Communication 101: Clinician-Patient Communication to enhance health outcomes in End Stage Renal Disease

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Communication

Disclosure

Dr. Doris Barwich

- **Steering Committee, Practice Assessment for Opioid induced constipation. Wyeth Pharmaceuticals**
- **Advisory Committee Sanofi-Aventis re M-Eslon**

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- **I do not have any affiliation with a commercial supporter or entity.**

Learning Objectives

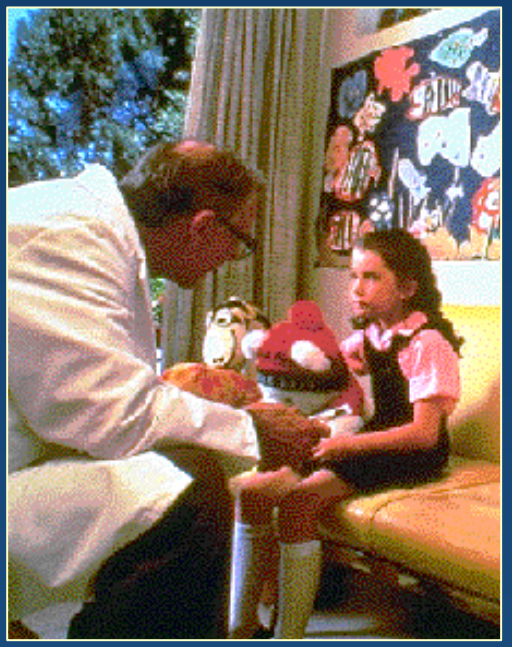
As a result of this workshop, learners will…

1. **Have greater awareness of the importance of clinician-patient communication and of the four communication skills: Engage, Empathize, Educate, and Enlist.**
2. **Have had opportunity to discuss and practice communication skills**
3. **Have greater awareness of the impact of ESRD on patients and families**
4. **Have greater awareness of how we can improve our communication**

Communication matters

Communication is every clinician's responsibility

- **It is an essential component of our professional roles**
- **Cannot be delegated**
- **Has lasting effects over time**



Kalamazoo Consensus Statement 2002

Communication matters

Improvement in health outcomes

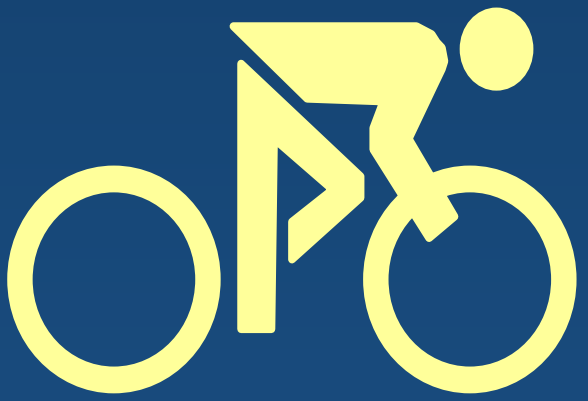
- **Diagnostic accuracy:**
  - **Beckman and Frankel (1984): Greater quality and quantity of clinical data**
- **Biological and psychological measures:**
  - **Symptom resolution;**
  - **Reduction in distress/anxiety;**
  - **Improved health and functional status;**
  - **Pain reduction;**
  - **Reduction in role and physical limitations**

(Roter (2000); Stewart (1999)

