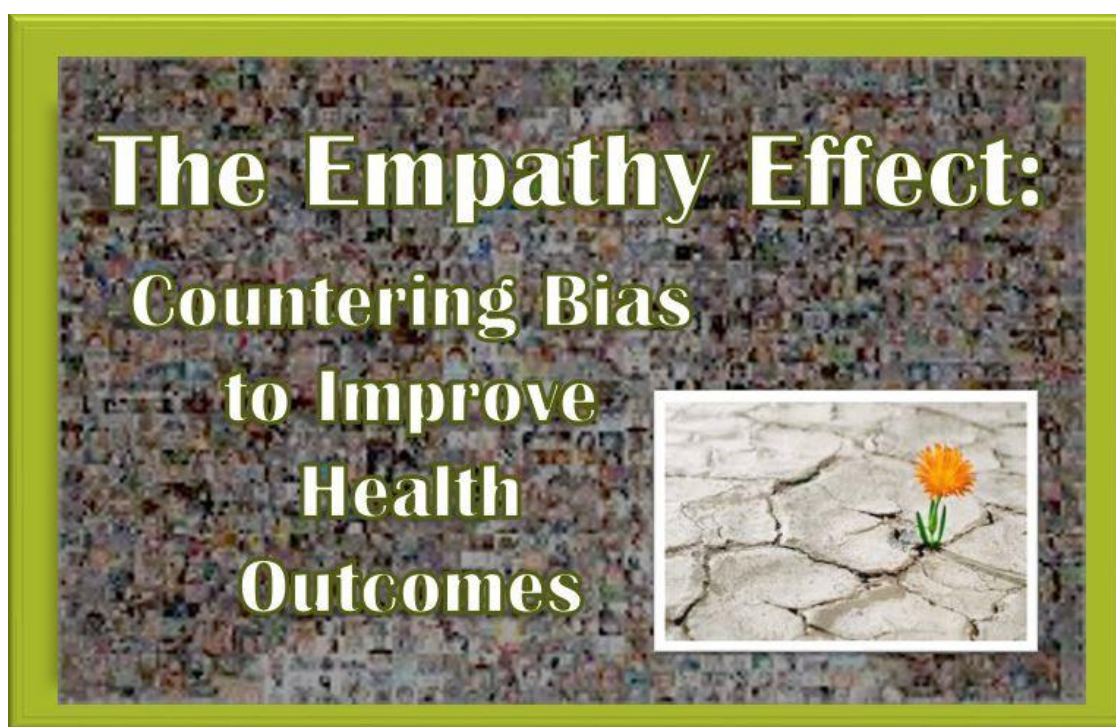


## Handout for PHASE November 2018 Convening



With Michele Nanchoff, PhD, RPsych,  
Senior Trainer, Institute for Healthcare Communication

## Overall Workshop Goal

*To enhance our skills in effectively conveying empathy to others, with a special focus on vulnerable populations*

### Disclosure of Commercial Support

- The Institute for Healthcare Communication (IHC) is a nonprofit, nationally accredited, organization which advances the quality of healthcare by optimizing the experience and process of healthcare communication
- The development of this program was made possible with funding from Blue Shield of California Foundation
- IHC does not permit discussions of commercial products, services or materials, including off-label products in any programs



### Development Team: Disclosure

*The planners for this CE activity, listed below, have no relevant financial relationships to disclose.*

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+ Expert Advisory Group (see following slide)



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*The members of the User Insight Group, listed below, have no relevant financial relationships to disclose.*

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*The members of the Expert Advisory Group, listed below, have no relevant financial relationships to disclose.*

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### Managing Conflict of Interest

The planning committee for this program has not identified any relevant conflict of interest related to the content of this program.



