WORDS OF WISDOM – COMMUNICATING FOR DIAGNOSTIC SAFETY

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Australian National University

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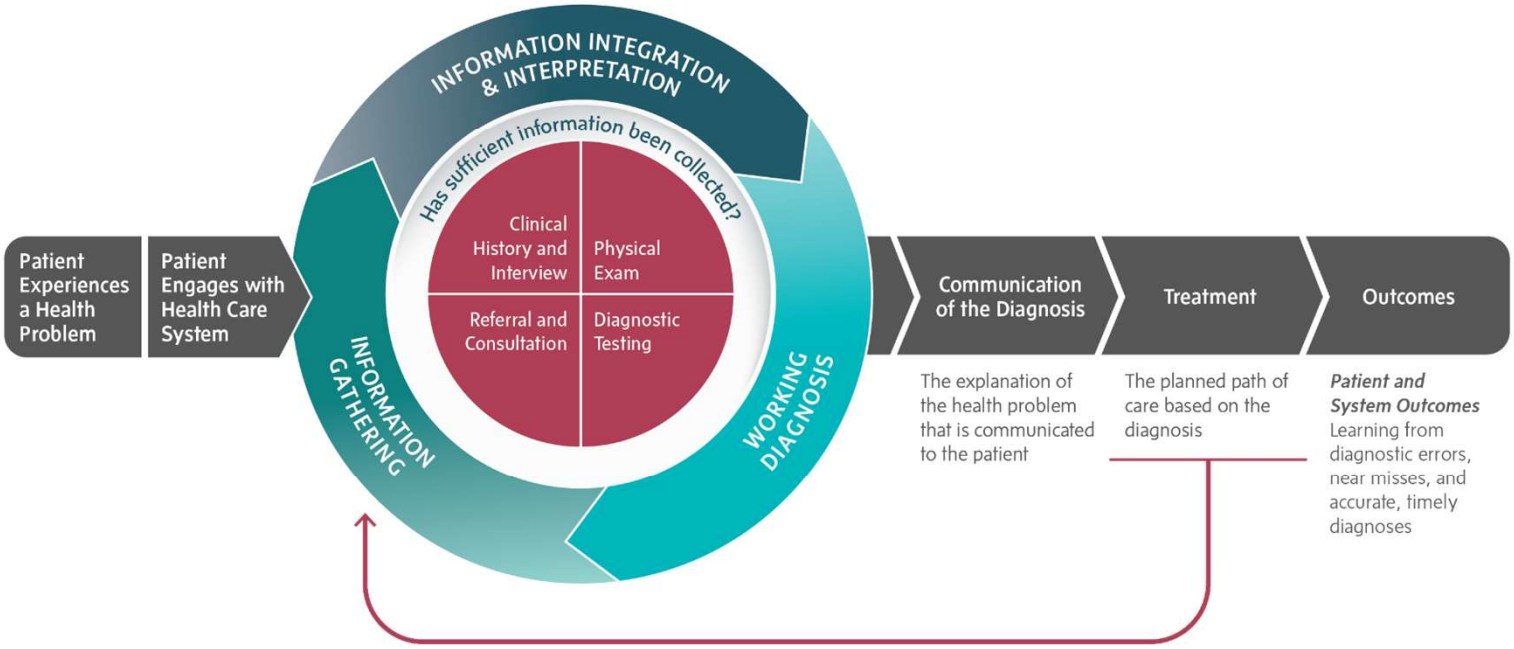
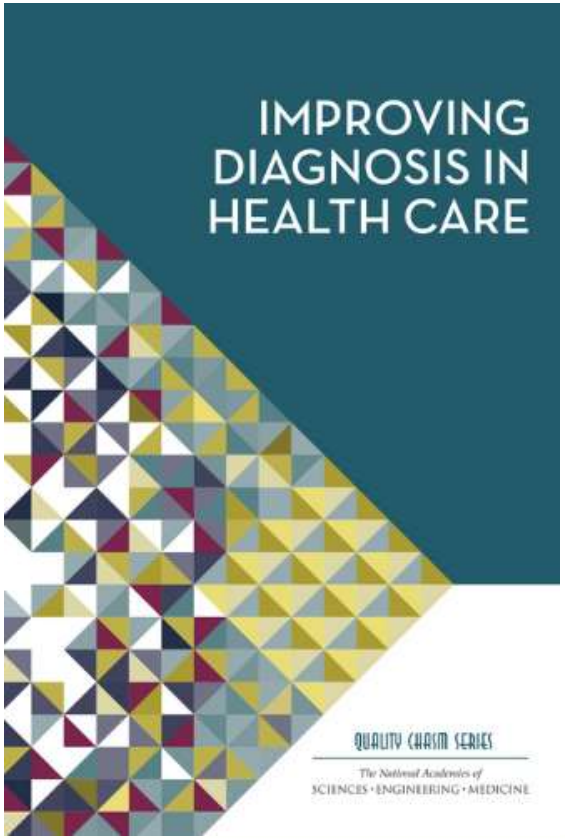
WHO Patient Safety Day 17 September 2024 – Danish Patient Safety Authority, virtual