Communication improves adherence

Important predictor of adherence is the interpersonal skills of the clinician

- **Knowledge of the patient**
- **Trust**
- **Empathy**



Safran et al, 1998; Roter, 1999; Haynes 2002

Communication improves patient satisfaction

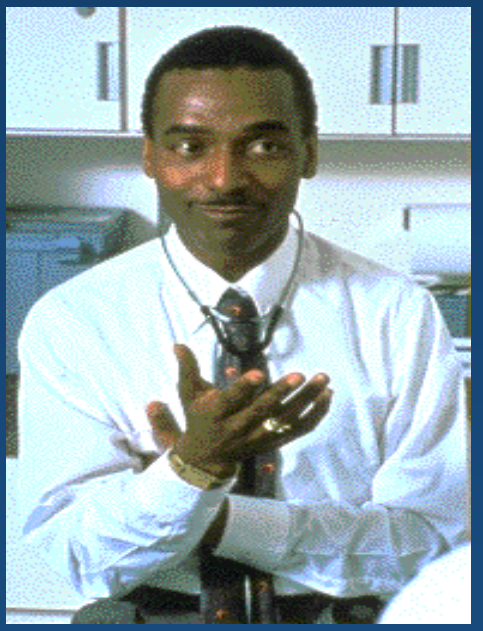
Up to 70% of the variance in satisfaction scores can be explained by communication

- **Attitude**
- **Non-verbal communication**
- **Information giving**
- **Shared decision-making**

Press Ganey, 2002

Effective communication improves clinician satisfaction

Clinicians express greatest satisfaction with the intrinsic reward from patient care and the clinician-patient relationship



Pathman et al, 2002

Communication is a procedure

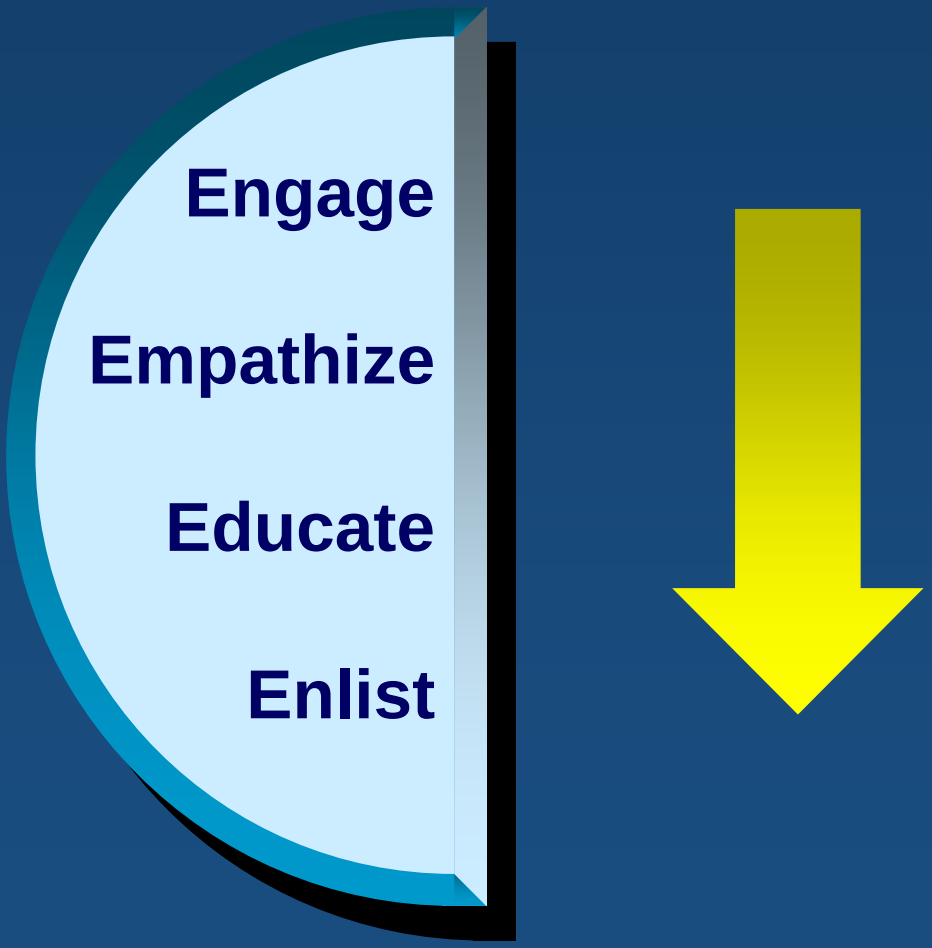
- **Commonly used: A typical clinician will conduct more than 160,000 interviews during his or her career**
- **Can be learned but mastery requires practice and experience**
- **Experts : More likely to engage in partnership building; Less dominant in conversations, Paid more attention to psychosocial and lifestyle concerns (Roter)**

