Physician-Patient Communication:

Building a Better Relationship to Improve Medication Adherence

A Senior Project

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By

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The following study investigates the problem of medication nonadherence in the United States and how creating a more effective physician-patient relationship could help to remedy the situation. This paper addresses the need for better communication skills between physicians and patients. Several communication barriers and communication traps can be overcome with increased education. Trust is critical in a relationship. This paper explores ways to increase trust between physicians and patients by using public relations as a tool to provide awareness of the problem and to build a partnership to improve adherence.
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Chapter 1

Introduction

Statement of the Problem

This study looks at the increasing problem of medication nonadherence in California, reasons for nonadherence, critical role of trust between physician and patient, the value of communication, and ways public relations can build a bridge between physician and patient. According to Arbuthnott (2009), there are four characteristics that can predict a patient’s adherence to medical treatment: “patient psychological state, patient’s financial and social conditions, complexity of the treatment regimen, and characteristics of physician-patient interaction” (p. 61). This study looks at ways to enhance the chances of medication adherence by improving communication between physician and patient and creating a stronger relationship.

Communication is something that doctors take for granted. They have guidelines to follow from insurance agencies, state health regulators, and hospital affiliates. Even though patients are the main focus for physicians, physicians may not be able to spend the time necessary to help their patients. Patients who are given more information about their diseases and the medications that are available to treat these diseases, as well as those who communicate directly with their physician regarding medication use, are more compliant than those whose physician has not communicated with them (Miller, 2007). A public relations campaign directed towards physicians and physician assistants to inform them of ways to create trust through better communication may help reduce the amount of medication nonadherence.
Background of the Problem

According to a survey by the National Consumers League (2015), nearly three out of four Americans report that they do not always take their medications as directed (Egelsky, 2015). Patients give several reasons for not adhering to medication therapy: they take too many medications, the regimen is too difficult, they do not speak or read English, they cannot pick up medications, medications cost too much, and they do not understand the labels. Several patients have chronic conditions and comorbidities that include asthma, diabetes, hypertension, congestive heart failure, dyslipidemia, pain, depression, and obesity. Sometimes having more than one illness is too much to handle for patients. Misunderstanding of prescription drug labels causes 5-35% of the outpatient medication errors and adverse drug events in the United States (Masland, 2011). Failure to adhere to a prescribed medication regimen could have dire consequences as well as costing the patient and public more money in the long run. Reductions in hospitalizations and emergency department visits are reported to be key reasons of declining health care costs associated with improved medication adherence (Roebuck, 2011).

Communication and education are vital components in the fight to increase medication adherence. Physicians need to be encouraged to promote collaboration within every medical consultation (Arbuthnott, 2009). By investigating current strategies used to promote medication adherence, one can use the information to create a health-related program that would raise awareness for physicians, physician assistants, and community on the importance of taking medications as prescribed.
Setting for the Study

This study will be completed as part of the data collection for a Senior Project at California Polytechnic State University, San Luis Obispo. PowerPoint presentation will be conducted to physicians of various specialties. The presentation is based on an article written by Travaline (2005). The focus of the presentation is to review the importance of effective communication between physicians and patients. The physicians will be given checklists on communication barriers and communication traps to avoid. After the presentation, the physicians will be given a follow-up questionnaire specifically designed to answer the research questions and to inquire of the usefulness of the presentation.

Research Questions

The study used the following research questions to gain an understanding of the relationship between patients and physicians, how they communicate, how communication and education can be improved, and what methods can be implemented to improve communication. The research questions were created after investigating existing literature. The research questions were designed to assist in creating a health-promoting campaign to increase awareness of important health-related topics.

1. What is the breakdown in communication between physician and patient that results in patients being non-compliant when taking medications?
2. How does addressing language barriers, culture, and age in interpersonal communication between physician and patient affect compliance in taking medications?
3. Why is trust important in physician-patient relationships?
4. How does transactional communication affect the relationship?
5. Why is it important to use public relations to create trust between physicians and patients?

6. How can public relations encourage the public to take their medications?

**Definition of Terms**

The following terms are outlined to clarify repeated terms of the study and assist the reader by providing background on important concepts of the study.

**Adherence**: the extent to which a person’s behavior matches with medical advice in terms of taking medications, following diets, or implementing lifestyle changes (Arbuthnott, 2009).

**Collaboration**: behavior between physician and patient which facilitates the inclusion of the patient’s perspective into the medical plan (Arbuthnott, 2009).

**Comorbidities**: two or more coexisting medical conditions or disease processes (Bax, 2003).

**Complementary and Alternative Medicine (CAM)**: imply the use of treatments that are used along with more conventional medical approaches (Brolinson, 2001).

**Digital Health Promotion**: term used to encompass the wide range of technologies that are used for healthcare, health education, health promotion, and public health purposes (Lupton, 2015).

**Health Communication**: a health-promotion approach that informs, influences, and motivates the public to improve their health behaviors by ensuring the continuity of information, faith, and attitude to promote health by encouraging social change (Avci, 2015).

**Medication Adherence**: refers to whether patients take their medications as prescribed (e.g., twice daily), as well as if they continue to take medications for the duration prescribed (Ho, 2009).
Polypharmacy: the prescribing of multiple medications to the same individual (Kenning, 2015).

Transactional Analysis (TA): an analytic tool to aid understanding and improve a person’s communication skills by analyzing their transactions with other people (Martin, 2011).

TA: Adult Ego State: associated with the ability to generate ideas, use problem-solving skills, and promote learning and collaboration. Dealing with thoughts and feelings of the here and now (Ertem, 2016).

TA: Child Ego State: associated with behaviors, thoughts, and feelings replayed from childhood (Martin, 2011).

TA: Parent Ego State: associated with behaviors, thoughts, and feelings copied from parents and parental figures (Martin, 2011).

Universal Medication Schedule (UMS): a tool to standardize prescription labelling and to provide a simple chart bringing all medicines in a patients’ regimen together over 4 dosing periods through the day. It also explains the purpose of each medication to improve understanding (Kenning, 2015).