**P R E M I S E 1**

## PREMISE ONE

**Empathy is healing  
and  
Judgment is harmful**

**What is EMPATHY?**

- Compassion
- Rapport
- Trauma-informed care
- Caring
- Humility
- Kindness
- Understanding
- Respect
- Good will
- Therapeutic-alliance
- Perspective-taking

RESEARCH AMA 2016; APA 2010; CMA 2015; NASW 2008; Rogers, 1959; 1969; Rubenstein et al., 2016; Sinclair et al., 2016; Tumolo & Bladendorf, 2016

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**P R E M I S E 1**

## Types of Empathy

- AFFECTIVE**
  - Feeling what others feel
  - Hard-wired in humans
- COGNITIVE**
  - Perspective-taking
  - Helpful to counter bias and judgment

**Neither automatically results in effectively conveying empathy**

RESEARCH Bullell et al., 2012; Dzarte et al., 2014; Goleman, 2007; Hoffman, 2000; Sherman & Cramer, 2005; Krstovic, 2015

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**P R E M I S E 1**

## Premise One: Empathy

- Empathy is not the same as:**
  - Giving in
  - Being a doormat
  - Caring 'too much'
- Empathy is compatible with:**
  - Self care
  - Boundaries and limits
  - Saying no

Newcomb et al., 2017

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**P R E M I S E 1**

## Empathy: Empathy Conveyance

- When we talk about empathy in this workshop, we are talking about **cognitive** empathy
- Our focus will be on how we effectively **show** empathy




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**P R E M I S E 1**

## PREMISE ONE

### What is JUDGMENT?

**Empathy is healing and Judgment is harmful**

- Discrimination
- Bias
- Condescension
- Condemnation
- Stereotyping
- Stigma
- Discounting
- Negative attitudes

Cohen et al., 2011; Cozzer et al., 2012; Corrigan et al., 2014; Evans-Lacko et al., 2016; Goffman, 1963; Land & Lind, 2014; Kassam et al., 2012; Shah & Dixon, 2010; Van Baarsel et al., 2013

RESEARCH

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**P R E M I S E 1**

## Empathy impacts:

- Health outcomes
- Patient/client experience
- Healthcare team experience

 In fact, empathy, in itself, is a treatment.

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**P R E M I S E 1**

## Empathy ... IMPROVES HEALTH OUTCOMES



- Common cold
- Pain control
- Substance use disorders
- Anxiety
- Diabetes
- Depression

Cohen et al., 2013; Del Canto et al., 2012; Derksen et al., 2013; Fossati et al., 1999; Fox et al., 2010; Hesse et al., 2011; Palla & Pua, 2014; Piller 2000; Piller & Ruffolo, 2012; Pincus et al., 2016; Rabin et al., 2009; Rubin et al., 2010; Tetz, 2000; Verhaef et al., 2010; Vlasova, 2012

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**P R E M I S E 1**

## Empathy ... IMPACTS THE PATIENT / CLIENT EXPERIENCE

- Increased satisfaction
- Increased disclosure about personal and health information
- Improved adherence
- Increased understanding of health conditions



Barn et al., 2010; Bradman, 2013; Bussert et al., 2006; Cozzer & Fotacoulou, 2015; Derksen et al., 2013; Eisen et al., 2007; Fuchs et al., 2015, 2016; Piller et al., 2011; Tinsley et al., 2014; Steward et al., 2016; Tinsley et al., 2016; White et al., 2015; Warner & Matarud, 2000; Yael & Shoshana-Cohen, 2016

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### Empathy ... IMPROVES HEALTH CARE TEAM EXPERIENCES

- Increased rewarding interactions with each other and with patients / clients
- Decreased sick days when supervisors convey empathy to staff
- Decreased burnout
- Decreased complaints



Boudreau, 2015; Bultman et al., 2017; Chao & Petroski 2015; Duarte et al., 2015; Bourgeois et al., 2015; Crozier et al., 2015; Gosselin et al., 2015; Lavoie et al., 2014; Lee et al., 2016; Scott et al., 2010;

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### The impact of empathy is egalitarian

No matter what their job, a patient / clients' perception of feeling cared about, is impacted by everyone who interacts with them



- Robust research on receptionists, nurses, medical and behavioral health providers, and others, show an impact on patient experience and outcomes

Bates et al., 2015; Bourgeois et al., 2006; Robinson et al., 2015, 2016; Ford & Sinden, 2000; Foster et al., 2009; Hays et al., 2011; Palfai et al., 2011; Strickland et al., 2016; Patten et al., 2012; Sherman & Cramer, 2005; Steward et al., 2016; Tardif et al., 2010; White et al., 2013; Wilson et al., 2012; Warner & Patterson, 2005;

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### Judgment & Stigma impact ...

