

The Mumbo Jumbo Fix hits a home run! [An E]xcellent book by an eminently qualified author who has lived it. Easy to read, organized with many valuable insights and vignettes.... Patients who read this book will end up improving their chances of the best outcome the profession offers.

—Dominick Addario, MD, Psychiatrist, Diplomate, American Board of Psychiatry and Neurology, Distinguished Life Fellow, American Psychiatric Association, Health Sciences Clinical Professor, University of California San Diego

Easy to read, and systematic approach to maximizing on first principles of communication in healthcare, and more broadly.... The book does not take itself too seriously, with a smattering of cartoons thrown in to make the subject light-hearted, but relevant and relatable. I highly recommend this book to all physicians, nurses, and others who support them.

—Javed Siddiqi, HBSc, MD, DPhil (Oxon), FRCSC, FACS, FAANS, Neurosurgeon, Chief of Neurosurgery, ARMC, RUHS, RCH & DRMC, Professor & Chair, Dept of Surgery, California University of Science & Medicine, Founding Journal Editor, *Contemporary Reviews in Neurology & Neurosurgery*, President Elect, California Association of Neurological Surgeons

The Mumbo Jumbo Fix is a long overdue resource for healthcare professionals, patients, and families. This book presents communication strategies in a clear and often humorous format.... Medical and nursing programs should include this book as a required text for improved communications skills.

—Elsa L. Murdoch, DNP, MSN, RN, CPHRM, Assistant Professor, RN-BSN Program Director, Azusa Pacific University

Who better to see the many problems of doctor-patient-nurse communication than an experienced medical malpractice attorney? Mike Grace has seen and heard it all. *The Mumbo Jumbo Fix* is loaded with entertaining and revealing stories of miscommunication between doctors and nurses and between both and patients.... It is a must read for both health professionals in training and those with experience.

—Joseph E. Scherger, MD, MPH, Family Practice Physician, Primary Care 365 Physician Core Faculty, Family Medicine Residency Program, Eisenhower Medical Center, Clinical Professor of Family Medicine, Keck School of Medicine, University of Southern California

An absolute must read for anyone who wants to improve communication and patient relationships. A comprehensive communication guide. Even the most seasoned healthcare professional will benefit from reading this book.

—Nicholas Wade, BSN, MPH, CEAS, Public Health Nurse, West Bay Area Director of Employee Health Service & Workers Compensation, Sutter Health

...The book was very worthwhile, easy to read, concise, and entertaining which holds all healthcare workers' attention. I appreciated the cartoons... I found myself smiling or laughing aloud at times. This book's subject has a role in the education of medical students and all healthcare workers.

—Lori J. Beck, DNP, Nurse Practitioner, Indiana University Health

...[V]ery eloquently written... [W]itty comical illustrations... [A]n easy read that can be read in one sitting or multiple sittings because you can pick right back up where you left off...

—Karen Seessengood, MSN, RN, CNOR, CST/CSFA, Nurse Perioperative Educator, Founder, Seessengood Perioperative Education and Consulting, Princeton, IN, Staff RN/Perioperative Educator, Surgery Department, Logansport Memorial Hospital

This book offers key observations and excellent suggestions for bridging the communication gap between healthcare providers and their patients. Without good communication, how can there be good healthcare.

—Steven Corn, Board Certified Patient Advocate

From my experience helping aging parents and adult children, when confronted with the need for a medical specialist or hospital stay there is no substitute for a knowledgeable resource and healthcare advocate. The MJ Fix fulfills this function and more. Instructive to physician and nurse as well as patient, the author outlines a thoughtful process review, along with helpful questions and suggestions to guide those on both sides of the exam table. The Do's and Don't topic summaries and humorous cartoons help drive the message home. A copy of the MJ Fix with highlighted page corners folded back, will also be an informative tool for the children of aging parents. Perhaps well-placed alongside your Will and Advance Directive!