Model of clinical care

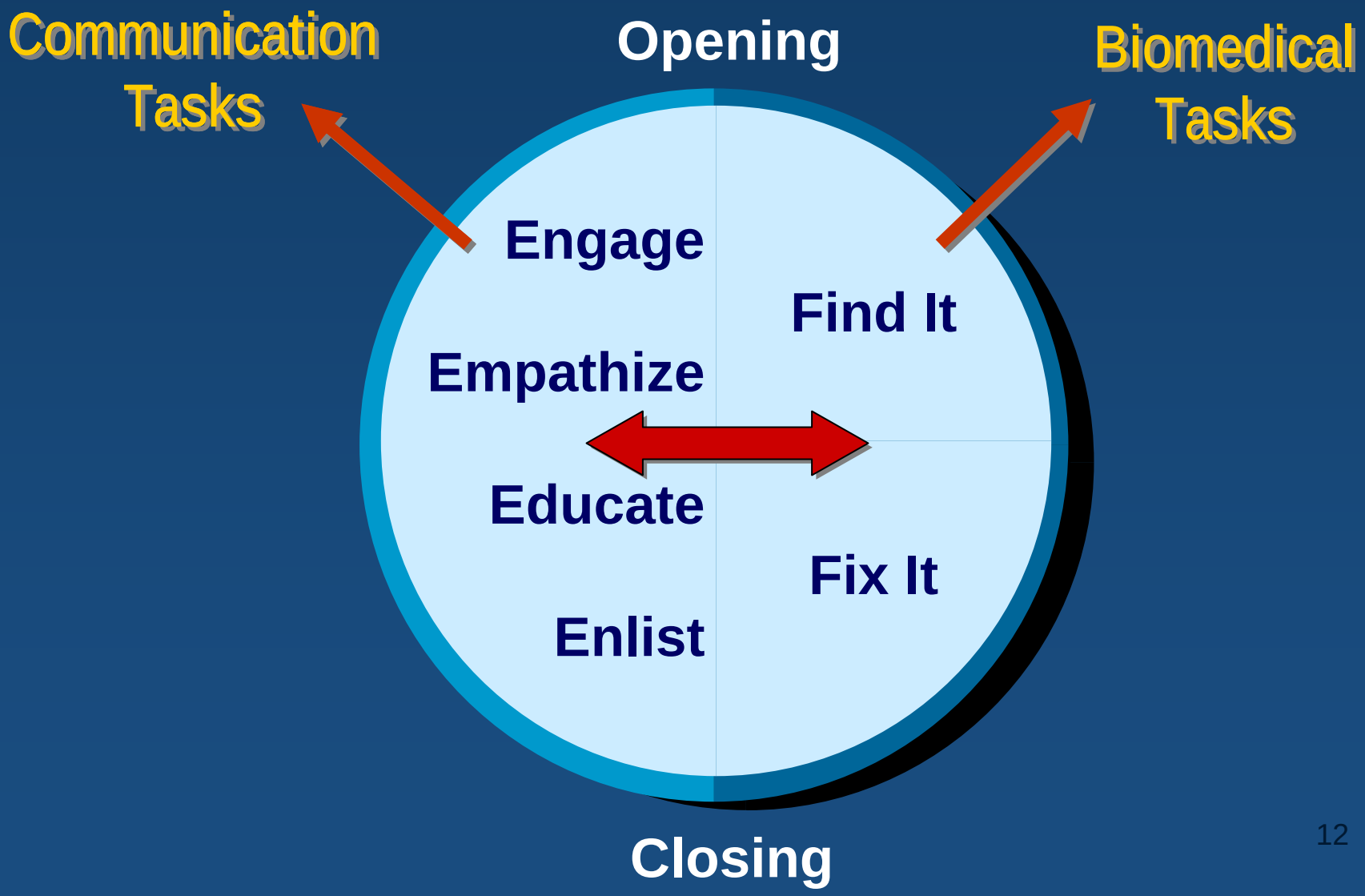
Biomedical tasks

Model of clinical care

Communication tasks



Model of complete clinical care



Challenge: Accomplish two different tasks

Clinicians have a "voice," the voice of medicine

Patients have a "voice," the voice of experience

Mishler, 1984

Challenge: Patient's "voice"...

