Problem Statement

What I have seen is that in our high tech society, our capability to effectively communicate one on one, has eroded to such an extent, that we have lost our ability to effectively interact with one another.
The Problem

This lack of ability causes us to lose our edge in business settings like interviews, investigations, negotiations, and trials.

But most importantly, in those settings where communication is critical, we are falling short, especially in the healthcare industry.

The Problem

Our high tech society has diminished our interpersonal and communication skills to such an extent that when we need to personally interact with someone, we fail.

Because we are more inclined to text or e-mail, we are missing clues shown in body language, facial expressions, and voice inflection.

These clues are vital in helping us develop a relationship built on trust and respect.

(v. bad interaction)

The Problem - Text Messaging

- Used by 4 billion people world wide
- 93% of people have cell or smart phones
- 8 trillion text messages sent yearly
- AT&T alone 180 billion per year or 500 million per day!
- 3000 per month teenage girls
- 2500 per month teenage boys
The Problem - Email

- Even Emails, when not properly constructed or thoughtfully sent, can wreak havoc.
- Emails have virtually replaced the written letter, especially in the business context.
- 294 Billion per day
- 2.8 per second
- 90 trillion per year (90% of those spam)
- 1.9 billion users globally

The Problem – Physicians and Nurses

- Physicians and Nurses have a desire to interact. Healthcare is a hands-on, nurturing profession where emotions are always present, both positive and negative.
- Physicians are often frustrated by the amount of time they deem as administrative. (varies based on age).
- Many physicians allow this frustration to be seen by the patient. Technology is only part of this frustration, other areas are getting backed up (20 minute max), personal issues (non-clinical), or what he feels is a problem with the staff (prep work or attitude).

The Problem – The Patient

The patient waits longer than expected in the waiting room; is often greeted by “insurance card and ID, and how do you want to handle your co-pay?”

The patient is eventually taken back to the room and a nurse enters her information in the computer and leaves. Another wait for the doctor.

The patient becomes irritated that her 10:00 appointment is now into her lunch hour and the anger begins to fester.
The Problem

- The doctor finally arrives, only to find an irritated patient.
- It is at this time the doctor has an opportunity to ease the tension by building rapport and working on the relationship;
- Or, he can avoid the patients emotions, use the laptop and other technology as a barrier to protect against verbal assault, and try to move the patient through the process as quickly as possible in order to get back on schedule.
- As a result, the physician and patient fail to properly communicate, causing a lack of trust, and a higher rate of claims following an unexpected outcome.

The Impact

“Patients’ perceptions of the quality of the healthcare they received are highly dependent on the **quality of their interactions** with their healthcare clinician and team.”

- [Clark, P. A. (2003). Medical practices’ sensitivity to patients’ needs: Opportunities and practices for improvement. Journal of Ambulatory Care Management, 26(2), 110-121.](#)

The Impact

Patient’s often file claims or initiate lawsuits based on their **failed expectations** of a positive relationship with their physician versus a violation of the **standard of care**.
The Impact

- Effective communication skills have always been considered a “soft science” yet ineffective communication is identified in the top 5 as a factor contributing to patient injury.
- Approximately 40% of all medical malpractice litigation has an element of poor communication listed as a factor contributing to the reason why the patient/resident sued.

The Impact

- CRICO Strategies looked at over 23K medical malpractice cases where patient was harmed.
- They found 7,000 cases where the problem was directly related to miscommunication of facts, figures, and findings.
- Errors occurred because information was unrecorded, misdirected, never received or retrieved, or simply ignored.
  CRICO estimates these errors cost 1.7 billion.

  How Communications Problems Put Patients and Hospitals in Jeopardy. 

The Impact

- When poor communication is listed as a factor in the litigation, the indemnity is 15% - 23% higher.
- These numbers show that communication cannot and should not be considered a “soft science” any longer.
- Medical liability studies have shown that less rapport with patients correlates with increased malpractice claims.
Where is the breakdown?

**Physician to physician** – by way of sharing information, improper-incomplete records

**Physician to nurses** – failure to follow care plan

**Physician to patient** – medical instructions, follow-up care, discharge orders.

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**Common Problems Between Providers**

- Miscommunication about the patient’s condition;
- Poor documentation, and
- Failure to read the patient’s medical record.