- Health outcomes and adherence
- Quality of care
- Patient/client experience



Brindley et al., 2015; Brindley et al., 2015; Gammon et al., 2016; Patten & Patten, 2013; Patten et al., 2012; Shah & O'Brien, 2010; van Boven et al., 2013; Warner & Patterson, 2005; Vlachar et al., 2009;

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### PREMISE TWO

Vulnerable populations experience greater harm by judgment and lack of empathy



RESEARCH

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PREMISE
2

### Vulnerable Populations

- Those who are poor, homeless, ethnic minorities, immigrants, refugees....
- Those who have mental health conditions, addictive disorders, chronic pain....
- Those who have experienced trauma, violence, and/or been in the criminal justice system....

In your experience, what other populations have been historically marginalized?

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PREMISE
2

### Vulnerable populations often experience...

- Decreased self-esteem
- Decreased physical and mental health
- Decreased social, employment and housing opportunities
- Increased emotional stress and anxiety
- Reluctance to seek medical and behavioral health services

Clement et al., 2014; Corrigan et al., 2009; ORO, 2014; Kassam et al., 2012; Naumen et al., 2011; Petron et al., 2012; Petron et al., 2013; Whitford et al., 2009

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PREMISE
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### Serious Mental Illness

People with serious mental health conditions are often violent

TRUE

FALSE

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**Addictive Disorders**

**Addiction is best described as:**

- A. A chronic disease
- B. A result of poor parenting
- C. A moral or character problem
- D. A lack of willpower




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**Adverse Childhood Experiences (ACE)**

**What percentage of the population, including health care staff, have experienced at least one ACE?**

- A. 25%
- B. 45%
- C. 65%
- D. 75%




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**Chronic Disease & Life Experiences**

**What childhood experience predicts these situations?**

- Obesity
- Diabetes
- Asthma
- Graduation rates
- Lost time from work as an adult
- Smoking status




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**Chronic Disease**

**Which chronic disease has the highest relapse rates? (ceasing self-management, return of unmanaged symptoms)**

- A. Diabetes
- B. Asthma
- C. Addiction
- D. Hypertension




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**P R E M I S E 2**

**Chronic Disease**

Which chronic disease is associated with dying 25 years earlier than the general population?

- A. Chronic Obstructive Pulmonary Disease
- B. Cancer
- C. Mental Illness
- D. Diabetes

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**P R E M I S E 3**

**PREMISE THREE**

**We all have judgments**

- Mostly unintentional
- Shows up in our language and actions
- Many of us believe we are non-judgmental
- We are exposed and influenced by stereotypes and stigma

**Judgments are normal**

RESEARCH: Brenier et al., 2014; Carter & Rees, 2016; Pether et al., 2015; Smith & Pandey-Gerron, 2016; Sato et al., 2013; Veleman, 2016

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**SUMMARY of PREMISES**

1. Empathy is healing and judgment is harmful.
2. Vulnerable populations experience greater harm by judgment and lack of empathy.
3. We all have judgments.

**We can learn to manage our judgments and improve our empathy conveyance**

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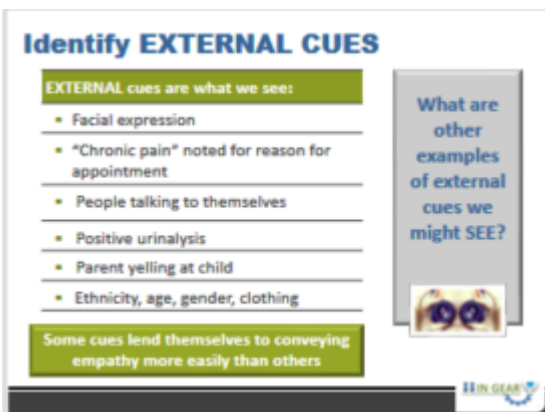
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## Identify INTERNAL CUES

INTERNAL cues are what we are feeling:

- Dread
- Anxiety and fear
- Frustration and irritation
- Holding breath
- Sadness or disappointment
- Feeling inadequate

What are  
other examples  
of internal cues  
we might be  
FEELING?



