A CLINICIAN'S HANDBOOK

Talking With Your Older Patient

NATIONAL INSTITUTE ON AGING
NATIONAL INSTITUTES OF HEALTH
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Foreword

Good communication is an important part of the healing process.

Studies find that effective physician-patient communication has specific benefits: patients are more likely to adhere to treatment and have better outcomes, they express greater satisfaction with their treatment, and they are less likely to bring malpractice suits.

Research also shows that good communication is a teachable skill. Medical students who receive communication training improve dramatically, not only in communicating with patients, but also in assessing and building relationships with them. Time management skills also get better. Interpersonal and communication skills are now a core competency identified by the Accreditation Council on Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS).

Learning effective communication techniques—and using them—may help you build more satisfying relationships with older patients and become even more skilled at managing their care.

Communicating with older patients involves special issues. For example:

- How can you effectively interact with patients facing multiple illnesses and/or hearing and vision impairments?
- What's the best way to approach sensitive topics such as driving privileges or assisted living?
- Are there ways to help older patients who are experiencing confusion or memory loss?

With questions like these in mind, the National Institute on Aging (NIA), part of the National Institutes of Health, developed this booklet.

Although referring to clinicians throughout the text, this booklet is intended for use by a range of professionals dealing directly with patients—physicians, physicians-in-training, nurse practitioners, nurses, physician assistants, and other health care professionals. The aim is to introduce and/or reinforce communication skills essential in caring for older patients and their families. *Talking With Your Older Patient: A Clinician's Handbook* offers practical techniques and approaches to help with diagnosis, promote treatment adherence, make more efficient use of clinicians' time, and increase patient and provider satisfaction.

Three points are important to remember:

- Stereotypes about aging and old age can lead patients and health professionals alike to dismiss or minimize problems as an inevitable part of aging. What we're learning from research is that aging alone does not cause illness and that growing older does not automatically mean having to live with pain and discomfort.
- Many of this booklet's suggestions may, at first glance, appear to be time-consuming, especially given the time constraints of most clinicians. However, an initial investment of time can lead to long-term gains for physicians and patients. Time-intensive practices need not be inefficient. You may get to know your older patient's life history over the course of several visits rather than trying to get it all in one session.
- Older patients are diverse and unique, just like your younger patients. You may see frail 60-year-olds and relatively healthy 80-year-olds. Your patients may be culturally diverse. Some may be quite active while others may be sedentary. The techniques offered here encourage you to view all older people as individuals who have a wide range of health care needs and questions.

Many physicians, nurses, researchers, and other health care professionals were generous in providing information and advice on making this edition of the *Clinician's Handbook* useful. The Institute is grateful for their thoughtful contributions.

Richard J. Hodes, M.D., Director
National Institute on Aging
National Institutes of Health

Considering Health Care Perceptions

The best way to learn what is and is not acceptable is to communicate directly with patients and caregivers.

"I'm 30 . . . until I look in the mirror."

Mrs. Hill is an 85-year-old nursing home resident. She has lived in a facility since advanced heart disease made it impossible for her to live independently. Her adult children feel that life in a nursing home must be a nightmare. They want to do something, but they don't know what. Moving her to one of their homes isn't an option; visiting her makes them feel depressed. One day, her doctor chats with Mrs. Hill about life in the home. She tells him that this is one of the best times of her life—people prepare and deliver her meals, she has a comfortable room with a view of the gardens, and the place is very peaceful. Mrs. Hill is quite happy and has no desire to move.

For Mrs. Hill, a life her children find unacceptable is, in fact, just fine with her. What seems intolerable to a 40-year-old may actually be preferred by a 90-year-old.

In the past century, the nature of old age has changed dramatically. In the early 1900s, the average life expectancy was about 49 years—today, it is nearly 80 years. With longevity, however, comes the sobering news that older

people may live for years with one or more chronic, potentially disabling conditions. This means they will have an ongoing need for medical services.

No single characteristic describes an older patient. Each person has a different view of what it means to be old. A 68-year-old woman with an active consulting business is likely to deal with a visit to the doctor quite differently from her frail 88-year-old aunt who rarely ventures beyond her neighborhood.