—Rick Nicholas, son, parent, and husband

The Mumbo Jumbo Fix

The Mumbo Jumbo Fix

A Survival Guide for Effective Doctor-Patient-Nurse
Communication (Updated Edition)

Written and Illustrated by

Michael J. Grace, JD, CPHRM



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*The Mumbo Jumbo Fix:
A Survival Guide for Effective Doctor-Patient-Nurse Communication (Updated Edition)*

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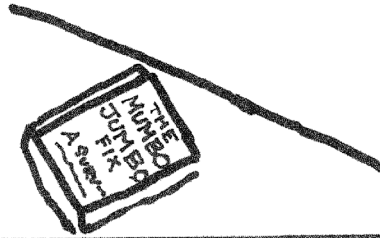
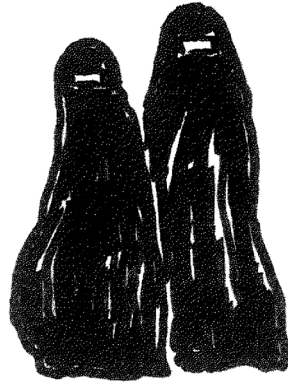
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READING THE AUDIENCE

I HOPE THERE'S A
CHAPTER ON
X-RAYING
BODY LANGUAGE



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The gods too are fond of a joke.

—*Aristotle*

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Preface

If you're like me, you mark life's timeline by three milestones—before Covid, during Covid, and after Covid. The first edition of *The Mumbo Jumbo Fix* was published in December, 2021 as the global pandemic was winding down. We are now in a post-Covid world and it was time for an update. While most of us no longer wear masks or maintain social distance, the world has undeniably changed in ways which impact healthcare and communication among its three essential participants—doctors, patients, and physician.

Telemedicine, the remote electronic interaction between healthcare providers and patients, has exploded across all healthcare disciplines.ⁱ It was triggered by medical necessity and the government's population lockdown. Going to "visit" the "doctor" is no longer always literally true. With the expansion of telemedicine came some temporary relaxation of privacy encryption requirements and a streamlined pathway for physicians to practice across State lines.ⁱⁱ While its usage has somewhat declined with the return to "normalcy," electronic healthcare holds the promise of more affordable and accessible services. But new technologies always present new communication challenges.

The shortage of physicians, not just in rural or underserved communities, has resulted in the expanded use of "physician extenders"—non-physicians

ⁱSingh, J. et al, "Telemedicine during Covid-19 Crisis and in Post-Pandemic/Post-Vaccine World," published online 2022 June 3, doi:10.3390/healthcare 10061041

ⁱⁱThe Interstate Medical Licensure Compact (www.imlcc.org) is an agreement among participating US states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. The Compact grew rapidly in recent years and currently includes 40 states and the District of Columbia with pending adoption by others.

like physician assistants and nurse practitioners—with increased medical responsibilities.ⁱⁱⁱ And the trend in some States is to offer a path for nurse practitioners to work independently and no longer under any supervision of a licensed medical doctor.^{iv} With these changes comes potential consumer confusion about who patients see and the scope of the provider’s license to practice. A “doctor of nursing practice” is not a “medical doctor” and does not have the same number of required years of education or clinical experience.

Nurses and other first responders were the undeniable heroes of the pandemic. But many burned out and left the profession, accelerating a pre-existing trend among our aging nurse population. The shortage of nurses and physicians has furthered the importation of more foreign born and educated providers with the associated potential communication challenges.^v

The pre-pandemic trend toward consolidation of healthcare systems and medical practices has intensified resulting in higher patient costs with mixed impacts on quality of care. Many communities have lost their local hospital. Healthcare is being delivered by a dwindling number of healthcare organizations. More care is being delivered in out-patient clinical settings.^{vi} And, of course, this care is being delivered to a rapidly expanding elderly population with more health and communication challenges.^{vii}

Amidst all of these developments, some sobering truths remain unchanged. Medical errors, so-called “adverse events,” are not decreasing. Most are caused by communication failures. They are the third leading cause of death in the United States. Adverse events occur in nearly one in four admissions and approximately one fourth of the events are preventable. Medical errors in hospitals are actually *underreported* and little attention has been focused on the volume of errors in the more common out-patient clinical settings.^{viii}

ⁱⁱⁱ “PA Profession Surges in Last Decade” www.nccpa.net; The Bureau of Labor Statistics projects a 27 percent increase in physician assistants from 2022 to 2032

^{iv} California Business & Professions Code, Sect 2837.101-103

^v Batalova, J., “Immigrant Health Care Workers in the United States,” Migration Policy Institute, April 7, 2023; Frieden, J., “Are There Too Many Foreign Born Docs in the US? Maybe, Maybe Not,” *Med Page Today*, Feb 16, 2022