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**Common Problems Between Providers and Patients**

- Inadequate informed consent
- Unsympathetic response to a patient’s complaint
- Inadequate education (such as about medications)
- Incomplete follow-up instructions
- No or wrong information given to patient, and
- Miscommunication due to language barrier.

Case Example 1
Doctor – Nurse Communication

- ER Doc receives 37 year old intoxicated patient with blood alcohol level of .207 complaining of severe abdominal pain.
- Doc orders IV fluids and hydromorphone 1-2mg IV every 20 minutes as needed.
- The doc did not evaluate the patient at the time of the order, and in fact, due to the overflow in the ER, the patient was placed in an overflow room and not monitored. Only 1 set of vitals were taken.
- The doc included a note with the med order to keep the patient’s blood pressure above 100. No other orders were given.

Case 1 continued
Doctor – Nurse Communication

After two hours, the doc found the patient in the ER overflow room unresponsive in cardiopulmonary arrest. Despite efforts to resuscitate patient, the patient died. Cause of death was anoxic encephalopathy due to mixed alcohol and hydromorphone toxicity.

Case 1 continued
Doctor – Nurse Communication

Findings:
- Dr. failed to evaluate patient and recognize level of alcohol.
- Dr. assumed nurses would monitor the patient and adjust the level of hydromorphone as needed.
- Nurses were never told to monitor patient and were never asked about the patient’s status prior to cardiac arrest.
- Dr. was not aware the patient was in the overflow room and monitoring equipment was not available there.
- Case settled prior to trial for 500K to patient’s family.
Case Example 2
Doctor – Patient Communication
17 YOA patient was involved in a head on car accident at approximately 30 mph. She refused EMS advice to go to the hospital for examination.
Having returned home, patient experienced headaches and nausea, and parents took her to ER. At ER, patient received CT scan of head and neck. Reported no other pain except some bruising around the shoulder from the seatbelt, but nothing life threatening. She reported having monthly periods. Patient refused wearing hospital gown and was very quiet when answering questions. Patient was released.

Case Example 2 continued
Doctor – Patient Communication
5 days later, patient returned to ER with heavy vaginal bleeding. Patient found to be 8.5 months pregnant. Baby in distress and C-Section performed. Infant born with severe brain damage due to a placental abruption, most likely caused by the impact from the seat belt.

Case Example 2 continued
Doctor – Patient Communication
Lawsuit filed:
Dr. / Nurses failed to conduct pregnancy test at initial ER visit which would have revealed pregnancy. (Mandatory for that age group)
Dr. / Nurses failed to conduct thorough intake assessment which would discovered pregnancy.
Dr. Nurses failing to recognize pregnancy at intake, child diagnosed with CP.
Case settled prior to trial for $9.1 million for life care plan of baby and living expenses for mother.
Case Example 3
Doctor – Doctor Communication

62 YOA female reported pain in her neck and shoulder area. The pain was a shooting pain, mid-thoracic, that had continually gotten worse, especially while lying down. Her local physician advised her to seek treatment at the ER.
At the ER, X-Rays showed degenerative disc disease and joint inflammation. She was admitted with an MRI scheduled for the following day.

Case Example 3
Doctor – Doctor Communication

The scheduled MRI the following day was aborted because the patient could not lie flat for the MRI. The MRI was rescheduled for the following day with the assistance of the anesthesia department. The following day, the patient was placed flat on the MRI table. The anesthesiologist manipulated the patient’s head to place it in the cradle, intubated, and given general anesthesia. The MRI showed multiple ruptures of her cervical vertebral discs.

Case Example 3
Doctor – Doctor Communication

Patient was then removed to the PACU. Patient reported no feeling in her lower extremities. This worsened to quadriplegic. Later transferred to rehab, then home, where she ultimately died from complications from multiple UTI infections.
Case Example 3
Doctor – Doctor Communication

Patient sued and case settled for 3.1 million.
Doctor failed to inform anesthesiologist the risk of lying flat and manipulating shoulder, neck, and head in order to get patient lying flat and head in MRI head cradle.
Most likely manipulation of head and neck during intubation caused quadriplegic state.

Communication Skills Assessment by Medical Liability Carrier

- Communications Skills Assessment given to 1,000 physicians.
- Claims monitored over lifetime of policy.
- 21.8% of participants, generated 80.2% of claims.
- Communications Assessment now being given that impacts premium.
- Mentoring, coaching, satisfaction surveys used to monitor performance.
- Penalty – higher premiums, failing to renew policy.

