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Heather N. Hofmann

Essential Elements of Communication 557
Heather N. Hofmann, Gregorie Constant-Peter, and Ruth Ellen Bledsoe Pearlman

Relationship-centered communication (RCC) is an effective approach to patient-provider communication. This article describes RCC components known as the essential elements of communication. The article also describes current standard conceptual models for applying RCC to the patient encounter, including a structure for relationship building. The authors also explore the challenges to using RCC.

Patient Perspective: Importance and How to Elicit 569
Mark A. Lewis and David Bustillo

The authors present models for patient care, reflecting on its modernization. A review of technology including electronic health records is provided, noting its benefits and constraints on the patient-clinician relationship. Keeping in mind the fact that patients are the “end users” of health care systems, several approaches to improving patient experience are shared.

Addressing the Challenges of Cross-Cultural Communication 577
Carli Zegers and Moises Auron

Cross-cultural communication has many challenges due to the complexity of culture, communication, and language. Improving cross-cultural communication in health care is critical to reducing disparities and improving health equity. Specifically, improving cross-cultural communication must be prioritized to overcome systemic barriers and to eliminate disparities that stem from stigma and biases. Communication must be improved, ideally via a cultural humility framework. Unconscious bias and communication training must be intentional. Culture is an attribute and should be celebrated and incorporated into health practice at all levels to prioritize health equity.

Health Communication and Sexual Orientation, Gender Identity, and Expression 589
Carl G. Streed Jr.

The purpose of this article is to provide guidance on completing a thorough, competent, and culturally appropriate health history with details
specific to the care of lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) persons and communities.

The Diagnostic Medical Interview 601
Jessica J. Dreicer, Andrew S. Parsons, and Joseph Rencic

The diagnostic medical interview spans from the chief concern to the formation of a differential diagnosis. The patient’s unique expression of their symptoms is the central component of this conversation. The interview should begin by eliciting the patient’s chief concern with an open-ended question and then move through three nonlinear phases: open-ended elicitation, guided elicitation, and hypothesis-driven elicitation. Performing a comprehensive medical interview by obtaining background health information and the review of systems can help to expand or shrink the differential diagnosis. Clinicians should elicit information about specific symptoms and background information with a significant likelihood to narrow the differential diagnosis.

Identifying and Managing Treatment Nonadherence 615
Jessica El Halabi, William Minteer, and Kasey R. Boehmer

Nonadherence to medical treatment is exceptionally common and associated with poor clinical outcomes, a negative impact on quality of life, and a large financial burden on health care systems. This article first addresses key contributors to nonadherence from patient-specific, treatment-specific, and health care system-specific factors. Second, it outlines tools for the practicing clinician to identify, evaluate, and manage nonadherence across the spectrum of chronic disease in partnership with patients.

Motivating Behavioral Change 627
Erin M. Tooley and Anjani Kolahi

Motivational interviewing (MI) allows medical providers and patients to have more productive conversations about changing health behaviors. MI helps patients talk themselves into changing by evoking discussion around change, thus resolving natural ambivalence. MI practitioners cultivate a spirit of MI and use specific skills and strategies to develop discrepancy between the patient’s current behavior and their goals or values. This article discusses the flow of MI, the spirit and method of MI including specific skills and strategies, and important considerations in implementing MI.

Delivering Bad News 641
David Harris and Timothy Gilligan

Giving bad news is a recurrent and predictable task in our lives as humans interacting with other humans. This article presents frameworks and best practices that can help us to deliver bad news in health care in a way that is experienced as caring and empathic, and supports the patient as they adjust to their new reality. Key skills include responding to patients’ emotions empathically, leading with an exploration of the patient’s
understanding and expectations, delivering the bad news clearly and concisely, and individualizing the balance of empathy and support with providing information and developing a plan.

Establishing Goals of Care

Alex Choi and Tara Sanft

Establishing goals of care (GOC) is a crucial component of a patient’s treatment plan. The need for better physician-patient communication in this area has been recognized for decades, yet several gaps remain. Challenges exist for both physician and patient. Physicians should pursue a patient-led approach, exercise cultural competency, and use various communication techniques to guide patients when establishing GOC.

The Role of Informed Consent in Clinical and Research Settings

Essa Hariri, Mazen Al Hammoud, Erin Donovan, Kevin Shah, and Michelle M. Kittleson

Informed consent plays an integral role in governing the patient-physician relationship with origins traced back to ancient Greek philosophy. The main pillars of informed consent are autonomy, integrity, respect, and care. In the last century, these notions have been codified into legislation to promote healthy patient-physician relationships. Understanding the process of informed consent is critical for patients, researchers, and medical practitioners. In this article, the authors provide a brief historical narrative of informed consent, elaborate on the process of obtaining an ethically and legally valid informed consent, and present some of the future challenges in the field.

Classifying and Disclosing Medical Errors

Maria Barsky, Andrew P.J. Olson, and Gopi J. Astik

Medical errors are an unfortunate but common occurrence in health care. It is important to understand what medical errors are and what types of harm can occur to patients. Along with recognition of the error, disclosure is an equally important part of the process. Clinicians should provide open and honest discussion about the events that occurred to patients along with feedback to institutions on ways to prevent such errors in the future.

When Communication Breaks Down: Handling Hostile Patients

Martha Ward and Sarah Cook

Difficult patient encounters are common in clinical practice, with many arising from patient hostility owing to a breakdown in communication and the health care alliance. Patient anger may be a manifestation of fear, grief, or discontent with prior experiences in the health care system, but there may also be contributions from specific patient, physician, or situational factors. Physicians may intervene with specific actions based on these individual factors, while focusing on self-reflection to better understand their part in creating a hostile physician-patient dyad.
Using Technology to Enhance Communication
Matthew Sakumoto and Raman Khanna

Digital communication, facilitated by the rise of the electronic health record and telehealth, has transformed clinical workflow. The communication tools, and the purposes they are being used for, need to account for the benefits, risks, and fault tolerance for each tool. In this article, the authors offer several suggestions on how to approach these important issues. These new digital communication tools open the door to novel care models for connecting patients and providers. Most importantly, the way a message is delivered, not the medium through which it is transmitted, is the key to successful communication.

Communicating with Community: Health Disparities and Health Equity Considerations
Sherrie Flynt Wallington and Annecie Noel

This article explores why communicating with communities is important to the health of individuals as well as public health, and best practices of how. We outline the use of relevant theoretic frameworks, understanding the role of technological contextual changes, trust despite misinformation, health and digital literacy skills, and working with the community for effective reciprocal communication. Strategies for developing community communication are also enumerated and applied to addressing health disparities.

Improving Communication Skills: A Roadmap for Humanistic Health Care
Andrew A. Chang, Caitlin H. Siropaides, and Calvin L. Chou

This article outlines frameworks that enable health care providers to take steps to improve their health care communication skills, including not only outward-facing conversational tools but also personal awareness. Such awareness includes recognition of bias and emotional reactions, their behavioral consequences, and how to intervene when necessary. The authors describe the intrinsic and extrinsic motivators to improving communication skills, followed by a review of foundational communication microskills and suggestions on how to improve them through the perspectives of the clinician as a self-learner, the clinician with external coaching, and the administrator/leader.