



Building Trust and Respect with Relationship-Centered Communication

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ABOUT ACH

Working toward a vision of a healthcare culture where all communication is **effective, empathic, and equitable**.



COMMUNITY

Non-Profit Academic Membership
Organization since 1979



MISSION

Improving communication and
relationships in healthcare

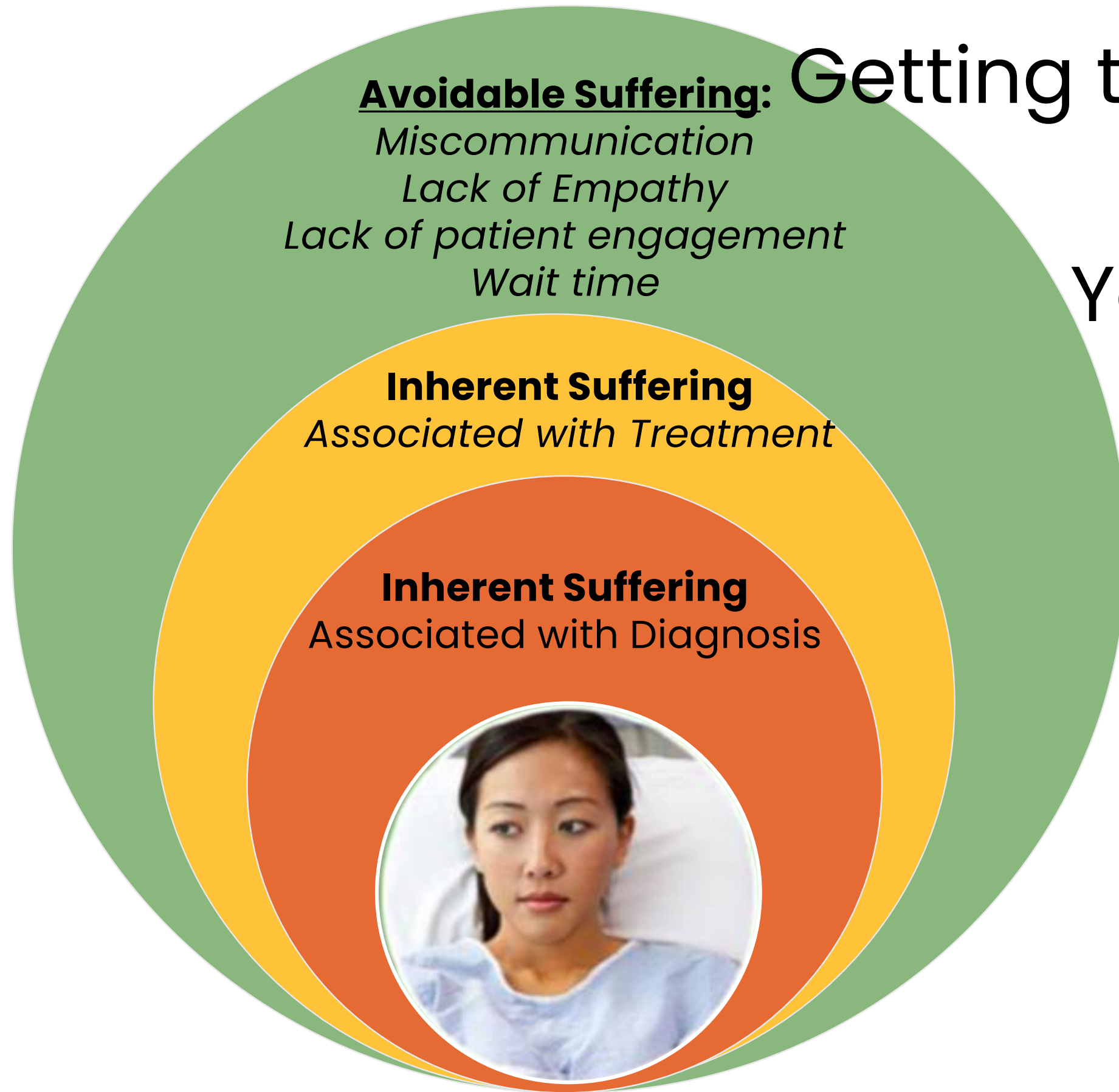


VISION

A relationship-centered healthcare
culture where all communication is
effective, empathic, & equitable

Getting to the heart of what we do!

