

Communication PEARLS

for Patients, Providers, and Team Members

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Disclosures

- No commercial disclosures pertain to this presentation.
- Dr. Chou is Vice President for External Education, American Academy on Communication in Healthcare.
- He is co-editor of the upcoming book *Communication Rx*, to be released in October 2017.

Objectives

- Name humanistic communication skills that help patients and save time for providers.
- Practice communication skills that enhance connections with patients.
- Apply fundamental communication skills with patients to effective use with team members.

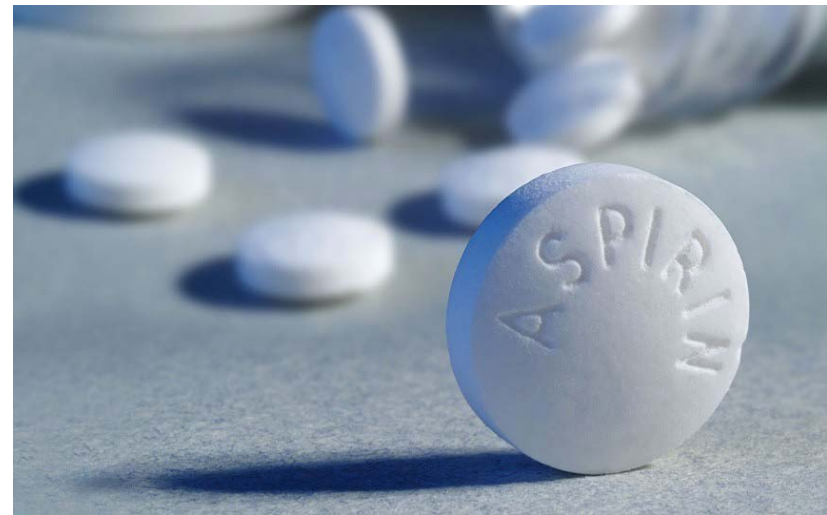
Fundamental Communication Skills

Why communication?

- How many patient interactions does the average provider have over the course of a career?
- How much training have clinicians received on communication?

Communication leads to better outcomes

- For patients
 - Chronic illnesses: diabetes, hypertension, HIV
 - Cardiac outcomes: decreased mortality from MI; reduced hospital readmissions for CHF
 - Cancer: adherence to screening, improved survival, reduced suffering
 - Surgical outcomes: post-op delirium, arrhythmia



Better outcomes for providers



- Increased satisfaction with encounters
- Decreased frustration and burnout
- Higher well-being
- Higher patient experience scores, increased empathy

Communication skills can be taught!

Training leads to:

- Improved patient experience scores
- Decreased patient complaints
- Higher empathy
- Decreased burnout



Fundamental Communication Skills With Patients

- Skills for the Opening
- Skills to Build Relationship
- Skills to Educate and Share Information

Skills for the Opening

- Introduction / Orientation
- Elicit the Patient's List of Topics
- Negotiate the Agenda
- Application to Teams

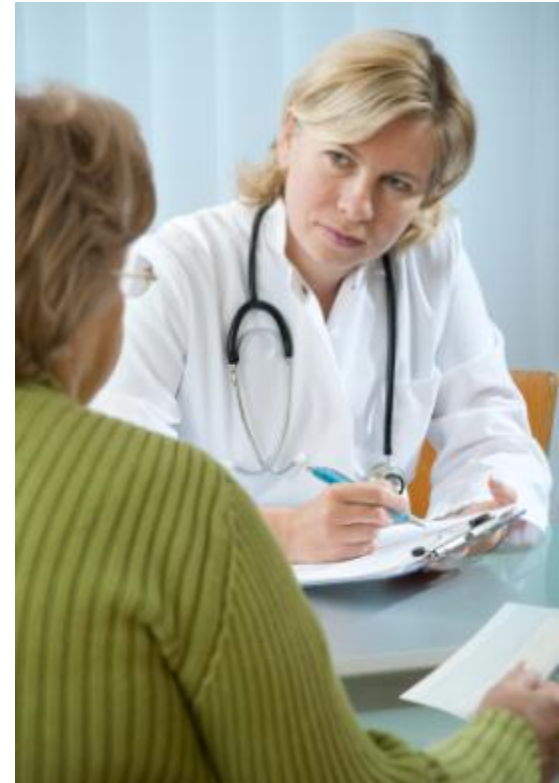
Introduction / Orientation to Visit

- Pause momentarily before entering the interaction
- Introduce yourself, including your role, to everyone involved
- Acknowledge wait, if any
- Attend to comfort: adapt language, pace, and posture (**sit down**)
- Make a social comment: “small talk before big talk”