Brown et al., 2000; Martin et al., 2015; Luff et al., 2015



## IN GEAR:

NOTICE judgments and biases, employ counter cues and shift gears



- Make implicit biases explicit
- Unacknowledged biases become stronger
- Employ Counter Cues

Ballen & Stivers, 2008; Blain et al., 2011; Cohen et al., 2011; Bates & Kraft-Todd, 2014; Smith & Planteau-Clement, 2016; Moser et al., 2015



## USE COUNTER CUES TO SHIFT GEAR



Identify commonalities



Wonder what hardships this person has experienced



Blain et al., 2011; Karim & Rouse, 2016; Luff et al., 2016



## USE COUNTER CUES TO SHIFT GEAR (continued)

Imagine what the person is experiencing from their perspective



Imagine the person when they were a child



Bates, 2011; Blain et al., 2016; Churn & Bates, 2013; Dromerit et al., 2011; Luff et al., 2016; Vondra et al., 2015



### USE COUNTER CUES TO SHIFT GEAR (continued)

<p>Envision this person as someone in your own family</p> 	<p>Recall a time you were impressed with how someone you know responded to a person with similar cues</p> 	<p>Bring to mind associations that run counter to biases</p> 
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Bellon & Strasser, 2008; Blair, 2011; Koster & Rosen, 2010; Luff et al., 2016; Shewhee & Puse-Gould, 2016




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### EXERCISE 1: USING COUNTER CUES TO SHIFT GEARS

Note your:

1. Internal & external cues
2. Judgments and biases
3. Counter cue to shift gears




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### IN GEAR: GOODWILL GREETING



- A goodwill greeting is essential to conveying empathy
- To be successful, a goodwill greeting needs to come from all who interact with the patient/client
- We have only one chance to make a first impression

**Repair is difficult if goodwill greeting is missed or omitted**

Phelou et al., 2007; O'Connor et al., 2011




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### GOODWILL GREETINGS...

Can be conveyed, or missed, through the environment



DeMeester et al., 2016; Gordon et al., 2010; Newcombe et al., 2017




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## GOODWILL GREETING - ESSENTIAL SKILLS



- Welcoming words
- Warm, sincere and friendly tone of voice
- Empathic body language
- Connecting statements and purposeful compliments



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## IN GEAR: EMPATHIC LANGUAGE

- Words matter
- The language we use can convey empathy
- Unskilled language can convey judgment and lack of caring

Friedman & Schwartz, 2012; Williams, 2016



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## EMPATHIC LANGUAGE



- Person-first language and avoid stigma words
- Acknowledge Feelings
- Use Open-ended questions
- Shape expectations
- Normalize
- Repair



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## Empathic Language: PERSON-FIRST/AVOID STIGMATIZING WORDS

- Language can perpetuate negative stereotypes and depersonalize people
- Person-first language puts words referring to individual before words describing condition



Bryler et al., 2014; Olsen & Starfish, 2014; Trauma Toolkit 2013; Williams, 2016



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## Empathic Language: AVOID STIGMATIZING LANGUAGE



Stigmatizing Language	Non-stigmatizing Language
She refused...	She is not in agreement with the treatment plan.
Non-compliant	Patient reports not taking the medication as prescribed
Narcotics	Opioids
Committed suicide	He died of/by suicide
Dirty UA	Urinary analysis positive for amphetamines
Patient claimed...	Patient reported ... or Patient stated...



