Professional's Supplement to the *Healthcare Communication Review*
Volume 4 Number 1 Online Edition Winter/Spring 2004

Effective Nursing in the Hospital Setting

By Judith A. Greenfield, PhD, RN

Plans of care are the organizing tools for achieving the goals of care: namely, to identify and address patients needs. To some degree, the success of care plans depends on the cooperation of patients and families. Yet cooperation, which is not always forthcoming, can be undermined by misunderstandings. Attention to communication can help.

One answer to the question of how nurses can effectively elicit patient cooperation is drawn from the three-function approach[1] to the medical interview and the Ask-Tell-Ask method[2] of interaction – advocated by the American Academy on Physician and Patient (AAPP). While developed for doctors, both practices are highly adaptable for use by nurses and other professionals who care for hospitalized patients. A brief outline of its modified form[3] looks like this:

Function #1 – Gather Data
Objective 1: To collect patients' physical & psychosocial data.
Objective 2: To prepare care plans.

Function #2 – Establish Therapeutic Relationships
Objective: To create an environment that promotes recovery and healing by acknowledging and responding to emotions and by encouraging participation in care decisions.

Function #3 – Educate Patients and Families
Objective 1: To assure that patients and their families understand the nature of their conditions.
Objective 2: To negotiate and implement a care plan.

An example of the Ask-Tell-Ask method of interaction might look as follows. (For Function #3, Objective 1.)

ASK: What patients and their families know; what they feel; what they believe.
TELL: Confirm or correct perceptions as necessary; answer questions; provide other relevant information.
ASK: For reactions to what they've just been told, what it means to them, and why.

[1] Developed by W. Clark, MD, M. Hewson, PhD, and M. Fry, MS
[2] Visit AAPP for more on the three-function and Ask-Tell-Ask approaches to Medical Interviews.
[3] For information about our professional in-service on this topic, call 1-845-687-2328 or email Judith Greenfield.

Judith A. Greenfield is contributing editor of the *Healthcare Communication Review* and President of the Healthcare Communication Project, Inc.

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Following Up With Patients 'Gone Home'

By Judith A. Greenfield, PhD, RN

In his interview, Dr. Feldman talks of the need for physician accessibility when patients go home after surgery. This is also addressed on *Second Opinion*, Volume I[1] – in a conversation entitled "Would You Go to a Doctor Like You?" In it, Dr. Neil Baum, a practicing urologist, talks about 'moments of truth' when physicians can improve interactions and relationships with their patients.

One such 'moment' is after the patient goes home, having had a procedure done. Here Baum recommends follow-up calls within a day or two. If physicians cannot make the calls themselves, he advises that they have their nurses call for them, telling patients: "the doctor is tied up now but wanted me to call to see how you are doing and if you have any questions." Those patients who the nurse thinks should speak directly with the doctor can then be told that the doctor will call that night and be given a time frame for that call – asking the patients to be home and to keep the phone line free. What do you think? Wouldn't you like to go to a doctor like that?

[1] *Second Opinon*, produced and edited by practicing physicians, is exclusively distributed by Connetics Corporation.

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More of Our Conversation with Sheldon Feldman

By Judith A. Greenfield, PhD, RN

REVIEW:
What do you tell students and residents about communicating with patients?

SF: Surgery is such a tremendous opportunity to use communication in a positive way. I encourage students and residents to think about the connections they make with patients. For example, they will come up in conversations at the next Thanksgiving Dinner. Family and friends will ask, 'What did the doctor say?'

[Surgical] patients are very vulnerable at that time and we are asked to establish relationships with them when we don't know them very well. How to communicate with them? As a surgeon you can do well, can do good, with your words. More distressing is the damage that can be done. Words can be sharper than the sharpest scalpel. Once words come out you can't erase them. It's branding. As I work on my own skills, I find it very challenging. Blunders can happen. It's hard – a life-long process. But, for me, it's a very satisfying part of the journey.

REVIEW: Why is it satisfying?
SF: You can take the doctor-patient relationship to another level. For me to be able to communicate clearly with patients – my openness and to have patients really hear that and use it as they go through life and change their lives – is very satisfying as a human interpersonal experience.□

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The Power of Saying 'I'm Sorry'

By Judith A. Greenfield, PhD, RN

Joel Greenberg, a plaintiff's malpractice attorney practicing in the state of Illinois, offers advice to physicians on how to avoid facing him, or his counterparts, in court. In "Conversations With the Enemy", an interview heard on the audio magazine *Second Opinion,* Volume I[1], Greenberg talks about the power of saying 'I'm sorry'. This is not to be confused, he says, with admitting guilt. He advises against that. But it's okay, even right, he says, to tell the patient that you are sorry things worked out the way they did.

Greenberg reports repeated instances where patients were able to resolve their animosity towards their doctors because those doctors had been good to them and told them what was happening. Despite strong cases, the patients refused to sue. For this reason, he believes:

> "*If you say you're sorry, in a meaningful way, to a patient, you will find the results to be staggering in your favor – as opposed to running away, hiding, evading and not being a real person with the patient."*

Such advice may feel counterintuitive – and certainly difficult to do. But one case, described in a listserve email dated Oct. 13, 2001[2] (subject: "Honesty, A True Story"), provides valuable insight into why it often works. In it we learn of a woman who comes out of an eight-day coma after an artery was accidentally cut in a repeat surgery for a post-operative infection. Six years earlier, this woman had reacted vigorously to medical errors:

> *"I was lied to, things were covered-up and everyone denied everything. I felt angry and betrayed. I filed complaints, contacted the media and made a big fuss."*

This time, however, was different:

> *"Will I do the same now…? No. I won't. I'm not angry, nor do I feel betrayed. Everyone was up front and honest with me. My surgeon freely admitted [what happened]…. No cover-ups, No lies. They did the best they could. I survived."*

At least for this patient, transparency made all the difference:

> *"My surgeon has never been sued. I now know why. It's not because he's perfect and has never made a mistake. Everyone makes mistakes sometimes. It's because he's honest and not afraid to admit his shortcomings."*□

[1] *Second Opinion*, produced and edited by practicing physicians, is exclusively distributed by Connetics Corporation.
[2] Visit the National Patient Safety Foundation. Follow links to the "Discussion Forum ListServ" and its archives.

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