The purpose of this paper is to review the research on patient communication training and discuss the implications of this work for health care providers. A variety of interventions will be described that have been implemented and tested in research studies. Teaching patients to more effectively communicate with health care providers can enhance patient participation in their health care, improve patient health outcomes, and produce a positive impact on the health care system.

Introduction
Communication between patients and health care providers is integral to patient health and effective health care delivery (Rosenberg, Lussier, & Beaudoin, 1997). Assessment and treatment are often based on what patients tell their health care providers about their symptoms and health care concerns (Frederickson, 1997).

Research studies have indicated that a strong relationship exists between communication and health care outcomes. Productive communication results in a variety of positive outcomes, including improved functional status and biomedical outcomes (Stewart, 1995). A relationship between problematic communication and negative outcomes has also been demonstrated, including higher frequency of malpractice suits and patient dissatisfaction (Levinson, Roter, Mullooly, Dull, & Frankel, 1997).

Interventions to enhance communication can be beneficial. Helping patients improve how they communicate with their health care provider can be a valuable activity in that studies have suggested that patients’ communication skills are lacking. For example, even though patients typically state that they desire as much information as possible, patients typically do not ask questions during health care visits (Beisdecker & Beisdecker, 1990). In addition, patients often communicate their symptoms indirectly (Lang, Floyd, & Beine, 2000).

The purpose of this paper is to discuss communication interventions that have been developed to help patients communicate more effectively during the medical interview. A variety of interventions will be described that have been implemented and tested in research studies. The effects of these interventions on outcomes will be presented, and the implication of this work for health care delivery will be discussed.

Types of Patient Communication Interventions
A wide variety of patient communication interventions have been created, and some of these can easily be applied to health care settings (Harrington, Noble, & Newman, 2004). Interventions have varied considerably, in terms of the amount of time and effort involved in their implementation, as well as whether or not personnel are used to deliver the intervention.

Some patient communication interventions take little time to complete and live personnel are not involved. A typical scenario reflecting this low-key approach involves speaking with patients while they are in the waiting room prior to their visit and encouraging them to ask questions of their health care provider. An example of this type of intervention is Ask-Me-3 (www.askme3.org). This intervention is designed to be simple and easy to implement as well as sensitive to the literacy needs of patients. The program consists of brochures presented to the patient by a front desk person, posters in the waiting room, and reminders from a health care professional while escorting a patient to the examination room. The focus of this intervention involves encouraging patients to ask three questions of their health care provider: (1) What is my main problem? (2) What do I need to do? and (3) Why is it important for me to do this? This type of program is simple and can be easily incorporated into any type of health care practice.

Other interventions can take more time to complete but do not involve personnel for delivery purposes. An example of this is a 14-page patient communication workbook developed by a research team at Ohio State University that contains examples and space for notes. An online version of this workbook can be found at http://patcom.jcomm.ohio-state.edu/. The intent of the workbook, titled PACE, is to teach patients how to:

Present medically-related information,
Ask questions of their health care provider,
Check their understanding of information presented to them, and
Express concerns (Cegala, Marinelli, & Post, 2000).

Researchers have also developed videotapes on communication using modeling techniques for patient viewing prior to the visit (Lewis, Pantell, & Sharp, 1991). Workbooks and videotapes can be more time-intensive for both the research team developing these tools as well as for the patients who are using them. However, these interventions can also be easily integrated into the health care system if they are available for public use (i.e., the PACE website).

Other interventions, involving face-to-face patient communication training for 20 minutes prior to a health care visit, can be more time-intensive and costly. In studies that have used this type of program, patients meet with a health educator/research assistant who trains patients on question-asking protocols, techniques to overcome communication barriers, and negotiation skills (Greenfield, Kaplan, & Ware, 1985). Although this type of intervention has been found to be quite effective, one could argue that health care clinics would be unlikely to adopt such a strategy, considering the time and cost involved in implementation.

What Happens When Patients Are Trained to Communicate?
The effect of patient communication training on a variety of patient outcomes has been investigated, including these variables: communication variables, satisfaction, biomedical outcomes, adherence to treatment, patient affect, and length of the visit. Patients’ question asking has been a commonly studied communication variable. Interestingly, studies have tended not to support the impact of training on patient question asking. However, an important communication variable, the amount of information that patients present to their health care provider during a visit, has been found to be positively impacted by training (Cegala, McClure, Marinelli, & Post, 2000). Patient satisfaction with the visit has tended not to be positively affected (Post, Cegala, & Miser, 2002).

In studies of the effect of a 20-minute communication intervention delivered by a research assistant, the intervention produced significant reductions in HbA1c for patients with diabetes, significant lowering of blood pressure in patients with hypertension, and significant improvement in ulcer-related pain for patients with ulcer disease (Greenfield, Kaplan, Ware, Martin-Yano, & Frank, 1989; Kaplan, Greenfield, & Ware, 1989). These same studies found significant differences between intervention and placebo control groups on measures of functional status. Two research teams have investigated adherence to treatment outcomes, and both found that the communication intervention produced significant improvement (Roter, 1977; Cegala et al., 2000).

Those studies that have examined the impact of training on patients’ feelings of personal control found that the intervention led to a shift in the interaction between the patient and the health care provider, with patients assuming greater control in the visit, being more directive in the interview, and feeling an enhanced sense of personal control as a result of communication training (Post et al., 2002).

Finally, studies have indicated that patient communication training does not significantly change the length of the health care visit (Post et al., 2002). These are important findings for the time-pressured environment that exists in health care today.

Implications
Training patients to more effectively communicate with their health care provider pays healthy dividends. Patients who ask questions, elicit information from physicians, and express opinions and state preferences about their medical treatment tend to have measurably better health outcomes than less active patients. Positive patient outcomes presented in this paper have been wide-ranging, such as improvements in physiologic disease states, communication behavior, feelings of control, adherence to treatment regimens, and disease-related functional status.

The positive outcomes described in this article have been achieved through a variety of communication interventions: asking patients to generate a list of questions prior to the visit, videos using role-modeling techniques, face-to-face individual training and rehearsals, training booklets, and simple suggestions, such as “Your health care provider is receptive to questions.” Some interventions are very brief and simple, others more extensive and time intensive.

What do these studies mean for health care providers? Foremost, use of these interventions can help improve patient health care delivery. It can improve diagnostic accuracy, since clinical decision making is often based on patient communication. In addition, studies suggest that patient communication training increases patients’ sense of control and power, and this may increase their motivation to effectively manage their disease and follow through on commitments in which they had some say.
Building Communication Skills

As indicated in this paper, a variety of communication interventions have been tested. It is unlikely, for a variety of reasons, that a communication professional would be hired to administer a 20-minute intervention prior to the medical visit. However, studies have shown impressive benefits, even with relatively minor interventions. Encouraging patients to bring questions to the office visit and letting them know that their questions are welcome, providing patients a brief communication handout prior to the visit, having the nurse briefly cover communication principles while taking vitals, and/or showing patients a videotape about physician-patient communication in the waiting room are four realistic interventions that can be instituted in the practice setting.

This work fits a participatory model of health care that is increasingly being advocated (Andersen & Funnell, 2005). As patients become more consumerist and are deluged by information from the media and the internet, as the prevalence of chronic disease increases, and as patients live longer, the need for an active patient role becomes even more paramount. Patient communication training can enhance patients’ participation in their health care, improve patient health, and have a positive impact on the health care system.

References


