Improving communication between healthcare providers and patients



Improving communication between health care providers and patients: Achieving the desired type of communication pattern has always been a problematic and complex issue between the health care providers and the patients. The question discussed in this paper is that in a hospital where currently no emphasis is laid on using effective tools for good communication, does developing some reliable sort of communication tool kit or establishing rapport between caregivers and patients, help to decrease the risk of dangers associated with bad communication? According to Ellingson (cited in Torner, 2008), most of the hospitals have what they need to treat patients, but they must share pertinent information to make sure they are treating patients safely while also keeping them adequately aware of the realities. Verbal reports of the patients are extremely important for the care providers to know the acute details of the problems encountered and to scrutinize them later. Many times, when a patient is under huge mental pressure owing to deplorable physical condition and his/her relatives are unavailable to talk to, many fine points go unnoticed and absolutely ignored. Motivational interviewing is an important tool for that purpose and worth mentioning here that is a relatively simple, transparent and supportive talk therapy based on the principles of cognitivebehavior therapy. (Bundy, 2004, p. 43). This technique is designed to talk patients into changing their conservative approached towards new therapies and convince them to cooperate in better terms for optimal prevention of a disease. For the correct application of handoff system, a standardized approach needs to be observed, as identified by Ellingson. She says that by creating a transfer communication form aided by trip-tickets, which are basically assessment charts that verify if the patient is ok with the

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treatment, communication can be readily improved. The toolkit of handoffs and transitions is basically focused on enhancing communication between caregivers and patients. Many strategies for improving communication through handoff system are daily envisaged but the one identified by Ellingson covers physical as well as psycho-social issues noted by staff as necessary to satisfactorily take care of patients. (Torner, 2008). According to the Interpersonal Communication (IPC) toolkit identified in Aidsmark. org (n. d), one of the main strategies formulated for interpersonal communication programmes is the deep analysis of the social, economical, cultural and geographic factors related to different patients. The P Process program development framework identified by John Hopkins School stresses that caregivers in hospitals review survey results and study findings to ensure a solid understanding of the health problems faced by patients. The health care providers should also be able to analyze the communication capacity that involves an assessment of all the communication activities. The P Process is a step-by-step framework that outlines IPC program design from development to impact. (Aidsmark. org, n. d.)

Good and easy communication is unequivocally the main key and the most credible solution for resolving many misunderstandings and disputes in the hospital settings. 100% perfection is never possible, but if some of the proposed solutions discussed above are tried to be observed as much as possible in the hospitals, many medication errors and unnecessary tests owing to bad communication can be avoided.

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