Patient Communication: A Future Role for Clinical Medical Physicists

Annual Student Meeting

Wednesday, July 17th, 10:15 am – 12:15 pm
Stars at Night Ballroom 2-3

Sunday July 14th: Student & Trainee Day Events
8:30 – 10 am | Annual Student Meeting | Stars at Night Ballroom 4
10 – 10:15 am | Undergraduate Networking Session | Stars at Night Ballroom 4
10 – 11:30 am | Non-Clinical Career Expo | Stars at Night Ballroom foyer
11:30 – 1 pm | Medical Lunch (ticket required) | Stars at Night Ballroom 4
1 – 3 pm | Residency Fair | Stars at Night Ballroom foyer
3 – 5:30 pm | Society of Physics Poster Session | Exhibit Area
6 – 8:30 pm | Student Night Out (ticket required) | Casa No

Other Events
(Tues): 3:45 – 4:45 pm | Interview Workshop | Partners in Solutions Room
(Tues): 9:30 – 10:15 am | Expanding Horizons | Atrium Area
(Tues): 2:30 – 4 pm | New Member Symposium | Room 302
(Weds): 7:30 – 8:30 pm | Breaking out of the Box | Room 302
Sun 3:30 pm, Mon 10:30 am & 1:30 pm, and Wed 11 am | Partners for the Future | Exhibit Hall Meeting
Why Should Medical Physicists Communicate with Patients?

Todd Atwood, PhD
Associate Professor
Radiation Medicine & Applied Sciences

UC San Diego Health
RETHINKING MEDICAL PHYSICS

How did this project begin?
Patients

More patients are searching for ways to be involved in their care

Online patient information is too complex for the general population

Patient related distress can negatively impact outcomes following radiation therapy

Radiation Oncologists

Faced a dilemma of clinical practice in the latter half of last century
Often viewed merely as technicians treating referrals
Began to participate in tumor boards, multidisciplinary clinics, etc.
Transformed from radiotherapist to radiation oncologist

Physics Direct Patient Care Initiative

Establish an independent professional relationship with the patient
Take ownership of all technical aspects related to the patient’s care
Meet with the patient at regularly scheduled appointments
Initially assess the impact this has on patient anxiety and satisfaction
Lay the groundwork for future innovations and patient responsibilities
**Clinical Trial**

- Easily integrated into care team
- Wide variety of patient “types”
- Patients eager to know more
- Unexpected interactions
- rewarding experience

**Initial Observations**

- Some timepoints less beneficial
- Words should be chosen carefully
- Technical systems too complex
- Medical questions not deferred
- Communication training necessary
Clinical Trial

Pilot
Determine:
Interaction Time Points
Clinical Workflow
Patient Materials
Data Collection

Clinical Trial

Phase II
Assess:
Feasibility
Patient Anxiety
Patient Satisfaction
30 Patients
No Randomization

Patient Interactions

Medical Physicist
Radiation Oncologist
Initial Consult
CTV
CTV
CTV
Follow-Up
Results (Anxiety)

Results (Technical Satisfaction)

Results (Technical Satisfaction)
Results (Overall Satisfaction)

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"Very much" ①  
"Moderately" ②  
"Somewhat" ②  
"Not at all" ①
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Clinical Trial

Pilot
- Determine:
  - Interaction Time Points
  - Clinical Workflow
  - Patient Materials
  - Data Collection

Phase II
- Assess:
  - Feasibility
  - Patient Anxiety
  - Patient Satisfaction
  - 30 Patients
  - No Randomization

Phase III
- Assess:
  - Patient Anxiety & Satisfaction
  - Patient Health Literacy
  - Physician/Physicist Time
  - 100 Patients
  - Randomization

Clinical Trial
Lay the groundwork for future innovations and patient responsibilities

Recognize changing landscape
Utilize unique skillset
Expand the profession
Provide more value

Collaborators
Derek Brown, PhD
Kevin Moore, PhD
Tianni Jorrey, PhD
James Murphy, MD
Todd Pawlicki, PhD
A.J. Mundt, MD

Clinical Trial
HRPP #157700X

Publications

Patient Communication
Physician-Patient Interactions

Derek Brown, PhD
Associate Professor
Radiation Medicine & Applied Sciences

UC San Diego Health
Rethinking Medical Physics
Where do we find training?

How can we make this training available to others?

