

**UC DAVIS
HEALTH**

**CHILDREN'S
HOSPITAL**

Building Trust Through Relationship-Centered Communication



Eric Crossen, MD, MPH
October 23, 2025



Thank you, Cindy!



Objectives



- 1) Explain why building trust with patients and families is more important now than ever
- 2) Describe relationship-centered communication strategies that promote trust
- 3) Commit to implementing a relationship-centered communication skill in clinical practice

Trust



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Trust Me. I'm a Professional.

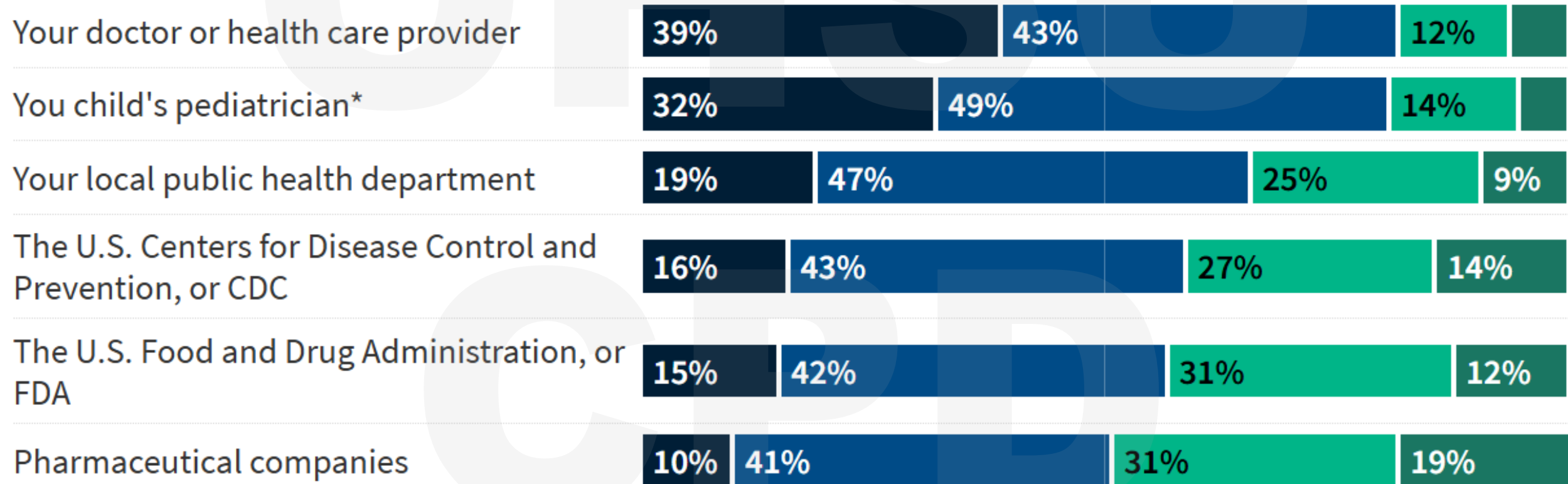


[Lucy's first pediatrician appointment](#)" by [squant](#) is licensed under [CC BY-SA 2.0](#)

KFF Tracking Poll on Health Information and Trust

In general, how much do you trust each of the following to provide reliable information about vaccines?

