

Overview

A request was received to search the literature for meaningful ways to communicate with providers about strengths and opportunities, as well as effective communication techniques that providers can use to increase quality of patient communication.

Effective Communication Techniques

Medical interviewing, the foundation of care, focuses on the “4Es” (Engage, Empathize, Educate and Enlist) is used and found to be successful at engaging the patients in dialogue, building rapport, increasing physician empathy and practicing the art of teach-back.

Bonvicini, K. A., Perlin, M. J., Bylund, C. L., Carroll, G., Rouse, R. A., & Goldstein, M. G. (2009). Impact of communication training on physician expression of empathy in patient encounters. *Patient Educ Couns*, 75(1), 3-10.

An empathy training workshop that focuses on the “4Es” (Engage, Empathize, Educate and Enlist) is used and found to be successful at increasing physician empathy.

Frankel, R. M., & Stein, T. (2001). Getting the most out of the clinical encounter: the four habits model. *J Med Pract Manage*, 16(4), 184-191. Available full text at: <http://xnet.kp.org/permanentejournal/fall99pj/habits.html>

A well-known set of recommendations, the four habits are:

- Invest in the Beginning,
- Elicit the Patient’s Perspective
- Demonstrate Empathy
- Invest in the End

Hardee, J.T. (2003). An Overview of Empathy. *The Permanente Journal*, 7(4), 51-54. Available full text at: <http://xnet.kp.org/permanentejournal/fall03/cpc.pdf>

This article gives a great overview of empathy and highlights that authors and educators consider empathetic communication a teachable, learnable skill that has tangible benefits for both clinician and patient.

Many benefits of effective empathetic communication are outlined including several definitions and ways to describe empathy. Perhaps the most simply stated is “empathy is the ability to ‘put oneself in another’s shoes.’”

The author reviews Frederic Platt's key steps to practical empathetic communication:

1. Recognizing presence of strong feeling in the clinical setting (i.e., fear, anger, grief, disappointment)
2. Pausing to imagine how the patient might be feeling
3. Stating our perception of the patient's feeling (i.e., "I can imagine that must be ..." or "It sounds like you're upset about ...")
4. Legitimizing that feeling
5. Respecting the patient's effort to cope with the predicament
6. Offering support and partnership (i.e., "I'm committed to work with you to ..." or "Let's see what we can do together to ...")

Finally, the article describes the key differences between empathy versus sympathy versus pity.

Bottom line:

- Empathy is a powerful, efficient communication tool when used appropriately during a medical interview.
- Empathy extends understanding of the patient beyond the history and symptoms to include values, ideas, and feelings.
- Benefits of improved empathetic communication are tangible for both physician and patients.

Levinson, W., Gorawara-Bhat, R., & Lamb, J. (2000). A study of patient clues and physician responses in primary care and surgical settings. *JAMA*, 284(8), 1021-1027.

This paper examined patient clues (direct or indirect comments about personal aspects of their lives or emotions) and a physician's ability to demonstrate understanding and empathy in their responses to these clues. In this study clues were coded as emotional clues or social clues.

- Social clues provide the physician an opportunity to learn more about the patient's life, but are not emotional. These clues often pertained to common interest topics such as the weather, sports, or vacations.
- Emotional clues are those where patients implicitly seek support from physicians.
- Actual physician/patient interactions are offered as examples.

- When physicians missed opportunities to respond to patient clues, these instances were coded as such.
- The authors stress that it is critical that physicians take the time to pick up on these clues and respond positively to them.

Additionally, Levinson, Gorawara-Bhat & Lamb found that when there were missed opportunities, those appointments took longer than when physicians provided a positive response to a patient clue.

Mauksch, L. B., Dugdale, D. C., Dodson, S., & Epstein, R. (2008). Relationship, communication, and efficiency in the medical encounter: creating a clinical model from a literature review. *Arch Intern Med*, 168(13), 1387-1395.

