

Effective patient-centred communication in LTC: *Strategies for success*

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Ontario Long Term Care Clinicians Conference
October 21st, 2018

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Relationships with commercial interests:

- Grants / Research Support: none
- Speakers Bureau / Honoraria: none
- Consulting Fees: none
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■ Learning objectives:

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- Describe communication issues that can result in medical-legal risk
- Review effective communication strategies to use in difficult patient encounters
- Identify 2 structured communication tools that can improve patient engagement and help manage expectations
- Commit to implementing 1 new communication strategy or tool to improve your practice

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■ Serious medical errors due to communication issues

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■ What is a difficult encounter?

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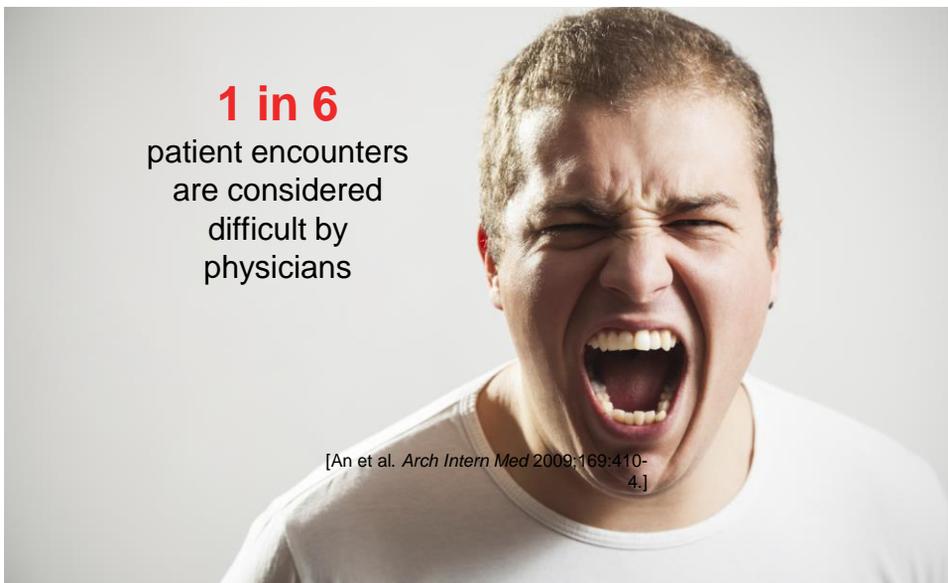
One that impedes the establishment or continuance of a therapeutic relationship



■ How frequent are they?

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1 in 6
patient encounters
are considered
difficult by
physicians



[An et al. *Arch Intern Med* 2009;169:410-4.]



■ Difficult encounters

5 common situations:

1. Request for unnecessary prescriptions or tests
2. Dissatisfaction with care
3. Unrealistic expectations
4. Non-adherence to treatment
5. Verbally abusive

Ann Arch Intern Med 2009

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■ Impact of difficult encounters on patients:

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■ Impact of difficult encounters on physicians:

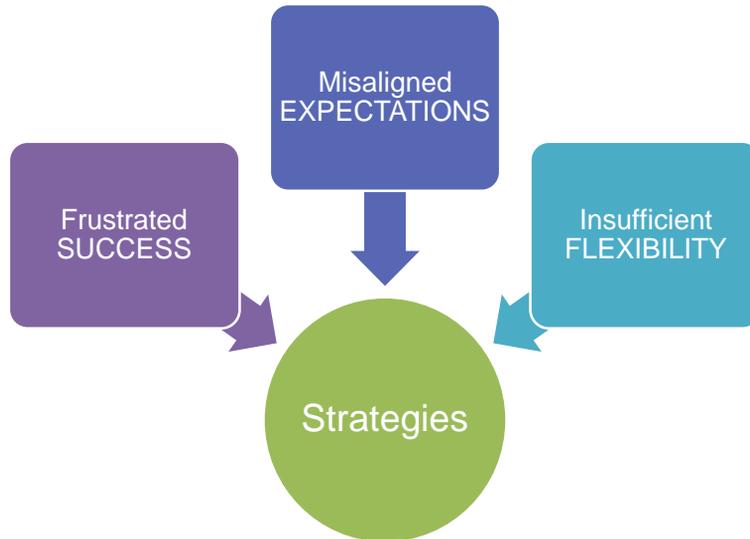
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- Affective bias may contribute to diagnostic errors
- Burnout/job dissatisfaction

Reasons for difficult relationships

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What is the most common element of a difficult encounter?

