

# COMMUNICATION $R_x$

## Chapter Summaries

### Section 1: The Landscape

**1. Building the Case for Communication and Relationships** - Calvin L. Chou, MD, PhD, FACH, Professor of Clinical Medicine, University of California, San Francisco

This chapter will lay an inspirational groundwork for the centrality of communication in healthcare. The author will review the evolution of communication in the context of other healthcare initiatives, describe how communication leads to healthcare outcomes, and make the case for linking clinician well-being with effective communication. The author will also describe how communication is a set of skills, not just knowledge, and as such requires continued deliberate practice with feedback in order to improve - it is not enough to attend a 30-60 minute lecture to acquire proficiency: the skills truly take “a minute to learn, a lifetime to master.”

**2. Communication and Patient Experience** - Peter R. Lichstein, MD, FACP, FACH, Professor of Medicine, Wake Forest School of Medicine; Diane Sliwka, MD, Associate Professor of Medicine & Medical Director of the Patient and Clinician Experience, University of California, San Francisco

Patient experience surveys (eg, CAHPS, Press Ganey) now evaluate communication skills by exploring if the clinician listens carefully, treats patients with courtesy and respect, and explains things in a way patients can understand. Effective communication provides opportunities to build stronger relationships between patients, families, and clinicians with an aim toward delivering high quality care. This chapter will describe how communication in healthcare is central to patient experience, and shows the institutional drive toward enhancing communication as a critical pillar to systemic success.

### Section 2: The Fundamental Skill Sets

**3. Skill Set One: The Beginning of the Encounter** - Auguste H. Fortin VI, MD, MPH, Professor, Department of Medicine, Yale School of Medicine; Lynnea Mills, MD, Assistant Professor, Division of Hospital Medicine, University of California, San Francisco

First impressions are lasting. Therefore, healthcare clinicians must quickly and effectively establish connections with patients, families and other members of the healthcare team. This chapter will outline practical skills, including building quick rapport, acknowledging communication barriers, eliciting concerns, and negotiating an agenda. The authors will also discuss how these skills apply to other encounters in healthcare (between colleagues, in consultation settings, etc.).

**4. Skill Set Two: Skills That Build Trust** - William D. Clark, MD, DocCom Editor Emeritus; Matthew Russell, MD, Medical Director, Community Living Center & Associate Chief of Geriatrics and Extended Care, VA Boston Healthcare

As patients connect with clinicians and share their perspectives, opportunities nearly always surface for clinicians to recognize and respond to emotions. This chapter will offer concrete skills for building stronger relationships, including asking open-ended questions, seeking the patient’s perspective, and expressing empathy, prior to transitioning to the work of a typical patient-clinician encounter. The authors will also discuss how these skills apply to other encounters in healthcare (between colleagues, in consultation settings, etc.).

**5. Skill Set Three: Delivering Diagnoses and Treatment Plans** - Carol M. Chou, MD, Associate Professor of Clinical Medicine Perelman School of Medicine; University of Pennsylvania

Patient experience surveys specifically ask patients if their clinician explained things in a way they could understand, but clinicians often assume that patients have listened and accurately processed information exchanged during healthcare encounters. This chapter will describe the importance of ending patient visits using specific communication techniques for sharing information and assessing understanding that also maximize patient understanding and adherence. The author will also discuss how these skills apply to other encounters in healthcare (between colleagues, in consultation settings, etc.).

### Section 3: Practical Applications of the Skill Sets

**6. Challenging Conversations with Patients** - Jenni Levy, MD, FACH, ACH President 2017

The communication challenges that participants in our one-day workshop on relationship-centered communication most commonly raise include the following themes: breaking bad news, addressing unmet expectations, and managing high emotion (e.g., anger, mistrust). This chapter will review how fundamental skill sets apply to these scenarios and will offer strategies for communicating effectively to overcome these challenges.

**7. The Skill Sets and the Electronic Health Record** - Pamela Duke, MD, Associate Professor of Medicine, Drexel University College of Medicine

Implementation of the electronic health record (EHR) has in many cases disrupted the dynamics of patient-clinician communication. Clinicians train to use EHRs from a technical standpoint, giving only minimal attention to integrating the human dimensions of the patient-clinician relationship into the computer-accompanied medical visit. This chapter provides a model that empowers clinicians to remain relationship-centered while effectively using EHRs.

**8. Patient Engagement and Motivational Interviewing** - Krista M. Hirschmann, PhD, CEO, FlinCare; Calvin L. Chou, MD, PhD, FACH, Professor of Clinical Medicine, University of California, San Francisco

Motivational interviewing techniques enable clinicians to offer a supportive, facilitative, and respectful atmosphere for patients to explore beliefs impacting health behavior change. Skillful communication equips clinicians to respond emphatically and collaboratively when patients voice ambivalence or reluctance about changing behavior, including risky behaviors. This chapter will describe specific skills to help clinicians explore and appreciate patients' attitudes, values, and feelings about health behavior change. The authors will offer tips to implement more effective conversations regarding recommendations and advice.

**9. Shared Decision-Making** - Nan Cochran, MD, FACH, Associate Professor, The Dartmouth Institute and Geisel School of Medicine at Dartmouth; Calvin L. Chou, MD, PhD, FACH, Professor of Clinical Medicine, University of California, San Francisco

Truly patient-centered care involves an understanding of the patient's unique circumstances, values, and preferences in order to help patients reach decisions based on individual needs. Shared decision-making (SDM), a challenging best practice, is a learnable skill. This chapter will include an overview of the history and evidence underlying SDM and then will describe skills to elicit patient preferences, to communicate risks and benefits effectively, and to recognize and help patients resolve decisional conflict.