## PEOPLE-FIRST LANGUAGE



Stigmatizing Language	People-First Language
Schizophrenic	
Drunk driver	
Addict	
Train wreck	
Parolee	
Frequent flyer	
Homeless	
Poor	



## Empathic Language: ACKNOWLEDGE FEELINGS

- Acknowledging others' feelings demonstrates our care for their emotional experience
- Through acknowledgement, we help others process and handle their emotions



Deater-Deckard, 2004; Rosenbaum et al., 2006; Pincus et al., 2013; 2016; Hout et al., 2009; Karvonen et al., 2016; Rosen et al., 2015; Underman et al., 2007; Lantieri et al., 2006; Pincus et al., 2011; Rosen, 1999, 1989; Shostrom et al., 2016; Sinclair et al., 2016; Vohs et al., 2005; Wolf & Strosser-Cohen, 2016



## Empathic Language: The Process Of Acknowledging Feelings

- Listen carefully
- Match feelings words the person used  
*You're overwhelmed.*
- If no feelings words were used, say your best guess as to what you think the person might be feeling  
*Sounds like you're scared of what will happen if you...*  
*I get the sense that you're feeling overwhelmed...*





## Empathic Language: What we do *INSTEAD* of Acknowledging Feelings

What we do	Example
Give advice	<i>You need to tell him how you feel</i>
Explain	<i>The only reason the wait was so long is because...</i>
Respond with facts	<i>Our normal response time is 45 minutes.</i>
Reassure	<i>There's nothing to worry about.</i>
Oppose & correct	<i>Your son didn't mean that - he does too love you.</i>
Say "At least..."	<i>At least you had your son for 25 years....</i>
Give platitudes	<i>Every situation has a silver lining.</i>
Discount	<i>That was a long time ago. Let's move on.</i>



### EXERCISE 2: PRACTICE ACKNOWLEDGING FEELINGS SKILLS

1. View brief video.
2. Write an Acknowledging Feelings response.
3. Share in large group.
4. Record responses you like given by other participants.

## Empathic Language: USE OPEN-ENDED QUESTIONS

Open-ended questions are an invitation to the patient to share their story and sends message that their experiences are important.



*Tell me about...*

*What was different about this pain medication?*

*What are your thoughts about...*

*What do you think would help?*

KH, 2001; Long et al., 2002; Longwater et al., 2002; Miller & Nelson, 2012; Riecke et al., 2004, 2007; Rosenberg, 2009




## Empathic Language: USE OPEN-ENDED QUESTIONS



- Limit close-ended questions  
*Did you stop drinking?*
- Avoid "Why" questions which can unintentionally confer blame and result in defensiveness  
*Why didn't you get your blood work done?*
- Avoid narrow questions that suggest desired response and close off other responses  
*So you haven't mixed alcohol with your pain medication, have you?*

Brittano & Patrick, 2014; Farmer et al., 2006; Rhodes et al., 2007; Silver et al., 2011





### EXERCISE 3: OPEN-ENDED QUESTION SKILLS PRACTICE

Work in small groups of 3 or 4.

**Interviewer:** Ask interviewee an open-ended question about their work. Follow-up with one or two more open-ended questions.

**Interviewee:** Respond to interviewer's questions.

**Observer:** Quietly name the TYPE of questions you hear, and notice person-first language.

**TYPES of Questions:**

- Open
- Closed
- Narrow
- "Why"

**Some stem suggestions:**

- What?
- How?
- Tell me...

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### Empathic Language: SHAPE EXPECTATIONS

Shape expectations by using statements of orientation to show respect and provide a sense of safety


*First I'll get your insurance card, then I'll ask you to fill out a few forms about your health.*

*Let's first talk about what brings you in. Then I'll do a physical exam and afterwards, we'll discuss what we need to do.*

*I apologize. It looks like the wait time is at least an hour.*



Hartman & Stevens, 1999; Pincus et al., 2009




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### Empathic Language: NORMALIZING

Normalizing conveys that a situation is not uncommon.

*Gosh, making changes with our food is so tough for all of us.*

*Many women have mixed feelings about their pregnancy.*

*Relapse is so common. This is a tough disease.*

*Most of us seem to be hardest on those closest to us.*



**"Well, everyone has pain of some kind."**




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### Empathic Language: REPAIR - APOLOGY, SELF CORRECTION, WISHES...

Express regret for people's disappointing, inconvenient and uncomfortable experiences.

