



## GUIDELINE

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### Patient-Physician Communication

<b>STATUS:</b>	APPROVED
<b>Approved by Council:</b>	April 2007
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"The manner in which a physician communicates information to a patient is as important as the information being communicated. Patients, who understand their doctors are more likely to acknowledge health problems, understand their treatment options, modify their behavior accordingly, and follow their medication schedule. Effective patient-physician communication can improve a patient's health as quantifiably as many drugs." (For further info link to [JAOA article Patient-Physician Communication: Why and How.](#))

Effective communication has become more difficult due to a number of challenges: different languages of both the patients and the physician, more engaged and informed patients (due to the internet -correct/incorrect information), shortage of doctors and shorter office visits.

The following information is to help practicing physicians avoid pitfalls and strengthen effective and a personal communication style with their patients. The headings include:

#### Communication with patients and others

- A. Barriers and practical steps to improve
- B. Bedside manner
- C. Body language (non-verbal communication)
- D. Some communication mistakes that upset patients
- E. Communicating difficult news

(For further info regarding Communication with patients and others, link to the Ontario College of Physicians and Surgeons website: <http://www.cpso.on.ca/Policies-Publications/The-Practice-Guide-Medical-Professionalism-and-Col/Principles-of-Practice-and-Duties-of-Physicians/Duties-To-the-Patient/Communicating-with-Patients-and-Others/Duties-to-the-Patient-Communicating-with-Patients>)

## A. Barriers and practical steps to improve

### Barriers to Patient-Physician Communication

1. Speech ability or language articulation
2. Foreign language spoken
3. Dysphonia (difficulty in speaking due to a physical disorder of the mouth, tongue, throat, or vocal cords)
4. Time constraints on physician or patient
5. Unavailability of physician or patient to meet face to face
6. Illness
7. Altered mental state
8. Medication effects
9. Cerebral-vascular event
10. Psychological or emotional distress
11. Gender differences
12. Racial or cultural differences

### Practical steps to improve Communication

1. Assess what the patient already knows
2. Assess what the patient wants to know
3. Be empathic – the capacity to recognize and share feelings that are being experienced by the patient
4. Slow Down
5. Keep it simple
6. Tell the truth
7. Be hopeful
8. Watch the patient’s body and face

Source: JAOA Clinical Practice Vol 105, No1, January 2005, "Patient-Physician Communication: Why and How"

## **B. Bedside manner**

Bedside manner is the ability of a doctor to interact with his/her patients. It is the attitude and conduct of a physician in the presence of a patient.

With more demands on their time, physicians who strive for a good bedside manner are likely to retain their patients, and also to have their directions followed. Some doctors learn to distance themselves on purpose. Distance creates a buffer that protects you from emotional stress.

Good bedside manner - might include showing empathy, being open to communication, involving the patient in health decisions, and helping the patient feel at ease.

Poor Bedside manner - Physicians who have poor bedside manner may find they lose patients to other doctors or they may find their patients tend not to listen to their suggestions. A poor bedside manner can appear as arrogance, failure to listen to a patient, abruptness, dismissal of a patient's fears, and rudeness.

Suggestions: Say the patient's name - don't make your patients feel like a "number"; Make eye contact – even for a brief moment.

## **C. Body language (non-verbal communication)**

Body language is the conscious and unconscious movements and postures by which attitudes and feelings are communicated. It can consist of body posture, gestures, facial expressions, and eye movements. (Body language is 50-80% of communication.) Body language may provide clues as to the attitude or state of mind of both a physician and a patient.

An example of how body language affects patient perception of care is that the time spent with the patient in the emergency department is perceived as longer if the doctor sits down during the encounter.

## **D. Some communication mistakes that upset patients**

The vast majority of medical doctors are caring men and women who try to serve their patients with respect, treat them with dignity, and make their patient's needs their first priority. However, here are some examples of situations that have been identified by patients as upsetting:

- Lack of communication or inappropriate comments can frequently be the reason why patients complain to the College of Physicians and Surgeons about a doctor. e.g. rudeness to patient, sexual comments. Most complaints can be settled through an apology or some other means that does not involve a formal disciplinary proceeding.
- Talking through a third party when the patient is present and able to respond. When the patient has a condition which warrants a third member to be present during the office visit, a common communication error made is to speak to the third person and not to the patient. It's like they are invisible! Whenever possible, include the patient in your conversation.
- Dividing attention when with a patient. Have you ever taken a phone call and carried on a conversation with another patient while in the presence of patient #1? Patients realize that physicians are busy, but they do deserve your undivided attention for their scheduled time with you.
- Poor bedside manner. E.g. Abruptness, doesn't listen, interrupts too much, and shows little empathy particularly when communicating bad news. Chances are your patient may not return, follow your medical advice, or worse - spread the word.

## E. Communicating difficult news

Giving bad news to patients is a difficult task for any physician. To help better the communication at this difficult time, physicians should remember to include these elements in their plan of action: choose the right setting, show empathy, communicate facts clearly, explore the patient's understanding of what they have just learned, and establish next steps.

## F. Additional resources

*Code of Ethics for Saskatchewan Physicians*, paragraphs 11 to 17 of Regulatory bylaw 7.1,

[https://cps.sk.ca/imis/CPSS/Legislation\\_ByLaws\\_Policies\\_and\\_Guidelines/Legislation\\_and\\_Bylaws.aspx?Legislation\\_BylawsCCO=Legislation](https://cps.sk.ca/imis/CPSS/Legislation_ByLaws_Policies_and_Guidelines/Legislation_and_Bylaws.aspx?Legislation_BylawsCCO=Legislation)

*Patient-Physician Relationships*

[https://www.cps.sk.ca/imis/CPSS/Legislation\\_ByLaws\\_Policies\\_and\\_Guidelines/Legislation\\_Content/Policies\\_and\\_Guidelines\\_Content/Patient-Physician\\_Relationships.aspx](https://www.cps.sk.ca/imis/CPSS/Legislation_ByLaws_Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/Patient-Physician_Relationships.aspx)

Canadian Medical Protection Agency (CMPA) article - *Physician-patient Communication: Making it Better* <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2010/physician-patient-communication-making-it-better>

*Physician Disclosure of Adverse Events and Errors That Occur in the Course of Patient Care*

[https://www.cps.sk.ca/imis/CPSS/Legislation\\_ByLaws\\_Policies\\_and\\_Guidelines/Legislation\\_Content](https://www.cps.sk.ca/imis/CPSS/Legislation_ByLaws_Policies_and_Guidelines/Legislation_Content)

[/Policies\\_and\\_Guidelines\\_Content/Physician\\_Disclosure\\_of\\_Adverse\\_Events\\_and\\_Errors\\_that\\_Occur\\_in\\_the\\_Course\\_of\\_Patient\\_Care.aspx](#)