"Enhancing Care in the Dialysis Setting: Motivation, Communication, and Simulation"

Module 2: From Aviation to Dialysis: Improving Communication in Dialysis Access

Introduction

While the leaders of many organizations in the medical field focus on improving the knowledge and skills of their employees, improving communication is an aspect of health care that warrants specific attention as well. Dr. Ingemar Davidson, professor of surgery at the University of Texas Southwestern Medical Center and medical director at Parkland's Vascular Access Clinic, has considered the benefits of improved communication between medical stakeholders such as clinicians, administrative decision-makers and others. What follows is a question and answer interview with Dr. Davidson.

Question 1:
Dr. Davidson, can you describe the importance of communication in the medical field, and particularly with dialysis access?

Answer:
As individual clinicians on the dialysis team, we all tend to work in separate physical locations. Some of us reside primarily in the operating room while others spend most of their time at the dialysis clinic, outpatient services, or other areas of the hospital. Though we are often separated geographically, we need to understand our roles within a greater system of teamwork, a system which serves two purposes: maximizing patient care and safety, and allowing individual achievement and success.

In many cases, since the team doesn't train together, they become unprepared for any type of deviation from normal. Thus, when faced with a challenge, patient care often suffers. Unfortunately in many cases, clinicians, not just in dialysis but in all areas of medicine, operate individually and without significant communication among parties. This has the potential to both negatively affect patient outcomes and impede individual success.

When the work of each leader is coordinated with the team, all participants bring their own skills and knowledge to the table. Thus, each party is able to maintain autonomy but also improve work function and outcomes. With a constant flow of information between individual units of care in the hospital, clinic, and elsewhere, we can strive to build a mindset of interdependence that will eventually enhance the effectiveness of care and improve patient outcomes. When care is disconnected and communication is suboptimal, inconsistencies in care arise and the patients are the ones who suffer. Thus, even when separated geographically, a consistent flow of communication is essential in order to maximize the care of our patients.

Also, I wanted to mention a few drawbacks associated with improving technology, such as cell phones. For example, much of the younger generation of clinicians relies on texting as a method of communication with other clinicians and patients. I, personally, stay away from this since I believe it removes some of the personal touch that leads to trust. I believe that while technology has advanced,

human emotions have remained largely the same, and I still feel a strong need to continue that personal touch whenever I communicate.

Question 2:
When a medical error is made, why might focusing on enhancing communication be more important than focusing on increased learning?

Medical errors are commonplace and sometimes catastrophic, yet they are avoidable problems in medical care. However, thought process of the past have been based on the premise that when a doctor or nurse makes a mistake, he or she needs to learn more – to receive additional training so that the mistake will not occur again. However, I believe that most medical errors are not made due to lack of training or knowledge but because of a lack of effective communication between the offending party and his/her colleagues and support staff. As a matter of fact, I would argue that the vast majority of mistakes in life in general could be avoided simply by speaking up, asking questions, and opening lines of communication with each other rather than studying harder or taking additional classes after the fact.

In clinical practice, I've seen the effects of miscommunication or lack of communication, but I've also tried to look at why communication deficits are so prevalent. When we don't know how to do something, why not just ask? I think a lot of people are afraid to appear inadequate to their colleagues or patients, do not want to get involved with "turf wars" with each other in which communication becomes inappropriate, or just plain don't want to admit that they don't know something. While there is still a role for increasing education and training, I believe that communicating more freely with colleagues is a major key to success in all areas of medicine.

Question 3:
In aviation, what is "Crew Resource Management" or the "Human Factor," and how is it a model for communication in the medical field?

While aviation and medicine are completely different fields occupationally, there are several similarities in how they operate, or should operate. Crew Resource Management (CRM) has been around for decades in the field of aviation, and it encompasses several elements of knowledge, skill and attitude training. However, this type of training also places special emphasis on communication, situational awareness, problem solving, and teamwork. The system was designed to optimize the use of equipment, procedures, and human capital in order to promote the safest travel possible. And look what's happened – flying is one of the safest methods of travel out there.[1]

Through fostering a culture where asking questions, questioning authority, and communicating freely is encouraged, employees in aviation are set up to succeed both individually and as part of a larger team-oriented unit. Unfortunately, in the field of medicine, there is a discrepancy between what occurs and what should occur in terms of communication and teamwork. If we go back to talking about medical errors, they are a delicate subject in the field of medicine, particularly since they involve organizational hierarchies and human life. Similar to Crew Resource Management, one of the things we need to do in medicine is facilitate appropriate communication so that all parties involved understand the potential for errors and are able to prevent them before they happen. The use of checklists, and briefing before and debriefing after flights are crucial communication elements for aviation safety.

