



Teaching Communication: A Geriatrics Procedure

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Objectives

- Apply the principle of deliberate practice in teaching and learning communication
- Teach learners to develop a communication skills toolbox to manage challenging patient encounters
- Perform direct observation and give feedback to improve communication skills
- Use a learner-centered approach to teaching communication that focuses on building incremental skills over time

Why are we here?

- Communication is one of our most common and important procedures.

But wait... *some people are just good at communication*

- Here's a secret:
 - Communication can be learned!
 - Does not improve without effort

Thomson, Freemantle, et al. Cochrane Database of Systematic Reviews. 2005

Being Good...

- But I've been doing this and I think I'm pretty good at it...

“ Good is the enemy of
great.”

Jim Collins
Good to Great

What happens when people are good at what they do?

Common path:

- Do it all the time
- It gets easier and easier
- You begin to run on intuition
- Everything's going along smoothly

But then....

The Curve Ball

When the Curve Ball comes:

- This case doesn't follow the rules
- You don't have anything left in your tool box
- You get frustrated...and things become even harder



Stuck?



The effect of “being good” on teaching

- The students and residents always compliment you and tell you how good you are at it
- That’s nice, BUT...there is a problem....

**If you can’t name the skills you’re using...
...it’s hard to teach those skills.**

From Good to Great...

Great Companies:

Rigorously promoted disciplined people to think and act in a disciplined manner.

Good to Great by Jim Collins

The Making of Greatness

- Practice deliberately
- Think deliberately
- Reflect deliberately

K. Anders Ericsson (FSU), Michael J. Prietula (Emory), Edward T. Cokely (Berlin). Harvard Business Review.

Practice Deliberately

- Minimum of 10 years (or 10,000 hours) to become an expert
- Goals of *deliberate practice*:
 - Improve existing skills
 - Extend reach and range of your skills
- But what makes practice *deliberate practice*?
 - Carving out the time
 - Practice a specific skill
 - Take risks
 - Reflect

The *Making* of an Expert

- Reflect deliberately
 - What worked?
 - Where did I go wrong?
 - How can I improve?
 - Don't be afraid to try it!
- Find coaches
 - Provide supervision for your deliberate practice
 - Offer constructive feedback
 - Help you identify your learning edge
- Become your own "inner coach"



