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Session
A01

Communication in the Workplace: Conversations in Clinical Encounters

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Objectives

1. Examine the principles and value of accepting imperfection.

2. Discuss and practice communication skills that support patient care: deep listening, understanding different perspectives, responding with empathy.

3. Explore emotion through interpretation of non-verbal cues.

4. Review communication skills that assist in difficult conversations.

Group Agreements

- Observe deep confidentiality
- Share your learnings, please do not share stories of others
- Move up/Move back; Make space for all to participate
- Impact on others is often different from your intention. Inquire about the impact of your words and actions
- Share what you are learning, rather than what you “know”
- Perfection is not possible

Physician-patient relationship: an evidence-based approach

- Reviewed 73 studies of evidence-based interventions that improve pt-clinician experience
- Interviewed physicians in 27 pt encounters
- Patients and physicians identified successful strategies
- Non-medical professionals identified cross-disciplinary practices that foster human connection
- Delphi process to condense 13 practices to 5 recommendations

Practices to Foster Physician Presence and Connection With Patients in the Clinical Encounter
Donna M. Zulman, MD, MS… Abraham Verghese,MD

What Great Listeners Do

Safe Environment

Focusing attention

Understand, capture ideas, restate issues.

Observe non-verbal cues

Understand emotions, empathize and validate

Clarifying assumptions

HBR July 14th 2016,Jack Zenger and Joseph Folkman

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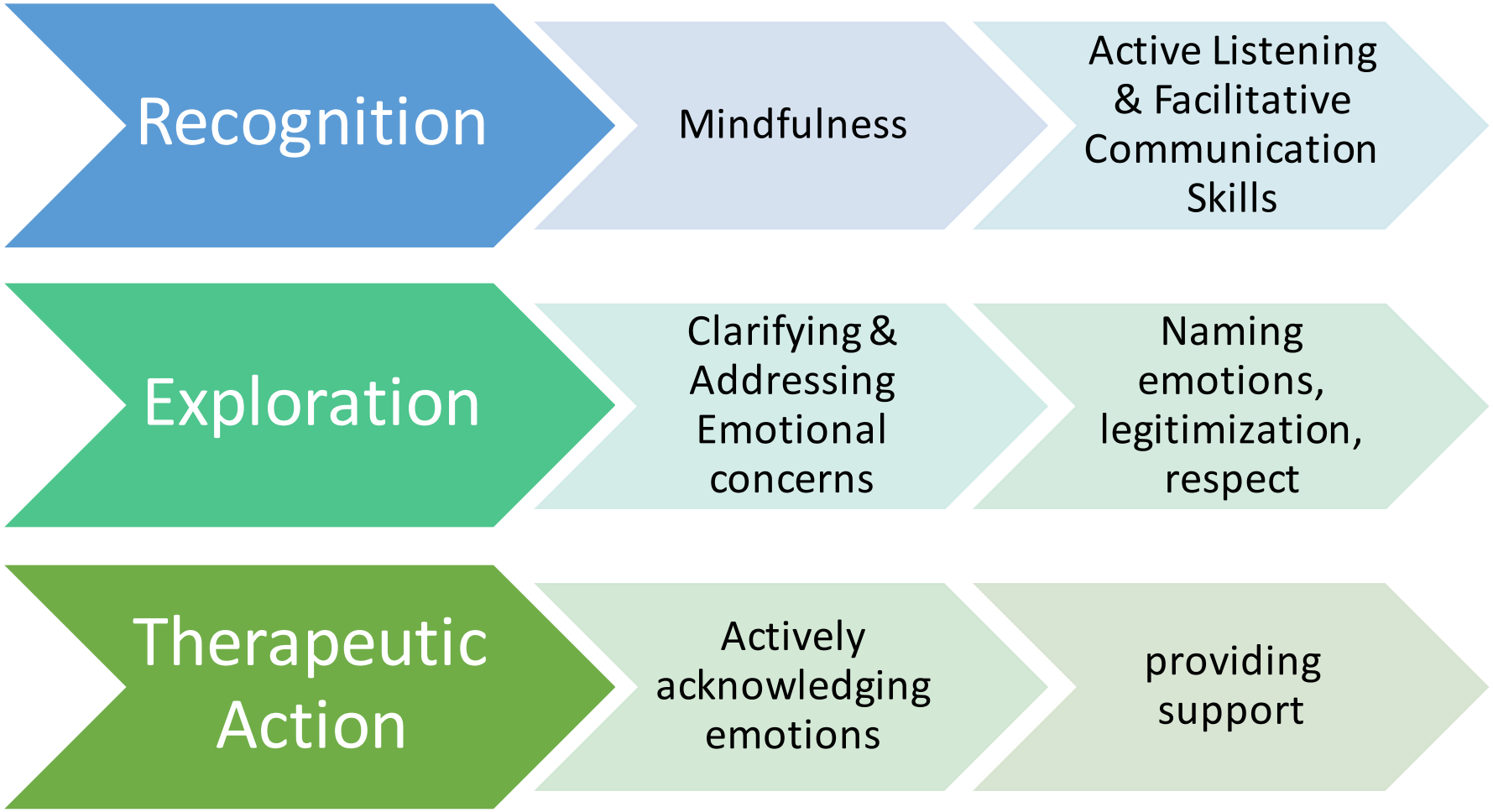
A model for addressing emotion



What does this look like in practice ?

Exploring the emotional Cue	• Ask curious questions; eliciting, clarifying, or making an educated guess. Ask about impact, beliefs, triggers
Recognition	• Recognize the expressed emotion
Confirmation/ Legitimization	• Convey to patient that expressed emotion or challenge is legitimate
Therapeutic Action	• Offer understanding, appreciation/respect, advice, and/or partnership in addressing symptoms, support during care.

Case for discussion:

A 38 yr old female patient has progressive acute kidney injury due to a flare of lupus. Her potassium level has gradually risen to 6.3mmol/L and she has developed pulmonary oedema. The clinical team feels that she needs dialysis treatment.

The clinical fellow informed her about this decision and explained that a dialysis catheter needed to be inserted into a vein in the neck. The fellow explained the potential risks, including pain, bleeding and a pneumothorax, and re-assured her that catheter insertion was a routine procedure, and he would give her a lot of local anaesthesia so that she would not feel any pain.

During the procedure, the patient was very uncomfortable and restless and found it difficult to lie still. She said that she could not breathe and was feeling pain. The fellow explained that he had given her a lot of local anaesthetic, that she should not feel any pain and that it was important that she kept still. The patient became more restless, said that she could not breathe and asked for the procedure to be abandoned.

The procedure was abandoned. Despite sitting up again, the patient felt breathless. A chest x-ray was performed which showed a pneumothorax.

Tasks for fellow:

Inform the patient that she developed a pneumothorax as a complication of line insertion.

Patient asks why this happened.

Explain the potential reasons (i.e. recognised complication, more common when patient not keeping still etc:)

Patient asks what will happen next.

Explain that a chest drain will need to be inserted.

Patient asks what will happen regarding dialysis.

Explain that she still needs dialysis treatment and that a catheter will need to be inserted somewhere else, i.e. vein in groin.

Patient asks why the dialysis catheter was not put into a vein in the groin in the first place.

Consider abandoning dialysis, and treat hyperkalaemia medically

Patient questions why she needed the procedure if dialysis was not urgent

Debrief questions:

- What “missed opportunities” did you notice for an empathic response?
- What effective communication skills could the fellow have used?
- What would you do differently and why?