



Maine Board of
Licensure in Medicine

Communicating with Patients

Guidelines from the Maine Board of Licensure in Medicine

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Professional Communication: An Art and Science

- Unprofessional communication is a consistent basis for complaints to the board
- Examples:
 - Not listening
 - Not making eye contact
 - Making off-color remarks or inappropriate jokes
 - Acting robotic – not conveying empathy
 - Inappropriate statements or acts towards other medical/nursing staff

Professional Communication: An Art and Science

- Premise: Sound medical practice requires constant cultivation as it is both an art and a science.
- Premise: Professional communication requires constant cultivation as it is both an art and science.

Why is professional communication important?

- Produces therapeutic benefits for patients
- Enhances the clinician-patient relationship
- Increases patient satisfaction with medical care
- Decreases the likelihood of complaints to the board

Goals of the Guidelines

- Increase comfort and confidence for clinicians and patients
- Increase satisfactory outcomes in diagnosis and patient readiness to follow a treatment plan
- Increase efficiency of office visits
- Obtain a medical history that adds personalized meaning to objective information

Focus of the Guidelines

- 4 Elements of the patient encounter:
 - The Setting
 - Kinds of Questions
 - Kinds of Listening
 - Kinds of Explanation

- Self-Evaluation

The Setting

- Enhance the power of non-verbal communication to cultivate rapport
 - Sit down at the same level as the patient
 - Employ an unhurried posture
 - Display emotional comfort
 - Make easy and sustained eye contact
 - Avoid constantly looking at the computer while talking to avoid conveying indifference
 - Place the computer and patient in the same line of sight

Kinds of Questions

How you frame the question will affect the answer offered

- Those to avoid:
 - Questions beginning with **“why”**
 - **Closed** questions
 - **Leading** questions
 - * Asking a patient “Do you understand?”
- Those to employ:
 - **Open** questions followed by **“teach back” technique**

Kinds of Listening

- Focus on the Listener (Clinician)
 - Technical/medical concerns of clinician
 - Example: Recording post-surgical details
 - Typically involves **Closed** questions
- Focus on the Speaker (Patient)
 - Empathetic – aim of assuming the speaker’s perspective
 - Example: Like identifying with a character in a novel
 - Typically involves **Open** narrative questions
- In the first kind of listening, if what is heard does not fit within what is already known and familiar, it may sometimes be discounted or ignored. Whereas, the second kind of listening is deliberately drawn to anomaly, to the descriptive details and explanations that make the speaker unique as a person who is also a patient.
- Failure to recognize the anomalous (unique) patient is linked to the clinician’s skills and style of listening

Kinds of Explanation

- **Scientific** Explanation
 - Making a case for why certain events are the way they are and for predicting future events, which is clear to the **speaker**
- **Semantic** Explanation
 - Making the meaning of something clear to the **listener** by translation or paraphrase
- Explanations that are scientifically correct (from the clinician's perspective) but unintelligible (from the patient's perspective) do not enhance the clinician-patient relationship

Self Evaluation

- Clinicians tend to overestimate the effectiveness of their communication
- Clinicians should be aware of their “personal style” and its impact on patients
 - Example: Inappropriate humor can damage relationships with patients and their families
- Self-review of interpersonal behavior with colleagues is very helpful



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- Questions?
- BOLIM Communication Guidelines: <https://www.maine.gov/md/laws-rules-updates/policies>.