Institute for Healthcare Communication
171 Orange Street, 2R | New Haven, CT 06510-3153
(800) 800-5907 | info@healthcarecomm.org | www.healthcarecomm.org

Handout for: PHASE June 2018 Convening

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

Institute for Healthcare Communication

CME/CE Planner Disclosure

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

Kathleen Bonvicini, EdD, MPH
CEO/Executive Director– IHC

Mary Rodgers Schubert, MPM, RN
Director Continuing Nursing Education
University of Pittsburgh School of Nursing

Barbara Andrews, MPPM, MPH
Director of Grants and Projects– IHC

Dwight Burney, III, MD
Chair, Comm Skills Mentoring Prog Project Team
American Academy of Orthopaedic Surgeons

Ramon Jimenez, MD
American Academy of Orthopaedic Surgeons

Michael Marks, MD, MBA
American Academy of Orthopaedic Surgeons

Robert Marra, DPM
PodiatryCare, PC

Michele M. Nanchoff, PhD, RPsych
Adjunct Assistant Professor, Dept of Family Medicine
University of Calgary/IHC Senior Trainer

Thomas Campbell, MD
University of Rochester
IHC CME Advisory Council

Susan Cohen, DSW
Director of Counseling/Chairperson
The Carola Walburg Rothschild Society for the Human Animal Bond
IHC CME Advisory Council

Jacqueline Dunbar-Jacob, PhD, RN
University of Pittsburgh School of Nursing
IHC CME Advisory Council

Suzanne M. Kurtz, PhD
Clinical Professor, College of Veterinary Medicine
Washington State University
Professor Emeritus, University of Calgary
IHC Advisory Council

Dennis Novack, MD
Drexel University College of Medicine
IHC Advisory Council

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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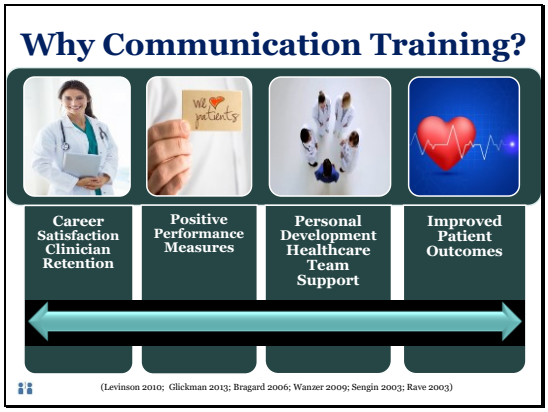
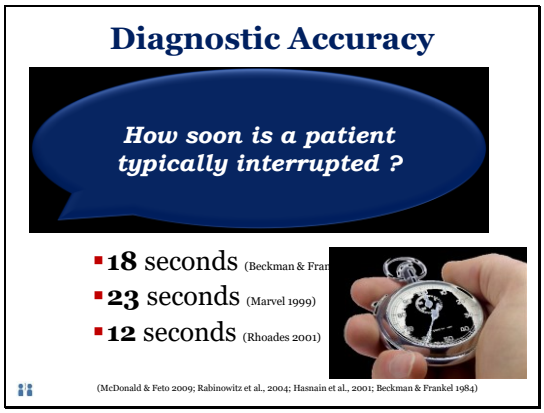
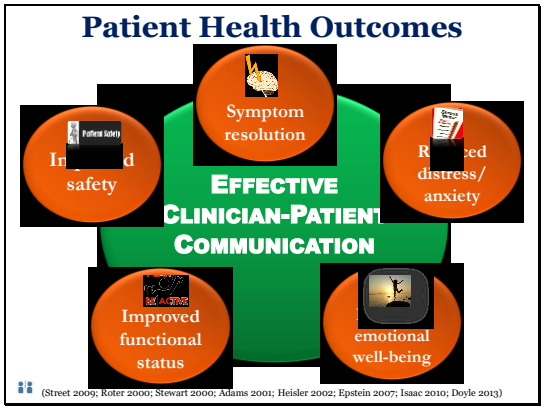
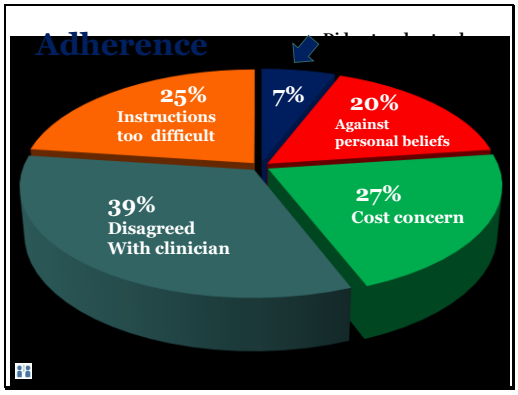








