WHOSE EXPERIENCE IS IT?
Every Patient Comes With A Pre-admission Non-Medical History
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THE EMOTIONAL DIMENSION OF CARE
Overlooked & Undervalued
“...the research is clear that the emotional well-being dimension of patient care is the strongest driver of patient satisfaction.”
(“Why The Emotional Engagement of Patients Will Trump HCAHPS” By Curt Coffman Coffman Organization Research Inst. USA )
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“When clinicians experience an emotional connection with their patient, they feel they are doing work that has meaning, and are thus more satisfied with their work. In fact, the experience of “being present with” their patients correlates more strongly with finding meaning in work than do diagnostic triumphs. Clinicians who connect emotionally with their patients are more committed to their jobs and less likely to burn out.”

“Our study used exemplar clinicians who had special interest and expertise in developing healing relationships with patients. We found that these clinicians, in contrast to literature describing the pervasive atmosphere of physician burnout and demoralization in primary care[13], enjoyed their work and derived positive energy from their relationships with patients, even though they had been in practice for many years, some in very challenging practice environments. (Philosophy, Ethics, and Humanities in Medicine 2009, 4(1):43-51[13])
THE FUNDAMENTAL VALUE OF INTERPERSONAL AND COMMUNICATION UNDERSTANDINGS AND SKILLS

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INTEPERSONAL & COMMUNICATION SKILLS ARE ESSENTIAL

• FOR PATIENT SATISFACTION
Press-Ganey’s research on 2 million patients shows that the highest correlate with overall satisfaction is quality of healthcare provider interpersonal communication skills.

• FOR ORGANIZATIONAL SUCCESS
"Employees’ ability to connect with one another, to share information and decision-making, develop authentic work relationships, and provide feedback to one another about their work are essential ingredients for successful organizations" (Interpersonal Neurobiology: How Human Relationships Shape Our Workplaces, Charlene J. Phipps, MD).

• FOR STAFF SATISFACTION
"Healthcare workers with effective communication skills have higher levels of job satisfaction" (Caris-Verhallen and Kerkstra et al 1997, Suchman and Roter et al 1993)

COMMUNICATING INFORMATION

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ENGAGING THE PATIENT

“The challenge most physicians and other providers face is not one of how to engage patients. Rather the challenge for providers is how to be engaging to patients.” (Mind The Gap, Stephen Wilkins, MPH)

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This is what the literature tells us....

“Physician communication or the lack of it is probably one of the most important factors for patient noncompliance.” (Edward C. Rosenow III, MD, Division of Pulmonary and Critical Care Medicine, Mayo Clinic College of Medicine, Rochester, MN)

“Directive styles of teaching and advice giving tend to generate resistance or a sense of hopelessness in those on the receiving end. More engaging methods, such as motivational interviewing, may prove more successful” (Robstich et al., 2010)

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COMMUNICATING WITH COMPASSION

“...compassionate care improves health outcomes and quality of life, increases patient satisfaction, and lowers health care costs” (Beth Lewis, MD, medical director of the Schwartz Center and an associate professor of medicine at Harvard Medical School)

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USING COMPLAINTS TO YOUR ADVANTAGE

- Listen
- Check
- Respond
- Record

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SMALL GESTURES CAN MAKE A BIG DIFFERENCE

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THE LIMITS OF PATIENT CENTRED CARE

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“At the end of the day, doctors are not a deity—omnipresent and omniscient. We are people—we are fallible, prone to our prejudices and our preferences, insecurities, and biases. I have learned that to become a good doctor, one must be honest with one's self and exert introspection in order to become self aware...” (Don S. Dixon, MD, FACP, ASCOconnection.org, the American Society of Clinical Oncology's professional networking site)

THE NEED FOR GREATER SELF AWARENESS

"We have a measure of choice and control over what we are aware of, but what we are unaware of controls us." - Sir John Whitmore

THE CLINICIAN/PATIENT RELATIONSHIP IS ONLY ONE OF MANY RELATIONSHIPS THAT INFLUENCE IMPORTANT OUTCOMES

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RELATIONSHIP BETWEEN STAFF & DEPARTMENTS

