

# Talking With Patients: Ways To Gain Their Trust

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# THEY ARE PEOPLE!



# COMMUNICATING WELL WITH PATIENTS: ITS VALUE

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- Dissipates fear and anxiety
  - Engenders trust, spawns loyalty: sets tone for entire department
  - Best marketing we can do for our practice!
  - Decreases medicolegal exposure: patients don't sue doctors they like and doctors who care about them
  - Creates stronger relationship with referring physician: we are perceived as an extension of patient's physician
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# COMMUNICATING WELL WITH PATIENTS: ITS **NEW** VALUE

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- Gives us the opportunity to EDUCATE, especially about the real truth regarding the USPSTF screening guideline recommendations!
- We can discuss the facts briefly, and then give them a fact sheet to share with their family and friends!

## WHY US?

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- We breast imagers have the ideal vantage point for giving the patient the best possible information and advice
  - We are the ONLY ones who can put the imaging, clinical, and pathology findings together in the appropriate way
  - We are therefore uniquely qualified, and indeed obligated, to provide the patient with a direct communication link, AT THE TIME SHE NEEDS IT!
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## THE BREAST IMAGERS' NEW ROLE: WE ARE THE "FACE OF RADIOLOGY"

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- In efforts to stem the tide of outsourcing and the resultant "commoditization" of imaging services, the ACR has looked to **BREAST IMAGERS** as the new **POSTER CHILDREN of Radiology**
- Through our **CLINICAL role** and our **personal connections** with our patients, we are now putting a face on the Radiologist, leading the way out of the darkroom, and into the public eye
- Breast Imagers have become the hope for the very survival of Radiology as a specialty!

# WHEN TO COMMUNICATE DIRECTLY WITH THE BREAST IMAGING PATIENT

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- **Screening** (on-line model, or by phone)
  - **Diagnostic evaluation** (patient recalled from screening, or with clinical symptoms)
  - **Performing a biopsy or other special procedure** (needle localization, ductogram)
  - **Giving biopsy results to the patient** (in person, or over the phone)
  - **Dealing with the difficult patient**
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## FIRST RULES OF ENGAGEMENT: GENERAL

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- REMEMBER THE THREE A'S:
  - Affability
  - Availability
  - Ability
    - Patients unable to judge your ability. Therefore other 2 A's are MUCH more important to the patient!

# FIRST RULES OF ENGAGEMENT: GENERAL

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- Always address patient you don't know as Ms. \_\_\_\_\_, until she gives you permission to do otherwise.
  - Some women consider it a sign of disrespect if you are too informal
  - Encourage your technologists and front desk people to address the patients the same way

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# FIRST RULES OF ENGAGEMENT: GENERAL

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- LOOK & ACT LIKE A COMPETENT, CARING PROFESSIONAL (I wear a white coat and tie)
- **Patients expect you to be professional- it is important to many of them that you look like one.**
- Appearance engenders further trust in you by the patient.

# FIRST RULES OF ENGAGEMENT: GENERAL

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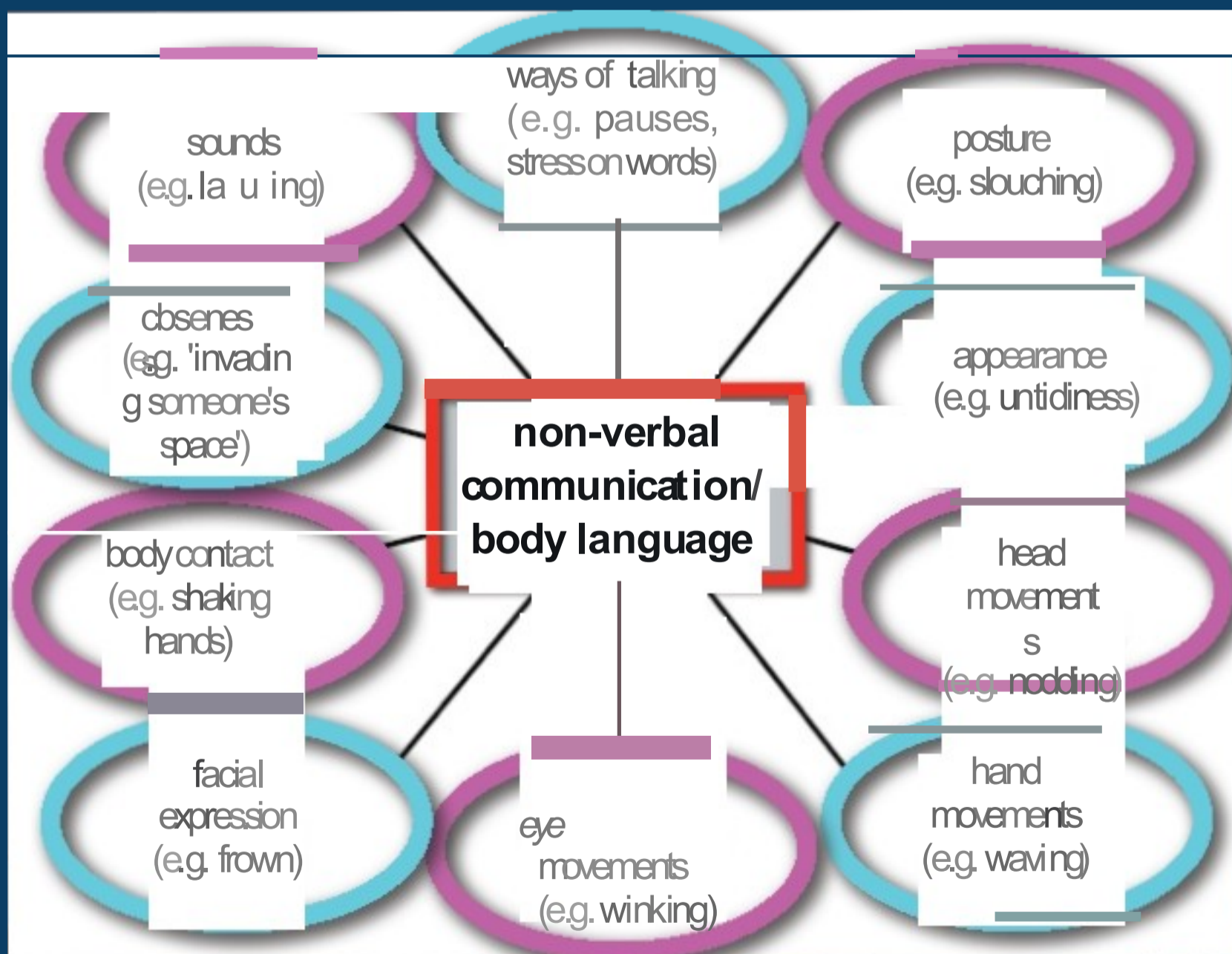
**Nice smile**

