

# Communication Risk: How to Talk so Patients will Listen

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Conflicts of Interest: none



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# Communication Fundamentals

- The need for communication runs deeper than just **answering questions**
  - In addition to patient concern(s), they often have **unmet** psychosocial needs
  - In one study, ~42% breast cancer patients present w/ **anxiety, depression, or adjustment disorders** prior to Tx
- Psychological morbidity can affect Tx outcomes
  - “Mind over matter” is a real effect that needs to be better understood in medicine
    - Depression can lead to greater pain and more side effects



# Communication Fundamentals

- Patients prefer information to be provided in staggered chunks
  - Allows for processing/assimilation of the information
  - They need to come to terms w/ how this information makes them **feel** AND
  - How they can use this information (i.e., **comprehension** and application)
- Not recognizing the patient's emotions and understanding leads to **INCREASED** anxiety



# Communication Fundamentals

- Key to success:

“To effectively communicate risk, health care providers must understand how patients and guardians perceive risk and subsequently makes decisions. A key factor in risk perception is an individual’s **sense of control**.”\*



# Communicating with Providers

- Number **one goal**: help patients/parents **feel in control** of the clinical situation
  - They need to feel as if they are a part of the team from the beginning of their Dx/Tx process

“[patients/parents] should be **reassured** that their questions are good ones and, even when discussion is challenging, that their advocacy for the health and welfare of [themselves or their children] is **appreciated**.”\*



# Communicating with Providers

- Unfortunately, when discussing radiation most benefit-to-risk communication occurs **OUTSIDE** of radiology/Rad Onc
  - e.g., medical physicists are primary educators to radiologists... need to **expand to other specialties**

“It is prudent to advocate for **integration of education about radiation and medical imaging into general medical education curricula.**”\*



# Communicating with Providers

- Physicists/Radiologists need to team up and help educate ordering physicians on
  - What does it mean to use radiation in imaging
  - Radiation risk communication
- Use hospital platforms such as Grand Rounds and other specialty conferences (e.g., surgery, emergency medicine, etc.)
- Image Gently® forthcoming campaign to educate medical students/residents outside of Radiology




# Communicating with Parents/patients


- Patients/parents are getting their information from Dr. Google
- We need to *control* the source of information by developing:
  - Handouts
  - Guidebooks
  - **Online** resources (YouTube, etc.)
    - Describe the examination
    - Provide links to Image Gently®
    - Provide key phone numbers to contact Radiology experts

Growing Through Knowing


Pregnant Patients and CT Scans





KNOWING NOTES



Hello, my name is Adler and I had a CT scan today. This is my mom, she stayed with me during my pictures.



A CT Scan makes a picture of the inside of my body.





# Communicating with Parents/patients

- Most hospitals/clinics now provide (in near real-time)
  - The patient key images from PACS
  - Physician's dictated reports
    - Which includes CT dose reports from radiology
- Provide resources for parents/patients to **understand** theirs or their child's results
  - Phone numbers and/or links to hospital/clinic websites
  - On going consults during the course of Tx



# Communicating with Parents/patients

- Parents will still have questions in spite of all our best efforts to publish information
- As medical physicists we need to receive basic training on communication
  - This requires communication skills **NOT** often taught in school
  - **Graduate programs**: adopt seminars/classes
  - **AAPM**: provide symposia
  - Independent **societies** and **universities/hospitals**: provide classes