■ A great deal ■ A fair amount ■ Not much ■ Not at all



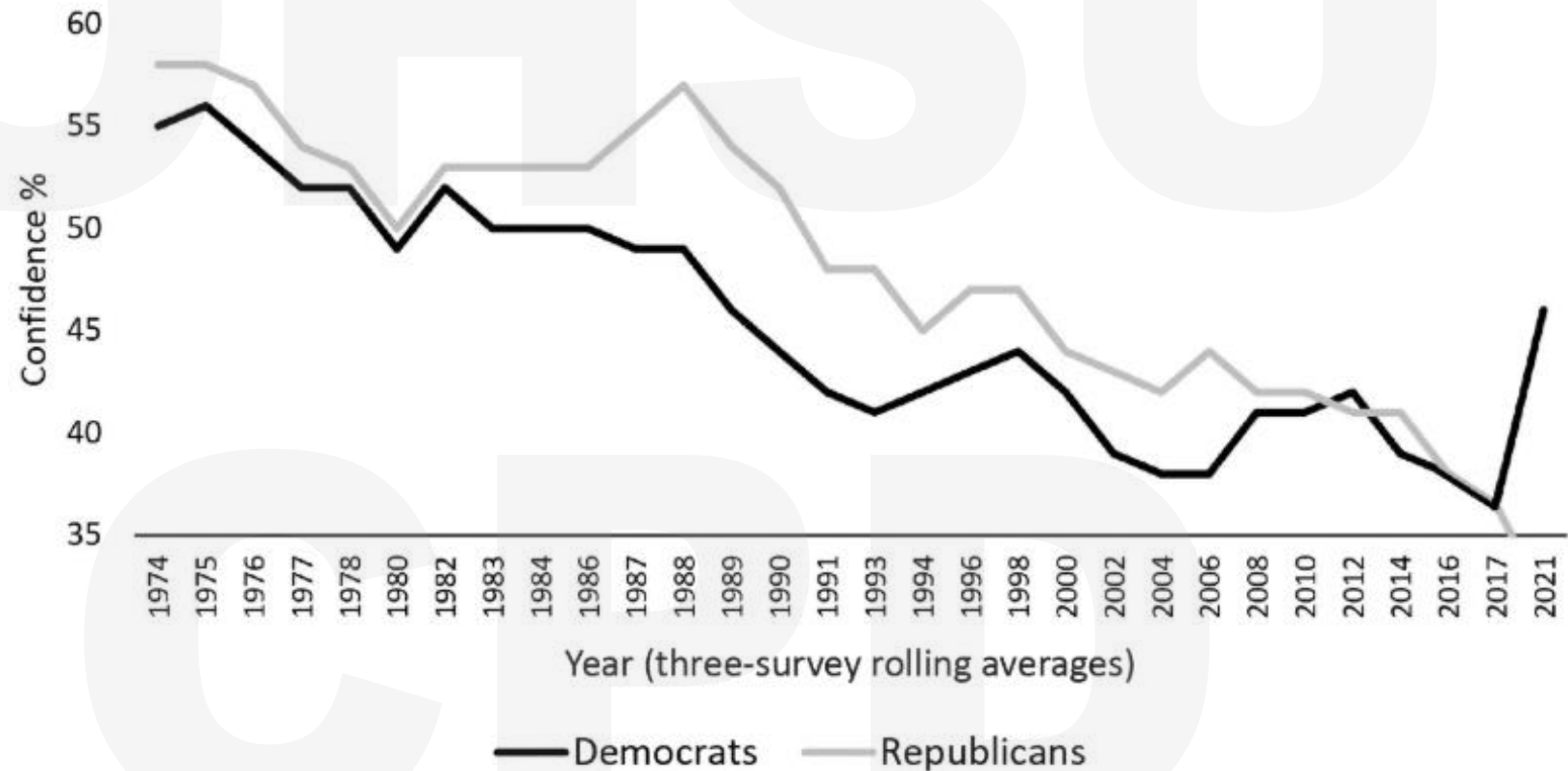
Why Does it Feel Like We Are Losing Trust?



Trust Imperiled?



Public Confidence in the People Running Medicine, 1973–2021



Data are three-survey rolling averages, except for 2021. Source: NORC at the University of Chicago, General Social Survey, 1973–2021.

This Problem Feels Bigger than Me – What Can I Do?



