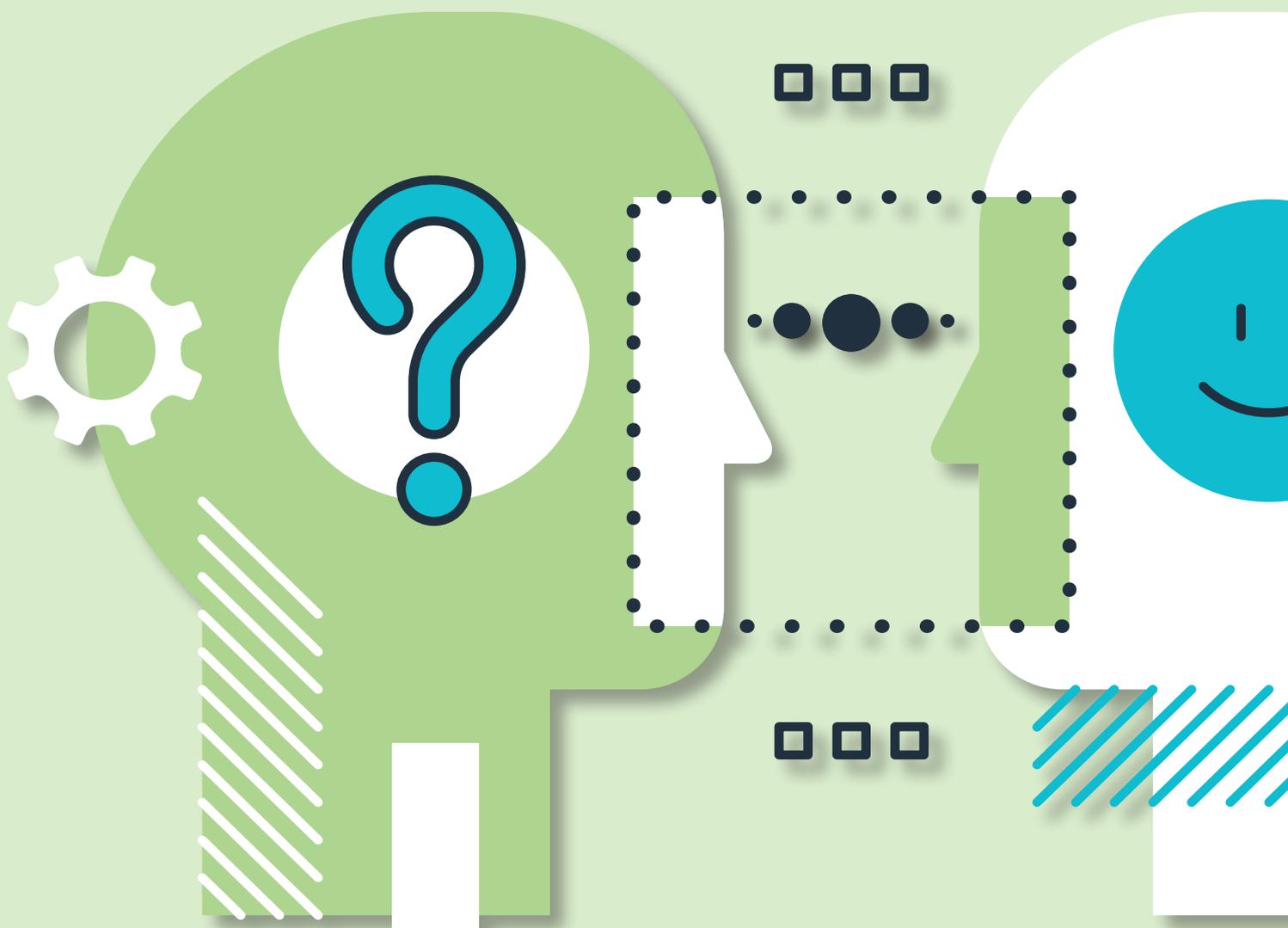


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Start by avoiding assumptions

BY SUZY FRISCH

The secret to successfully opening doors of communication with patients can be boiled down to one piece of advice: *Don't assume.* Humans are complex creatures, and they aren't always what they seem.

When a man wears a wedding ring, it doesn't mean that he is married to a woman. Don't presume that a woman in her 80s wouldn't be struggling with addiction. And don't take for granted that patients from other countries share your beliefs about health and medical care.

