

Mastering Communication Skills With Our Patients

Scott Litin MD, MACP

scott.litin@mayo.edu

Learning Objectives

Review skills for :

- Communicating with our patients
- Building relationships
- Breaking bad news
- Working with the EMR
- Dealing with challenging patients

Communication

1994	Levinson Vincent	Litigation is more likely if communication has been poor Poor communication skills correlate with malpractice lawsuits
1995	Moore Stewart Fallowfield Ong Beckman	Poor relationships lead to bad perceptions and lawsuits Review of 21 studies → 6 elements of effective discussion → improved outcomes Poor communication has negative consequences for healthcare professionals' fulfillment Review of 112 papers → Specific communicative behaviors are most effective Lessons from plaintiff depositions
1999	Fogarty	40 seconds of compassion can reduce patient anxiety
2000	Fallowfield	Effective communication is the key to good cancer care
2001	Vermeire	Adherence correlates positively with shared decision-making and negatively with paternalism
2002	Beckman	Verbal and nonverbal behaviors positively associated with health outcome
2003	Fallowfield	Enduring effect of communication skills training with transfer into clinic (160 physicians)
2004	Swenson Studdert JCAHO Leonard Fallowfield	Some patients may appreciate a high medical communication style Reduced physician satisfaction associated with communication skills Part 7: 70% of patients prefer a more patient-centered style Tools can effectively bridge differences in communication styles Communication training based on validated tools produces benefit for physicians and patients
2006	Moffat Zandbelt	Poor professional-patient communication explained majority suboptimal care for asthma. Physician interruption may lead patients to express <i>more</i> rather than fewer cues and concerns; physicians may profit from handling concerns, instead of avoiding them.
2007	Tamblyn Noble Michaud McDaniel Makoul Laidlaw	Scores achieved in patient-physician communication and clinical decision making on a national licensing examination predicted complaints to medical regulatory authorities. Professional skills training enhanced confidence and patient-centeredness Ten strategies to build partnerships with patients "Enough About You What About Me?" Physician self-disclosure may be disruptive. The Value of Assessing and Addressing Communication Skills It is possible to determine skills and capacities that distinguish exemplary communicators from less exemplary

Evidence: Effective communication leads to improved healthcare outcomes, greater satisfaction, improved adherence, fewer malpractice suits.