^{vi} Levinson, Z., et al, “Ten Things to Know About Consolidation in Health Care Provider Markets,” www.kff.org, April 19, 2024; Dafny, L., “Addressing Consolidation in Health Care Markets,” *JAMA* 2021; 325(10): 927–928, doi:10.1001/jama.2021.0038

^{vii} Faria e Castro, M., Jordan-Wood, S., “Excess Retirements Continue despite Ebbing COVID-19 Pandemic,” Federal Reserve Bank of St. Louis, www.stlouisfed.org June 22, 2023

^{viii} Bates, D.W., et al, “The Safety of Inpatient Care,” *N Engl J Med*, 2023, 388:142-153; Rodziewicz, T. L., et al, “Medical Error Reduction and Prevention.” In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; 2024 Jan2024 Feb 12; Levine, D.M., et al, “The Safety of Outpatient care: Review of Electronic Health Records,” National Institutes of Health, May 7, 2024, www.pubmed.ncbi.nlm.nih.gov

Also what has not changed is the exclusion of patients from healthcare communication education. While we do an admirable job educating patients about wellness and their diagnosed diseases, little is done to train patients how to communicate in the baffling world of healthcare. Doctors still write communication books for doctors, nurses write for nurses, and almost no one writes for patients. And certainly no one includes all three of the essential participants in a single volume grounded in solid communication theory and “boots on the ground” experience. If we seriously expect to reduce communication caused patient harm, each essential participant needs to understand the unique communication challenges the others face.

My professional life as a medical malpractice trial lawyer defending healthcare providers and as a hospital Risk Manager and Patient Safety Officer tasked with keeping patients safe by investigating medical errors and creating effective corrective action plans has told me this truth: we must educate and empower patients. Fewer medical errors will occur if patients are taught the skills to hold busy providers’ feet to the fire by quietly insisting that established procedures be followed like patient identifiers, bedside handoffs, and informed consent protocols. Correct diagnosis and appropriate treatment are dependent on the patient’s ability to communicate an accurate medical history and specific details about their chief complaint. Patients will receive better care if they learn good listening and speaking skills, as well as develop an awareness of barriers to their own understanding.^{ix}

In the aftermath of Covid, I and many others have perceived a growing intolerance of rules and regulations which restrict individual freedom, a skepticism of “expert” opinions, and a coarsening of private and public discourse.^x It is anyone’s guess how long these shifts in attitudes and behaviors will last. But each of these developments is an impediment to effective healthcare communication and better patient outcomes. The updated edition of *The Mumbo Jumbo Fix* is intended to sound a trumpet for compassion, empathy, civility, and common sense. It is truly a survival guide for successful doctor-patient-nurse communication in a post-Covid world.

Mike Grace
Rancho Mirage, 2024

^{ix} Stewart, M., “Effective Physician-Patient Communication and Health Outcomes: A Review,” *Can Med Asso J*, May 1, 1995: 152(9): 1423–1433, www.ncbi.nlm.nih.gov

^x Reed, T., “Public freakouts, burnout, and bullying. Bad behavior is here to stay,” *AXIOS*, Sept 1, 2023, www.axios.com; Drake, K., “How has the pandemic changed our behavior?” *Medical News Today*, May 19, 2022, www.medicalnewstoday.com

A SIMPLE REQUEST

I HAVE TO READ 4 MONTHLY
MEDICAL JOURNALS TO STAY
CURRENT IN MY SPECIALTY, DO
REQUIRED MEDICAL COURSES,
ATTEND 5 WEEKLY COMMITTEE
MEETINGS, HANDLE A HEAVY
PATIENT CASELOAD, AND YOU WANT
ME TO READ A BOOK ON **HOW TO TALK?**

HAVE YOU
LOST YOUR
F**KING
MIND ???



1

Where We Are

IN THIS CHAPTER

Patients learn miscommunication among healthcare participants—doctors, patients, and nurses—is the cause of most medical errors but they have usually been excluded as a target audience from books on the subject.

Nurses familiar with hospital education initiatives will recognize a continuing need for improved communication among all healthcare participants.

Doctors' ability to communicate effectively remains elusive despite the best of intentions, formal training, and clinical experience.

“He doesn’t listen.” “She didn’t tell me.” “I thought I understood.”

“How many times do I have to say it?”

“Half the time I don’t know what he’s talking about.”

“Why doesn’t she just get to the point?”

