Communications Skills for Healthcare Providers
Developing your own Toolbox

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University of Miami Miller School of Medicine
Doctors
A Pop Culture View

Descriptors
• Human
• Compassionate
• Listen
• Confident
• Reassuring
• Honest/Transparent
• Not rushed
HCP Assessment
Patient’s Perspective on Professionalism

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>Very important n (%)</th>
<th>Important n (%)</th>
<th>Less important n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is compassionate</td>
<td>133</td>
<td>111 (83)</td>
<td>18 (14)</td>
<td>4 (3)</td>
</tr>
<tr>
<td>Speaks in terms that I can understand</td>
<td>133</td>
<td>111 (83)</td>
<td>17 (13)</td>
<td>5 (4)</td>
</tr>
<tr>
<td>Introduces himself/herself pleasantly</td>
<td>133</td>
<td>90 (68)</td>
<td>35 (26)</td>
<td>8 (6)</td>
</tr>
<tr>
<td>Does not appear rushed</td>
<td>133</td>
<td>92 (69)</td>
<td>33 (25)</td>
<td>8 (6)</td>
</tr>
<tr>
<td>Neat appearance</td>
<td>132</td>
<td>81 (61)</td>
<td>36 (27)</td>
<td>15 (11)</td>
</tr>
<tr>
<td>Washes hands in front of me</td>
<td>133</td>
<td>87 (65)</td>
<td>26 (20)</td>
<td>20 (15)</td>
</tr>
<tr>
<td>Puts me at ease</td>
<td>133</td>
<td>97 (73)</td>
<td>25 (19)</td>
<td>11 (8)</td>
</tr>
<tr>
<td>Pays attention to my concerns</td>
<td>133</td>
<td>120 (90)</td>
<td>9 (7)</td>
<td>4 (3)</td>
</tr>
<tr>
<td>Provides reassurance</td>
<td>132</td>
<td>93 (70)</td>
<td>35 (27)</td>
<td>4 (3)</td>
</tr>
<tr>
<td>Appears confident</td>
<td>132</td>
<td>102 (77)</td>
<td>25 (19)</td>
<td>5 (4)</td>
</tr>
<tr>
<td>Acknowledges my family members</td>
<td>126</td>
<td>61 (48)</td>
<td>43 (34)</td>
<td>22 (17)</td>
</tr>
<tr>
<td>Apologises if running late</td>
<td>128</td>
<td>74 (58)</td>
<td>33 (26)</td>
<td>21 (16)</td>
</tr>
</tbody>
</table>

Communication Skills
Central to the Practice of Sexual Medicine/Medicine

Inextricably linked to:
1) Patient understanding
2) Compliance, emotional adjustment, performance expectations
3) Medical outcomes
4) Satisfaction with the provider
5) Reduced likelihood of medical litigation

"The cracks can be fixed--it's your cholesterol level that worries me."
Demonstrated Proficiency in Communication Skills
Central to ACGME Core Competencies

Problem:
Resident work hour restrictions
Increasing list of technically demanding surgical skills
Communication skills now learned by trial and error
• fear, anxiety, and discomfort
• suboptimal care, safety concerns
Screening for Prostate Cancer

Screening/Diagnosis/Treatment:
- Physical
- Psychological
- Social

Consequences / Implications
- Complex Medical Concepts
- Controversies

Effects on
- Sexual function
- Urinary function
- Bowel function
Scope of provider communication skills continues to expand.
A mastery of these skills is essential in:
• Preventing medical errors
• Minimizing the impact of transitions in patient care
• Avoidance of contradictory strategies to patient care
Omissions in Urology Residency Training Regarding Sexual Dysfunction Subsequent to Prostate Cancer Treatment: Identifying a Need

Survey of 87 Urology residents attending a national training course in the Netherlands:

59% never received training/education about addressing sexuality
Those that did:
- 18- lecture
- 8- Self study
- 6- Workshop
- 5- attended a conference

Knowledge about addressing sexuality
45 (52%) sufficient
39 (45%) limited
3 (3) minimal

