Communications Skills for Healthcare Providers
Developing your own Toolbox

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University of Miami Miller School of Medicine
“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

http://www.wsj.com/articles/SB10001424127887324050304578411251805908228
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
Communication Skills Needed to Succeed
A “Routine Urologic Example”

Screening for Prostate Cancer

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

Consequences / Implications
- Complex Medical Concepts
- Controversies

Highly personal nature of the disease on
- Sexual function
- Urinary function
- Bowel function
The impact of electronic medical records on patient–doctor communication during consultation: a narrative literature review

1) Adherence to practice-based guidelines
2) Reduction in medical errors
3) Clinical monitoring/data aggregation
4) Enhanced patient learning/decision support tools

1) Clinician work-load
2) Work-flow interruptions
3) High system demands/maintenance
4) Adverse consequences to patient-doctor communications

Spectrum of Medical Communication Skills
Inter/Intrapersonal

HCP- Patient

HCP-health care team

HCP-HCP

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
Communication Skills Proficiency among Urology Housestaff

- Training in Delivering Bad News
- Providing Informed Consent
- Disclosing a Medical Error
- Didactic Training in Discussing PSA screening
- Didactic Training in Disclosing a Prostate Cancer Diagnosis

N=12
Physician Underestimation of Assessments of HRQOL
CAPSURE Database Results

# National Survey (REPAIR) French Urological Assoc.

## Need to Align Patient and Physician Goals

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

<table>
<thead>
<tr>
<th></th>
<th>1-2mos</th>
<th>5-7mos</th>
<th>11-12mos</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>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CaP risk, natural hx, mortality</td>
<td>37-51</td>
<td>50-69</td>
</tr>
<tr>
<td>• Controversies</td>
<td>39</td>
<td>60</td>
</tr>
<tr>
<td>• Benefits</td>
<td>88</td>
<td>87</td>
</tr>
<tr>
<td>• Accuracy</td>
<td>88</td>
<td>93</td>
</tr>
<tr>
<td>• No screening is an option*</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>• Assessed understanding</td>
<td>19</td>
<td>30</td>
</tr>
</tbody>
</table>

**Elicited patient’s perspective**

<table>
<thead>
<tr>
<th>Elicited patient’s perspective</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Asked about family experience/history</td>
<td>40-50</td>
<td>40-50</td>
</tr>
<tr>
<td>• Elicited knowledge, concerns, preferences*</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

**Guided final decision making**

<table>
<thead>
<tr>
<th>Guided final decision making</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Indicated that decision based on values*</td>
<td>11</td>
<td>28</td>
</tr>
<tr>
<td>• Tells patient to think about options*</td>
<td>39</td>
<td>62</td>
</tr>
<tr>
<td>• Provides additional resources/information*</td>
<td>18</td>
<td>36</td>
</tr>
</tbody>
</table>

Discussion about Sexual Health with Healthcare Providers
French nationwide VICAN survey

4181 cancer survivors from 12 cancer sites
• 54.7% no one proposed discussion
• 23.4% had a discussion
• 21.9% did not want a discussion

Why Don’t Health Care Professionals Talk About Sex?  
A Systematic Review

- Healthcare Organizational Factors
  - Lack of:
    - Time
    - Resources
    - Policy
    - Training

- Structural Factors
  - Societal barriers contributing to loss of personal control:
    - Economic
    - Political
    - Organizational

- HCP Personal Factors
  - Facilitate or Impede discussions
    - Knowledge
    - Motivation
    - Personal attitudes of the HCPs

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 with patients

AUA Core Curriculum: www.auanet.org/university/core_topic.cfm
HCP Assessment
Patient’s Perspective: Professionalism and Satisfaction

Please rank the following characteristics that, in your opinion, describe a doctor who exhibits 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>

The Patient Experience
Determinants of Patient Satisfaction


236 elderly patients /2 managed care organizations
• 236-item ACOVE quality indicator set (Technical QOC)
• 4-communication items from Consumer Assessment of Healthcare Providers and Systems survey- listening, explaining, respect, spend time

Communications rating was strongly correlated with positive global rating of health care; The association of quality metrics were not.
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
- Eliciting the patient’s perspective
- Provision of Information
- Reach Consensus
- Invest in the End
Appreciation, understanding, and acceptance of someone else’s emotional situation.