**APOLOGY:** *I'm sorry this happened.*

**SELF CORRECTION:**  
*I'm sorry that came out wrong. What I meant was ...*

**WISHES:** *I wish things were different.*




**"I'm sorry you feel that way."**

Biemer, 2009; Heaton et al., 2011; Heaton et al., 2013; Quill et al., 2001; Warner & Plakavich, 2000




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### EXERCISE 4: PRACTICE EMPATHIC LANGUAGE SKILLS

1. View brief video.
2. Individually, write Empathic Language responses.
3. Share responses in large group.
4. Record responses you like given by other participants.


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### IN GEAR: AFFIRM STRENGTHS



- Affirming is noticing and amplifying a person's strengths
- This is also sometimes called 'commendations' or 'strengths focus'

Beck et al., 2010; Fletcher et al., 2011; McElhannon & Hernandez-Jones, 1996; Robinson, 2016




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### AFFIRM STRENGTHS

- Notice and amplify a person's strengths:

*Wow, I really appreciate your honesty about this.*

*I'm so impressed that you came today, with everything that is going on.*

*I can hear how much you care about your relationship with your son.*

*I admire the way you handled that situation. You showed a lot of strength and courage.*



**"You're awesome!" / "I'm so proud of you!"**




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### EXERCISE 5: PRACTICE AFFIRM STRENGTHS SKILLS

1. In pairs, one person shares a difficulty.
2. Partner responds with a strength affirmation.
3. Share in large group.




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## IN GEAR:

### REFLECTIVE LISTENING

- Reflective listening lets people know that we hear them and that we understand.
- Reflective listening requires that we:
  - be present
  - listen carefully
  - drop our agenda
  - not make assumptions
  - not attempt to influence at this moment



Coulahan et al., 2001; Ford & Sordén, 2000; Miller & Rollnick, 2013; Pollalis et al., 2007, 2011; Rosenbaum, 2009; Swales et al., 2010



### THE PROCESS OF REFLECTIVELY LISTENING

1. Listen and understand the **meaning** of what the person is saying
2. Restate or summarize what you heard
3. Pause



It may sometimes be necessary to:


- Confirm with person: *Did I get that right?*
- Correct what you heard if you did not get it right.



### Reflective Listening STRATEGIES



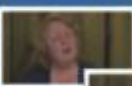
- Use person's exact words  
*You're at the end of your rope.*  
*So you're telling me that you've already filled out these forms.*
- Provide short summary  
*You've had a really stressful year.*
- Reflect meaning  
*Sounds like you are going through a hard time, and that makes sense given what you've already gone through.*






### EXERCISE 6: PRACTICE REFLECTIVE LISTENING SKILLS

1. View brief video.
2. Write a Reflective Listening responses
3. Share your response with large group.
4. Record responses you like given by other participants.





## Essential Techniques for Empathy Conveyance

- I** = Identify Your Internal and External cues
- N** = Notice Judgments and Use Counter Cues to Shift Gears
- G** = Goodwill Greeting
- E** = Empathic Language
- A** = Affirm Strengths
- R** = Reflective Listening



For more information on this and other IHC programs, visit, <http://healthcarecomm.org/>



# PROGRAM OVERVIEW

The Institute for Healthcare Communication (IHC) is a nationally accredited, nonprofit organization whose mission is to enhance the quality of healthcare by improving communication through education, advocacy and research. IHC works with healthcare organizations to provide educational opportunities for clinicians and other healthcare staff to develop the communication skills they need to be effective. IHC can provide trained IHC faculty members(s) to deliver workshops to local staff; alternatively, arrangements can be made to provide a Train-the-Trainer (TTT), so that each new faculty is able to facilitate workshops for that program at their own organization.

**For more detailed information, visit [www.healthcarecomm.org](http://www.healthcarecomm.org)**

## ***Clinician-Patient Communication to Enhance Health Outcomes (CPC)***

Effective clinician-patient communication underlies successful medical care. Research has demonstrated that using more effective communication skills improves diagnostic accuracy, increases involvement of the patient in decision-making and increases the likelihood of adherence to therapeutic regimens. Additional benefits are an increase in patient and clinician satisfaction and a reduced likelihood of exposure to malpractice litigation. The objectives of the program are to improve awareness of a clinician's roles regarding the importance of communication as an essential aspect of healthcare and gain understanding of the concept that complete clinical care consists not just of "find it and fix it" but of four communication skills: Engage, Empathize, Educate, and Enlist.

