Relationship Centered Communication: The Science of Patient Experience

Emergency Department Directors Academy – Phase II – April 18, 2023

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ACH — Academy of Communication in Healthcare

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WHY?

"I don't believe in that ?@#%...."

Communication and compassion are difficult to measure

Communication techniques can be difficult to teach

It is uncomfortable to talk about, no one wants to be told they are not good at it
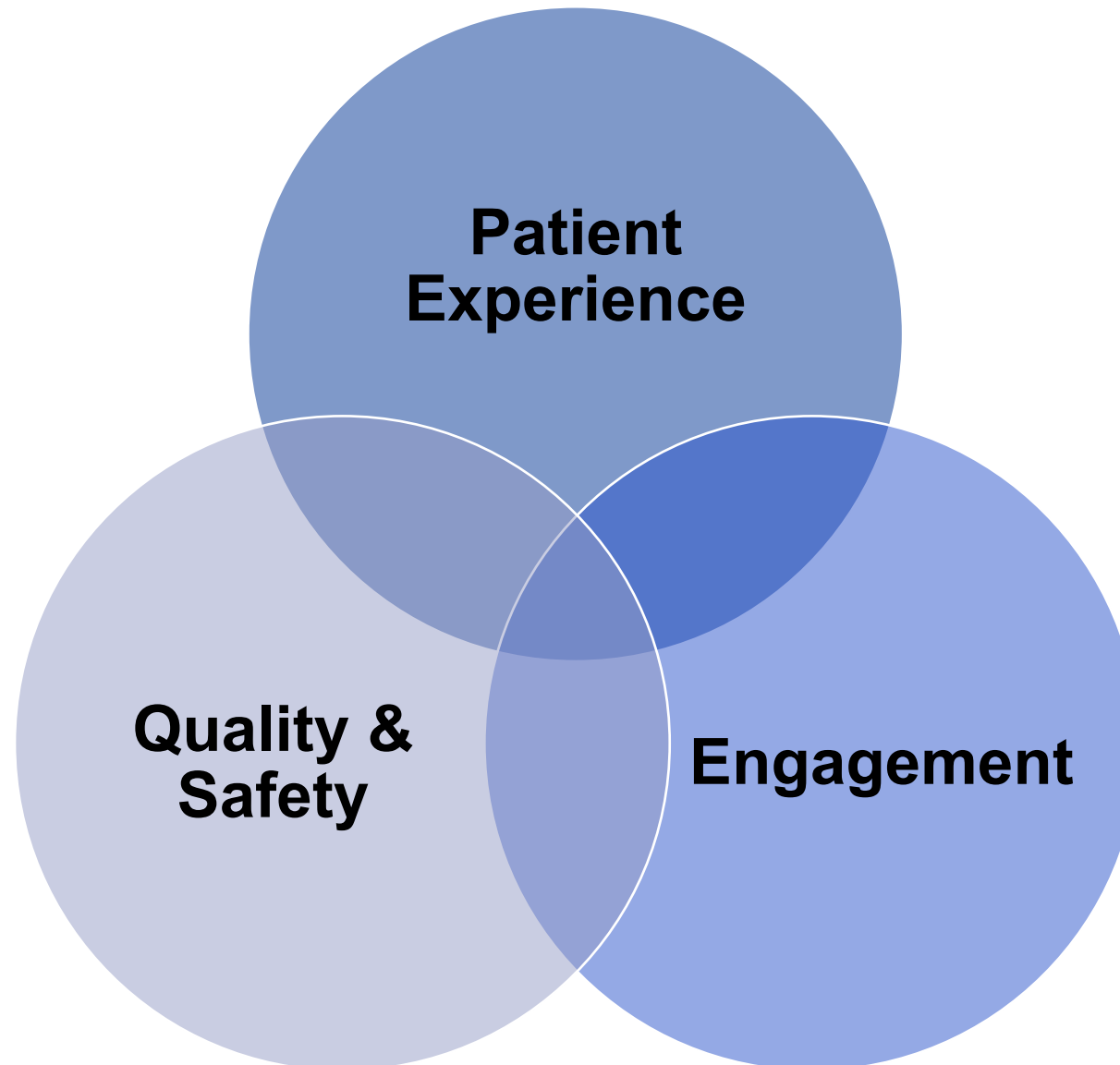
It is not considered important enough to spend time teaching it

It's All In the Delivery by Anthony J. Orsini, D.O.