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A breakdown in communication



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Hickson *NC Med J* 2007

■ Explore the patient's perspective

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F Feelings

I Ideas

F Function

E Expectations

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■ Exploring unmet patient expectations

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Heritage J Gen Intern Med 2007

- *Is there anything else?*

YES **53%**

VS

- *Is there something else?*

YES **90%**

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■ Use active listening

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■ Pay attention to your non-verbal communication (NVC) cues!

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■ Effective Communication

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- Use of **active** listening
- Use of verbal and non-verbal cues (body language)
- Be aware of your tone of voice



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■ 6 communication behaviours that improve patient satisfaction

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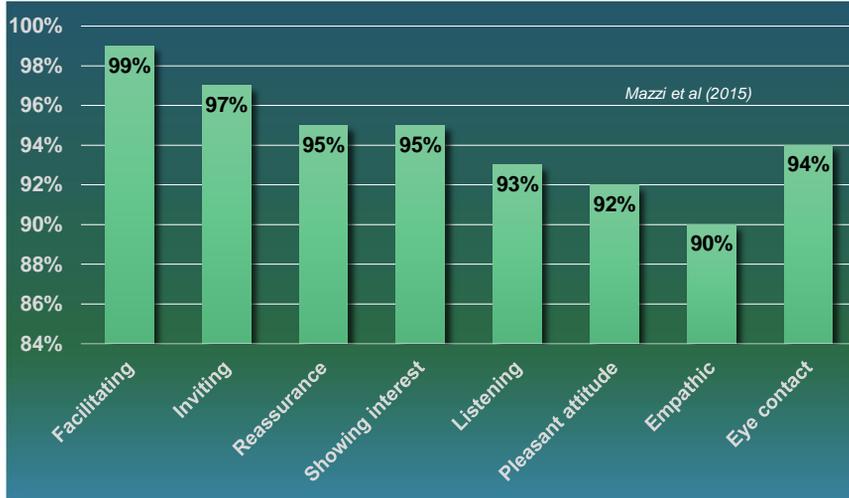
1. Friendly
2. Personal interest in patient
3. Emotionally supportive
4. Provide explanations
5. Communicate clearly
6. Confirm understanding

- Moore et al. West J Med 2000;173:244-50

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What do patients appreciate in physician communications?

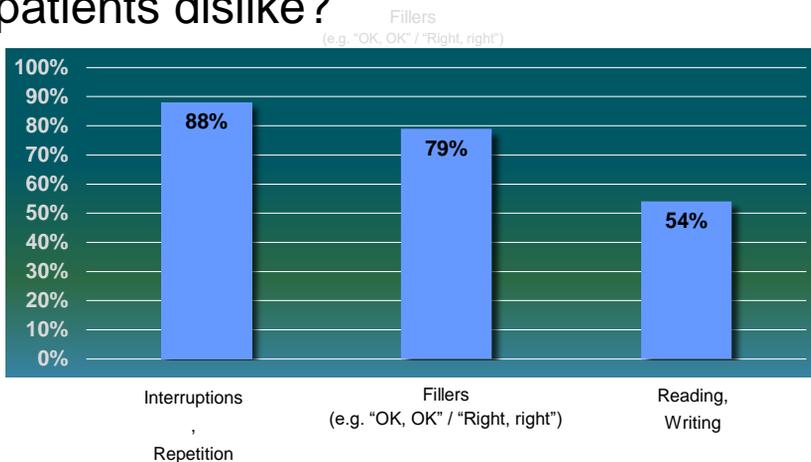
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What do physician communication behaviours do patients dislike?

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They Don't

... sue physicians who have and have not
of their sue different the medical
aspects of their clinical care.

J Health Care Law Policy. 2006;9:311

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The most important factor in predicting who will complain or sue?

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The quality of the doctor-patient relationship.

J Health Care Law Policy. 2006;9:311

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■ Be open about uncertainty

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Sometimes
problems occur that
we simply cannot
foresee.



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■ Delays for tests/treatment issues

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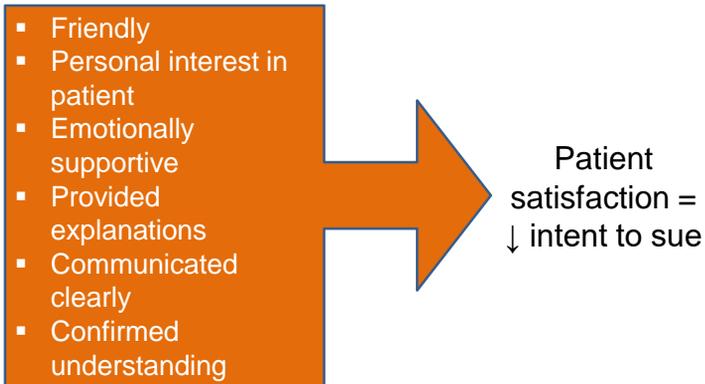
- Share information about resources
- What are the risks of waiting?
- What alternatives for care exist? (even elsewhere)
- When should they seek further assessment?



