EFFECTIVE COMMUNICATION IN HEALTHCARE

RACHELCALLANDER.CO
“Parents and patients are more trusting of, and committed to, health professionals who adopt an empowering communication style with them.”

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Evie Callander 30.03.2008 - 10.10.10
Born with Partial Trisomy 9 and Partial Monosomy 6
As a health professional, you are an incredibly important person in the lives of a parent and patient right now.

You have a lot of power and influence. Your words will be clung to, misunderstood, questioned. Your words could change their life. They bring with them a new reality, a new future.

How are you delivering this new reality? Is your communication effective? Empowering? Understood?

Or are your skills and knowledge being wasted, because your communication style is breaking down the critical relationship between yourself, and the parent or patient?
THE TRICHOTOMY OF CARE

We need a model of health that ensures everybody is cared for. Effective Communication is a vital part of this system.
Basic communication skills alone are not sufficient to establish and sustain a positive relationship between the Patient/Parent and the Health Professional.

A successful relationship requires the ability to share perceptions, feelings, and fears of the medical issue.

It allows goals to be aligned for the outcome of treatment, it identifies support networks, and provides psychological and emotional support.

Effective communication transcends basic skills, and integrates both Patient/Parent-centred care, and Professional-centred approaches.

For good relationships to thrive, everybody needs to be cared for. The Patient. The Parent/Carer. The Professional.
HEALTH LANGUAGE MATRIX

POSITIVE

FLUFFY
Irrelevant phrases, like:
"Special kids are only given
to special parents."
"Stay strong."
"Focus on enjoying
every day you have."

EMPOWERING
Open-hearted language:
Information is disclosed clearly.
Ensures a parent leaves the room understanding
what has been said.
Values are discussed and acknowledged.
Health literacy levels are identified and become a
measure of how to best communicate further.

NEGATIVE

CONFUSING
The parent/patient's level of
health literacy is
not considered.
Medical terminology is used without
explanation.

DESTRUCTIVE
Language that is no longer acceptable in a
cultural or social context.
Uses subtractive, deficit words such as,
mental retardation, abnormal,
incompatible with life, dysmorphic.

JARGON

INFORMATIVE
POSITIVE JARGON

PARENT / PATIENT OUTCOME

A sense of frustration,
not being seen or heard,
not acknowledged or valued.
Feelings of being dismissed and misunderstood.
Time has been wasted.

Communication is flabby and irrelevant, the patient doesn’t really know how to progress, or what has even been said.

HEALTH PROFESSIONAL OUTCOME

Disengaged parent/patient.
Little progress in health outcomes.
Parent/patient is uneducated on the medical reality of their condition.
Frustrated at lack of progress.

Compassion fatigue sets in as they’re trying to communicate with empathy and kindness, but it isn’t working, so what’s the point.

Fuels a belief that compassion and kindness are futile in a health setting.
While this kind of communication often comes from a place of kindness, this is not how it is perceived by a parent/patient, and the health professional is at risk of coming across as insensitive, or irrelevant.

A health professional might be trying to look on the bright side of a situation, but a parent/patient might need more time to get to that place if they ever do.

Here is where compassion fatigue can set in. A health professional may be trying hard to be compassionate, but has not established how the parent/patient would like to be communicated with, so their kindness falls short.

This leaves a parent/patient feeling dismissed, and unseen, which causes a breakdown in the relationship because the parent/patient finds the professional to be fluffy, overly hopeful or positive, and therefore difficult to talk to about serious problems.

A health professional may get frustrated at the lack of positive health results despite all the effort and empathy they are putting in and expressing.
"These are the words we currently use, perhaps mostly because of the medical profession, to describe disability:


This language takes potential and even ability away from a person.

The words we have associated with "disability" reveal a deficit culture that does not accept, encourage, or enable humanity."

Rachel Callander
NEGATIVE JARGON

PARENT / PATIENT OUTCOME

Confusion, mistrust, frustration.
No knowledge of what is happening.

A sense that time is wasted because the information shared hasn’t been understood.
This can lead to further explanations that timeframes might not allow for.

The parent/patient feels stupid at not being able to understand, so shuts down and feels small, and fears wasting the time of the professional further. Resolves to go home and try Google instead.

