Subject: Medical communication and behavior

Topic IV. Patient communication and behavior

Presented by: CERNITANU Mariana

Structure:

- Patient social role and special behavior
- Communication with patient for behavior changing
- Patients bad habits
- Communication with difficult types of patients

Patient sick role imply the following obligations and privileges:

- **Must want to get well** as quickly as possible.
- **Should seek professional medical advice** and cooperate with the doctor.
- **Allowed (and may be expected) to shed** some normal activities and responsibilities.
- **Regarded as being in need of care** and unable to get better by his or her own decisions and will.

What do patients want from their doctors:

- **Attention**
- **Trust**
- **Competence**
- **Eye contact.**
- **Communication**
- **Partnership**.
- **Time.**
- **Appointments**

(engagements). Patients want to get to see their doctor within a reasonable time (in the case of a person who is unwell, a few hours if possible).

Core principles for handling frustrating cases

- A useful approach to the difficult patient encounter, is based on **3 key principles:**
- The doctor-patient relationship should be the target for change.
- The patient's emotional experience should be an explicit focus of the clinical interaction.
- The patient's perspective should guide the clinical encounter.

!!! When the interaction between patient and doctor shifts from searching for specific pathologies to building a collaborative relationship, previously recalcitrant symptoms often improve.

There are 2 main ways to elicit a conversation about personal issues, including emotions, with patients.

One is to directly ask patients to describe the distress they are experiencing and elicit the emotions connected to this distress.

The other is to invite a discussion about emotional issues indirectly, by asking patients how the symptoms affect their lives and what they think is causing the problem or by selectively sharing an emotional experience of your own.

- Once a patient has shared emotions, you will need to show support and empathy in order to build an alliance. There is more than one way to do this, and methods can be used alone or in combination, depending on the particular situation.

2 mnemonics to boost the patient communication skills

- **NURS** is a reminder to:
- **N**ame the patient's emotion ("you say that these constant headaches really get on your nerves.")
  Understand ("i can see why you feel this way.")
  Respect ("you've been through a lot and that takes a lot of courage.")
  Support ("i want to help you get better.")

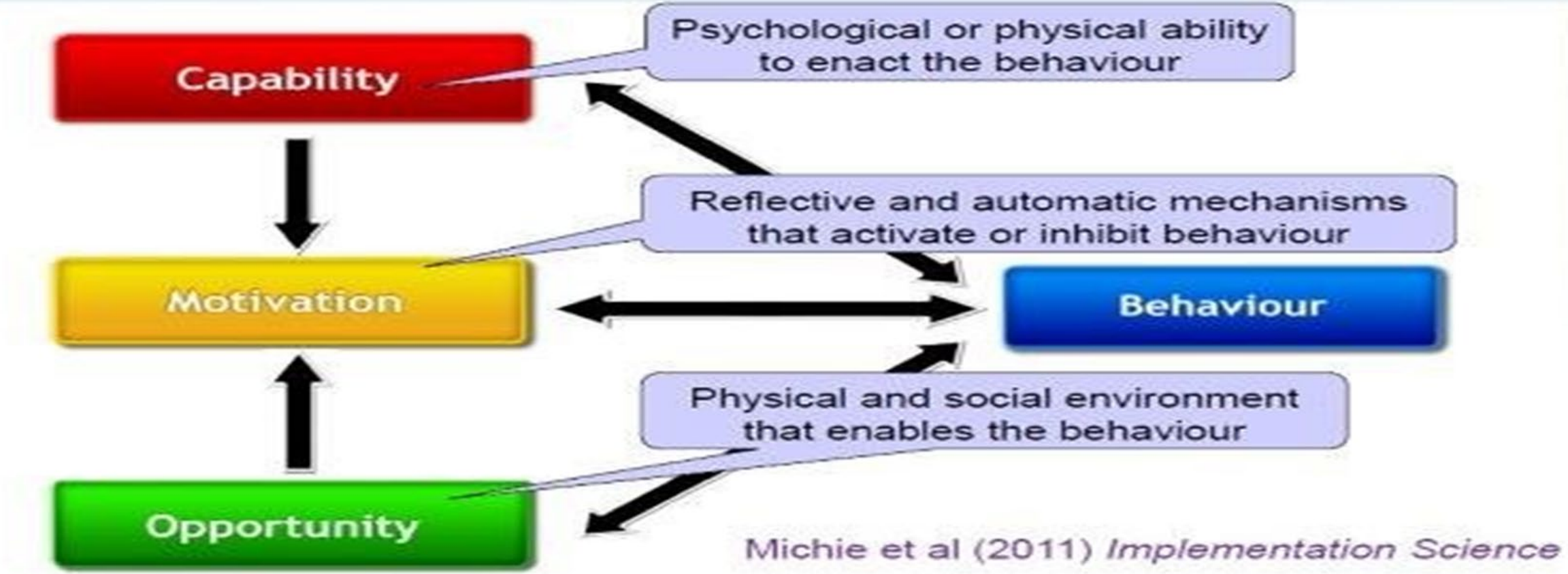
- **BATHE** can help you learn more about the patient's situation:
- **B**ackground ("What has been going on in your life?")
  Affect ("how do you feel about that?")
  Trouble ("What troubles you the most about this situation?")
  Handling ("how are you handling this?")
  Empathy ("That must be difficult.")

Avoid the urge to act

- When a patient suffers from unexplained symptoms, effective interventions require physicians to avoid certain “reflex” behaviors—repeatedly performing diagnostic tests, prescribing medications for symptoms of unknown etiology, insinuating that the problem is “in your head,” formulating ambiguous diagnoses, and repeating physical exams.
- The time saved avoiding these pitfalls is better invested in exploring personal issues and stressors.
- Such patients should be reassured via discussion, rather than with dubious diagnostic labels and potentially dangerous drugs. This approach has been shown to improve patients’ physical functioning while reducing medical expenditures.

The COM-B Model

The COM-B system: Behaviour occurs as an interaction between three necessary conditions



Michie et al (2011) *Implementation Science*

Difficult patients

- Can vex even the most mild-mannered physicians, span the spectrum of challenging behavior.
- They complain, criticize, shout, swear and may even try to hit you.
- Some specialize in self-diagnosis, demanding unnecessary tests and medication.
- Others monopolize your time and energy or they verbally abuse the staff.