Your text place holder



objectives

- Review how communication training can improve your healthcare delivery
 - Define Relationship Centered Communication (RCC)
 - Review evidence of RCC impact
-

ACTIVITY

Speed Meeting

- Share something about your name that makes it special.



BETTER OUTCOMES FOR PATIENTS ²⁻¹³

- Diabetes¹
- Blood Pressure²
- Pain Management³
- Adherence to Medications⁴
- Heart Disease⁵
- COPD⁶
- Lung cancer, pulm nodules⁷⁻¹⁰
- Disparities¹¹⁻¹²



BETTER OUTCOMES CLINICIANS & TEAMS ¹⁴⁻¹⁶

- Engagement
- Satisfaction
- Workload Stress
- Medical Malpractice
- Team Collaboration




BETTER OUTCOMES FOR INSTITUTIONS ¹⁴⁻¹⁶

- Patient Experience Scores
- Work Environment
- Job Satisfaction
- Patient Loyalty
- Likelihood to Recommend
- Enhanced Safety & Quality

Overview of Relationship-Centered Communication Skills

The skill sets offer the most effective and efficient use of time during an encounter - whether it be a clinical appointment or meeting

Skill Set 1	Skill Set 2	Data Centered Portion	Additional	Skill Set 3
<p>Create Rapport and Set Agenda</p> <ul style="list-style-type: none"> • Small Talk • Elicit the list of items • Negotiate Priorities 	<p>Elicit Perspectives</p> <ul style="list-style-type: none"> • Explore Ideas, Concerns, Expectations (ICE) • Respond with PEARLS 	<p>Examples:</p> <ul style="list-style-type: none"> • Clinician directed History Building Skills (H&P/Review of Systems) • Screening Questions • Meeting Objectives • Presentation 	<p>Examples:</p> <ul style="list-style-type: none"> • Conduct Physical Exam 	<p>Educate, Counsel & Plan</p> <ul style="list-style-type: none"> • Chunk & Check • I.C.E • Teachback



EXPLORE THE **PERSONAL STORY**

IMPACT

“How has this affected your day-to-day life?”

IDEAS

“People often have ideas of what might be causing their symptoms. What do you think might be causing your pain?”

EXPECTATIONS

“What are you hoping to get out of today’s encounter?”

RESPOND WITH **EMPATHY** (VERBAL)¹⁹⁻²⁰

Use at Least One PEARLS® Statement in Every Encounter

P	Partnership	<i>"Let's work together to make a plan that feels realistic to you."</i>
E	Emotion	<i>"It's frustrating to receive different messages at each visit."</i>
A	Apology	<i>"I'm sorry that I've kept you waiting."</i>
	Appreciation	<i>"I appreciate you waiting. Your time is valuable."</i>
R	Respect	<i>"You are a strong advocate for your family."</i>
L	Legitimization	<i>"A lot of people would feel upset if their concerns weren't addressed."</i>
S	Support	<i>"I'm committed to following up so that you have the information you need to make this important decision."</i>

RESPOND WITH **EMPATHY** (NONVERBAL)



Pause

**Touch,
Posture**

**Facial
Expression**

**Eye
Contact**

**Tone Of
Voice**

Space


EMPATHY ENHANCES EFFICIENCY ²¹

	Made empathetic statements	Did not make empathetic statements
Internists	17.6 min. visits	20.1 min. visits
Surgeons	12.5 min. visits	14 min. visits