The Diagnostic Process



NASEM, Improving diagnosis in healthcare 2015

Communication as a Diagnostic Tool



"Communication is a key responsibility throughout the diagnostic process." NASEM, Improving diagnosis in healthcare 2015

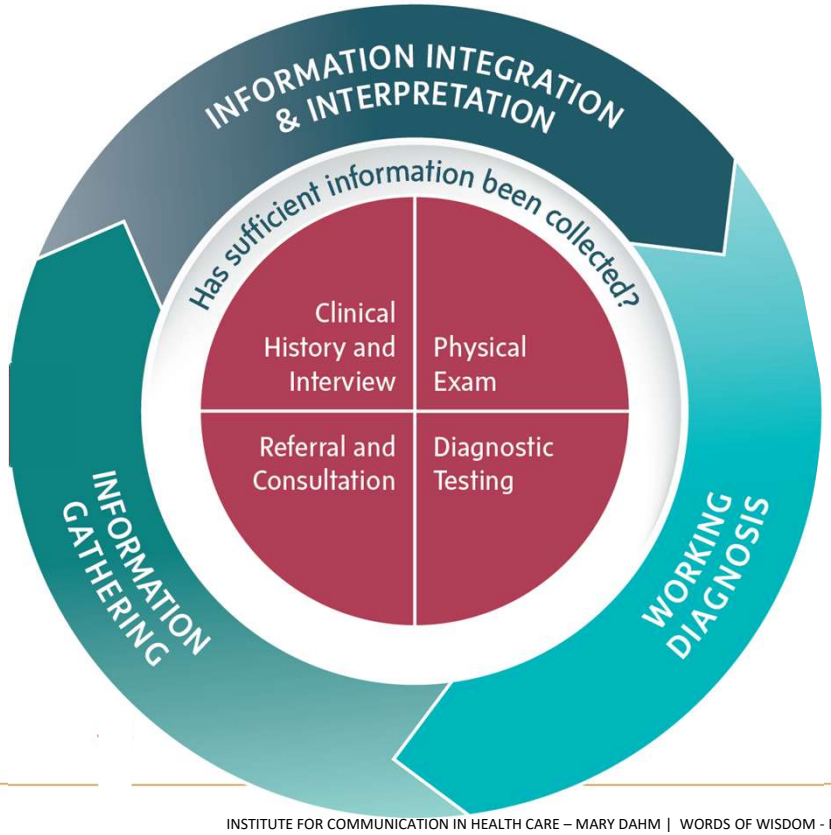
Diagnostic Error

Diagnostic error is the failure to
(a) establish an accurate and timely explanation of the patient's health problem(s)

or (b) communicate that explanation to the patient.

NASEM, Improving diagnosis in healthcare 2015

Communication Risk Points in the Diagnostic Process



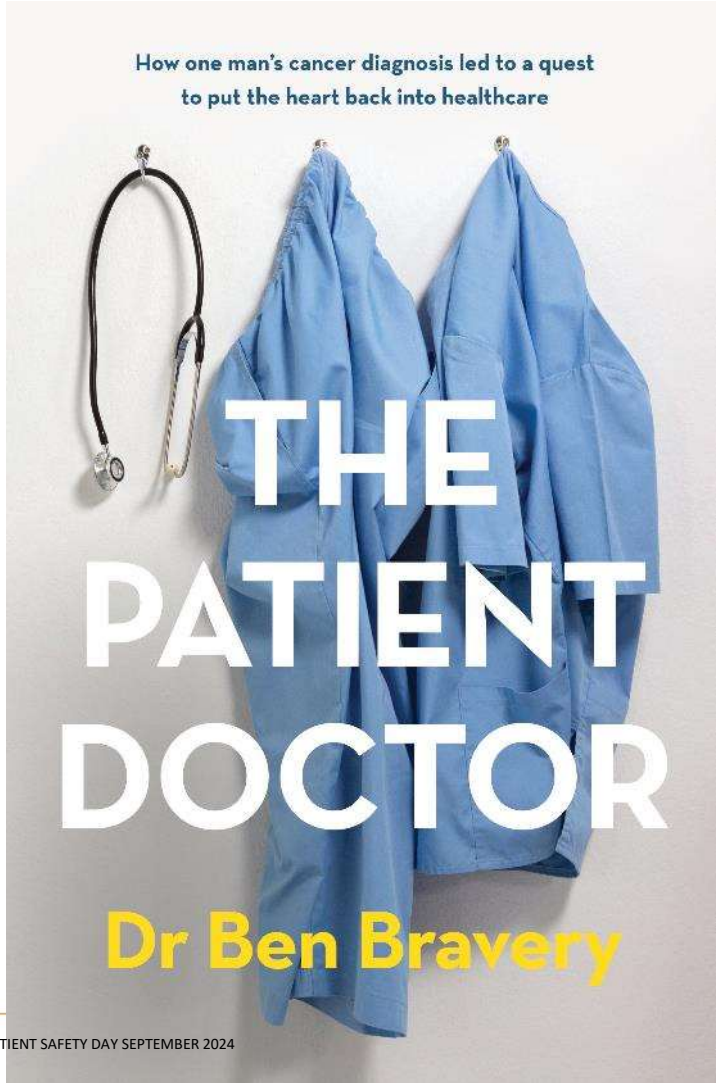
- Failure in Information Gathering
- Failure in Information Integration
- Failure in Information Interpretation