As a hospital Risk Manager and Patient Safety Officer, every day I encountered the effects of linguistic mumbo jumbo within the healthcare system—meaningless, confusing, and ineffective communication among doctors, patients, and nurses. As a trial attorney defending healthcare providers, I regularly saw firsthand the legal consequences and harm of poor communication among healthcare participants. And as a speech communication major in undergraduate and graduate school and as a healthcare educator, I discovered

there are evidence-based best practices which add value and clarity to any professional interpersonal exchange.

How did we get here? We talk at, over, and past one another when there are easily adopted and effective strategies for these essential interactions.

The Joint Commission, the accrediting organization for most American hospitals and healthcare organizations, has long focused on the link between effective communication and patient safety. Its sentinel event data identified communication as a root cause for almost two-thirds of the reported serious harm events between 2004 and 2016.¹ Ineffective communication continues to be among the top three root causes for serious adverse events along with leadership and human factors.²

It's not that medical and nursing schools ignore communication. On the contrary, all clinical programs teach the centrality of the effective exchange of information. Both for optimal patient outcomes and provider job satisfaction. Yet despite mandatory coursework and the best of intentions, healthcare providers graduate with improved but only average communication competence. Apparently, communication skills are getting lost in the press of mastering the growing mountain of required clinical skills. Nor does clinical experience improve communication; bad habits become ingrained and excellent interpersonal skills remain elusive.³

Hospitals and other large healthcare delivery systems know communication is vitally important. An alphabet soup of "easily remembered" mnemonic tools are regularly rolled out in an effort to boost patient satisfaction scores. But posters plastered on institutional walls touting "patient centered" communication become wallpaper. Consciously or subconsciously harried healthcare workers muddle on as they've always done trying to gather and relate critical healthcare information as rapidly as possible in a time pressurized environment.

Nor has self interest improved effective doctor-patient-nurse communication. Medical malpractice claims data show the failure of a physician to communicate with the patient or other providers is one of the most common and costly reasons for the initiation of litigation. A major study released in 2016 representing one-third of the total insurance market estimated communication

¹ The Joint Commission, "JC sentinel event data, root causes by event type 2004–2013," 2014 Oct 1, <https://www.jointcommission.org/assets>

² Cooke, M., "TeamSTEPPS for health care risk managers: Improving teamwork and communication," *ASHRM Journal of Healthcare Risk Management*, 2016; 36(3): 35,36

³ Gilligan, C., Brubacher, S., Powell, M., "Assessing the training needs of medical students in patient information gathering," *BMC Medical Education*, 2020; 20:61

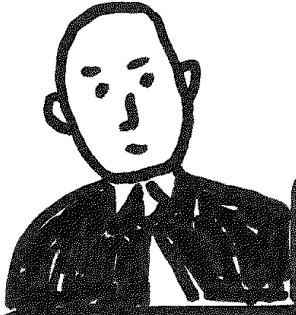
failures in U.S. hospitals and medical practices were responsible for 1,774 deaths and \$1.7 billion in malpractice costs over the prior five years.⁴

Often the patient who sues is merely looking for understanding of an unexpected outcome. Unfortunately, many doctors shy away from addressing such problems out of ignorance, inertia or fear even when there may be a straight forward and medically sound explanation. So, patients pursue answers through the court system. Or as frequently happens, the physician did relate the proposed treatment's risks and benefits in an appropriate and timely fashion, but the message was not fully understood in the moment. And often the physician fails adequately to document the conversation. Again, the result is a lawsuit.

There is already much written on this vital subject of healthcare communication, usually in the form of academic studies and scholarly treatises. Hardly an approachable format for time-strapped professionals and busy lay people already overwhelmed with other concerns. *The Mumbo Jumbo Fix: A Survival Guide for Effective Doctor-Patient-Nurse Communication* is based on the author's extensive real-world experience as a medical malpractice trial lawyer, hospital administrative officer, and healthcare educator. It is intended as an accessible treatment of easily digestible bites of important information—practical strategies which can be read in any order as suits the reader's appetite.

Most books in the field take a siloed approach to fixing miscommunication within the healthcare industry. They typically focus on either doctors or nurses and largely ignore patient education. Yet all three groups—doctors, nurses, and patients—are its essential participants. Emphasizing only one group to the exclusion of the others is similar to family counseling where the therapist never brings the individual family members together as a group. Is it any surprise that miscommunication remains a major cause of medical errors? *The Mumbo Jumbo Fix* is literally the first healthcare communication book to get everyone on the same page!