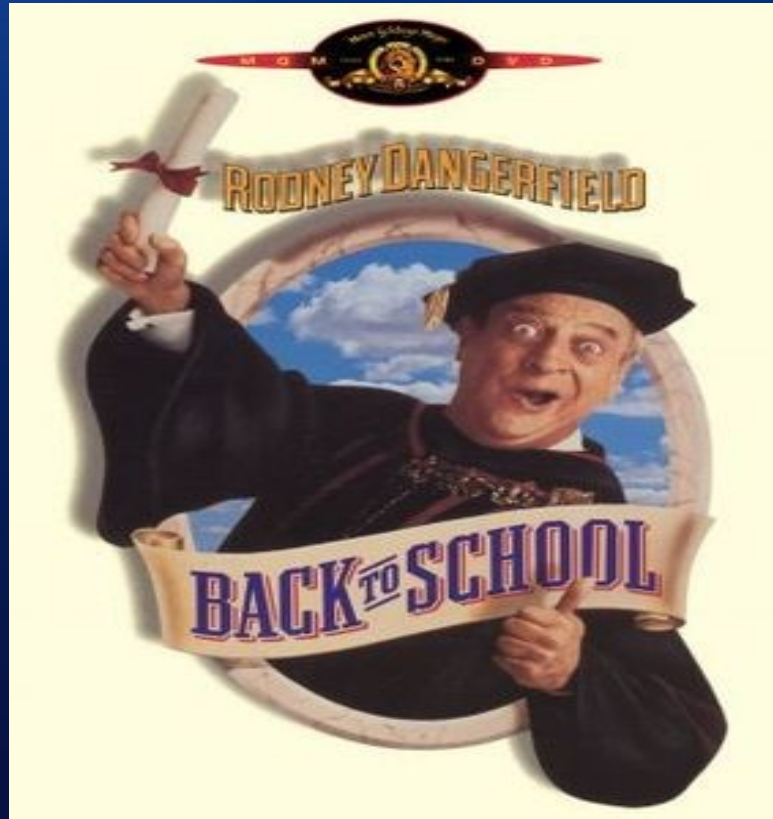




Novice

Master

Improvement Priority^	Factor	Item Text	Importance Index+	Performance % Strongly Agree
1	Custom Provider Care	My provider listened carefully to what I had to say.	.302	89
2	Custom Provider Care	My provider knows the important information from my medical history.	.288	89
3	Core Provider Care	My provider showed concern and sensitivity to my needs.	.280	88
4	Core Provider Care	My provider spent enough time with me.	.264	89
5	Core Provider Care	My provider explained my illness or treatment in a way I could understand.	.264	67
6	Core Provider Care	My provider answered my questions about my health.	.000	100
7	Core Provider Care	I was given the chance by my provider to provide input to decisions about my healthcare.	.000	100
8	Custom Provider Care	My provider gave me easy to understand instructions about taking care of my health problems or concerns.	.000	100
9	Custom Provider Care	My provider showed respect for what I had to say.	.000	100



Communication Pearls



Meeting a New Patient in Clinic

Building Relationships

“Before we discuss your medical issues,
I want to hear about you as a person”

Improve Interview using: “What Else”?

- “What else?, What else?, What else?”
- Avoids the dreaded “Oh by the way....”



Listening

Basic clinical skill



Ask-Tell-Ask



Ask-Tell-Ask

- **Ask** what they have been told
- **Tell** to give information (avoid medical jargon)
- **Ask** about understanding & feelings

Adapted from Patient Education and Counseling 23 (1994): 131-140.

Adapted from Mayo Clinic Proceedings 78 (2003): 211-214

Back AL, et al. CA Cancer J Clin, 2005; 55(3) 164-7



Ask-Tell-Ask Vague Symptoms

- **Ask** What do you wonder might be the cause? What are you worried about?
- **Tell** Explain and reassure
- **Ask** Is there any other concern?

Open-ended questions



Open-ended questions



- *What questions do you have?*
 - Open-ended
- *Do you have any questions?*
 - Closed-ended (Yes/No and “No preferred”)

Establishing, building and repairing relationships

Acronym

- PEARLS



Relationship Building Recognizing & Responding to Emotion

Partnership

Empathy and Emotion

Apology

Respect

Legitimization

Support and Summarize



Partnership

- Joint problem solving
 - **“We are in this together.”**

Empathy

- Showing understanding through reflective listening:

- Put feelings into words

“I imagine this has been difficult.”

- Name emotion you see

“You look sad (frustrated, etc.).”



You look worried

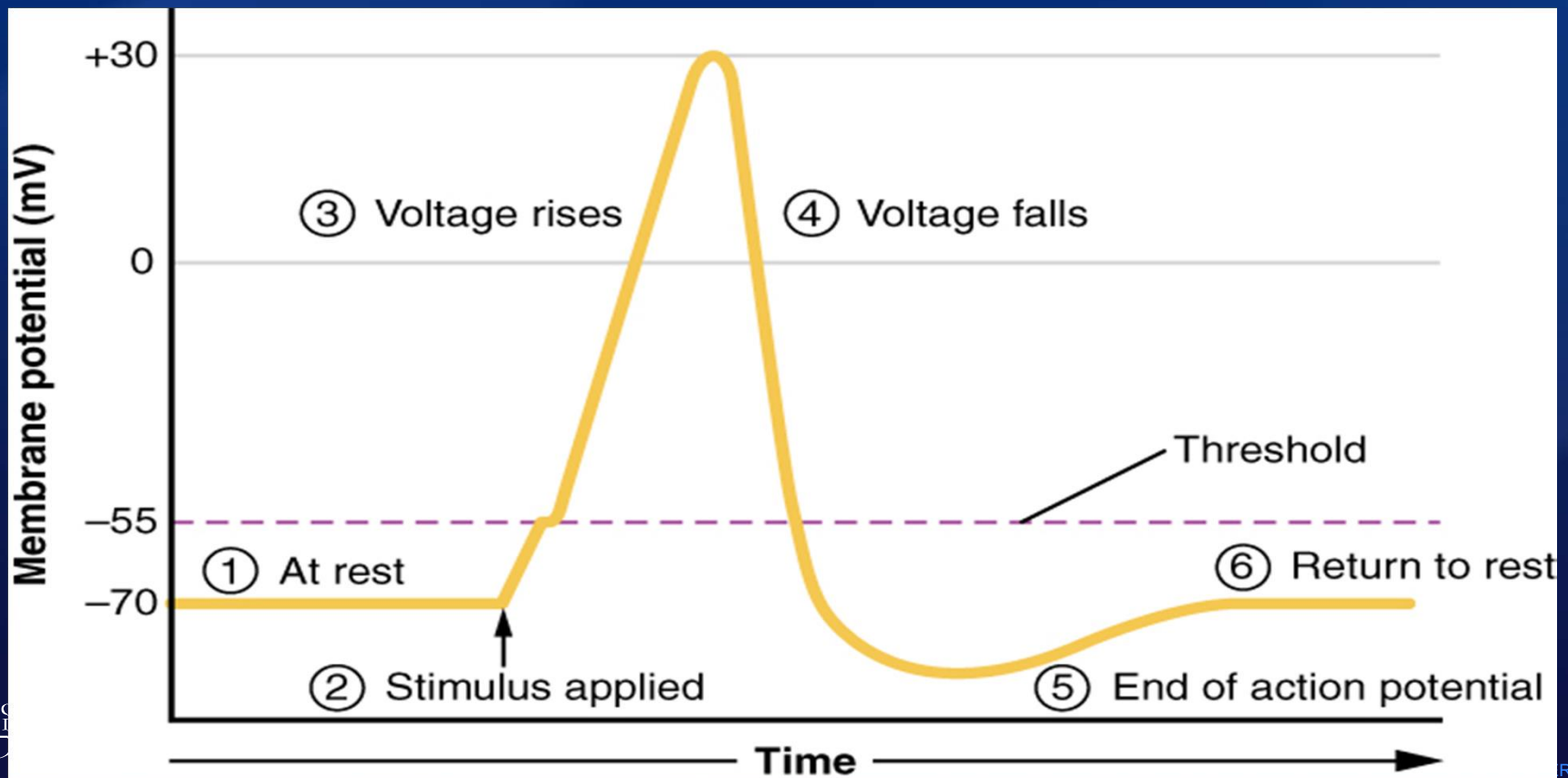
What did my tests show?