Proactive Healthcare Provider

Physician education programs:
- Avoid using words and phrases that have a negative impact.
- Asking permission to enter the room.
- Introduce yourself and put patient at ease.
- Discuss exam and how long it will take.
- Follow up with disgruntled patients.
- Thanking patients for coming in.
Proactive Healthcare Provider

Physicians are then provided feedback:
Directly from customer satisfaction survey.
By coach, nurse, other physician.
Repeated poor scores require training on
effective communication skills.
Lastly, problem physicians are removed from the
system or group.

Tort Reform in Texas

Enforceable September 1, 2003
Applies caps to damages, such as pain and suffering
Limits damages to 250K
Does not apply to economic damages, such as lost
wages, medical bills, and future care.
Life care plans, especially those involving birth
injury, can reach 40 million.

Insurance Journal, 10 Years of Tort Reform in Texas Bring Fewer Suits, Lower
Payouts, September 2013.

Tort Reform in Texas

Between 2003 and 2011, medical malpractice
claims, including lawsuits, fell by 2/3.
Average payout declined by 22% to around
199K.
Premiums have dropped about 46% since the
2003 legislation.

Insurance Journal, 10 Years of Tort Reform in Texas Bring Fewer Suits,
Lower Payouts, September 2013.
Impact of Tort Reform?

Although the number of lawsuits have declined, the number of complaints filed with the Texas Medical Boards increased 76% between 2004 and 2013.

In 2013, 818 of 912 complaints filed were against physicians.

Texas Medical Board Cases Against Doctors Rise 76 Percent in 10 Years, Bill Hethcock, Dallas Business Journal, February 11, 2014

The Solution: Become an Effective Communicator!

The foundation of effective communication is Rapport!

Physicians, Nurses, Risk Managers and other staff who have direct communication with the patients.

The Solution
The First Step is to Build Rapport

Rapport – a harmonious, empathetic, or sympathetic relation of connection to another.

Finding a commonality or shared interest with another person that makes us and them feel comfortable with each other.

Remember the research – there is a direct connection with the patient’s perception: Quality interaction equals Quality care.

The Power of a Handshake! Chicago Phone Booth Study
Benefits of Rapport

- Rapport allows you to control the interaction.
- Rapport allows you to establish a baseline of behavior.
- Rapport allows you to subconsciously plant your theme in a receptive ear.
- Rapport allows you to guide the interaction through mirroring, leading, positive anchors.

Proactive Rapport Building is not Manipulation

Rapport is a process or tool to **Elicit** information: “The act of bringing to light or drawing forth information”

**Versus**

**Solicit** “The act of requesting information”

Building rapport is a skill to gather information in a subtle, yet intentional manner, given a variety of situations.

Rapport Begins the Moment You Walk into the Room

**Question?**

- People make their first impressions of you in the first ____?
- First Impressions are accurate about ____% of the time?
Here are some eye openers!

- People make their first impressions of you in the first **39ms**.
- First Impressions are accurate about **67%** of the time.

Very First Impressions

Moshe Bar, Matial Neta, and Heather Litz
Marlins Center at Massachusetts General Hospital, Harvard Medical School

First impressions of people’s personalities are often formed by using the visual appearance of their faces. Defining how quickly these impressions can be formed has critical implications for understanding social interactions and for determining the visual properties used to shape them. To study impression formation independent of emotional cues, threat judgments were made on faces with a neutral expression. Consequently, participants’ judgments pertained to the personality rather than to a certain temporary emotional state (e.g., anger). The results demonstrate that consistent first impressions can be formed very quickly, based on whatever information is available within the first 39 ms. First impressions were less consistent under these conditions when the judgments were about intelligence, suggesting that survival-related traits are judged more quickly. The authors propose that low spatial frequencies mediate this swift formation of these judgments and provide evidence that supports this hypothesis.

Why is this Important?