K. Anders Ericsson (FSU), Michael J. Prietula (Emory), Edward T. Cokely (Berlin). Harvard Business Review.



The Geritalk Toolbox: Basic Communication Skills

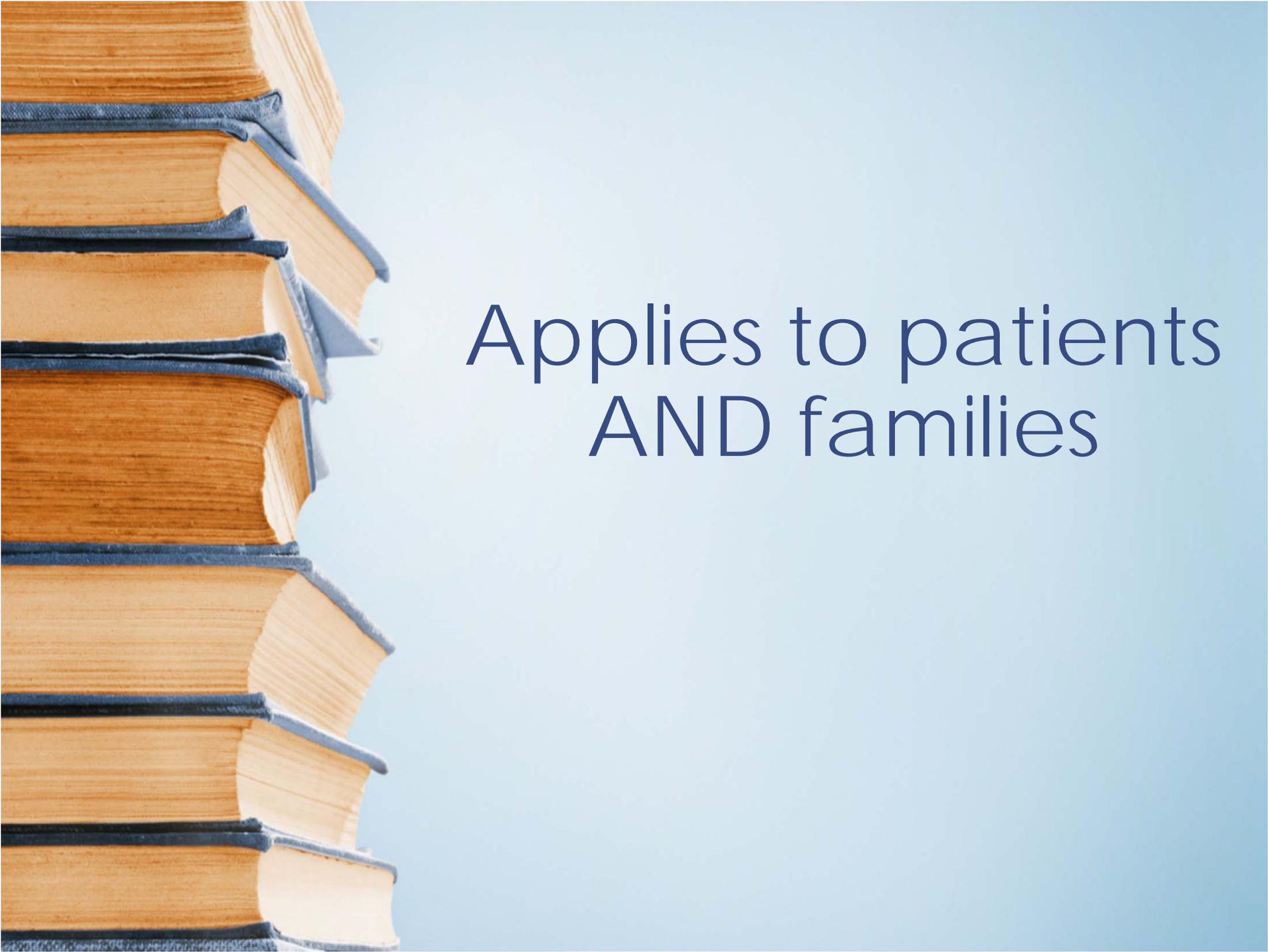
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The Communication Toolbox - Overview

- Family Meeting Procedure: the steps
 - SPIKES
- The Tools
 - “Tell me more” – exploring patient’s world
 - Ask-Tell-Ask – checking for understanding
 - NURSE – responding to emotion
 - “I wish” statements - responding to unrealistic expectations

What does great communication look like?

- An ability to handle awkward moments: finding roadmaps for conversations that involve difficult, sad, or emotionally charged topics
- A 'toolbox' with a variety of communication tools
- The capacity to remain present when difficult topics do come up

A stack of several books with light-colored pages and dark covers is visible on the left side of the image. The books are stacked vertically, with their spines facing right. The background is a solid, light blue color. The text "Applies to patients AND families" is written in a dark blue, sans-serif font on the right side of the image.

Applies to patients
AND families

The Family Meeting Procedure

- S - Setting
- P – Patient's perception
- I - Invitation
- K – Knowledge (imparting)
- E – empathic responses (NURSE)
- S – Strategy

The Tools

Principle

Explore the
Patient's world...

Check expectations
then understanding...

Empathize...

Tagline

"Tell me more"

"Ask-tell-ask"

"NURSE"

Explore the patient's world ("Tell me more")

- Especially useful at the beginning of the encounter
- "Tell me more" functions as an invitation, NOT an expectation to explore everything a patient says
- Helps to clarify their agenda/priorities

Check expectations, then understanding

- “Ask-tell-ask” involves
 - Checking patient expectations
 - Sharing information
 - Inquiring explicitly about the patient’s reaction
- Provides important data for you about comprehension, coping that helps you tailor what you say next

Verbalize empathy

- Naming
- Understanding
- Respecting
- Supporting
- Exploring

Verbalize empathy

- **Naming**
 - You seem frustrated, worried, relieved...
- **Understanding**
 - It must be so hard to go through all of this, I can see how much the pain is affecting you, It must be so hard facing all these uncertainties...
- **Respecting**
 - I am so impressed you have been here everyday to visit your mother, I have to tell you how strong you have been through all of these difficult treatments...
- **Supporting**
 - Don't worry I will be back in a few hours to check on you, My team and I will be here to help you through this, Here's my card so you know exactly how to reach me if you ever need me...
- **Exploring**
 - Tell me more about how that made you feel, What do you mean when you said that...