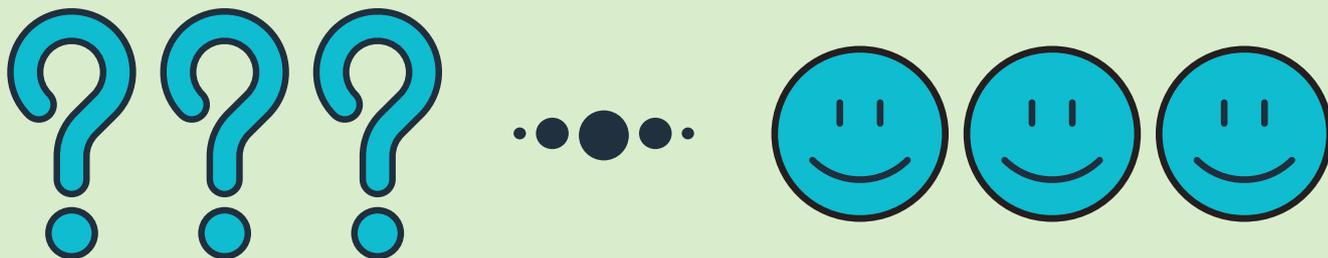
"People don't necessarily fall into the generalizations that you formed in your mind," says Russ Turner, director of the Training Institute at People Incorporated, a St. Paul nonprofit that provides continuing education for health professionals. "I encourage people to treat everyone as cross-cultural. People have a lot of layers. The skillful thing to do is to allow people to reveal the layers they want to."

Another communications complication emerges when you are quite different from your patients: A Latina physician treating a Somali man, or a cisgender male doctor taking care of a transgender man. When you must ask probing questions to discover what's going on with someone, build

trust by getting to know them as a person first, advises Mary Fredrickson, MD, an internal medicine hospitalist at Regions Hospital in St. Paul.

"Don't walk in with an agenda. What you're concerned about might not be what the patient is concerned about, especially with people who are from a different walk of life than you," says Fredrickson, who trains other doctors in communication skills. "When I first meet someone, I take all the time necessary to understand who they really are. Then, when we have that rapport, we can make decisions together."

Katie Spencer, PhD, a licensed psychologist and assistant professor in the Program in Human Sexuality at the University of Minnesota, says it can be key for physicians to call attention to differences when needed, instead of avoiding the elephant in the room. She points to research that shows that acknowledging differences improves rapport between physician and patient, which leads to better outcomes.



“If the provider is from a different racial or ethnic background than their patient, it can be helpful to the relationship to inquire about how it might feel to be working with someone from a different background,” Spencer says. “Since providers steer the conversation in a patient visit, asking the question provides an opening for the patient to address any feelings they may have. It’s helpful because it validates people’s experience.”

Consider this advice to effectively communicate with people who are different from you in a variety of possible ways:

Gender and sexual orientation

For many LGBTQ people, visiting the doctor may include medical care with a side of micro-aggression, deliberate or, more often, simply the result of a lack of thought in the rush of a clinic visit or emergency hospital visit. It can occur in many situations, such as a lesbian being advised to use birth control or a provider insisting on regular HIV tests for men in long-term, monogamous relationships.

Dos and don'ts

- **Ask, “What would you like me to call you?” or “How can I respectfully address you?”** If someone is gender fluid, transitioning or transgender, this can help put them at ease, says Megan Mueller, MPH, community education supervisor for JustUs Health, a health advocacy and training organization in St. Paul.
- **Use gender-neutral phrasing** like, “Who are the important people in your life?” or “Do you have a partner?” instead of “boyfriend” or “wife,” Mueller says. “What do your partners look like?”

helps people talk about having multiple or same-sex partners.

- **A patient’s medical records don’t always reflect the whole person.** A transgender man might still need a pap smear and breast exam. Ask transgender patients how they refer to their body parts to avoid triggering trauma if they don’t feel at home in their bodies, Mueller says.
- **Wear visual cues or display them in the office demonstrating that you and your staff are allies.** For example, health brochures with photos of a gay couple or a pronoun button on your lanyard. It will let people know that they are in a safe space.
- **When a topic feels awkward to you, remember that “nobody ever died of awkward,” Spencer says.** Develop language you’re comfortable with using and practice it so that you can ask probing questions without embarrassment. Being as matter-of-fact as possible—and having an excellent poker face—will help people be comfortable sharing intimate details.