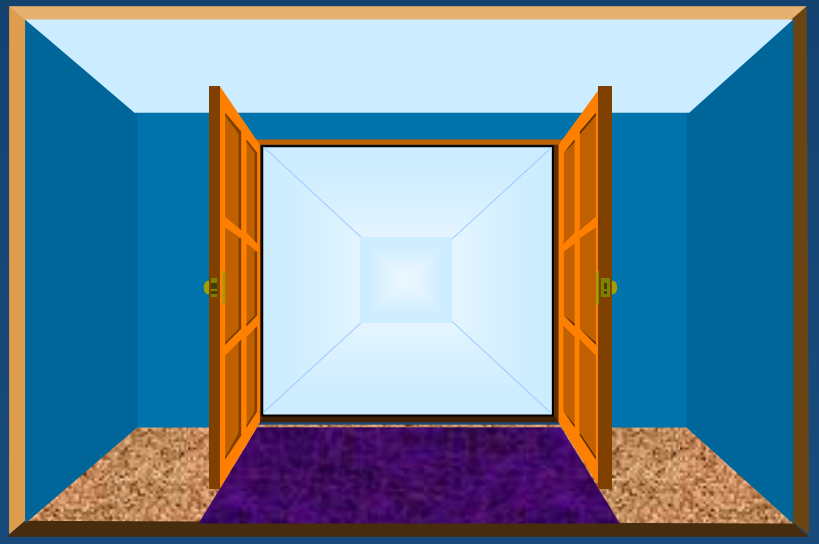
- Wants to tell the "story" of the illness
- Is concerned with the personal meaning of the illness
- Speaks in response to open-ended questions

Challenge: Clinician's voice...

- Wants to obtain a history quickly
- Asks close-ended questions to get "facts"
- Constructs a differential diagnosis

Opening

- Introduce yourself
- Greet the patient
- Welcome the patient
- Maintain eye contact



Engagement defined

A connection which continues throughout the encounter

- Person-to-person
- Professionally, as partners
- Give opportunity to ask questions and gain information
- ASK before you TELL and continue ASKING to check understanding
  - What have they been told ?
  - What are their priorities?

ENGAGEMENT

Technique: Engage the patient's agenda

Ask: **Elicit expectations or goals for encounter**

"What were you hoping we'd accomplish today?"

Ask: **Get all complaints**

"Is there anything else you were wondering about?"

ENGAGEMENT

Technique: Summarize agenda

- **List the patient's issues**

  "I want to make certain I've got everything. You are concerned about..."

- **List your issues**

  "I want to make certain we cover the high sugar readings from your blood work last time."

ENGAGEMENT

Technique: Negotiate agenda

- **Prioritize**
- **You may have to negotiate**

"We may need to schedule another visit. I want to be sure to completely cover our top concerns."

ENGAGEMENT

Technique: Elicit patient's story

- **Use open-ended questions**

  "I'm curious about..."