NASEM, Improving diagnosis in healthcare 2015

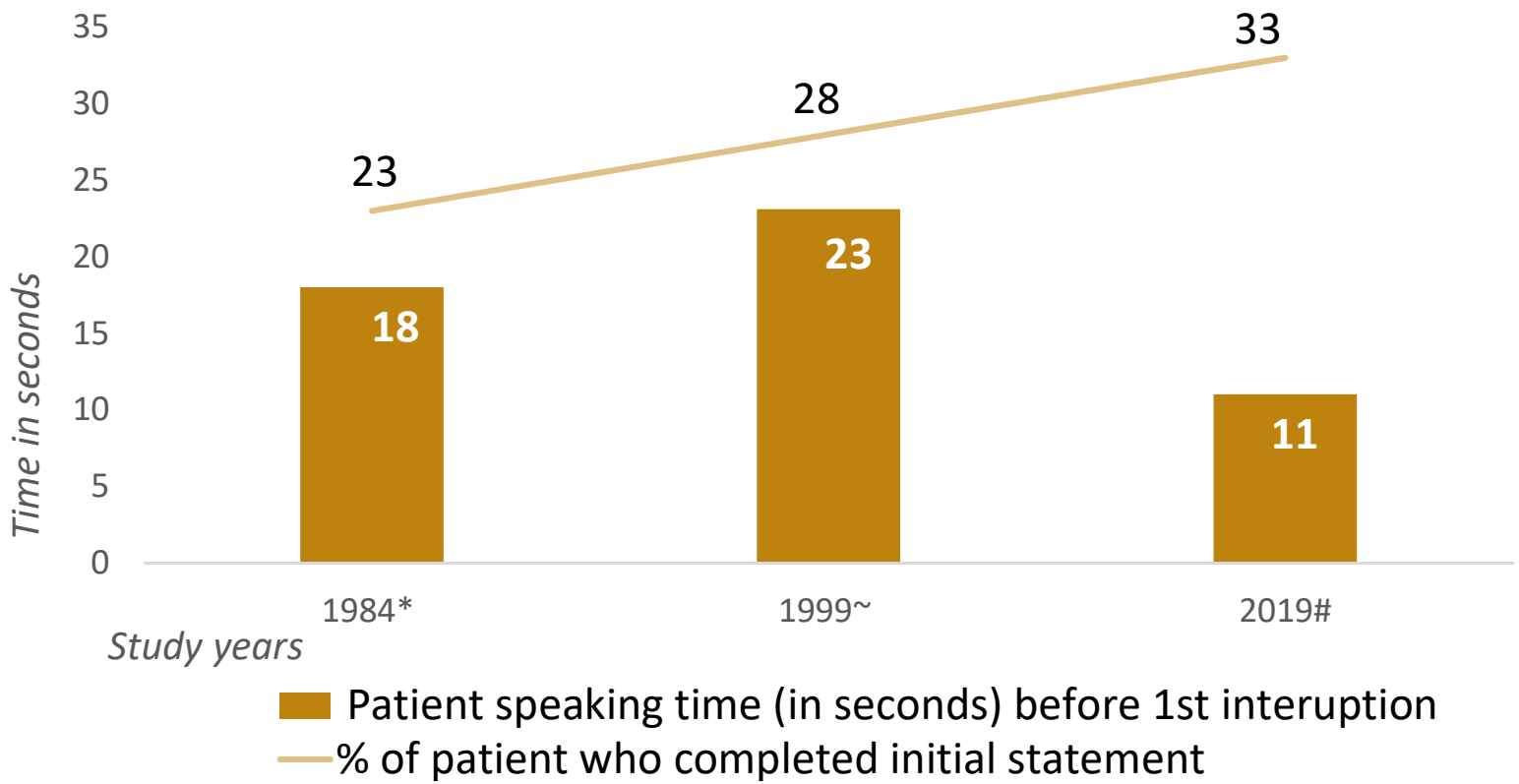
“When done well, patient-doctor communication led to a more accurate version of a patient's medical history, and helped doctors work out what was wrong sooner. “

