Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:
https://reachmd.com/programs/cme/can-we-talk-optimizing-patient-buy-in-to-the-management-of-endometriosis/26296/

Released: 08/09/2024
Valid until: 08/09/2025
Time needed to complete: 1h 44m

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Can We Talk? Optimizing Patient Buy-In to the Management of Endometriosis

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Shulman:
This is CMD on ReachMD, and I'm Dr. Lee Schulman. Here with me today is Dr. Linda Bradley from the Cleveland Clinic in Cleveland, Ohio.

Linda, welcome to the program.

Dr. Bradley:
Lee, it's so great to be here with you today.

Dr. Shulman:
Well, you know, Linda, let's get right to the topic. You and I both live and breathe the complexities of the diagnosis and treatment of endometriosis. And we also recognize that in order to get our patients to buy into both the diagnostic and therapeutic complexities of endometriosis, that we need to practice shared decision-making, or SDM. Can you give us some background on that process, that patient-physician discussion that really is so necessary for us getting successful results?

Dr. Bradley:

You know, shared decision-making, or SDM, is a newer term, but both of us have been practicing a long time and I've often used the lingo. I think about the woman at the end of the speculum. Shared decision-making means that we are looking at our patient, that we're listening, we're hearing, we're being empathic, and we're allowing her voice to tell her story, for which we must listen to.

Currently, a few articles, catchy titles, that have been published, and more recently one was called so how do doctors or how can doctors contribute to making endometriosis hell on earth for patients, a term something like that. And we don't want that to be hell on earth for our patients, reaching a diagnosis of endometriosis. And so there are 8 dimensions, sort of things that I think that we should think about.

Some of these dimensions include the following that we should think about as we're interfacing with our patients. One is called, in the paper, objectification, and basically that means that we are failing to incorporate the patient's unique feelings. We're just lumping her feelings with all others and that's not what we want to do. Sometimes we're passive. We need to be able to encourage our patients to tell their stories, to be self-empowered. Sometimes we think all the women with pelvic pain and discomfort, they're all the same, they're homogeneous, and we don't want to do that. And then we also fail to recognize how the patient is feeling. Is she isolated? So in summary, we want to draw out points like is she isolated? Is she like all others? Are we really listening to her unique story? And so those are some of the things that we think about.

Additionally, the loss of meaning. The failure to, again, listen to her voice. It's so important when you see patients' body language, their tears, their hesitancy to talk with you, that means something as we speak with our patients. I think the most important thing that women want to do is to tell their story, and when we leave a room with the patient, do you know her journey? We also find that patients sometimes lose confidence in us, and we must draw them back into our practices, into our collaborative work that we do. And then finally, we have to be able to focus on their treatments, be able to make sure that they're understanding what their future options will be, and then offer support. So we want our patients to leave and empowered, to feel heard, for us to be empathic, and the most important thing of all of these 8 dimensions, I think, is making sure we know her journey. How did this journey affect her life, her sexuality, her work, her opportunities, anxiety, depression.

Dr. Shulman:
You know, when we learn of that journey, when we understand, not so much what brought them into our office but how long that journey has been, I think in the empowerment of our patients, we also must know what does she want out of this? I just find so frequently that colleagues will make assumptions that they want to have a hysterectomy, or they want to be pain-free, and many times their desired outcome is very different from what we may be assuming what they want out of this process, out of the diagnostic or therapeutic process.

Dr. Bradley:
You know, the other thing, Lee, to get to your point and to the article that we just referenced, we must listen. If you listen to your patients, zip your lips, be quiet, your history will give you 80% of what you need to know, your physical exam more, and a little bit from imaging to sort of tell you where things are. And I just say, tell me your story, where does it begin? And when they finish, I'm always asking, tell me more.

Dr. Shulman:
Linda, thank you so much. It was great having you here today.

This was a great discussion on the value of shared decision-making and patient-centric strategies as a means to optimize patient outcomes in endometriosis. Unfortunately, our time is up. Thank you all for listening and have a great day.

Announcer:
You have been listening to CME on ReachMD. This activity is provided by Omnia Education and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/Omnia. Thank you for listening.