Photo by cottonbro studio: <https://www.pexels.com/photo/brown-cardboard-boxes-on-brown-wooden-floor-4553182/>

AAP President Kressly Calls for Practical Approaches and Humility

"As trust and confidence in medical organizations, science and health care recommendations erode, we need to take a look at what part we play in this trend. If we are going to serve the needs of every child, we must check our egos, acknowledge our biases and be open to change. As pediatricians, we are more than capable of doing this."

AAP News™



Humility can help restore trust

September 1, 2025

AAP President Susan J. Kressly, M.D., FAAP



Dr. Kressly

Small Steps Towards Big Change

Making big changes to address BIGGER problems is difficult...

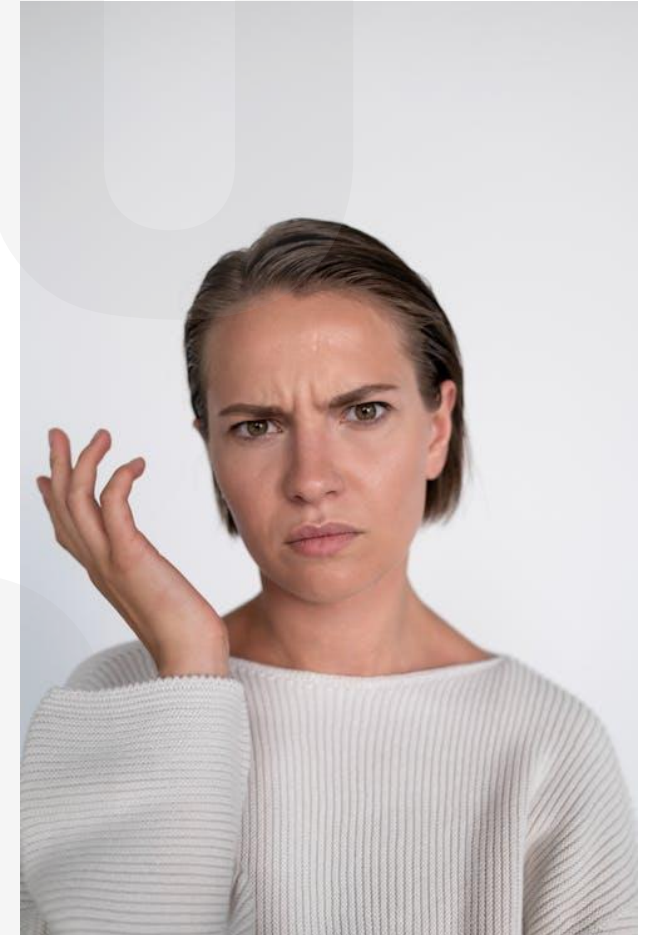
What Can We Do in Our Everyday Clinical Work?



Pitfalls in the Typical Approach to Clinical Encounters



- The Medical Interview?
 - Can feel physician-focused
- Formulating the Diagnosis
 - Can feel detached from patient experience and seem mysterious
- Sharing Information
 - Opaque and unnecessarily complex





Relationship-Centered Communication

- Acknowledges clinician's expertise
- Acknowledges patient's perspectives and preferences
- Allows clinicians and medical teams to connect with patients, families, and the emotions brought to encounters
- Focuses on the space between patient/family and clinician



Chou et al *Communication Rx* 2018.



Road Map



- A few words about physician-patient communication
- Fundamental Skills of Effective Relationship-Centered Communication (RCC)

Communication: The Most Common Procedure



- How many patient interactions in your career?
 - > 200,000 in a lifetime
- Less deliberate training, practice, and feedback than other less common procedures
- Computers/technology add complexity and volume

Chou et al *Communication Rx* 2018.