Learn and use prescriptive communication strategies to develop positive, productive professional relationships with patients

1. Didactic training
2. Practical exercises
3. Simulated patient interactions

Simulated Patients

Patient: Robert Adams
Type: Prostate cancer
Characteristics: Non-technical, nervous, reserved

Patient: Jennifer Klogmire
Type: Breast cancer
Characteristics: Tech-savvy, highly educated, inquisitive
Simulated Patient Interactions

Aug 23-24, 2019

1. 3 free registrations
2. Send us <100 words by email to enter

Effective Communication Strategies

The Good News
Communication is a skill that can be taught, learned and assessed. Improvement requires practice and experience.

The Four E’s
- Engage
- Educate
- Empathize
- Enlist
Effective Communication Strategies

1. Engage
   
   Try and find some way to connect with the patient on a personal level (e.g. traffic/weather/hobbies/sports/children/etc.)
   
   This is important because it sets the stage for the entire interaction.
   
   Non-verbal communication skills can play a big role here.  

Engage – Body Positioning

How do you position yourself in the room with respect to the patient?

Physician

Patient

Parallel Non-Confrontational Position
Effective Communication Strategies

Information Triangle Position

Engaged Oppositional Position

Information Triangle Position
Effective Communication Strategies

Engage – Eye Contact

Too much can feel intimidating
Too little is awkward
Aim for balance – enough that the patient knows you are engaged but not so much that they feel like you are interrogating them

Effective Communication Strategies

2. Empathize

‘I see you’, ‘I hear you’, ‘I understand you’, ‘I accept you’
Patients want this and will give clues – if you miss the clues most patients will repeat them
Language and touch can be useful tools

Empathize – Useful language

Reflect – “It sounds like you’re concerned this may mean ...”
Normalize – “Anyone would feel scared ...”
Self-disclose – “We never seem to stop worrying about our kids ...”
Partner – “We can figure this out together ...”
Highlight – “I’m impressed with how you’ve ...”
Effective Communication Strategies

Empathize – Touch

Many of us will shy away from this entirely
Some of our patients will be entirely uncomfortable with this
Many of our patients will benefit tremendously from this
When? How? How do you know?

Humerus 11

Effective Communication Strategies

3. Educate

Critical to assess a patient’s comfort with technical language and to use patient-appropriate language
Use “chance” or “more/less likely” instead of “risk”
Use “9 out of 10 people” not “90%”

Educate – Speech/Language

Loud, fast speech can be effective in an academic environment, but most patients will find this off-putting
Unless you’re a naturally slow speaker, speak slower than you would normally
Use a ‘calm’ tone – you have time and you want to know more about what the patient is concerned about
Effective Communication Strategies

4. Enlist

Patients can and should play an active role in their treatment.

Most often used in combination with educate.

How does enlistment influence adherence? 

- Confidence in ability to follow through
- Ability to share concerns
- Brief in efficacy
- Shared treatment goals

Enlist – Use open-ended questions

- “Do you feel ok about your treatment today?”
- “What concerns do you have about treatment today?”

- “Are you feeling ok about your CT scan today?”
- “How are you feeling about your CT scan today?”

- “Are you feeling good about the plan that I discussed today?”
- “How are you feeling about the plan we’ve discussed today?”

The Four E’s

- Engage
- Educate
- Empathize
- Enlist
Effective Communication Strategies

Negative Aspects

- No mention of what his role is in the clinic (missed opportunity for engagement/education)
- Asks if patient understands and then immediately interrupts him
- Tells patient it would be a waste of his time to worry (missed opportunity for empathy)
- Missed opportunity to enlist the patient when he describes back pain
- Dismisses patient's questions about how this will be different than last time
- Even someone who is good at communicating is still missing many cues from the patient
Effective Communication Strategies

Positive Aspects

Introduction is good (engagement)

Eye contact (engagement)

Explanation of CT Sim is good (Education)

Great job of empathizing with patient about back pain

Negative Aspects

Doesn’t introduce himself (missed opportunity for engagement)

Dismisses patient’s concerns about whether she was treated last time (missed opportunity for education)

Missed opportunity for empathy when patient says it’s kind of a big deal

Tells patient multiple times that they are really busy

Never asks the patient if anything he’s saying is clear (missed opportunity for enlistment)
Effective Communication Strategies

Positive Aspects

- Information Triangle (engagement)
- Eye contact (engagement)
- Speaks slowly and clearly (education)

Social Q&A: aapm.socialqa.com

Wi-Fi AAPM 2019: Bridges2019