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■ Key communication behaviours

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[Moore et al. *West J Med* 2000;173:244-50.]

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■ Tips for difficult relationships

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- Reassess goals of care
 - focus on goals, not interventions
- Explore and manage expectations
- Ask yourself if there is anything else you or the patient could be doing differently

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■ How might we contribute to the situation?

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- Negative thoughts about the patient
- Negative self-perceptions
- Negative behaviours



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■ How do we get around our negativity?

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- Take your emotional vital signs
- Avoid taking it personally
- Remind yourself that difficult behaviours may be patient's only coping strategy



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■ Conflict resolution skills are important

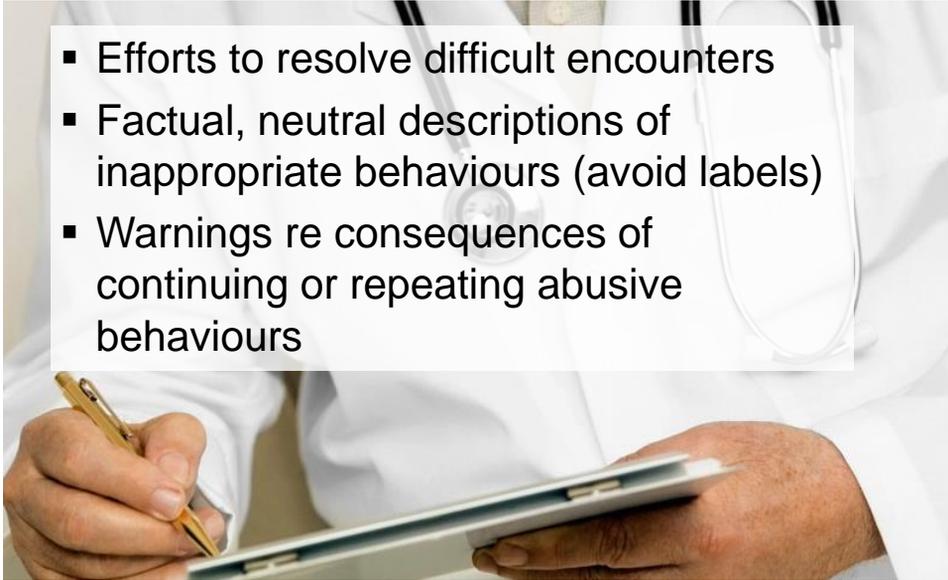
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- When dealing with difficult patient encounters, do not assume conflict is directed at you
- Look for common ground
- Slow down, use active listening
- Get help! Involve colleagues

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■ Document, document, document

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- Efforts to resolve difficult encounters
- Factual, neutral descriptions of inappropriate behaviours (avoid labels)
- Warnings re consequences of continuing or repeating abusive behaviours

■ Team communication

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■ Communication breakdowns due to:

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- Failure to communicate critical information
- Misinterpretation of information received
- Ambiguity over roles and responsibilities

Greenberg & Regenbogen, 2007

■ Team communication risk factors

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- Multi-tasking and frequent interruptions
- Noise and visual distractions
- Multiple providers



■ Communication strategies to promote effective team functioning

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■ Communication strategies, tools and skills

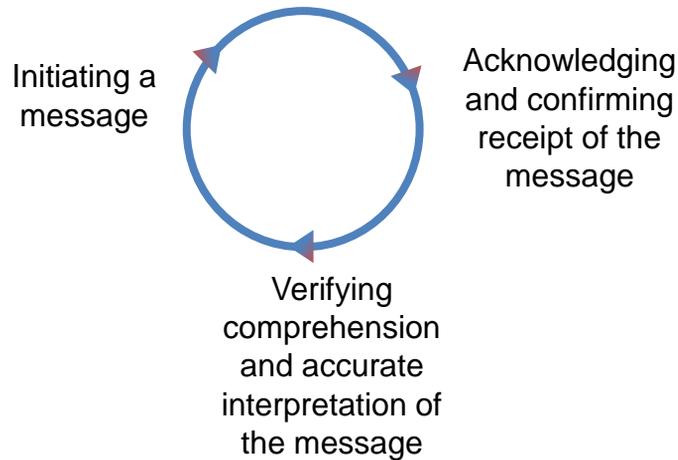
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- Closed loop communication
- Structured communication tools:
 - Handover: SBARR, IPASS
 - Raising a concern: CUS, 5 step advocacy
- Active listening