Patient Satisfaction

70%

variance in satisfaction scores due to
COMMUNICATION

- Nonverbal
- Attitude
- Information giving
- Decision-making style

(Press Ganey, 2004; Jangland et al, 2009; Davis et al., 2002; Anden et al., 2005; Aragon & Gesell, 2003; Watson, 2009; Wellstood, 2005; Montague, 2013)

Patient Safety

What is th ROOT CAUSE

66%

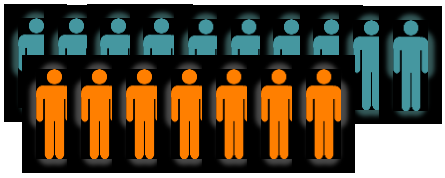
of reported sentinel events?

(JCAHO Root Causes & Percentages for Sentinel Events – All Categories [Jan 1995-Dec 2005]; TeamSTEPPS, Agency for Healthcare Research and Quality and Dept of Defense, 2008)

Problematic Team Communication

(JCAHO Root Causes & Percentages for Sentinel Events – All Categories [Jan 1995-Dec 2005]; TeamSTEPPS, Agency for Healthcare Research and Quality and Dept of Defense, 2008)

Malpractice Risk

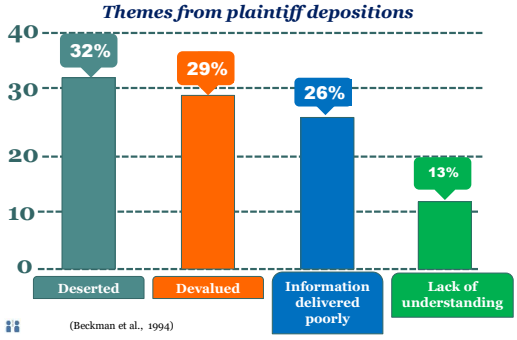


71% of patients who sued cited communication problems

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

Malpractice Risk

Themes from plaintiff depositions



(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)

Patient-centered care requires

Biomedical tasks

Find it

Fix it

Patient-centered care requires

E4 Communication tasks

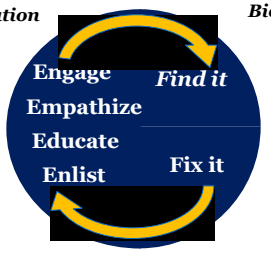
Engage
Empathize
Educate
Enlist

(Keller & Carroll, 1994)

The two essential tasks

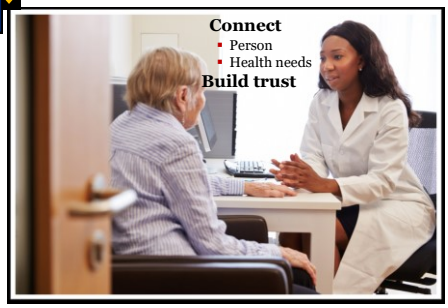
E4
Communication tasks

F2
Biomedical tasks



(Keller & Carroll, 1994)

E1 = Engage



Barriers to engagement?

- Interruptions
- Complaints
- Time
- Language

(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?

- *Patient name*
- *Your name and role*
- *Touch*
- *Eye contact*
- *Smile*
- *Sit down, if possible*

(Makoul et al., 2007; Montague et al., 2013; Block et al., 2013)

Elicit and Summarize Agenda

Elicit expectations
"What brings you in today?"