The perspectives that follow are common among older people—and important to consider when talking with older patients.

Views of Physicians and Clinicians

In the past, older people have held doctors in high esteem and treated them with deference. This view may change over time as aging baby boomers are likely to take a more egalitarian and active approach to their own health care.

Today, many older people don't want to "waste the doctor's time" with concerns they think the clinician will deem unimportant. Patients sometimes worry that if they complain too much about minor issues, they won't be taken seriously later on. Or, they are afraid of the diagnosis or treatment. They may worry that the physician will recommend surgery or suggest costly diagnostic tests or medications.

Some patients do not ask questions for fear of seeming to challenge the clinician. On the other hand, some older people, having ample time and interest, will bring popular medical articles to the attention of their providers. This kind of active patient participation can provide an opportunity for communication.

Views of Aging

Ageism can work both ways. Doctors can make assumptions about their older patients. Older people may unwittingly assume the stereotypes of old age. Expectations regarding health diminish with age, sometimes realistically, but often not. Older people with treatable symptoms may dismiss their problems as an inevitable part of aging and not get medical care. As a result, they may

suffer needless discomfort and disability. Some may not even seek treatment for serious conditions.

The process of aging may be troubling for older adults. It can be especially hard for people who once bounced back quickly from an illness or were generally healthy. Experts observe that baby boomers bring different expectations, experiences, and preferences to aging than did previous generations. For instance, some boomers are likely to want to participate actively in health care treatments and decisions. They may also search the Internet for health information.

Values About Health

Although physicians typically focus primarily on diagnosing and treating disease, older people generally care most about maintaining the quality of their lives. They are not necessarily preoccupied with death. In fact, many older people are relatively accepting of the prospect of death and seek chiefly to make the most of their remaining years. Younger family members, who commonly must make life-and-death decisions when an older person is incapacitated, may be unaware of the patient's views and preferences.

In Summary

- ✔ Let older patients know that you welcome their questions and participation.
- ✔ Encourage older adults to voice their concerns.
- ✔ Be alert to barriers to communication about symptoms, such as fears about loss of independence or costs of diagnostic tests.
- ✔ Expect those in the baby boom generation to be more active participants in their health care.

Understanding Older Patients

What was once called "bedside manner" and considered a matter of etiquette and personal style has now been the subject of a large number of empirical studies. The results of these studies suggest that the interview is integral to the process and outcomes of medical care.

"Tell me more about how you spend your days."

Although she complains of her loneliness and long days in front of the TV, Mrs. Klein refuses to participate in activities at the community senior center. "I'm not playing bingo with a bunch of old ladies," she tells her doctor when he suggests she get out more. "You've mentioned how much you love to garden," her doctor says. "The center has a garden club with a master gardener. One of my other patients says she loves it." "I don't want to hang around old people who have nothing better to do than compare health problems," she says. "Why not give it a try?" her doctor asks. "You might find the members are pretty active gardeners." Six months later, when she sees the doctor again, Mrs. Klein thanks him. She has joined the garden club and reports that the members all have green thumbs as well as being quite lively conversationalists. Better still, Mrs. Klein's depressive symptoms seem improved.

Effective communication has practical benefits. It can:

- help prevent medical errors
- strengthen the patient-provider relationship
- make the most of limited interaction time
- lead to improved health outcomes

This chapter provides tips on how to communicate with older patients in ways that are respectful and informative.

Use Proper Form of Address

Establish respect right away by using formal language. As one patient said, *"Don't call me Edna, and I won't call you Sonny."* You might ask your patient about preferred forms of address and how she or he would like to address you. Use Mr., Mrs., Ms., and so on. Avoid using familiar terms, like "dear" and "hon," which tend to sound patronizing. Be sure to talk to your staff about the importance of being respectful to all of your patients, especially those who are older and perhaps used to more formal terms of address.

Make Older Patients Comfortable

Ask staff to make sure patients have a comfortable seat in the waiting room and help with filling out forms if necessary. Be aware that older patients may need to be escorted to and from exam rooms, offices, and the waiting area. Staff should check on them often if they have to wait long in the exam room.

