The Ten Commandments of Email: Patient Communication

A Harris interactive survey of over 2300 adults asked which communication modes were the easiest to misinterpret in regards to the tone or intention of the sender. According to the survey, 80 percent of adults found email to be the mode most easy to misinterpret. This was followed by text message (78 percent), letter/written (71 percent), telephone (53 percent). Only 37 percent indicated that face-to-face communication was easy to misinterpret.

Keeping in mind that email is a method of communication easy to misunderstand, following is a set of guidelines to use in your future email correspondence.

1. Thou dost have several choices. There are other forms of communication that may be better under the circumstances, for example, personal letter, telephone cell, or person-to-person meeting.

2. Thou shalt never send an email when rushed, furious, or exhausted. Most errors occur when sent by one who is in a hurry, upset, or tired.

3. Thou must think before sending. Consider the impact upon the intended recipient. Emails do not include voice inflection, facial expression or the opportunity for dialog and can be easily misinterpreted.

4. Thou shalt never substitute an email for a necessary face-to-face meeting. See #3 above.

5. Thou shalt never use email to diagnose a medical problem. Using email to gather information from a patient may be indicated, but it cannot replace the physical exam.

6. Thou shalt never use email to provide medical advice or recommend treatment. “Just say No.”

7. Thou must always pause and check the email address before clicking Send. Your email address book is convenient, but can be deadly, as many have found out.

8. Thou shalt remember that HIPAA applies to email correspondence. See #6 above. Be careful about forwarding emails, especially patient correspondence.

9. Thou must assure retention of emails pertaining to patient care. Don’t diagnose and treat via email, but don’t discard important communications regarding the patient’s ongoing care.

10. Thou must not assume your emails have been received and read by the intended recipient. Email can be misdirected (see #7 above) or captured by spam programs. Request an acknowledgement.

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IN THIS ISSUE

Maples’ Musings 2
Lessons in Communication 3

THANKS

Thanks to all of you who took the time and made the effort to return our survey from this summer on the MACM Continuing Medical Education program. We had almost 50 percent participation from our insureds and the information you provided will be put to good use. Interestingly, almost 40 percent of you replied back to the survey through email saving the expense of printing and postage.

Information from the survey will help us plan for future educational opportunities offered by MACM.
Poker-face Obstetricians?

I have observed that as obstetricians become older they become much less expressive. Now, one might say that if you lost that much sleep over a lifetime you would become depressed as well. Or, alternatively, maybe the lack of expression results from obstetricians who are so happy in their work that they simply cannot maintain that level of joy outside the hospital and the delivery suite. Interesting thoughts. However, my theory of why obstetricians have masked facies subsequently came to rest on the belief that they were conditioned to this by their patients.

While watching the Discovery Channel one night recently, this theory actually came to mind as it related to poker players. The documentary featured a very successful player who, upon winning the multimillion dollar pot, showed no emotion. He had conditioned himself so well that he had utter control of his emotions. This is partly what made him so good at poker.

When confronted with this theory, a local obstetrician thought a second and said, “You may be right,” and proceeded to tell me about a recent event. He was dismayed to find that a patient of his had cried all night after a routine ob exam. When asked why she had been so upset, she replied, “I thought you frowned while you were listening to my baby’s heart.” She was convinced on the basis of a facial expression that her baby was not well and she was devastated. (The art is long). When faced with this level of patient anxiety, most obstetricians (and indeed many physicians) learn not to emote at all.

Much of the art of being a physician is figuring out how to communicate our ideas and recommendations to our patients. We take our cues from them and decide what to say, how to say it, and how to act. A conversation, including family history, can help in determining how to communicate. The level of education and experience of the patient helps the doctor know what to say and how to say it. Ask questions of the patient and then listen to the answers. Most of the physicians that I know delight in talking with their patients. They want so much to say the right things in the right way and convince patients to take their medicines and lose weight and exercise and show up for their appointments and on and on.

The art is long and the time is short. MACM Risk Management will be glad to help you with any communication problems you have in your office. We can save you time and effort which, perhaps, may allow you to smile a little more.

How do you do it?

We have discovered that some of the best answers to the questions we are asked come from our insured physicians and clinic managers and thought we would share this knowledge with all MACM insureds.

With this Risk Manager, we will begin a feature where we ask for your advice, opinions, thoughts, and procedures. Review the question that follows and give us your example of how you handle this situation in your practice. In future newsletters, we’ll share your examples with all of our insureds and allow you to benefit from each other’s experience.

How do you ensure that patients have return appointments (and that you obtain information from these return appointments in a timely manner) when they are discharged from the Hospital?

Send your examples of how you manage this situation to the MACM Risk Management Department at rskmg@macm.net. You may have the answers to someone else’s question!
Lessons in Communication Offer Benefits to Physicians and Patients

A different approach to learning has resulted in an improvement in physician and patient communication at Forrest General Hospital in Hattiesburg, Mississippi. By using the resources of the Department of Speech Communication at the University of Southern Mississippi, the physicians in the hospitalist practice are learning that an effective communicator is also effective in risk management, which ultimately leads to better patient care.

