

The WAGER Vol. 7(21) - Clinical Judgment: Eight Communication Error Traps

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There is a clear need for well developed treatment for pathological gambling. Interestingly, non-specific or common factors such as client attributes, expectancies, and the nature of the treatment provider-patient relationship, account for a considerable amount of treatment outcome (Hubble, Duncan, & Miller, 1999). For example, treatment providers rely heavily on their patients' self-reports to evaluate subjective phenomena, such as pain intensity and mood. A number of communication factors likely influence these reports and ultimately can affect treatment plans and progress. In Table 1, this week's WAGER summarizes a recent review of the psychological research literature regarding common errors in treatment provider-patient communication and ways that these errors might be avoided (Redelmeier, Schull, Hux, Tu, & Ferris, 2001).

Table 1: Common treatment provider-patient communication errors and potential solutions identified by Redelmeier et al. (2001)

Communication Task	Error	Explanation	Potential Solution
Comprehension	Ambiguous Language	Wording can shape the interpretation of both questions and answers.	Avoid jargon or vague language.
	Tacit Misunderstandings	Culturally determined conversational rules can direct the flow of conversation.	Fully address issues, avoid innuendo, and be aware of cross-cultural differences.
Recall	Failures of memory	The accuracy of memory is often poor.	Encourage the use of illness diaries and careful records.
	Automatic Shortcuts	Questions and responses can address too many issues at one time.	Organize and focus questions and responses. Address issues one at a time.
Evaluation	Inconsistent Expectations	Problems are often only recognized when expectations are violated; expectations that are too high or too low can lead to over- or under-estimations of a problem.	Set realistic expectations and note any deviations from those expectations.
	Faulty Personal Beliefs	Expectations are often developed from personal beliefs.	Be wary of false beliefs.
Expression	Extraneous Distractions	Mood and setting can influence communication.	Take into account temporary moods and settings.
	Ignoble Failures	Discrimination can misdirect conversational flow and how messages are interpreted.	Double-check for subtle prejudice in statements and questions.

Portions of this table can be found in Table 1 of Redelmeier et al. (2001).

It remains unclear whether the list of errors identified by Redelmeier et al. (2001) accounts for all or even most of the major conversational hazards. More research is needed to determine the completeness of the list; research might reveal more important errors or others that Redelmeier might not have considered fundamental. Other aspects of conversation that can potentially derail meaningful communication have not been considered. For example, although treatment providers already know the importance of monitoring the verbal exchanges they make in practice, research suggests that doctors' subtle communication style (e.g., nonverbal cues) also is extremely influential in healthcare settings (Ambady, LaPlante, Nguyen, Rosenthal, & Levinson, in press; Hall, Roter, & Rand, 1981). It is important that researchers and treatment providers begin to pay more attention to this important component of conversation as well.

The errors and potential solutions identified by Redelmeier et al. (2001) suggest the complex nature of treatment provider-patient conversation specifically and

communication generally. Conversations between any two individuals can suffer from many pitfalls; however, the stakes in healthcare are sufficiently high to recommend increased vigilance. Researchers and treatment providers should keep in mind conversational treatment error traps as they develop treatment opportunities for pathological gambling.

Comments on this article can be addressed to Debi LaPlante.

References

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