Road Map for the Workshop

o **Relationship-Centered Communication (RCC)**

    o Purpose of the Program

    o 3 Function Model for Communication Skills

o **Practice**

    o Short didactic

    o Demonstration

    o Interactive exercises

Triad Approach: It's All Connected

Communication Skills Evidence

↑ Patients

Clinical Outcomes
  Diabetes
  Pain Management
Adherence
Care experiences

Clinicians

↑ Engagement
Job Satisfaction

↓ Workload Stress
Malpractice

Institutions

↑ H/CG-CAHPS
Engagement
Job Satisfaction

↓ Re-admissions
Errors
Workload Stress
Malpractice

Multiple References: See packet

EVIDENCE

Hojat, Mohammadreza PhD; et al, Physicians' Empathy and Clinical Outcomes for Diabetic Patients *Academic Medicine* 86(3):p 359-364, March 2011.
- Patients with physicians with high empathy scores had significantly better control of hemoglobin A1c 56% vs 40%, (P<.001). LDL-C, 59% vs 44% (P<.001)

Huntington, B; et al. (April 2003). Baylor University Medical Center Proceedings (16 [2]:pp. 157-161)
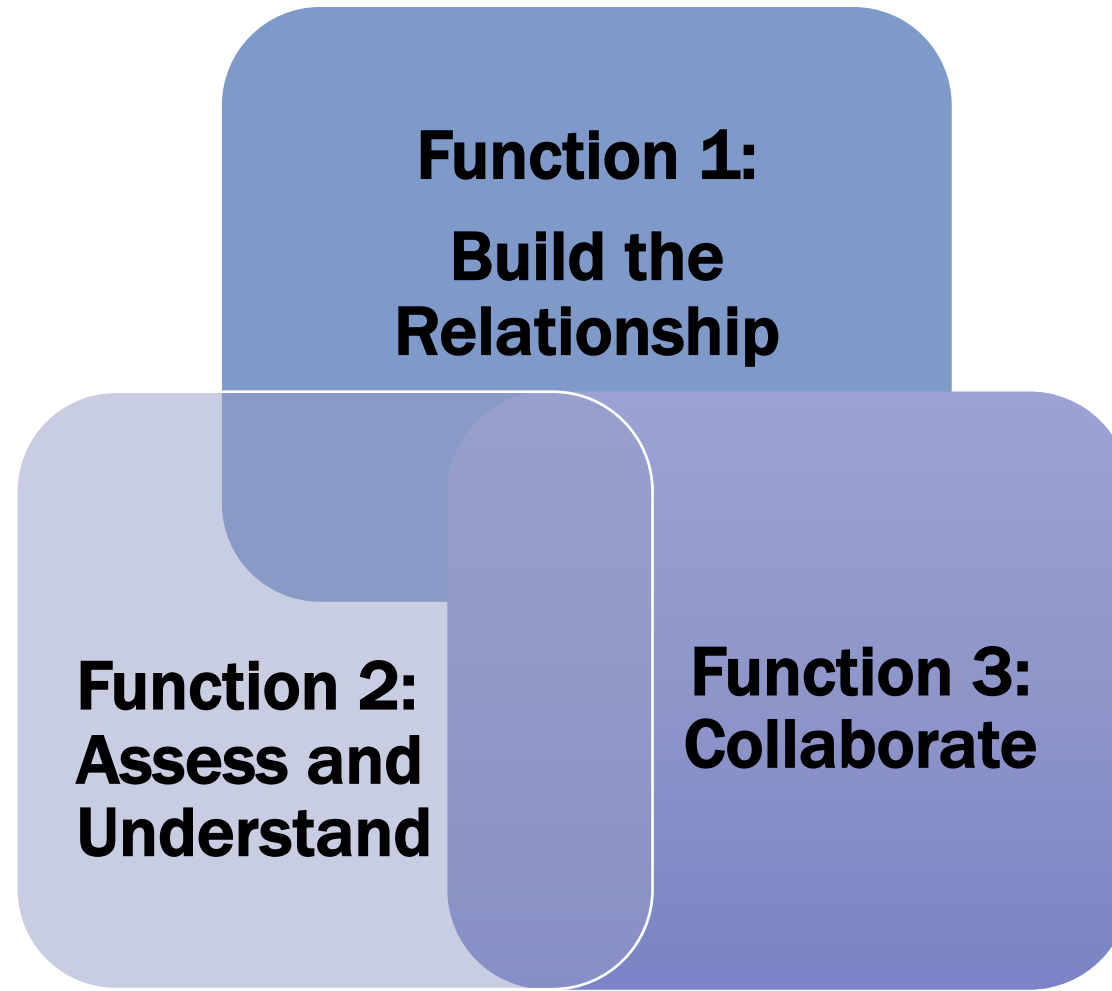- 71% of malpractice lawsuits are due to communication errors