Alone.

HEALTH PROFESSIONAL OUTCOME

Parent/patient seems uninterested in asking questions, not focused, absent, not listening.

Health outcomes are less optimal, because there is no engagement in the process, so the patient needs to be seen more often.

Medications and therapies may be used sub-optimally or not at all, resulting in more time in the hospital, more resources used, more costs and time wasted.
NEGATIVE JARGON

A few weeks after the birth of my daughter Evie, a Paediatrician came in to explain her genetic test results.

He told me that Evie’s unbalanced chromosomal translocation involved the short arms of chromosomes 9 and 6. I was sleep deprived, recovering from a Caesarian, and emotionally exhausted. A few days earlier, we were told that Evie had Edwards Syndrome and would most likely not live more than a few weeks. We were living in the NICU and Evie had undergone so many tests I had lost track of where things were at. This new doctor was now telling us that Evie did not have Edwards Syndrome, but something else I only briefly heard.

It sounded like a foreign language.

I knew he was really busy and just tried to keep up. I tried to hold on to anything I could understand, to stay grounded. I thought he was telling me that Evie had short arms.

So while he was talking, all I could think about were Evie’s arms. I was so confused. To me, Evie’s arms looked perfectly long. I was wondering why, on top of everything else that was going in her fragile little body, were they so focused on her arms? Surely her arms were the least of our concerns.

He then used a metaphor for a library to explain things further: Evie’s condition had been discovered to come from my own balanced chromosomal translocation, which I had no idea about until this moment.

So now, I was now thinking about library books, short arms, the mysterious behaviour of chromosomes and I had no idea how to make sense of it all. The Doctor’s manner was impersonal and brusque, and I decided that I did not like this man at all. I felt so stupid when I asked what they were going to do about Evie’s arms, and he had to tell me, that no, he meant the arms of the chromosomes. Having no idea what a chromosome even looked like, let alone the length and importance of their arms, I still was none the wiser.

I wanted nothing more to do with this doctor and nothing he said after that, landed. I heard nothing, acted upon nothing, and could not even remember what Evie’s diagnosis was called, or how to spell it or tell anyone else about it.

I was confused, upset and didn’t know what questions to ask.
"Extensive research has shown that no matter how knowledgeable a clinician might be, if they are not able to open good communication with a parent/patient, they may be of no help."

http://healthcarecomm.org/impact-of-communication-in-healthcare/ Institute of Healthcare Communication
"We are quick to place value judgements on a person, often before they are even born, before they have a chance to reveal their unique character, before they can enrich our own experience of life."

Rachel Callander
NEGATIVE INFORMATIVE

PARENT / PATIENT OUTCOME

Feelings of emotional fragility.

Drained, soul destroyed, hurt, offended, ostracised, small, a sense of hopelessness and overwhelm.

The parent/patient can feel anger, fear, an inability to cope, intense grief, disconnection.

They can act unpredictably, and become difficult to work with, quick to blame, quick to feel victimised.

Slow to achieve health outcomes.

HEALTH PROFESSIONAL OUTCOME

A Parent/patient who is mistrustful, disengaged, quick to anger, frustrated, or completely withdrawn and depressed. Abusive and retaliates by complaining.

The Professional may not even be aware they are fuelling this situation - After all, they are being medically accurate, and have always used this language in the past, so they see no need to change.

The Professional acts out of habit, arrogance, unwilling to change despite the negative reactions from the parent/patient and other staff around them.

Lawsuits against health professionals and hospitals come from this space.
"Most complaints about doctors are related to issues of communication, not clinical competency.

Patients want doctors who can skilfully diagnose and treat their sicknesses as well as communicate with them effectively."

POSITIVE INFORMATIVE

PARENT / PATIENT OUTCOME

Information is shared with clarity, kindness and in a way that is best understood. This is established by the professional asking how best to explain a medical concept.

Medical information is shared with compassion, and an expectation of support is established and nurtured.

The Patient, the Parent, and the Professional are all on the same team.

Everyone responsible for the care of a person is equally involved. All knowledge is shared, the person is the focus, rather than the illness.

The identity of the person being cared for is valued and protected.

Meaning is forged.