My sister died of breast cancer

Address Emotions

- Anticipate reaction (sadness, fear, shock, silence, anger)
- Invite expression of emotion
 - “Tell me how you are feeling?”
- Name the emotion
 - “I can see that you are angry.”

Action Potential of Strong Emotions



Apology

- Show concern and compassion
 - Apologize when you're at fault
 - *"I'm sorry I sent your medication script to the wrong pharmacy."*
 - *"I'm sorry I'm late"*
 - Acknowledge difficult situations
 - *"I wish I had better news."*

Respect

- Value the patient's decisions
- Acknowledge their accomplishments
 - *“You have obviously worked hard on this.”*
 - *“I admire your attitude”*

Legitimization

- Normalize feelings
 - *“Anyone would be upset hearing this diagnosis.”*

Support

- Express how you will support the patient.
 - *“I am here for you.”*

Summarize

- Summarize major areas discussed
- Re-assess comprehension of news
- Close with a plan together (including follow-up)
- Consider patient education materials, illustrations, writing down key points

Relationship Building Recognizing & Responding to Emotion

Partnership

Empathy and Emotion

Apology

Respect

Legitimization

Support and Summarize



Clarke, et al. Communication skills reference, tri-fold. St. Louis, MO: AACH, 1998

Back AL, et al. CA Cancer J Clin 2005; 55(5):164-77

Giving Bad or Unexpected News

Anthony Back
Robert Arnold
James Tulsky



Mastering Communication with Seriously Ill Patients

Balancing Honesty with Empathy and Hope

CAMBRIDGE
Medicine



SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer

WALTER F. BAILE,^a ROBERT BUCKMAN,^b RENATO LENZI,^a GARY GLOBER,^a
ESTELA A. BEALE,^a ANDRZEJ P. KUDELKA^b

^aThe University of Texas MD Anderson Cancer Center, Houston, Texas, USA;

^bThe Toronto-Sunnybrook Regional Cancer Centre, Toronto, Ontario, Canada

Key Words. Neoplasms · Physician-patient relations · Truth disclosure · Educational models

ABSTRACT

We describe a protocol for disclosing unfavorable information—"breaking bad news"—to cancer patients about their illness. Straightforward and practical, the protocol meets the requirements defined by published research on this topic. The protocol (SPIKES) consists of six steps. The goal is to enable the clinician to fulfill the four most important objectives of the interview disclosing bad news: gathering information from the patient, transmitting the medical

information, providing support to the patient, and eliciting the patient's collaboration in developing a strategy or treatment plan for the future. Oncologists, oncology trainees, and medical students who have been taught the protocol have reported increased confidence in their ability to disclose unfavorable medical information to patients. Directions for continuing assessment of the protocol are suggested. *The Oncologist* 2000;5:302-311

Giving Bad or Unexpected News: SPIKES

Setting

Perception

Invitation

Knowledge

Emotions

Strategy/Summary



S: Setting Up

- Rehearse and know facts
- Ensure privacy
- Invite others
- Sit down and slow down
- Manage time and interruptions





P: Assess Perception



- Ask before you tell
 - *“What have you been told about your condition?”*
- Allows correction of misinformation
- Allows tailoring news to comprehension
- Who is here with you?

