

Communication, Communication, Communication!

BY BECKY L. DEKAY, MBA



Cancer care providers are some of the best people I have known in my life, but have you ever thought about the fact that our patients do not want to see us? People do

not want to become our patients because that means they have cancer—the Big C! So, knowing that we are likely starting off the relationship with a strike against us, how can we as cancer care providers improve the patient experience?

This question was raised often during the recent ACCC 31st National Oncology Conference in San Diego.

At Feist-Weiller Cancer Center, LSU Health Shreveport, we do everything we can to make each patient's experience as positive as possible. My cancer program provides the highest quality care with the latest therapies, but what does "quality care" mean from the patient's perspective?

I've been told by cancer patients that what they want is an experience that is as pain free as possible with the least amount of fatigue. Cancer patients want to feel good and be able to do the activities they enjoy. And even though patients rarely voice these thoughts, they want to understand *what* is going on and *how* to manage before, during, and after their cancer treatment.

The best way to meet these needs is through clear, concise communication. Our nurses and physicians do a wonderful job educating our patients throughout their cancer journey, but a huge piece of education and communication is ensuring that the intended recipient receives and *understands* the message.

In retail and real estate, the mantra is location, location, location. In oncology, I'd like to suggest the mantra: communication, communication, communication.

I grew up believing the word "remarkable" was a good word, meaning praise. My parents would say "That's remarkable!" when I brought home a good report card. When we watched Neil Armstrong land on the moon, it was "remarkable." But when my son was


diagnosed with cancer, the connotation of this word dramatically changed for me. When a CT would light up, our physician said it was remarkable—not a good thing. To this day, I avoid using that word.

The words we use daily when speaking with our cancer patients—neutropenia, lesion, excision, resection—make perfect sense to those of us working in oncology, just as *amicus curiae* brief, eminent domain, and *lis pendens* make perfect sense to those in the legal field. But how many of us actually understand what this legalese means? Health literacy is not just about the uneducated patients; highly educated patients also want clear communication.

To improve patient communication I suggest:

- Slowing down
- Using "living room language" instead of jargon
- Using pictures and teaching tools
- Repeating and summarizing our conversations
- Using "teach back" and "showback" strategies
- Writing concise take-home information.

I will share another personal example of how we may be setting ourselves and our cancer patients up for communication breakdowns. When my mother had a non-smoker's lung cancer, I went with her to all of her appointments. Providers explained what was going on and why she was receiving certain treatments. I understood and thought, as a college graduate, my mother did too. Yet every drive home, she would ask me to explain what was said. And then throw in the pharmaceuticals. One person referred to my mother's oral chemotherapy as Tarceva, my sister (a nurse) continually referred to it as erlotinib, and the home health nurse would ask about her oral chemotherapy. One single pill, and my mother never could get it straight.

Bottom line: oncology providers do not need to use "big words" to prove how smart they are. Our patients know that we understand cancer—that's why they have come to us! So join me in making clear, concise communication part of our everyday conversation with patients. 

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