Take a Few Moments to Establish Rapport

Introduce yourself clearly. Show from the start that you accept the patient and want to hear his or her concerns. If you are a consultant in a hospital setting, remember to explain your role or refresh the patient's memory of it.

In the exam room, greet everyone and apologize for any delays. With new patients, try a few comments to promote rapport: *"Are you from this area?"* or *"Do you have family nearby?"* With established patients, friendly questions about their families or activities can relieve stress.

Try Not to Rush

Avoid hurrying older patients. Time spent discussing concerns will allow you to gather important information and may lead to improved cooperation and treatment adherence.

Feeling rushed leads people to believe that they are not being heard or understood. Be aware of the patient's own tendency to minimize complaints or to worry that he or she is taking too much of your time.

Avoid Interrupting

One study found that doctors, on average, interrupt patients within the first 18 seconds of the initial interview. Once interrupted, a patient is less likely to reveal all of his or her concerns. This means finding out what you need to know may require another visit or some follow-up phone calls.

Older people may have trouble following rapid-fire questioning or torrents of information. By speaking more slowly, you will give them time to process what is being asked or said. If you tend to speak quickly, especially if your accent is different from what your patients are used to hearing, try to slow down. This gives them time to take in and better understand what you are saying.

Use Active Listening Skills

Face the patient, maintain eye contact, and when he or she is talking, use frequent, brief responses, such as *"okay," "I see,"* and *"uh-huh."* Active listening keeps the discussion focused and lets patients know you understand their concerns.

Demonstrate Empathy

Watch for opportunities to respond to patients' emotions, using phrases such as *"That sounds difficult"* or *"I'm sorry you're facing this problem; I think we can work on it together."* Studies show that empathy can be learned and practiced and that it adds less than a minute to the patient interview. It also has rewards in terms of patient satisfaction, understanding, and adherence to treatment.

For more information on active listening, contact:

American Academy on Communication in Healthcare

16020 Swingley Ridge Road, Suite 300
Chesterfield, MO 63017
1-636-449-5080
www.aachonline.org

This professional organization aims to improve physician-patient relationships and offers courses and publications on medical encounters and interviews.

Macy Initiative in Health Communication

Division of Primary Care
NYU School of Medicine
550 First Avenue
Old Bellevue, Room D401
New York, NY 10016
1-212-263-3071
http://macyinitiative.med.nyu.edu

This initiative was a collaborative effort of three medical schools to identify and define critical communication skills needed by physicians. It developed competency-based curricula for medical students.

New England Research Institutes (NERI)

9 Galen Street
Watertown, MA 02472
1-617-923-7747
www.neriscience.com

NERI has designed a CME-accredited CD-ROM, *Communicating With Older Adults*, educating physicians on communication strategies to practice with older patients.

Avoid Jargon

Try not to assume that patients know medical terminology or a lot about their disease. Introduce necessary information by first asking patients what they know about their condition and building on that. Although some terms seem commonplace—MRIs, CAT scans, stress tests, and so on—some older patients may be unfamiliar with what each test really is. Check often to be sure that your patient understands what you are saying. You may want to spell or write down diagnoses or important terms to remember.

Reduce Barriers to Communication

Older adults often have sensory impairments that can affect communication. Vision and hearing problems need to be treated and accounted for in communication. Ask older patients when they last had vision and hearing exams.

Compensating for Hearing Deficits

Age-related hearing loss is common. About one-third of people between the ages of 65 and 75, and nearly half of those over the age of 75, have a hearing impairment. Here are a few tips to make it easier to communicate with a person who has lost some hearing:

