Building Care Team-Patient Communication Skills to Enhance Health Outcomes

with Michele Nanchoff, PhD, RPsych
Senior Trainer, Institute for Healthcare Communication
Workshop Objectives

- Learn the fundamentals of improved care team-to-patient communications: engaging the person, empathizing with their concerns and situation, educating with clear language using proven strategies, and enlisting the patient as a partner and focus of care
- Identify the difference between biomedical tasks and communication tasks
- Practice a key patient education strategy and communication skill
- Explore ways you can take this new knowledge back to the exam room – and share with colleagues

Clinician-Patient Communication to Enhance Health Outcomes

CME/CE Planner Disclosure

The planners for this CME/CE activity, listed below, have no relevant financial relationships to disclose:

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Managing Conflict of Interest

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

Disclosure of Commercial Support

- This CME/CE workshop was originally developed by the Institute for Healthcare Communication (IHC) through grants from Bayer Pharmaceuticals Corporation
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**Premise One**

**COMUNICATION MATTERS**

Essential to clinical role

Lasting effects

National priority in patient centered care

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**Why Communication Training?**

Career Satisfaction  
Clinician Retention  
Positive Performance Measures  
Personal Development  
Healthcare Team Support  
Improved Patient Outcomes

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**Diagnostic Accuracy**

*How soon is a patient typically interrupted?*

- 18 seconds (Beckman & Frankel 1984)
- 23 seconds (Marvel 1999)
- 12 seconds (Rhoades 2001)

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**Patient Health Outcomes**

Symptom resolution

Reduced distress/anxiety

Improved emotional well-being

Improved functional status

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Adherence
- 25% Instructions too difficult
- 7% Against personal beliefs
- 27% Cost concern
- 39% Disagreed With clinician

Patient Satisfaction
70% variance in satisfaction scores due to COMMUNICATION
- Nonverbal
- Attitude
- Information giving
- Decision-making style

Patient Safety
What is the ROOT CAUSE of nearly 66% of reported sentinel events?

Problematic Team Communication

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**Malpractice Risk**

71% of patients who sued cited communication problems

(Beckman et al., 1994; McClellan et al., 2012)

**Malpractice Risk**

Themes from plaintiff depositions

- Deserted: 32%
- Devalued: 29%
- Information delivered poorly: 26%
- Lack of understanding: 13%

(Beckman et al., 1994)

**Tone of Voice and Malpractice Risk**

- Surgeon-patient interactions
- Tone of voice: Dominance vs. warmth
- Dominance tone: Nearly 3x more likely to be sued

(Ambady et al., 2002; Frosch et al., 2012)

**Communication is a procedure**

- Most common procedure (> 160,000 interactions)
- Can be improved and assessed with teaching and practice


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Patient-centered care requires

- **Biomedical tasks**
  - Find it
  - Fix it

Patient-centered care requires

- **E4 Communication tasks**
  - Engage
  - Empathize
  - Educate
  - Enlist

The two essential tasks

- **E4 Communication tasks**
  - Engage
  - Empathize
  - Educate
  - Enlist

- **F2 Biomedical tasks**
  - Find it
  - Fix it

E1 = Engage

- Connect
  - Person
  - Health needs
  - Build trust

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Barriers to engagement?
(Levinson et al., 2013; Beckman & Frankel, 1984; Kravitz, 2001; Marvel et al., 1999; Barry et al., 2000; Wynia et al., 2006; White & Levinson, 1997)

Engage
What’s your welcoming ritual?
(Makoul et al., 2007; Montague et al., 2013; Block et al., 2013)

Elicit and Summarize Agenda
(Dyche & Swiderski, 2005; Brock, 2011; Heritage, 2007; Rodondi, 2009)

Get the story: Core skills
(Reflective listening)
(Open-ended questions)
(Nonverbal awareness)
What is Nonverbal Communication?

Categories
- Interpersonal distance
- Eye contact
- Gestures
- Facial expressions
- Voice quality and tone
- Personal appearance
- Practice environment

All messages exclusive of verbal content

Open-Ended Questions: Funnel It

“Tell me what happened…”
“Go on…”
“What was different about this pain?”
“How are you coping?”
“What do you think?”
“Help me understand…”

Core skill: Reflective listening

Stating back what the patient has said
Gain insight into patient’s thoughts and feelings
Gather data

Reflective listening phrases

“So, you’re saying you’re not convinced…”
“It sounds like you’ve been feeling…”
“You’re wondering if it’s time to…”
“I hear you saying you’re not ready…”

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E2 = Empathy

- I see you
- I hear you
- I understand you
- I accept you

Barriers to empathy

- Our "clinician voice"
- Our concern about time
- Our own biases
- Our worries it will open "Pandora's box"
- Our practice environment