Thirioux, B; et al. (2016). Empathy is a protective factor of burnout in physicians. Frontiers in Psychology (7: pg.763)

Newburg, A. (2012). Words Can Change Your Brain. NY, NY : Penguin Group
- "when doctors fight their natural tendency to feel compassion by closing off their emotions, burnout is more likely"

The Three Function Approach

Function 1: Build the Relationship

Function 2: Assess and Understand

Function 3: Collaborate

The Medical Interview, the 3 Function Approach, 3rd edition, Steven Cole, MD, MA, FAPA

Function 1: Build the Relationship

Set the Stage

Contact

- Make initial contact with the patient
- Smile, make eye contact, shake hands (if culturally appropriate)

Opening Greeting

- Open the conversation
- Greet with a "good morning"; acknowledge the wait

Name/Title

- Introduce yourself, your role and your title
- Acknowledge everyone, ensure two patient identifiers

Acknowledge Barriers to Communication

o **What are the barriers in your setting?**

- EMR/computer

- Scribe/other observers/trainees

- Lack of privacy

- No seat for you to sit

- Noise

- Ambient temperature

- Etc...

o **Acknowledge and minimize the impact of these barriers**

Telehealth Nuances for Engagement

Setting the Stage

- Introduce yourself to the patient and anyone else who may be with them

- Confirm the patient can see and hear you- do they need a 'quick' tech refresher
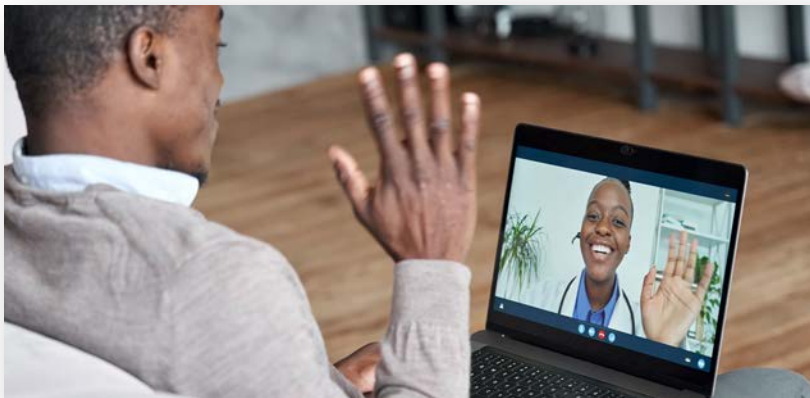
Acknowledge (remove) Barriers

- Explain you may look away at another screen to review their chart

- Turn OFF all non-essential programs, distractions, and/or notifications

- Background noise(s), lock your door- avoid 'unplanned' interruptions

- Lighting should come from in-front of the camera

Empathy & Etiquette

- Look at the camera, this achieves "eye-contact" with the patient

- The interaction should be natural with facial gestures and body language.

