

The Patient-Doctor Relationship (PDR) Project

Relationship-Centered Care:
Going Beyond Communication Skills

“It is Not just about Eye Contact and
Nodding”

CLINICAL FOUNDATIONS
FACULTY DEVELOPMENT

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Relationships in Medicine

- ◆ The water we swim in, the air we breathe
- ◆ Relationships are the crucial context for almost everything else that happens in medicine
- ◆ Too often, we assume they will take care of themselves
- ◆ Too often, we assume students will learn about building relationships “on their own”



The Hidden Curriculum

- ◆ The formal vs. the hidden curriculum
- ◆ The discrepancy between
 - what is taught in lectures and preclinical courses and
 - how authoritative figures and role models actually behave, prioritize, express values
- ◆ From students' point of view – how things *really* work
 - Gap leads to cynicism and disillusionment

The Hidden Curriculum

- ◆ It's not really about the patient
 - “Strong work” is being efficient, dispo'ing pts, keeping pts off the service
 - Listening to the pt's story just complicates things: Pandora's Box
- ◆ Professionalism is not grounded in a meaningful relationship with the patient but is much more superficial
 - Doing scut-work for your superiors in a gracious manner
 - Being well-groomed and neat
 - Not questioning authority; not making waves

Teaching about the Dr/Pt Relationship

- ◆ Physician-teachers often assume students learn about the dr/pt relationship through modeling
 - But what students are learning is not always what we intend them to learn (hidden curriculum)
 - Even excellent role-models say they don't know how to teach what they do
 - Students are often dazzled but baffled by outstanding role-models: "How did they do that?"
- ◆ When relationship-centered issues are addressed, it is often from a behavioral perspective
 - Welcome: "Hi, I'm Dr. X. How are you doing today?"
 - Attention: eye contact, nodding
 - Empathy: "That must be hard"
 - Compassion: "I'm sorry for your loss"

Communication Skills: Behavioral Approaches

- ◆ 5 E's
- ◆ Engagement
- ◆ Empathy
- ◆ Education
- ◆ Enlistment
- ◆ Extend (the system)



Communication Skills

◆ Benefits

- Easily teachable
- Easily replicable
- Easily observable and measurable

◆ Limitations

- Superficial
- Performative
- Emanates in response to external demands, not personhood
- Acting “as if” rather than authentic feeling

Chicken and egg?

- ◆ Introduce behaviors:
 - Values, attitudes, and virtues will follow
- ◆ Cultivate values, attitudes, virtues:
 - Meaningful, ethical behavior, actions, language will result



Principles of Relationship-Centered Care

- ◆ Genuine relationships in healthcare are morally valuable
- ◆ Relationships depend on
 - Self-awareness and self-knowledge
 - Other awareness (empathy, understanding of the other)
- ◆ Personhood of both patient and doctor, as well as their roles, is always implicated in relationship
 - Patient is a human being, not a scientific object
 - Physician is also a human being, not merely an active instrument
 - Both physician and patient can suffer or benefit as a result of their encounter

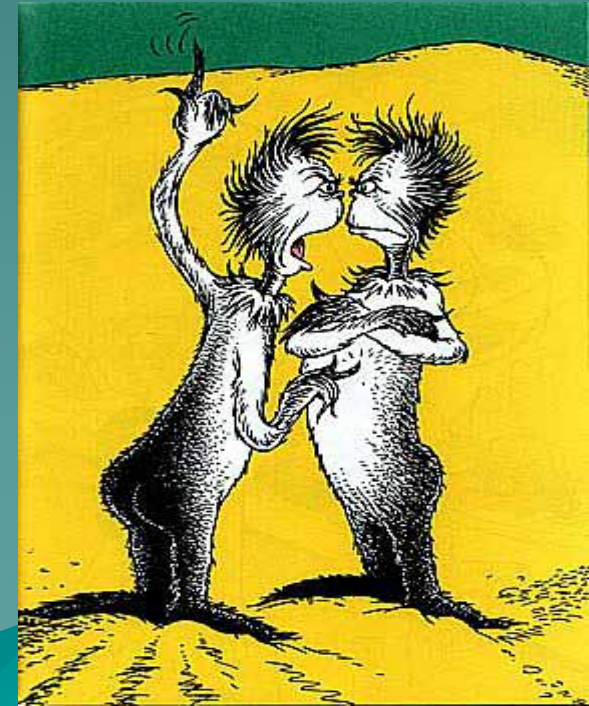
Principles of RCC

- ◆ Engagement and connection are cornerstones of relationship
 - Detachment and neutrality do not further relationship
- ◆ Communication is more than vertical information transmission
 - Communication and its influences are bidirectional and reciprocal
- ◆ Medical encounter is not completely predictable or controllable
 - Patterns of meaning and relation are constructed moment-by-moment
 - Without awareness and ability to recognize and work with patterns, they can rigidify in dysfunctional ways

Pedagogy of RCC

How do you teach about relationship?

- ◆ Be explicit about relationship issues
 - Be willing to address relationship-centered issues in patient care directly and overtly
 - Help students think about themselves in relation to patients
 - Create a safe environment where students can investigate their responses and feelings
 - Engage students in reflective self-questioning
- ◆ Be transparent about your personhood as a physician
 - Be honest, authentic, and disclosing
 - Takes courage



Pedagogy of RCC

◆ Self-awareness

- Share with your students
 - ◆ What you're thinking and feeling about the patient
 - ◆ The story you're telling about the patient
- Explore your students' thoughts, feelings, stories about the patient

◆ Self-knowledge

- Disclose your own buttons/knee-jerk reactions about certain patients or situations
- Help your students examine their own reflexive reactions to different patients



PEDAGOGY OF RCC

◆ Bidirectional communication

- Assess with your students
 - ◆ How well they really hear and respect the pt's viewpoint
 - ◆ How genuinely they try to incorporate the patient's beliefs and practices into the treatment plan
 - ◆ To what extent their interactions with the patient are reciprocal
 - ◆ How much of their communication is one-way, top-down

◆ Creating patterns

- Share your observations about the patterns the students are creating with the patient
- Elicit your students' thoughts about "trying something different," building different relational patterns with the patient

Pedagogy of RCC

- ◆ **Personhood of patient:**
 - Engagement and connection**
 - Share with your students
 - ◆ how you create a sense of “compassionate presence”
 - ◆ how you cultivate empathy
 - Encourage your students to
 - ◆ Take a breath, empty their mind
 - ◆ Shift focus from self/evaluator, to patient
 - ◆ Listen to the patient’s story, not just medically relevant details of the history
 - ◆ Write reflectively about the patient



Pedagogy of RCC

◆ Personhood of the physician

- Disclose about the personal cost of a particular patient-doctor interaction
- Share how you practice self-care
- Talk with your students about how they take care of themselves
- Let your students know what you get out of a patient encounter in a positive sense
 - ◆ What you enjoy about your patients
- Ask your student to think about:
 - ◆ What they appreciate about the patient
 - ◆ What they are grateful for after the encounter



Conclusion

- ◆ Build a new informal curriculum that reflects the heart of medicine
- ◆ Make explicit for your students the essential context within which all the rest of medicine occurs – the relationship between pt and doctor
- ◆ Don't assume that students are learning how to create a positive relationship
 - and remember they may be learning to create a bad relationship)
- ◆ Regularly ask your students to reflect on some of the above questions to help them understand how to be like the doctors they admire