This literature review provides three domains that hold effective communication techniques:

- Rapport Building
- Up-front agenda setting
- Acknowledging social or emotional clues

The authors then create a model that incorporates the quality enhancing and time management features of selected relationship and communication skills.

SBAR

SBAR Technique for Communication: A Situational Briefing Model referenced from: <http://www.ihl.org/knowledge/Pages/Tools/SBARToolkit.aspx>

SBAR (Situation, Background, Assessment, Recommendation) is an effective and efficient way to communicate important information between care team members and also with patients. SBAR offers a method of how to improve and simplify communication.

S=Situation (a concise statement of the problem)

B=Background (pertinent and brief information related to the situation)

A=Assessment (analysis and considerations of options — what you found/think)

R=Recommendation (action requested/recommended — what you want)

Useful both between care team members to help improve safety, it has also been found to be a helpful communication technique between caregivers and patients.

Kaiser Permanente developed the predominant communication tool that was adapted from the US Navy, called SBAR.

Teach Back

Teach Back is a patient communication tool that has been described in numerous articles in the literature:

AMA: Health literacy and patient safety: Help patients understand; A [23-minute teachback video](#) to illustrate the technique:

http://www.youtube.com/watch?v=cGtTZ_vxjyA

Schwartzberg, J.G. (2007) [Confirming understanding with the teach-back technique](#). *On Call*. November 20.

- Confirm what patients are saying to you as well as what you are saying to them.
- Document that messages are understood, or if not, make a plan.
- Adding teach-back to your busy schedule.

Society of Hospital Medicine [Teachback PDF](#):

[http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_CareTransitions/PDFs/Teach_Back .pdf](http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_CareTransitions/PDFs/Teach_Back.pdf)

The Ethics Center: [Teach Back: A tool for improving provider-patient communication](#):

http://www.ethics.va.gov/docs/infocus/InFocus_20060401_Teach_Back.pdf

University of North Carolina School of Medicine [Teach Back video](#) (YouTube) and [Teach Back page](#).

<http://www.youtube.com/watch?v=IKxjimpD7vfY>

[UNC School of Medicine Teach Back teaching aids page](#).

Speaking to Doctors about Strengths and Opportunities

Gawande, A. (Oct-2011). Personal best. *New Yorker*, 87(30), 44-53

In this article, Dr. Atul Gawande asks a very thought-provoking question:

- Elite athletes, high level executives, educators, and renowned musicians have coaches...why not physicians?
- He notes that most physicians have had little coaching or observation since their residency concluded.

- In his own journey, Dr. Gawande felt he had peaked as surgeon but wondered if coaching could help. He found that his patient outcomes and colleague feedback indicated significant improvement after only a few rounds of coaching.

This article has helped to formulate the philosophy for many physician coaching programs.

Robert Wood Johnson Foundation. (2009). [Communicating with Physicians about Performance Measurement](#).

This report provides resources for discussing improvement with physicians. Interviews were conducted with healthcare champions and physicians to discover the best ways to communicate with physicians about improvement efforts. Core messages were developed and these messages were tested on a small sample of physicians.

The suggestions are to:

- Learn the existing perceptions of physicians and acknowledge those when speaking to physicians
- Offer key reasons to support performance measurement
- Demonstrate that providers concerns are understood and provide a response
- Ask physicians to become engaged

This publication includes responses and communications that tested well with physicians, specific language that tested well, and the aforementioned interviews with healthcare stakeholders. Also included is helpful language used by healthcare leadership in talking about performance measurement with physicians.

Palliative Care Communication

Barclay, J. S., Blackhall, L. J., & Tulskey, J. A. (2007). Communication strategies and cultural issues in the delivery of bad news. *J Palliat Med*, 10(4), 958-977.

The authors detail the principles of good, patient centered communication and offer a taxonomy of useful techniques. The article describes the cultural considerations important to take into account when delivering bad news.

For More Information:

Should you have additional questions after review of these findings, please contact Avatar's Quality and Research Department at 1-800-282-8274 or consult with your Account Manager for additional needs or requests.