Slide 1: Response to Naik and Singh

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Slide 2: Starting points

- Synchronous / asynchronous
- Explicit / implicit
- Evolving / static

Slide 3: How do synchronous and asynchronous communication create social networks?

Slide 4: Social Networks of Relatively Healthy People
An image of intersecting circles labeled, “The patient’s family/social network” and “The network of health care professionals.”

Slide 5: Social networks of people with serious and chronic illnesses
An image of intersecting circles labeled, “The patient’s family/social network” and “The network of health care professionals.”

Slide 6: How can asynchronous communication create/enhance “Communities of Care”?

- More informal than teams
- Constantly shifting membership
- Focus on the patient
- Nodes = highly networked individuals
- Collective responsibility
- Collaborative cognition → Shared mind

Slide 7: When should explicit synchronous communication occur between clinicians?

- Negotiation of roles and responsibilities
- Unusual situations
- Situations requiring shared cognition, brainstorming
- Disagreements about care
- Communication of personal knowledge of the patient (vs propositional knowledge about the patient)

Slide 8: How can asynchronous communication promote patient-centered care?

- Knowing and honoring the patient’s perspective (e.g., concerns, feelings, expectations, values)
- Knowing the patient-as-person-in-context
- Reaching shared understanding and vision
- Fostering meaningful engagement in care

Slide 9: Transactional Care – *Interactional Care*

**Information**
- Knowing about the patient
- Understanding the illness
- Info based on typical needs

**Deliberation**
- Elicitation of preferences
- Negotiation
- Contractual relationship
- Management of emotion

**Decision**
- Eliciting choice
- Obtaining consent
- Delivering care

**Shared knowledge**
- Knowing the patient-as-person
- Understanding illness-in-context
- Info based on individual need

**Shared deliberation**
- Mutual discovery of preferences
- Participatory deliberation
- Collaborative “medical friendship”
- Empathic engagement

**Shared mind**
- Articulating consensus
- Confirming consensus
- Moving towards health

Slide 10: What is the role of the patient?

- Patient access their EHR
- Patient entries into their EHR
- Patient involvement in deliberations and decisions
- Autonomy support for patient (vs dumping responsibility)

Slide 11: What is the role of the PCP?

- The Patient-Centered Medical Home
- PCP as the communication hub
- PCP as trusted representative of the world of health care
- PCP as source of personal knowledge and contextual information
  - eg. is the treatment right for this patient? Is this patient likely to take it?
- PCP as source of continuity
- PCP as source of perspective

Slide 12: Other issues

- Confidential, personal information that the patient would rather not share with unknown people
- Information overload for physicians
- Communication training
  - Handoffs, teamwork (inpt settings)
- Incentivizing
  - Necessary?