- Approximately 80% of all stimuli is taken in by the eyes.
- Approximately 99% of all stimuli is received unconsciously.
- Communication Composition
  - 7% - Verbal
  - 38% - Voice Tonality, Tempo, Inflection
  - 55% - Body Language

Two Primary Studies, one said 7% and a second 18%; so at best, only 18% through words alone.
The First Minute of the Conversation

- Introduce yourself, putting the technology aside.
- Ask an open ended question.
- Engage the resident or patient based on what you see and hear.
- If necessary, use the laptop as an icebreaker.
- Do you have any questions for me?
- Is there anything that you were hoping to learn or better understand (about your condition, symptoms etc.) that I can help with?
- Remembering that strong interpersonal skills and empathy, lead to higher customer satisfaction and decreased claims.
- Chicago Phone Booth Study (Breaks down defenses)

Following a Good First Impression, Enhance Rapport

- Mirroring
- Leading
- Positive Anchors

Rapport Enhancing Techniques “Mirroring”
- Also called pacing or body matching
- Developed in 1950’s by psychiatrists trying to gather insight into traumatic events
- Mirror the persons breathing rate, eye blinks, posture, gestures, voice, voice tempo
- Everyone processes information in one of 3 ways, Visually, Auditory, Kinesthetic. Match that. (V. Rivas)
- Watch for the emotions.
Rapport Enhancing Techniques

“Leading”

As you develop a relationship with the person, rapport is good, body language, emotions, facial expressions are positive, then you lead and see if they follow you!

If they do, not only will you be in control of that conversation, you will be able to plant your theme and direct the conversation away from the complaint, thus avoiding unnecessary claims.
Rapport Enhancing Techniques
“Anchoring”

- Can be positive or negative
- Can be both verbal and non-verbal
- Can be spatial using proxemics
- Use throughout the interview
- Patient will process this subconsciously

Office or Conference Room Meeting

You
X Nurse/CNA/DON
X Patient
X Family Members

You are putting yourself in a vulnerable position.

Hospital Room

X Nurse/CNA/DON
X Patient’s Head
X You
X Family Members

You are putting yourself in a vulnerable position.
Rapport Killers: Failing to Understand Space and Non-Verbal Behavior

Theory of Proxemics
- Established by Dr. Edward Hall at Northwestern University while researching how people handle the space around them in relation to others.
- Intimate Distance—6 to 8 inches
- Personal Distance 6-30 to 48 inches
- Social Distance 4-7 feet to 7-12 feet
- Public Distance 12-25 feet to 25 or greater

Once rapport is established, space can be used effectively as a positive anchor.

Use Self Disclosure to Build Trust

“Caught Telling the Truth”

Honest Disclosure Effect – Being truthful increased negotiators willingness to share information and make concessions.

Often accomplished through some form of self disclosure.

Group Discussions and Negotiations, 12:537-566, 2003
Our goal is to transition from a position of Authority and Power To a position of Personal and Intimate

Quality Relationship

“Patients’ perceptions of the quality of the healthcare they received are highly dependent on the quality of their interactions with their healthcare clinician and team.”

(v. good interaction)


Benefits of Rapport

- Rapport allows you to control the interaction.
- Rapport allows you to establish a baseline of behavior. You have now set the stage to detect deception.
- Rapport allows you to subconsciously plant your theme in a receptive ear.
- Rapport allows you to guide the interaction through mirroring, leading, positive anchors.
After All This!
The Negotiations Begin

- BATNA – Best Alternative to a Negotiated Agreement.
- What would I have if I didn’t negotiate?
- The Reservation Price.
- What is the least I will take, walk away price?
- ZOPA – Zone of Possible Agreement.
- Area between the both Reservation Prices.
- Bargaining and Trades.
- What can I trade to increase things of value for me?

## Effective Communication Tips

1. Speak simply, using shorter sentences, avoiding all the medical jargon.
2. Use visual aids if possible.
3. A “best practice” is to incorporate your message into a story, parable, or life experience.
4. Information should be delivered using all modalities: voice pitch and pace; non-verbally through space, void of barriers; and emotionally, through facial expressions which match your voice tone and body positioning.
5. Avoid incongruences as this kills rapport.

## Recap: Top 5 Things To Remember

- Ineffective communication is listed as a reason physicians are sued in 40% of all medical malpractice cases.
- Poor communication is ranked in the top 5 as a reason for patient injury.
- Payment for claims that have communication as an element of the claim are 15%-23% higher.
- Physicians who build a strong rapport with their patients, are less likely to be sued following an adverse event.

## Final Thoughts

- Technology may make you more efficient, but it will not make you more effective, especially at building patient relationships.
- The amount of time that you spend building rapport, pays huge dividends.
- If an unexpected event occurs and a claim is filed, settling that claim, and avoiding litigation, will be much easier if you have spent a small amount of time developing the relationship.
- As an incentive, hospitals with higher Patient Satisfaction Scores are reimbursed at a higher rate by CMS.