



Communicating w/ OB/GYN Patients: Tips, Tricks and Common Pitfalls

FITZMAURICE 5.4.15

Learning Objectives

- ▶ Demonstrate interpersonal and communication skills that build trust by addressing relevant factors, including culture, ethnicity, language/literacy, socioeconomic status, spirituality/religion, age, sexual orientation and disability.
- ▶ Establish rapport with patients
- ▶ Work cooperatively with patients, their social supports and other members of the health care team
- ▶ Assess his/her own strengths and weaknesses with regard to interaction and communication skills
- ▶ Prerequisites
 - ▶ None
- ▶ See also, for closely related topics:
 - ▶ Principles of Ethics in OB/GYN
 - ▶ Advance directives for health care in OB/GYN

Goals of Communication

- ▶ Identify and respect a patient's values and preferences
- ▶ Elicit complete and accurate history
- ▶ Demonstrate compassion and empathy
- ▶ Ensure that your therapeutic goals are in line with the patient's desires
- ▶ Successfully convey technical information in lay terms

Communication Skills to Practice

- ▶ Nonverbal communication
 - ▶ Listen, Body language, eye contact
 - ▶ Appear comfortable around difficult or embarrassing topics
 - ▶ Handle frustration productively and professionally
- ▶ Ask questions
 - ▶ Try to better understand their terms – e.g. what does “dizzy” really mean?
 - ▶ How does this problem affect your daily life? How are you coping?
- ▶ Develop a collaborative style of care
 - ▶ Negotiate a shared agenda early in the visit
- ▶ Use proper etiquette with interpreters (talk to the patient!), assistive devices, and service animals (don't pet them)

Roadblocks to Communication

▶ PROVIDER

- ▶ Don't make assumptions (e.g. providers may have a different view of what a desirable quality of life is)
- ▶ Don't compare personal experiences (especially with respect to pain)
 - ▶ Women are less likely than men to have pain adequately treated, and less likely to be believed when they report pain

▶ STRUCTURAL

- ▶ Physician time constraints
- ▶ Patient insurance or monetary constraints
- ▶ “Gatekeeper” role of OB/GYNs in referral to sub-specialties

▶ PATIENT

- ▶ Prior negative health care experiences can lead to decreased openness, trust, and compliance to physician recommendations

Risk factors for receiving poor quality care

- ▶ Persons with disabilities
 - ▶ Physical
 - ▶ Mental
- ▶ Uninsured
- ▶ Low socioeconomic status
- ▶ Elderly
- ▶ Children
- ▶ Racial/ethnic minorities
- ▶ Terminally ill
- ▶ **Difficult patients**
- ▶ Language barriers
- ▶ Illiteracy

OB/GYN Pitfall #1: EVERYONE is an expert on pregnancy

- ▶ You are only one of many sources of information for a pregnant patient
 - ▶ Google, cultural constructs, family, friends, Jenny McCarthy
 - ▶ “You’re too small!” “You’re carrying too low.” “I can tell by the shape of your belly that you’re having a boy.” “Castor oil makes you go into labor.”
- ▶ TIPS
 - ▶ NOTICE and ASK when a patient seems uncertain, hesitant, anxious, or depressed
 - ▶ Start counseling by asking what the patient knows already or has heard
 - ▶ “At the end of this conversation, we’ll do whatever you think is best.”
 - ▶ Be patient! Re-education may take building trust across multiple visits

OB/GYN Pitfall #2: GYN problems are embarrassing

- ▶ Virtually all GYN chief complaints are potentially embarrassing and scary for the patient and thus, they may not bring up problems until they are severe
 - ▶ E.g. sexual dysfunction, urinary incontinence
- ▶ TIPS
 - ▶ Whether they ask or not, assume all women are wondering:
 - ▶ “Could this be cancer?”
 - ▶ “How will this affect my sex life/marriage/ability to get pregnant?”
 - ▶ If you’re uncomfortable, they will be, too. Develop scripts around topics that are difficult for you, including normalizing lead-ins:
 - ▶ “It is a very common problem for women to leak urine. Has that ever happened to you?”
 - ▶ Read body language – does she fidget, lose eye contact, laugh at certain topics? As her physician, politely dig deeper. Ask why.
 - ▶ Emphasize how common these concerns are

OB/GYN Pitfall #3: Balancing respect and comprehensive care

- ▶ People are often reluctant to discuss topics like sexuality, and convince themselves the information isn't relevant
- ▶ TIPS
 - ▶ Begin the visit with open-ended questions and discussing comfortable topics
 - ▶ Use questions that express openness to things that might be difficult to admit (especially with adolescents)
 - ▶ "What kinds of sexual activity, if any, have you engaged in?"
 - ▶ "Are you sexually active with men, women, or both?"
 - ▶ If they dodge, pin them down. If they can't tell you their LMP, pursue it. Was it this month? Was it before or after Christmas?
 - ▶ Interview adolescents both with and without parents present. If not feasible to do, follow up with a phone call later.

OB/GYN Pitfall #4: “Oh, by the way...”

- ▶ The reward for good work is more work! You have set the patient at ease, so at the very end of the visit, she finally works up the courage to ask you about something intimate and embarrassing (to her), and is now feeling vulnerable and maybe even scared.
- ▶ Take the time, if you can. If not, you **MUST** still take the time to:
 - ▶ Validate the patient's concern
 - ▶ Convey a sincere desire to address it
 - ▶ Establish a plan

Confidentiality

- ▶ All adolescents can receive care related to sex (STIs, contraception, pregnancy) without permission from their parent/guardian
- ▶ Reassure all patients that the information they share will be held in complete confidence, and read only by those that need to know the information to take care of them
 - ▶ Exceptions
 - ▶ Danger to self
 - ▶ Danger to others
 - ▶ Statutory rape
 - ▶ Child abuse/neglect
 - ▶ Patient has an injury suspected to be due to intimate partner violence

Further Reading/References

- ▶ APGO “Effective Preceptor Series: Asking Difficult Questions in a Patient Encounter Provides Great Teaching Opportunities.” 2013. www.apgo.org
- ▶ APGO “Women with Disabilities: Introduction to Barriers and Solutions”, www.apgo.org