- **Allow the patient time to tell the story**
- **Acknowledge the story**

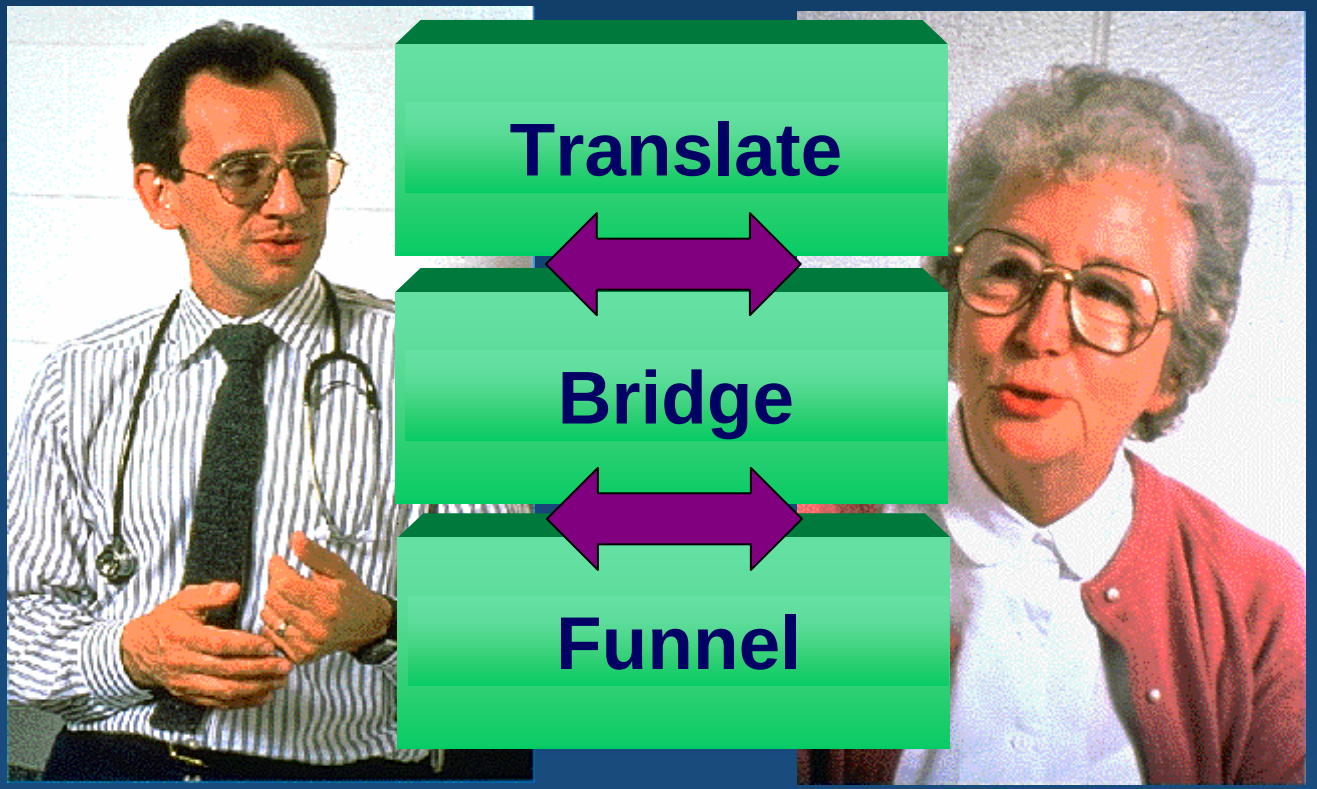
  "That must have been uncomfortable."

- **Use short summaries**

  "So, I hear you saying…"

ENGAGEMENT

Techniques: Bridge between two voices and tasks



Mishler, 1984

ENGAGEMENT

Technique: Elicit patient's story and be curious about:

- **F**eelings
- **I**deas
- Impact on **F**unctioning/ Sense of self
- **E**xpectations

Stewart et al, 1995

Listening Exercise (5 minutes each)

- **A's: Tell your partner about an experience you have had as either a patient or family member with the health care system. Tell the story of what happened and how it affected you.**
- **B's: Listen for:**
  - **Feelings**
  - **Thoughts, Ideas or assumptions,**
  - **Impact on the person and family (Function)**
  - **Expectations.**
- **Elicit the story and check your understanding**

Empathy defined

Patient experiences

- **Being seen**
- **Being heard**
- **Being accepted**

EMPATHY

Barriers to making an empathetic connection

- Will this take more time?
- Using medical lingo
- Interrupting while pt speaks
- Is this sympathy (my feeling, pity) or empathy (patient's feeling)?