Organization of Study

Chapter 1 includes a background of the problem, purpose of the study, and a definition of terms. Chapter 2 will review current scholarly literature on the topic, discover reasons for the problem, and determine strategies to increase health awareness with hopes of creating a better outcome to the problem. Chapter 3 will present the methodology of the study. Chapter 4 will present the findings based on the research questions. The data will then be analyzed and compared to the literature reviewed on the topic. Chapter 5 will summarize the study and make
recommendations for further development of a health-promoting campaign to increase awareness and improve on medication adherence.
Chapter 2

Literature Review

The review of literature focuses on existing literature associated with the relationship between a patient and physician, the lack of trust patients feel towards their doctors, reasons why patients are not adhering to medical treatment laid out by their physicians, and ways to create a stronger communication with the end result of patients trusting the medical plan laid out by their physicians.

Breakdown in Communication Leads to Medication Nonadherence

Medication nonadherence by patients is a serious dilemma that is not easily resolved. The World Health Organization estimated the medication adherence rates to be about 50 percent among developed countries in 2010 (Roebuck, 2011). Although the reasons for non-adherence are multifaceted, several of the main reasons include: cost, language barriers, culture, comorbidities that create a polypharmacy effect, misunderstanding labels, disabilities, worrying about side-effects, and mistrusting physicians. One of the biggest, if not the biggest, keys to overcoming many of these barriers is a strong physician-patient relationship. There is a breakdown in communication between physicians and patients besides language barriers. For better treatment adherence by patients, physicians can look at ways to disseminate information that is clear, factual, easy to understand and follow, ask deeper questions, and follow up quickly to discuss concerns with possible alternatives. Better communication leads to increased trust. Overall trust in one’s physician has been reported to be associated with better adherence to pharmacotherapy (Donahue, 2009).
Addressing Language, Culture, and Age in Interpersonal Communication

California is a very diverse state attracting individuals from all over the world. Many doctors in California have the challenge to overcome the language and cultural gap. California is home to about 27% of United States immigrants (Masland, 2011). About half of all Americans are taking medications for at least one chronic disease like hypertension or diabetes (Roebuck, 2011). The possibility of some of these immigrants taking multiple medications is high. Immigrants are at particularly high risk for misunderstanding prescription drug instructions due to linguistic, cultural and literacy barriers (Masland, 2011). How can physicians help their patients if they do not speak the same language? If possible, the physician could hire a staff member that can be a part of each consultation. Most of the time, a family member or friend accompanies the patient. At times the friend or family member does not translate and answers on behalf of the patient. The information gets lost in translation. With an office staff member present to translate, there could be a better dialogue between the patient and physician. If an in-house translator is not an option, maybe the physician could refer his patient to another physician that speaks the same language. Language concordance between a physician and patient is associated with increased comprehension of and compliance with treatment recommendations (Masland, 2011). If neither option is available, the physician can at least request prescription directions be available in the patients’ language. A law passed in January 2016, AB 1073, was established to aid the 6.5 million Californians with limited English in understanding their medication instructions (Zong, 2015). The law requires California dispensers of medications to provide patients their prescription labels and instructional pamphlets translated in a language they can understand. It requires dispensers to offer one of five non-English languages available for translation: Spanish, Chinese, Korean, Vietnamese, and Russian. Dispensers include any
medical professionals who dispense medications or medical devices (“Translation of Pill Directions”, 2016). The professionals include: physicians, pharmacists, dentists, nurse practitioners/physicians assistants, podiatrists, optometrists, and podiatrists. Since one in three Americans are either low health literate or have limited English proficiency, offering simplified instructions in multiple languages will help to increase medication adherence and patient satisfaction (Preston, 2015).

In addition to language barriers, cultural factors have been identified as significant predictors for medication practice and medication adherence (Hsu, 2010). There are differences in each immigrant group’s social and resource environments that are shaped by the host country’s immigration policies and social/economic conditions (Masland, 2011). Unfortunately, studies of culture-related health beliefs are limited. Many immigrants have conflicting feelings about Eastern versus Western health beliefs. Some may only believe in Complementary and Alternative Medicine (CAM) interventions like taking herbs, acupuncture, tai chi and massage to rid of their ailments. Others may choose to seek therapy through spiritual guidance. Still others will combine holistic interventions with western pharmaceutical interventions. The combination of eastern and western therapies could have potential risk factors with unknown adverse side effects. Often times, patients do not disclose this practice with their physicians, and physicians do not ask if they are using other therapies in conjunction with the prescribed treatment. Elderly Chinese Americans may prefer traditional treatments and herbal medications believing that western medications are too strong, or they may not take the medications in their prescribed dosages (Hsu, 2010). South African patients taking medications for HIV may not take their medications as prescribed because they enlist the advice of their families, traditional healers and faith healers who typically give alternative treatments (Penn, 2011). One of the keys to achieving
adherence is in the details of communication, in conveying and respecting different health beliefs and perspectives, encouraging shared decision making and creating a patient-centered therapeutic relationship (Penn, 2011).

Older patients are also at risk for not taking medications as prescribed. When faced with high out-of-pocket drug costs, many older adults respond by skipping doses of medications, taking smaller doses, or failing to fill prescriptions (Donahue, 2009). Even with insurance, many brand-name medications cost a great deal out-of-pocket. As an example, a patient has an eye infection or needs to have cataract surgery. He is prescribed Vigamox, an antibiotic. According to GoodRx.com (2016), the average price of 3ml is $192, $47 copay with Medicare Part D. The patient is unaware of the cost of the medication until he is at the pharmacy picking up the prescription. If he cannot afford the medication or deems the medication too expensive, he will not pick up the medication. Up to 20 percent of all new prescriptions go unfilled (Geitner, 2015). Senior citizens are typically on a fixed income with many only drawing from their social security. Medications, to many seniors, are not as important as eating and having a roof over their head. Even though physicians explain the importance of taking the medications, cost concerns are rarely discussed. Having an open dialogue of these cost concerns and having information on medication pricing may encourage better communication. Among older adults with high drug costs, higher levels of trust in physicians to provide comparative drug price information were associated with a decreased risk of skipping or reducing doses of medications or failing to fill prescriptions (Gabay, 2015).

