

Medical Education – Is Realistic Communication the Key?

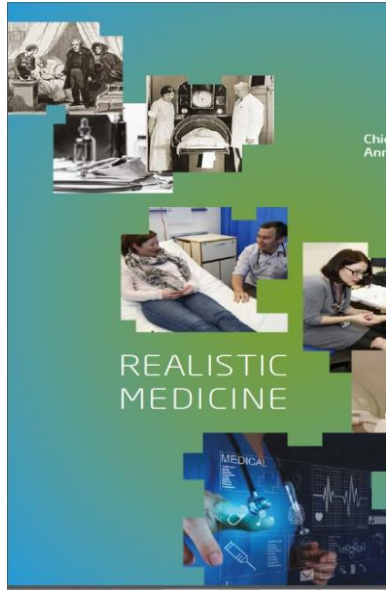
Scottish Medical Education Conference April 2018

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Chief
Annual

REALISTIC
MEDICINE



REALISING
REALISTIC
MEDICINE



Chief Medical Officer's
Annual Report 2015-16

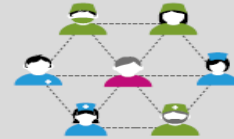
PRACTISING REALISTIC MEDICINE

NHS
SCOTLAND



CHANGE OUR STYLE TO
SHARED DECISION MAKING?

BUILD A **PERSONALISED**
APPROACH TO CARE?



REDUCE HARM
AND WASTE?



REDUCE **UNWARRANTED**
VARIATION IN PRACTICE
AND OUTCOMES?

MANAGE RISK BETTER?



BECOME **IMPROVERS**
AND **INNOVATORS?**

Chief Medical Officer's
Annual Report 2016-17



REALISTIC
MEDICINE



Healthier
Scotland
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Effective Clinical Communication - the final common pathway in practising Realistic Medicine

How we can **train our health professionals** and **change our systems** to enable the vision to become a reality?

1. How communication is the final common pathway in realising Realistic Medicine
2. Why clinical communication is central to excellence in healthcare

What emotion do you have?

And whose fault is it?

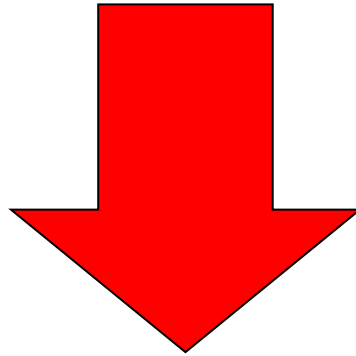
And is it a problem we've known
about for years?

Initiating the interview

1. Discovering the reasons for the patient's attendance

Gathering information

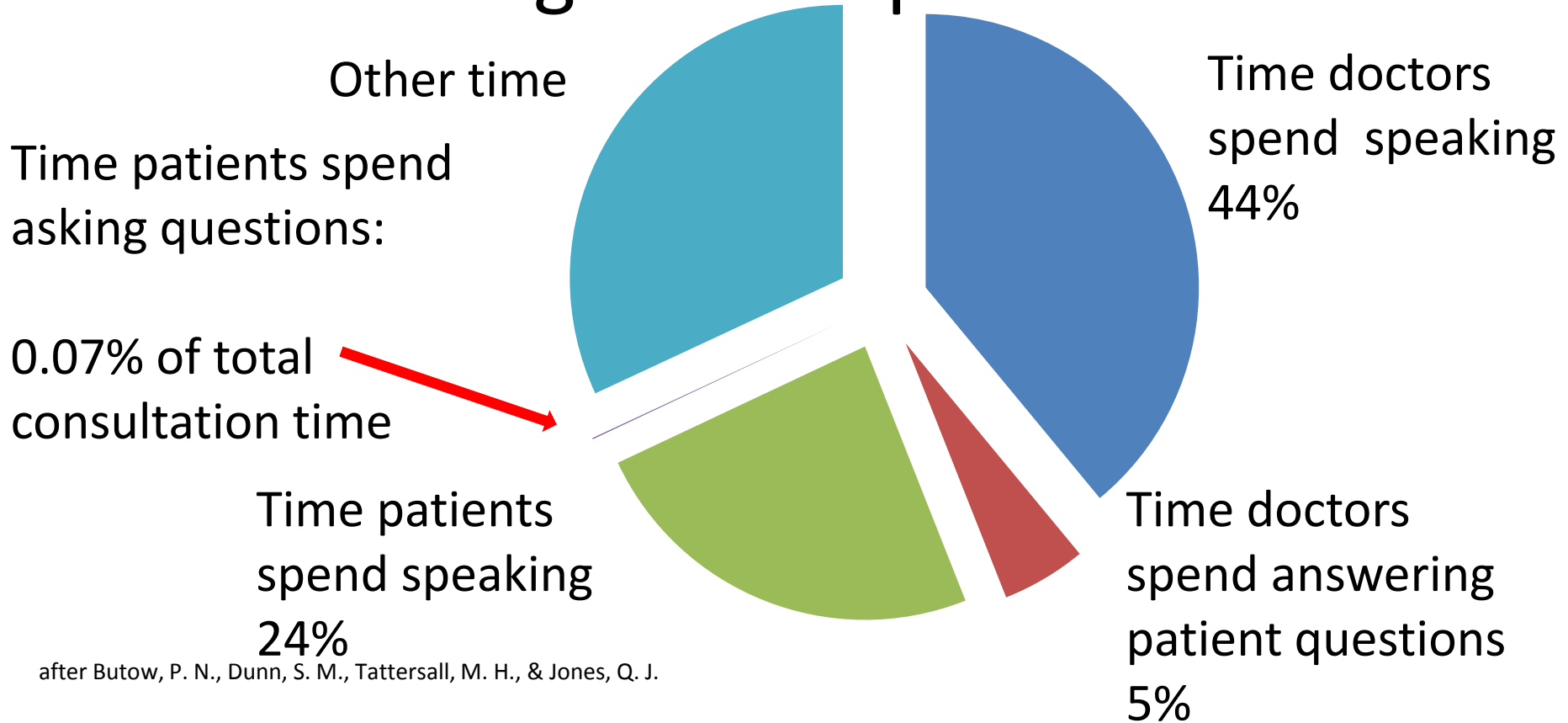
2. Avoiding early closed questioning and actively listening