How can it go wrong? = Risk Points

- Interruptions
- Listening behaviour
- Labelling

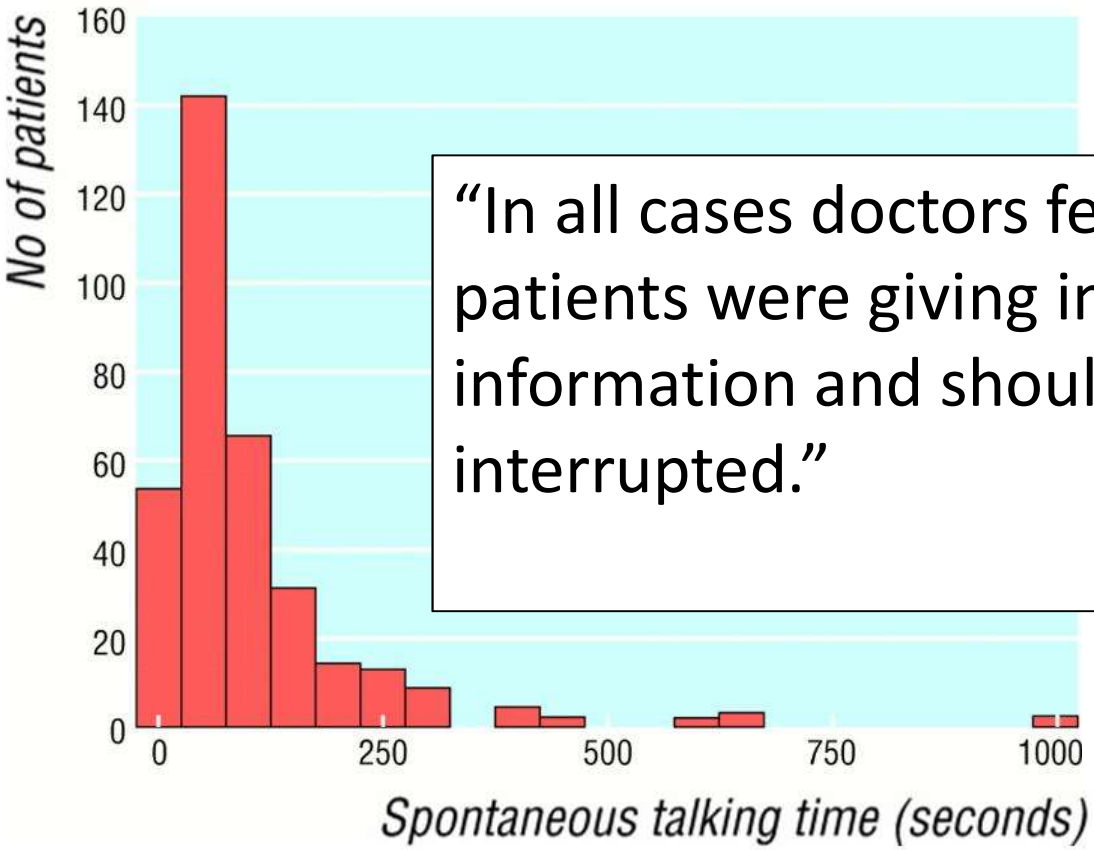


Patient – interrupted



*Beckman & Frankel, Ann Int Med, 101 (1984):692 , ~Marvel et al., JAMA, 281 (1999):283. #Ospina et al., J Gen Int Med, 34 (2019):36

Patient – uninterrupted



"In all cases doctors felt that the patients were giving important information and should not be interrupted."

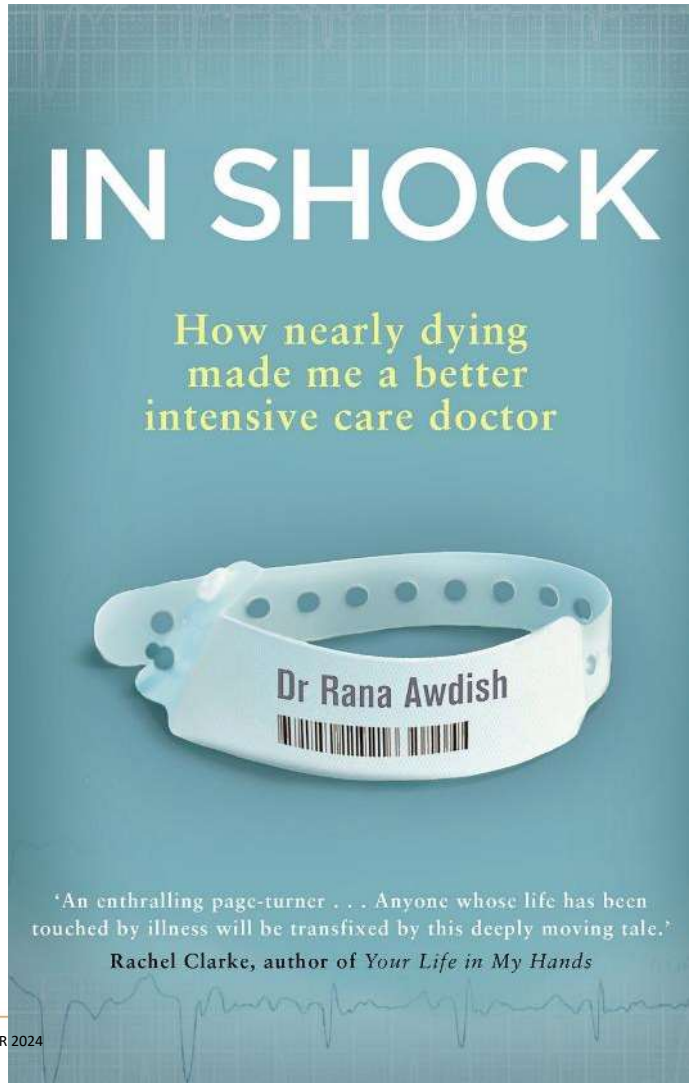
Langewitz, et al. BMJ 325.7366 (2002): 682-683

Tales of Give and Take

HOW TO LISTEN AND RECEIVE (NOT TAKE HISTORY)

"We **weren't trained to listen**. We were trained to ask questions that steered people to a destination […] In turn we were given answers that fit neatly in checkboxes."