**Trust is Important in a Physician-Patient Relationship**

Trust is a defining element in any interpersonal relationship, but it is particularly central to the physician-patient relationship (Pearson, 2000). Trust is difficult to define and measure
because it is so multifaceted and multidimensional. Among the most commonly described dimensions of physician behavior on which patients are believed to base their trust are competence, compassion, privacy and confidentiality, reliability, and communication (Pearson, 2000). There are two perceptions that patients’ draw their feelings of trust towards a doctor, interpersonal trust and social trust. Interpersonal trust occurs when the patient believes that the information given by the physician is for the patient’s benefit and not to cause him any harm. Social trust occurs when the patient is influenced by the media and large institutions like hospitals and HMOs. There are ways a physician can build trust through the media, which will be discussed later, but interpersonal trust is central for a strong relationship between patient and physician (Gabay, 2015). Strong communication between physician and patient leads to higher satisfaction, better adherence to treatments, and improved clinical outcomes (Hilibrand, 2014).

In a society where a typical doctor’s appointment is less than 15 minutes, physicians need to be creative in building a collaborative relationship with their patients at each medical visit, phone conversation, and email. Positive, transactional communication is an important component in building trust. Physicians have a tendency to talk to their patients as if they were children. By speaking to patients as an equal, patients may not feel defensive or powerless. Physicians can use their medical expertise to educate patients on their particulate disease pathophysiology and proposed treatment plan. Patients in turn can explain their concerns with the prescribed treatment, their poor understanding of risks and benefits, and their poor understanding of the disease process. In order to get the best possible outcome, physicians and patients need to share and combine their knowledge (Arbuthnott, 2009). Once a patient shares his personal reasons for being apprehensive in following a treatment plan, a dialogue is created, allowing the physician to
address each barrier and eventually build a trusting relationship. Studies have found trust to be a predictor in patient’s satisfaction and adherence to medical advice (Thom, 2000).

**Transactional Analysis**

There are several barriers that can be addressed once the patient feels comfortable with the physician. A good place to explore these barriers is during each office visit. If physicians had a better understanding of how to communicate with their patients, they may get better results in medical treatment and medication adherence. One way to explore the effectiveness of communication between physician and patient is through Transactional Analysis. Transactional Analysis is a theory for understanding, analyzing and changing human behavior through communication (Martin, 2011). It includes verbal and nonverbal means of communication. It is a very useful theory in studying the way people interact, the reactions between sender and receiver, reasons why communication fails and how it can be improved. According to Eric Berne, the developer of Transactional Analysis, there are three ego states in which one communicates (Lawrence, 2007). The Parent ego state is based on a communication style copied from parents or parental types like teachers. The Child ego state is based on a communication style derived from thoughts and feelings from childhood. The Adult ego state is based on a communication style of thoughts and feelings in the present.

The Adult ego state is associated with the ability to generate ideas, use problem-solving skills, share power and authority, build confidence, promote learning, and promote the desire for collaboration (Ertem, 2016). It is recommended that physicians relate to patients in the Adult ego state because patients have the ability to think for themselves, and they act upon those thoughts. During the conversation, the physician is in control. His statements are factual, analytical, and void of emotion. More often than not, they relate to their patients in the Parent ego state. The
Parent ego state involves judgmental statements. The physician may be concerned with why a patient is not adhering to his recommended medical treatment, but the way he conveys his concerns can create different results from the patient. For example, a patient notices that she has not coughed up green sputum in three days, so she decides to stop taking her antibiotics. She shares her information with her physician. Under the Parent ego state, the physician may say, “You will never get better if you do not take your medication correctly”. Responses starting in “you need”, “you should”, and “you will never” create hostility from the sender. The receiver reacts defensively, perhaps deciding not to tell the physician anything in fear of disappointing him. A more fruitful response from the physician may be, “The antibiotics are to be taken for the full ten days in order to kill the bacteria causing your illness. There is a possibility of acquiring a drug-resistant infection if the antibiotics are not taken as directed”. In the second statement, the physician is being factual and educating the patient the risks and benefits for adhering to the medication treatment. This Adult-to-Adult model of communication makes the patient feel equal. She feels that she is appreciated and not belittled. She can trust her doctor with anything and feel confident that he will not scold her. Communication skills, verbal and nonverbal, are important in the physician/patient relationship for both understanding and building trust (Hilibrand, 2014).

What physicians communicate and how they interact with their patients is as important as the treatment itself.

This is a different train of thought that needs practice before getting right. Speaking to patients in an Adult-to-Adult ego state is so important that several pharmaceutical students are required to take a Transactional Communication course before graduation. Pharmaceutical interventions through patient counseling are more effective if patients are motivated to participate in their therapy (Lawrence, 2007). One goal would be to increase physicians’
awareness of Transactional Analysis as a communication tool to build trust with their patients and increase the level of medication adherence. It may be beneficial for physicians to take a similar course in Transactional Analysis.

**Using Public Relations to Build Trust**

Public relations is a communications tool that builds credibility about a person or company. The most credible source of information that seems to drive people to trust someone or something is through word of mouth. So many people turn to websites like Yelp to make decisions on where they should go, what they should eat, who is the best mechanic and who is the best doctor. People are ready to believe the masses. Relationship building is crucial when people are not sure who and what to be influenced by. A physician could be brilliant at what he does, but if his bedside manner lacks any empathy, people will remember his unwelcoming personality and will share with everyone they talk to. Public relations can help a physician build trust by creating a positive image and rapport with the public. A public relations expert can create exercises to increase a physician’s image and disseminate his positive attributes through a wealth of mass media and social media. Public relations increases organizational effectiveness as it solves public relations problems and builds and maintains quality relationships (Kim, 2013).