HEALTH PROFESSIONAL OUTCOME

A parent/patient fully invested in their health, empowered to look after themselves as much as possible. Support networks are established, new skills are taught, the care team is aligned, and less likely to be blamed for a negative outcome because fears and risks have been discussed openly and the relationship is strong.

Uncertainties are shared openly and honestly without backlash, fallout or frustration. Information is shared, and problems are solved together.

All parties' skills are utilised, there is less reliance on one person. The health professional is a source of motivation, incentive, reassurance, and support.

Use of body language, eye contact, acknowledgement, listening. Use of words that are congruent with the patient or parent. Everything that has been said in the room has been understood.
Research is constantly revealing the power of POSITIVE INFORMATIVE.

"Doctors with better communication and interpersonal skills are able to detect problems earlier.

They are often able to prevent medical crises and expensive intervention, and they provide better support to their patients.

This can lead to higher-quality outcomes and better satisfaction, lower costs of care, greater parent/patient understanding of health issues, and better adherence to the treatment process.

There is currently a greater expectation of collaborative decision making, with physicians and patients participating as partners to achieve the agreed-upon goals and the attainment of quality of life.

There are also benefits for doctors. A study of primary care physicians found that undertaking an intensive education program in mindful communication improved patient outcomes and personal well-being for the doctors.

The medical literature also provides reassuring evidence that an effective patient-centred model does not take more time."
What does empowering and effective communication look like, and how do we measure it?

Studies show that despite the countless models out there to measure the effect and impact of the patient experience on health outcomes, there are still areas that are vague, and information that is biased or missing.

This is especially true around effective communication. The industry has a largely incomplete data set, which has led to unclear guidelines and incomplete strategies for future EC development.

When applying the HEALTHY model to measure effective communication, we are granted a much more complete picture, that shows the intrinsic links between communication, and patient/parent/professional health outcomes.
The art and science of healing that is concerned about the whole person, rather than seeing them as a (collection of) failing body part/s.

Open to investigating alternative options, discussing belief systems, cultural influences, and listening to the values of the parent/patient.

Agreement on treatment methods is a key factor which influences outcomes.
"Research evidence suggests that a clinician's ability to explain, listen and empathise has a profound effect on biological and functional health outcomes as well as parent/patient satisfaction and experience of care."

Institute of Healthcare Communication
healthcarecomm.org/about-us/
United. Connected.
Able to collaborate. A sense of being a team.

When these actions are in play in communication, good things can happen. Resources are used optimally, knowledge is shared and discussed, creativity and innovation can flourish, systems are in flow.
First, do no harm. The words and language used by a medical professional at diagnosis have a significant impact on how a parent/patient relates to their health professional, and how they navigate their future.

Effective doctor-patient communication can be a source of motivation, incentive, reassurance, and support.
Everybody is working with time restrictions and pressure. Time is precious and needs to be respected.

For a health professional, working under severe time constraints takes its toll.

For a parent, seeing multiple specialists, often on multiple days, sitting in waiting rooms with a sick child, also takes a huge toll.

If the Parent/Patient perceives their time to be wasted, or of little importance, this will significantly affect their experience of, and relationship with, their health professional.
The Latin root of the word hospital is 'hospes', and hospitality has the same etymology and genesis. The word carries with it a sense of care, respect and the kindness of strangers. The concept of guest and host.

Using empowering communication to facilitate the spirit of hospitality in the hospital/clinic/room is a foundational part of building the much-needed respect and trust required for strong relationships between parents, patients and professionals.
It starts here, and spreads, and becomes a culture, a process, policy, and the standard for world-class care.

Requires commitment, practice, up-skilling and effective measurement.
Given the wealth of evidence linking ineffective clinician-patient communication with increased malpractice risk, non-adherence, patient and clinician dissatisfaction, and poor patient health outcomes, the necessity of addressing communication skill deficits is of the utmost importance.
"Doctors with better communication and interpersonal skills are able to detect problems earlier, can prevent medical crises and expensive intervention, and provide better support to their patients.

This leads to higher-quality outcomes and better satisfaction, lower costs of care, greater patient understanding of health issues, and better adherence to the treatment process."