Make No Assumptions



I: Invitation



- *“I’d like to discuss with you the results of your tests. Is that OK?”*
- Consider informing patients/families what tests might show before ordering them

K: Give Knowledge

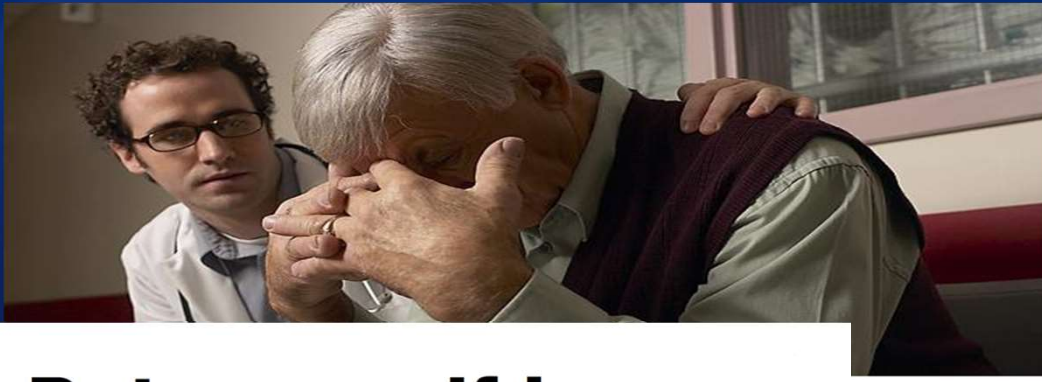


- Align with the patient's level of comprehension
- Avoid jargon, be honest
- Small amounts of information
- “What questions haven't I answered ?”

E: Address Emotions, Empathy

- Anticipate reaction (sadness, fear, shock, silence, anger)

E: Empathic response



Put yourself in
THEIR
shoes



- “I cannot imagine...”
- Just look at what you have been through...

S: Strategy and Summary

- Summarize major areas discussed

- SPIKES

Setting

Perception

Invitation

Knowledge

Emotions

Strategy/Summary

Issues Related to the EMR



Issues Related to the EMR +

- Provides many benefits for improved patient care
 - Efficiency
 - Safety
 - Patient satisfaction
- Can include the patient in the use of the EMR



Issues Related to the EMR -

- Observational study – videotapes of primary care clinicians interacting with the EMR and patient
- Clinicians spent 25% - 50% of visit time gazing at the computer screen
- Gazing at computer and typing was inversely related to engagement and pt satisfaction

Issues Related to the EMR

H U M A N
L E V E L



Issues Related to the EMR

Honor the golden minute



Issues Related to the EMR

Use the triangle of trust

Maximize contact



Issues Related to the EMR

Acquaint yourself with the chart



Issues Related to the EMR

Nix the screen

Eye contact



Challenging Patients



Challenging Patients

- Universally present in all practices
- Infrequent (but memorable)
 - Up to 15% of practice
- Problem may be obvious or subtle
- Usually require more time of the provider
- Usually a standardized approach works best



Difficult Patient Encounters in the Ambulatory Clinic. Jackson JL, Kroenke K.
Arch Intern Med. 1999;1069-1075.

Challenging Patients

- Patients perceived by the health care provider as being difficult, were more likely to have:
 - Unmet expectations
 - Reduced satisfaction
 - Greater utilization of health care resources



Challenging Patients

1. Don't take it personally
2. Look for underlying cause



Challenging Patients

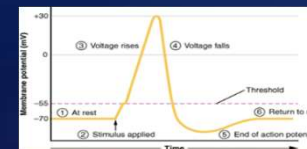
Taking Care of the Hateful Patient

- 1) Dependent *clingers*
- 2) Entitled *demanders*
- 3) Manipulative *help-rejecters*
- 4) Self destructive *deniers*



Challenging Patients

1. Don't take it personally
2. Look for underlying cause
3. Show that you care
4. Stay calm
5. Allow patient to ventilate
6. Avoid arguing
7. Set boundaries and don't accept abuse



Challenging Patients

- Thoroughly document findings of interview
- Define time limits of appointment
- May need an “associate” present during the exam





In Summary

We reviewed skills for :

- Communicating with our patients
- Building relationships
- Breaking bad news
- Working with the EMR
- Dealing with challenging patients

Your Observations Please

litin.scott@mayo.edu