- Facial gestures & emotions are enhanced (focal points) during telehealth visits- be aware of untoward gestures

Express Empathy Nonverbally

Nonverbal empathy cues:

o Pause

o Touch/Posture

o Facial Expression/Eye Contact

o Tone of Voice

o Space

Activity: "Name That Emotion"

- Act out the provided emotion; no speaking

- The group will guess what emotion they think is being expressed

Express Empathy Verbally

REFLECTION:
- "I can imagine how frustrating this is for you."
- "You seem sad."

LEGITIMATION:
- "Most people in your position would feel the same way."
- "It is understandable that you would feel sad."

EXPLORATION:
- "What's the most difficult part of this for you?"
- "Tell me more about the frustration."

REFLECTION

LEGITIMATION

EXPLORATION

Marvel et al, JAMA 1999; Langewitz et al, BMJ 2002
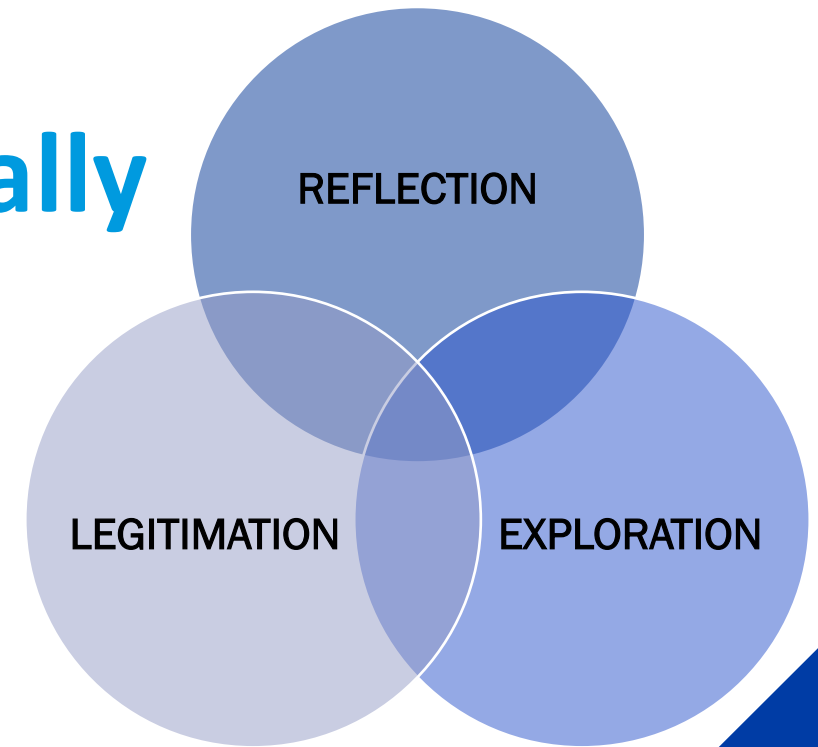
More Ways to EXPLORE Perspective

Ideas
Patients/families often have ideas of what might be causing their symptoms. Ask, "What do you think might be causing your chest pain?"

Concerns
Ask, "What are you most concerned about?"

Expectations
Ask, "What were you hoping to get out of today's appointment?"

Stewart et al, 1995; Tate, 2005; Kleinman and Benson, 2006

Empathy Enhances Efficiency

	Made empathetic statements	Did NOT make empathetic statements
Internists	17.6 minute visits	20.1 minute visits
Surgeons	12.5 minute visits	14 minute visits

Levinson et al, JAMA 2000; Hojat et al, Acad Med 2011

Attentive Listening:
Create Space for Empathy

Q: How quickly do you think providers interrupt patients/family members?

A: 18-23 seconds

Q: How long do you think patients/family members would speak if given the opportunity?

A: Approximately 90 seconds

Utilizing Open-ended Questions

oBegin with open-ended questions or requests: *"Tell me about…"*

oActive listening

oDo not interrupt

oResist urge to immediately jump into the HPI with close-ended questions

oRespond with empathy- *reflection, legitimation, exploration*

DEMONSTRATION 1

Putting all 3 microskills of empathy together at the beginning of the encounter.

Microskills of Function 1
Connect (Build the Relationship)

- Set the stage (Contact, Opening Greeting & Name/Title)

- Acknowledge barriers to communication

- Use open-ended questions

- Express Empathy

  o Nonverbally

  o Verbally: Reflection, Legitimation, Exploration

(Ideas, Concerns, Expectations)

Function 2: Assess and Understand

Eliciting Patient Concerns

Q: How many concerns does an average patient have during any given encounter with a provider?