Summarize agenda
"Okay, so it sounds like you're concerned about the weakness in your elbow, and you also mentioned a chronic cough and problems sleeping. Does that cover it?"

(Dyche & Swiderski, 2005; Brock, 2011; Heritage, 2007; Rodondi, 2009)

Get the story: Core skills

Nonverbal awareness

Reflective listening

Open-ended questions

What is Nonverbal Communication?

All messages exclusive of verbal content

Categories

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

Engage et al., 2013

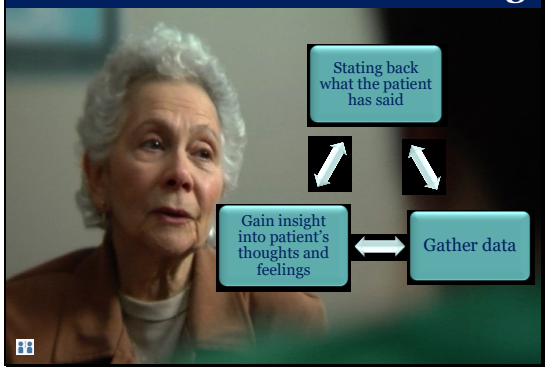
Open-Ended Questions: Funnel It

"Tell me what happened..."
"Go on..."
"What was different about this pain?"
*"How are **you** coping?"*
"What do you think?"
"Help me understand ..."

Then ... close-ended questions to fill in gaps...

(Haidet & Paterniti, 2003)

Core skill: Reflective listening

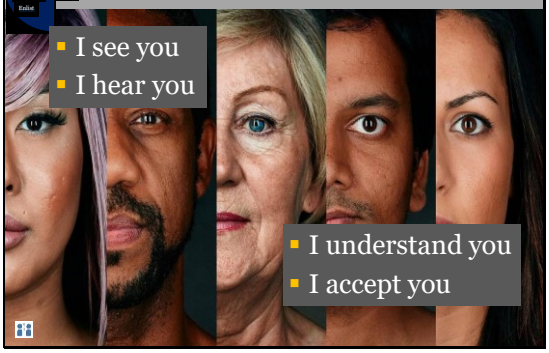


Reflective listening phrases

***"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.."*

(Pollak, 2011; www.performancecoach.com)

E2 = Empathy

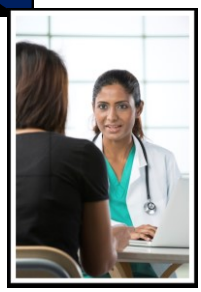


Barriers to empathy

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

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

Empathy: A Time Saver

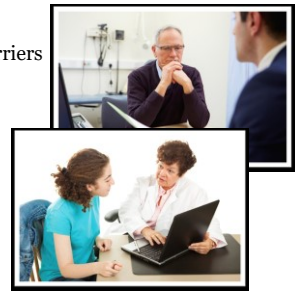


PATIENT CLUES
When we miss clues, they repeat
Missed clues = longer visits
Primary care 20.1 vs. 17.6 mins *Surgery 14 vs. 12.5 mins* *Oncology Missed 70% of clues*

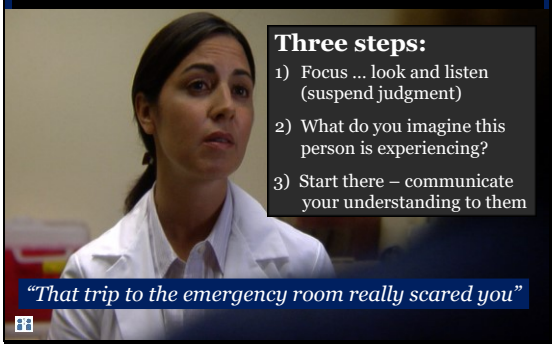
(Levinson , 2000; 2013; Easter & Beach, 2004; Mauksch, 2008; Bonvicini, 2009)

