

Clinical Risk Communication

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Clinical Risk Communication *Objectives*



- ★ What is risk communication?
- ★ History of risk communication
- ★ What is risk communication used for?
- Use of risk communication in a health providerpatient relationship

What Is Risk Communication?



An interactive process of exchange of information and opinion among individuals, groups, and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concern, opinions, or reactions to risk messages or to legal and institutions arrangements for risk managers

National Research Council, Committee on Risk Perception and Communication

What Is Risk Communication?



 Building and maintaining relationships based on the effective exchange of technical and/or scientific information between concerned stakeholders about an actual or perceived risk

Risk Communication Team, U.S. Army Center for Health Promotion and Preventive Medicine

What Is Risk Communication?



A science-based approach for communicating effectively in:

- High concern
- Low trust
- Sensitive or
- Controversial situations

Vincent Covello, Center for Risk Communication

Perception – Risk Weighting Factors



<u>Factor</u>	<u>Weight</u>
Trust	2000
Benefit	1000
Control (Voluntary)	1000
Fairness (Share)	500
Alternatives Catastrophe	500
Catastrophe	300

USACHPPM/DEHE/EHRARCP/RCT/KMD

Gaining Trust and Credibility



Difficult to gain and easy to lose
Most important factors are

- Empathy
- Caring
- Personal Commitment
- Honesty
- Openness
- Expertise

Trust and Credibility



★ Low trust and high concern situation

- Mistakes amplified
- Negatives amplified
- Communication skills essential
- Risk communication helpful in all situations with high concern, even if trust is high

Risk Communication History



- ★ Risk communication dates to 1980s
- ★ Interact with communities or groups
- Concern about health, safety, or environmental dangers
- Perception of peril to selves and especially to children

Acceptability of Risk



★ Risk is less acceptable if it is:

- Involuntarily imposed
- Man-made instead of natural
- Unfamiliar instead of familiar
- Dreadful in its consequence
- Catastrophic
- Unfair

Acceptability of Risk (cont.)



- Dangerous to children or future generations
- Poorly understood
- Irreversible.
- Unseeable or undetectable
- Produced by a mistrusted individual or organization
- Produced by an individual or organization that does not respond to concerns

Seven Rules of Risk Communication



- ★ Rule 1. Accept and involve the recipient of information as a Legitimate Partner
- ★ Rule 2. Tailor Communication Strategies Carefully for Your Audience
- ★ Rule 3. Listen to Your Audience
- ★ Rule 4. Be Honest, Frank, and Open

Seven Rules of Risk Communication (cont.)



★ Rule 5. Coordinate and Collaborate with other Credible Sources

- ★ Rule 6. Plan for Media Influence
- ★ Rule 7. Speak Clearly and with Compassion

