Richard Sarkin, MD
Friend, Colleague and Teacher

Younger days in 1994

A great institution

Great Buffalo Pediatricians

Tip and Chek 1992
A barber’s nightmare

Children’s Hospital of Buffalo

Humanistic Communications: More important than ever

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Disclosure

- Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services related to the content of this CME activity.
- My content will not include discussion/reference of any commercial products or services.
- I do not intend to discuss an unapproved/investigative use of commercial products/devices.

Richard Sarkin, MD
My name is Jack

- A personal experience with the health care system for my father Jack.
- What I found:
  - There were no introductions.
  - The physician didn’t sit down.
  - The physician didn’t tell us about themselves.
  - My father wasn’t asked if he understood or if he had questions.

JAMA 2000: A piece of my mind.

Why is communication now especially critical

- Medical model often blurs having a personal physician—few Dr Marcus Welby’s remain.
- Time pressures, EMR’s and web-based information, often not evidenced based, alters the patient visit.
- Payors judge physicians and institutions by patient satisfaction and demand partnership with patients in decision making.
- Patient safety and clinical outcomes are proven to be improved with good communication.

How does communication heal?

- Increased access to care
- Better medical decisions
- Better adherence to therapies
- Increased social support
- Patient empowerment
- Better emotional stability


Patient-Provider Communication can improve health outcomes

1. Adherence to therapy is improved. (19% increased risk of non-adherence when rated poor).
2. Safety events are reduced.
3. Trust has been shown to be improved.
4. Greater use of preventive services (Provider encouragement for immunizations increases acceptance).

Patient-centered decision making improves health outcomes

PCDM identifies patient-specific circumstances and behaviors that may affect clinical care.

In a study of 774 patients (audio recorded), contextual red flags were confirmed and addressed in 123 and 71% had improved health outcomes compared to 46% when red flags were not addressed in 85 patients.

Ann Int Med 2013

What parents say about their child’s surgeon

- In 195 surveys: 60% of comments were positive. Positive themes were 1. physician’s interpersonal style, 2. physician skills/preparation, 3. interaction with the child, 4. explanation of treatment and empathy.
- Most negative comments were related to inadequate explanation of treatment and the vast majority were system issues.

How do we communicate?

- Tweet
- Email
- Blogs
- Written instructions
- Person-Person
- Tone
- Body Language
- Eye contact
- Choice of words

How do you email?

- Do you include a salutation?
- Does it contain PHI?
- Is it professional, free of typo's clear and brief?
- Should you send or rather call or meet personally?
- How do you prevent unwanted forwarding?
- Would your email read well on the front page of the Buffalo News?

Send: Why people email so badly and how to do it better. Shipley and Schwalbe, 2010.

Physician Communication

- Patients and families
- Patient handoffs
- Fellow physicians—consultants/referrals
- Students/Trainees
- Hospital administrators
- Insurers
- Donors
- Media
- Legislators/Government officials
- Research funders/audiences

Structured Hand-offs

- I = ILLNESS SEVERITY
- P = PATIENT SUMMARY
- A = ACTION LIST
- S = SITUATION AWARENESS/CONTINGENCY
- S = SYNTHESIS BY RECEIVER
How do we communicate with our patients?

- **AIDET**
  - **A** = Acknowledge: Smile, use correct names
  - **I** = Introduce: Be complete, patients want to know you
  - **D** = Duration: Inform if delays
  - **E** = Explain: Listen, talk and learn
  - **T** = Thank: Show gratitude for the privilege of being asked to be their physician

How do we communicate?

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- **Tone**
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Lessons I learned from Rich

- Communicating requires **listening**.
- Good Communication requires **respect** for another person(s).
- Good communication is **intentional** and requires thought.
- Communication is multidimensional—words, tone, body language, timing

Proven factors that increase trust with a pediatrician

- Converse while seated
- Introduce yourself and others on your team to everyone in room
- Know the names of family if possible and inquire on the relationship of all present to the patient
- Inquire about other children and ask about their gender and names
- Look at patient, not computer, when speaking
- Finish each encounter with question about is there any additional way you can assist the family/patient
- Thank the family for coming to see you

What do we communicate?