45 (51)%: sufficiently competent to address sexual side effects
Need to Align Patient and Physician Perspectives

Patient perspective: View on having to live with current ED (N=2,644)

<table>
<thead>
<tr>
<th></th>
<th>1-2mos</th>
<th>5-7 mos</th>
<th>11-12 mos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untenable/Rather/very bothersome</td>
<td>73</td>
<td>53</td>
<td>58</td>
</tr>
<tr>
<td>Not very bothersome</td>
<td>16</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>Not at all bothersome</td>
<td>10</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>N/S</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Urologists perspective: Importance of ED to their patients (N=535)

<table>
<thead>
<tr>
<th></th>
<th>1mo</th>
<th>6mos</th>
<th>12mos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very/ Fairly important</td>
<td>10</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>Not very important</td>
<td>53</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Not at all important</td>
<td>36</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>N/S</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Physician Communications and Prostate Cancer Screening
Unannounced Standardized Patient Visits

120 California Internists/Family Medicine from 5 health systems (2 University/2 HMO/ 1 Private)

- 92% take patient preferences into account when making treatment decisions
- 91% offer patients choices in medical care
- 78% discuss pros and cons of each choice
- 78% ask patients which choice they prefer

**Intervention (N=61)**
30 min web-based module:
- Interactive roulette wheels
- Video vignettes
Up to 3 patients activated for SDM with web-based content

**Control (N=57)**
Given CDC Brochure on risks/benefits of prostate cancer screening

## Physician Communications and Prostate Cancer
### Unannounced Standardized Patient Visits

<table>
<thead>
<tr>
<th>Providing Information</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CaP risk, natural hx, mortality</td>
<td>37-51</td>
</tr>
<tr>
<td>• Controversies</td>
<td>39</td>
</tr>
<tr>
<td>• Benefits</td>
<td>88</td>
</tr>
<tr>
<td>• Accuracy</td>
<td>88</td>
</tr>
<tr>
<td>• No screening is an option*</td>
<td>26</td>
</tr>
<tr>
<td>• Assessed understanding</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elicited patient’s perspective</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Asked about family experience/history</td>
<td>40-50</td>
</tr>
<tr>
<td>• Elicited knowledge, concerns, preferences*</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guided final decision making</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Indicated that decision based on values*</td>
<td>11</td>
</tr>
<tr>
<td>• Tells patient to think about options*</td>
<td>39</td>
</tr>
<tr>
<td>• Provides additional resources/information*</td>
<td>18</td>
</tr>
</tbody>
</table>

Long-term Functional Outcomes: Erectile Dysfunction

PCOS

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Prostatectomy</th>
<th>Radiotherapy</th>
<th>Adjusted Odds Ratio (95% CI)†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erection insufficient for intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 yr</td>
<td>78.8</td>
<td>60.8</td>
<td>3.46 (1.93–6.17)</td>
</tr>
<tr>
<td>5 yr</td>
<td>75.7</td>
<td>71.9</td>
<td>1.96 (1.05–3.63)</td>
</tr>
<tr>
<td>15 yr</td>
<td>87.0</td>
<td>93.9</td>
<td>0.38 (0.12–1.22)</td>
</tr>
<tr>
<td>Bothered by sexual dysfunction‡</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 yr</td>
<td>55.5</td>
<td>48.2</td>
<td>1.19 (0.77–1.86)</td>
</tr>
<tr>
<td>5 yr</td>
<td>46.7</td>
<td>39.7</td>
<td>1.48 (0.92–2.39)</td>
</tr>
<tr>
<td>15 yr</td>
<td>43.5</td>
<td>37.7</td>
<td>1.33 (0.58–3.03)</td>
</tr>
</tbody>
</table>

Nightly versus On-Demand Vardenafil Following BNS-RP
Time-dependent improvement +/- penile rehab

Mean SEP 3 success (erection last long enough for successful intercourse):
- Placebo - 47.8%
- Nightly Vardenafil - 52.6%
- On demand Vardenafil - 54.2%