Better Outcomes with Communication Skills Practice



- For Patients
 - Diabetes glycemic control
 - Pain management
 - Overall patient satisfaction
- For Clinicians
 - Physician engagement
 - Physician satisfaction
 - Reduced medical malpractice risk

Levinson et al, Health Affairs 2010; Dwamena et al, Cochrane Database Syst Rev 2012; Hojat et al, Acad Med 2013; Kennedy et al, Pat Experience J 2014; Safran et al, J Fam Pract 1998; Stewart et al, J Fam Pract 2000; Levinson et al, JAMA 1997; Krasner et al, JAMA 2009

Set the Stage



Build rapport quickly



- Introduce yourself (and teammates), including your roles, to everyone involved
- Acknowledge wait
- Make a social comment
- Reference a prior encounter or personal information
- Attend to comfort
- Adapt language, pace, and posture

Wallace et al, Journal of Surgical Research 2009. Swayden et al *Patient Education Counseling* 2012

Acknowledge Barriers

- Active illness
- Immediate discomfort/needs
- Presence of others
- Language/literacy barriers
- Physical environment
- Introduce computer & use the computer to engage the person
- Recognize emotional moments and stop typing



Understand Why Your Help is Needed



Elicit ALL Concerns: Get the List!



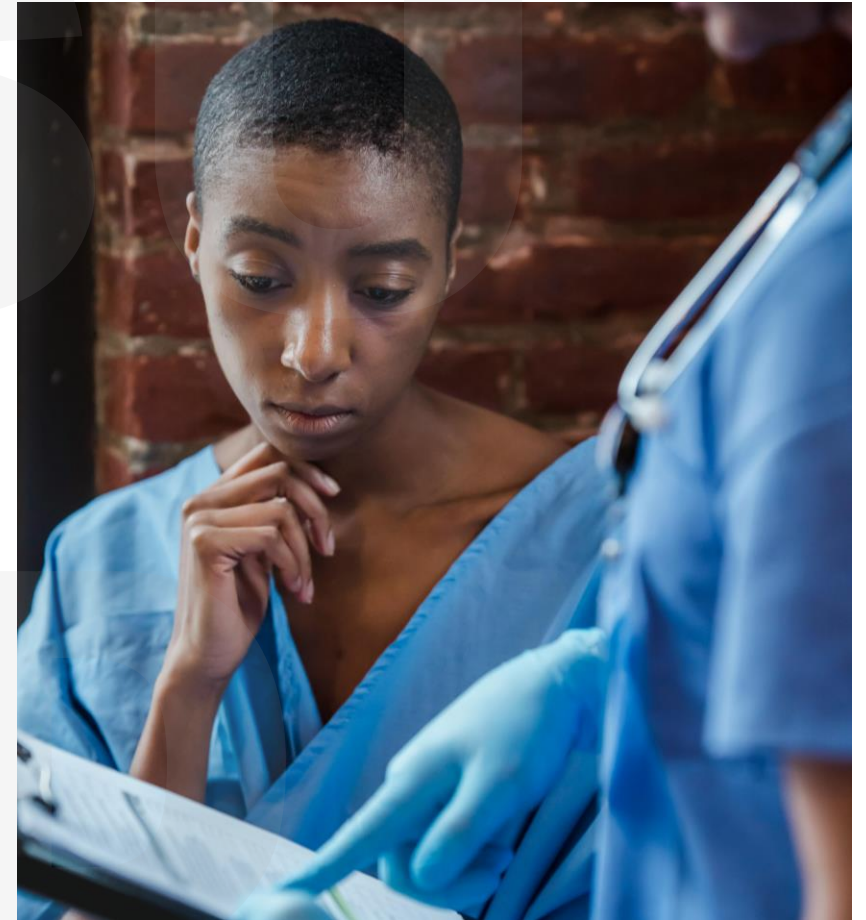
-How many concerns does the average patient bring?