Some types of difficult patients:

- ☐ **“A universal pain” patient.**
- ☐ **The fearful patient.**
- ☐ **The “drug seeker”.**
- ☐ **The angry patient.**
- ☐ **All in the family.** “When you have a patient who is terminally ill, in particular, it’s usually the family who has the more unrealistic expectation of what can be done,”
- ☐ **The no can doer patient.**
- ☐ **Emotionally needy patient.**

TABLE

How to handle difficult patient encounters

Core principles	Communication techniques	Visit structure
Make your relationship with the patient, not the "disease," the target of change	Elicit emotions via direct and indirect questioning. • Directly question *"How does that make you feel?"* • Inquire about impact on life *"With all of these headaches, I'm wondering how you are handling things."* • Seek patient explanatory model *"Do you have any thoughts on what's behind these headaches?"* • Self-disclose *"My sister struggled with migraines for years, too, but eventually she found the right treatment."*	Schedule frequent, regular, brief appointments in advance
Focus the discussion on the patient's emotional experience	Offer support and empathy. • Name the affect *"You sound sad."* • Validate *"You've lost your wife and have pain all over your body. That's a lot for anyone to cope with."* • Align *"I want to do everything in my power to help you get your pain down so you can get back to work."*	Set the agenda at the beginning of the appointment
Allow the patient's perspective to guide the clinical encounter	Use nonverbal behaviors that convey attentive listening. • Thoughtful nodding • Occasional silence	De-emphasize diagnostics and prescriptions for patients with medically unexplained symptoms and instead explore personal stressors

I Strategies to deal with difficult persons

Avoid:

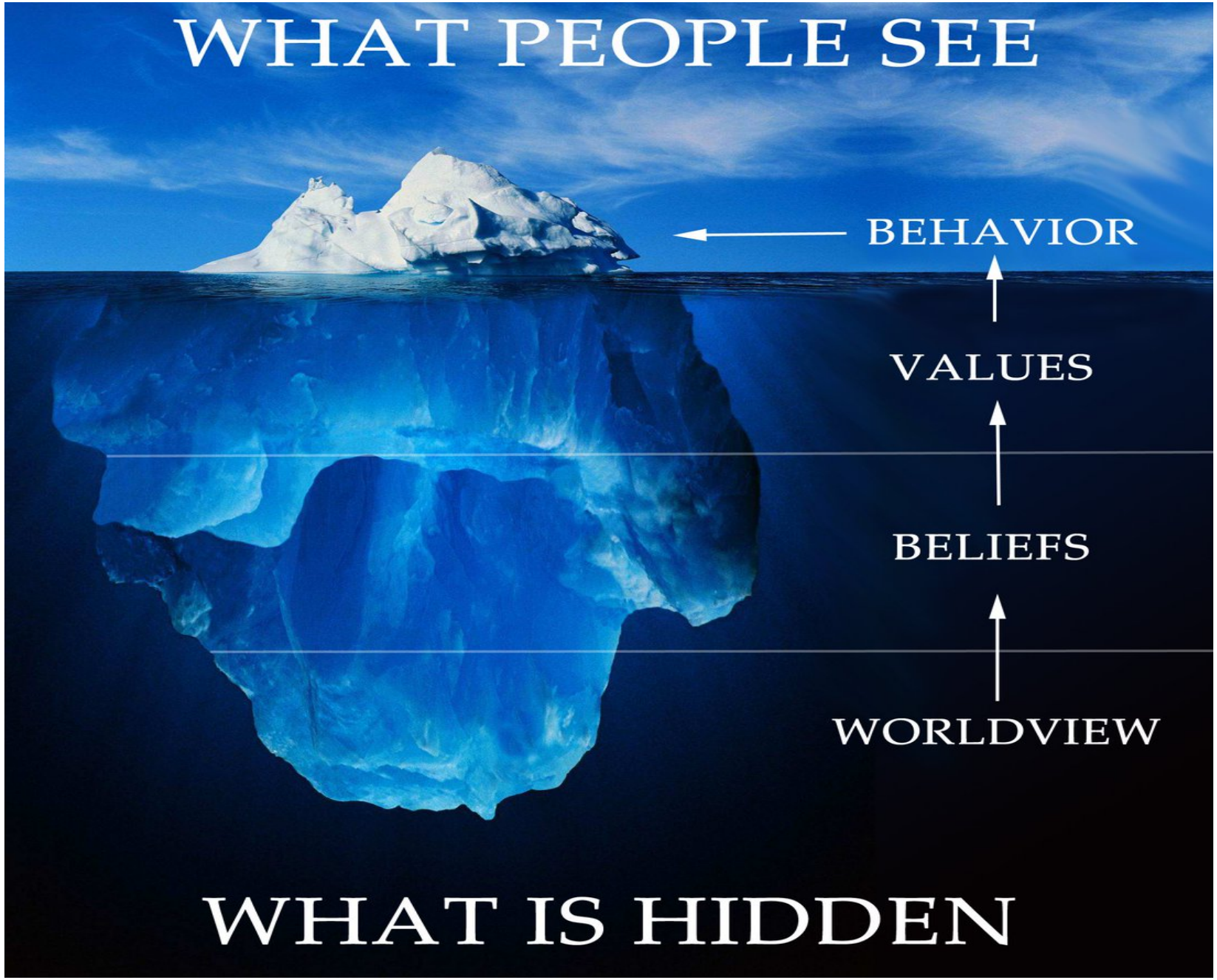
- ☐ **Bullying:** Don't use your caregiver status to threaten patients.
- ☐ **Making Assumptions:** Most patients are not intentionally abusive or disruptive. They often are responding to an irritation, vulnerability, cognitive impairment, inability to express them or loss of identity.
- ☐ **Putting Up Walls:** Distance just fuels patients' anger.
- ☐ **Tolerating Disruptive Behavior:** Clearly explain what is unacceptable to avoid problems later.
- ☐ **Taking It Personally:** "You can't expect that everyone at work will act pleasantly. So, interpersonal mishaps or confrontations are guaranteed when you work with the public."