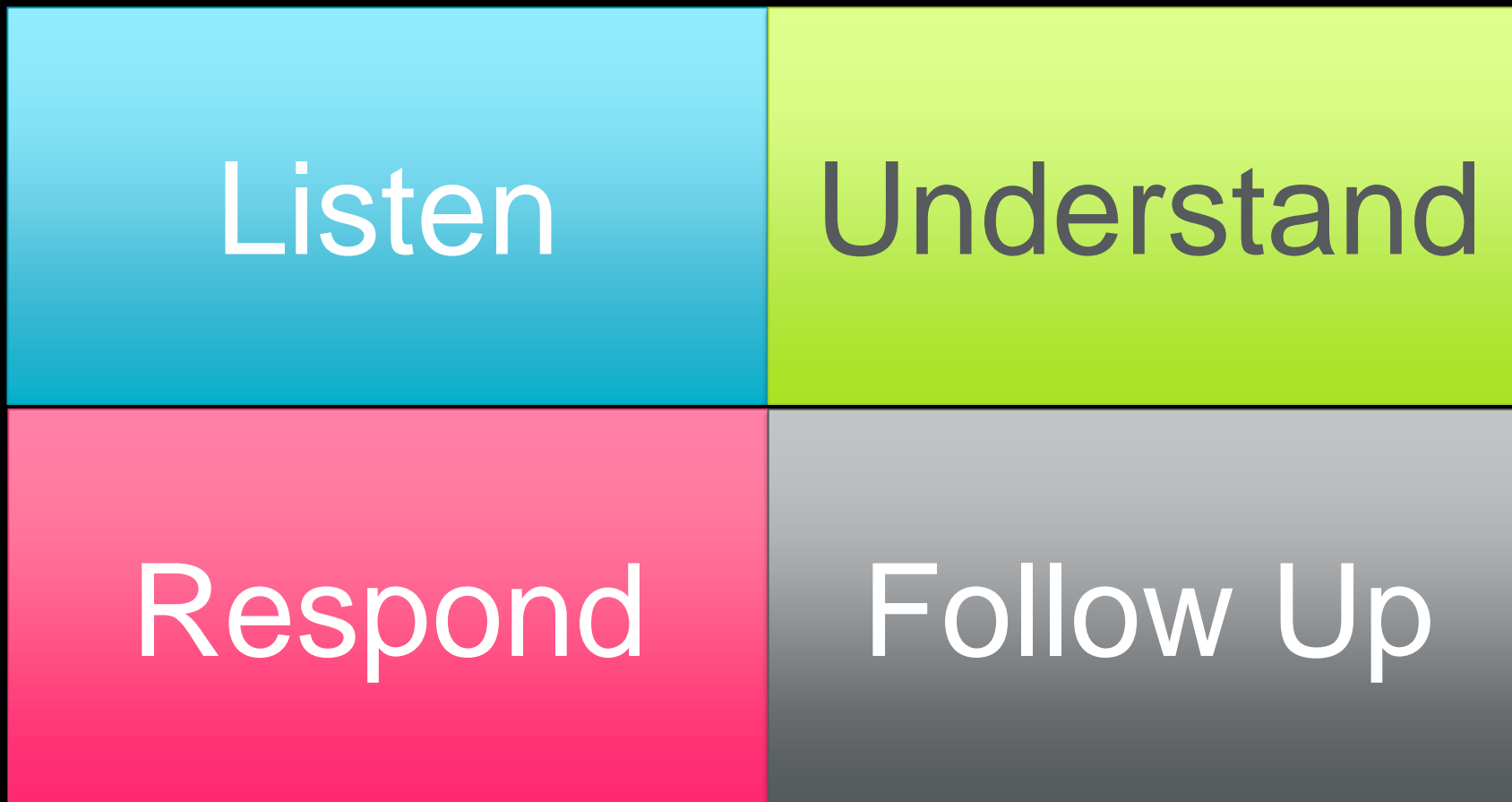
# A Questioning Parent/patient

- Why is the parent/patient questioning?
- What does the parent/patient really need?
  - **Patience** & **compassion** from us
    - A sick child/parent (or self) almost always raises the stress level of the parent/caregiver/individual
    - To impart answers and knowledge about questions, we must fundamentally recognize the stress and work with it... never add to it
  - **Reassurance**
    - Don't promise anything you can not guarantee
      - e.g. this CT scan will NOT cause your child to get cancer
      - This may be your personal/profession belief/opinion... but outside of your control



# Responding to a Question/Concern

- The science behind communication (answering a question):



# Introduction

- Develop a rapport
  - 7 secs → create a first impression
    - Make eye contact
    - Smile
    - A good handshake (when appropriate)
      - Should last 2-5 secs
      - Look the person in the eye
      - Use a firm grip (not a crushing grip)
    - Use body language
  - Non verbal signals are 12-13 times more influential than words
    - Make introductions
    - Speak clearly



# Listen

- Keys to **ACTIVE LISTENING**
  - Provide your full attention: face the speaker and maintain eye contact
  - **Tune in** mentally... don't let your mind wander
    - Tips: create a picture or “movie” in your head of what the speaker is describing to help you remember subtle details AND stay focused
  - Provide **cues** that you are listening:
    - Nod your head
    - Smile
    - Verbalize simple words such as “yes”, “no”, “uh huh”, etc.
  - DO NOT interrupt



# Listen

- Listen to the **WHOLE** question... never interrupt
  - We often have **preconceived** ideas of how to answer a question such that we don't actually hear the question...
  - e.g., you just got a call from a technologist and a parent wants:
    - To know their child's dose
    - Are concerned with the amount of radiation used in the examination
    - Concerned that their child has already received their annual radiation limit



# Understand

- Check for understanding
  - Summarize what you heard
  - Address the question with a question
- Two strategies to employee:
  - Confirm by **paraphrasing** the question
  - Ask appropriate follow-up questions to understand the **underlying concern**:

The **ROOT** concern is the **REAL** question





# Understand

“I don’t want my daughter to get her CT scan, I **heard** CT scans can cause cancer.”