2 per visit

-If you get the full list up front:

- It makes you more efficient

- You uncover hidden “chief concern,” which they may not share first



Marvel et al, JAMA 1999; Heritage et al, JGIM 2007



Eliciting All Concerns



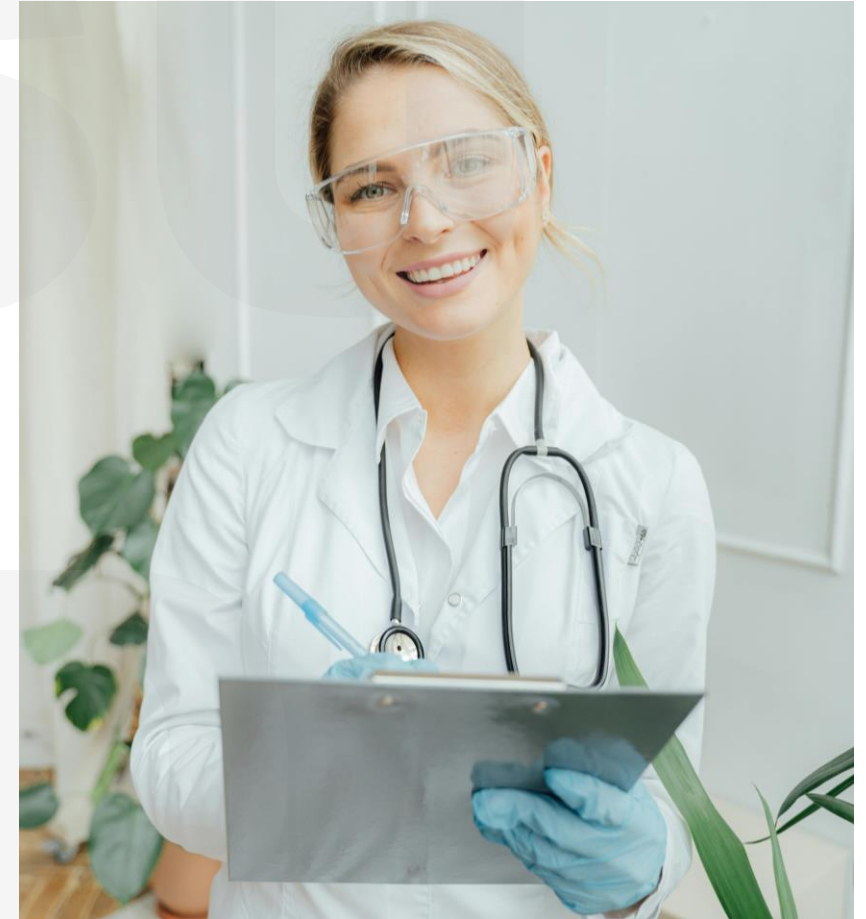
Examples:

“Before I get into my questions, what would you like to be sure we talk about today?”

“Before we begin, I’d like to get a list of what you’d like to go over today.”

And then:

“What else?” until all concerns exhausted – before delving further



Summarize and Negotiate the Agenda

Summarize the list

"We've got the new wheezing, and the allergy test results"

Establish patient's priorities

"Where would be the most important place for you to start?"

State your clinical concerns

"I'm most concerned about the wheezing you mentioned as well. Like you, I'd like to review the allergy test results."

"I also need to review your daughter's medications"

Offer a plan

"Can we start with the wheezing, then to the allergy test results, then review the meds?"



Elicit The Patient and Family's Perspective



...and respond with empathy

Listen to Understand



Pop Quiz #1



How quickly do you think we interrupt our patients?

- A) 10 seconds
 - B) 20 seconds
 - C) 60 seconds
 - D) 90 seconds
- 18- 23 seconds**



Pop Quiz #2



How long do you think patient or family will speak if given the opportunity?

- A) 90 seconds
- B) 30 seconds
- C) 2 minutes
- D) 5 minutes
- E) Clinic is over. Still talking.



