Teaching Communication: A Geriatrics Procedure

Jacqueline Yuen, MD
Elizabeth Lindenberger, MD
Stacie Levine, MD
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

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”

The Geritalk Toolbox: Basic Communication Skills

Elizabeth Lindenberger, MD
Stacie Levine, MD
Jacqueline Yuen, MD
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
Applies to patients AND families
The Family Meeting Procedure

- S - Setting
- P - Patient’s perception
- I - Invitation
- K - Knowledge (impacting)
- E - Empathic responses (NURSE)
- S - Strategy
## The Tools

<table>
<thead>
<tr>
<th>Principle</th>
<th>Tagline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore the Patient’s world...</td>
<td>“Tell me more”</td>
</tr>
<tr>
<td>Check expectations then understanding...</td>
<td>“Ask-tell-ask”</td>
</tr>
<tr>
<td>Empathize...</td>
<td>“NURSE”</td>
</tr>
</tbody>
</table>
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
Doctor

How are you doing?

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

It sounds like you’re pretty angry

Patient

How am I doing?! How would YOU feel ....

So you think I’m stupid?!

Yes, I’m angry....
<table>
<thead>
<tr>
<th>Step</th>
<th>Overview</th>
<th>What you do</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Learning goal - Engage learner, identify a skill, get a commitment</td>
<td>“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?”</td>
<td>You often need to translate “what could be better” to “what skill I’ll try.”  Be prepared to reframe towards a skill.</td>
</tr>
<tr>
<td>2</td>
<td>Observe - Actively listen and collect observations to use in the debrief</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>Appreciate - Appreciate and reinforce what went well</td>
<td>“How did it go?”  “What well well?”</td>
<td>Ask one question about the learner’s reaction, then move on to what went well.</td>
</tr>
<tr>
<td>4</td>
<td>Learning opportunity - Move into the skill space, brainstorm</td>
<td>“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.”</td>
<td>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.</td>
</tr>
<tr>
<td>5</td>
<td>Take-home - Elicit a take-home point</td>
<td>“What is your take-home lesson from this?”</td>
<td>The act of asking for a take-home point reinforces the learning and gives you instant feedback.</td>
</tr>
</tbody>
</table>

*Adopted from Intensivetalk Facilitation Guide*
Name a communication skill that you would like to focus on during this meeting: ___________________________

To be completed by observer during the family meeting:

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

- **Overall Impression of the Learner:**
  - 1: Needs instruction before further meetings
  - 2: Perform only with faculty assistance
  - 3: Competent to perform independently
  - 4: Performs with expertise

- **Overall Impression of the Difficulty of the Family Meeting:**
  - 1: Not difficult/Straightforward
  - 2: Mildly difficult
  - 3: Moderately difficult
  - 4: 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
  - *If made effort, then yes/no; if no effort, then N/A*
- **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:**
- **Aske d what the patient/family already knew/assessed patient’s/family’s understanding**

**(I) Invitation:**
- **Aske d what the patient/family wants to know**
  - *N/A if patient asks for information*
- **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) about current medical condition**
- **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 in context of ongoing or future care
- **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
<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explored patient identity/ family support</td>
<td>Explored patient identity, asked patient and/or family about their personal support</td>
</tr>
<tr>
<td>Mediated conflicts and anger</td>
<td>Among patient, family or interdisciplinary team, addressed medical errors</td>
</tr>
<tr>
<td>Discussed the 5 things</td>
<td>I love you, I forgive you, Please forgive me, Thank you, Goodbye</td>
</tr>
<tr>
<td>Discussed what to expect in the dying process</td>
<td>Explained what would happen if withdraw treatment, gave information about dying process (i.e. breathing sounds, death rattle, bodily function, delirium)</td>
</tr>
<tr>
<td>Managed time</td>
<td>Managed time effectively, balanced time constraints with needs of patient/family</td>
</tr>
<tr>
<td>Used appropriate level of directiveness</td>
<td>Guided conversation with patient and family</td>
</tr>
<tr>
<td>Leadership</td>
<td>Ran meeting appropriately, engaged other members of interdisciplinary team/consultants</td>
</tr>
</tbody>
</table>