This summer has been something of a challenge for me with regard to health issues. My dog’s health issues, that is.

Before you write this article off as being irrelevant or inconsequential, I’m not inferring that the delivery of healthcare services to people equates with those healthcare services provided to animals. In my particular example, however, a lesson may be gleaned that is universally applicable to all providers of healthcare services.

Following two months of angst over dog lethargy, unusual accidents and lack of appetite among other worrisome observations, I began the tedious and expensive sojourn of trying to find out what’s wrong with Rover. He could “talk” to me only with his eyes and body language, but sometimes those, in themselves, spoke volumes.

Cutting to the story’s end, the little guy had a stone in his bladder – a BIG stone, irregularly-shaped with a very coarse and abrasive surface, which was causing Rover more than a bit of discomfort. Surgical removal was our only option.

He’s bouncing back nicely. But what I learned along the way to his diagnosis, treatment and recovery has been something of an eye-opener or, perhaps, a re-sensitization to what I already know about effective communication techniques. The team of veterinary professionals who oversaw his treatment was impressive from initial encounter to post-op check ups.

1. They talked to me
2. They spoke often with me
3. They took time
4. They made me feel like I was being heard
5. They spoke to me as a peer without condescension
6. The conversation was never rushed

These six simple actions that took place over the course of three phone calls and two office visits totaling 29 minutes led me to feel that I had a positive experience. That averages out to less than 5 minutes per patient (or, in my case, pet-owner) encounter. So the misperception that a greater time investment must be made to correlate with better communication or increased patient satisfaction appears to be just that … a misperception. Here the corollary seems to be just the opposite of common sense… no greater expenditure of time, yet significantly improved patient satisfaction. So what makes the difference? Making USE of the time invested. That’s a skill. There is where the “art” comes in.

There is a lesson here for every healthcare professional that cannot be over-emphasized: Effective communication (with a bit of practice) takes very little time, goes the distance in making the receiver of care at once comfortable and confident and - despite diagnosis, prognosis, expense and the like - is invaluable to educating the patient and forging a strong, vibrant, interactive, engaging and, therefore, healthy clinician-patient relationship.

To further demonstrate my point, here are some of the things that impressed me and increased my satisfaction with the vet experience:

- The pre-op phone call: Did I understand the procedure? Did I have any questions about the procedure or care afterward? Did I have any concerns that had not been addressed as yet?
- The post-op/recovery phone call: A fairly detailed explanation was provided as to what was done, what was found, what the outlook is for...
the future, what the short-term issues are, what the long-term care issues may require, what the new dietary restrictions will be, and what kinds of future tests may be warranted.

• The five-day follow-up phone call: How does the surgical site appear? Is there any redness, swelling, seepage? How is Rover’s appetite? Are there any reactions to the medications? How is elimination now? Are there any signs of distress? What is the overall physical and mental status of the patient several days post-discharge? Are there any obstacles with adherence to the meds, the new, restrictive diet and post-surgical site care? And the final question: How are you, the caregiver, holding up throughout this ordeal?

AMAZING! And none of these conversations took more than 45 seconds to a minute-and-a half to complete. Talk about a small investment of time with incalculable returns on that investment (the infamous “ROI!”).

And unlike many a past vet experience, each professional affiliated with this practice called me by my name! I was at once more than just the pet owner and the check signer. I was addressed with respect, dignity, honesty and spoken to as if I were an intelligent human being.

If my eyes began to glaze over with the invoking of a medical phrase or procedure referenced in the conversation, the vet didn’t wait for me to ask questions nor did she assume I would ask a question about something I appeared not to understand. Rather, she provided a quick “medicine for dummies” explanation, further expediting my education and strengthening our clinician-pet owner alliance.

There were opportunities, too, for me to ask questions later on and before we concluded each visit or phone call.

Now I don’t intend to leave you with the impression that I was totally happy with everything. I wasn’t. The cost of surgery blew me away. But before the surgery was scheduled, the costs were discussed, itemized in print and the clinic intentionally “over-estimated” charges and the need for ancillary services, such as extended anesthesia, so that at check-out time, I might see a somewhat smaller “amount due” than what I was originally told.

And then there was the discussion to educate and prepare me that this “stony” situation may reoccur in the years ahead, necessitating additional surgical interventions. There had also been a pre-op informed discussion about both temporary and longer-lasting effects of the surgery that might precipitate accidents and pet-owner distress over same. For an example, Rover’s urinary discharge aim is a bit erratic temporarily, so my pant leg takes a hit every so often. All this to say: when the accidents occurred, I was armed with knowledge and expectation, and therefore already psychologically equipped to handle these occasional mishaps, without panic, impatience, alarm or disenchantment.

While it is unreasonable and unlikely that all patients are going to be 100% satisfied, investing time to address potential issues that may be the cause of dissatisfaction before these occur lessens the impact and “sting.” An informed consumer (patient) is a more contented consumer.

My objective in sharing this experience is to substantiate personally the benefit of effective patient communication, an ideal and a process that Princeton endorses and strongly advocates for its insureds.1 The actual communication by phone for each of the above instances took maybe 45 seconds to a little more than a minute. With human patients, understandably, this communication process may take a bit longer. But an educated patient who experiences your finely-honed communications skills becomes a much happier patient and the satisfaction from this encounter and experience increases dramatically. This is true even when the news is less-than-hoped-for, or the long-term prognosis is not as positive as was hoped, or there are obstacles that must be overcome (perhaps with medications, equipment needs, getting around, accessing community and other support services).

Supporting studies indicate that:

• Communication training “improves the process and outcome of care without lengthening the visit.”2
• Communication can influence perceptions that the patient encounter is patient-centered and correlates positively to improved health status and increased efficiency of care.3
• Communication skills have a direct association with patient satisfaction.4

Here to assist you in honing your communication skills are several members of the Princeton Healthcare Risk Services staff who are faculty members of the Institute for Healthcare Communication based in New Haven, CT. These staffers are certified to teach courses in communication that will also provide continuing education credits. Three such workshops are currently being offered to Princeton insured physicians, one of which is specifically geared to ED physicians and hospitalists.

And skillful communication should be more than part of just your arsenal of techniques for patient care. What about your staff? Since your support staff may be the first point of contact that your patient has with your practice, it is incumbent upon these folks to hone their communication skills as well.

Princeton Insurance is offering a seminar for office practice managers and administrators on October 15th, 2008 in East Windsor, NJ. The seminar focuses on risk management and patient safety issues, one of which is effective communication with patients and other members of the office practice.

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Visit the Princeton Insurance website for additional information on these and other communication-based programs and services for our insureds.

To learn more about the October 15th workshop, Paving a Road to Success, A Patient Safety Seminar for Office Practice Managers, go to this web address:
http://www.riskreviewonline.com/RiskReviewOnline/RiskManagement/PatSafetyWorkshop.htm

And download the brochure here:

Questions and/or suggestions are welcome. Call the Healthcare Risk Services Department at 1-866-RX4-RISK

1 See the Risk Review article appearing in the May 2008 issue outlining the new Communication workshops available to Princeton-insureds with continuing education credits.

2 Roter, D., et. al. (1995) “Improving physicians’ interviewing skills and reducing patients’ emotional distress. A randomized clinical trial.” Archives of Internal Medicine, 155(17) 1877-1884


4 This study and its findings pertain to surgeons specifically, but the findings are useful for all healthcare providers. In this study, the surgeon’s tone of voice in routine visits demonstrated a significant association with malpractice claims history. Ambady, N, et. al, (2002). “Surgeons’ tone of voice: A clue to malpractice history.” Surgery, (132(1) 5-9.