Question 4:
What is the relationship between communication and knowledge/skills?

In the medical field, as in all aspects of professional life, there's really no substitute for a strong base of knowledge and skills. However, knowledge and skills become much less important if you don't communicate. I think we need to consider three different definitions. First, I would define knowledge as knowing what to do and why to do it. In transplant surgery, the surgeon needs to have that background knowledge in order to know what procedure to perform and why he/she is performing it. Next, I would say that skill is being able to take your knowledge and apply it. In other words, skill is knowing *how* to do something. The procedure itself. And your skill as a transplant surgeon is based on training and repetition. Finally, communication is the last step. I characterize communication as an attitude-based trait. A drive that a person has that will optimize outcomes beyond mere possession of knowledge and skills. While knowledge is "what to do" and skill is "how to do it," communication is more based on "wanting to succeed."

With optimized communication in a given health profession, a specific procedure becomes more about successful completion of the task than about the person actually doing the work. If you don't communicate, your knowledge and skills diminish since you're operating in a box and cannot possess all of the necessary available information.

One caveat is that you can overdo communication. In Crew Resource Management, there is a strong focus on increasing communication, but it doesn't mean you have to socialize. A flight attendant doesn't have to have a drink with the pilot when they land. The idea of enhanced communication is to share ideas in a friendly, firm way, while maximizing the human factors associated with good decisions, such as optimized situational awareness, facing threat and error management, and enhancing team cooperation and communication.[1]

Question 5:
In terms of communicating with patients, what are some challenges and/or disparities that currently exist in medical practice?

Data have shown various disparities in medical care. One example is that physicians are 23% more verbally dominant and engage in 33% less patient-centered communication with African American patients than with Caucasian patients.[2-3] This difference is disturbing and as a culture, we need to establish care that increases patient-centeredness and encourages patients to take an active role in their own health care.

As clinicians, we all see vast differences in knowledge and background among our patients. In terms of dialysis access, we often see patients of low socio-economic status who also often suffer from untreated diseases such as high blood pressure and kidney infections. I personally find that patients don't ask questions, and when this happens, it's hard NOT to lecture to them. However, patients are similar to clinicians in the sense that they don't want to appear uneducated or foolish by asking a "dumb" question. It's up to us to facilitate a comfortable, no-pressure atmosphere. One other thing I notice is that patients are often willing to talk to nurses, but are much more hesitant around doctors. It's natural and I would say it's another similarity with aviation. I think passengers are much more comfortable approaching a flight attendant than a pilot. In either case, communication that is firm but friendly has the opportunity to open up lines of dialogue to ultimately improve patient outcomes.

Question 6:
What is the "Center Effect" and how does it relate to communication deficits?

The Center Effect largely came about due to variability in transplant outcomes from center to center. It is difficult to definitively say what make one center "better" than another. Efficiency? Protocol? Cost minimization? And it's not just a United States phenomenon. There are differences globally as well. In the context of the current discussion, the existence of a center effect can be related back, in part, to differences in communication. Rather than communication among clinicians at varying centers, there exists a degree of competition, or a striving to mimic the center that performs best. But again, it's difficult to define what makes a center successful. The point is that there are procedural and outcomes-based differences in this area of dialysis access, and we need to work to overcome these differences. I believe communication is a key part of this.

Question 7:
What are some of the ways in which dialysis access could be enhanced with improved communication?

As I mentioned, the concept of the center effect could become old news if there was enhanced communication between centers and clinicians. And if that were to happen, I believe that most, if not all centers could perform at a level that maximized efficiency and safety. One of the problems in our field is that patients don't come back for follow-up appointments. We see a lot of patients who will have their respective diseases for life, so a few visits to the doctor aren't enough. In this case, we could introduce something like mandating that a patient sets up a follow-up appointment before leaving. That is just a minor example, but the point remains – doctors in this field need to ensure a high degree of communication with patients, medical staff, and other doctors in order to maximize patient outcomes and by association, individual success.

References

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3. Cooper LA, Roter DL, Johnson RL, Ford DE, Steinwachs DM, Powe NR. Patient-centered communication, ratings of care, and concordance of patient and physician race. Ann Intern Med 2003;139:907-15.