

TALKING WITH YOUR OLDER PATIENT

Tips for Improving Communication with Older Patients

Good communication is an important part of the healing process. Effective doctor-patient communication has research-proven 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 file malpractice suits.

Studies show that good communication is a teachable skill, Medical students who receive communication training improve dramatically in talking with, assessing, and building relationships with patients. Time management skills also improve. These studies suggest that the interview is integral to the process and outcomes of medical care.

Interpersonal communication skills are considered so important that they are a core competency Identified by the Accreditation Council on Graduate Medical Education and the American Board of Medical Specialties.

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

Effective communication has practical benefits. It can:

- Help prevent medical errors
- Lead to improved health outcomes
- Strengthen the patient-provider relationship
- Make the most of limited interaction time

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."* Use Mr., Mrs., Ms., and so on. Or, you might ask your patient about preferred forms of address and how she or he would like to address you. 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 your patients, especially those who are older and might be 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, restrooms, and the waiting area. Staff should check on them often if they have a long wait in the exam room.

Take a few moments to establish rapport

Introduce yourself clearly and do not speak too quickly. Show from the start that you accept the patient and want to hear his or her concerns. If you are 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 returning patients, friendly questions about their families or activities can relieve stress.

Try not to rush

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.

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 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.

If time is an issue, you might suggest that your patients prepare a list of their health concerns in advance of their appointments. That way they are prepared and you have a sense of everything they'd like to cover during your time together. The National Institute on Aging has information on doctor-patient communication for older adults.

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.

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 clinical 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.

Avoid medical 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, CT 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 might ask the patient to repeat back the diagnosis or care plan in his or her own words—this can help with recall, as well. You may want to spell or write down diagnoses or important terms to remember.

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

Although she complains of loneliness and long days in front of the television, Mrs. Lopez refuses to participate in activities at the community senior center. *"I don't want to hang around old people who have nothing better to do than compare health problems,"* she tells her doctor. *"Why not give it a try?"* her doctor asks. *"You might find members who share many of your same interests, including your love of gardening."* Six months later, when she sees the doctor again, Mrs. Lopez thanks her. She has joined the garden club and reports that the members all have green thumbs and are lively conversationalists. Better still, Mrs. Lopez's depressive symptoms seem improved.

Be careful about language

Some words may have different meanings to older patients than to you or your peers. Words may also have different connotations based on cultural or ethnic background. For example, the word "dementia" may connote insanity, and the word "cancer" may be considered a death sentence. Although you cannot anticipate every generational and cultural/ethnic 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."*

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

Write down take-away points

It can often be difficult for patients to remember everything discussed during an appointment about their condition and care. Older adults can especially benefit from having written notes to refer back to that summarize major points from the visit. Try to make these notes simple and clear, avoiding ambiguous and complicated language. For example, you might write, *"Drink at least one 6-oz glass of water every two hours"* instead of *"Increase fluids."*

Ensure an understanding of the health information

Conclude the visit by making sure the patient understands:

- What is the main health issue
- What he or she needs to do
- Why it is important to act

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

Compensating for hearing deficits

Age-related hearing loss is common. About one quarter of people between the ages of 65 and 75, and half of those over the age of 75 have disabling hearing loss. 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 (for example, *"five, six"* instead of *"fifty-six"*). Be especially careful with letters that sound alike (for example, *m* and *n*, and *b*, *c*, *d*, *e*, *t*, and *v*).
- Keep a notepad 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.
- If your patient has trouble reading, consider alternatives such as recording instructions, providing large pictures or diagrams, or using aids such as specially configured pillboxes.
- When using printed materials, make sure the type is large enough and the typeface is easy to read. The following print size (14 pt) works well: "This size is readable,"

Discussing Covid-19

The risk for severe illness with COVID-19 increases with age, and older adults are at highest risk. Certain medical conditions can also increase risk for severe illness. Learn more about how to protect older adults and those with a higher risk from getting COVID-19.

For more information about effective communication

American Geriatrics Society

300-247-4779 (toll-free)

info.amger@americangeriatrics.org

www.americangeriatrics.org

American Society on Aging

800-537-9728

www.asaging.org

www.asaging.org/form/contact-us (email form)

Gerontological Society of America

202-842-1275

www.geron.org

Info@geron.org

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