II Strategies to deal with difficult persons

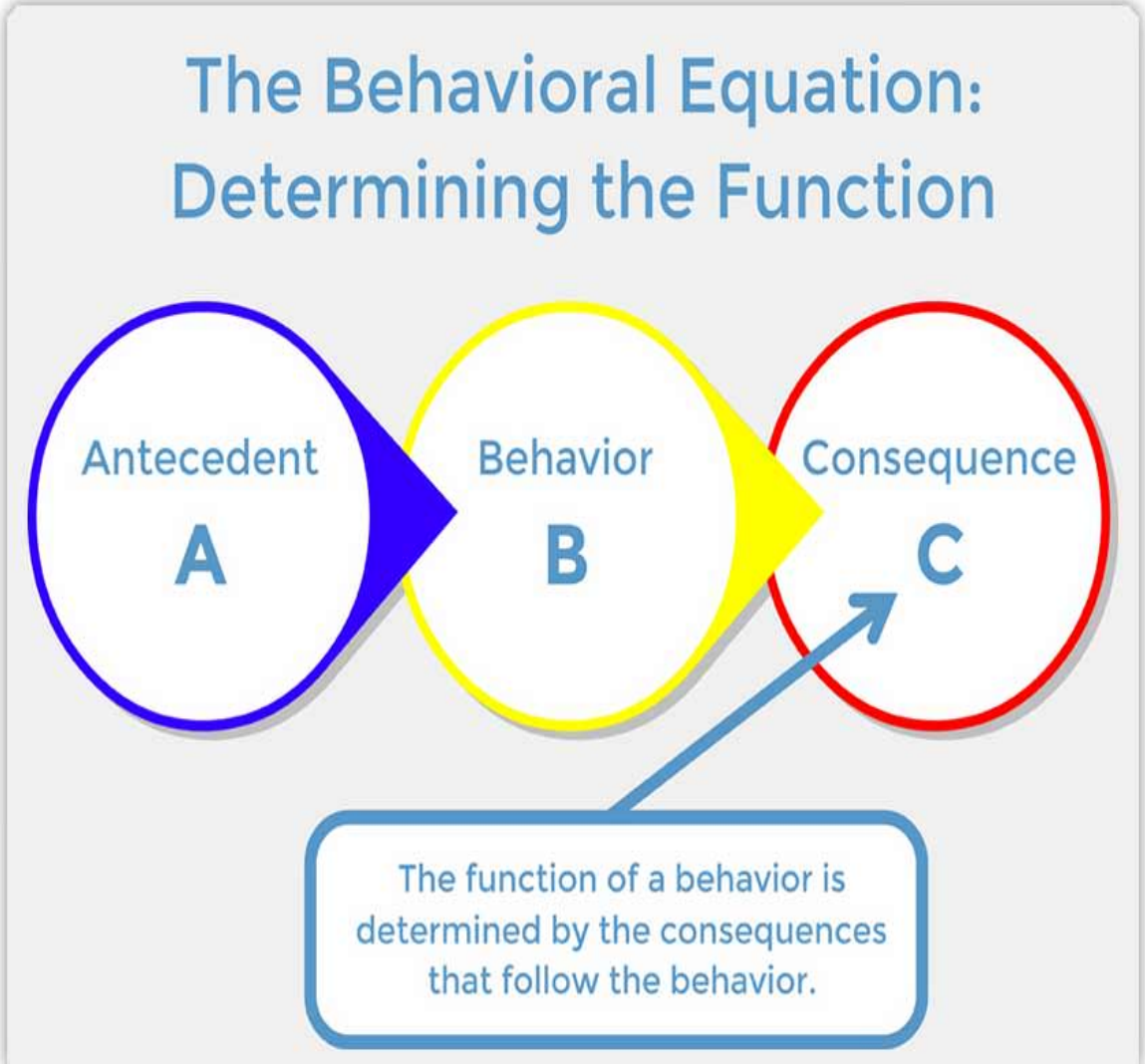
Make sure you:

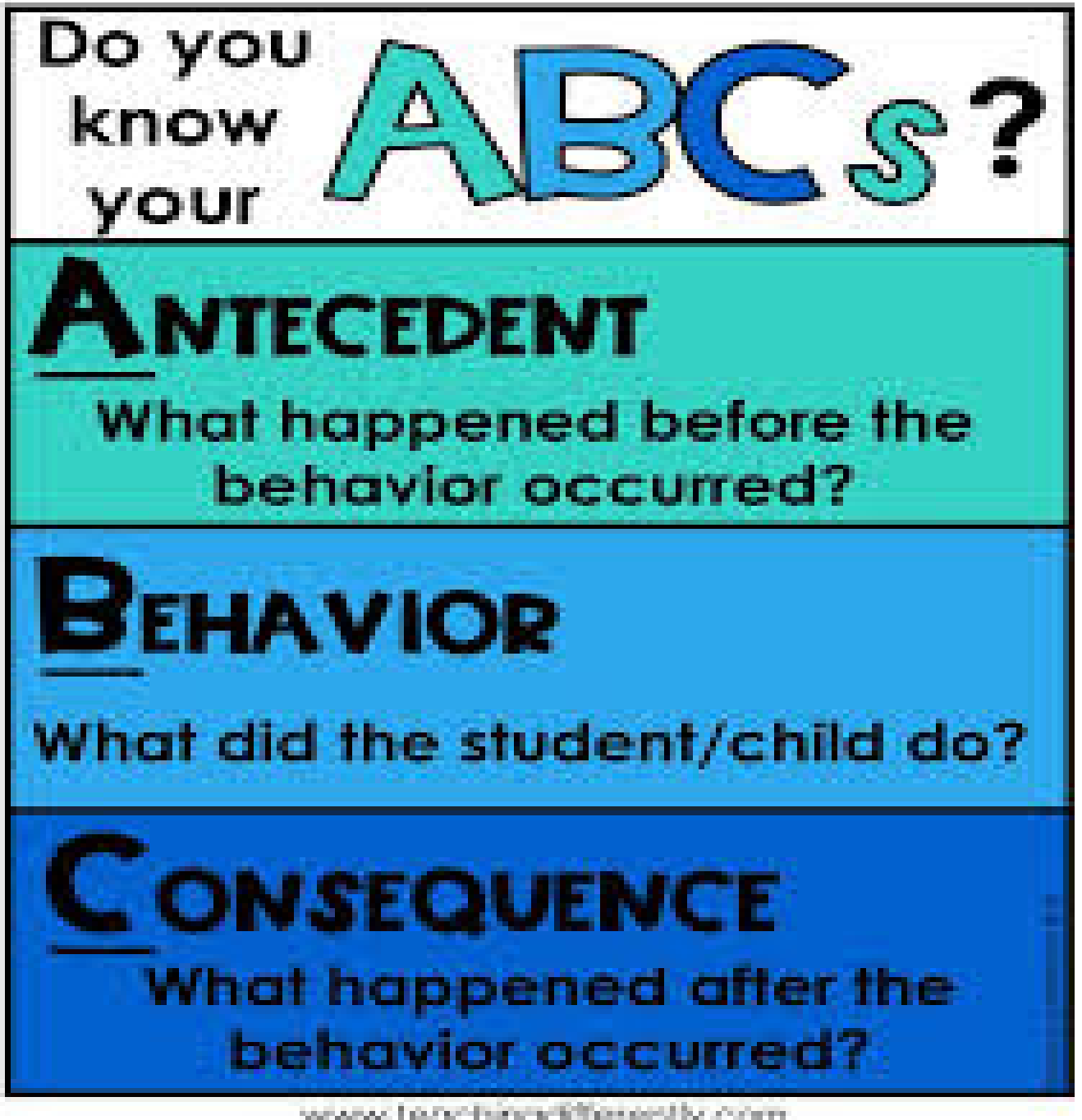
- ☐ **Observe:** Notice a patient's words, voice or attitude to pick up on rising anger levels. "Worries and loss of control often are triggers of aggression," says Simms, who urges nurses to trigger a sense of capability in patients, not one of vulnerability.
- ☐ **Connect:** Uncover and directly address a patient's underlying feelings with comments such as, "You sound worried. What can we do to help?" Establishing a personal connection can go a long way toward gaining cooperation.
- ☐ **Show Respect:** Make eye contact, and try to approach patients at eye level. Always address patients as Mr. or Mrs., and speak in a friendly manner.
- ☐ **Slow Down:** Rushing can be counterproductive, especially when caring for those with hysterical and emotive patients.
- ☐ **Recruit Help:** Enlist relatives to help break the isolation, create solutions and provide support.
- ☐ **Are Informed:** Know your employer's patient bill of rights, as well as its policies and procedures for dealing with difficult patients.