- Paraphrasing technique
  - Use synonyms (when possible)

“You **believe** that your daughter will get cancer because of her CT scan?”



# Understand

- To address the **underlying** question/concern:
  - Gently ask additional questions:

“Why do you think your daughter will get cancer?”

- Need to understand the parents **background & bias**
  - To understand their **source of knowledge** is to understand their **concern**
  - It turns out the parent was concerned because they had a history of breast cancer in their family



# Understand

- Summary:
  - Phrase questions **simply** and **clearly**
  - Check that we **understand** what has been asked
    - Repeat and summarize (paraphrase)
    - Asking follow-up questions
  - Use **silence** appropriately
    - DO NOT be afraid of silence
    - It takes time for some people to figure out how to ask a question (they may not even understand in the first place)



# Respond

- We don't always need to ANSWER their question
  - We need to **address** it
  - We need to **acknowledge** it
  - We need to **respond** to it
- For some questions we do not have answers:

“Will my child get cancer from his/her CT scan?”

- You can not answer this question directly, BUT you can use knowledge to reassure



# Respond

- Respond to **emotional cues**
  - Anxiety, depression, distress, or anger
    - *Badger et al. Oncl Nurs Forum 2001 28(3):878-82*
      - Lists of verbal/nonverbal signs
  - **Stay calm**
  - Do not get defensive (or take anything they say personally)
  - Acknowledge anger
  - Focus on a patients/parents needs not their behavior/words
  - Indicate your willingness to help them (within your capacity)
    - Don't over promise



# Respond

- How do we communicate risk?
  - Most common is to use **effective dose** ( $E$ )
    - Caution:  $E$  is limited and should **not be used** to describe individual risk
    - Caution: Most can not conceptualize  $E$ ; even background radiation is a foreign idea
  - Traditionally, we have compared radiation risk to **familiar risk**
    - e.g., 1 in 304 Americans will die due to a car accident\*
    - Caution: most people do not see driving in a car as risky
  - Or use **pseudo-epidemiological** calculations to come up with mortality rates
    - e.g., 1 in 2560 *may* die from cancer following a [Tc-99m] MDP study\*
    - Caution: use of BEIR VII is limited

\*Kasraie et al. (2018). *JACR*, 15(5), 809–817



# Respond

- If you do use BEIR VII
  - Stating that only 1 in 4000 (0.025%) 10 year olds will die from a 3 mGy exposure\*
    - Is an inherently **negative** statement... parents hear “die”, “death”, “cancer”
  - Stating that 99.98% of 10 years receiving a 3 mGy scan will experience no negative effects
    - Is an inherently **positive** statement
  - Most people can not conceptualize 0.025%, but they can 99.98%
  - The human brain understands BIG better than SMALL



# Epidemiological Risk

- Excess Absolute Risk (**EAR**)
  - Absolute difference between an exposed and a control population
  - $EAR = \text{Cancer from exposure} - \text{Cancer from no exposure}$
- Excess Relative Risk (**ERR**)
  - Proportional (or %) increase in risk over the control group
  - $ERR = \frac{EAR}{\text{Cancer from no exposure}} - 1$





# Epidemiological Risk

- Final Risk Model is a blend of ERR and EAR
  - *Risk model* =  $x \cdot ERR + (1 - x) \cdot EAR$ 
    - “X” is arbitrary... committee assigned
  - BEIR III (1980) & BEIR V (1990)
    - Used *Risk model* =  $100\% \cdot EAR$
  - BEIR VII (2006)
    - Mixture of cancer types: *Risk model* =  $0.7 \cdot ERR + (1 - 0.7) \cdot EAR$
    - Thyroid & breast: *Risk model* =  $100\% \cdot EAR$
  - ICRP (2007)
    - Mixture of cancer types: *Risk model* =  $0.5 \cdot ERR + (1 - 0.5) \cdot EAR$
    - Lung: *Risk model* =  $0.3 \cdot ERR + (1 - 0.3) \cdot EAR$
    - Thyroid, breast, leukemia, & skin: *Risk model* =  $100\% \cdot EAR$



# Respond

- How do we communicate risk?
  - Other options are to communicate with out statistics or numbers\*

“Why are you recommending CT?”