Emotional Data vs. Cognitive Data

- Cognitive data is independent of emotional data
 - “How much time does he have?!” (tears)
- Always respond to emotion first!
 - Use NURSE statements

Potential Pitfall:

Beware of the pull towards “S” (we are all about strategy!)

Solution: check in before moving on

- *“I’ve given you a lot of information. Do you think it would be ok if we started talking about next steps?”*
- If the answer is anything but “yes,” then you have to stay with emotion

“I wish” statements

- Tool for responding to unrealistic expectations
- Offers empathy in face of bad news

Example:

- Patient: *“but I know chemotherapy will help and she will get better”*
- Physician: *“I wish we had a medicine that would cure this cancer. (silence)”*

The Communication Toolbox – in summary.....

- Family Meeting Procedure: the steps
 - SPIKES
- The Tools
 - “Tell me more” – exploring patient’s world
 - Ask-Tell-Ask – checking for understanding
 - NURSE – responding to emotion
 - “I wish” statements - responding to unrealistic expectations

Note taking

Doctor

Patient

How are you doing?

How am I doing?! How would YOU feel

Oh, I'm sorry, she's just the med student. We test all of our patients.

So you think I'm stupid?!

It sounds like you're pretty angry

Yes, I'm angry....

Teaching Communication – Family Meeting Faculty Guide*

Step	Overview	What you do	Tips
1	Learning goal - Engage learner, identify a skill, get a commitment	“What would you like to be better at in this kind of situation?” “What skill might help?” “Would you want to try this skill today?”	You often need to translate “what could be better” to “what skill I’ll try.” Be prepared to reframe towards a skill.
2	Observe - Actively listen and collect observations to use in the debrief	Take specific notes on the interactions (learner said x, then pt said y). Prioritize observations that relate to the learner’s goal. Can capture other stuff you’re not sure you’ll use.	Put yourself in a coaching frame of mind – it’s about helping learner find their learning edge one step at a time. A list of what went wrong is not as useful.
3	Appreciate - Appreciate and reinforce what went well	“How did it go?” “What well well?”	Ask one question about the learner’s reaction, then move on to what went well.
4	Learning opportunity - Move into the skill space, brainstorm	“Looking back, was there something you would consider doing differently?” “Was there a time when you felt stuck?” “Let’s brainstorm what skills you could use in this situation.”	Name what the learner is trying to improve. Engage the learner in the brainstorming. Get a commitment to try a skill in a future encounter.
5	Take-home - Elicit a take-home point	“What is your take-home lesson from this?”	The act of asking for a take-home point reinforces the learning and gives you instant feedback.

*Adopted from Intensivetalk Facilitation Guide

Fellow: _____

Observer: _____

Name a communication skill that you would like to focus on during this meeting: _____

To be completed by observer during the family meeting:

Start time: ____ End time: ____

Family Meeting Skills Demonstrated	NA	No	Yes	Beginner	Intermediate	Expert
SPIKES						
(S) Setting:						
Meeting preparation						
Prepared room						
Body language						
Greeting						
(P) Perception:						
Assessed patient's/family's understanding						
(I) Invitation:						
Asked what the patient/family wants to know						
Gave a "warning shot"						
(K) Knowledge:						
Gave information <i>(about current medical condition)</i>						
Avoided use of medical jargon						
(E) Empathic Response:						
Responded to emotions						
Wish statements <i>(for unrealistic tx goals)</i>						
(S) Strategy:						
Check-in before moving on						
Check for understanding						
Summary						
Plan						
Other skills:						
Used empathic continuers <i>(NURSE-at least one)</i>						
Used empathic terminators						
Used Ask-Tell-Ask						
Prognosis <i>(delivered as range)</i>						
Used silence appropriately						
Used open-ended questions <i>(tell me about...)</i>						
Goal setting <i>(in context of ongoing or future care)</i>						
Made a treatment recommendation						
Spiritual and existential concerns						
Patient's/Family's cultural background						
Explored patient identity/ family support						
Mediated conflicts that arise						
Discussed the 5 things						
Discussed what to expect in dying process						
Time managed						
Used appropriate level of directiveness						
Leadership <i>(interdisciplinary team/consultants)</i>						