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RELATIONSHIP BETWEEN MEDICAL PROFESSIONALS

"...disrespect is learned behavior that is supported and reinforced by the authoritarian, status-based culture found in most hospitals"

(Perspective: A Culture of Respect, Part I: The Nature and Causes of Disrespectful Behavior by Physicians. Leape, Lucian L. MD; Shore, Miles F. MD; Dienstag, Jules L. MD; Mayer, Robert J. MD; Edgman-Levitan, Susan PA; Meyer, Gregg S. MD, MSc; Healy, Gerald B. MD)

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"The findings show that while safety measures can help prevent medical errors, cultures of silence in U.S. hospitals may undermine their effectiveness... The report confirms that tools don’t create safety; people do. Safety tools will never compensate for communication failures in the hospital"

(http://healthnews.com/health-news/family-health/brain-and-behavior/articles/2011/03/22/study-reluctance-to-speak-up-encourages-medical-errors)

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RELATIONSHIP BETWEEN MANAGEMENT AND STAFF

“The message sent by neurological, psychological, and organizational research is startling in its clarity. Emotional leadership is the spark that ignites a company’s performance, creating a bonfire of success or a landscape of ashes.” (Harvard Business Review)

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“A about 90 percent of departing employees leave because of issues with their job, manager, culture or work environment,” ....

....Yet nearly 90 percent of managers believe that "employees leave and stay mostly for the money."

(The 7 Hidden Reasons Employees Leave By Leigh Branham AMACOM, 2005)

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A SHARED JOURNEY WITH MULTIPLE NEEDS

Clinical Financial Personal

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WHAT IF...
THERE WAS ONE, SINGLE, SYSTEM WIDE APPROACH THE COULD IMPROVE THE HEALTHCARE EXPERIENCE FOR ALL OF US
Patients Family Clinicians Management

INTERPERSONAL RELATIONSHIPS:-
A Core, Foundational Resource

In Medicine....
“At the core of every organization, giving the organization its particular life and character, is its web of relationships... neither individual excellence nor technology-based solutions alone will yield desired breakthroughs in quality or safety. Rather, the theory and evidence highlight the importance of attending to relationships as part of the foundation of an organization—as fundamental to its functioning and potential as its information systems and other infrastructure components—and equally in need of continual monitoring and attention.”

(“Organizational Dimensions of Relationship-centered Care: Theory, Evidence, and Practice”. Journal Of General Internal Medicine Vol. 21, Issue 10, Pages 89 – 95)

And In The Field Of Organizational Development.....

“Interpersonal relationships in the workplace create a powerful organizational architecture affecting employee motivation and productivity, the flow of information between the parts of the organization, and, ultimately, organizational ability to adapt and thrive amid constantly changing circumstances.”

(Charlene J. Phipps, founder of Innovative Human Dynamics: Connection & Reflections: the GAINS Quarterly, Global Association of Interpersonal Neurobiology Studies, summer 2009)

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FROM ‘PATIENT CENTRED’ TO ‘RELATIONSHIP CENTRED’ CARE - Applying Systems Thinking

A system is more than the sum of its individual parts. How the parts interact with one another has a greater influence on how the system operates than how any individual part functions independently.

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“RELATIONSHIP CENTRED CARE” RECOGNIZES

That the clinician/patient relationship is reciprocal – We influence each other’s experience & behaviour
That relationships throughout the system are shaped by the reciprocal influence that each individual, department or team has on the other
That every relationship within the system has an impact on the system as a whole

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CONCLUSION

“…available evidence suggests that relationship-centred theory and practice in health care offer the potential for breakthroughs in quality of care, quality of life for those who provide it, and organizational performance.”

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'Losing Face' is a memoir of Kathy Torpie's experience of major, disfiguring trauma. It is a deeply intimate view of the patient experience. One that is often hidden by more visible physical trauma.

"This should be a recommended read for every medical and Allied Health Science student and any medical professional who works with trauma patients." Tristan de Chalain, FRACS

"Many of the health professionals present had read her book and report that they have made changes in their approach to patients as a result." Rhondda Paice, Trauma CoOrdinator, Auckland Hospital