Elicit the LIST of All Items

2 evidence-based reasons:

- 1) How many items does the average patient bring?
- 2) Doing this up front makes you more efficient:
decreases “doorknob”
questions



Marvel et al, JAMA 1999; Heritage et al, JGIM 2007

Elicit the LIST of All Items



- People do not always state their “chief concern” first
 - *“Let’s start by getting a list of concerns you would like to talk about today.”*
- “What else?” until all concerns exhausted – before delving further into the HPI

Negotiate the Agenda

- Summarize and finalize the agenda
 - Summarize the list of concerns after elicitation concludes
 - Add provider's list
 - Negotiate what to address now if too many agenda items

Examples

- Establish patient's priorities:

"Of the three items you named, which is most important to you today?"

- State your clinical concerns:

"I'm also most concerned about the breast lump you mentioned. Like you, I'd like to address your high blood pressure. I also need to review your medications."

- Offer a plan:

"Can we cover those three items, and defer the longstanding knee pain to next time?"

Skills for the Opening - Recap

- Introduction / Orientation
- Elicit the Patient's List of Topics
- Negotiate the Agenda
- Application to Teams

Skills to Build Relationship

- Open the conversation
- Listen actively
- Respond to emotional cues
- Elicit the patient's ideas and expectations
- Transition to the data-centered portion of the encounter

Open the Conversation

- Begin with an open-ended request / question:
"Tell me all about ..."
- Listen attentively and silently
- Resist the urge to jump to questions!
 - How quickly do clinicians interrupt their patients?
 - How long will patients speak if given the opportunity?

Active Listening – Exercise

- Work in pairs
- You will be in two different roles for about 2-3 minutes each
 - Storyteller relates a recent challenge at work.
 - Listener asks no questions, offers no fixes, and tells no stories.
 - Instead – listen actively, use reflections, empathic statements, *with the goal of getting the storyteller to say "yeah."*

Debrief

- What was it like to be the storyteller?
- What was it like to be the listener?
- What phrases, statements did you use as the listener to get the storyteller to say “yeah”?

Respond to Emotional Cues

- PEARLS:
 - Partnership
 - Emotion
 - Appreciation / Apology
 - Respect
 - Legitimization
 - Support

Responding to Emotional Cues SAVES TIME

	Made empathic statements	Didn't make empathic statements
Internists	17.6 min visits	20.1 min visits
Surgeons	12.5 min visits	14 min visits

Understanding the Patient's Perspective

- Ideas: What do you think might be happening? What worries you?
- Expectations: What would you like to accomplish by the end of this visit?

Skills to Build Relationship - Recap

- Open the conversation
- Listen actively
- Respond to emotional cues
- Elicit the patient's ideas and expectations
- Transition to the data-centered portion of the encounter
- How do these skills apply to team members?

Skills to Share Information

- State the diagnosis / plan clearly, minimizing jargon
- “Chunk and check”
- Ask patient to teach back

State the diagnosis clearly

Example:

"After hearing your story and doing the exam, it looks like your shoulder pain is due to overuse of your rotator cuff. But as far as I can tell on my exam, I don't think it is a 'tear,' as you had feared."

Typically:

"With a rotator cuff strain, there are several different possible treatments. The main thing is not to stop using the shoulder, because that can lead to a 'frozen shoulder.' Physical therapy is often a good way to improve these symptoms. You can also take medicines for the pain such as Tylenol. The most important thing is to try to understand what caused this in the first place, so it doesn't continue to happen, and that's what PT can help with. I'll set up a referral for you. Do you have any questions?"



