

“Say What You Mean to Say”: Unpacking the Complexities of Communication Between Patients and Their Providers

Katelynn M. Timony, MPH(c), MMS(c)

Faculty Advisor: Andrea Crivelli-Kovach, PhD, MA, MCHES

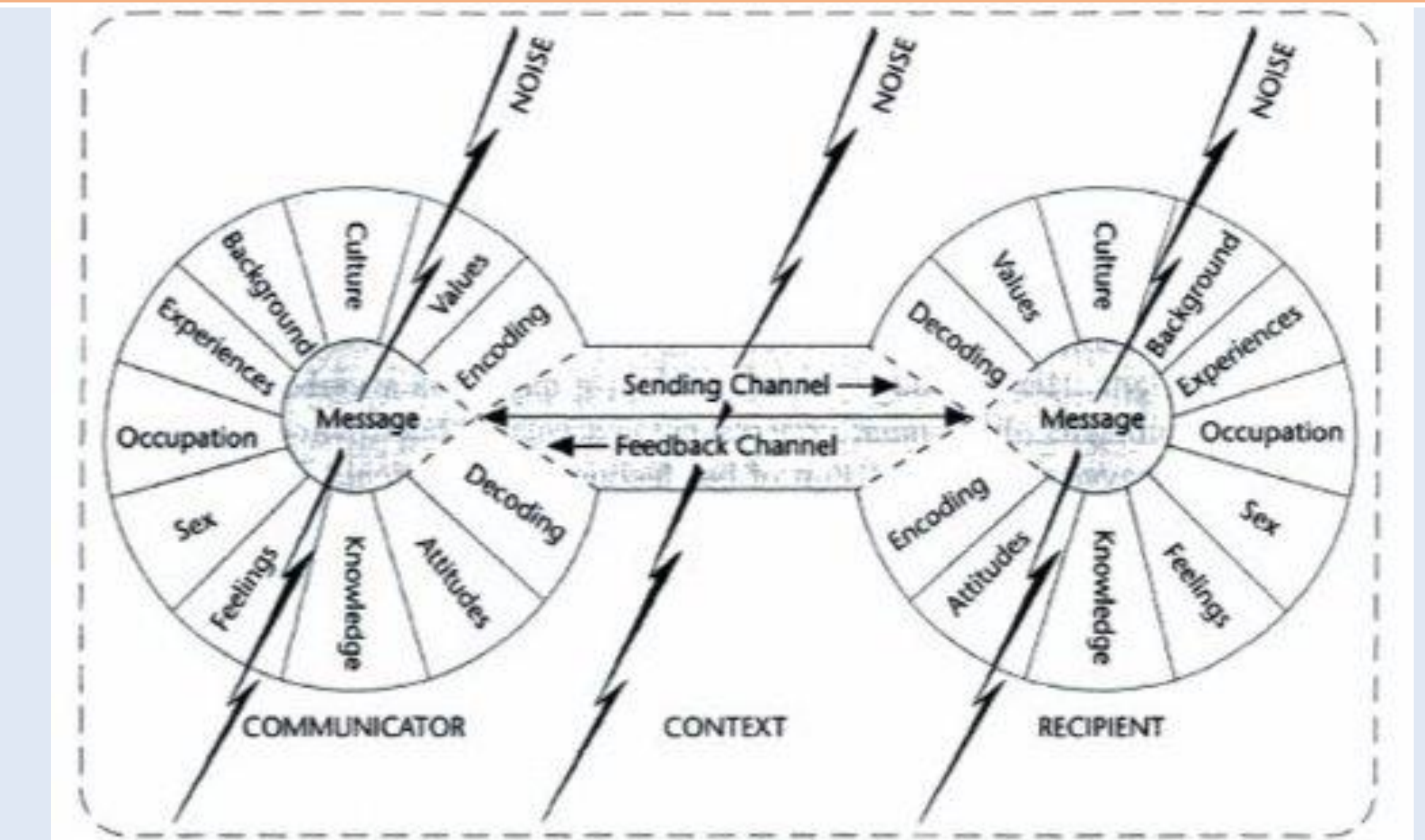
Department of Public Health

Background

- ❖ Communication is a process where the sending, receiving, construction and interpretation of messages are influenced by participants’ experiences, culture, values, knowledge and attitudes.⁷
- ❖ Effective communication within the patient-provider relationship has been linked to:
 - increased diagnostic accuracy
 - patient adherence to medication and treatment regimens
 - patient satisfaction
 - improved overall clinical outcomes⁸
- ❖ Barriers, such as perceived time constraints and ethnic/language differences, can lead to communication breakdown.²
- ❖ Levels of patient activation, a patients’ willingness and ability to manage their health, are directly associated with health outcomes and quality of patient-provider relationships.⁴

Theoretical Models

- ❖ Osgood-Schramm Model of Communication
- ❖ Transactional Model of Communication
- ❖ Berlo’s SMCR Model of Communication
- ❖ Becker’s Mosaic Model of Communication



Transactional Model of Communication adapted from Verderber (1990).⁷

Purpose

- ❖ To explore the patient-provider relationship within the context of the evolving medical landscape (transitioning from paternalistic to patient-centered care).
- ❖ To map the external factors that influence patient/provider communication.
- ❖ To make recommendations for a new model of medical training for the enhancement of communication within the patient-provider dyad.

Figure 1: External Influences on Communication Practices Within the Patient Provider Relationship