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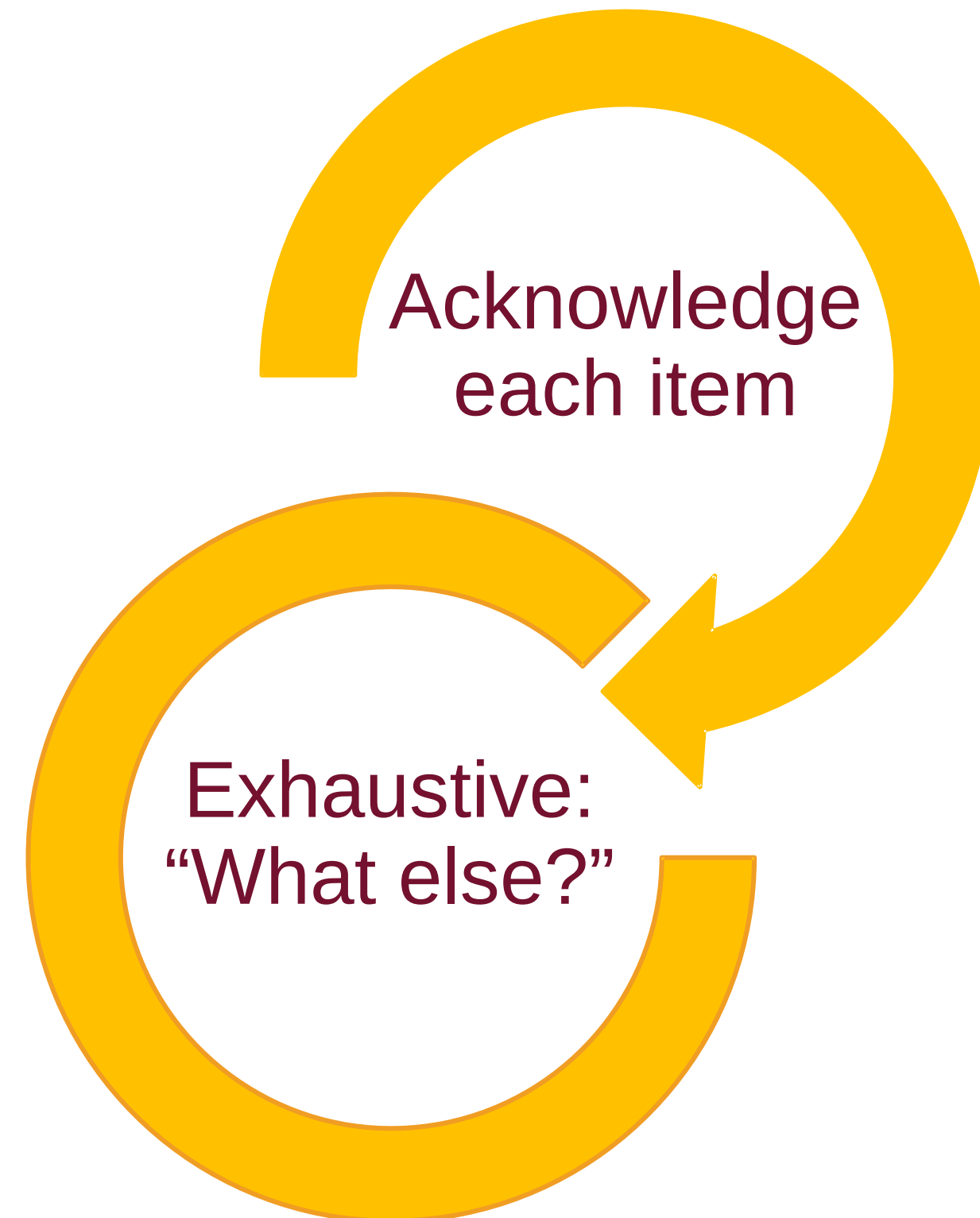
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Modified from Fortin AH, Dwamena FC, Frankel RM, Smith RC. Smith's Patient Centered Interviewing: An Evidence-Based Method. 4th ed. New York, NY: McGraw Hill; 2019.



Elicit list of ALL concerns



ELICIT THE LIST OF ALL ITEMS

**Obtain
a LIST of ALL
issues:**
Symptoms,
concerns,
expectations,
requests

State:
*“ Let’s start by
getting a list of
the topics that
you would like
to talk about
today.”*

Acknowledge:
Each item
Ask: *“What
else?”*
until you hear
“That’s it”
BEFORE delving
into any item

SKILL SET 1: BEGINNING

Negotiate the Agenda

**Establish the
patient's
priorities**

**State your
clinical
goals**

**Negotiate a
plan**

OVERVIEW: SKILL SET 1: BEGINNING

Create Rapport Quickly

- Greet the patient
- Explain your role
- Attend to comfort; small talk before big talk
- Set expectations for time and interruptions
- Minimize communication barriers

Elicit List of all Concerns

- Acknowledge each item
- Exhaustive "What else?"