**10. Feedback: A Commitment to the Relationship** - Ryan Laponis, MD, MSci, FACH, Assistant Clinical Professor, Department of Medicine, University of California, San Francisco

Feedback is defined as specific, nonjudgmental information, given with intent to improve performance, and is a critical and fundamental tool of effective function in healthcare environments. This chapter will review the literature supporting the principles of giving effective feedback to team members, colleagues, learners, and even supervisors, and will provide an approach, grounded in the fundamental skill sets, that maximizes uptake.

**11. Appreciative Coaching** - Maysel Kemp White, PhD, MFT, FACH, Healthcare Quality and Communication Improvement, LLC; Calvin L. Chou, MD, PhD, FACH, Professor of Clinical Medicine, University of California, San Francisco

Excellent coaching and mentorship empowers clinicians to realize their potential and to maximize their performance and attitudes about caring. As healthcare systems strive toward improving patient experiences and clinical outcomes, coaching techniques in communication become valuable resources. Coaches and educators may prevent and correct destructive staff behaviors by learning to provide effective feedback while engaging in productive coaching sessions. This chapter emphasizes the coaching skills necessary to improve performances of individual clinicians and members across the healthcare team.

**12. Communicating Effectively on Healthcare Teams** - James R. Bell, MS, PA-C, Assistant Professor, Daemen College; Calvin L. Chou, MD, PhD, FACH, Professor of Clinical Medicine, University of California, San Francisco

Enhanced team communication and collaboration leads to improved patient experiences, better clinical outcomes, and reduced patient complaints. High-performing teams also experience heightened morale among team members and increased staff retention. As team members learn to attend to the needs, strengths and diverse backgrounds of colleagues they enhance collaborative team performance. This chapter will guide readers to identify relational characteristics of high-performing teams and to apply fundamental communications skills across the team dynamic.

**13. Challenging Conversations with Colleagues** - Nan Cochran, MD, FACH, Associate Professor, The Dartmouth Institute and Geisel School of Medicine at Dartmouth

Differences are inherent, even necessary, in healthcare settings. However, even under optimal circumstances, conflicts inevitably and frequently arise, and complexity and hierarchy in healthcare often amplifies emotions in conflict. Without specific training in conflict management, many either engage in unpleasant confrontations or withdraw. This chapter will describe skills that move beyond these two reactions and transform conflict into an opportunity to develop effective collaboration.

**14. Culture and Diversity** - Denise L. Davis, MD, FACH, Clinical Professor of Medicine, University of California, San Francisco

Communicating across differences is a mainstay of healthcare interactions. Realizing the richness of our cultural and personal backgrounds enhances our abilities to connect with patients. Inevitably, our personal or cultural assumptions include 'blind spots' that often pose challenges. In addition, there is ample evidence that differences in race, gender, sexuality, and other forms of diversity strongly influence communication patterns, not to mention the quality of medical care. This chapter will address some basic and advanced approaches to communicating across differences.

**15. Communicating Across Hierarchy** - Timothy Gilligan, MD, Associate Professor of Medicine & Vice-Chair for Education, Cleveland Clinic Taussig Cancer Institute; Kara Myers, CNM, MS, Clinical Professor, Zuckerberg San Francisco General Hospital and Trauma Center

Clinicians in healthcare span many different types of training and levels of engagement and approaches with patients. There is also a hierarchy of clinicians, some of which corresponds to the type and length

of training, and scope of practice. This chapter will address some of the challenges relevant to issues of hierarchy. The authors will offer potential solutions that can emerge from use of skillful communication.

## Section 4: Instituting Communication Initiatives

**16. Teaching the Skill Sets** - R. Ellen Pearlman, MD, Associate Dean for Advanced Clinical Learning, Hofstra Northwell School of Medicine

This chapter explains why using simulation exercises (role play, use of SPs) or reflection (videotape review, case-based exercises) work, and why using situated learning - cases elicited from participants, as opposed to pre-prepared paper cases - leads to better uptake of skills. The author will also describe different strategies of teaching to different audiences: primary care, inpatient, subspecialists, surgeons, pediatricians, advanced practice providers.

**17. Developing Facilitators in Train-the-Trainer Programs: Establishing Local Influence** - Calvin L. Chou, MD, PhD, FACH, Professor of Clinical Medicine, University of California, San Francisco; Laura Cooley, PhD, Senior Director of Education and Outreach, Academy of Communication in Healthcare

ACH has helped institutions across the country establish internal expertise through delivering train-the-trainer programs. Growing programs with local champions as skills trainers equips institutions with renewable means to support internal development and longevity for culture change. The phases of the program include preparing for implementation of the program, having program participants undergo a fundamental communication skills workshop and then understanding the theoretical and practical rationales underlying the workshop, setting up practice sessions for participants to achieve mastery, and ensuring long-term viability of a communication skills improvement initiative. Train-the-trainer programs are a viable way to create enduring communities of local experts who can implement and support institutions' commitments to excellence in the communication skills of their clinicians.

**18. Implementation and Planning: Supporting Organizational Change** - Cathy Risdon MD, DMan, CCFP, FCFP, Professor, Department of Family Medicine, McMaster University; Laura Cooley, PhD, Senior Director of Education and Outreach, Academy of Communication in Healthcare

This chapter will address strategic planning decisions for organizational leaders as they establish programs related to communication skills improvement across their teams, departments, and institutions. This culture change requires several crucial elements such as: developing leadership support, allocating resources (time, staff, financial), establishing a clear messaging plan (to engage clinicians who will participate in programs), forming and implementing an action plan (for how the program will function), evaluating outcomes (to ensure that participants and patient benefit from the program), and creating a sustainable plan (to secure long-term change).