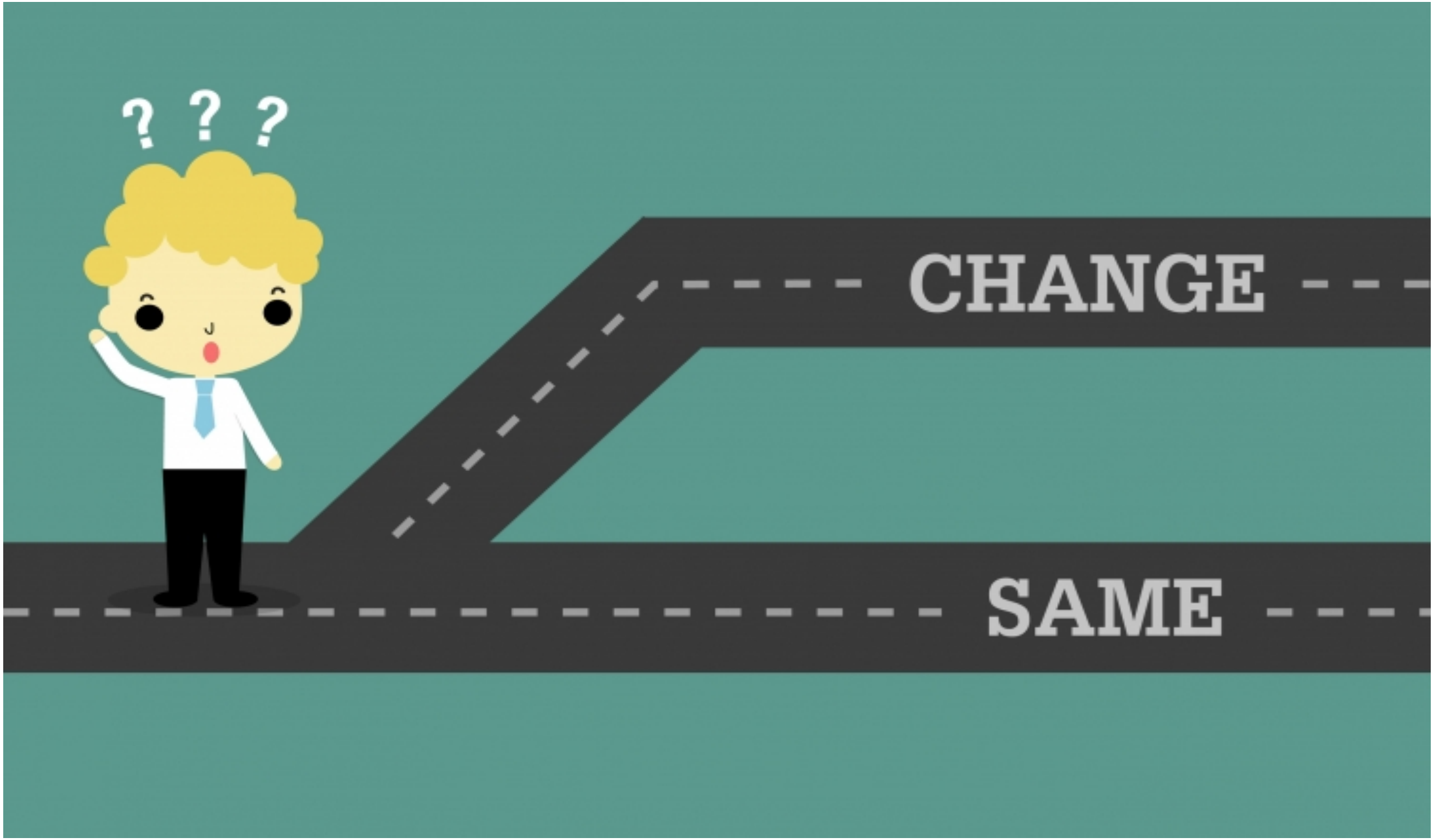
Behavior components:



Behavioral scheme






? ? ?
CHANGE
SAME

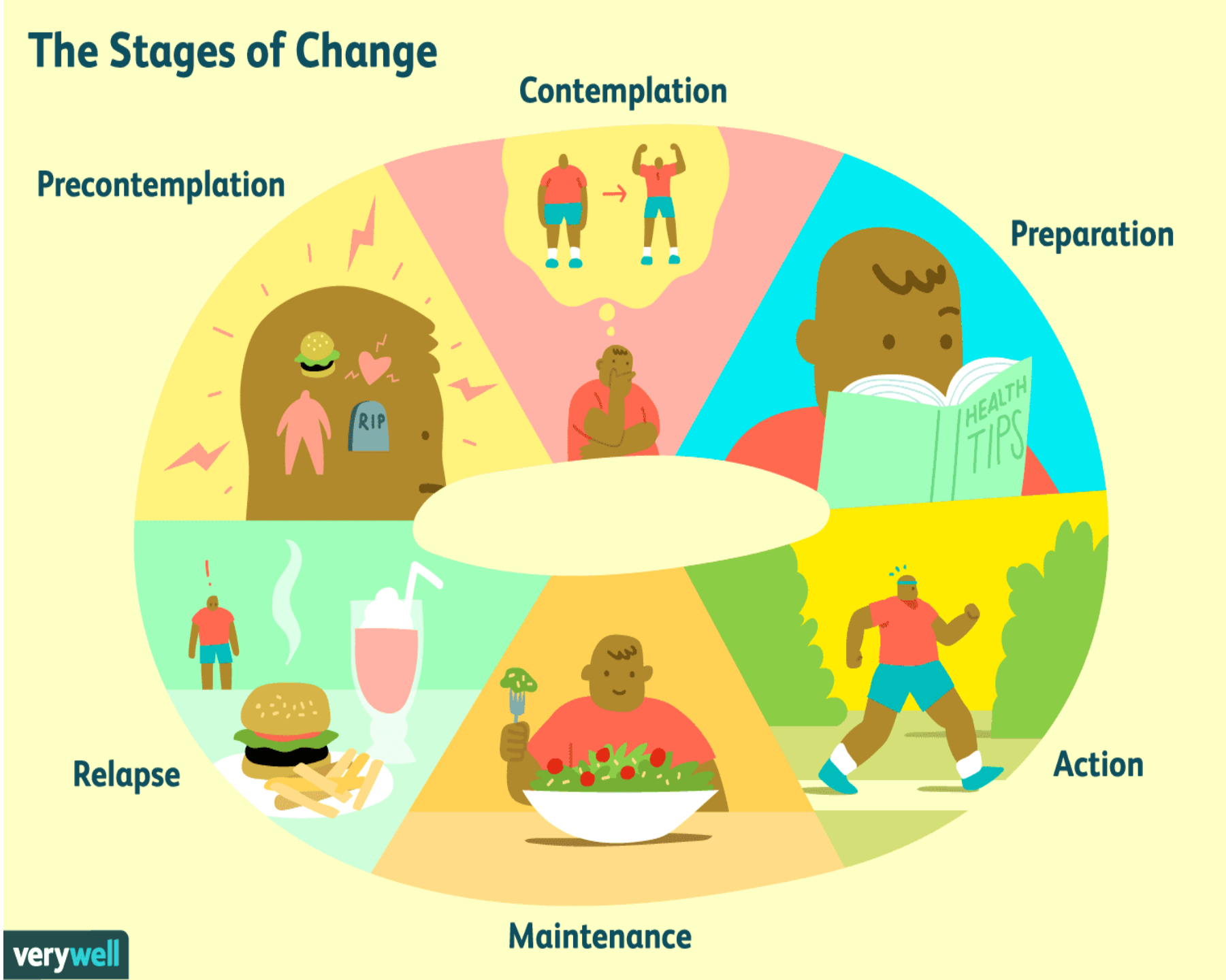
Some strategies to help patients to change their behaviour

- ☐ ***Explore motivation for change***
- ☐ Build rapport and be neutral.
- ☐ Help draw up list of problems and priorities.
- ☐ Is problem behaviour on patient's agenda? If not, raise it sensitively.
- ☐ Does patient consider the behaviour to be a problem? Do others?

- ☐ ***Clarify patient's view of the problem***
- ☐ Help draw up a balance sheet of pros and cons.
- ☐ Empathize with difficulty of changing.
- ☐ Reinforce statements that express a desire to change.
- ☐ Resist saying why you think patient ought to change.
- ☐ Summarize frequently.
- ☐ Discuss statements that are contradictory.

- ☐ ***Promote resolution if no change is wanted negotiate it, when, and how to review***
- ☐ Enable informed decision making.
- ☐ Give basic information about safety or risks of behaviour.
- ☐ Provide results of any examination or test.
- ☐ Highlight potential medical, legal, or social consequences.
- ☐ Explain likely outcome of potential choices or interventions.
- ☐ Get feedback from patient.
- ☐ Give patient responsibility for decision.

1. Are these stage common to any change process?
2. Which stage is the most important from others?
3. How important is motivation in this process?




REGULAR EXERCISE
DIET PLAN
WEIGHT LOSS
HEALTHY LIVING
POSITIVE ATTITUDE
SLEEP BETTER
NUTRITION

Determinants of health behavior

The most effective **INFLUENCE** strategy

Five stages of behaviour change

There are four conditions for success in changing a personal behaviour:

1. Defining a clear and simple goal.
2. Gathering sufficient and accurate knowledge to make a clear plan.
3. Having lots of personal motivation to follow through.
4. Having and relying on a supportive environment.

The Stages of Behaviour Change

Adapted from Grimley (1997) and Prochaska (1992).

Pre-contemplation
(Unaware of the problem).

Add this stage for safety programmes

Skill drills

(Experiential practice of desired behaviour).

Contemplation

(Aware of the problem and of the desired behaviour change).

Preparation

(Intends to take action).