EMPATHY

Barriers to making an empathetic connection

- Do I have the skills?
- It’s not my job
- Disinterest / distraction
- Not Being Present in conversation

EMPATHY

Empathy can save time

- Patients provide clues about their personal, social and emotional concerns

- When the clues are missed, patients repeat them and visits may take longer; pts often return if their issues have not been addressed; OR pts may stop coming for care

EMPATHY

Techniques: Patient experiences being heard

- Listen to the story
  - Patient's feelings
  - Patient's values
  - Patient's thoughts
- Reflect on your understanding
  - Verbal
  - Nonverbal

EMPATHY

Techniques: Patient experiences being heard

- Use the patient's language
- Allow the patient to correct your understanding

Avoid these …

- **Blocking: Pt raises a concern but HCP fails to respond or redirects conversation**
- **Lecturing: Too much information; your agenda**
- **Collusion: "Don't ask - Don't tell"**
- **Premature Reassurance: Assurance before exploring/understanding concern**

(Back et al, 2005)

Dealing with Anxiety

Nobody told me in medical school, but the toleration of anxiety is our stock in trade. You spend a great deal of your time dealing with others' anxiety. You can't get angry at the patient. You have to be aware of what you feel, and remain calm... "Harry", MD

(Klitzman, 2008)

When Doctors Become Patients

Empathy: "NURSE"

- **Naming the feeling: "That sounds pretty scary."**
- **Understanding: "that you'd feel that way."**
- **Respecting: "You're doing the right thing …"**
- **Supporting: "How can I help you with this?"**
- **Exploring: "What were you hoping for?"**

"Do you have any questions?"

(Smith, 1996; 2002)

Case Study: Mrs. M

55 y Caucasian woman: Admitted Pneumonia; ARF. PMH: COPD, HTN, smoker, recurrent UTI, OA, CAD

- Hospital stay: Nov-Feb with new Dx: Multiple Myeloma
  - Permcath inserted, dialysis and Chemotherapy started
- On Discharge - off dialysis but GFR fluctuates due to chemo (GFR 15 - 29); EPO commenced
- Being seen by BCCA oncologist, nephrologist, urologist, GP, CKD Clinic

Case Study Cont'd: Mrs. M

CKD Clinic: Pt appears irritable as trouble parking

- **Being seen by MDT (MD, RN, RD, SW, Pharm.)**
- **Lives with husband (DM/ISHD, CABG)**
- **2 daughters and 1 son all young adults**
- **Mother had dialysis; she died 8 years ago**
- **Pt was working part time, independent with ADL**
- **Does not want to have family in clinic appts**
- **Does not want to discuss illness in detail, teary**
- **Upset with multiple appts, many HCPs**
- **Concerned about being poked for various BW**

Practice Empathy: "NURSE"

A: Patient: Be willing to talk about the experience of the past 3 months in hospital and post discharge.

- **Diagnosis, Transitions, Impact, etc.**
- **If asked talk about what impact this has had on the family.**

B: Health Care Provider: Using the NURSE mnemonic listen to the story and try to communicate empathy

Practice Empathy: NURSE

- **Interview for 4 min**
- **Debrief in pairs about the experience of being the patient and the HCP (2min)**
  - **What worked well?**
  - **What could have been done differently?**
- **SWITCH Roles**
- **Total Exercise 15 min**

Education defined

Education involves cognitive, behavioral, and affective elements. Goal is to promote patient with:

- Greater knowledge and understanding
- Increased capacity and skills
- Decreased anxiety

EDUCATION

Technique: Shared knowledge

Diagnosis

Treatment

Self Management

Enlistment defined

An invitation from the clinician to the patient to collaborate in the decision-making related to:

Goals for treatment

Plan for treatment

ENLISTMENT

Techniques: Enlistment

- Keep regimen simple
- Write out the regimen
- Follow up and ask about adherence

Closing

Inform interview is nearing end
Ask about any final questions / comments
Summarize and review next steps
Express Hope

Mrs. M Follow-up

- **8 months later Mrs. M's renal function has deteriorated (GFR 14); she is experiencing a few symptoms**

- **She has been provided renal treatment education but has not decided on a modality and does not want to start dialysis unless "she really has to"…**

Roundtable Discussion (10 min)

- What may be some of the issues?
  - For Mrs. M?
  - For her family?
- How would you explore them?
- How can we support them?

- How do you cope with this situation
  - As a health care provider?
  - Within your multidisciplinary team?

- Impact on Renal Program?
  - How can we support each other?