"We didn't receive a history from people. We didn't sit and listen as it unfolded. […] If we can't be present to **receive the story**, we can't serve the patient. We can't be the physicians that we want to be." **



** From an interview on *Good Life Project* Podcast 28 Feb 2018 "Choosing Not to Die, When Doctor Becomes Patient – Dr Rana Awdish"

Patient is a poor historian and denies, complains, fails, refuses…

patient denies

patient denies
patient denies **pain**
patient denies **loc**
patient denies **sob**
patient denies **cp**
patient denies **avh**
patient denies **hi**
patient denies **si/hi**
patient denies **suicidal ideation**
patient denies **fever**

patient complains of

patient complains of **chest pain**
patient complains of **dizziness. this is considered**
patient complains of **pain during intercourse**
patient **complaints**
patient complains of **dizziness**

'The poor historian': Heart sink? Or time for a re-think?

Fisher, *Age & Aging* 45 (2016):11-13

Who Is the Poor Historian?

We cluster in the hall on rounds. A medication nurse pushes her cabinet around us on her way down the hall, while the breakfast lorry closes in from the other direction.

The intern begins his presentation: "Mr Blank is a 52-year-old man who presents with abdominal pain . . . the patient is a poor historian."

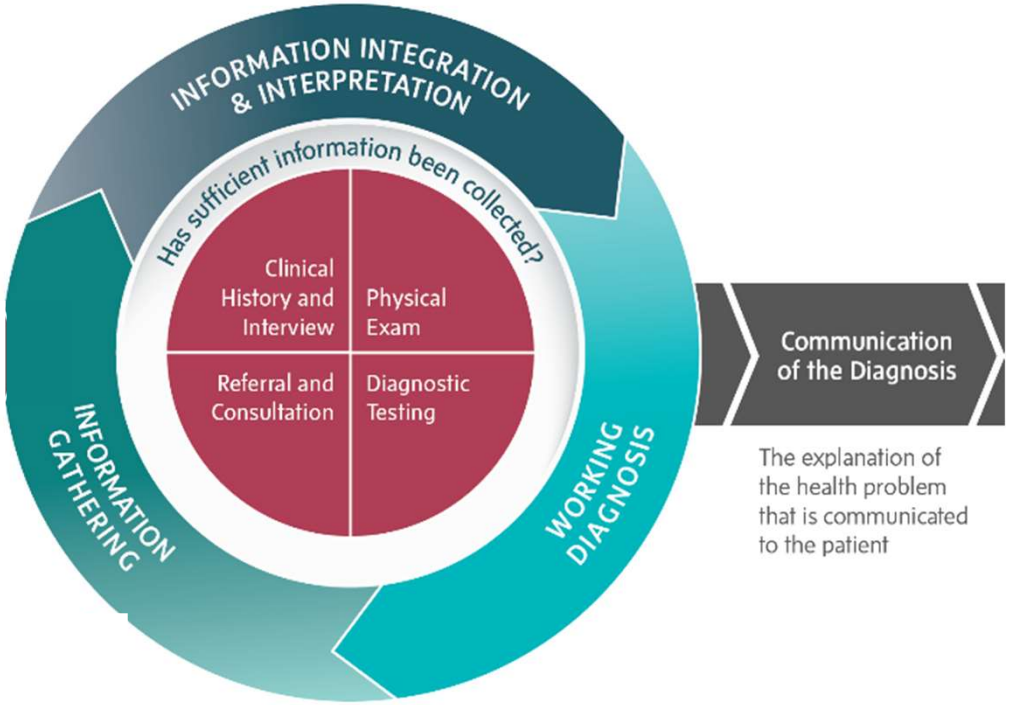
We learn that this sick person "claims" to have a number of symptoms and he is "apparently" taking several medications. The intern adds that the patient's compliance is poor, he doesn't seem to understand his illness, and he is, after all, a "poor historian." Having dispensed with the preliminaries, the house officer moves on to reporting the patient's physical findings and the initial laboratory data. At this point he drops all quali-

could advance the clinical art. The first avenue we could explore is the process of communication itself. On the doctor's part, that means slowing down to listen. We must develop an ear for meaning, speech patterns, and intent, just as we train our ear to detect the subtleties of cardiac auscultation. More time listening to the patient and less spent at the nurses' station agonizing over the meaning of a magnesium value would be a step in the right direction.

The patient's style is a second area to search for clues to poor history taking. One person may use dramatic expressions that defeat an attempt to pinpoint such mundane features as the sequence or description of symptoms. Another person's story may be fraught with obsessive detail, a third patient may minimize or deny symptoms.