Age

When physicians are much younger than their patients, they often get comments about seeming too young to be a doctor. The age gap can make it hard to pave the way for open communication about sensitive issues. On the other end of the spectrum, getting teens talking can be challenging for physicians of any age. But there are tricks and tips for getting wary teens and sensitive seniors to open up.

Dos and don'ts

- **Start conversations on the right foot by asking patients how they want to be addressed,** says Onelis Quirindongo-Cedeno, MD, an internal medicine physician at Mayo Clinic and an assistant professor in its medical school, where she teaches communications to other medical providers and students. Some older patients prefer to be called by their first names, while others feel most comfortable with Mr. or Mrs. Smith. “That greeting is so important because it is their first impression of you,” Quirindongo-Cedeno says. “Sometimes if we call them by their first name, that is not respectful.”
- **When age comes up with an older patient, don’t get defensive,** Spencer says. It’s not personal. Instead, acknowledge and validate how the person is feeling about the age difference, if necessary, even suggesting a referral to someone with whom they might feel more comfortable.
- **With teens, remember that it takes a lot of courage for them to share what is bothering them.** Ask open questions and give them time to explain how they feel. Don’t be quick to dismiss their own take on their health, suggests Elizabeth Reeve, MD, an adult, child and adolescent psychiatrist at the HealthPartners Riverside Clinic in Minneapolis. “If you’re too quick to disagree with them, that will shut them down,” says Reeve, using an example of a teen seeking anxiety medication. After talking with the patient, she might conclude that medication is not appropriate. “Tip-toe around it more slowly and normalize things for them. Say, ‘I’ve seen other

teens who had these difficulties, and we started with therapy rather than medication. Medication might be useful down the road,” she says. “Give them a range of options and let them draw a conclusion themselves.”

- **Don't try to act younger or cooler than you are.** Teenagers will see right through that and think you aren't genuinely caring, Spencer says. At the same time, don't be pedantic or arrogant. That rubs adolescents the wrong way. By being transparent and authentic, you can build more honest relationships with teens.

Race and ethnicity

Differences abound in how people from various races and cultures approach medicine, including views of how disease works in their body. Approaching people with curiosity and not judgment is the Golden Rule Quirindongo-Cedeno uses with patients and when teaching communication.

Say a patient has experienced female circumcision. “If you say, ‘Oh, that’s too bad. I’m so sorry that happened to you,’ you’re bringing biases that will destroy that relationship. What I say is, ‘Tell me about it. What does it mean to you?’” she says.

Acknowledge your own biases and leave them outside the exam room. Then listen and be respectful, curious and open-minded. You might be surprised what patients tell you when they don't feel judged, even when questions are highly personal, Quirindongo-Cedeno says.

Dos and don'ts

- **In some cultures, it's taboo to reveal your struggles to a stranger.** That's something you do with a spiritual leader, elder or shaman. Instead of direct questions, come at the conversation differently, suggests Turner. Ask, “How do the people close to you view the problem?” Then the person might respond, “My sister is worried about me because ...”
- **Be cognizant of wariness surrounding shaking hands or other touching, especially in mixed gender situations,** says Quirindongo-Cedeno. Begin a successful appointment by watching for cues, such as people standing up with their hands on their chests when you walk in.
- **Ask about a patient's comfort level with discussing sensitive topics when an interpreter is present.** The interpreter might be a relative or fellow com-

munity member, making the patient reluctant to open up about drug use or domestic violence. Mayo Clinic has a phone bank of anonymous interpreters, helping people share personal details.

- **Don't judge if a patient wants to try natural remedies or spiritual healing practices** in concert with or instead of your medical recommendations. Negotiate a plan for that path and then stress that you will continue to help the person regardless, Quirindongo-Cedeno says. “Acknowledge differences, recommend treatments, and negotiate. If I don't put importance on their perspective, there is no trust and no respect,” she adds. “And then maybe next time they won't open up.”
- **In general, Turner advises physicians to be conversational instead of transactional** in their patient interactions, asking open-ended questions to open doors. “If someone looks uncomfortable, they probably are,” he says. “Ask about it and say, ‘I noticed that you're looking a bit uncomfortable. Is there anything I can do to help?’” he says. “Give people an invitation to speak.” MM

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