Barriers to empathy (Hardee & Platt, 2010; Broyles et al., 2014; Kanter & Rosen, 2016; IHC EE workshop)

Empathy: A Time Saver

PATIENT CLUES
When we miss clues, they repeat
Missed clues = longer visits

Primary care 20.1 vs. 17.6 mins
Surgery 14 vs. 12.5 mins
Oncology Missed 70% of clues

Empathy: Patient Feels Seen

- Adjust physical barriers
- Use Electronic Health Record (EHR) to join
- Acknowledge nonverbal cues
- Make eye contact

Empathy: Patient Feels Seen (Levinson, 2000; 2013; Easter & Beach, 2004; Mauksch, 2008; Bonvicini, 2009)
Empathy: Patient Feels Heard

**Three steps:**
1) Focus ... look and listen (suspend judgment)
2) What do you imagine this person is experiencing?
3) Start there – communicate your understanding to them

“That trip to the emergency room really scared you”

Empathy: Patient Feels Accepted

▪ Focus on behavior not the person
▪ Normalize
▪ Use appropriate self-disclosure

Empathy: Several Forms

<table>
<thead>
<tr>
<th>FORM OF EMPATHY</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORMALIZE</td>
<td>“Anyone would feel scared.”</td>
</tr>
<tr>
<td>SELF-DISCLOSE</td>
<td>“We never stop worrying about our kids even as adults.”</td>
</tr>
<tr>
<td>PARTNER</td>
<td>“We can figure this out together.”</td>
</tr>
<tr>
<td>HIGHLIGHT/AMPLIFY</td>
<td>“I’m impressed with how you’ve...”</td>
</tr>
</tbody>
</table>

Engage and Empathy: Outcomes

▪ Diagnostic accuracy
▪ Patients feel “listened to”
▪ More likely to trust our recommendations
▪ Reduced patient anxiety
▪ We send a message of partnership

 состоит из трех шагов:
1) Фокус... смотрите и слушайте (заморожьте суджения)
2) Что вы думаете о том, как это человека?”
3) Начните с там – сообщите им вашу понимание

“Это поездка в экстренную комнату действительно испугала вас”

Empathy: Patient Feels Accepted

▪ Фокус на поведение, а не на человек
▪ Направление
▪ Использовать подходящее самовыражение

Empathy: Several Forms

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<tr>
<td>NORMALIZE</td>
<td>“Кто-то стал бы испуган”</td>
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<tr>
<td>SELF-DISCLOSE</td>
<td>“Мы никогда не перестаем беспокоиться о наших детях, даже взрослых.”</td>
</tr>
<tr>
<td>PARTNER</td>
<td>“Мы можем договориться об этом вместе.”</td>
</tr>
<tr>
<td>HIGHLIGHT/AMPLIFY</td>
<td>“Я впечатлен тем, как вы...”</td>
</tr>
</tbody>
</table>

Engage and Empathy: Outcomes

▪ Диагностическая точность
▪ Пациенты чувствуют, что “слушают”
▪ Более вероятно доверять нашим рекомендациям
▪ Уменьшение пациента стресс
▪ Мы отправляем сообщение о партнерстве

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**E3 = Education**

- Greater Knowledge and Understanding
- Increased Capacity and Skills
- Decreased Anxiety

**Shared Knowledge**

- Diagnosis
- Treatment
- Self-Management

**Barriers to Education**

- Gaps in competency
- Emotional willingness
- Information retention?
- Lack of understanding

Nearly 50% of Americans have trouble understanding health information.

On average, Physicians use 4 un-clarified technical terms per visit.
Technique: Ask about self-diagnosis

“What do you think is going on?”

“I have thoughts about what the problem is (insert your explanation). Let’s talk about how this fits with what you’ve been considering?”

(Bocker, Personal communication)

Patients need to know

ASK ME 3

“What do I need to do?”

“What is the problem?”

“Why is doing this important?”

National Patient Safety Foundation

Interactive Education Tool

ASK

TELL

ASK

ASK-TELL-ASK

Assess knowledge

You mentioned your aunt had her knee replaced. What’s your understanding of this type of surgery?

What do you know about tendonitis?