Transitions in ESRD

- **Diagnosis of renal disease; disease Progression**
- **Starting Dialysis: Deciding on modality**
- **Changes to "Wholeness of Body"**

  - vascular or peritoneal access (surgeries, catheters, changes to body)
- **Changes in Modalities; ?transplant**
- **Treatment Failures / Medical Complications**
- **Multiple Losses -- Limitations in mobility; functioning; employment; status or roles**
- **Death of other patients; pt's own Impending Death (Hutchinson, Palliative Medicine 2005)**

Impact on Families

- Chronic Stress for family members
  - Dealing with their own issues, anxieties
- Dealing with complex medical systems
- Caregiving stresses (ADL, meds, driving)
- Financial burdens and implications
- Roles change (work, meals, housework)
- Involvement in pt's care, decision making, and planning varies
- Communication affected (info may be screened or protected)
- Not all families are available or supportive

Consider Issues of

- Language
- Culture
- Immigration, Adaptation
- Personal Values
- Religious Beliefs
- Literacy Levels
- Hearing and Sight Deficits
- Cognitive Impairment

Negotiating Transitions

- In-depth interviews of 36 patients on dialysis
- 3 constructs
  - Redefinition of self;
  - Quality of supports;
  - Meanings of illness and treatment

"The early weeks and months were marked by periods of emotional upheaval ('helplessness', 'humiliation' and 'inadequacy') and doubts about the future"

(Gregroy, 1998)

Negotiating Transitions

- **Incidence of Depression**

  ~ 1/3 upto 1/2 of patients

  (Watnick, 2003; Finkelstein, 2000)

- ***Suffering*** ***is experienced by the whole person and occurs when an impending destruction of the person is perceived and continues until the threat has passed or the person has found another way to achieve a sense of integrity. (Cassell)***

Fraser Health Renal Program
Pt Satisfaction Survey 2006

I came to the Renal Services Expecting…

- ***"Support, understanding of how I feel with all the new life changes. Staff that could answer all my questions."***
- ***"Information, advice, constant monitoring of my declining condition…"***
- ***"Adequate care and a compassionate, high quality staff"***

Promoting Healing…

- Providing a safe place where patients and families can express their true experiences
- Support for psychosocial / spiritual issues
- Help regain a sense of integrity, wholeness, security, optimism
- Transitions can be opportunities
- We are with you along this journey…

Implications for Renal Programs: How effective is our communication?

- Do we truly understand pt / family experience?
- How can we optimize coping and well-being?
- Health Education; Self-Management Support
- Modality Education / Processes for Change
- Treatment Decision Support
- Reviewing Change in Function and Health
- Family Conferences and Conflict Resolution
- Advance Care Planning
- Quality of Life and Quality of Death

Implications for Renal Programs: Improving our communication

- Need for regular review and assessment of medical and psychosocial issues, interventions, services, and planning
- Timely transfer of key data between HCPs, modalities, programs, hospitals, community care, health authorities
- Strong partnerships with various health programs to improve pt care, systems, efficiencies

Implications for Renal Programs: Need for Supporting Staff

- Ethical Considerations
  (withholding / withdrawing treatment)
- Compassion Fatigue support
- Coping with Frustrations / Workload / Systems
- Staff debriefing; access to additional resources
- Need for ongoing communication training
- Adequate funding for multidisciplinary teams

The Ripple Effect…

- How will your practice change?
- Your Team's practice?
- Your Renal Program?

Summary

- **Communication matters!**
  - Improves health outcomes
  - Improves pt and clinician satisfaction
  - Everyone's communication has an impact
- **Communication skills can be learned.**
  - FIFE, NURSE and other models
  - Need constant practice and review
  - Consider ongoing staff training
- **Good Communication needs to be supported.**
  - Throughout our programs and services

Learning Objectives

1. Have greater awareness of the importance of clinician-patient communication and of the four communication skills: **Engage, Empathize, Educate, and Enlist**.
2. Have had opportunity to discuss and practice communication skills
3. Have greater awareness of the impact of ESRD on patients and families
4. Have greater awareness of how we can improve our communication

Questions and Comments

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