“Chunk and Check”



- Use smaller chunks of information
- Assess understanding after each chunk
- Operationally:
 - ASK
 - RESPOND
 - TEACH additional information

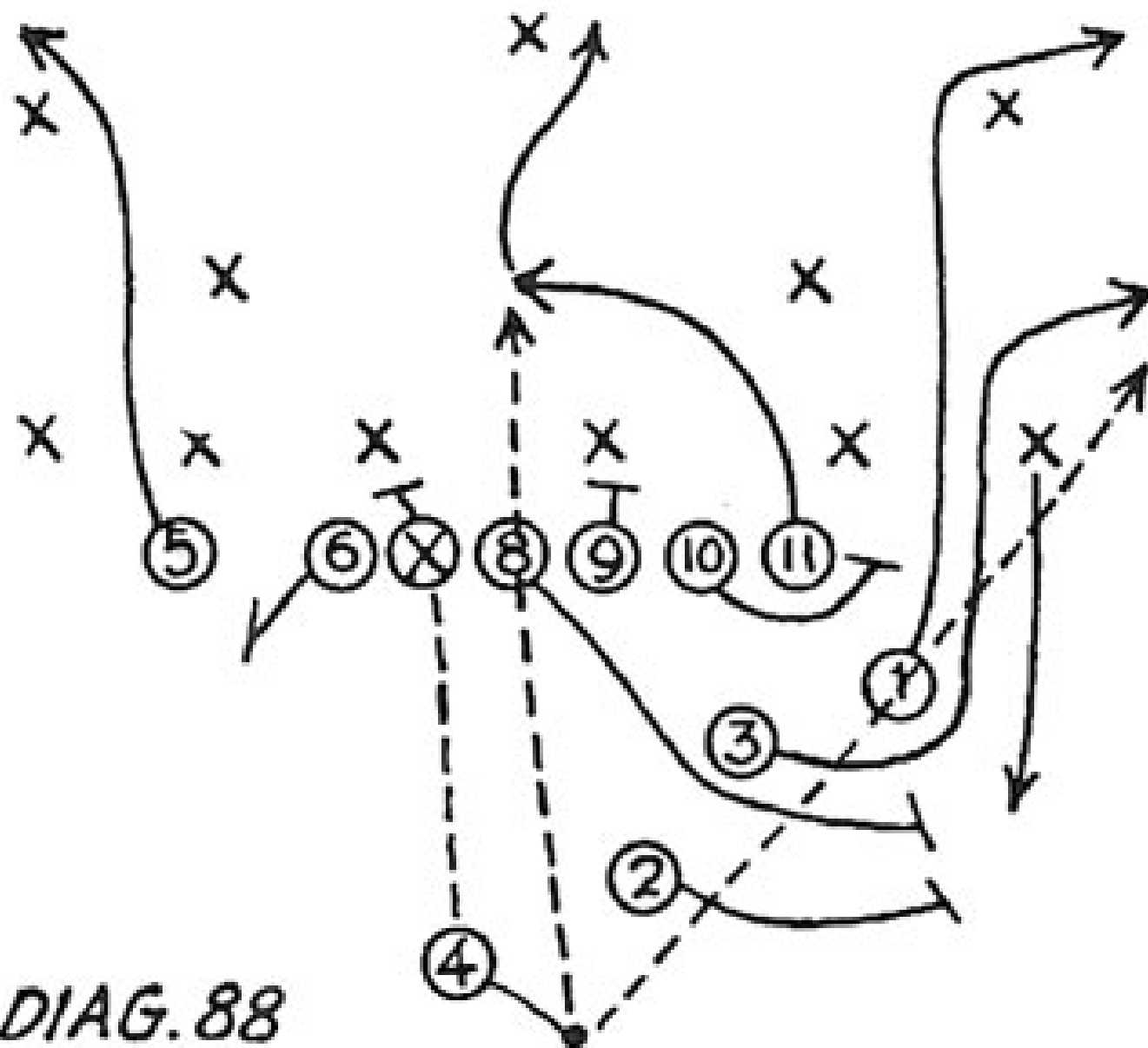
Teach-back

- At the close, ask for a summary

Skills to Share Information - Recap

- State the diagnosis / plan clearly, minimizing jargon
- “Chunk and check”
- Ask patient to teach back
- How can you apply these skills to team members?

Characteristics of Highly Effective Teams



DIAG. 88

What makes a great team?