⁴CRICO Strategies, "Malpractice risk in communication failures," 2015 Annual Benchmarking Report, Boston, MA: The Risk Management Foundation of the Harvard Medical Institutions, Inc., 2015

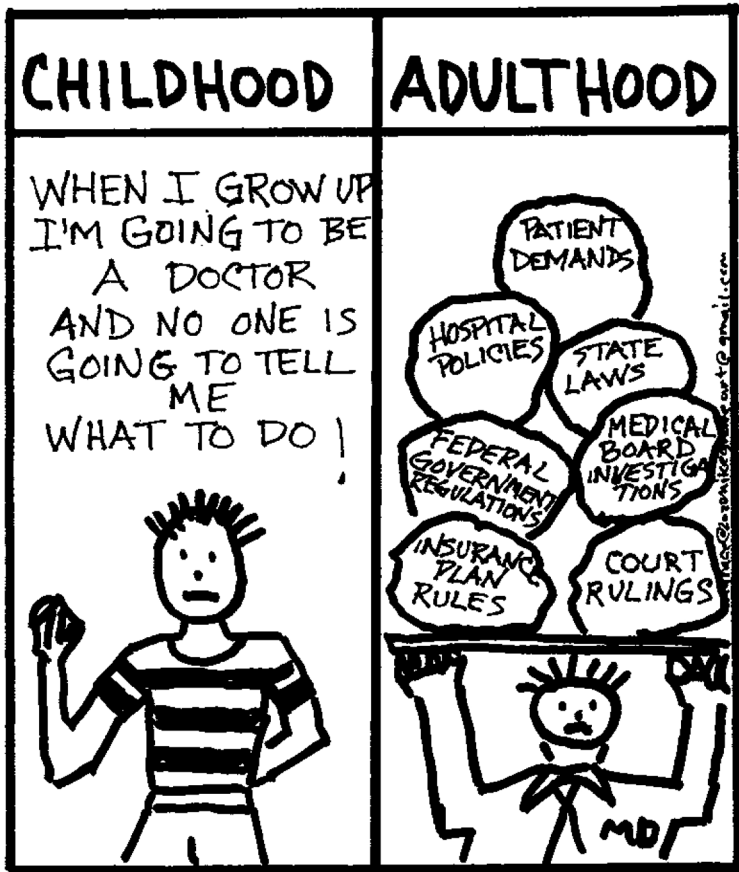


Do This

- Read and implement ideas in *The Mumbo Jumbo Fix*
- Resolve to improve professional communication
- Communicate better for improved patient safety
- Enjoy improved professional relationships

Don't Do This

- Be content with bad communication habits
- Keep repeating the same mistakes
- Expect same behaviors = different results
- Ignore the safety-communication connection



2

We Once Knew It All

IN THIS CHAPTER

Patients discover the key to effective communication is a skill taught when they were young, the same early education received by healthcare professionals.

Nurses and other healthcare providers learn they can reshape their professional lives through enhanced communication skills.

Doctors recognize they can improve patient outcomes by adopting evidence-based best communication practices.

The essence of excellent and effective communication is not mysterious, and it's easily attainable. You already know it. You learned it in the first grade.⁵

- Show respect
- Listen carefully
- Speak clearly
- Make eye contact
- Talk one at a time
- Avoid shouting
- Tell the truth
- Try to see the other side