Coulehan, *JAMA* 252.2 (1984):221

Communication Risk Points in Communicating Diagnosis



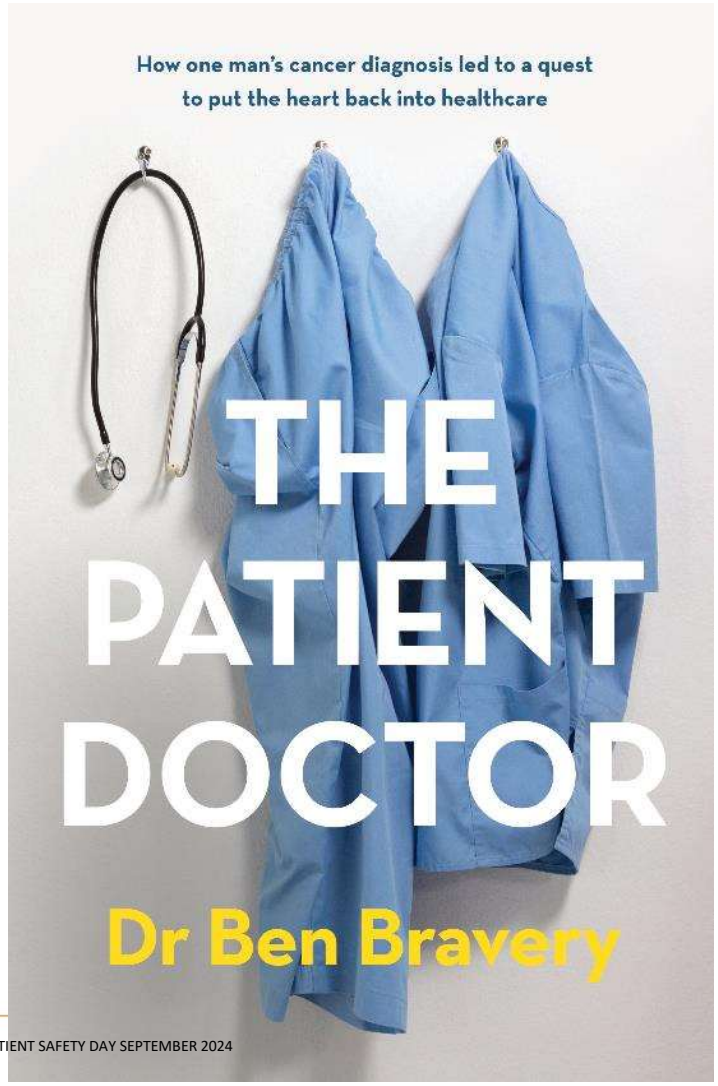
Failure to Communicate the Explanation

NASEM, Improving diagnosis in healthcare 2015

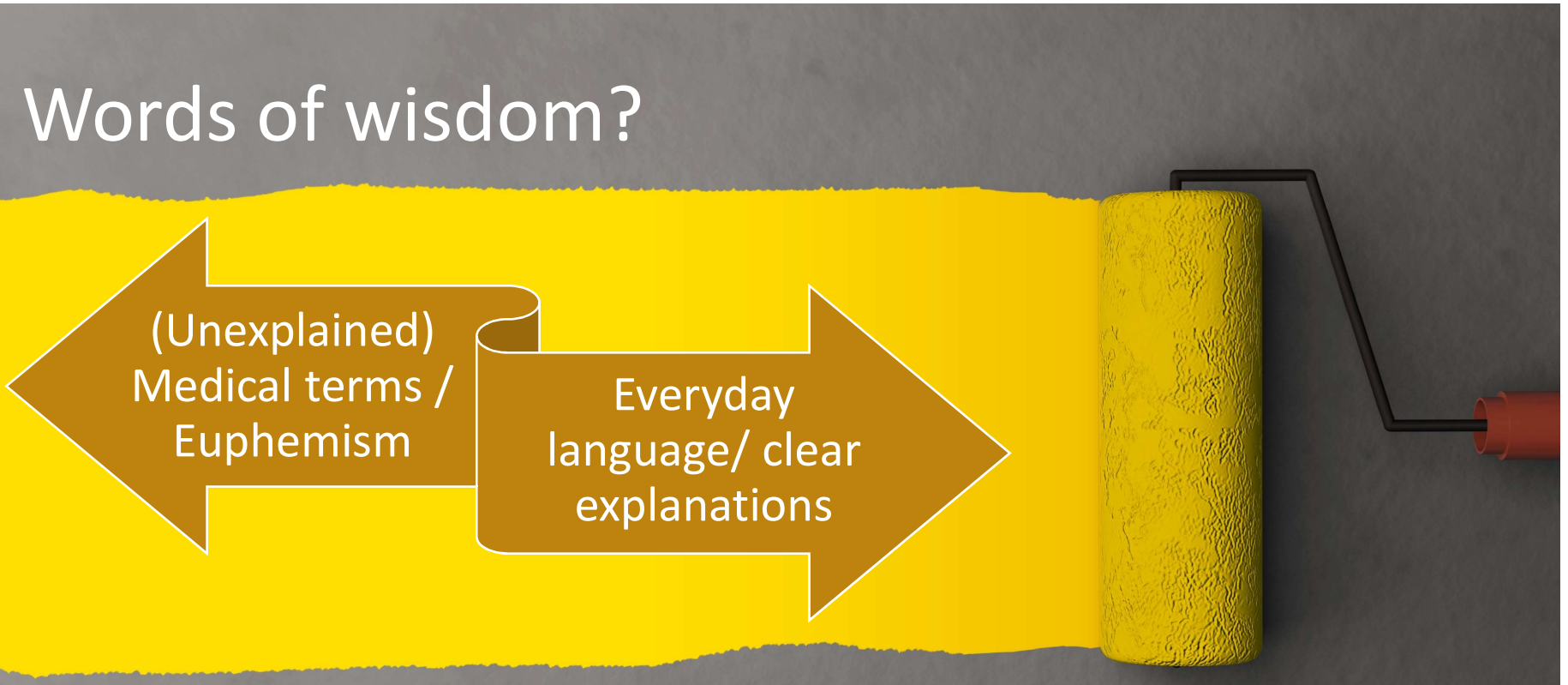
“How easily patients can get confused, which isn’t surprising given how opaque and foreign the medical world is “