- Make sure your patient can hear you. Ask if the patient has a working hearing aid. Look at the auditory canal for the presence of excess earwax.
- Talk slowly and clearly in a normal tone. Shouting or speaking in a raised voice actually distorts language sounds and can give the impression of anger.
- Avoid using a high-pitched voice; it is hard to hear.
- Face the person directly, at eye level, so that he or she can lip-read or pick up visual clues.
- Keep your hands away from your face while talking, as this can hinder lip-reading ability.
- Be aware that background noises, such as whirring computers and office equipment, can mask what is being said.
- If your patient has difficulty with letters and numbers, give a context for them. For instance, say, "'m' as in Mary, 'two' as in twins, or 'b' as in boy." Say each number separately (e.g., "five, six" instead of "fifty-six"). Be especially careful with letters that sound alike (e.g., m and n, and b, c, d, e, t, and v).
- Keep a note pad handy so you can write what you are saying. Write out diagnoses and other important terms.
- Tell your patient when you are changing the subject. Give clues such as pausing briefly, speaking a bit more loudly, gesturing toward what will be discussed, gently touching the patient, or asking a question.

Compensating for Visual Deficits

Visual disorders become more common as people age. Here are some things you can do to help manage the difficulties caused by visual deficits:

- Make sure there is adequate lighting, including sufficient light on your face. Try to minimize glare.
- Check that your patient has brought and is wearing eyeglasses, if needed.
- Make sure that handwritten instructions are clear.
- When using printed materials, make sure the type is large enough and the typeface is easy to read. The following print size works well:

  "This size is readable."

- If your patient has trouble reading, consider alternatives such as tape recording instructions, providing large pictures or diagrams, or using aids such as specially configured pillboxes.

Be Careful About Language

Some words may have different meanings to older patients than to you or your peers. For example, the word "dementia" may connote insanity, and the word "cancer" may be considered a death sentence. Although you cannot anticipate every generational difference in language use, being aware of the possibility may help you to communicate more clearly. Use simple, common language, and ask if clarification is needed. Offer to repeat or reword the information: *"I know this is complex; I'll do my best to explain, but let me know if you have any questions or just want me to go over it again."*

For more information on low literacy, contact:

Partnership for Clear Health Communication

National Patient Safety Foundation
268 Summer Street, 6th Floor
Boston, MA 02210
1-617-391-9900
www.npsf.org/askme3

This national coalition addresses issues related to low health literacy and its effect on outcomes. Its "Ask Me 3" campaign has materials for physicians' offices, including patient handouts, to promote good communication.

Low literacy or inability to read also may be a problem. Reading materials written at an easy reading level may help.

Ensure Understanding

Conclude the visit by making sure the patient understands:

- what the main health issue is
- what he or she needs to do about it
- why it is important to do it

One way to do this is the "teach-back method"—ask patients to say what they understand from the visit. Also, ask if there is anything that might keep the patient from carrying out the treatment plan.

In Summary

- ✔ Address the patient by last name, using the title the patient prefers (Mr., Ms., Mrs., etc.).
- ✔ Begin the interview with a few friendly questions not directly related to health.
- ✔ Don't rush, and try not to interrupt; speak slowly, and give older patients a few extra minutes to talk about their concerns.
- ✔ Use active listening skills.
- ✔ Avoid jargon, use common language, and ask if clarification is needed, such as writing something down.
- ✔ Ask the patient to say what he or she understands about the problem and what needs to be done.

Obtaining the Medical History

When patients are older, obtaining a good history—including information on social circumstances and lifestyle as well as medical and family history—is crucial to sound health care.

"What brings you here today?"

Mr. Symonds has advanced lung disease and usually manages well with home oxygen. But, he's been admitted to the emergency room three times in as many weeks, unable to breathe. The health team is puzzled because Mr. Symonds is taking his medications on schedule and, he says, using the oxygen. Finally, a home care nurse is sent to the Symonds' house. She discovers that because of this winter's bitter cold, Mr. Symonds has been running a kerosene heater in his kitchen. He does not use the oxygen and heater at the same time for fear of fire.

The varied needs of older patients may require different interviewing techniques. The following guidelines can help you to obtain a thorough history of current and past concerns, family history, medications, and socioeconomic situation. These suggestions are less time-consuming than they may appear. Some involve a single investment of time. Other health care professionals in the office or home may assist in gathering the information. You may want to get a detailed life and medical history as an ongoing part of older patients' office visits and use each visit to add to and update information.

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