People are more apt to believe a public relations story over sheer advertising. They want to hear a story and relate to the person or brand telling the story. Proctor & Gamble had a great public relations and marketing campaign called “Thank You Mom” launched between Mother’s Day and the summer Olympics from 2012 to present (Proctor & Gamble). The campaign showed several stories of the sacrifices and commitment mothers gave to their children to achieve dreams of greatness, as well as showing the public how strong mothers can be during tough times. The campaign brought to light a company that cared about the athletes and the women behind the
athletes. Consumers were more apt to purchase their products because trust was built, as opposed to a shrewd advertising campaign to pushing products nobody wants to buy. Public relations is more than just promotion and visibility of issues. According to Botan (2004), issues can become public by conversations in a community, door-to-door, petition drives, direct mail, demonstrations, pickets, and protests (p. 626). A physician can use these more traditional methods of public relations to reach out to the public as well as using social and digital media to get the message out.

Public Relations Methods to Get Public to Take Medications

More and more people are turning to technology to get health information. Patients tend to feel that their time with the physician is rushed and unfocused. They feel like the physician is not listening to their issues because the physician does not respond with empathy, is not making eye contact, or is too busy writing new prescriptions. Patients may have questions or concerns that did not get addressed at doctor’s visit for fear of bothering the doctor. By using digital health technologies, patients have a way of seeking general health information immediately through health blogs and health websites like WebMD. Patients can contact their physicians with any questions through private emails and follow-up phone calls. Kaiser Permanente uses digital health to keep lines of communication open between physicians, therapists, pharmacists and patients. Health communication has gradually increased in prominence in recent years within mass media, which includes television, radio, print, a range of visual media, and the Internet (Avci, 2015).

The media not only disseminates medical knowledge among health professionals and the public, it also plays a significant role in enhancing health conditions of the public and promoting a healthier society (Park, 2000). Health promoters have experimented with using text messages,
social media sites and apps to strategically disseminate information about preventative health, collect data about people’s health-related behaviors, and attempt to ‘nudge’ members of target groups to change their behavior in the interest of their health (Lupton, 2015). A popular behavior that needs addressing is the lack of adherence in patients taking their medications as prescribed. Although this is a widely known and documented issue, there is little documentation showing doctors asking questions of their patients regarding medication concordance. Perhaps patients are unaware of the risks and consequences for not taking their medications as prescribed. Perhaps patients are confused with the information given or are given too many instructions at once. Perhaps a patient is intimidated by the doctor. A better relationship would be created with better communication. Physicians can use mass media, social media, and digital healthcare technologies to create better communication with patients with an end result of better medication adherence. Through health communication, physicians can improve patients’ behaviors by ensuring the continuity of information, faith, and attitude and encourage social change (Avci, 2015).
Chapter 3

Methodology

This chapter presents the methods of data collection for the study including the data sources, collection and presentation of the information, and delimitations.

Data Sources

For this study, a group of physicians and physician assistants of different specialties were invited to a presentation discussing effective ways to communicate with patients during each office visit. Each participant was asked to fill out a questionnaire that was specifically created to answer original research questions as well as a follow-up survey on the presentation.

Participants

The participants for this one-hour presentation were physicians who have various practices throughout the Bay Area. Their specialties include orthopedics, pain management, cardiology, OB/GYN, podiatry, ENT, and internal medicine. Each physician has a very busy practice with a variety of patients including immigrants and elderly. The physicians did not work for Kaiser, and they work with several HMO and PPO insurances, as well as Medicare and Medi-Cal.

Survey Design

After watching a PowerPoint presentation entitled “Patient-Physician Communication: Building a Better Relationship”, participants were given a post-presentation survey. Part of the survey contained eleven statements based on a Likert scale rated 1 to 5. The participants were asked to rate each statement based on their feelings with the statement. One indicated disagree
strongly, two indicated disagree, three indicated neutral, four indicated agree, and five indicated agree strongly. Part of the survey contained two questions that participants were asked to mark all that applied regarding communication barriers and traps in their practices. In part of the survey, participants were asked yes or no questions regarding medication and medication adherence. Finally, participants were asked to give comments and list items they found useful from the presentation. The survey was designed to measure use of communication in the physicians’ practices as well as answer research questions.

Data Collection

Data collection for this survey was collected after the PowerPoint presentation concluded. Based on the Likert scale, the focus of the survey was on qualitative information regarding the presentation, how the information pertained to the physicians’ practices, and medication adherence. The design of the survey was to receive feedback in an effort to create awareness for physicians to communicate better with their patients with hopes of the patients following medication treatment plans. There was no incentive given to the participants who viewed the presentation.

Data Presentation

The data collected from the survey was entered into a table to see the results clearly. Quantitative information such as gender and specialty was recorded. Qualitative information pertaining to each statement and question was also analyzed. Figures 1 and 2 visualize the responses to communication barriers and traps experienced in the physicians’ practices.
Limitations

There were limitations to this study based on the amount of time available to conduct the presentation. Based on time constraints of each physician, it was difficult to attract enough available participants to spend an hour watching a presentation and filling out a survey without any incentives in return. Ten physicians were available to participate with a two-week notice. Since so few physicians were able to participate, the results were somewhat restricted. The invitation to participate in the presentation went out to all physicians with practices in San Leandro, Castro Valley, Hayward, and Oakland. There was not a large enough sample to gain a better understanding of communication in physicians’ practices. With so few participants, there was not a large enough cross-section of specialties present at the event.

Delimitations

Since time available by each participant was limited, only certain information was discussed in the presentation as a reminder to have a more open means of communicating with patients. There was not enough time to go through each ego state in Transaction Analysis. Physicians were aware that there is a problem worldwide with medication adherence, so an in-depth discussion in the presentation was deleted for time constraints. Instead, questions given in the survey were used to give the participants something to think about doing at each office visit. Since time to prepare multiple presentations was not an option, San Leandro was chosen as a central area for presentation because this part of the Bay Area had a broad cross-section of immigrants and natives, as well as an abundant group of elderly men and women.
Chapter 4

Data Analysis

Chapter 4 will provide an explanation of how the health communication strategy was implemented and the reaction of the participants after the presentation. The data will be reviewed and answers from the exit survey will be summarized. The data will measure the amount of physician awareness of good communication between physician and patient, communication barriers and traps, as well as knowledge of medication adherence. The results will be compared to each other, the original research questions, and the findings in the review of literature in Chapter 2.