**White coat and tie**

# FIRST RULES OF ENGAGEMENT: GENERAL

**PREMISE: EVERY PATIENT THINKS SHE HAS BREAST CANCER – MUST CALM THE PATIENT!**

- **FIRST THING:** extend your hand to patient. That physical contact establishes a bond.
- **IF everything OK,** as quickly as possible, say: “Good news! Everything looks fine!”
- Always be warm and upbeat
- Be aware of your body language: try to be **OPEN** and **CALMING**, not fidgety and impatient



# FIRST RULES OF ENGAGEMENT: GENERAL

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## SIZE UP PATIENT QUICKLY

- **Before seeing patient, get help from your tech about patient's frame of mind** (even knowing that the patient treats your tech differently from how she will react to you)
  - **When first see patient, ask yourself:** "Is she a nervous wreck? Angry and lashing out?"
  - Very sophisticated and scholarly? Very unsophisticated or mentally challenged?"
  - Watch patient's eyes: is she about to burst into tears? If so, **HAVE KLEENEX READY!**
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# FIRST RULES OF ENGAGEMENT: GENERAL

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- **NEVER SPEAK DOWN TO THE PATIENT**
  - Don't be condescending in tone or language
  - Use only words that the patient will understand: **NO MEDICAL JARGON!**
  - Speak to patient at same physical level: sit down next to her, if possible
    - Helps patient overcome her sense of helplessness

# FIRST RULES OF ENGAGEMENT: GENERAL

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- **DO NOT RUSH YOUR SPEECH OR BODY LANGUAGE**
  - Give the patient the impression that she is the only one you are evaluating that day
  - **TREAT EVERY PATIENT LIKE SHE WERE A MEMBER OF YOUR OWN FAMILY!**
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# FIRST RULES OF ENGAGEMENT: GENERAL

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- **ALWAYS HAVE AN ESCORT WITH YOU (ESPECIALLY IMPORTANT FOR MALE DOCS)**
  - It is impossible to predict the patient's perception of you, and her state of mind
  - Therefore, you need a third party to be present during the encounter

## WHEN DIAGNOSTIC WORKUP LOOKS NEGATIVE FOR CANCER

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- If findings appear negative, or if patient has a palpable lump you need to examine, talk to patient in mammographic or ultrasound suite
- Provides the opportunity to show patient the images more directly
- Saves you some time

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## WHEN DIAGNOSTIC WORKUP LOOKS NEGATIVE FOR CANCER

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- If you already know that the workup appears negative for cancer before you see patient, start immediately with “Good News” line
- **If patient has a palpable lump, talk to patient about the clinical finding while examining the lump and/or doing the ultrasound yourself**
- If there are no imaging findings with palpable lump, give patient “lump letter”

## WHEN DIAGNOSTIC WORKUP LOOKS POSITIVE FOR CANCER (Or the art of deliveriing bad news)

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- Try to use a more private room (we have a separate consultation room). You may want to use your office.  
**ALLOW NO INTERRUPTIONS!**
  - **Have a nurse or other non-technologist as your escort, so technologist can go on to the next patient**
  - Invite other family members/friends in for additional support, & to be “active listeners”
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## WHEN DIAGNOSTIC WORKUP LOOKS POSITIVE FOR CANCER

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- **Again, PATIENT WILL HEAR VERY LITTLE OF WHAT YOU SAY. Use simple diagrams to explain the problem**
- If there are various options for biopsy or for other follow-up, make it clear to the patient that what you are recommending as your first choice is what you would recommend to a member of your own family
  - Patients want and need that personal connection and assurance

# WHEN DIAGNOSTIC WORKUP LOOKS POSITIVE FOR CANCER

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- **Always put a positive spin on the findings**
  - Try not to use the word “cancer” very often, and paint the best possible picture
  - But- might want to give a “warning shot”
- Always give the patient hope!
  - Patient will need it to get through the whole process of biopsy, surgery, radiation, and/or chemotherapy.