Open the Conversation



- Begin with an open-ended request / question
 - *"Tell me all about your feeling light-headed."*
 - *"What can you tell me about your belly pain?"*
- Listen attentively and mostly silently
- Resist the urge to jump to questions
- Consider adding reflections without fixing
 - *"Wow. That sounds really challenging."*

Elicit the patient's perspective: Ideas, Concerns and Expectations



Ideas

"People often have ideas of what might be causing their symptoms. Do you have ideas of what might be causing your belly pain?"

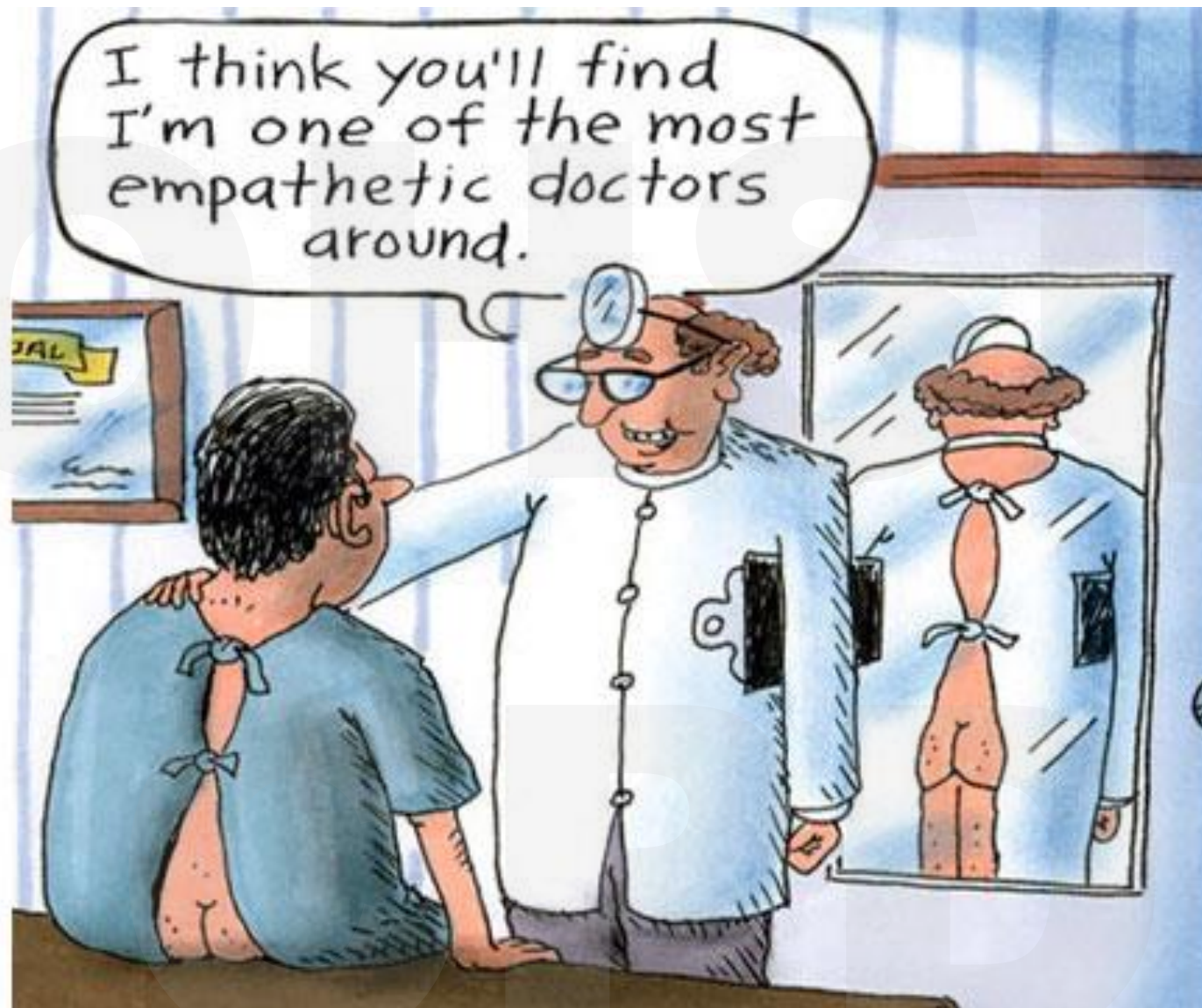
Concerns

"What are you most concerned about with how you've been feeling?"