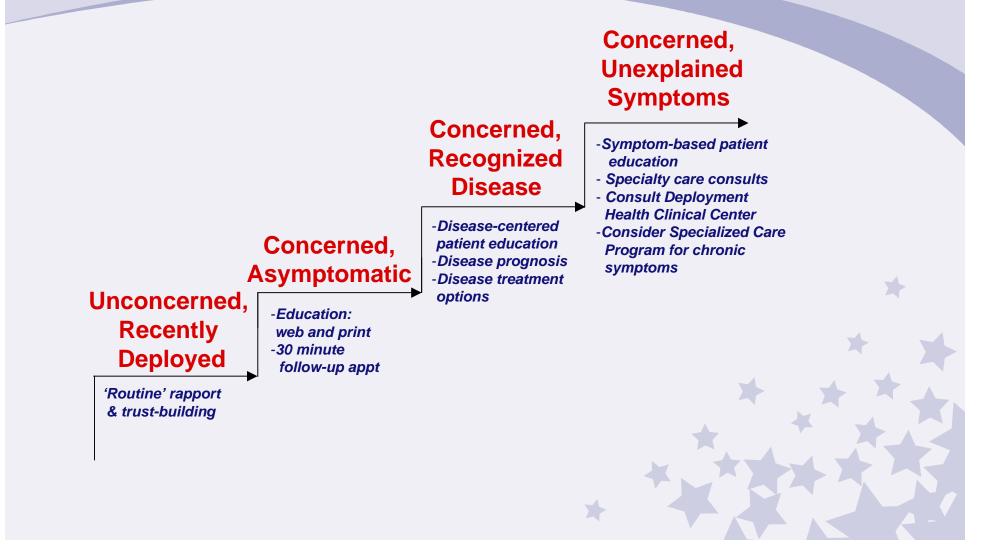
Targeted Risk Communication



- Until recently, risk communication techniques were used with groups and communities
- In a clinical setting, risk communication is used with very small groups or individuals
- ★ Building trust and credibility is still the heart of risk communication
- ★ Listening is half of communication

Stepped Risk Communication Strategy





Clinical Practice Guideline



- ★ Risk communication built into the Guideline
- ★ Routine primary care assessment routine risk communication
- ★ Ascend risk communication stairs for:
 - Recently deployed
 - Asymptomatically concerned
 - Unexplained symptoms
 - Chronic unexplained symptoms

Why Use Risk Communication?



- ★ Reduce patient distress
- ★ Reduce tension in provider-patient relationship
- Help patients focus on relevant health risks and turn away from non-relevant risks

What Risks Concern Patients?



Risk of Serious Illness
 Risk of Death
 Risks of Medical Tests
 Risks of Medical Treatments
 Risk of Workplace or Other Exposures

'No Problem' Diagnostic Evaluations



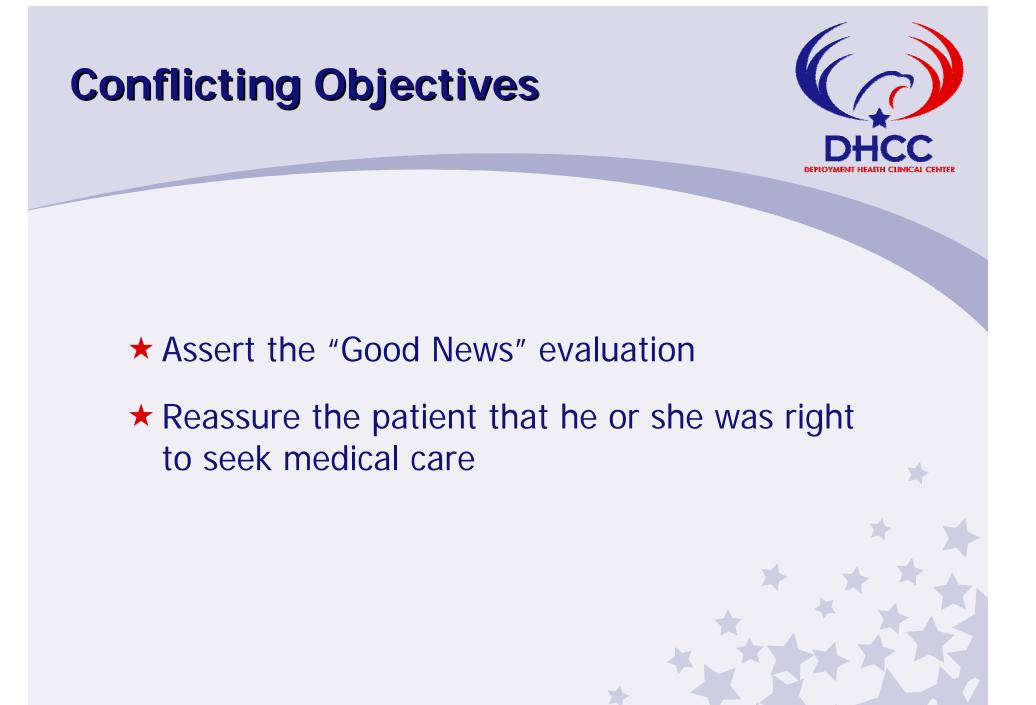
 Evaluations in which the provider communicates the absence of a serious medical problem

