

Communication Matters

Blind spots

In the best of worlds, our interactions with others are conscious, deliberate, considerate and empathic. In the real world, we are subject to stresses and distractions and impatience. And we don't always have a clear idea of how we come across to others.

Self-awareness, combined with communication skills development, is a powerful tool for enhancing the quality of our interactions with others. Thank you for joining us in this exploration of behavioral blind spots.

Warmly,

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Everybody's got them—are you aware of *your* blind spots?



We humans are but imperfect creatures!

As skilled, caring and effective as we may be, when we lack awareness of our own behavior and how it affects others, we risk a host of unintended consequences, from misunderstanding, resentment and hurt feelings to derailed careers, poor medical care and physical crashes. An obvious and concrete example is the blind spot in the rearview mirror: Driving along without awareness of everything around us can be downright dangerous. The popular and business literatures include myriad stories and analyses of poor decisions and leadership failures that result from leaders' inaccurate reading of how they come across to others.

As young drivers, we learn about blind spots in several different ways. In driver's education classes, we read and hear repeated warnings about the blind spot. When I was learning to drive and first heard those warnings, I didn't believe them. I could see plenty out the rearview and side mirrors! It wasn't until I started practicing in traffic that I realized that there could, in fact, be previously-undetected vehicles nearby as I started to change lanes or make a turn. A combination of loud exhortations from my driving instructor, car horns honking and moments of startled realization made clear to me that the blind spot was real and could present problems. In the worst situations, we crash. Specialized equipment may mitigate

the problem, but **the real key is ongoing awareness and vigilance**. As a driver, it's important to practice that awareness all the time; to make it second nature.

In the behavioral realm we bring our individual personalities, temperaments, habits and learned behaviors to our interactions with others. Our moods may affect the way we interact, so that some days we are relaxed and open, other days we may feel stressed and distracted. We have all been interacting with others all our lives, and our communication styles and internal narratives are so well established as to be second nature. So, it's plausible that **we might not believe that we have blind spots**. There is, after all, no interpersonal equivalent of a honking car horn! How do we discover—and fix—our blind spots?

A *Huffington Post* article on this topic noted,

It turns out that we all have blinds spots, and the only way to identify them and deal with them is to ask someone who has a different perspective and who will be honest enough to tell us the truth about ourselves. (1)

Throughout medical care interpersonal interactions are vitally important. After training—and, for many, even during training—the opportunities for feedback about behavior are rare. **Precious are the managers and leaders who are skilled in providing feedback in useful and supportive ways**. Patient satisfaction surveys and 360° reviews are supposed to provide feedback, but many find these tools crude and inadequate.

How do you respond to the following?

	Always	Usually	Sometimes	Not Usually	Never	Not sure
1. Feedback about my communication with patients is described as "empathic"						
2. I am satisfied with my interactions with my patients						

If you didn't answer "always" or "usually" to these two questions, you may want to explore some ideas about specific communication skills that can make a measurable difference in patients' feeling heard and in your own career satisfaction. How are these two things related?

When clinicians do not communicate with patients in a way that is perceived as empathic, a host of problems can arise. Patients may not share information important for making a correct diagnosis or decision about treatment, they may not adhere to clinicians' recommendations, they may feel dissatisfied with their care and they may be more likely to bring malpractice lawsuits against clinicians when there are adverse events. Clinicians who perceive that their patients are not sharing all the information they should be sharing, or who are not adhering to treatment recommendations—not to mention those whose patient satisfaction scores are low or who are the targets of complaints or malpractice lawsuits—will feel less satisfied with their work. Clinician dissatisfaction can spring from a number of sources, not necessarily tied to patient relationships, but researchers have documented the important role of relationships in physician job satisfaction. (2), (3) The negative effects of job dissatisfaction on patient care are well-documented. (4), (5)

"Put on your own oxygen mask first..."

