

## Doctors

### Doctors' concern for your questions and worries

#### QUESTION DEFINITION

This question measures the extent to which the physician's behaviors met the patient's expectations for the display of concern. In varying degrees, patients expect physicians to share in their uneasiness, trepidation or worry about a condition, procedure, or symptom, rather than dismissing them outright.

Patients respond positively to physicians who can put aside the medical agenda and encourage the patient to disclose feelings. They also respond positively to physicians who elicit and respect all of their concerns, who acknowledge their fears, and who do not avoid unpleasant subjects. Patients respond negatively to physicians who ignore or seem uncomfortable with patients' emotional expressions.


#### VOICE OF THE PATIENT

🗣️ “All the physicians showed concern and listened to me — even promises that I forgot were followed up on.”

🗣️ “I had never met this doctor before, and while he asked a couple of questions, he seemed to dismiss any concerns. He never introduced himself!”

#### IMPROVEMENT SOLUTIONS

##### Focus on compassionate communication.

- **VIDEO:** Reducing Suffering Through Compassionate, Connected Care 
- Compassionate communication goes beyond the verbal exchange of information. What we say, how we say it, how we listen, our body language, and how we present information in writing are critical components of good communication skills. Press Ganey addresses emotional care in the [Compassionate Connected Care™](#) model. The model includes:
- **Acknowledge suffering:** We should acknowledge that our patients are suffering and show them that we understand.
  - **Body language matters:** Non-verbal communication skills are as important as the words we use.
  - **Anxiety is suffering:** Anxiety and uncertainty are negative outcomes that must be addressed.
  - **Coordinate care:** We should show patients that their care is coordinated and continuous, and that we are always there for them.
  - **Caring transcends diagnosis:** Real caring goes beyond the delivery of medical interventions to the patient.
  - **Autonomy reduces suffering:** Autonomy helps preserve dignity for patients.

### **Respond empathically to patient expressions of emotion.**

- If appropriate, move closer to patients displaying emotion or discussing difficult topics.
  - Never dismiss patient concerns. Offer reassuring phrases if a patient is expressing or showing concern, such as, “Let’s talk more about your concern.”
- Make at least one empathic statement during each visit. Examples include:
  - “I understand that this can be a stressful time. Is there anything I can do to help alleviate your stress?”
  - “Are you getting everything you need from me and other staff members to help you manage your situation?”
- Respond to stated worries by providing information and, whenever appropriate, reassurance.
- Empathy offered to patients will not be effective if body language or tone of voice does not match. Speaking too quickly can be misconstrued as a lack of concern.

### **Validate stress and emotions that are presented.**

- Train physicians on how to validate stress and emotions that are presented.
- Use phrases that validate the patient. For example, “I can see that you’re concerned,” or “I understand you have concerns about your medication.”
- If a patient is expressing or showing concern, offer reassuring phrases to display empathy/sympathy. For example, “We are going to take great care of you,” and “Tell me more about your concern.”

### **Pay attention to body language.**

- Sit at eye level, face the patient, and avoid having a computer between the provider and the patient if possible.
- When a patient is expressing concern or questions, lean forward to show you are listening attentively.
- Use nonverbal cues such as leaning forward or nodding to demonstrate listening.
- Avoid body language that indicates you are in a rush, such as looking at a watch or keeping a hand on the doorknob.
  - In many organizations, physicians feel overbooked, and in a hurry to get on to the next task. It is essential to be aware of one’s own body language, facial expressions, and eye contact to avoid conveying a lack of attention to the patient in the room.

### **Practice active listening.**

- Avoid interrupting patients; it is a sign of disrespect and disregard. Allow patients to “tell their story.” The average amount of time that a physician allows a patient to speak before interrupting with a

question or observation is only approximately 20 seconds. Patients do not feel this is an adequate amount of time to explain their story fully.

- If a patient is dominating the conversation, redirect the conversation (e.g., “Let’s slow down and address the concerns one by one.”).

### **Offer communication skills training.**

- Select a communication program that best suits your organization’s needs.
- One method of training is through relation-centered communication programs such as Press Ganey’s Compassionate Connected Care™ eLearning program. This provides foundational, interactive education for learning skills to build relationships through listening carefully, treating with courtesy and respect, and explaining things in a way that patients can understand.
- Courses should provide interactive training and practice on foundational skills, including establishing rapport, eliciting patient concerns, exploring the patient’s perspective, listening reflectively, and responding with compassion and empathy.
- Communication courses should include simulations, skills practice, and role-playing tailored to suit individual organizational needs. These types of programs improve patient experience and physician engagement by enhancing communication skills among clinicians and across health care teams and systems.
  - Employ actors to role-play difficult situations with physicians. Have the physician participate in the role-play activity and take part in a 360 review. The goal of this review is to help the physician identify opportunities for further development and to improve his or her skill set. The reviewers, who consist of fellow colleagues, observe the physician participating in the role-play activity. Then the reviewers are asked to comment and rate the physician’s professional skills. The team provides written feedback for the physician.
  - Consider having actors perform all scenarios and ask a group of physicians to evaluate. What would they do differently? What was done correctly?
- Have doctors use the teach-back method to evaluate patients’ understanding.
- Provide ongoing, routine training such as booster educational sessions to maintain competencies.
- Ask physicians to self-evaluate how they communicate with patients and families.
  - Do you connect with patients about a personal topic before moving onto the purpose of your visit by asking at least one question about the patient’s life outside of hospitalization? Patients who feel comfortable personally will open up more regarding sensitive medical issues.
  - Do you use open-ended questions to better understand concerns the patient may have?  
Examples include:
    - “What were you most hoping to accomplish today?”
    - “Is there anything in particular you were hoping I would do today?”

- “How were you hoping I could help you with your concern?”
- “Before we go any further, is there anything else that’s on your mind?”
- Do you assess the patient’s comprehension of the information given? Consider saying, “We have given you a lot of information. What questions do you have?” Provide answers in understandable, nontechnical language. Technical language may isolate and dissatisfy patients by causing them to feel confused or anxious. Watch for cues to indicate lack of understanding, such as if the patient stops nodding, begins fidgeting or frowning, exhibits facial signs of confusion such as furrowing the brow, etc.
- How do you respond to patients’ questions? Do not answer a patient’s question with another question. Instead, obtain more information. It is helpful to use phrases such as, “Well, that depends. Do you notice when that happens?” or, “I can give you an answer after I get a little more information from you. Can you tell me more about that?”
- How do you empathize with patients? Compose phrases designed to communicate to the patient in a comforting manner about how a procedure may feel, how you will care for the patient, etc.
- Do you take notes about patient conversations? Keep track of patients’ decisions about treatment in their records, and mention these decisions in repeat or follow-up visits. This provides continuity between visits.
- Engage physician leadership in the development or selection of communication training programs to ensure the teachings will resonate with the physicians.