Expectations

"What were you hoping to get out of today's visit?"

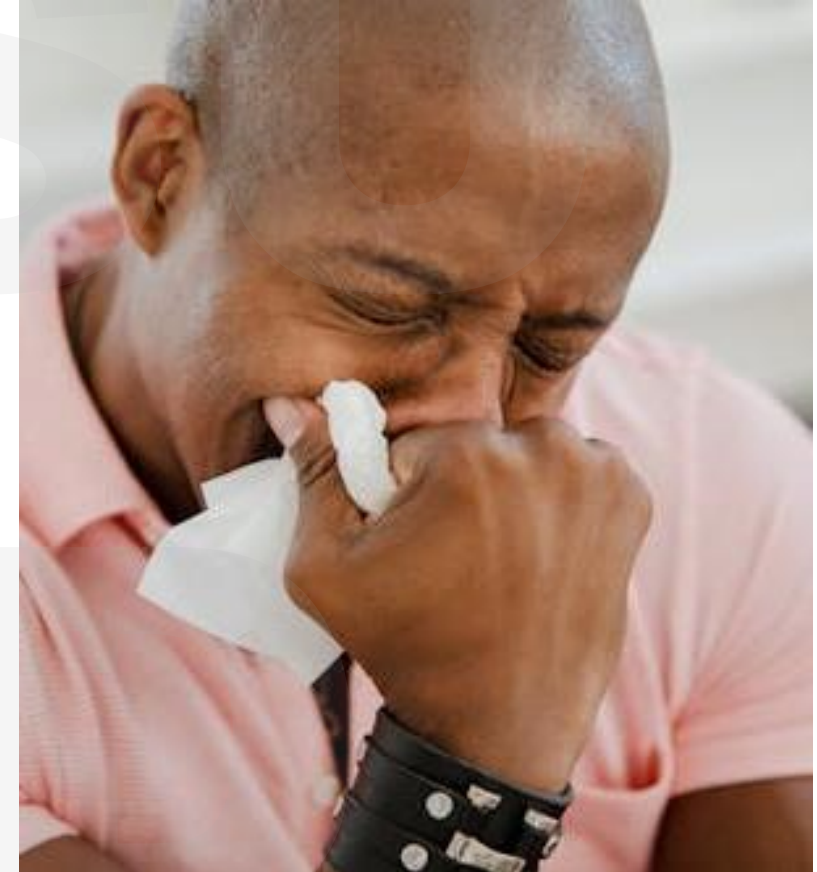
Stewart et al, 1995; Kleinman and Benson, 2006; Chou et al, 2018



Respond with Empathy



- Become skilled at picking up cues and clues
 - Verbal
 - Nonverbal
- Look for opportunities to express brief empathy



Convey empathy nonverbally



Use:

