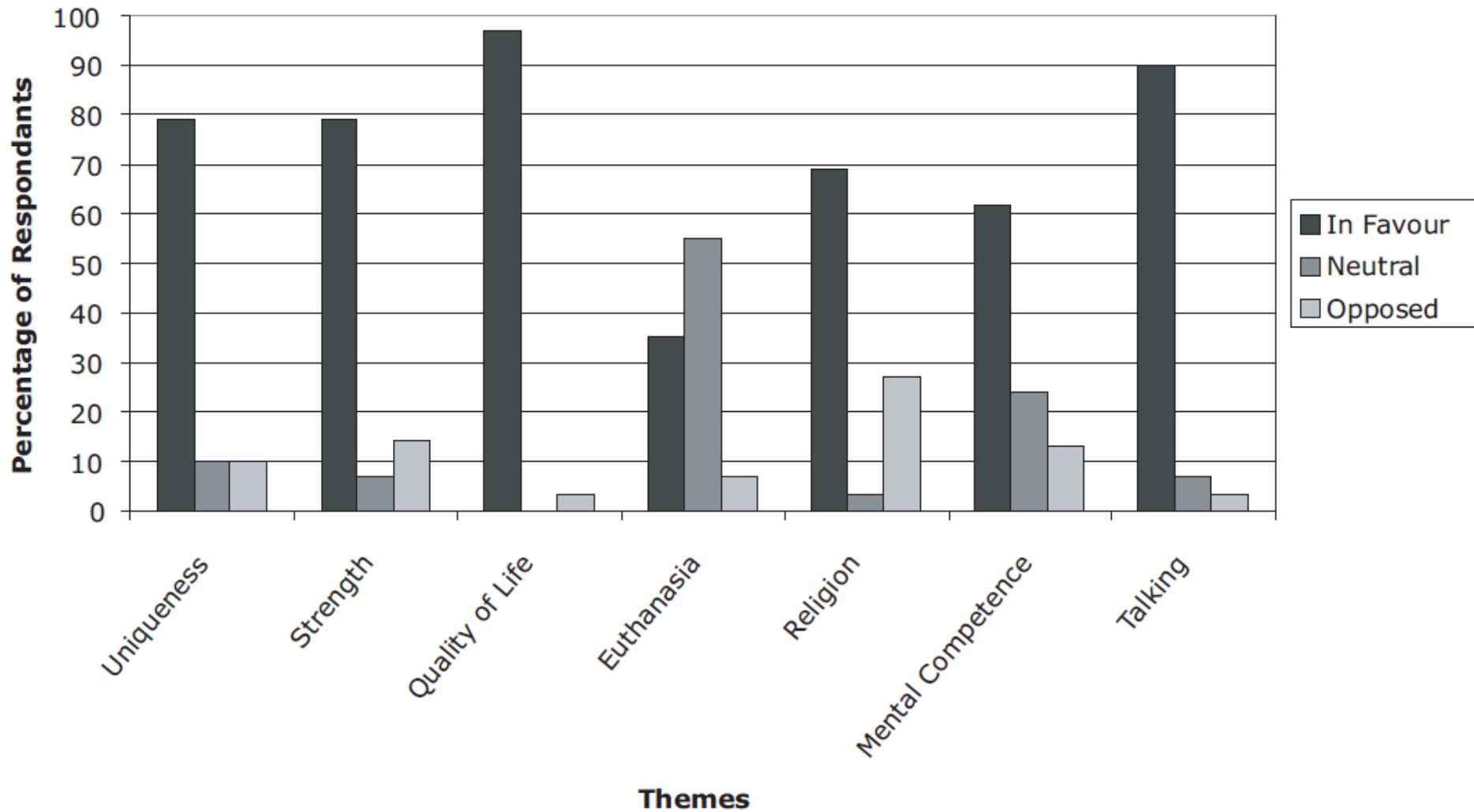
- Patients' retrospective evaluations were strongly correlated with Peak Pain and End Pain.
- For the 53 colonoscopy patients, the correlation between Peak Pain and patients' retrospective ratings in the recovery room was substantial ($r= 0.62, P < 0.001$), as was the correlation between the End Pain ($r= 0.50, P < 0.001$).
- physicians' retrospective ratings and physicians' judgments about the desirability of using more anesthetic were also both significantly related to pain at the worst moment of the procedure and at the end of the procedure.

Getting things wrong predictably

- “ I would have had less pain if the duration would have been longer and the intensity was lower. It turns out it would have been better to start with my face, which was much more painful, and move towards my legs, giving me a trend of improvement over time -- that would have been also less painful. And it also turns out that it would have been good to give me breaks in the middle to kind of recuperate from the pain.”

My intuition can be wrong

- “But think about me as a nurse, taking, removing the bandages of somebody I liked, and had to do it repeatedly over a long period of time. Creating so much torture was not something that was good for me, too.”
- “...I felt my intuition was correct.”



The attitudes of brain cancer patients and their caregivers towards death and dying: a qualitative study, 2007

Components of practice satisfaction	Affect (Candy) (n=15)	Statements (n=14)	Control (n=15)
Humanistic motivation	1.72 (0.42)	2.07 (0.32)	1.96 (1.17)
Physicians are trusted.	2.1	1.6	1.7
I feel good after making a difficult or unusual diagnosis.	1.7	1.7	1.7
I feel satisfied after a good outcome.	1.3	1.4	1.7
Teaching residents is a satisfying experience.	2.1	2.9	2.7
I feel good when I can impact on my patient's quality of life and survival.	1.3	1.4	1.7
I can transmit confidence to my patients.	1.8	2.2	2.4
I can relieve my patients' anxiety.	1.7	2.6	2.3
I feel good when a patient sincerely thanks me.	1.7	1.9	1.6
I care about my patients.	1.5	1.5	1.8
By establishing rapport with patients I enhance my human understanding.	2.1	3.1	2.2
I feel good demonstrating compassion and respect for my patients.	1.7	2.3	2.0
Extrinsic motivation	2.93 (0.84)	3.04 (1.07)	2.58 (1.11)
Yearly income is very important for practice satisfaction.	3.1	3.3	2.7
Feeling a sense of admiration from my colleagues is important	2.8	2.8	2.5

Positive Affect Improves Creative Problem Solving and Influences Reported Source of Practice Satisfaction in Physicians, 1994

Number of Subjects in Each condition Obtaining Each Level of Correctness on the Remote Associates Test Items

Condition: Number of Correct	Affect (Candy) (n=15)	Statements (n=14)	Control (n=15)
0 to 1	8	12	13
2 to 3	2	0	1
4 to 5	3	0	0
6 to 7	2	2	1

a. Affect vs. control, Mann-Whitney U-test, $p = 0.028$ (one-tailed).

b. Statements vs. control, Mann-Whitney U-test, $p = 0.88$ (two-tailed).

**Positive Affect Improves Creative Problem Solving and Influences
Reported Source of Practice Satisfaction in Physicians, 1994**