Negotiate the Agenda

- Establish the patient's priorities
- State your clinical goals
- Negotiate a plan

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A Typical Encounter

“So, we’ve talked about a lot of things today. I understand you are frustrated with the processes in the clinic/hospital and are struggling with getting your peers to participate in process improvement. You need to attend a LEAN class within the next month and review your huddle board metrics to determine what opportunities exist for process improvements. You are also going to speak to your supervisor and ask for a team meeting to go over these issues. You will follow back up with me in 6 weeks. Do you have any questions?”





Chunk & Check

Break information into smaller, more consumable bites.



ART Loops²¹

Turns monologue into dialogue

Can be used to elicit:

Ideas

Goals

Concerns

Ensures clarity and maximizes adherence



ART Loops: Example

ASK	<i>What have you heard about how we use LEAN for process improvement?</i>
<i>Individual: Well, I know we are supposed to use LEAN to fix problems.</i>	
RESPOND	<i>Yes, LEAN is one methodology to support process improvement.</i>
ASK	<i>Have you attended a LEAN class yet?</i>
RESPOND	<i>No, I have not had the opportunity.</i>
TELL	<i>I think the course will give you some good perspective on finding root causes of issues and working with your peers to find solutions.</i>



Assess Understanding with Teach-back

Leads to improved
outcomes

Allows for
collaboration

Promotes engagement

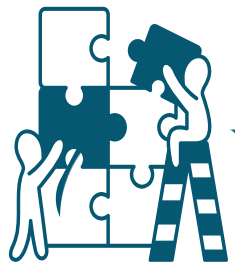
Relationship-Centered Communication Based Curriculum



Leadership



Conflict Engagement



Teambuilding



Coaching



DEI



Feedback

**What questions
do you have?**







Academy of
Communication
in Healthcare

Thank You

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REFERENCES

- 1) Dempsey C. *The Antidote to Suffering: How Compassionate Connected Care Can Improve Safety, Quality, and Experience*. New York, NY: McGraw-Hill; 2018.
- 2) Diabetes & Cholesterol
 - Hojat M, Louis DZ, Markham FW, Wender R, Rabinowitz C, Gonnella JS. Physicians' empathy and clinical outcomes for diabetic patients. *Acad Med*. 2011;86(3):359-364.
- 3) Blood Pressure
 - Schoenthaler A, Chaplin WF, Allegrante JP, Fernandez S, Diaz-Gloster M, Tobin JN, Ogedegbe G. Provider communication effects of medication adherence in hypertensive African Americans. *Patient Educ Couns*. 2009;75(2):185-191.
- 4) Pain Management
 - Oliveira VC, Ferreira ML, Pinto RZ, Filho RF, Refshauge K, Ferreira PH. Effectiveness of training clinicians' communication skills on patients' clinical outcomes: A systematic review. *J Manipulative Physiol Ther*. 2015;38(8):601-616.
 - Sarinopoulos I, Hesson AM, Gordon C, Lee SA, Wang L, Dwamena F, Smith RC. Patient-centered interviewing is associated with decreased responses to painful stimuli: An initial fMRI study. *Patient Educ Couns*. 2013;90(2):220-225.
- 5) Adherence
 - Moral RR, de Torres LAP, Ortega LP, Larumbe MC, Villalobos AR, Garcia JAF, Rejano JMP, Study CGAA. Effectiveness of motivational interviewing to improve therapeutic adherence in patients 65 years old with chronic diseases: A cluster randomized clinical trial in primary care. *Patient Educ Couns*. 2015;98(8):977-983.
- 6) Heart Disease
 - Benner JS, Erhardt L, Flammer M, Moller RA, Rajjicic N, Changela K, Yunis C, Cherry SB, Gaciong Z, Johnson ES, Sturkenboom MCJM, García-Puig J, Girerd X. A novel programme to evaluate and communicate 10-year risk of CHD reduces predicted risk and improves patients' modifiable risk factor profile. *Int J Clin Pract*. 2008;62(10):1484-1498.
 - Meterko M, Wright S, Lin H, Lowy E, Cleary PD. Mortality among persons with acute myocardial infarction: The influences of patient-centered care and evidence-based medicine. *Health Serv Res*. 2010;45(5p1):1188-1204.
 - Curry LA, Spatz E, Cherlin E, Thompson JW, Berg D, Ting HH, Decker C, Krumholz HM, Bradley EH. What distinguishes top-performing hospitals in acute myocardial infarction mortality rates? A qualitative study. *Ann Intern Med*. 2011;154(6):384-390.
 - Record JD, Rand C, Christmas C, Hanyok L, Federowicz M, Bilderback A, Patel A, Khajuria S, Hellmann DB, Ziegelstein RC. Reducing heart failure readmissions by teaching patient-centered care to internal medicine residents. *Arch Intern Med*. 2011;171(9):359-364.