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| ▪ Workshop options: ½ day, 1-day, 1-hour Grand Rounds | ▪ Train the Trainer (TTT): 3.5 days |
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## ***Coaching Clinicians for Enhanced Performance (CCEP)***

For the best and most lasting improvement of clinicians' communication skills, research and educational evaluation support the implementation of reinforcement and support following training workshops. Ongoing clinician support includes periodic one-on-one coaching from a person who understands the clinical environment, identifies and can model the skills to be learned, and appreciates the coaching process. Healthcare systems and medical practices that invest in focused communication skill development can expect to see measurable improvements in patient satisfaction scores, clinical outcomes and clinician job satisfaction. IHC's CCEP Train-the Coach program will train selected individuals within your own organization to provide individualized clinician coaching and support.

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| ▪ Workshop options: N/A | ▪ Train the Coach (TTC): 2.5 days |
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## ***The Empathy Effect: Countering Bias to Improve Health Outcomes (EE)***

The workshop, designed for all providers and members of the care team in healthcare settings, is grounded in the most current research on empathy-based care. It provides unique opportunities for learner self-reflection and structured practice using strategies for countering judgment and bias. The workshop provides a safe learning environment through IHC's signature facilitation of guided exercises and discussion. Learners come away with a deepened appreciation of introspection and intentional use of empathic skills for immediate application in practice.

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| ▪ Workshop options: ½ day | ▪ Train the Trainer (TTT): 3.75 days |
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## ***"Difficult" Clinician-Patient Relationships (DCPR)***

There have been many articles written about working with "difficult" patients. By identifying patients as the "difficult" part of the relationship, this literature can reinforce negative stereotypes and inhibit effective communication. Ultimately, though, the clinician has to respond in a constructive way to what is experienced as a difficult situation—by clinician and patient. This workshop challenges clinicians to examine the patterns of interaction with patients that cause them the greatest difficulty and to explore strategies for responding effectively.

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| ▪ Workshop options: ½ day, 1-day | ▪ Train the Trainer (TTT): 2.5 days |
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## ***Choices and Changes: Motivating Healthy Behaviors (C&C)***

Historically, patient motivation and behavior were viewed as the domain of the patient. The implied assumption was that the clinician could do little more than provide information to influence the patient's actions; however, we now know this to be an inaccurate assumption about the dynamic that takes place between clinician and patient. This program is designed to acquaint the learner with the literature, theory and techniques for promoting change in health behavior.

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| ▪ Workshop options: ½ day, 1-day, 1-hour Grand Rounds | ▪ Train the Trainer (TTT): 3.5 days |
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## ***Team- and Patient-Centered Communication for the Patient Medical Home (PMH)***

There is broad recognition that effective communication must be learned, practiced and reinforced by all members of the healthcare team—not only clinicians. Patients, payers and co-workers expect every member of the healthcare team to communicate clearly, respectfully and compassionately. Similar to continuing education efforts to keep healthcare teams up to date on standards of care, communication skill improvements are necessary to meet today's expectations. Enhanced communication efforts lead to improved care outcomes, higher patient satisfaction, reduced litigation and increased job satisfaction among providers, and are a fundamental tenet of the acclaimed Patient-Centered Medical Home (PCMH) model.

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| ▪ Workshop options: 1-day, 1-hour Grand Rounds | ▪ Train the Trainer (TTT): 3.5 days |
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### ***Conversations during Serious Illness (CSI)***

The Conversations during Serious Illness workshop is a series of five, 1.5-hour modules that cover a variety of end of life communication topics: sharing serious news; discussing advance care plans; transitions to palliative care; preparing for death; and self-care and resiliency for end of life caregivers.