Clinician self-care is an important part of the equation. Caregivers who do not take regular, meaningful measures to ensure their own care are on a pathway to burnout and dissatisfaction that can spill over from their work lives to every aspect of their lives. The healthcare workplace is rife with stressors, and many clinicians feel the stresses increasing constantly. **Just as flight attendants instruct airplane passengers to "put on your own oxygen mask before helping others," so clinicians need to care for themselves in order to effectively care for others.** Clinicians who cultivate effective communication skills, have strong emotional supports and maintain regular outlets for stress relief are better able to sustain the joy in their work. Self-care skills and habits help clinicians to be more empathic, curious and helpful toward their patients.



Fortunately, the vicious cycle of patient and clinician dissatisfaction can be broken. Even in challenging environments, strong relationships built on clear communication and mutual respect can thrive. It's all well and good to talk about "communication" and "relationships," although perhaps a bit abstract. A few key communication skills are emblematic of specific behaviors that underlie effective clinician-patient relationships.

How do you assess your communication skills?

	Always	Usually	Sometimes	Not Usually	Never	Not sure
1. I show genuine interest in my patients' ideas about their health						
2. I listen without interrupting						
3. I speak in terms that my patients can understand						
4. I show care and concern for my patients						

If you answered "always" or "usually" to all of these questions, kudos to you! A further exploration would be to discover how your patients would describe your skills. In the absence of such specific feedback from patients, we must rely on self-reflection. **If you did not answer "always" or "usually" to these questions, you may want to consider a unique, intensive training opportunity that will help you reboot your patient communication skills.** Just as new drivers learn to make road awareness second nature, so can we all make empathic communication second nature through focused training, structured practice with expert feedback and continued practice.

Cognitive Institute in Brisbane Australia, a long-time friend of IHC, has created a 10-minute video re-enactment of an interview with a physician who participated in a residential communication skills program that is closely akin to IHC's Intensive program. In the [Video case study: A doctor shares the impact of a complaint and Cognitive Institute's support](#), the clinician describes feeling angry and frustrated

that he had been singled out for communication training following patient complaints about his brusque manner.



Following the skills program, the physician reports using specific communication skills to convey empathy, listen closely to patients' responses to his questions and check in with patients that they understand what he says. **The physician specifically notes the positive response he gets from patients when he uses empathic phrases**, "It must be difficult ...," "I understand that... ."

Notes

1. Canaday, Sara. Why Your Blind Spots Can Stop You Cold on Your Career Path. Huffington Post. [Online] Oct 9, 2013. [Cited: Jun 23, 2014.] http://www.huffingtonpost.com/sara-canaday/why-your-blind-spots-can-b_4063779.html.
2. Physician job satisfaction. McMurray, JE, Williams, E, Schwartz, MD, Douglas, J, Van Kirk, J, Konrad, TR, Gerrity, M, Bigby, JA, Linzer, M. 11, 1997, Journal of General Internal Medicine, Vol. 12, pp. 711-714.
3. Survey: Physician-Patient Relationship More Important Than Treatment in Patient Satisfaction. Becker's Hospital Review. Oct 18, 2012.
4. Outcomes of Physician Job Satisfaction: A Narrative Review, Implications, and Directions for Future Research. Williams, ES, Skinner, AC. 2, April/May/June 2003, Health Care Management Review, Vol. 28, pp. 119-139.

Upcoming IHC program



IHC's [Intensive Communication Skills Program](#) is designed to provide practicing clinicians with specific guidance and focused practice using evidence-based communication skills. **The literature is clear: effective clinician-patient communication skills are important**



contributors to enhanced diagnostic accuracy, patient satisfaction, treatment adherence and improved professional job satisfaction. Learners have found the course to be both useful and enjoyable:

"I have really enjoyed this workshop. It has given me a new awareness of myself and how better to communicate and relate to patients in my practice. I'm excited to take the basics and skills to be more effective while communicating with my patients. Thank you, also for inspiring me. Actors were great." -Learner, Intensive program

If you feel your communication skills could use a "tune up"-or if you have colleagues who might benefit from this course, please see the [application](#) for the upcoming Intensive program **October 23-27, 2014 in New Haven, Connecticut.**

Additional upcoming courses are listed on the IHC [website](#).

IHC is nationally accredited to provide continuing medical education and continuing nursing education by three major accreditation agencies (ACCME, AAFP, and ANCC). IHC takes responsibility for the content, quality and scientific integrity of all its CME/CE activities.

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