It requires that a HCP

- Identify a patient’s emotional state accurately
- Name it
- Respond to it appropriately

Empathetic responses that can be used during the medical encounter:

- Reflection- “I can see that you are …”
- Validation- “I can understand why you feel…”
- Support- “I want your help…”
- Partnership- “Let’s work together…”

Kalamazoo Consensus Statement
Demonstrating Empathy
Delivering Bad News (DBN)
Definition and Scope of Practice

Bad news: any information that may negatively impact an individual’s expectations about their present or future circumstances

- Hopelessness
- Threat to mental or physical being
- Upsetting current lifestyle
- Fewer life choices

Breaking bad news traditionally has been very sensitive and difficult for both patient and physician

- 1950s-1970s the dogma was not to disclose bad news
- Patients desire honesty, truthfulness:
  - engagement in end of life discussions do not result in higher rates of depression or anxiety
  - lower rates of ventilator dependence
  - earlier rates of hospice enrollment

Bad News (DBN)
A Spectrum of Gradations

1) Delivering a diagnosis of muscle invasive bladder cancer to a male who was scheduled for a 50th anniversary European cruise with his wife
2) Diagnosing a kidney stone in an airline pilot who is scheduled to fly a transcontinental flight to see his dying mother in the next 24 hours
3) Having to tell a diabetic male who cannot afford medical therapy that his penile implant will not be covered by insurance
4) Having to tell a diabetic male that his penile implant is infected and will have to be removed
5) Having to tell a patient with newly diagnosed penile cancer that he will need to have his penis removed
6) Having to tell a patient that his nerve preservation did not preserve his potency and his erectile function/penile length loss/ejaculatory function will not return

It's all about the patient's perspective
- physical
- social
- occupational
- emotional
DBNs

Barriers for the HCP

Unpleasant and stressful

- HCP usually provides information that will arrest or alleviate disease
- Futile/Powerless
- The unknown—how the patient/family will react
- Impact of HCPs personal experiences with Bad News
DBNs
Delivery Styles

1. Rapidity:
   • Blunt- may be misinterpreted as cold/cruel
   • Stalling- may result in failure to deliver the news
   • Forecasting- staged delivery

2. Swedish Oncologists:
   • Inexperienced messenger
   • Emotionally burdened
   • The rough and the ready
   • Benevolent but tactless
   • Distanced HCP
   • Empathetic provider
SPIKES
Six Step Protocol for DBNs

The Strategy: SPIKES protocol has been designed specifically for delivering bad news

• Step 1: S—SETTING UP the Interview

• Step 2: P—Assessing the patient’s PERCEPTION

• Step 3: I—Obtaining the patient’s INVITATION

• Step 4: K- Provide the patient with the KNOWLEDGE and information

• Step 5 :E- Addressing the patient’s EMOTIONS with empathetic responses

• Step 6: S- Provide a STRATEGY and SUMMARY to move forward

Baile WF, et al: The Oncologist, 2000, 5, 4, 302-311,
Walking the fine line of DBNs

Pitfalls

What patients want/need

- Full Disclosure
- Honest
- Empathetic
- Encouraging
- Hopeful
- Supportive

BE CAREFUL:
Censure-
directly
interferes with
patient
autonomy

BE CAREFUL:

- Softening the impact
- Euphemisms
- Ambiguities
- Stalling
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
Disclosure Practices May Reduce Medical Litigation

Lexington VA Medical Center

University of Michigan Health System Disclosure with Offer
- 65% reduction malpractice claims
- 35% reduction in payouts
- Reduced time from reporting to resolution

Illinois Hospital Surveys:
41% of patients incurred an error in care
More confident that their providers would disclose
Less likely to sue
More likely to recommend hospital/providers
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
Patient-Centered Communication Skills

Conclusions

- Teaching patient-centered communication skills
- Improved patient-centered communication behavior during the patient encounter
- Immediate outcomes
  - Increased patient knowledge
  - Increased patient self-efficacy
  - Better-informed decision making
  - Increased adherence
  - Improved patient self-care
- Intermediate outcomes
- Health outcomes
  - Improved biologic outcomes
  - Improved quality of life and well-being
  - Improved survival
  - Reduced care disparities
  - Reduced care costs