Empathy: Patient Feels Seen

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



Empathy: Patient Feels Heard



Empathy
Patient Feels Accepted

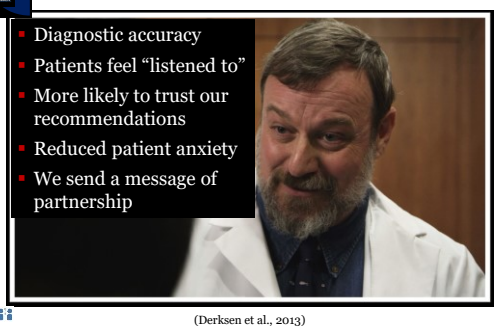
- Focus on behavior not the person
- Normalize
- Use appropriate self-disclosure

Empathy: Several Forms

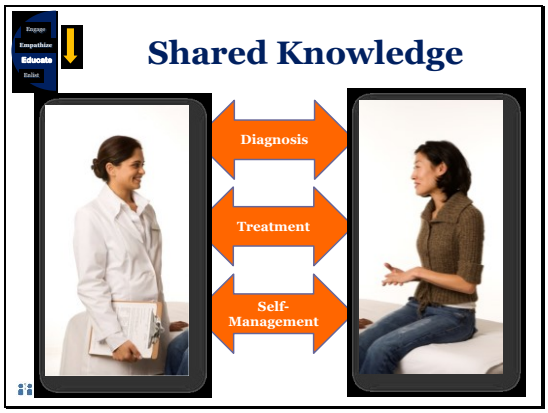
FORM OF EMPATHY	EXAMPLE
NORMALIZE	*"Anyone would feel scared."*
SELF-DISCLOSE	*"We never stop worrying about our kids even as adults."*
PARTNER	*"We can figure this out together."*
HIGHLIGHT/ AMPLIFY	*"I'm impressed with how you've …"*

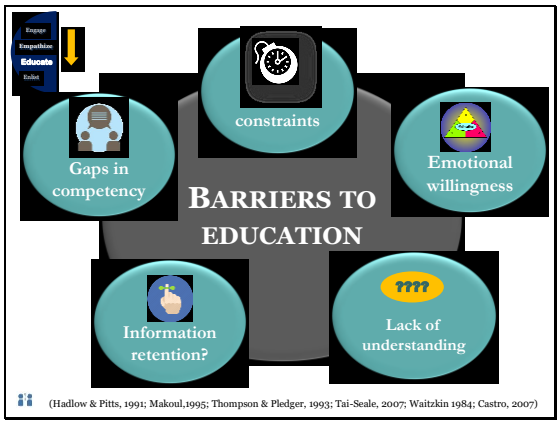
Engage and Empathy: Outcomes

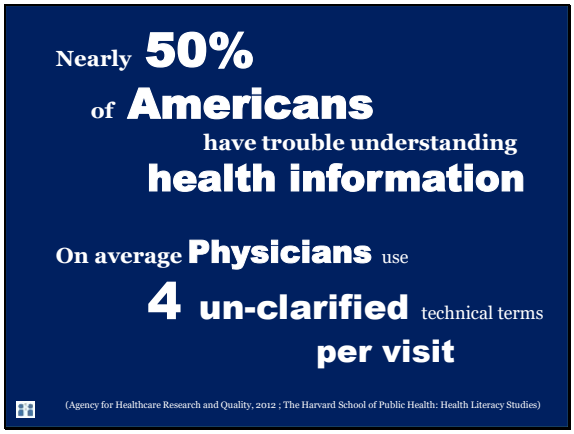
- Diagnostic accuracy
- Patients feel "listened to"
- More likely to trust our recommendations
- Reduced patient anxiety
- We send a message of partnership



(Derksen et al., 2013)







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?"

(Becker, 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

(Kemp et al., 2008; Schillinger et al., 2003; Braddock et al., 2008)

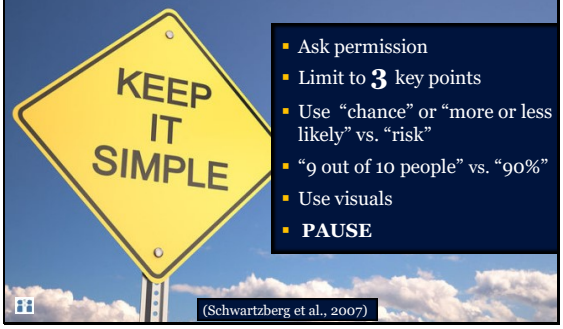
ASK-TELL-ASK

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?