(Kemp et al., 2008; Schillinger et al., 2003; Braddock et al., 2008)
**AS TEL ASK**

- Ask permission
- Limit to 3 key points
- Use "chance" or "more or less likely" vs. "risk"
- "9 out of 10 people" vs. "90%"
- Use visuals
- PAUSE

(Schwartzberg et al., 2007)

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**EXERCISE: Ask – Tell – Ask**

1. Select a topic you're comfortable discussing
2. Work in pairs; Take turns practicing **AS TEL ASK**
3. Remember to begin with **1st ASK**: "What do you know about...?"
4. **TEL**: Share the 3 points. Be clear & brief
5. **ASK** them to review the 3 points
6. Switch roles

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**E4 = Enlist**

Inviting the patient to collaborate in decision-making AND validating the patient's values and preferences

- **Goals for treatment**
- **Plan for treatment**

(Edwards & Elwyn, 2006)

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Barriers to enlistment and shared decision-making

- Patient's preference for participation
- Clinician's knowledge about patient's preferences
- Clinician's willingness to discuss

Adherence

- Confidence in ability to follow through
- Ability to share concerns
- Belief in efficacy

Other adherence factors

- Chronic or acute condition
- Biological variability
- Financial concerns and feasibility
- Social supports

Enlist: Keep in mind core skills

OE: "What are your concerns about the pain medication?"
RL: "So remembering to take your pills is harder than you originally thought."
E: "Sounds like you're worried about the out-of-pocket costs for the surgery. I'm glad you told me."
AP: "Would it be okay if I take some time to explain the reasons?"

OE=Open ended  RL=Reflective listening  E=Empathy  AP=Ask Permission
“HOW” You Ask Can Influence “WHAT” Your Patient Shares

Turn these closed questions into discussion openers

“Are you eating well?”
“Did you take all of the antibiotics?”
“Are you exercising?”
“When did you last check your sugar level?”
“Have you made a decision about the surgery?”

Workbook pg. 24

Shared Decision-Making Techniques

Collaborate on an action plan
Write in understandable language
Provide personalized practice handouts
Be sensitive to economics. Ask
“What concerns do you have about costs?”

Educate and Enlist: Outcomes

▪ Increased understanding and decreased confusion
▪ Patient questions are answered
▪ Decreased anxiety
▪ Increased motivation and adherence
▪ Greater satisfaction
▪ Partnership

(Derksen et al., 2013)

Closing Techniques

▪ Forecast the close of visit
▪ Summarize diagnosis, treatment, and prognosis
▪ Review next steps
  ▪ Future visits
  ▪ Phone calls
  ▪ Tests results
▪ Say goodbye and express hope

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Patient-Centered Care

**E4 Communication tasks**
- Engage
- Empathize
- Educate
- Enlist

**F2 Biomedical tasks**
- Find it
- Fix it

(Keller & Carroll, 1994)

Benefits of E4 Communication

- Builds patient trust and respect
- Agreement on diagnosis and treatment
- Improved adherence
- Increased patient and clinician satisfaction
- Decreased complaints and liability

Improved adherence
Increased patient and clinician satisfaction
Decreased complaints and liability

Institute for Healthcare Communication

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**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 health care 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.

**"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.

**Choices & 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 participant with the literature, theory and techniques for promoting change in health behavior.

**Team & 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 healthcare professionals, and are a fundamental tenet of the acclaimed Patient-Centered Medical Home (PCMH) model.

**The Empathy Effect: Countering Bias to Improve Health Outcomes (EE)**

We all make judgments on a daily basis, and in many cases, with relatively minor consequences. Now think of the potential impact that judgment can have in situations where communication is essential, such as health care. The patient who is judged may not follow-up on important recommendations; the patient who feels marginalized may not ask critical questions to clarify treatment; the patient who senses bias may never return for that follow-up visit. EVERYONE who encounters patients in a healthcare system shares a responsibility to ensure the best care and outcomes possible for EVERY patient who crosses their organization’s threshold. Through the application of specific communication techniques and practice, we can learn to mitigate these judgements, and ultimately work toward the best patient experience and care possible.
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.

Care not Cure (CNC) / Conversations at the End of Life (CEOL)

The Care Not Cure workshop is designed to help clinicians talk with patients when treatment fails to cure or control disease, and the focus of care shifts toward palliative goals and methods. The Conversations at the End of Life workshop is a series of six, 1-hour, stand-alone modules, that cover a variety of end of life communication topics including: defining a good death; discussing advance care plans; transitions to palliative care; death notification, grief and bereavement; managing family anger and distrust; and resolving conflicts arising from cultural differences.

Strangers in Crisis: Communication for Emergency Department & 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, participants will be able to apply the 4E Model to communicating with patients, families and their team members in the Emergency Department.

Disclosing Unanticipated Medical Outcomes (DUMO)

This workshop is designed to provide participants 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 participants’ 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 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.

Treating Patients with C.A.R.E. (CARE)

Health care organizations face the challenge of assuring that all staff 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.

Coaching for Impressive C.A.R.E. for Managers & Supervisors (CFIC)

When health care 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.

Connected: Communicating & 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.