• Overall Impression of the Learner:

1	2	3	4
Needs instruction before further meetings	Perform only with faculty assistance	Competent to perform independently	Performs with expertise

• Overall Impression of the Difficulty of the Family Meeting:

1	2	3	4
Not difficult/Straightforward	Mildly difficult	Moderately difficult	Extremely difficult/Overwhelming

Feedback from Family Meeting Evaluation

Fellow: _____ Evaluator: _____ Evaluation Date: ___/___/___

Need for attending intervention during discussion Yes No

If yes, please explain circumstance: _____

1. Which skill did you want to work on? _____

2. What went well? _____

3. Was there a time when you felt stuck? _____

4. What could you have tried? _____

5. What skill would you like to try next time? _____

6. What is your take-home point? _____

Additional feedback:

Length of time for feedback: _____ minutes

Feedback was given and received:

Fellow signature: _____ Evaluator signature: _____

Geritalk Family Meeting Evaluation Training Manual

Criteria for Yes/No/NA	
SPIKES	
(S) Setting:	
Meeting preparation	Communicated with others caring for patient before meeting, negotiate roles, reached consensus on information, i.e. prognosis/treatment, identify decision-maker(s)
Prepared room	Assures comfort, appropriate setting, allows for interpersonal space, provides tissues and/or water <i>If made effort, then yes/no; if no effort, then N/A</i>
Body language	Sat down, makes eye contact, open posture, demonstrates being engaged
Greeting	Makes appropriate introductions, explains role (as palliative care fellow or geriatrics fellow)
(P) Perception:	
	Asked what the patient/family already knew/assessed patient's/family's understanding
(I) Invitation:	
	Asked what the patient/family wants to know <i>N/A if patient asks for information</i>
	Gave a "warning shot" to indicate bad news will be given or to address concerns about what happened in the past
(K) Knowledge:	
	Gave information (in balanced manner, clarified misconceptions or misunderstandings) <i>about current medical condition</i>
	Avoided use of medical jargon
(E) Empathic Response:	
	Responded to emotions
	Wish statements for unrealistic treatment goals
(S) Strategy:	
	Check-in before moving on
	Checked for understanding
Summary	Provided summary at end of meeting, assessed understanding
Plan	Created follow-up plan, gave business card, arranged for next meeting
Other skills:	
Used empathic continuers	Statements that directly address patients' emotions, validate their feelings, and invite further disclosure; used at least one nurse statement [(N)ame,(U)nderstand,(R)espect,(S)upport,(E)xplore]
Used empathic terminators	Statements that avoid the emotion or change the topic, or not respond to cues with expressions of empathy
Used Ask-Tell-Ask	Evaluating quality of ask-tell-ask, not quantity
Discussed Prognosis	Assessed desire for prognosis/life expectancy, delivered as range
Use of silence	Allowed patients and/or family members to respond to questions, nods head/verbal cues, appreciates and allows for silences/paused
Used open-ended questions	For example, "tell me about your loved one..."
Goal setting	Attempted to elicit patient's or family member's goals and expectations <i>in context of ongoing or future care</i>
Made a treatment recommendation	Tailored treatments to elicited patient's goals/values goals as appropriate—i.e. chemotherapy, CPR, treatment alternatives, artificial hydration/nutrition, or hospice care
Spiritual and existential concerns	Assessed spiritual and existential concerns, offered chaplaincy
Patient's/Family's cultural background	Assessed patient's cultural background and concerns

Explored patient identity/ family support	Explored patient identity, asked patient and/or family about their personal support
Mediated conflicts and anger	Among patient, family or interdisciplinary team, addressed medical errors
Discussed the 5 things	I love you, I forgive you, Please forgive me, Thank you, Goodbye
Discussed what to expect in the dying process	Explained what would happen if withdraw treatment, gave information about dying process (i.e. breathing sounds, death rattle, bodily function, delirium)
Managed time	Managed time effectively, balanced time constraints with needs of patient/family
Used appropriate level of directiveness	Guided conversation with patient and family
Leadership	Ran meeting appropriately, engaged other members of interdisciplinary team/consultants