- Patient care information
- Empathy
- Trust
- Motivation
- Public health care information
- Policy advocacy
- Research applications and data
- Philanthropic proposals
Example: Vaccine hesitancy

- Parents consistently report that the physician remains the most important influence on choosing immunization.
- They seek information from their provider.
- They will change their mind whether to delay or avoid immunization based on information and/or assurances from their provider.
- An example where PCDM is crucial and where cultural beliefs must be understood and addressed.


The new world of pediatrics

- The world is flat. Our health and that of the rest of the world is inextricably linked.
- The pediatric population is rapidly becoming a majority minority demographic.
- The public is beginning to question the value of a pediatric home in favor of convenience.

Our patients

All U.S. Children (in millions)

<table>
<thead>
<tr>
<th>Race</th>
<th>Number (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>22.4</td>
</tr>
<tr>
<td>Asian alone</td>
<td>3.1</td>
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<tr>
<td>Black alone</td>
<td>15.5</td>
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<tr>
<td>Other race</td>
<td>16.6</td>
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<tr>
<td>Hispanic of any race</td>
<td>3.8</td>
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Profile of our teenagers

U.S. Children 12-17 years (in millions)

<table>
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<th>Number (in millions)</th>
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<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>19.3</td>
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<tr>
<td>Asian alone</td>
<td>16.0</td>
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<tr>
<td>Other race</td>
<td>57.9</td>
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<tr>
<td>Hispanic of any race</td>
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</tr>
</tbody>
</table>

Elementary school years

U.S. Children 6-11 years (in millions)

- White (non-Hispanic): 55.5%
- Asian alone: 2.7%
- Black alone: 15.1%
- Other race: 3.7%
- Hispanic of any race: 3.68

Profile of our teenagers

U.S. Children 12-17 years (in millions)

- White (non-Hispanic): 57.9%
- Asian alone: 3.4%
- Black alone: 19.3%
- Other race: 3.4%
- Hispanic of any race: 15.1%

Culturally competent clinical communication

- Should be considered broadly: age (adolescents), race/ethnicity, social groups, body image.
- Defined: acknowledgement and incorporation of the importance of culture. Being vigilant to dynamics that result from culture.
- Principles of cultural competency are: Empathy, Curiosity, and Respect


Lessons I learned from Rich

- Communicating requires listening.
- Good Communication requires respect for another person (s).
- Good communication is intentional and requires thought.
- Communication is multidimensional—words, tone, body language, timing.
Culturally competent clinical communication

1. Explore the meaning of illness

   Explanatory model: What do you call your illness? What do you think caused it? What worries you the most? What kind of treatment do you think might work?

   Patient’s agenda: How can I be most helpful to you? What is most important to you?

   Illness behavior: Have you seen anyone else besides a physician? Have you used non-medical remedies for your problem? Who advises you about your health?

2. Social context “review of systems”

   Control over environment: Are you worried about money, food, or clothing? Are you more concerned about your health now or in the future?

   Change in environment: Where have you come from and how has moving changed your life?

   Social stressors and support: What is causing you the most difficulty and do you have others who can help you?

   Literacy and Language: Do you have trouble reading your medication bottles or appointment slips? Do you have difficulty communicating with the doctor or our staff?

3. Negotiation

   Negotiating explanatory model: How does the patient’s model differ from the biomedical model and how tightly does the patient adhere to it? Describe the biomedical model in terms that the patient can relate to.

   Negotiating for treatment options: Anticipate the three questions described earlier. Determine the patient’s level of acceptance. Work at describing the treatment in terms the family can understand. If appropriate share with family members.


3 Questions recommended for patients

1. What are my options?
2. What are the benefits and harms?
3. How likely are they?

Safety and Quality of Care

Spanish-speaking patients had a two-fold risk of a severe adverse event compared to English-speaking patients. Interpreters did not alter the risk.


Spanish-speaking patients have longer length of stay after an adverse event.

Lieb, K. PAS 2014

Children from LEP families have reduced PedsQL compared to EP families (total, physical and psychosocial).

Mangione-Smith R et al, PAS 2014

A quality intervention has increased interpreter use through telephone interpretation. A high patient satisfaction has been found.

Hello it’s Me.. Why aren’t you there?

Lancet 2014
Questions????