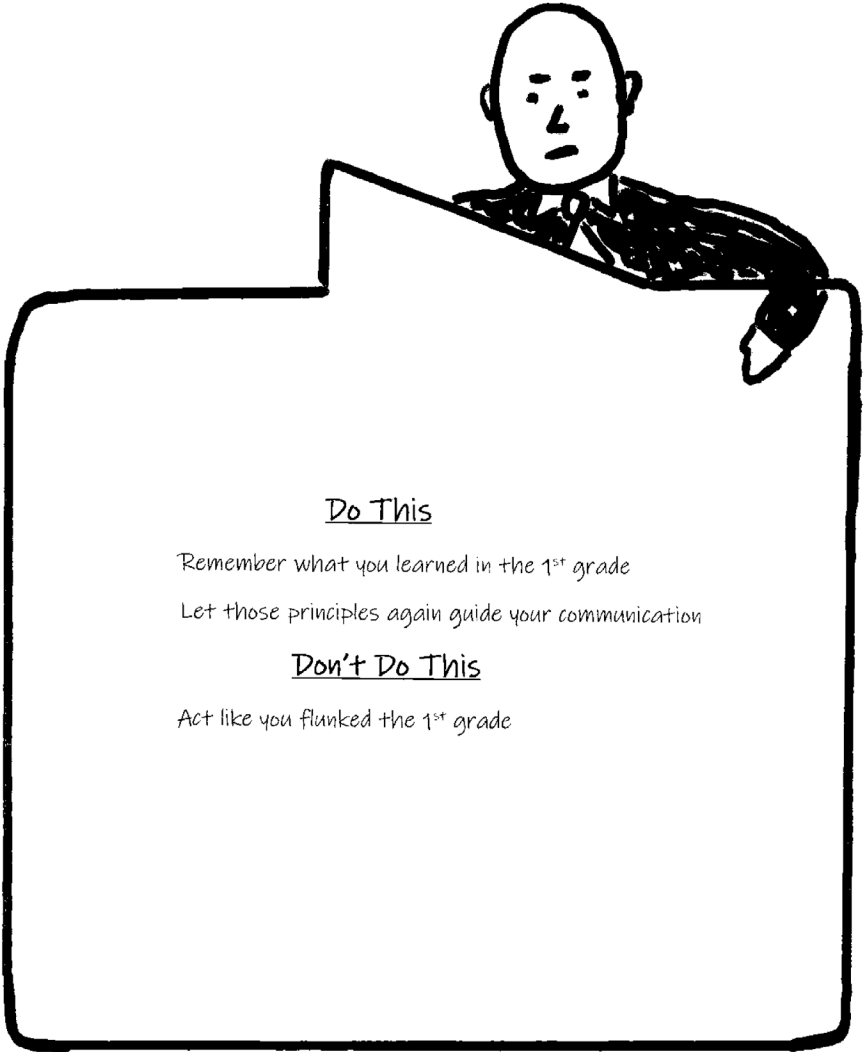
⁵ Morin, A., "Important Social Skills for First Grade," Very Well Family, 2020 Sept 17, <https://www.verywellfamily.com/social-skills-that-are-important-for-1st-grade-620955>

But what happened? We grew up. We became important. We got busy. We grew impatient. We got tired—of the demands, the expectations, the rules, the disrespect, and the stupidity. And we became fearful—and perhaps resentful—of change, the unknown and the loss of control. But as the rapper Tupac Shakur reminds us, “Things change. That’s the way it is.”

The good news is through effective communication we have the power to reshape our personal and professional lives. While there is some truth in the maxim “one cannot control anyone else,” there is also truth in the knowledge “one can choose to control oneself and how to respond to others.” And, frankly, there are even some evidence-based ways predictably and positively to affect others’ communication behaviors. Enhanced doctor-patient-nurse relationships will lead to improved patient outcomes, greater job satisfaction, less work-related stress, and better time management.⁶

As Aristotle, the Greek philosopher and rhetorician, observed 2400 years ago: “A good relationship starts with good communication.”

⁶Haq, C., Steele, D., Marchand, L., Seibert, C., Brody, D., “Integrating the Art and Science of Medical Practice: Innovations in Teaching Medical Communications Skills,” *Family Medicine*, 2004 Jan; 36 Suppl: S43



Do This

Remember what you learned in the 1st grade

Let those principles again guide your communication

Don't Do This

Act like you flunked the 1st grade



3

The Importance of a Name

IN THIS CHAPTER

Patients recognize the dignity of respectfully being called by name.

Nurses are reminded to address patients by their formal name until given permission to use a first name.

Doctors create a positive impression by calling patients by name, looking them in the eye while smiling, and remembering the name on subsequent encounters.

We all know it is hard to recover from a bad first impression. Knowing your patient's name is an important first positive step. Always verify the name in the chart before walking into the room. And every time thereafter. Make sure the patient you expect to see is in fact the one perched on your exam table!

Knowing the name is not enough. Use the name as you greet the patient. "A pleasure to meet you, Mrs. Padilla." And smile sincerely, looking the patient in the eye, as you say her name. Everyone wants to be acknowledged and recognized; no one wants to feel invisible. As motivational speaker Dale Carnegie famously said: "A person's name is to him or her the sweetest and most important sound in any language."

If you aren't sure how to pronounce the name, don't be shy about asking for clarification. Repeat the name as stated and make a mental phonetic note (and a written one later.) PA DI YA. Awkward second encounters are avoidable.