Action

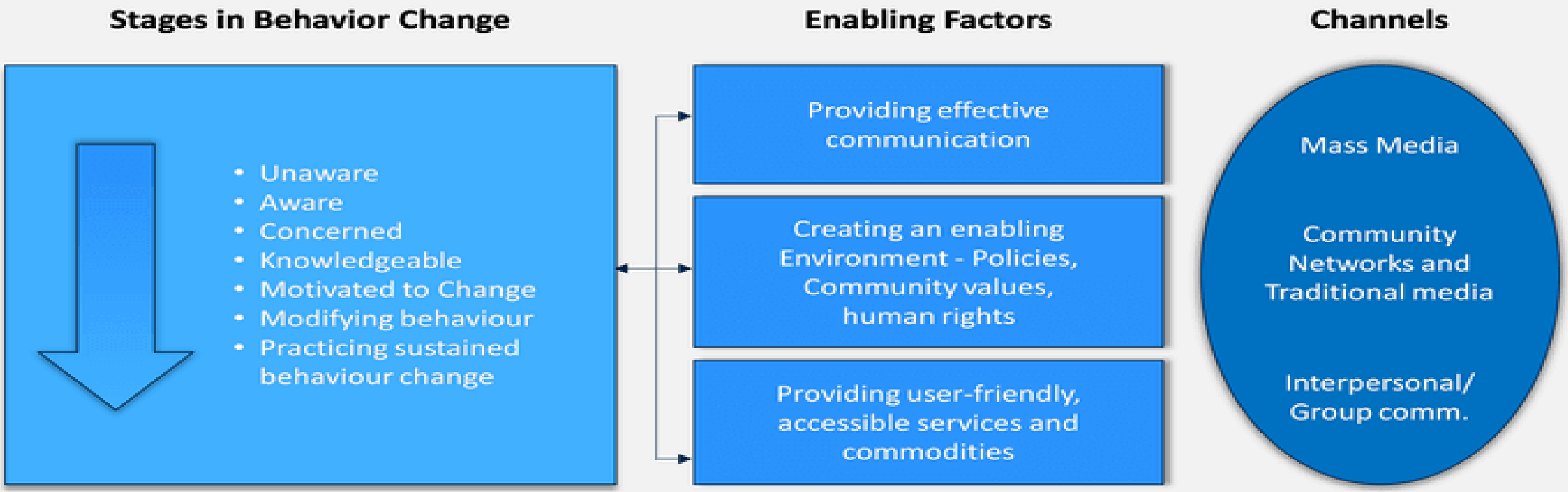
(Practices the desired behaviour).

Maintenance

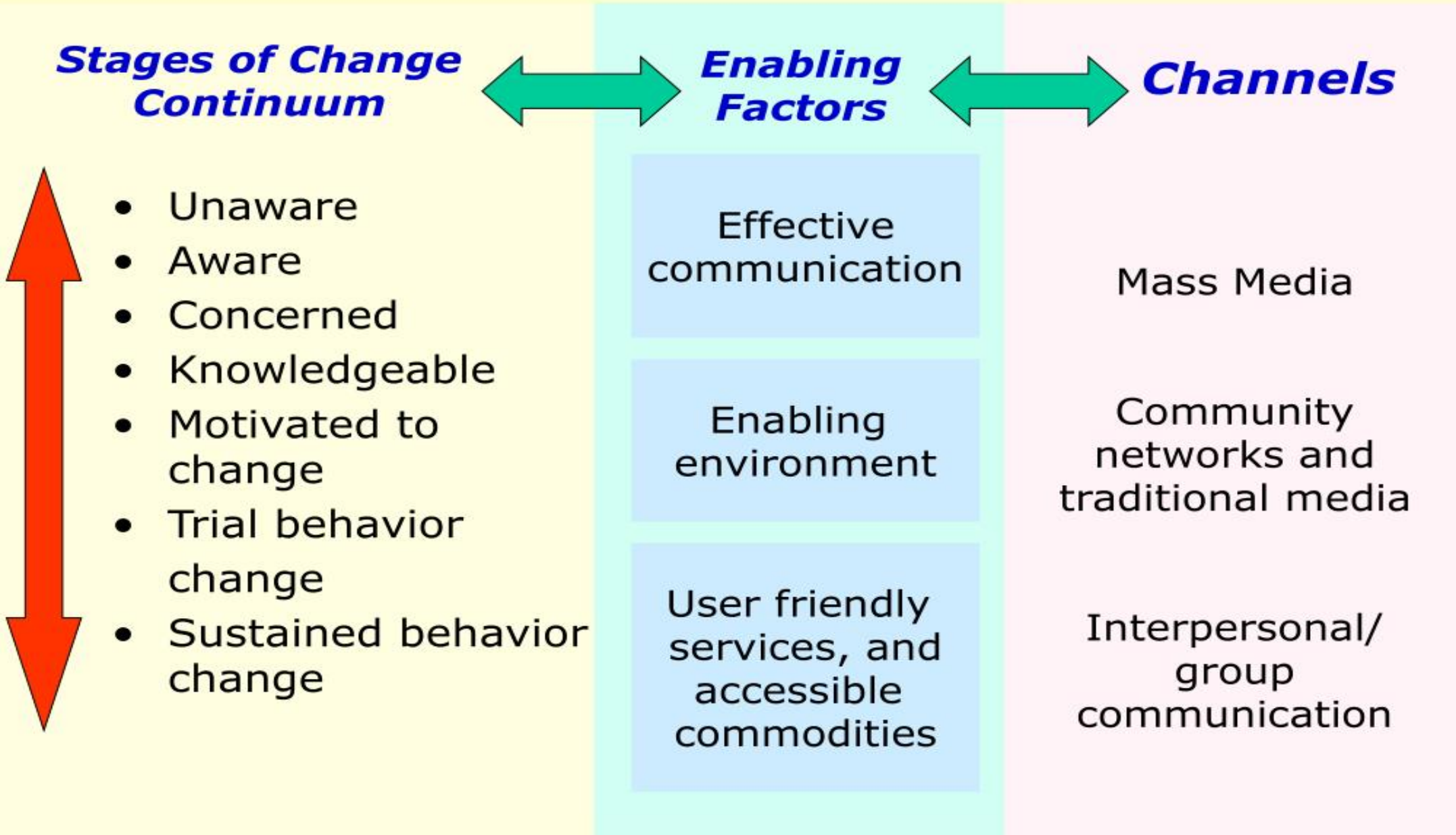
(Works to sustain the behaviour change).

BEHAVIOR CHANGE COMMUNICATION

A Framework for BCC Design



Behavior Change Process Theory



Social and Behavior Change Communication Theory

SOCIO-ECOLOGICAL LEVEL	THEORY	FOCUS
 Individual	Health Belief Model	Individuals' perception of the threat of a health problem and the appraisal of recommended behavior(s) for preventing or managing the problem.
	Theory of Planned Behavior	Individuals' behavioral intention is the most important determinant of behavior.
	Stages of Change (Transtheoretical Model)	Individuals' readiness to change or attempt to change toward healthy behaviors.
 Interpersonal	Social Learning Theory	Behavior is explained via a three-way, dynamic reciprocal theory in which personal factors, environmental influences and behavior continually interact.
 Community	Diffusion of Innovation Theory	Addresses how new ideas, products and social practices spread within a society or from one society to another.

What is Functional Behavioral Assessment (FBA)?

The FBA is a method for gathering information that identifies **the function of problem behavior** and the **events that predict its occurrence**.