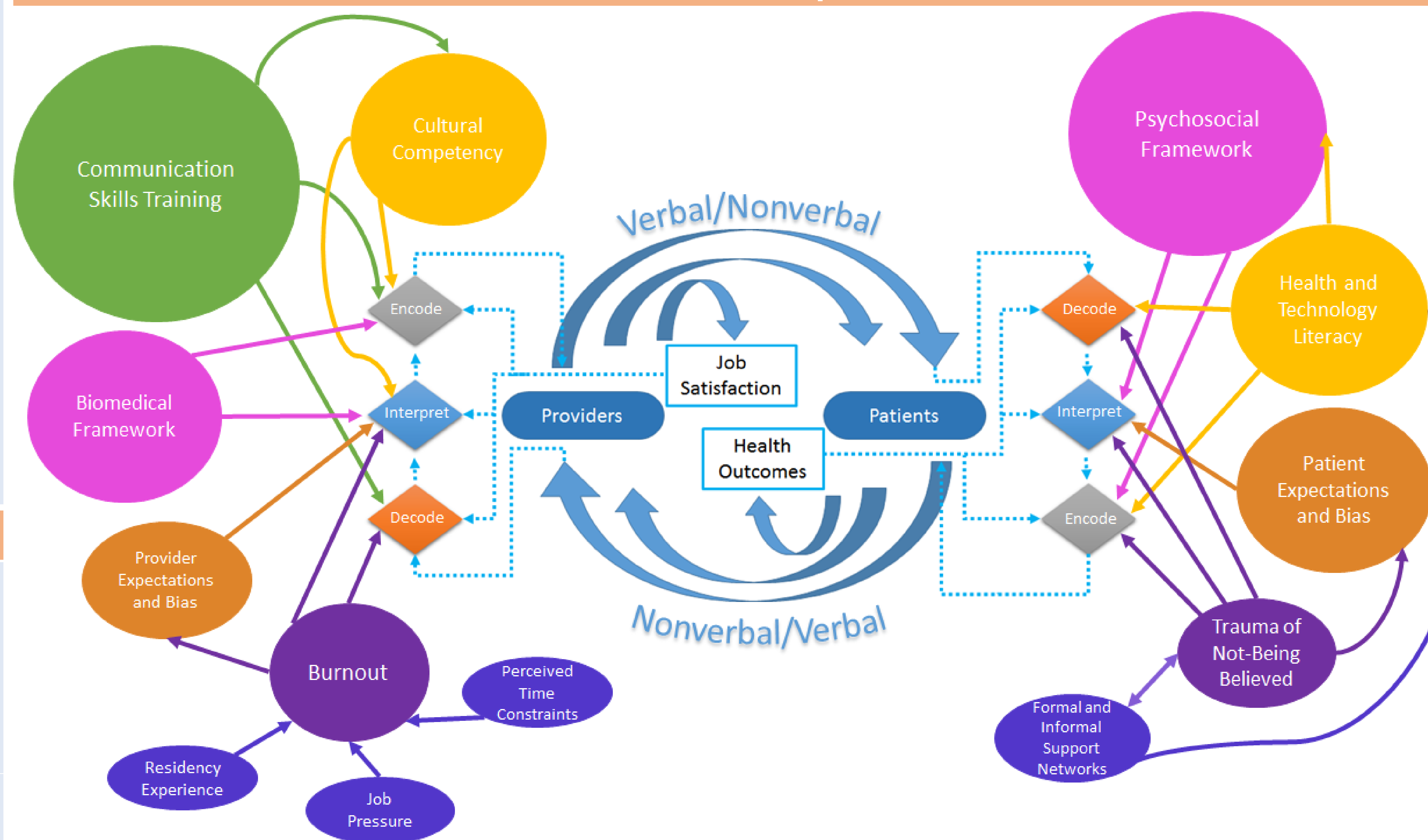


Figure Legend: The relative impact of each indicator on communication practices between patients and providers is indicated by its representative size. Directional relationships between indicators, as well as between indicators and steps of communication (encoding, interpreting and decoding), are denoted by arrows related to the corresponding indicator.

Results

- ❖ The cycle of verbal and non-verbal communication between providers and patients affects both provider job satisfaction and patient health outcomes, which feed back into future communication practices (i.e. encoding, interpreting and decoding messages).
- ❖ External factors influencing provider communication include: 1) communication skills training, 2) the biomedical framework of understanding and cultural competency, 3) burnout, and 4) provider expectations and bias.
 - ❖ Residency experiences, job pressure, and perceived time constraints have equal proposed impact on burnout.
- ❖ External factors influencing patient communication include: 1) the psychosocial framework of understanding, 2) health and technology literacy and patient expectations and bias, and 3) the trauma of not being believed.
 - ❖ Formal and informal support networks directionally impact levels of health and technology literacy. Both subsequently affect and are affected by the trauma of not being believed.

Recommendations

- ❖ Expecting patients to meet providers “halfway” is unrealistic. The practice of training each patient how to best interact with their provider, though empirically effective, is also impractical.
- ❖ Communication skills training needs to be standardized among accredited medical schools and should model current evidence-based practices.
 - ❖ “R.E.D.E. to Communicate: Foundations of Healthcare Communication (FHE)SM Program”¹
 - ❖ AAOS Communication Skills Mentors Program (CSMP)⁸
- ❖ Infrastructure supporting medical providers needs to be more robust in order to reduce the prevalence of burnout and enhance effective communication.

Methods

- ❖ A comparative literature review was conducted to explore the external factors impacting patient-provider communication.
 - ❖ Utilized databases include EBSCO, PubMed, Elsevier, Public Library of Science (PLoS), Medline Plus, and the Cochrane Database of Systematic Reviews.
 - ❖ Search terminology included
 - ❖ “patient-provider communication practices”
 - ❖ “effects of communication on the patient-provider relationship”
 - ❖ “cultural competency training in medical education”
 - ❖ “patient activation and empowerment”
 - ❖ “effects of health literacy on patient activation and empowerment”
 - ❖ “effects of patients not being believed by their providers”
- ❖ Concept map (Figure 1) depicts the relationships among the factors on each side of the clinical interaction.
 - ❖ Relationships were determined based on themes identified within the literature.
 - ❖ Size of external indicators were determined by relative importance.

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