Problematic 'No Problem' Evaluations



★ Signs are milder or less significant than the patient views them

Patient wants "inappropriate" treatments (e.g., antibiotics for a viral illness)



Risk Communication in the Provider-Patient Setting



★ Decision making situations

★ Non-decision making situations

Decision-Making Situations



- Inform patients about the risks and benefits of diagnostic or therapeutic measures
- Address all important aspects of the medical procedure
- Risk and benefit information is given to support patient decision making

Non Decision-Making Situations



- Discuss patient's concerns, possible causes of symptoms, and treatment options
- Validate the patient's decision to seek treatment



Unexplained Physical Symptoms

Orthopedics I	<u>Clinical Syndrome</u> Low Back Pain Patellofemoral Syndrome
- J	Chronic Pelvic Pain Premenstrual Syndrome
ENT	Idiopathic Tinnitus
00	Idiopathic Dizziness Chronic Headache
	Chronic Prostatitis Interstitial Cystitis Urethral Syndrome
Anesthesiology (Chronic Pain Syndromes
	Atypical Chest Pain Idiopathic Syncope Mitral Valve Prolapse
Pulmonary I	Hyperventilation Syndrome
Endocrinology I	Hypoglycemia

<u>Specialty</u> Dentistry	<u>Clinical Syndrome</u> Temporomandibular Disorder	
Rheumatology	' Fibromyalgia Myofascial Syndrome Silicosis	
Internal Medicine	Chronic Fatigue Syndrome	
Infect Disease	Chronic Lyme Chronic Epstein-Barr Virus Chronic Brucellosis Chronic Candidiasis	
Gastroenterology	Irritable Bowel Syndrome Gastroesophogeal Reflux	
Physical Medicine	Mild Closed Head Injury	,
Occ Medicine	Multiple Chemical Sensitivity Sick Building Syndrome	
Military Medicine	Gulf War Syndrome	
Psychiatry	Somatoform Disorders	

Results of Risk Communication



★ Alter the patient's:

- Acceptance and adherence to medical advice
- Satisfaction with medical care
- Confidence in provider and health system
- Future level of functioning
- Likelihood of returning to life roles

ENVITE



★ Empathy
★ Non-confrontational
★ Validate
★ Inform
★ Take action
★ Enlist cooperation

Empathy



- ★ Empathy, compassion and concern for patient.
- Communicate more than technical information about symptoms
- Patient's life experiences, hopes, and fears are major factors
- Patient may wonder if provider is primarily focused on interests of the organization

Non-Confrontational



Listen with the intent to understand
 Encourage patient to share feelings about symptoms, their causes, and their effects
 Effects on patient and significant others are important to address

Validate



- Acknowledge the correctness of the patient's decision to seek medical care
- Discuss ill defined or subjective illness or symptoms
- Patient's symptoms should not be minimized or dismissed

Inform



Provide enough information so that the patient can make informed treatment choices

- ★ Avoid technical terms or jargon
- ★ Acknowledge uncertainties

Take Action



- ★ Describe treatment options
- Schedule an extended follow-up visit to allow more time to communicate
- ★ Bring significant others into consultation, as indicated

Enlist Cooperation



- Take a whole person, patient-centered approach
- ★ Get patient buy-in to treatment
- Establish mutually acceptable treatment goals and milestones

Does Risk Communication Take Time or Save Time?



- Risk communication may take small amount of additional time at the beginning
- ★ Saves time over the entire course of treatment
- ★ Lessens tension between provider and patient
- ★ Results in smoother course of treatment

Who Needs Risk Communication Expertise?



★ Physician
★ Nurse
★ Screener
★ Health Educator
★ Desk Clerk/Receptionist

★ Other Clinic Staff





- Clinical risk communication involves low trusthigh concern situations
- Trust and credibility are the heart of risk communication
- ★ Value your patients' views and beliefs

Questions, Information, Assistance



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