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## MORE HELPFUL HINTS

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- **BE A GOOD LISTENER, AND ENCOURAGE PATIENT TO ASK QUESTIONS**
  - Try not to interrupt her unless absolutely necessary
- **INTRODUCE PATIENT TO A CONTACT PERSON IN THE BREAST CENTER (NURSE NAVIGATOR, ETC.)**
  - Can follow through by going over details of a recommended procedure, review meds, make appointments, give the patient other contact information and/or literature.

## MORE HELPFUL HINTS

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- Make an effort to reach out and touch patient's arm softly at some time during the encounter
  - That direct touch is extremely reassuring to most patients

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## MORE HELPFUL HINTS

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- Always extend your hand to shake hers at the conclusion of the encounter
- IF YOU KNOW THE PATIENT WELL, GIVE HER A HUG!

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## MORE HELPFUL HINTS

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### **REMEMBER: PATIENTS HEAR ALMOST NOTHING OF WHAT YOU SAY TO THEM!**

- Because she is still in shock with fear most of the time, leave the patient the opportunity to contact you if she has any questions later
- **Give patient your card for contact.**
  - This is also great marketing!
  - You may want to write down key words (eg- fibroadenoma) on back of card

## BREAKING BAD NEWS: THE "FIVE STEP" APPROACH\*

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\*- Harvey JA, Cohen M, Brenin DR, Nicholson BT, Adams RB. **Breaking Bad News: a Primer for Radiologists in Breast Imaging.** J Am Coll Radiol 2007; 4: 800

\*- Linver MN. **Delivering Bad News: a Vital Skill for Professionals involved in Breast Cancer Care.** Breast Cancer Online, February 2009, Volume 12, #2, Pages 3-6

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## BREAKING BAD NEWS: THE "FIVE STEP" APPROACH\*

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### 1. PREPARE PROPERLY FOR THE ENCOUNTER

- Private location: include family/friends Same eye level as patient
- NO INTERRUPTIONS!
- Have follow-up appointment information available

\*- Harvey JA, et al. J Am Coll Radiol 2007; 4: 800

## **BREAKING BAD NEWS: THE “FIVE STEP” APPROACH\***

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### **2. DISCLOSING THE NEWS Warning shot**

- Use understandable language: NO JARGON
  - Provide perspective for the information: relative risk for breast cancer, etc.-
  - INSTILLS HOPE WITHOUT GIVING FALSE ASSURANCE
  - Gauge the amount of news you provide by patient’s ability to cope
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## **BREAKING BAD NEWS: THE “FIVE STEP” APPROACH\***

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### **3. EVALUATE THE PATIENT’S RESPONSE**

- Highly variable: shock, disbelief, denial, fear, anger, guilt, etc.
- Allow silence
- Allow expression of concerns
- Provide empathy

## BREAKING BAD NEWS: THE “FIVE STEP” APPROACH\*

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### 4. DISCUSS THE NEXT STEP

- Have appointment ready for biopsy, or for visit with surgeon (if needed)
  - When patient is to return, encourage her to write down any questions, & bring these with her
  - Also have her bring family member or friend for support, and as an “active listener”
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## BREAKING BAD NEWS: THE “FIVE STEP” APPROACH\*

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### 5. OFFER SUPPORT

- Resources for information and support
- Contact information for additional support (nurse, physician, etc.)
- Excellent resource: American Cancer Society website: <http://www.cancer.org>
- Your physical and emotional support:
- Empathy, Handshakes, hugs, business cards, phone numbers, kleenex, etc.

# DEALING WITH THE DIFFICULT PATIENT: OLD ADAGES APPLY!

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- “The customer is always right”
    - Be a good listener: respond positively to her demands, even if unreasonable
    - ALWAYS ALWAYS APOLOGIZE, even if the fault lies with the patient!
  - “You can catch more flies with honey than you can with vinegar”
  - “It takes no longer to be nice than it does to be nasty”
    - Nice guys (or gals) finish FIRST, in the eyes of the patient
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## YOUR CONTACT WITH THE PATIENT MAY CHANGE HER LIFE (WHETHER THE RESULTS SHOW CANCER OR NOT)!

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- If her experience is a **bad** one, she may never come back!
- If her experience is a **good** one, you may not only be saving her life, but those of the many friends and family members she will tell about her positive experience!