**The prevention of clinical
hypo-competence**

- 54% of patients' complaints and 45% of their concerns are not elicited (Stewart et al 1979)
- in 50% of visits, the patient and the doctor do not agree on the nature of the main presenting problem (Starfield et al 1981)
- consultations with problem outcomes are frequently characterised by unvoiced patient agenda items (Barry et al 2000)
- doctors frequently interrupt patients so soon after they begin their opening statement that patients fail to disclose significant concerns (Beckman and Frankel 1984, Marvel et al 1999)
- Mauksch et al (2008): literature review to explore the determinants of efficiency in the medical interview. 3 domains emerged from their study that can enhance communication efficiency: rapport building, upfront agenda setting and picking up emotional cues
- Robinson et al (2016): Compared to “Do you have any questions?”, “any other concerns?” were significantly more likely to generate agenda items, especially when positioned ‘early’ vs. ‘late’ during visits

How much time do doctors spend talking to their patients?






after Butow, P. N., Dunn, S. M., Tattersall, M. H., & Jones, Q. J.

Health Literacy...

43%

of English working
age adults will struggle to
understand instructions
to calculate a childhood
paracetamol dose.

 <p>(23%)</p>	<p>Very poor skills. May not be able to determine the amount of medicine to take</p>
 <p>(32%)</p>	<p>Weak skills. Can only deal with well laid out simple material and tasks that are not complex</p>
 <p>(41%)</p>	<p>Skills at or above level required for coping with demands of everyday life</p>

4%: No skills to understand basic health information

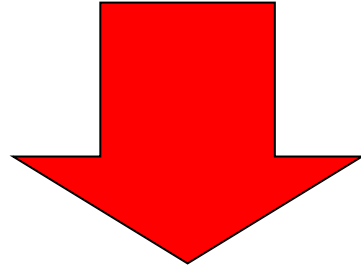
What would happen if we simply manage to implement:

- Managing the beginning of new and review consultations
- Effective listening and open history taking
- Discovering the patient's ideas and concerns
- Lack of inappropriate jargon
- Interactivity in explanation phase

What would happen if we simply manage to implement:

- Managing the beginning of new and review consultations
- Effective listening and open history taking
- Discovering the patient's ideas and concerns
- Lack of inappropriate jargon
- Interactivity in explanation phase
- Basic courtesy, removing hubris
- Effective non-verbal communication
- Basic language skills
- Understanding that people have feelings and **demonstrating empathy**

Demonstrating empathy overtly



Improved clinical outcomes

Wissow et al (1994) found that **paediatricians' use of supportive statements** (compliments, approval, concern, empathy, encouragement and reassurance) was positively associated with **parents' disclosure of psychosocial problems**.