Presentation

The main strategy for the PowerPoint presentation entitled “Patient-Physician Communication: Building a Better Relationship” was focused on raising awareness and encouraging physicians to communicate better with their patients. As described in the reviewed literature in Chapter 2, medication nonadherence is a major problem in the United States. The reviewed literature stated that a possible solution to the problem starts with a trusting physician-patient relationship. In order to build trust, there needs to be better communication between physicians and patients. The purpose of the presentation was to bring awareness to ways of improving the relationship by acknowledging communication barriers, reviewing common communication traps, and reminding participants to treat their patients as partners in creating an effective medical plan for their illnesses, both chronic and acute.
Survey

Ten physicians of various specialties attended the presentation. An exit survey was given to all participants after the presentation. Some of the questions focused on the presentation itself, and some of the questions addressed communication regarding medication adherence. These questions were designed to address four of the six research questions. Through analysis of the survey and the reviewed literature, the last two research questions will be addressed. The survey was presented in a Likert scale for ease of analysis and time constraints with participants. An opportunity for written responses was also given in the survey, and results will be presented.

Data Collection

Table 1 notes the responses on the post-presentation survey.

Table 1:

*Exit survey results for “Building a Better Relationship” presentation*

<table>
<thead>
<tr>
<th>Question</th>
<th>Results</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3</td>
</tr>
<tr>
<td>Specialty</td>
<td>Internal Medicine</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Cardiology</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Orthopedic</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>ENT</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>OB/GYN</td>
<td>1</td>
</tr>
<tr>
<td>Question</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Information in this presentation was useful</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Information was relevant to my practice</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Presenter was skilled in the subject</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Presentation was well structured</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Following the presentation, I have a better understanding of how to</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>communicate better with my patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a result of the presentation, I have an increased awareness of</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>communication barriers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe patients trust my plan of care for them</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I have time to address patients’ concerns and follow up on their specific</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>care plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I speak to my patients in an Adult-to-Adult manner (TA)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Statement</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>Communication with my patients is as valuable as the medical care they receive</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Presentations like this are good reminders</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Would better communication make patients more compliant with their prescription treatment plan?</td>
<td>Yes</td>
<td>9</td>
</tr>
<tr>
<td>During each visit, do you ask patients if they have been taking medications as prescribed?</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Do you think medication nonadherence is a problem with your patients?</td>
<td>Yes</td>
<td>9</td>
</tr>
<tr>
<td>Are you familiar with the new California law that enables prescriptions to be printed in different languages?</td>
<td>Yes</td>
<td>0</td>
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</tbody>
</table>
Figure 1 and Figure 2 note the responses to two questions with an opportunity to give multiple answers.

Figure 1. *Which communication barriers do you experience in your practice?*
Analysis of Results with Regards to Research Questions

Question 1: What is the breakdown in communication between physician and patient that results in patients being non-compliant when taking medications?

This question was researched in order to determine the reasons for the breakdown in communication. This question was important to start the study in order to discover where the dissociation lies.

As noted in Table 1 and Figures 1 and 2, there are several communication barriers and communication traps that inhibit proficient communication between physician and patient. The
ten participating physicians were asked to acknowledge all the barriers they experience when talking to their patients. Responses were fairly evenly distributed among the choices. Foreign language spoken, time constraints, and age were the top three communication barriers with mental status being a close fourth barrier (Figure 2). After the presentation, physicians stated they had increased awareness of communication barriers (Table 1).

The top three communication traps physicians admitted they do included not verifying if patient understood information/instructions, using technical jargon when talking to patients, and rushing through appointment or not being available to patient (Figure 2). Interesting to note is that 60 percent of physicians agreed with the statement, “I have time to address patients’ concerns and follow up on their specific care plans” (Table 1).

Also interesting to note, 90 percent of participants believe there is a problem with medication nonadherence with their patients, yet only 50 percent ask their patients if they take their medications as prescribed at each office visit (Table 1).

**Question 2: How does addressing language barriers, culture, and age in interpersonal communication between physician and patient affect compliance in taking medications?**

This research question looks specifically at three communication barriers that make medication adherence a challenge for patients. The reviewed literature stated that the three listed communication barriers were identified as significant predictors for medication adherence. Foreign language and age were addressed as more of a problem than culture (Table 1) as a communication barrier. The participants were not asked specifically if the barriers affected medication adherence. They were asked if better communication would make patients more
compliant with their prescription treatment plan. The responses were almost unanimous, with only one participant disagreeing with the question.

Question 3: Why is trust important in physician-patient relationships?

This research question looks at the role trust plays in the relationship between physicians and patients and whether it is viewed as important. As described in the reviewed reading, trust is central to the physician-patient relationship. When asked if physicians believed that their patients trust them and their plan of care, 90 percent agreed and 10 percent answered neutral.

Question 4: How does transactional communication affect the relationship?

This research question looks at the way doctors communicate with their patients and how patients receive the information as well as how they react to the delivery of the information. Transactional Analysis is a useful theory to understand, analyze and change the way people communicate with each other. This part of the presentation (Slide 10) seemed to generate the most discussion among the participants. Majority of the participants denied speaking to patients in a negative or authoritative manner. Ninety percent of the participants believed that they talk to their patients in an Adult-to-Adult manner (Table 1).

One participant, a cardiologist, acknowledged that he routinely tells his patients what they should or should not do, what they need to do or need stop doing. He justified his choice of communicating with his patient, a Parent-to-Child manner, as necessary to get his patients to change their behaviors. He described his patients as making poor lifestyle choices, having sedentary lives and eating too many processed and canned foods. He said he routinely tells his patients that they will never get better if they do not change their poor habits, they need to stop
smoking, they need to eat well-balanced meals, and they should exercise. He believed it was his job, as a medical authority, to teach and direct his patients to institute a better way of life.

Question 5: Why is it important to use public relations to create trust between physicians and patients?

Question 6: How can public relations encourage the public to take their medications?

Research questions 5 and 6 were not directly asked as part of the survey because the presentation itself was a demonstration of how to use health communication as a public relations tool to educate and remind the medical field how to discuss medical matters with patients in an effective way in order to achieve a better outcome in adhering to a prescribed medical plan.