How can it go wrong? = Risk Points

- Medical terms/ euphemism
- Uncertainty



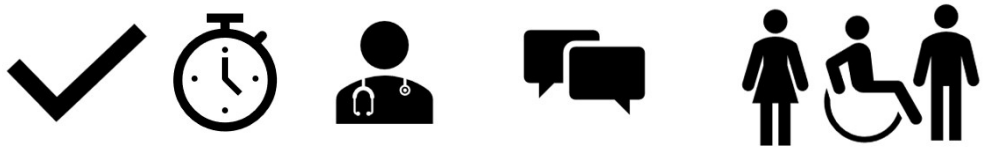
Words of wisdom?



Patient use lay language to describe their diagnosis
Patients use semi-technical and technical terms received from clinicians
Patients using medical terms ≠ understanding

(Gleason & Dahm Diagnosis 2022, 9 (2), 250-254

Communication, Diagnostic Error & Uncertainty



Diagnostic error is the failure to
(a) establish an accurate and timely explanation of the patient's health problem(s) or

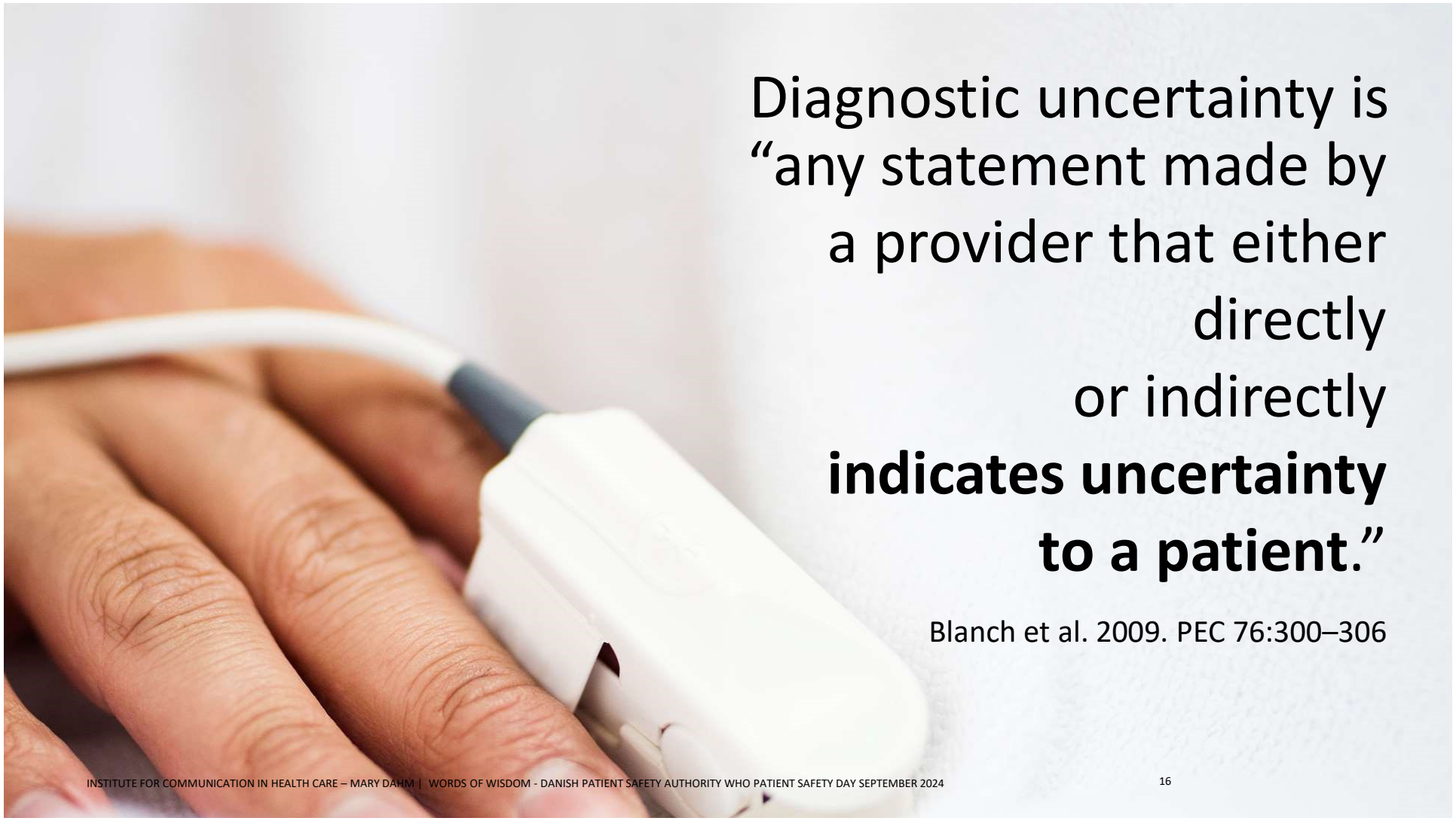
(b) communicate that explanation to the patient. (NASEM, 2015)