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)

AS TEL -ASK

Check for understanding

I've given you a lot of information that's hard for anyone to remember. I know you'll be talking to … about this. Can we go over what you'll be telling him to be sure we're all on the same page?

(Levinson et al., 2013; Wolff & Roter, 2008)

EXERCISE: Ask – Tell – Ask

1. Select a topic yo 're comfortable discussing
2. Work i pairs; Tak turns practicin *AS TEL ASK*
3. Remember to begin witl s ***AS*** :
   What do you know about…?"
5. **TELI** - Share the 3 points. Be clear & brief
6. **ASK** them to review the 3 points
7. Switch roles

E4 = Enlist

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

Goals for treatment

Plan for treatment

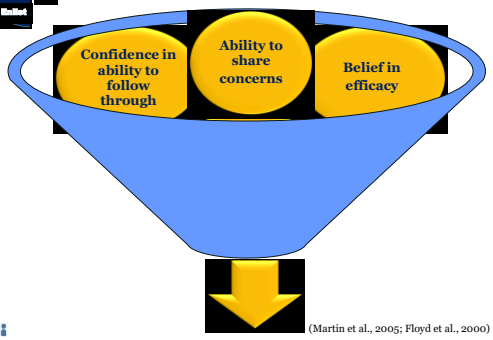
(Edwards & Elwyn, 2006)

Barriers to enlistment and shared decision-making

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

(Charles, 2006; Saba, 2006; Street & Haidet, 2011; Flynn, 2006; Frosch, 2012; King & Moulton, 2013; Levinson, 2013)

Adherence



(Martin et al., 2005; Floyd et al., 2000)

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

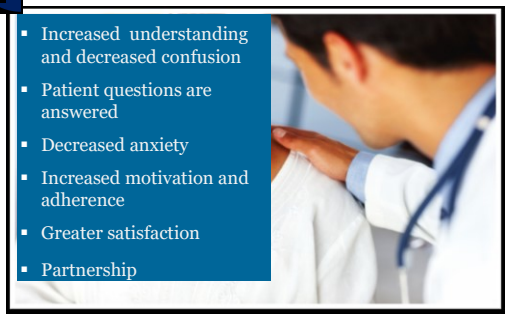
Provide personalized practice handouts

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)

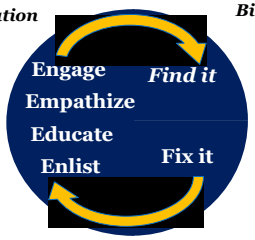
Closing Techniques

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

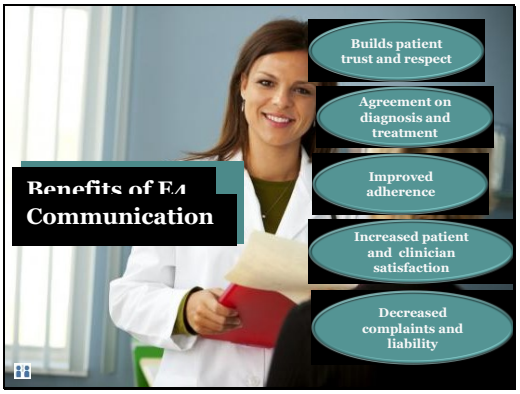
Patient-Centered Care

E4
Communication tasks

F2
Biomedical tasks



(Keller & Carroll, 1994)



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PROGRAM OVERVIEW

The Institute for Healthcare Communication (IHC) is a nationally accredited, non-profit, organization whose mission is to enhance the quality of healthcare by improving communication through education, advocacy and research. The Institute will work with health care organizations to provide educational opportunities for clinicians and other healthcare staff to develop the communication skills they need to be effective. Visit www.healthcarecomm.org for more information.

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 question 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.