■ Closed-loop communication

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3 Steps:



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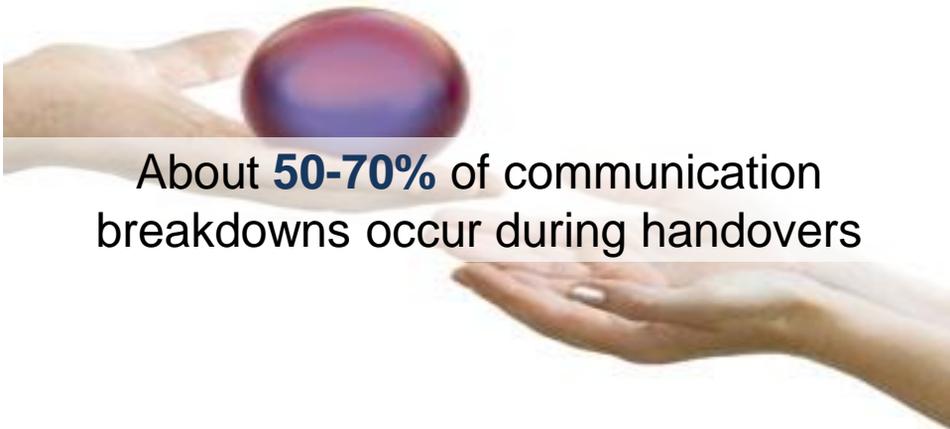
■ Structured communication

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Refers to a systematic standardized communication approach that:

- Organizes information into discrete items
- Focuses attention on items that require immediate attention
- Confirms understanding

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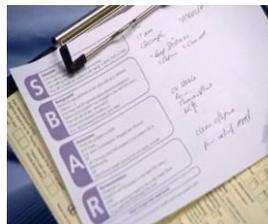


About **50-70%** of communication breakdowns occur during handovers



SBARR

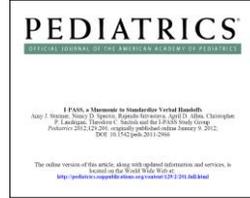
- S**ituation
- B**ackground
- A**ssessment
- R**ecommendation
- R**eadback



I-PASS

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- I**llness severity
- P**atient summary
- A**ction list
- S**ituational awareness + contingency plan
- S**ynthesis by receiver



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Tools for Speaking Up: CUS

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- C** "I'm **C**oncerned"
- U** "I'm **U**ncomfortable"
(This is **U**nsafe)
- S** "This is a **S**afety issue"
(I'm **S**cared)

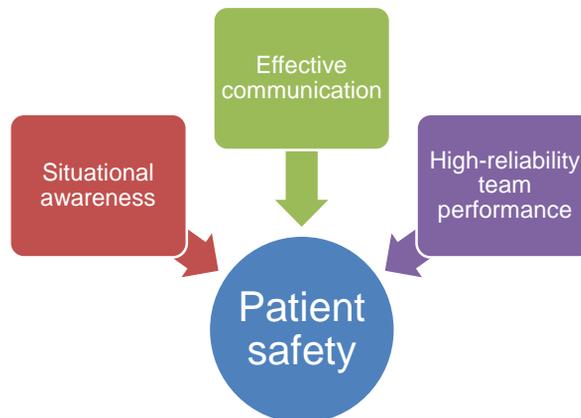


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■ Being heard: *5-Step advocacy*



- 1.Attention getter *“Excuse me, Dr. Johnston. I have a problem...”*
- 2.State your concern *“Your truck is parked in the ambulance bay...”*
- 3.State the problem as you see it *“Ambulances can’t get in or out...”*
- 4.State a solution *“If you’re too busy to move it I can do it for you...”*
- 5.Obtain agreement *“Does that sound good to you?”*



[Simpson and Knox. *Lifelines* 2003;7:224-35.]

■ Summary



- Good communication skills are crucial to helping patients and families understand treatment plans Make sure you define expectations *early* with your patients and their families
- Collaborate on goals of care – use shared decision making
- Document your discussions

■ Summary



- When considering the patient's perspective in your discussions, use communication tools such as FIFE and active listening to develop empathy
- Beware of potential personal biases and barriers for patients

Summary

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- Support team communications through use of structured communication tools:
- Closed loop communication
- IPASS, SBARR
- CUS, 5 step advocacy
- Active listening

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Team communication skills

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