When participants were asked if communication was as valuable as the medical care patients received, 100 percent either agreed or strongly agreed (Table 1). All the participants either agreed or strongly agreed that presentations like the one given were good reminders (Table 1). Majority of the participants (90 percent) think that better communication make patients more compliant with their prescription treatment plan (Table 1).
Chapter 5

Discussion and Recommendations

Summary

This study was conducted in response to the ongoing problem of medication nonadherence. This is a world-wide problem costing extra money in emergency room visits, hospital stays, and valuable resources. People are prolonging acute illnesses, worsening chronic illnesses, creating other health problems, or dying because they are not taking medications as prescribed. There are several reasons patients give for not taking their medications. The new medications cost too much. They cannot afford all the medications prescribed so they either skip doses, prolong the time between doses, or not take them at all. They cannot understand the instructions or are too frustrated and overwhelmed with all the medications. They have been taking the medications for so long that they think they are cured. Their culture has a great influence on their health beliefs that they think they can heal naturally.

Better communication would help resolve many of the reasons patients give for not taking their medication as prescribed. This study was done to show the impact interpersonal communication between physicians and patients has on patients adhering to their medical treatment plans. To find out how valuable communication is to increasing awareness of the problem of medication nonadherence as well as possibly building a better relationship between physicians and patients, an in-depth literature review was conducted to answer the following research questions for study:
1. What is the breakdown in communication between physician and patient that results in patients being non-compliant when taking medications?

2. How does addressing language barriers, culture, and age in interpersonal communication between physician and patient affect compliance in taking medications?

3. Why is trust important in physician-patient relationships?

4. How does transactional communication affect the relationship?

5. Why is it important to use public relations to create trust between physicians and patients?

6. How can public relations encourage the public to take their medications?

The presentation given to the participating physicians used the first four research questions as a general outline for discussion. The questions given in the post-event questionnaire were created to see how knowledgeable the physicians were and if they were receptive to the information given as well as using the presentation as a positive communication tool. Results from the questionnaire were used to answer the final two research questions.

Discussion

By analyzing the data collected in Chapter 4, connections were made between the responses from the physicians’ questionnaires and the literature reviewed in Chapter 2.

**Question 1: What is the breakdown in communication between physician and patient that results in patients being non-compliant when taking medications?**

The reviewed literature in Chapter 2 gives examples of reasons why patients are not taking medications as prescribed. Most of the reasons come from barriers that can be resolved
through better communication between physicians and patients. When patients feel like they are in a partnership with their physician and have a say in their plan of care, they tend to adhere to their medication regimen better. Once physicians understand the potential communication barriers with each patient, they may be able to use better communication methods to discuss individual treatment plans. Patients who only understand Chinese may not understand the medical information given by the English-speaking physician. The patients may not understand the reasons why the doctor prescribed the medication. If they do not understand the instructions on the medication, they may not take the medication or take the medication incorrectly. The patient may never return to the doctor for fear of disappointing the doctor. They may seek more cultural methods of healthcare that could potentially harm themselves. If the physician were to overcome these barriers by bringing in someone to translate the information in Chinese and have an open dialogue including the discussion of cultural remedies, the patients may trust the physician enough to follow all the physician’s directions.

The reviewed literature concludes that trust is the central element in a working relationship. Based on the results of the post-presentation questionnaire, 90 percent of participating physicians agree or strongly agree that patients trust the care plans they create for them. It would be interesting to follow up this study with another one that includes a presentation geared towards patients to get their point of view on how they feel about their relationship with their physicians.

**Question 2: How does addressing language barriers, culture, and age in interpersonal communication between physician and patient affect compliance in taking medications?**

As stated above, addressing and overcoming barriers like language, culture, age, and other barriers reported in Figure 1 are vital to building an effective relationship between
physicians and patients. Physicians have several tools to help them overcome many of these barriers, as discussed in Chapter 2. They can hire individuals that speak another language to help translate information to patients. They can order prescription information to be translated in the patient’s primary language per guidelines presented in the new California law AB 1073. They can request that pharmacists type the instructions on the labels in larger type for those who have difficulty seeing, as well as bottles that are easier to open for those with arthritis in their hands. They can ask what cultural beliefs or traditions they have in regards to healthcare. For those patients who need to be given challenging news like a new diagnosis of diabetes or cancer, a trusted family member could accompany the patient and be an extra set of ears because the patient may be too overwhelmed with the news to follow a new medication regimen.

Reviewed literature in Chapter 2 suggests one of the best ways to get patients to take their medications is to get them involved in creating their treatment plan. As discovered in the physician questionnaire (Table 1), majority of physicians agreed. One physician made a comment that the cost of medication was the biggest deterrent of patients adhering to their medication plan. Cost is a valid reason for patients not taking their medications. Better communication with the patient could help resolve this problem. The same physician stated he never or rarely asked patients if they take their prescriptions as ordered. If he were to ask this one question of all his patients at each visit, he could find out which patients were taking their medications. For those who were not taking their medications, he could discover the reasons why. If cost was an issue, the physician could order another medication or a generic version of the prescription. Pharmaceutical representatives visit physicians all the time. Physicians may want to request a current price list or coupons from the representatives to help create a more
affordable treatment plan. That way cost may not be the most common reason for patients not taking their medications.

**Question 3: Why is trust important in physician-patient relationships?**

As stated earlier, trust is central to any physician-patient relationship. Pain doctors, for example, need to trust that a pain patient is taking his pain medications as prescribed and not selling the pills on the street to make extra money. Pain patients need to trust that their doctors are doing their best to keep pain at a tolerable level by prescribing the right medications and dosages as well as making available a variety of pain procedures or surgeries. If the two cannot trust each other, patients could be over or under medicated. Without trust, physicians could permanently discharge patients or patients could fire their physicians. Problems could be more severe if there was a lack of trust between patients and their cardiologist, pulmonologist, or endocrinologist.

