

Editorial

Can You Hear Me? Listening with Our Eyes and Ears to Improve Patient – Provider Communication

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I like to think that I'm a good communicator; I follow all the rules we were taught in medical school – make eye contact, use pictures, explain things in layman, everyday language. I even use the “teach-back method” – a research based health literacy intervention that has been shown to improve patient provider communication and ultimately patient health outcomes [1]. Over the past two decades however, I have noticed that in clinical practice. There is a lot of talking going on but not as much listening. Much of the provider – patient conflicts and poor patient satisfaction with care that arise in the day to day care of patients can easily be resolved by just listening.

I recently had a patient with sickle cell disease who was sent to the emergency room for a pain crisis, and the nurses were trying to give him some intravenous fluids and pain medication. They stuck the poor man five times trying to secure intravenous access, each time rolling a vein and missing. All the while the young man was telling them “*I have a port; you don't need to stick me!*”. The medical professionals instead chose to follow *protocol* to get him pain relief as fast and as best they could and continued to try to get an IV in him, disregarding the patient's please. After a few hours of futility, the young man angrily lifted his hospital gown and pointed to his left upper chest to show the nurses the implanted port-a-cath that he already had in place for blood draws, transfusions and – you guessed it – intravenous fluids and medication. From that point, he quickly had his port accessed and he received intravenous fluids and analgesics and was soon on track to get discharged home. He had suffered unnecessary distress and discomfort by the same people who were trying so hard to get him medical relief as quickly as they could – all avoidable if one of the providers has stopped to really listen to what the patient was trying to say.

Sometimes, it is prudent to tell the professional in you to just hold back and listen. Remember in kindergarten when the teacher cited “stop and think” cards to six-year olds who did not listen fully to the instructions before doing an activity? Regardless of all the degrees, certifications and letters after our name, the patient usually knows their body best and can give us a wealth of information that will make helping them easier and less stressful if we did just that - listen.

I was doing rounds with one of the social workers on my floor when we stopped in one of my patient's rooms. I was trying to explain to her the risk of iron overload to her organs without the appropriate treatment in what I considered “layman's terms”, but I didn't seem to be getting through to her. The social worker, a delightful southern belle from South Carolina, also noticed the patient's “deer in the headlights” look, and with a flagrant flourish of her arm, stopped me mid-sentence and broke it down in a language they would both understand. “*Lookie-here, honey*”, she started and proceeded to explain to the lady the concept of how too much iron from multiple blood transfusions – can act like a rusty nail – in her liver – and can cause permanent damage called “liver cirrhosis”. “*Kind a like what happens to the old man at the corner store who drinks a lot of liquor and his eyes turn yellow, his belly all poked out*

before he dies”, she finishes blithely. The lady finally got it! She has been remarkably compliant with her oral chelation since that day. The social worker was listening to the lady’s nonverbal communication and was astute enough to step in and assist me with the right explanation for the patient.

What I’m trying to say is that the relationship between provider and patient is heavily centered based on effective two-way communication. The word effective – means “successful in producing the desired or intended result” [2]. Therefore, we should strive to define our communication based on what the patient needs and not what we think is effective. Sometimes we as providers must remember that our patients do not read the medical text books associated with their conditions, have a different understanding of even our layman speak and that extra time taken to listen – with our eyes and our ears can be well worth it.

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- [2] <http://www.merriam-webster.com/dictionary/effective>.