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| ▪ Workshop options: 5, 1.5-hour modules | ▪ Train the Trainer (TTT): TBD |
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### ***Strangers in Crisis: Communication for Emergency Department and Hospital-Based Clinicians (SIC)***

Patients enter the hospital and the emergency department in crisis and are met by strangers who, in an instant, become responsible for their care. Time pressures, high information processing needs and the seriousness and complexity of the patient's medical problems contribute to the intensity of the situation. This program was developed to address the specific needs of emergency department clinicians and their patients. By the end of this course, learners will be able to apply the 4E Model to communicating with patients, families and their team members in the Emergency Department.

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| ▪ Workshop options: ½ day, 1-day, 1-hour Grand Rounds | ▪ Train the Trainer (TTT): 3.0 days |
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### ***Disclosing Unanticipated Medical Outcomes (DUMO)***

This workshop is designed to provide learners with a better understanding of organizational, ethical, and risk management aspects of disclosure along with practicing the communication skills needed with patients and families. The goal of the workshop is to enhance learners' ability to re-establish trust and rapport in the face of adverse outcomes. Research and experience suggest that the clinician's and organization's abilities to effectively respond to the patient's and family's concerns and emotions are the best way to reduce the likelihood that the situation will escalate to more contentious legal processes. Clinicians, patients, and families are able to acknowledge, forgive, and move on with less emotional distress when the process of working through adverse outcomes is handled sensitively, ethically and equitably.

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| ▪ Workshop options: ½ day, 1-hour Grand Rounds | ▪ Train the Trainer (TTT): 3.0 days |
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### ***Managing Communication after Unanticipated Medical Outcomes (MCUMO)***

When medical care results in adverse events and outcomes—regardless of the cause—the response of organizations and individual clinicians has a powerful effect on all the parties' ability to communicate about and resolve the situation satisfactorily. This workshop is designed for clinicians, risk managers and administrators responsible for advising clinicians and helping to direct the organizational response when unanticipated medical outcomes occur.

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| ▪ Workshop options: 1.5 days | ▪ Train the Trainer (TTT) N/A |
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### ***Treating Patients with C.A.R.E. (CARE)***

Healthcare organizations face the challenge of assuring that all staff members who interact with patients use effective communication skills. Patients have better health outcomes when good interactions with staff encourage them to adhere to treatment plans and follow up with care. Treating Patients with C.A.R.E. (Connect, Appreciate, Respond, Empower) provides a model and specific techniques that guide all staff to communicate in ways that will enhance satisfaction and encourage patient partnership.

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| ▪ Workshop options: ½ day, 1 day | ▪ Train the Trainer (TTT): 2.5 days |
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### ***Coaching for Impressive Care for Managers and Supervisors (CFIC)***

When healthcare organizations want front-line staff to adopt critical strategies, such as improved service quality, supervisors are key. Without the active and consistent support of their supervisors, efforts to change staff behavior are less effective. This workshop provides front-line supervisors with a model of coaching that supports staff efforts to communicate in ways that will enhance satisfaction and encourage patient partnership. Supervisors are taught to put on their Coaching C.A.P.: C.A.R.E. about the employee, Assess communication skills, and Plan for impressive performance.

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| ▪ Workshop Options: ½ day | ▪ Train the Trainer (TTT): 2.5 days |
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### ***Connected: Communicating and Computing in the Exam Room***

This workshop has been designed for clinicians and medical office staff who use computers while interacting with patients. With effective communication, patients experience the electronic medical record as a valuable medical tool that enhances their confidence in care, encourages adherence to medical regimens, invites active participation in maintaining their health, and enhances their satisfaction.

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| ▪ Workshop Options: ½ day, 1-hour Grand Rounds | ▪ Train the Trainer (TTT): 2.5 days |
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### ***Intensive Communication Skills***

This workshop is designed as an intensive training experience for practicing clinicians who seek to reconsider their approach to patient communication in the clinical setting. Participating clinicians may be self-referred or referred by their organization. The program is intended expressly for professionals who provide patient care. Addressing provider issues such as psychiatric illness, substance abuse or clinician misconduct is beyond the scope of this workshop.

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| ▪ Workshop Options: N/A | ▪ Length: 2.0 days |
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