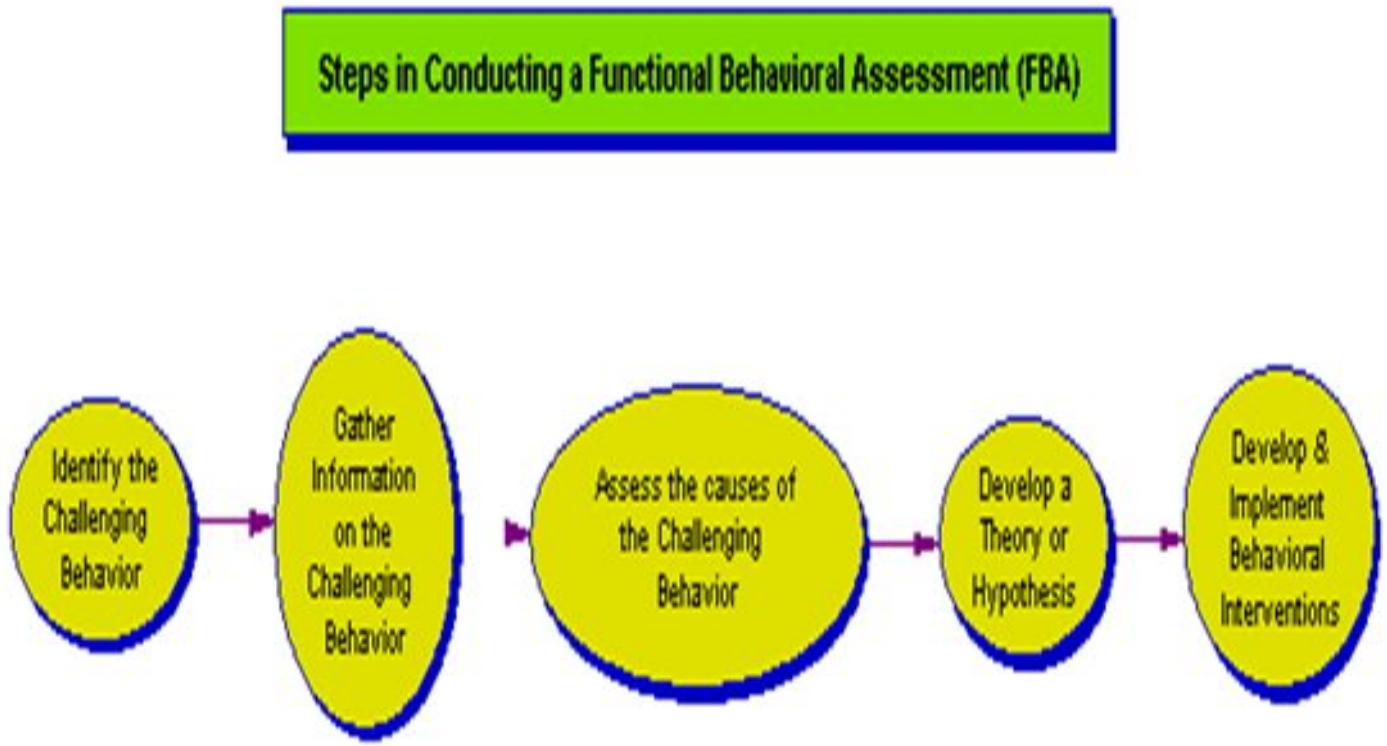
Function = the purpose the behavior serves

Antecedents = Conditions that Precede the Occurrence of the Behavior

Consequences=Events that Follow the Behavior

A complete FBA includes:

Definition of the problem behavior.
Antecedent conditions that exist both when the behavior occurs and doesn't occur.
The consequences that maintain the behavior.
Definition of the replacement behavior.
A statement of behavioral function.



Four Ways Behavior is Maintained

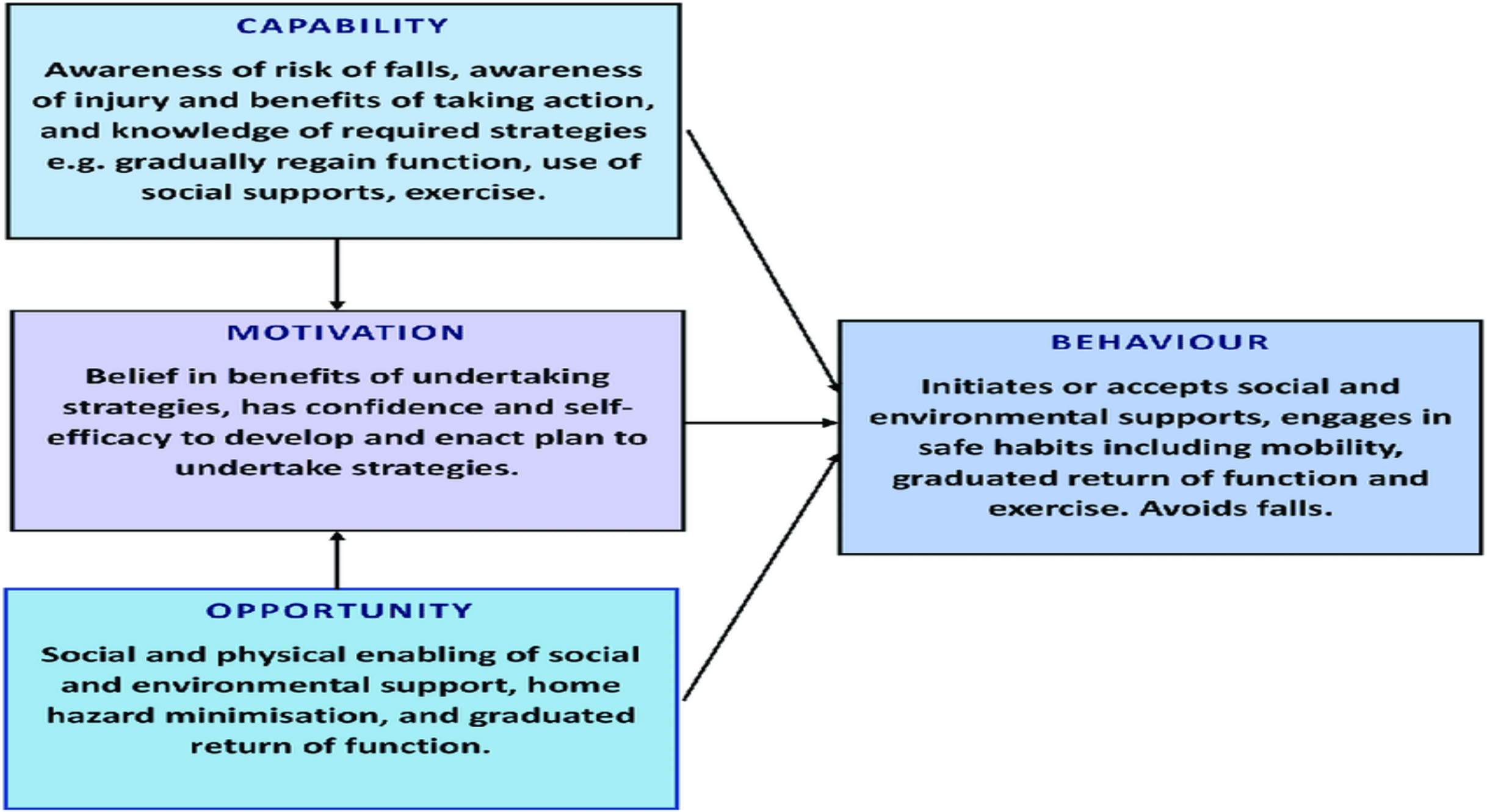
- ✓ Record Review
- ✓ Systematic observation of the behavior, antecedents, and consequences
- ✓ Parent/Teacher/ Student Interviews and/or Questionnaires
- ✓ Environmental analysis of the setting
- ✓ Data Collection