A: 3-5 concerns

Q: How many concerns do you usually elicit?

Q: How do the un-elicited concerns impact the patient? The encounter?

Remember, The "chief complaint" is not always the priority concern...

Goold SD, Lipkin M. The Doctor–Patient Relationship: Challenges, Opportunities, and Strategies. *Journal of General Internal Medicine*. 1999;14(Suppl 1):S26-S33. doi:10.1046/j.1525-1497.1999.00267.x.

Eliciting & Responding to Concerns

Open ended questions:

- A gateway to expressing empathy

- Build relationships

Ask open-ended questions until all topics have been identified

Respond to concerns with empathy: *Reflection, Legitimation, Exploration*

Examples of How to Elicit Concerns Using Open-ended Questions

o *"Let's start by getting a list of topics <u>you</u> would like to talk about today. What is most important to you?"*

o *"I am a hospitalist- the doctor in charge of your care while you are in the hospital. I know you were admitted for pneumonia. What concerns about your current hospitalization can I address today?"*

o *"I am the Cardiology consultant. The team has asked me to come evaluate your heart. What concerns do you have about your heart?"*

Adding and Summarizing

Add your concerns, as necessary

Summarize concerns to be addressed

Negotiate a plan

Demonstration 2

Eliciting ALL Concerns

Microskills of Function 2
## Co-construct (Assessing & Understanding the Problem)

- Restate opening problem

- Elicit all remaining concerns using open-ended questions

- Respond to new concerns with empathy

- Add your concerns as necessary

- Summarize concerns to be addressed

- Negotiate a plan

Function 3: Collaborate

A Typical Interaction: "The Monologue"

"So I looked at the x-ray with the radiologist and it shows infection in the lower right lobe of your lungs. We have also checked the oxygen in your blood and it's not quite as high as it should be. Oh, and we need to admit you for IV antibiotics until your fever goes away. That's about it and in a few days, we should be able to send you home on oral antibiotics. Sound good?"

Assess Understanding: Chunk & Check

ART

ART

ART
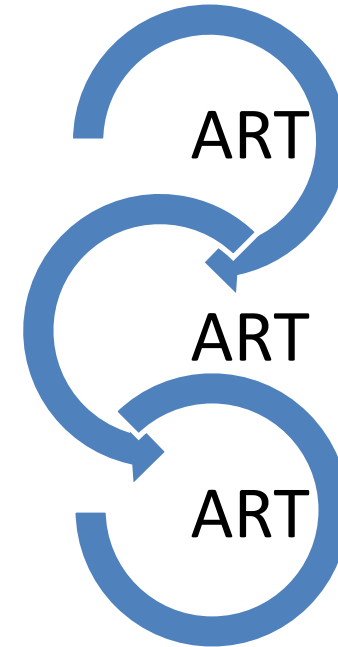
Ask for patient's perspective

Respond with empathy

Teach/Tell additional information

Using Dialogue

Share Information: Your chest x-ray shows an infection in your lungs, otherwise known as "pneumonia." It does not look like there is any sign of lung cancer as you had feared.

Ask: What do you know about pneumonia? *{patient responds}*

Respond: Yes, I know some people have major complications from pneumonia.

Teach: Fortunately, that's very unusual and we are picking this up early and you are otherwise in good health which means we should be able to get you back on your feet soon.

Ask: What do you know about the treatment of pneumonia?

Summarize Next Steps: Teachback (using ART)

Teachback:

o Leads to improved outcomes

o Promotes adherence

o Allows for collaborative planning

Ask the patient to summarize

"I've spoken a lot. Just to make sure I've been clear, can you tell me in your own words what the plan is?" / "When you speak with your family member/friend, what will you tell them we discussed today?"

Respond with empathy (if needed)

"Exactly, seems like you have a good understanding of what comes next.

Teach additional points, as needed

"AND you will follow up with your primary care doctor in about a week."