“We need more information to clarify your child’s diagnosis, and to direct our treatment. CT can rapidly and accurately provide that information.”\*

“Are there any risks of CT?”

“One concern is the possibility of cancer resulting from radiation from CT.”

“How great is this risk?”

“The risk from CT is very small, if a risk at all. We are not certain that there is a risk at very low doses, like those doses in the vast majority of x-ray procedures or CT.”

“How does the risk from CT compare to the risk of [my child’s presenting condition]?”

“I have considered your current situation carefully, taking into account many factors.”  
Depending on the circumstances:

- “I have significant concern that your child has an injury or serious medical condition. The risk of CT is at most very small by comparison, so CT is the right test to perform.”
- “At the present time, your child appears to have very low risk for a serious medical condition. Although the potential risks from CT are very small, CT is not the best test at this time. If your child’s condition worsens, CT might become necessary.”

“When will these risks be evident?”

“The risk of missing a serious diagnosis will occur now, in the coming minutes/hours/days. The effects from small radiation doses such as CT would take longer, even years, if these small risks exist.”

\*Broder & Frush (2014). *JACR*, 11, 238-242



# Follow up

- Printed material handouts
  - As stated before, most questioners are seeking **reassurance** only
- Some want **facts!**
  - Provide documents that allow follow up from the safety of their home
- I like to give my business card ... personal touch
  - Rarely do parents, after they have gone home and **decompressed**, call me for additional questions



# Things to Avoid

- Don't use complex **scientific jargon**, *unless necessary*
  - You are the expert, you do not need to remind them of that by using large words and complex sentence structure
- Don't make a **mini presentation** out of your response
  - The parents of a child in a hospital are already overwhelmed
  - Keep your comments succinct and straight forward



# Things to Avoid

- Don't **interrupt** a patient
  - Remember preconceived notions
- Don't **disrupt** a patient
  - Give them your undivided attention (put away your phone, beeper, etc.)
- Don't **change the subject**
  - If you do not have an answer, acknowledge it and promise follow-up
- Don't provide **false** reassurance or promises you can not keep



# Things to Avoid: Non-verbal Cues

- Eye contact
  - Eye contact shows emotion or interest
  - 50/70 rule: maintain appropriate eye contact with out staring
    - While speak, maintain eye contact 50% of the time
    - While listening, maintain eye contact 70% of the time
  - When looking away
    - Look away side-ways, not down
      - Looking down gives the appearance of a lack of confidence
    - Look away slowly; do not dart your eyes
      - Fast eye movement gives the appearance of nervousness or being shy



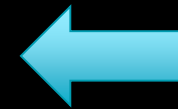
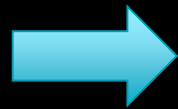
# Things to Avoid: Non-verbal Cues

- Be **aware** of how you project yourself
  - Don't turn your back to them while speaking
  - Always be at the same eye level
    - If they are standing, stand
    - If they are sitting, sit
  - Crossing your arms is a sign of being closed or defensive
  - Be aware of how you use your hands
    - Do not point your finger or shake it at them
  - DO NOT use your **cell phone**... give them your undivided attention



# Things to Avoid

- Don't get **defensive**
  - If the parent is agitated/angry... take a deep breath & stay calm
    - Project yourself as calm, centered, and self-assured
    - Let them finish talking, never cut across them





# Things to Avoid

- **De-escalate** the situation
  - Validate parent/patient experience... use empathetic phrases: “I can sense \_\_\_\_\_”
  - Modulate your tone of voice using reassuring, respectful, and nonjudgmental tone/words
  - Studies have shown that a parent/patient in distress will NOT maintain an internal locus of control
    - Help them calm down
    - Then they *may* be more reasonable w/ their questions



# Conclusion

- Help avoid the questions by being prepared:
  - Educate our colleagues in other medical fields
  - Create educational material... *control* the information as much as possible
  - Create consistent policies in department
    - When surveyed at CCHMC, parents/patients were confused/frustrated by inconsistent application of policies across hospital enterprise (i.e., main hospitals vs. satellite clinics)



# Conclusion

- Introduce yourself: develop a rapport w/ patient/parent
  - First impressions last... and are formed in **7 secs**
- Communicate:
  - Listen, understand, respond, follow up
  - Address their **ROOT** concern
  - If they are frustrated, help them maintain or regain a sense of **control of the situation**
  - **Never lie** to them
    - There is a risk involved using radiation
    - Telling a parent there is no risk can discredit you in their eyes



# Thank you



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