Process

- 1 minute: silent reflection
- 2 minutes: pair share
- 4 minutes: tables (3-4 pairs) develop an ORDERED LIST of items to share in the large group

Characteristics of Highly Effective Teams

Cohesiveness

Communication

Role Clarity

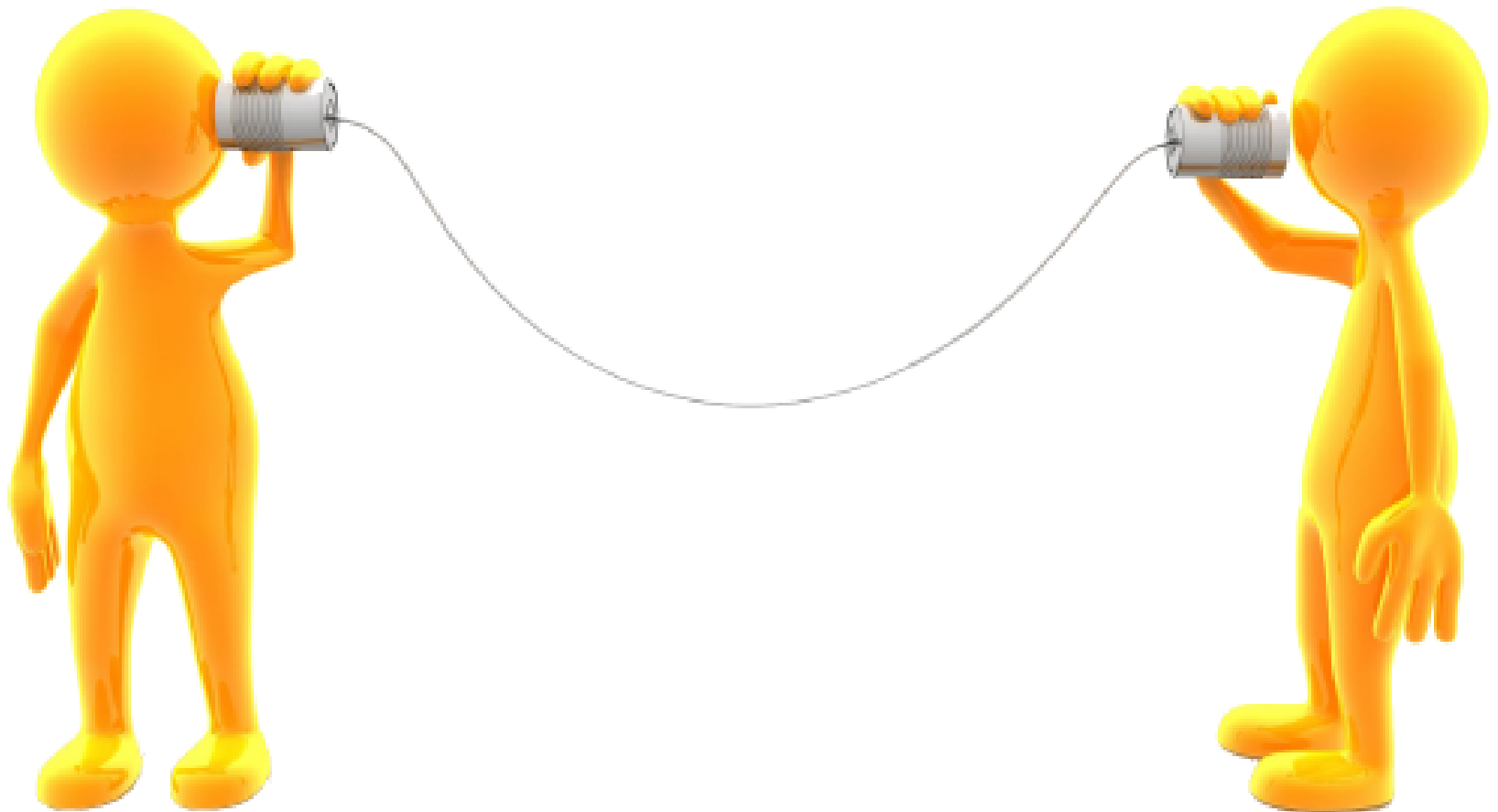
**Goals & Means
Clarity**

Cohesiveness



TRUST

Communication





Role Clarity





Goals and Means Clarity





Inattention to Results



The FIVE DYSFUNCTIONS *of a* TEAM

A LEADERSHIP FABLE



PATRICK LENCIONI

AUTHOR OF *THE FIVE TEMPTATIONS OF A CEO*

Summary

- Cohesiveness / Absence of Trust
- Communication / Fear of Conflict
- Role Clarity / Avoidance of Accountability
- Goals and Means Clarity / Lack of Commitment, Inattention to Results