At the end of the visit,
close & thank the patient:

Close ...by asking if there is anything else you can do

Thank ...the patient

DEMONSTRATION 3

Collaborating over next steps

Microskills of Function 3
Collaboration

- Share Information

- Assess Understanding Using Loops of Ask Respond Tell (Chunk & Check)

- Summarize Next Steps

- Use Teachback as necessary (Ask Respond Teach)

- Close and Thank

RCC by the Numbers

2,800+
Total number of MDs/ACPs educated
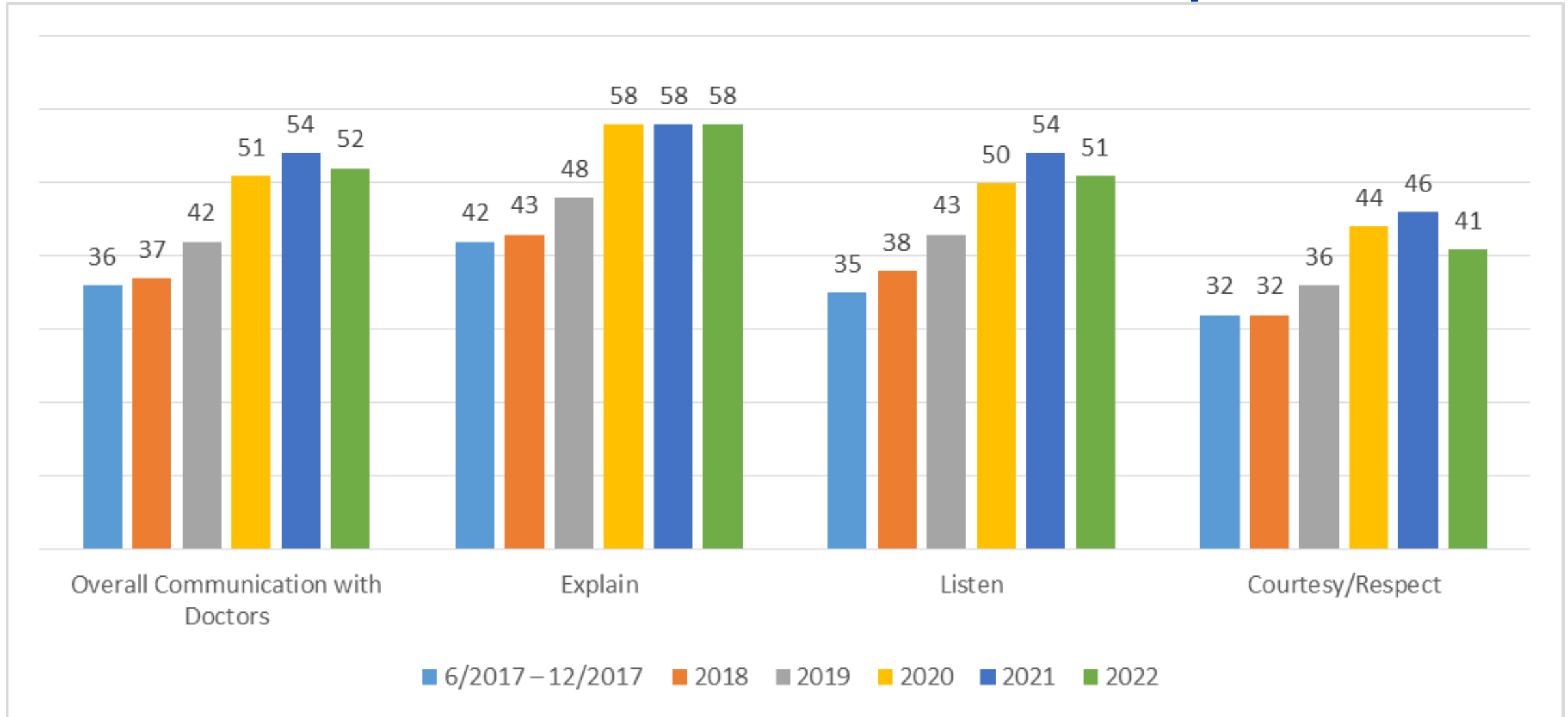
45% MDs
40% ACPs
15% Residents