(b1) communicate diagnostic uncertainty explicitly to the patient. (Dahm & Crock, JAMA 2022;327(12):1127-1128)

Diagnostic uncertainty is a

“subjective perception of an inability to provide an accurate explanation of the patient’s health problem. “

Bhise et al. JGIM 2018, 33;103–115



Diagnostic uncertainty is "any statement made by a provider that either directly or indirectly **indicates uncertainty to a patient**."

Blanch et al. 2009. PEC 76:300–306

What do clinicians actually say when they are uncertain ?

3 main linguistic realisations

1. Omission
2. Explicit disclosure
3. Implicit disclosure

Dahm et al. 2023 JGIM 38(3):738–54

Communicating diagnostic uncertainty

Explicit disclosure

- Negated statements

"I don't know"

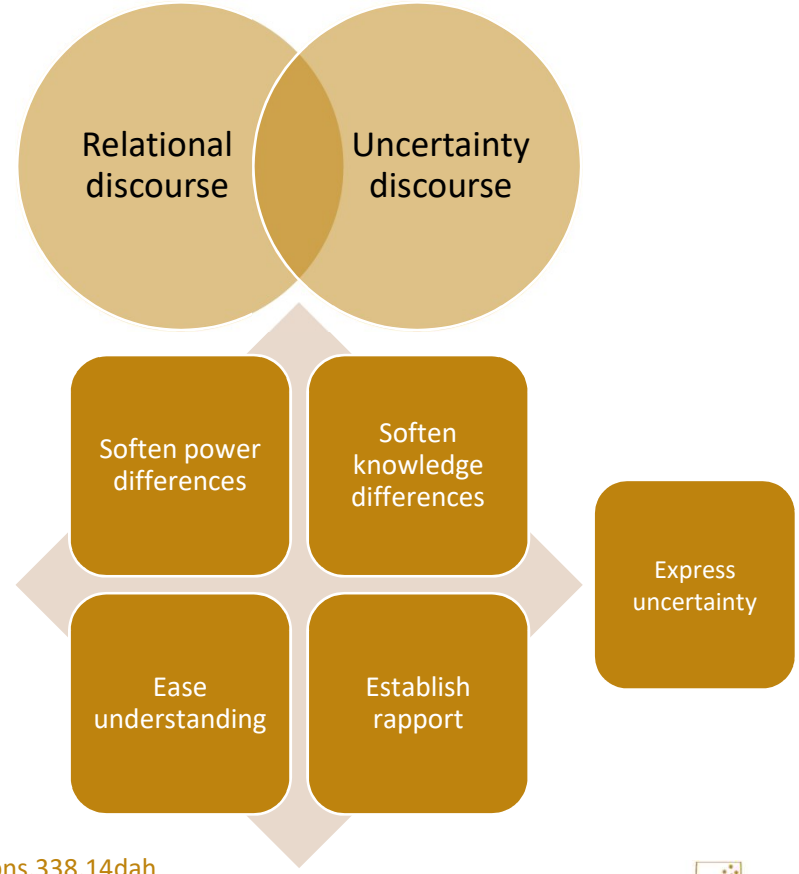
Dahm et al. 2023 JGIM 38(3):738–54

Implicit disclosure

- Diverse syntactical structures
- Modality *(might, could, maybe)*
- Perception *(I think, I guess)*
- Introductory phrases *(according to the report)*
- Embodied actions *(hesitation, silence)*

"*They say*, it *appears uh* to be […]"

Relational or uncertain?



Designed with https://www.wordclouds.com/

Dahm & Crock 2023 doi:10.1075/pbns.338.14dah

ELSEVIER

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Discussion

'More than words' – Interpersonal communication, cognitive bias and diagnostic errors ☆

Maria R. Dahm [a], Maureen Williams [b], Carmel Crock [c]

"through patient engagement and applied health communication research, we can enhance our understanding of how the interplay of communication behaviours, biases and errors can impact upon the patient experience and diagnostic error. "

"we urge for a repositioning of communication as a clinical skill, along with a stronger reliance on communication research evidence and collaboration with experts in studying and teaching these skills."

RESEARCH ARTICLE ‹ Previous

Communication as a clinical skill: a challenge in the delivery of safe and effective patient care

Sarah J. White [A B] and Veronica Preda [A]

+ Author Affiliations

Australian Health Review 46(1) 62-63 https://doi.org/10.1071/AH21082
Submitted: 25 March 2021 Accepted: 13 September 2021 Published: 11 November 2021

Two questions

Is a communicated explanation also an understood explanation?

How do patients hear uncertainty?

THANK YOU

Questions, comments, observations?

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