The Oschner Journal 2010 Doctor-Patient Communication: A Review
www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/
How confident are you that your medical staff are communicating with parents/patients in a way that is fully understood?

How many of your medical staff are feeling overwhelmed and stressed due to not being equipped to communicate in a way that empowers a parent or patient?

Is your current system for measuring the patient/parent experience working as well as you need it to be?

Does your take-home informational material, including medical reports, contain negative phrases or words that could be causing undue stress or hurt?

Are you seeing avoidable re-admissions due to lack of understanding at discharge?

Has your hospital or any of your medical staff been complained against as a result of poor communication?
WHAT NEXT?

I offer keynote presentations, medical documentation/information reviews, and Effective Communication training workshops, including how to implement a HEALTHY approach to measuring patient/parent and professional satisfaction.

These programs are revolutionising the ways in which health professionals are communicating with patients/parents. They are seeing more positive health outcomes, and are experiencing higher job satisfaction, less stress and burnout, and a more positive culture within their organisations.

I would love to work with you and your team.
"I am still in awe of the recent talk you gave me and my colleagues at the Courage and Innovation Conference for Southern District Health Board. I truly believe you have changed my clinical practice forever."
Sarah Maley - Occupational Therapist NZ

"Hi Rachel, Just wanted to let you know how great you were at DFTB 17. You have revitalised and revolutionised my clinical approach to my patients, and the copies of your book that you signed for me have found a good home. Keep up the great work...it matters!"
David McDonald A/Prof MBBS FRACP DA(UK) A/Prof Paediatrics UNSW Director Prevocational Education and Training PMBH Consultant Paediatrician | Head Department of Paediatrics /Port Macquarie Base Hospital

"Rachel’s talk should be compulsory for all medical students!"
Dr Simon Rowley, Neonatologist Auckland District Health Board

"In the 25 years that I have been organising and involved with the ASA, yours was the best opening address I have ever seen. And we’ve had politicians and celebrities and all sorts of people. We look at medicine in a very narrow way, we label and categorise everything and everyone. It is so good to be reminded that there is another way of looking at things. Thank you!"
Andrew Martin - former President of the Australasian Sonographers Association

"Rachel, you rock!! Nothing but positive feedback. Your workshop prompted so much in the way of deep reflective thinking and how we make it all more of a reality, so you hit the nail on the head from this perspective. You have such a gift for cutting to the chase of what we are here for...all too often this can get lost, so thank you for being a pathfinder...maybe that could be your new job title?? I hope to be in touch again soon for the next bright idea."
Martin Chadwick, Executive Director Allied Health, Scientific and Technical BoP DHB
Rachel Callander is a speaker, TEDx presenter, trainer and author.

Her book, “Super Power Baby Project”, won the IPPY Outstanding Book of the Year Award in New York, and celebrates the lives and abilities of children with chromosomal or genetic conditions and was inspired by Rachel’s late daughter Evie, who was born with a very rare condition herself. In the two and a half years of Evie’s life, Rachel learned a lot about the use of language in the health system and has spent the subsequent years continuing to explore the impact and implications of how it is used by health professionals - To positive and negative effect.

Rachel is a highly sought-after speaker at conferences around Australia and NZ. Her audiences are predominantly made up of health professionals, and she speaks about the need to communicate effectively, especially at diagnosis, and for there to be a focus on forging good relationships between parent/patient and professional, for better health outcomes for everyone.

She teaches how the first words used at diagnosis critically shape how a parent perceives their future: The words can allow the parent to be their best, and find meaning even in pain; or they can create anger, mistrust, frustration, and can break down the crucial relationship between the parent and the health professional. These are conversations about empowerment - For the patient, and for the health professional.

Rachel also works with executives and leadership teams to facilitate positive culture change, and to build new systems to reflect new thinking around what effective communication looks like, and how it can be measured.

Rachel is completely engaging and unassumingly unique, drawing her style from three distinct perspectives:
- Her motherhood to Evie, and the years of experience as a parent in the health system.
- Her perspective as an artist, applying right-brained emotional strength to a conversation often filled with left-brained statistics and facts.
- Her work with the Thought Leadership Business School (essentially, a commercial PhD), allowing her to build every concept into something strong, communicable, and effective, and then to tailor those strategies to specific audiences.