Wasserman et al (1984) found that **empathic statements** led to **increased satisfaction and reduction in maternal concerns**.

Dimoska et al (2008) have shown that patients seeing an oncologist who was rated as **warmer and discussed a greater number of psychosocial issues** had **better psychological adjustment and reduced anxiety**

Kim et al (2004) demonstrated in Korea that patient-perceived **physician empathy** significantly influenced **satisfaction and compliance**.

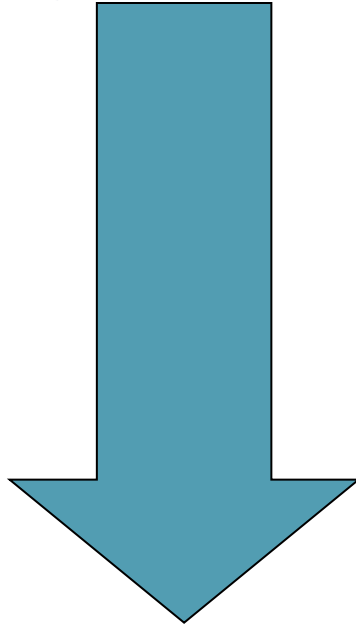
Cox et al (2011) showed that when physicians expressed **empathy**, patients' weight-related **attitudes and behaviours** improved.

Rakel et al (2011) found that **physician empathy** had significant effects on **reducing the duration and patient reported severity of the common cold**.

Hojat et al (2011) correlated **physician empathy** scores on a self completed empathy scale with **HBA 1C and LDL-cholesterol tests** and found a positive relationship between physicians' empathy and patients' clinical outcomes.

In a study of 20,961 patients, **Canale et al (2012)** compared **physician empathy** scores with clinical outcomes for patients with **diabetes: significantly lower rate of metabolic complications**

Open questions
Open directive questions
Screening questions
Listening
Pauses/use of silence
Minimal prompts
Summarising



The emergence of cues

Picking up cues

- Acknowledging/
reflection
- Paraphrasing
- Checking
- Clarifying
- Exploring
- Educated guesses
- Empathy

Cues - will it take more time ?

Consultations which were cue based were shorter than those in which cues were missed

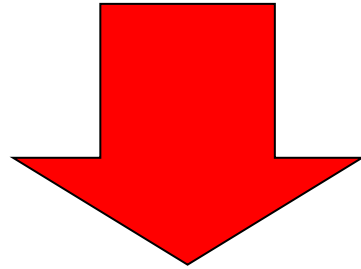
- GP consultations 12.5%
- Surgical consultations were 10.7% shorter

Levinson et al 2000

In oncology consultations, addressing cues reduced consultation times by 10-12%.

Butow et al 2002

Picking up and responding to cues



Improved efficiency

The central importance of

**Effective
clinical
communication**

to

**High quality
healthcare**

- More effective interviews:
 - ↑ accuracy
 - ↑ efficiency
 - ↑ supportiveness
- Enhanced patient and health professional satisfaction
- Improved health outcomes for patients

Plan: Effective Clinical Communication - the final common pathway in practising Realistic Medicine

How we can **train our health professionals** and **change our systems** to enable the vision to become a reality?

1. How communication is the final common pathway in realising Realistic Medicine
2. Why clinical communication is central to excellence in healthcare
3. How can we **train** our health professionals

Not easy to get the medical interview right

- highly skilled
- complex
- multi-faceted
- professional challenge

Needs careful attention and cannot be left to chance
Requires thoughtful consideration and planning

- there is conclusive evidence that communication skills can be taught
- and that communication skills teaching is retained

Aspergren K (1999)

Teaching and Learning Communication Skills in Medicine: a review with quality grading of articles

Medical Teacher 21 (6)

Smith S, Hanson J, Tewksbury L et al (2007)

Teaching Patient Communication Skills to Medical Students: a review of randomised controlled trials

Evaluation and the Health Professions 30 (1)

- Overwhelming evidence for positive effect of communication training
- Medical students, residents, junior doctors, senior doctors
- Specialists and general practice equally
- Those at the bottom end improve most

Asking the Right Questions Matters

To help ensure you have all the information you need to make the right decisions about your care, please ask your doctor or nurse:

- Is this test, treatment or procedure really needed?
- What are the potential benefits and risks?
- What are the possible side effects?
- Are there simpler, safer or alternative treatment options?
- What would happen if I did nothing?

ChoosingWisely
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