260+
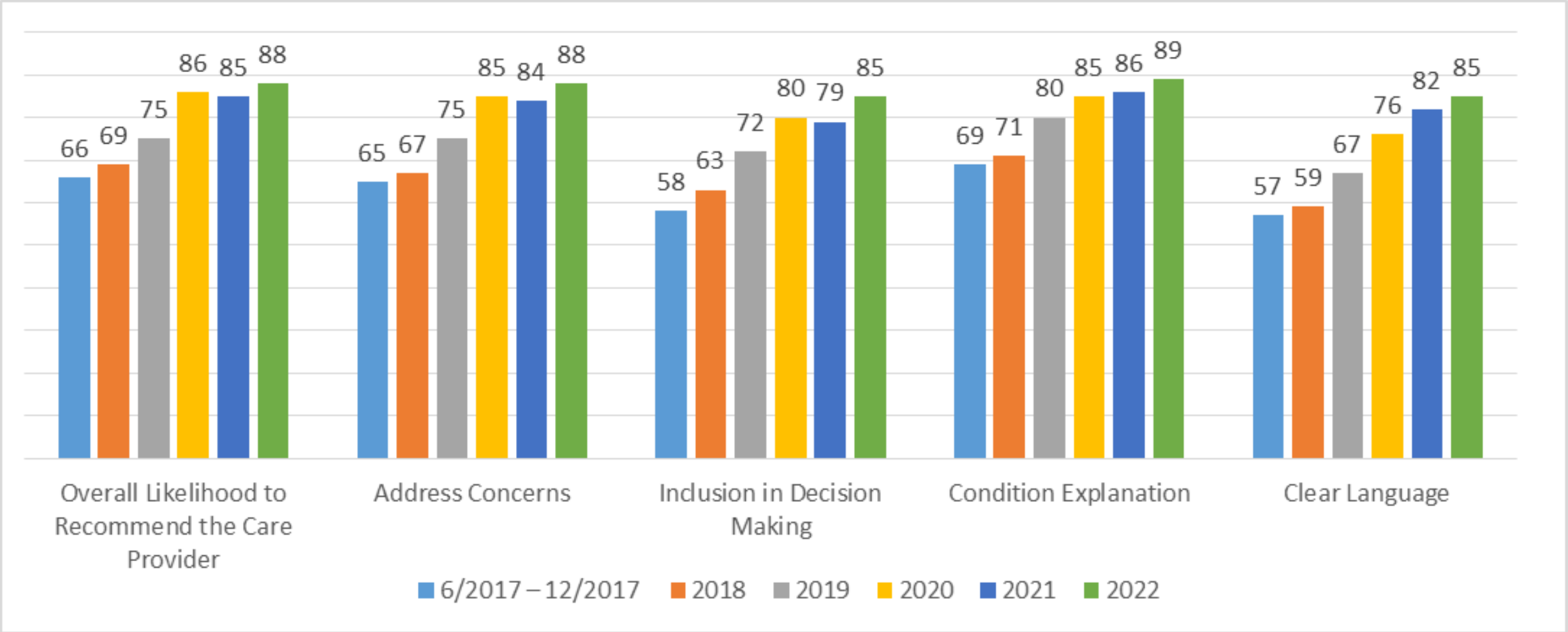Classes held since June 2017

Transitioned back to in-person regional approach in **2023**

HCAHPS MD Communication Rank Improvement

Medical Practice Communication Rank Improvement

Today's Takeaways:

Acknowledge Barriers

Shift perspective and set the stage

Lead with empathy

Non-verbal, Reflection, Legitimization & Exploration

Partner with patients and families

"What is most important to you?"

What are your concerns?

Assess for Understanding

Open-ended questions, Teach-back, Dialogue, Chunk & Check

Patients and families don't experience our caring and compassion until we give voice to it. Our long hours, our sacrifice isn't interpreted as compassion, what is... are the words we use and the way we use them.

-Joe Marino, SVP, Anesthesia & RCC Faculty

Nail on the Head Video

In Reflection

What is one word you would use to summarize today's class?
and/or
What skill will you takeaway?

Thank you