REFERENCES

- 7) Slatore CG et al, *Chest* 2010;138:628–34. Communication between pts and clinicians is associated with quality of care and confidence in dealing with COPD
- 8) Scheunemann LP, Ernecoff NC, Buddadhumaruk P, et al. Clinician–family communication about patients’ values and preferences in intensive care units. *JAMA Intern Med.* 2019;179(5):676–684.
- 9) Nugent SM, Golden SE, Thomas CR Jr, et al. Patient–clinician communication among patients with stage I lung cancer. *Support Care Cancer.* 2018;26(5):1625–1633.
- 10) Slatore CG, Golden SE, Ganzini L, Wiener RS, Au DH. Distress and patient–centered communication among veterans with incidental (not screen–detected) pulmonary nodules. A cohort study. *Ann Am Thorac Soc.* 2015;12(2):184–192.
- 11) Shen MJ, Hamann HA, Thomas AJ, Ostroff JS. Association between patient–provider communication and lung cancer stigma. *Support Care Cancer.* 2016;24(5):2093–2099.
- 12) Diette GB, Rand C. *Chest* 2007;132:802S–809S. Poor patient–provider communication contributes to health care disparities for minority patients with asthma.
- 13) Hagiwara, Nao et al. “Detecting Implicit Racial Bias in Provider Communication Behaviors to Reduce Disparities in Healthcare: Challenges, Solutions, and Future Directions for Provider Communication Training.” *Patient education and counseling* 102.9 (2019): 1738–1743. Web.
- 14) Krasner MS, Epstein RM, Beckman H, Suchman AL, Chapman B, Mooney CJ, Quill TE. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA.* 2009;302(12):1284–1293.
- 15) Boissy A, Windover AK, Bokar D, Karafa M, Neuendorf K, Frankel RM, Merlino J, Rothberg MB. Communication skills training for physicians improves patient satisfaction. *J Gen Intern Med.* 2016;31(7):755–761.
- 16) Kennedy DM, Fasolino JP, Gullen DJ. Improving the patient experience through provider communication skills building. *Patient Exp J.* 2014;1(1):56–60.
Merlino J. *Service Fanatics: How to Build Superior Patient Experience the Cleveland Clinic Way.* New York, NY: McGraw–Hill Education; 2014.
- 17) Fortin AH, Dwamena FC, Frankel RM, Smith RC. *Smith’s Patient Centered Interviewing: An Evidence–Based Method.* 4th ed. New York, NY: McGraw Hill; 2019.
- 18) Ospina NS, Phillips KA, Rodriguez–Gutierrez R, Castaneda–Guarderas A, Gionfriddo MR, Branda ME, Montori VM. Eliciting the patient’s agenda–Secondary analysis of recorded clinical encounters. *J Gen Intern Med.* 2019;24(1):36–40.
- 19) Lown BA. A social neuroscience–informed model for teaching and practicing compassion in health care. *Med Educ.* 2016;50(3):332–342.
- 20) Clark WD, Russell M. Skill set two: Skills that build trust. In Chou CL, Cooley L, eds. *Communication Rx: Transforming Healthcare Through Relationship–Centered Communication.* New York, NY: McGraw Hill; 2017
- 21) Levinson W, Gorawara–Bhat R, Lamb J. A study of patient clues and physician responses in primary care and surgical settings. *JAMA.* 2000;284(8):1021–1027.

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REFERENCES

- 22) Kalet A, Chou CL, eds. Remediation in Medical Education: A Mid-Course Correction. New York, NY: Springer; 2014.
- 23) Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. Arch Intern Med. 2003;163(1):83-90.
- 24) Samuels-Kalow M, Hardy E, Rhodes K, Mollen C. "Like a dialogue": Teach-back in the emergency department. Patient Educ Couns. 2016;99(4):549-554.
- 25) Badaczewski A, Bauman LJ, Blank AE, et al. Relationship between Teach-back and patient-centered communication in primary care pediatric encounters. Patient Educ Couns. 2017;100(7):1345-1352.