Effects of Tadalafil Once-Daily or On-Demand vs Placebo on Return to Baseline Erectile Function After Bilateral Nerve-Sparing Radical Prostatectomy — Results from a Randomized Controlled Trial (REACTT)

Adult men ≤ 68 yrs old
Low risk prostate cancer
IIEF ≥22 baseline
No erectogenic aids
Bilateral NS RP
50 centers: Europe/Canada

On Sex After Prostate Surgery, Confusing Data

By TARA PARKER-POPE  JAN. 15, 2008

<table>
<thead>
<tr>
<th>Nerves Spared</th>
<th>&lt;60 yr</th>
<th>60.1–65yr</th>
<th>65+ year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both (Bilateral)</td>
<td>70%</td>
<td>49%</td>
<td>43%</td>
</tr>
<tr>
<td>One (Unilateral)</td>
<td>60%</td>
<td>40%</td>
<td>35%</td>
</tr>
<tr>
<td>None (Non)</td>
<td>26%</td>
<td>15%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Fully 87 to 93 percent of patients who experienced normal sexual functioning before surgery and were candidates for the nerve-sparing technique, regained sexual function and were able to achieve intercourse after ART surgical treatment.

<table>
<thead>
<tr>
<th>Treatment Option</th>
<th>Role</th>
<th>Efficacy (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral PDE-5 inhibitors</td>
<td>First line</td>
<td>70-80 (nerve-sparing)</td>
</tr>
<tr>
<td>Viagra</td>
<td></td>
<td>0-15 (non-nerve-sparing)</td>
</tr>
</tbody>
</table>
Communications Skills
Developing your own Toolbox

Rules of the Toolbox
• Communication Skills are not Innate
• Require knowledge/observation
• Iterative process that requires practice and feedback- (OSCEs)
• Can be broken down to a series of steps

In the toolbox:
• Patient centered approach
• Delivering bad news
• Informed consent
• Shared decision making
• Disclosing a medical error
• Discussing sexual health issues
• Transitions in care- the Handoff

AUA Core Curriculum: www.auanet.org/university/core_topic.cfm
Essential Task: Building a Physician - Patient partnership

- Physician brings to the table his medical knowledge and skills
- Patient brings values, perceptions, and expectations
- Ideas, feelings, and values of the patient and physician influence the medical decisions
- A consensus is achieved resulting in EMPOWERMENT/SATISFACTION
Structuring the Medical Visit
Patient-centered approach

- Invest in the Beginning
- Invest in the End
- Reach Consensus
- Eliciting the patient’s perspective
- Provision of Information

Empathy: Appreciate, Understand, Acceptance of a person’s emotional situation
Severe Lack of Comprehension of Common Prostate Health Terms Among Low-Income Inner-City Men

N=109

Avg age: 55 yrs. old
88% African American
Income: $14.5K
43% HS reading level
30% able to calculate fraction

Critical gaps in:
• Prostate knowledge
• Prostate cancer knowledge
• AEs of prostate ca treatment

Discussion about Sexual Health with Healthcare Providers
French nationwide VICAN survey

4181 cancer survivors from 12 cancer sites
54.7% no one proposed discussion
- 11% women / 36% men had discussion
- Women more likely than men to request discussion (62.9% vs 48%)

Oncology HCPs and sexual health care
2- year Educational Intervention

130 HCPs (80% Nursing/20% physicians)
Integration of sexual health in oncology
• Sexuality counseling service established
• Education and training workshops
• Screening tools put in place
• Staff pocket guide (BETTER and 5-min sexual history)
• Patient informational materials developed
• Website development

Pre and post test time series: T0, T1 (10months), T2 (16 months)