- Escape/ Avoidance

- Attention

- Automatic Reinforcement

- Tangibles


CAPABILITY
Awareness of risk of falls, awareness of injury and benefits of taking action, and knowledge of required strategies e.g. gradually regain function, use of social supports, exercise.
MOTIVATION
Belief in benefits of undertaking strategies, has confidence and self-efficacy to develop and enact plan to undertake strategies.
OPPORTUNITY
Social and physical enabling of social and environmental support, home hazard minimisation, and graduated return of function.
BEHAVIOUR
Initiates or accepts social and environmental supports, engages in safe habits including mobility, graduated return of function and exercise. Avoids falls.


NEW
HABITS
OLD
HABITS

BAD HABITS

- Habits become hard to break to because they are deeply wired by constant repetition into our brains.
- And when you add pleasure to them — like you have with drugs, for example — the pleasure centers of the midbrain get fired up as well, and continue to fire long after the habits stop, creating the cravings that folks struggle with.
- But habits are also patterns of behavior and it is the breaking of patterns that are the key to breaking the habits themselves. Usually there is a clear trigger to starts the pattern.
- But these patterns are also usually wrapped in larger ones: This is where are routines come to run our lives.

Bad habits definition

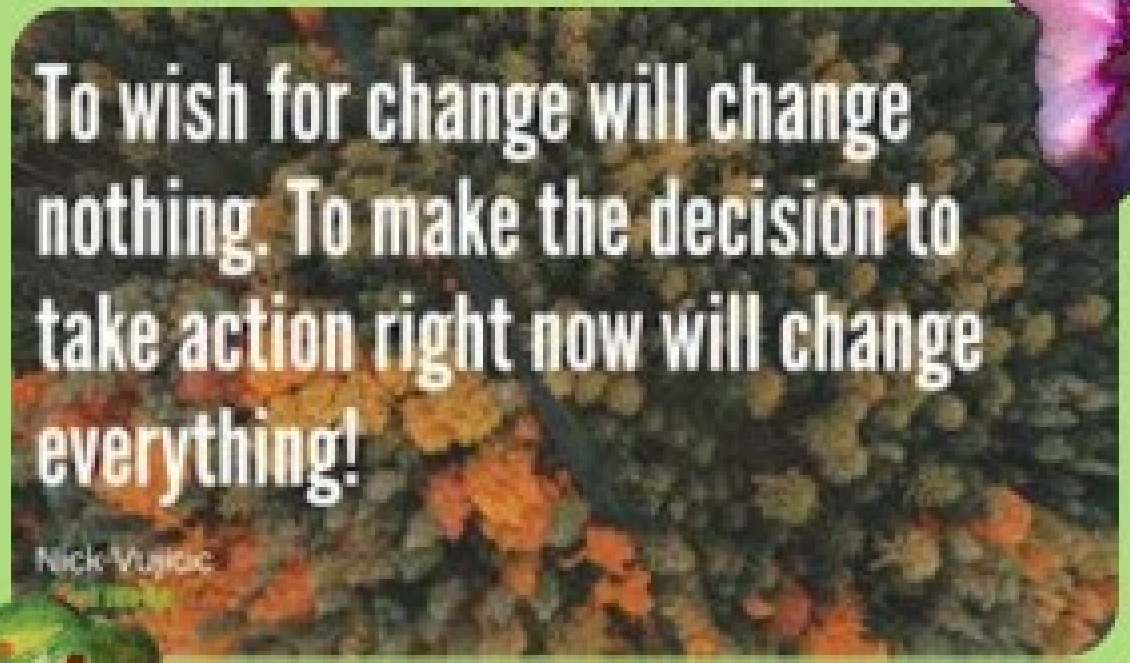
- **A patterned behavior regarded as detrimental to one's physical or mental health, which is often linked to a lack of self-control.**

WAYS TO BREAK IT UP

1. Decide that you really want to change and convince yourself that you can.
2. 2. Gain insight on what's causing the habit.
3. 3. Set reasonable goals at first
4. Measure your progress and don't be discouraged by occasional slips
5. Seek additional support if your habits are proving harder to change

Change your

Change your LIFE


To wish for change will change nothing. To make the decision to take action right now will change everything!
Nick Vujicic

Bibliography

- 1. CERNITANU Mariana, ETCO Constantin *Medical psychology* (courses for medical students) Editorial-Polygraphic Center Medicina, Chisinau, 2011.
- 2. https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

4. -https://managementstudyguide.com/importance-of-communication.htm

5. -https://www.hopespeak.com/blog/why-is-communication-important-to-human-life-2/

6. http://www.yourarticlelibrary.com/management/communication/

communication-meaning-purpose-importance-and-principles/60291

https://www.goodreads.com/book/show/36072.The_7_Habits_of_Highly_Effective_People Stephen R. Covey The seven habits of highly effective people Free Press Publisher. USA. 1989.