The specialty of hospital-based medicine is a fairly new one, really only existing for the past 10 years. Forrest General was the first hospital in Mississippi to offer this physician specialty to its patients and now has the largest hospitalist program in Mississippi with 19 physicians on staff.

When a patient checks in, the hospitalist does not have the chance to provide long-term care as a physician in an office-based practice does, said Steven E. Farrell, MD, an internal medicine physician with the Hattiesburg Clinic and director of the hospitalist program at Forrest General. A hospitalist has only a matter of minutes to establish a relationship with a patient who is hurting, does not want to be in the hospital, and is scared of the circumstances. The average hospital stay is four days, so the nature of the specialty is not such to offer long-term care. Because of this short time with the patient, a physician’s communication skills must be excellent in order to establish a patient relationship and develop good rapport.

After reviewing patient feedback information and talking with their patients, Dr. Farrell realized that most negative feedback on patient survey forms was as a result of communication between physician and patient, including comments from patients that felt as though the physician was in a rush to get out of the room or that the physician talked to the patient in medical terms rather than in words that the patient could understand.

It was logical to Dr. Farrell that improving the communication skills of each of the hospitalists would allow for better patient care and better patient relations. “Risk management is a part of the practice of good medicine. The ability to effectively communicate is a part of good risk management and, based on patient feedback, we had lots of room for improvement,” Dr. Farrell said. “It just made sense to me that improving our communication skills would benefit the physician and, more importantly, the patient.”

During a physician’s time in medical school, communication is taught as a part of patient interviewing, which is more about gathering data from the patient by the physician. This form of communication is not two-way and open communication, but rather is one-sided, with the physician asking questions and the patient answering. Once a physician finishes medical school, their communication skills are learned by observation of residents and fellow physicians. “Rarely does a physician have the opportunity to reflect on his communication with patients and discover if he is an effective communicator,” Dr. Farrell said.

Some physicians think that communication is just a common sense attribute and that it is not a skill that requires a lot of effort or training. However, with the help of the Department of Speech Communication at USM, Dr. Farrell and the hospitalists at Forrest General are now beginning to appreciate that communication is a science that involves study, theory, and processes.

When the need for improvement in physician/patient communication was realized, Dr. Farrell looked outside of his normal resources in the medical field. “I didn’t want to ask another physician to help with the issue of communication because that person would be no more trained than me in communication,” he said. By nature, physicians respond to science and bringing in someone who was a scientist in the area of communication made the most sense. Dr. Farrell wanted help from someone who is a trained professional in the world of communication, so he turned to Dr. Richard Conville, professor in Speech Communication at USM.

For Dr. Conville, this working relationship was a real opportunity. It was a chance to work with a diverse group of physicians — in culture, in race, and in gender — and to study the differences in communication. His work would benefit the physicians by providing a satisfied patient base which would, in turn, reduce the potential for litigation. Patients who feel their concerns have been addressed and that they have been treated with respect are less likely to use the court system to resolve those concerns. Research also shows that a patient’s sense of well-being (attributable somewhat to their interaction with the physician) greatly influences their successful recovery from illness. The quality of interaction between doctors and patients is one of the key elements to a successful medical practice.

At the beginning of the program, Dr. Conville spent time with a sample of the hospitalists at Forrest General, interviewing them about their practice, interests and objectives for improving their communication skills. Communication does come naturally to some, but can be a learned skill. “Any professional can sharpen their communication skills and learn new techniques relating to their job,” Dr. Conville said. “Each of us continues...”
Lessons in Communication continued from page 3

to learn. Communication is just a part of what the hospitalists are learning.”

From the physician interviews, an assessment tool was designed specifically for the physician-patient interaction within a hospital setting. This tool developed during a series of one-hour classroom sessions, where the physicians developed a basic language of patient relations, were introduced to a theoretical perspective on the process of interpersonal communication, and were trained in basic skills for conducting relationships.

In addition to the classroom time, Dr. Conville will spend part of a day rounding with each of the hospitalists to get a better idea of the communication challenges of their practice. Follow up meetings with each physician to discuss Dr. Conville’s observations are another part of the program.

One aspect of this communication program has been a consideration of southern culture by several of the foreign-born and foreign-trained physicians. “These physicians react to patients in the culture in which they grew up or were trained,” Dr. Farrell said. “They now have to learn the culture of the South and how we as Southerners communicate and react. Some thought that if you talked honestly, frankly, directly and openly with people in Mississippi, that you would effectively communicate, not realizing that they were more likely to hurt someone’s feeling by talking in that way.”

Once Dr. Conville’s work with the physicians is completed and the tools are in place to measure effective communication, Dr. Farrell plans to hire graduate students from USM to interview patients and use the assessment tool for measuring the effectiveness of a hospitalist’s communication with the patients of Forrest General.

The ultimate goal is to grow the program throughout the entire hospital to include all the health care workers whom patients would communicate with. “I hope the communication skills the hospitalists develop or improve are those relating to establishing a meaningful, working relationship in a very short time frame.” Dr. Farrell said. “We want them to learn disclosure techniques for errors. We need them to learn techniques which encourage trust in our relationship with the patient. We want them to learn to explain things in a non-threatening manner to help our patients understand what we are doing for them.”