- Pause
- Touch
- Facial expression
- Tone of voice
- Space

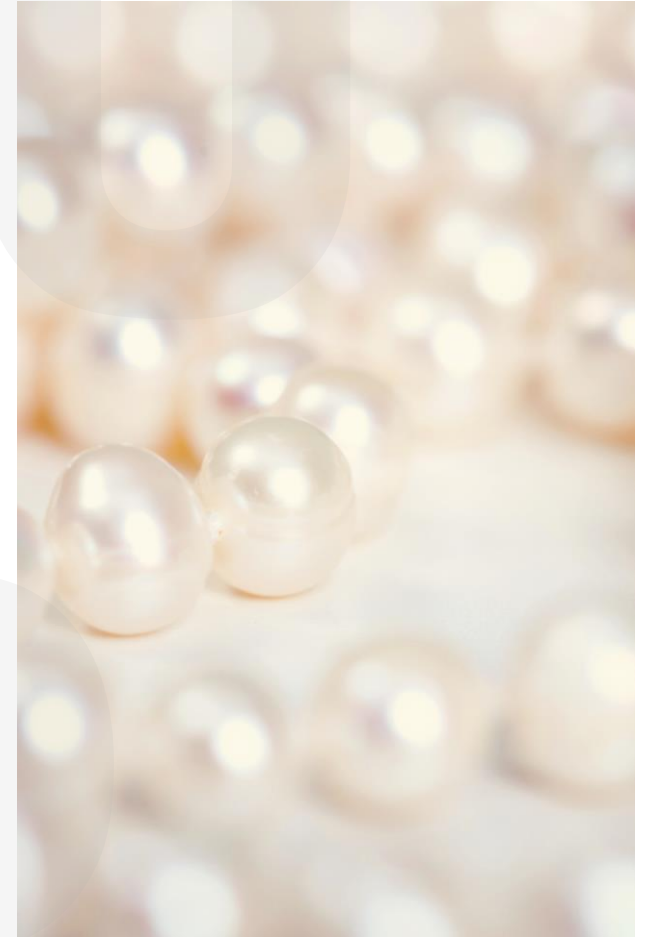


Ambady et al, Surgery 2002; Riess et al, JGIM 2014

PEARLS[©] statements



- **Partnership:** Let's work together on this.
- **Empathy/Emotion:** I imagine how frustrating this is for you.
- **Apology:** I'm sorry to hear how difficult this is.
- **Respect:** I give you a lot of credit for getting through this as you have.
- **Legitimization:** Most people in your position would feel this same way.
- **Support:** I'm going to stick with you through this.



Chou et al, Communication Rx 2018.

Empathy Enhances Efficiency

	Made empathic statements	Didn't make empathic statements
Internists	17.5 min visits	20 min visits
Surgeons	12.5 min visits	14 min visits

Levinson et al, JAMA 2000; Hojat et al, Acad Med 2011

Transition to Clinician-Centered Part of Interview

- Check accuracy with a brief summary
 - *It sounds like you're dealing with [problem] and you are worried it could be [idea/concern]"*
- Indicate that both content and style of inquiry will change, if patient is ready
 - *Next I want to ask you some more detailed questions to help figure out what is going on, and then I will do a physical exam to check out parts of your body that may be affected. Ready for those next steps?"*
- Continue with collecting the medical history and performing physical exam
- Don't stop connecting and empathizing!

Communication
can be taught,
like any procedure ...



- Skills can be learned & taught
- Mastery requires deliberate practice and feedback
- Think about “Sharpening the saw” or tuning your bike

Ericsson, Acad Med 2004; Tulsky, J Pall Med 2005; Dwamena et al, Cochrane Database Syst Rev 2012

Resources to take it to the next level



➡ At OHSU! TalkOregon Workshops through Programs in Compassionate Communication (<https://www.ohsu.edu/center-for-ethics/talkoregon>)

Learning to Teach. Teaching to Learn.



- Look for opportunities to introduce these concepts to your learners
- Helpful for observers as well as more independently-functioning trainees
- Learning settings
 - Clinical practice with precepting (e.g. activated demonstration)
 - Brief didactics and skills workshops for Peds residents
 - Incorporate into clinical skills learning labs for pre-medical and medical students

What RCC skill will you try for building trust?



- Build rapport quickly and deliberately
- Acknowledge barriers
- Get the full list of concerns
- Negotiate a shared agenda
- Open the conversation with an open-ended question
- Attentive and reflective listening
- Elicit perspectives through Ideas, Concerns, Expectations
- Look for emotion, respond with empathy (e.g. PEARLS)



Thank you!



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CPD

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