**Question 4: How does transactional communication affect the relationship?**

Transactional Analysis is a great way to learn how people give and receive information verbally and nonverbally. Much of society’s communication patterns and habits are learned from childhood. As children, they look up to parents and parental figures for guidance, reassurance, and praise. They learn from parent’s body language, tone and volume of voice, and verbal ques whether they are doing right or wrong. They learn behaviors that will earn praise or disappointment. Parents manipulate what they say and how they say it to get the desired action from children. In Transactional Communication, this is known as Parent-to-Child Ego.

Poor communication happens when adults speak to each other in this manner. It can occur when a boss disciplines an employee in the middle of the workplace for leaving an area
dirty. It can occur when a professor scolds a student for not turning in assignments on time. It can occur when a physician reprimands a patient for not picking up a medication for newly diagnosed diabetes. Phrases that start with “you should”, “you need”, or “you will never” create an imbalance in a conversation between two adults. The tone of the words imply authority or disgust, leaving the recipient to feel shy and ashamed. Parent-to-Child Ego style of communication does not work well in a physician-patient relationship.

An Adult-to-Adult Ego style of communication is better suited for a physician-patient relationship. The style is typically sans emotion and is based on facts. The sender and receiver transmit information without placing any authority or blame in choice of wording. The two are partners in the relationship and are constantly learning from each other. It occurs when a boss explains to an employee the reasons why a tidy workplace is necessary. It occurs when a teacher asks the student why the assignment was turned in late and discusses ways to make sure future assignments are turned in appropriately. It occurs when a physician discusses the reasons why a patient did not pick up his medication. It is possible the patient was in shock with the new diagnosis of diabetes and did not understand the importance of the medication.

All these examples foster a more efficient conversation between sender and receiver. The style creates more of a trusting partnership. Majority of the physicians believe that they routinely speak with an Adult-to-Adult Ego style of communication (Table 1). Only one physician admitted to speaking to his patients like a parent. He stated that he has a duty to get his patients to change their lifestyles and the best way to do that is to tell them what they should and should not do. It would be an interesting comparison if there was time for a concurrent presentation and survey given to patients of all the participating physicians and discover how they feel about the way their physicians talk to them.
Question 5: Why is it important to use public relations to create trust between physicians and patients?

Physicians who attend communication seminars like the presentation, “Patient-Physician Communication: Building a Better Relationship,” will be educated on overcoming communication barriers and avoid communication traps (Figures 1 and 2). The participants of the seminar unanimously agreed that seminars on communication are great reminders (Table 1). Having a public relations specialist as part of the staff could help keep trust in a physician-patient relationship and keep it top of mind.

A public relations specialist could do a study on patients and discover what their expectations are of the physician, the communication between them and the physician, and their expectations during the office visit. Based on the results, the specialist could focus on what works and the shortcoming of the physician. Based on a physician’s strengths, he/she may want to share some of their knowledge by giving free local seminars on a certain topic that patients routinely have questions or concerns. These seminars can help create a more trusting view of the physician. Based on a physician’s shortcomings, the specialist can make recommendations to improve the situation. Perhaps a physician is seen as untrustworthy because of his/her bedside manner. The specialist could recommend ways to make the physician more approachable. Perhaps the specialist could create a seminar to improve physician’s image, or practice with the physician to improve the physician’s shortcomings. The public relations specialist is a valuable resource to improve image and to increase trustworthiness.
Question 6. How can public relations encourage the public to take their medications?

The public in general may not know that there is an epidemic of medication nonadherence. The public may not know the risks of such behavior and ways to improve medication adherence. Public relations can be as grand as state-wide public service announcements and can be as small as a grassroots campaign adopted city by city. A great place to start is with the physicians and to educate them on ways to improve communications with their patients. Encourage physicians to ask patients at every office visit if they are taking their medications and if they have any questions or concerns regarding the prescribed treatment plan.

Top of mind awareness is key. Physicians or office staff can follow up with patients routinely to remind them of the importance of taking medications. If foreign language is a concern, a representative can meet at specific destinations to go over questions or concerns. Perhaps the public relations specialist could find a Chinese community center or a Spanish church to hold an informational seminar. For those who may be cognitively challenged, physicians could follow up with family members, caretakers or conservators to go over medications and the importance of taking them.

Pharmacists are a big part of the equation too. An open dialogue between pharmacists, physicians, and possibly pharmaceutical representatives could help distribute information and assist patients with printing information in a different language or helping patients financially through discounts or alternative medications. A physician’s group could sponsor a table at a health fair and be available for comment. Physicians can host a weekly column in the town paper to give information on various chronic diseases like diabetes, high blood pressure, or cholesterol and discuss the importance of the different medications as well as how certain medications work and why they are effective. Digital communication can reach the masses quickly through
Facebook, Twitter, Instagram, and email. There are endless possibilities on how public relations can encourage the public to take their medications. Creativity, consistency and creating a personal touch will help get the message out more productively as well as making the information paramount.

Conclusion and Recommendations

In conclusion, based on the findings in the reviewed literature as well the results of the physicians’ questionnaires, transactional communication between physicians and patients is vital for a trusting relationship. Having an open dialogue regarding wants, needs, and concerns from both parties creates a better partnership. From that partnership and trust in the physician, the hope is that more people with adhere to their medication treatment plan. This study serves as an educational tool to assist journalists and physicians to communicate effectively.

