COMMUNICATION TALK HTH STUDENTS FEBRUARY 2021

I. Two Models of Clinical Care

- Biomedical tasks (Find it; fix it) •Communication tasks:

Difficulty of attending to these two tasks because

Two voices in medicine

Patient's voice -

- Wants to tell the story
- Concerned with personal meaning of illness
- Speaks in response to open-ended questionS

– Physician's voice -

- Wants to obtain history quickly
- Uses close-ended questions
- Wants to make a diagnosis
- Goal of clinical practice is simultaneous balancing and reconciliation of these two voices

II. 4 "E's"- engage; empathize; educate; enlist –

Context: Opening and Closing;

Attitude: Kind compassionate attitude

Emotions: Identifying, acknowledging, and working with emotions – yours and patients

These elements should be present in every clinical encounter

III. Opening: Welcome to my exam room

- **Definition**: Opening is the first contact with patient, phase when first impressions are formed
- **Barriers** to a good opening:
  – Cold, impersonal environment
  – Sense of factory-like assembly line
  – Physician rushed, remains standing
  – Ignores uniqueness, humanity of person
- **Techniques for a good opening**
  – Introduction and greeting
  – Welcome (be a good host or hostess; make patient feel at home)
  – Maintain eye contact; don’t tower over patient

IV. Engage/Connect

- **Definition**: Engagement is a connection that continues throughout the encounter that is person-to-person, and professionally, a partnership
- **Barriers** to engagement
  – Making the encounter seem like an inquisition, rather than a conversation
  – Being over-controlling
- setting the agenda with minimal input from patient (dr-centered)
- Ignoring patient complaints
  – Interrupting patient frequently
- Result is that patient will disengage, withdraw from interview

Techniques for Engaging /Connecting

- Build rapport (comfort, trust)
  – Be curious about the person of the patient as well as their medical problem
  – Establish some similarity (common experience, background)

• Elicit the patient's agenda – Find out explicitly patient's expectations or goal for encounter (What were you hoping we'd accomplish today?)

– Find out all the concerns - assume there is more than one (Anything else you were wondering about? Any other problems?)

– Summarize the agenda - list the issues; let patient know you've heard all their concerns

• Negotiate and agree upon an agenda for this encounter - prioritize

• Elicit the patient's story

– Allow first 2 minutes of interview to have patient tell story

– Don't interrupt

– Use open-ended questions (Tell me more; I'm curious about; how did that happen?)

– Acknowledge the story (That must have been uncomfortable; you must have been frightened)

– Use reflective listening (paraphrase, clarify)

– Incorporate patient language

V. Empathize

• **Definition:** Empathy is the ability to feel and understand another person's experience; the ability NOT to climb into another person's shoes, but to walk beside them

• Physician has successfully empathized when the patient reports s/he has been seen, heard, and accepted by the physician

• **Barriers to empathy**

– Concern it will take longer

– Belief it is nice but not necessary

– Concern it is creates an emotional burden for the physician

Techniques of Empathy

• **Seeing the patient as a person**

– Notice facial expressions/nonverbal behavior: discrepancies with verbal

– Don't write and listen at the same time (alternate)

– Don't permit physical barriers (chart, desk) to come between you and the patient

– Use your imagination to envision the patient's experience

• **Hearing the patient**

– Don't interrupt

– Be curious about the patient's story

– Invite patient to tell you what s/he is feeling or thinking

– Reflect your understanding of what the patient is saying by using paraphrase and clarification

– Allow patient to correct your understanding

• **Accepting the patient**

– Judge the behavior, not the person

– Normalize patient reactions

– Use self-disclosure when appropriate

– Balance judgment with compassion

VI. Educate

• **Definition: Education** has taken place when the patient has greater knowledge and understanding, increased capacity and skills, and decreased anxiety about the situation.

• **Barriers to education**

– Physician uses stock explanations, rather than tailoring to patient's educational level, level of concern

– Physician doesn't check out understanding

– Physician doesn't address unasked questions

Techniques of Education

- **Assess current knowledge**
  - Find out what the patient knows
  - Ask for questions and things they wonder about
    - Tailor info to patient's needs and wants
- **Listen for the question behind the question** (assumed questions)
  - Their situation (What's happened to me; why has this happened to me?; What will happen to me in the future?)
  - Physician's actions (What are you going to do?; Why are you doing this rather than something else?; Will it hurt me or harm me;? When and how will you know what these tests mean?: When and how will I know what these tests mean?)
- **Check understanding**
  - Don't simply ask: Do you understand? – Find out what patient understands
    - Is there a part you'd like me to repeat?
- What else would you like to know?
- Teach-back - Tell me how you're going to take your medications; how are you going to explain this to a family member?
  - Don't patronize

VII. Enlist

- **Definition: Enlistment** occurs when an invitation from the physician to collaborate in the decision-making surrounding the problem and the treatment plan is accepted by the patient
- **Barriers to enlistment**
  - Physician-patient disagreement about diagnosis
  - Physician-patient disagreement about seriousness of disease
  - Physician-patient disagreement about efficacy of treatment
  - Complexity of the regimen
  - Expense of regimen
  - Lack of trust in the physician

Techniques for Enlistment

- Ask about self-diagnosis and treatment plan
  - May include
- Cause and solution;
- Functional meaning (I'll lose my job as a gardener if I follow your advice not to do any heavy work for a week)
- Relational meaning (You must be wrong about my having genital herpes, because if I do my husband will divorce me);
- Symbolic meaning (my mother developed this same problem right before she was diagnosed with cancer)
- Negotiate diagnosis and treatment (even if provisionally)
- Structure treatment appropriately
  - Keep treatment regimen simple
  - Tailor regimen to individual's habits and routines
  - Involve patient actively in strategizing treatment (e.g., lifestyle change)
  - Write out regimen
  - Have patient identify and problem-solve barriers to successfully following the regimen
  - Describe benefits of treatment, when benefits will be realized

- Discuss side effects if appropriate
- Ask for feedback to ensure patient understands what to do
- Motivate the patient by discussing importance of treatment

VIII. Extend the System: Ask for HELP!

- Consult attendings
- Make referrals
- Involve family members

IX. Closure

- **Definition:** Concluding the interview
- **Barriers to closure**
  - Patient brings up new agenda
  - Patient is unconvinced about diagnosis or treatment
  - Patient keeps talking
  - Patient becomes very emotional
- **Anticipate ending**
  - Give patient idea of how long you have
  - Provide warning of ending as time draws nearer
- **Summarize** what has been accomplished (diagnosis, treatment plan)
- **Review next steps**
  - what will be done next
  - future visits, calls, tests, results
- **Express hope and say goodbye**

X. **Remember Attitude –** Behavior must be informed by positive attitude

XI. **Identifying, Acknowledging, and Working with Emotions**

- **Yours**
- Awareness of feelings
- "I am feeling something!"
- Acceptance of feelings
- "My feelings are not wrong; not a bad person/doctor for having these feelings"
- Discernment about feelings and their clinical implications
- How might frustration, anger, resentment affect pt. care?
- How might over-identification, projection affect pt. care?
- Working with feelings
- Softening judgment
- Cultivating caring and concern
- **Patient's** – NURSE model
- N = name the emotion
- U = understand the emotion
- R = respect the patient
- S = support the patient
- E = explore the emotion
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