Sexual Health Care in Oncology
Results of a 2-Year Educational Intervention

130 HCPs (80% Nursing/20% physicians)

**Attitudes:** improved training, knowledge, know where to refer

**Practice:** asking patients about sexual and relationship issues, given materials, and referring patients to HCPs

**Behavior:**

<table>
<thead>
<tr>
<th>Discussion with:</th>
<th>Total (N = 297)</th>
<th>T1 (n = 136)</th>
<th>T2 (n = 97)</th>
<th>T3 (n = 64)</th>
<th>Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;50% of patients</td>
<td>12%</td>
<td>10%</td>
<td>12%</td>
<td>16%</td>
<td>+6%</td>
</tr>
<tr>
<td>20-50% of patients</td>
<td>19%</td>
<td>17%</td>
<td>19%</td>
<td>25%</td>
<td>-8%</td>
</tr>
<tr>
<td>10-19% of patients</td>
<td>19%</td>
<td>19%</td>
<td>16%</td>
<td>24%</td>
<td>+5%</td>
</tr>
<tr>
<td>&lt;10% of patients</td>
<td>49%</td>
<td>53%</td>
<td>53%</td>
<td>35%</td>
<td>-19%</td>
</tr>
</tbody>
</table>

*Changes between T1–T3 were not statistically significant.*
Housestaff Communication Skills
Training Systems

Standardized Patient (SP) encounter:
• Requires trained SP
• Limited by gender, race, locale
• Expensive
• Rarely performed in surgical specialties

Virtual World Encounter using Digital Avatars

• Portable
• Reusable
• Allows manipulation of:
  • Characters: gender, race, SE status
  • Practice setting
  • Artificial advancement of time
  • Disease progression
Medical Errors
To Err is Human (2001)

Hospital medical errors account for:
• 44,000-98,000 deaths annually in hospitals
• Morbidity to an additional 1.5 million patients annually

Preventable errors include:
• Adverse drug events
• Improper transfusions
• Surgical injuries
• Wrong-site surgery
• Suicide
• Restraint injuries
• Falls, burns, pressure ulcers
• Mistaken Identity

25-40% now in outpatient settings
• Outpatient clinics
• Ambulatory surgery centers
• Other
Medical Error Reporting
Ethical / Professional Obligation

Disclosure:
1) Autonomy: patients empowered to make more informed decisions
2) Accountability
3) Quality and safety improvement
4) Trust through Transparency

The disclosure gap:

What patients want:
• Transparency
• Honesty
• Compassion
• Remorse
• An apology

HCPs agree in principle with transparency, but:
• Fear of litigation
• Fear of public/personal humiliation
• Lack familiarity with disclosure
Communication Skill Number 2
Medical Error Reporting (MER)

Studies on what patients would want to know about medical errors in their care:

1) **Explanation of Medical Facts regarding the error:**
   How did it happen
   - Told me what the error was in my care
   - Explained to me why the error occurred and what were the consequences
   - Told me how the error impacted my health
   - Told me how the consequences of the error will be corrected

2) **Honesty and Truthfulness:**
   - Took responsibility for the error
   - Explained the error to me freely, directly, and without me having to ask a litany of probing questions to get the details of the error
   - Did not keep things from me that I should know
   - Never evaded my questions
Communication Skill Number 2
Medical Error Reporting (MER)

3) **Empathy:**
Apologize- he/she said they were sorry and apologized in a sincere manner
Acknowledgement of feelings
• Allowed me to express my emotions regarding this error
• Told me that my emotional reaction was understandable

4) **Prevention of Future Errors:**
• Told me that an effort would be made to prevent a similar error in the future
• Told me what he/she would have done differently
• Told me his/her plan for preventing similar errors in the future

5) **General Communication Skills:**
• Degree of coherence
• Verbal expression/ nonverbal expression
• Responded to my needs
• Checked for my understanding of the information provided
Use of Avatars to Enhance Urology Communications Skills

Results
Screen-cast

Disclosing a medical error: the radical prostatectomy from hell
Patient-Centered Communication Skills

Conclusions

from Levinson W, et al: Health Affairs 2010;7:1310-8..
“A pair of kidneys will never come to the healthcare provider for diagnosis and treatment. They will be contained within an anxious, fearful, wondering person, asking puzzled questions about an obscure future, weighed down by the responsibilities of a loved family, and with a job to be held, and with bills to be paid.”

Philip Tumulty, MD (d.1978)
Professor Medicine
Johns Hopkins University