Future recommendations for study would include having a larger group of participants attend the presentation. Ways to gain more participants would include: hosting several presentations in several cities, giving physicians more notice when having a seminar, and giving incentives to attract more participants whether it is food, a raffle, or continuing education units (CEU). To compare and contrast data, it is also recommended that patients be given similar seminars with similar questionnaires. Since communication is two-way, having the perspectives of the physicians and their patients on how well messages are given and received would make for an intriguing study. Furthermore, studies of reactions of the same participants a year later on the topic of communication and medication adherence can evaluate if a grassroots endeavor like this made an impact. Medication nonadherence is a problem that needs to be addressed and is not going to go away overnight. Public relations is an amazing tool to get the word out and to help stop the epidemic from getting worse.
References


Appendix A

PowerPoint presentation: “Patient-Physician Communication: Building a Better Relationship,”

Presented by Yolanda Fisher, RN
As Part of a Senior Project For California Polytechnic State University
San Luis Obispo, CA
Journalism Department

Inspired by an article written by John Travaline, MD
Effective Communication Can Lead to Better Patient Understanding

- Acknowledge health problems
- Understand treatment plan
- Modify behavior accordingly
- Take medications as prescribed

Communication Barriers

- English as a second language, does not speak English at all
- Altered mental status: S/P CVA, medication effects, psychological/emotional distress, mentally challenged
- Cultural, racial or gender differences
- Time constraints of physician or patient when meeting face-to-face
- Other
Value of Communication

- Creates a therapeutic relationship between physician and patient
- Builds trust
- Improves patient outcomes and extends healing process
- Reduces patients’ anxiety
- Encourages shared decision-making
- Reduces risk of medical mishaps

Key Communication Skills

- Listen effectively
- Elicit information by asking questions
- Explain using easy-to-understand terms
- Counsel and educate patients
- Make informed decisions based on patient’s information and preferences
Practical Steps of Communication to Use in Every Patient Encounter

1. Assess what the patient already knows

   • Patient may see a variety of specialists
     • Patient may be inundated with information which can cause confusion or an altered perception of health

   • Patient may have had a health issue for a while and needs updated information or a refresher course on disease management
     • Diabetes: How often is blood sugar checked? When do you use insulin? How many units do you use? Is it long acting or not? Where do you inject yourself?
     • Hypertension: Do you check your blood pressure? Are you taking any medications or supplements that may interfere with your blood pressure medication?

Practical Steps of Communication to Use in Every Patient Encounter

2. Assess what the patient wants to know

   • Assess patient’s level of questioning

       • Some patient’s want to know everything about a medication, disease, medication or treatment plan. Others want to know as little as possible.
         • Ask the patient directly how much information is desired
         • Pay attention to lack of questions or eye contact
           • Patient may be uncomfortable with the information
           • Patient may not understand the information and is too embarrassed to ask questions

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Practical Steps of Communication to Use in Every Patient Encounter

3. Be Empathetic

• Acknowledge a patient’s expressed emotions
• Be cautious of body language – nonverbal communication
  • Keep eye contact with patient
  • Face the patient when talking
• Be cautious of what you say and tone of voice
  • Speak with a calm voice
  • Do not use accusatory language

"I know exactly how you feel."

Practical Steps of Communication to Use in Every Patient Encounter

4. Transactional Analysis (TA)
Using therapeutic communication, speak to a patient from an Adult-to Adult perspective and not a Parent-to Child perspective
• Example: Patient stops taking antibiotic before the prescribed 10-day course
  • Avoid beginning conversation with “you need”, “you should”, “you’ll never”
  • Be factual and educating: “The antibiotics are to be taken for the full 10 days in order to kill the bacteria causing your illness. There is a possibility of acquiring a drug-resistant infection if the antibiotics are not taken as directed.”
Practical Steps of Communication to Use in Every Patient Encounter

5. Slow Down

- Provide information in a slow and deliberate manner
- Do not interrupt a patient or redirect the discussion until the patient has described his concerns
- Power of the PAUSE
  - Pausing frequently and appropriately gives patients time to formulate questions or concerns
  - Provides a deeper comprehension for both physician and patient

Practical Steps of Communication to Use in Every Patient Encounter

6. Keep It Simple

- Avoid long monologues
- Use short, clear, and simple explanations
- Avoid using medical jargon when possible
- Tailor information to the patient’s desired level information
- Ask patient if he/she has any questions
Practical Steps of Communication to Use in Every Patient Encounter

7. Be Prepared for a Reaction
   • Nonverbal, stoic reaction
     • Patient may be in shock or denial
   • Depression, crying, anger
   • Disbelief, blame

Allow patient time for a reaction.
   • Listen attentively to patient’s and family’s concerns
   • Encourage patient to express emotion, describe how he/she feels

Review of Communication Traps to Avoid

• Using technical jargon when talking to patients
• Not being empathetic to patient’s concerns
• Not pausing to listen to the patient
• Not verifying if patient understood information/instructions
• Being impersonal or disengaged
• Rushing through appointment or not being available to patient
References

Appendix B

POST PRESENTATION QUESTIONNAIRE

Thank you for attending today’s training on Patient-Physician Communication: Building a Better Relationship. Please take a moment to fill out this brief questionnaire and hand it in before you leave today. Analysis of your responses is a vital part of the senior project.

Presentation Date: September 2, 2016

Specialty: ________________________

Please respond to the following questions by rating the statements on a scale from 1 to 5. (1=Disagree Strongly and 5 = Agree Strongly)

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<tr>
<td>Information in this presentation was useful</td>
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<td>Information was relevant to my practice</td>
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<td>Presenter was skilled in the subject</td>
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<td>Presentation was well structured</td>
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<td>Following the presentation, I have a better understanding of how to communicate better with my patients</td>
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<tr>
<td>As a result of the presentation, I have increased awareness of communication barriers</td>
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<tr>
<td>I believe patients trust my plan of care for them</td>
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</table>
I have time to address patients’ concerns and follow up on their specific care plans

I speak to my patients in an Adult-to-Adult manner

Communication with patients is as valuable as the medical care they receive

Presentations like this are a good reminder

Which communication barriers do you experience in your practice? (Mark all that apply)

- Foreign Language Spoken
- Race or Culture
- Age
- Medication Effects
- Psychological/Emotional Status
- Mental State
- Gender Difference
- Time Constraints
- Illness

Which communication traps do you experience regularly? (Mark all that apply)

- Using technical jargon when talking to patients
- Not being empathetic to patient’s concerns
- Not pausing to listen to the patient
- Not verifying if patient understood information/instructions
- Being impersonal or disengaged
- Rushing through appointment or not being available to patient
Would better communication make patients more compliant with their prescribed treatment plan? Y/N

During each visit, do you ask patients if they have been taking their medications as prescribed? Y/N

Do you think medication nonadherence is a problem with your patients? Y/N

Are you familiar with the new California law that enables patients to have their prescription instructions printed in one of five different languages? Y/N

Comments: