Several Milestones under the Core Competency of Interpersonal and Communication Skills deal with direct communication with patients/families.

These skills can be learned/taught.

Roleplaying is an essential part of the process, but can be daunting to the learner and time-consuming.
Angst About Roleplaying

- Stage-Fright
- Artificial
- Time-consuming

- These concerns can largely be mitigated with good planning, attention to detail, and some innovative methods.

Outline

- Introduce some elements of communication with seriously ill patients.
- Discuss the origin of the Google Chat idea, and rationale for use instead of traditional roleplay.
- Give results from pilot study of Google Chat.
- Demonstrate a live roleplay.
- Discuss future plans and possibilities for collaboration.
Resources

- “Mastering Communication with Seriously Ill Patients” Anthony Back, Robert Arnold, James Tulsky
- VitalTalk website at vitaltalk.blogspot.com

Basic Principles

- Start with the patient’s agenda.
- Track both cognitive AND emotional data.
- Articulate empathy explicitly.
- Start with big-picture goals before talking about specific medical interventions. (use Enhanced Autonomy)
Which skills?

- Many to choose from. Some easier to teach, high yield for learners:
- Setting an agenda
- SPIKES
- Ask-Tell-Ask
- Recognizing emotional vs. cognitive channel and responding appropriately.

Agenda

- You’ve got an agenda.
- Your patient does too.
- Explicitly asking about your patient’s agenda can save time and enhance rapport. (And stops the doorknob question.)
- Invite written questions for future visits.
Setup
Perception
Invitation
Knowledge
Empathize
Summarize

S = SETUP

- Prepare for the conversation
- Know your agenda
- If discussing serious news, then:
  - Appropriate place
  - Tissues, glasses of water if appropriate
  - Turn your pager off
**P = PERCEPTION**

- Assess patient’s (or family’s) perception.
- “What have the other doctors told you so far?” or “What do you understand about your heart problem?”
- Gauges the amount of info necessary to supply and the appropriate level to target.

**I = INVITATION**

- Ask for an explicit invitation to talk about the news.
- “Are you ready to talk about this?” — gives the patient a bit of control.
- “How do you and your family want to deal with serious news?” — to address potential cultural mismatch.
Consider a warning statement.
(Unless contraindicated) Disclose the news straightforwardly.
Avoid jargon.
Assess for understanding.
Perception/Invitation/Knowledge can be reframed as Ask-Tell-Ask

Ask-Tell-Ask
Ask the patient to describe current understanding
Tell the patient in straightforward language
Check for understanding
ASK-tell-ask

- Example questions:
  - “What is the most important issue for us to talk about today?” “… Anything else?”
  - “To make sure we are on the same page, can you tell me what your understanding of your [disease] is?”
  - “What have your other doctors been telling you about your illness since the last time we spoke?”

ask-TELL-ask

- Straightforward language
- Avoid jargon
- Avoid long pathophysiology lectures
- If necessary, divide the Ask-Tell-Ask into separate sections, i.e. one on diagnosis, one on treatment, one on prognosis.
ask-tell-ASK

- Confirm understanding
- Can ask what patient will tell their friends/family
- “Who are you going to tell about this visit when you get home?...To make sure I did a good job of explaining to you, can you tell me what you are going to say?”

E = EMOTION/EMPATHY

- Track patient’s emotion.
- Assess whether they are on the “emotional” or “cognitive” channel and gear your discussion to match.
- Express your empathy explicitly.
Cognitive vs Emotional Channel

- Cognitive = conscious intellectual processes (thinking, reasoning, judging)
- Emotion = involuntary, not under conscious control.
- Need to gauge which channel patient is on.
- Brain processes emotion before cognition.
- This is why the patient sometimes doesn’t seem to hear anything after “cancer”.

Responding to Emotion

- About more than just “being nice”.
- Ignoring emotion may prevent cognitive understanding.
- Need to track and respond to emotional data
- Improves with practice
- Roleplaying is well-suited to practicing this skill.
Responding to emotion

- Recognize emotional data.
- Notice the emotion, even name it (silently, for yourself)
- Explicitly acknowledge the emotion: both verbal and nonverbal expressions of understanding.
- Some are helped by the mnemonic acronym: NURSE

NURSE

- NAME the emotion
- UNDERSTAND the emotion
- RESPECT (praise) the patient
- SUPPORT the patient
- EXPLORE the emotion
**S = SUMMARIZE**

- Summarize the plan.
- Describe the next steps.
- Consider a brief written outline.

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**Enhanced Autonomy**

- Tries to strike a balance between extremes of paternalism and patient autonomy.
- Exchange ideas, negotiate differences, elicit goals of care.
- Make recommendations based on goals.
- Check for concordance.
- Implement plan.
AAIM COMMUNICATION SKILLS PRESENTATION

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Outline

- Origins of Google Chat
- Describe current use and findings
“Necessity of Mother of All Inventions”

- Oncotalk and Oncotalk Teach
  - When teaching, we must use SPIKES ourselves
    - Set up required (to assess and focus on goals – Perceptions of own skills and needs)
    - Provide learner centered feedback with empathy
    - Summarize session (take away points for each learner)

- Reality in New Brunswick
  - No Budget
  - No 5 day schedule for Aspen
  - Learners in 2 sites 20 miles apart

Communication Skills Teaching at RWJMS

- 2008-now
  - First year curriculum (PGY1) includes 2 week block on clinical skills
- 3 hours session on communication skills (5-7 learners)
- 60 minutes didactic
- 90 minutes in person role play (Fish bowl with 2-3 participants)
- Assessed feedback using Google Forms
- Findings
  - Learners engaged and participated
  - Learners desired more experience, more feedback
  - ALL wanted experience in “hot seat”
Innovations #1: Chat (2009)

- Use of Google Chat
  - Based on Deaf-Mute patient
  - Erasing Before “sending”
    - Pausing and reflecting
  - Allows for review of chat transcript
  - Allows for “rewinding” conversation

Innovation #2: Emotional Channel
Change the Channel

• You know there is inadequate communication, when…
  – You rather poke yourself in the eye
  – You cringe at looking at the name on your list
  – “They just don’t get it…”
  – “the conversation just going in circles”
  – Patient is not hearing you…

Innovation #2: Emotional Channel

• Use Google Chat with 2 channels
  – Set of 2 learners, 1 facilitator; 3 chats
Innovation #2: Emotional Channel

- Allows for replication of the Oncotalk set up
  - facilitation
  - Learner centered
  - Ability to rewind and review conversation
  - Feedback from patient
  - Learner community (2 at a time)

- Additional benefits
  - Feedback as patient/family member

What we have seen

- 20 sessions, approximately 105 learners over 4 years; more than 55 anonymous feedback
- 10 minute real time = up to 30-40 minute chat time
- Responses
  - Using Google Forms
  - 100% agree or strongly agree that “allowed me time to think”
  - 54/55 would recommend to others
  - All “physicians” erased before submitting their response
Results

• Benefits
  – Transcripts available
    • Allows for review for specific learner centered goals
    • Allows for specific learner centered feedback (emotional channel can be used to transcribe thought process)
    • Allows for conversation to be dissected multiple times
  – “Erase” before “Enter”
    • Learners found that they were erasing what they were saying before they pressed enter “slow down the conversation” “I thought before saying anything”

What we have seen

• Learners can “try” new phrases not originally comfortable with (expanding learning edge)
  – Facilitator can communicate with the learner and suggest when learner “stuck”
  – “safe environment”
  – Additional Feedback
    • Wanted more experience as patient/MD
Case 1

- 56 yo male with history of coronary artery disease admitted to hospital with painless jaundice.
- In ER, evaluation found him to have liver mass; obstructive jaundice
- ERCP advised
- Biopsy found him to have adenocarcinoma of pancreatic origin
- Setting:
  - Hospital Room
  - Present: Patient, Wife,
Patients Story

• 56 yo male with wife, 2 kids,
• Works full time
• Define himself as family man
• Loves boating, fishing
• “I’ve been healthy all my life” – he has cardiac history
• Family history of cancer
  – Brother died of metastatic lung cancer (six months for Dx to death)
  – Had significant side effects (pain, fatigue, nausea and vomiting)
  – Wants good qol (no pain), ok to die early

Physician’s Story

• You are a learner on the medicine service
• Patient admitted to your service yesterday; had ERCP and biopsy with stent and biopsy yesterday
• Pathologist called to tell you the diagnosis
• you had met with patient and family yesterday and told them that you might have results today
Facilitators Goals

- Assess learners’ goals
- Set up the conversation to ensure skills can be assessed (skip to a specific challenge if necessary)
- Provide learner specific feedback
- Facilitate with intervention if necessary
Next Steps - Consolidation

- Consolidation
  - Literature suggests benefit of consolidation over time for skills acquisition
- Feasibility study for across several institutions
  - Single arm study
  - After first session, residents will be consented for participation
  - All will be asked to perform total of 6 chats in 6 months
  - First and last chat will be specific cases (serve as pre and post intervention)
  - Evaluate specific skills demonstration during first and last chat

Looking for Collaborators

- Link to a sample chat

- https://docs.google.com/spreadsheet/ccc?key=0AvPsWBUP9Pm5dFICNh0T3BPSEdhSGlkQnFLZVkzV0E&usp=sharing
Potential Future Projects

1. Teaching Clinical reasoning

2. Evaluate and practice specific skill

3. Incorporate Google Hangout (video to evaluate physical aspects)

4. On demand consult

Skill evaluation

- Set up
  - Assess with questioning (mind set, preparation)

- Perceptions
  - Easily evaluated (feedback can be on specific questions asked, time before providing answers/knowledge)

- Invitation
  - Evaluated using transcript for transition ("is it ok if I tell you what results show?")

- Knowledge
  - Evaluated using the language used
  - Feedback from patient role

- Empathy
  - WORDS evaluated (NURSE); unable to evaluate silence or touch

- Summary
  - Whether summarized conversation or asked patient to summarize