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Key Strategies When Speaking to Patients with IBS

Dr. Buch:
You're listening to *GI Insights* on ReachMD. I'm Dr. Peter Buch, and on this program, we are going to hear from Dr. Douglas Drossman, who's going to share some key communication strategies physicians can use when speaking to patients with IBS. Here is Dr. Drossman now.

Dr. Drossman:
Doctors are having less and less time to communicate. They have to deal with the EMR. They have to deal with certification. It's been said that only about 40% of the time of a clinic visit is face-to-face, so we have to be efficient, and I think to get those communication strategies going well, there are a couple of domains that we really want to accomplish.

The first is patient satisfaction. It's not making sure the room is clean or the medication is given in time, which is more for insurance purposes. What patients look at as satisfaction, and this has been studied, is the doctor has to be seen as humane, the doctor has to be perceived as having technical competence, the doctor has to show an interest in the patient's world, meaning not just the medical but the social and psychologic factors, and they have to provide relevant medical information. Giving too much medical information can have a negative effect. So that's what makes a patient satisfied.

The next thing is, if we really want to communicate well with patients, we have to engage with them. Engagement and communications training is a connection that's established where the patient and the doctor are working together in the process and working toward similar goals, and the way it's done is mostly through nonverbal methods. Good eye contact. Usually, when you're engaged with a patient, there's head nodding. When you're talking to the patient, if the patient is nodding affirmatively, that's good. Leaning forward, a little bit closer into personal distances and affirmative gestures, open posture.

Another thing, once you've got engagement, is the concept of empathy, and empathy creates a bridge to the patient. Empathy means understanding the patient's pain while maintaining an objective stance. So it's not sympathy. It's objectively looking at what they're doing and providing that feedback. For example, here is an empathic statement: "I can see how much this has affected your life." If you were the patient and the doctor said it to you, you'd have a different perception of that doctor when they say that rather than being asked a litany of symptoms. And there are several components to it. You have to be able to see the patient's world. We call that perspective taking. What is the patient experiencing?

And then we need to be nonjudgmental. You know, we all like to make judgments, but you want to hold back when you're providing empathy because most of the time they want to be heard and understood. You want to understand their feelings. I often don't use terms like angry or sad all the time. I say, "You might seem distressed" or "upset," and you let them fill in the adjective. And then you want to communicate that understanding.

Another one that's important is called validation where you tell the patient that you accept their thoughts and feelings, perhaps even if you don't agree with it, but you are creating that level of acceptance. For instance, a patient who comes to the doctor saying, "Are you going to tell me this is all in my head? I know this is real. I know it's in my abdomen." And then you would say a validating statement like, "I can see you're upset when people say this is due to stress, and you know it's real." What I'm doing is allowing the patient to know I understand where they are, but that still opens the door to me to move on and say, "Well, you know, stress can affect everybody, and wouldn't you say that this chronic pain is causing your stress, not that the stress is causing the pain?" Once you get that acknowledgment, you can move forward.

By the way, if any of you out there are interested in more learning about communication methods to improve the patient/provider

relationship, the Rome Foundation and my group, Drossman Care, are producing a series of workshops, articles, and we just wrote a book for patients and doctors. It's being done with the executive director of the Rome Foundation, Johannah Ruddy, who is a patient of mine and a patient advocate, and we wrote a book providing the patient's perspective and my teaching methods, and it is available. You can go to the Rome Foundation website. The book is called *Gut Feelings*.

Dr. Buch:
That was Dr. Drossman, president of the Rome Foundation. To access this and other episodes from this series, visit ReachMD.com/GIInsights. I'm Dr. Peter Buch. Thanks for listening.