



Making Difficult Conversations Easier Part 3

Getting it right when things go wrong

Professor Eva Doherty,
Director of Human Factors in Patient Safety

Human Factors in Patient Safety at RCSI

- Surgeons in training years 1-8
- Emergency medicine trainees years 1-7
- International Medical Graduates Two year prog.
- Radiology trainees SpR 1-5
- Continuing Professional Development for
- NCHDs and Masterclasses for Consultants
- Masters in Surgical Science and Practice
- **1 year, online, part-time interprofessional PGDip/MSc(yr2) in Human Factors in Patient Safety**

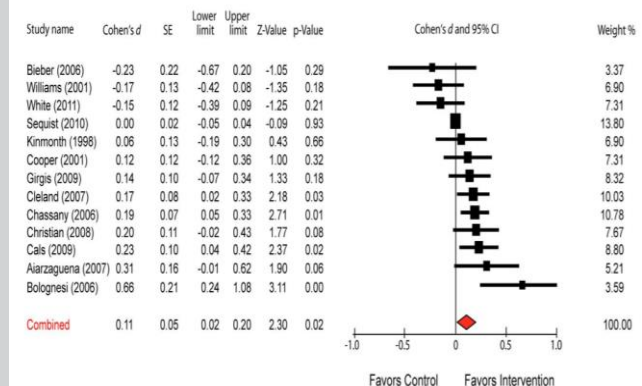


Objectives for Today



- Refresh the key skills of effective communication in healthcare
- Identify the particular communication skills essential to use with emphasis in Open Disclosure conversations
- Describe the skills to help with strong emotions
- Demonstrate how the communication skills can be used with the ASSIST and the ASSISTME models for Open Disclosure

Problem/Diagnosis	Outcome
Fibromyalgia	Pain, dep., functioning
Smoking	Smoking cessation
Osteoarthritis	Pain
Diabetes	BP, serum levels
Diabetes	BP, serum, Psychosocial
Hypertension	BP
Cancer	Anxiety, Depression
Asthma	Asthma QoL
Osteoarthritis	Pain
Diabetes	Weight loss
Lower resp. infection	Return Consultations
Somatic complaints	Quality of Life
Obesity	Weight loss



OPEN ACCESS Freely available online

PLOS ONE

The Influence of the Patient-Clinician Relationship on Healthcare Outcomes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

John M. Kelley^{1,3*}, Gordon Kraft-Todd¹, Lidia Schapira^{1,4}, Joe Kossowsky^{2,5,6}, Helen Riess¹

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Burnout



Communication Skills Training for Physicians Improves Patient Satisfaction

Adrienne Boissy, MD, MA¹, Amy K. Windover, PhD¹, Dan Bokor¹, Matthew Karafa, PhD², Katie Neuendorf, MD¹, Richard M. Frankel, PhD^{1,3}, James Merlino, MD⁴, and Michael B. Rothberg, MD, MPH⁵

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Kelm et al. *BMC Medical Education* 2014, **14**:219
<http://www.biomedcentral.com/1472-6920/14/219>



RESEARCH ARTICLE

Open Access

Interventions to cultivate physician empathy: a systematic review

Zak Kelm¹, James Womer^{2,3}, Jennifer K. Walter³ and Chris Feudtner^{3*}

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD

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Timothy E. Quill, MD

Context Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective To determine whether an intensive educational program in mindful communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, nar-

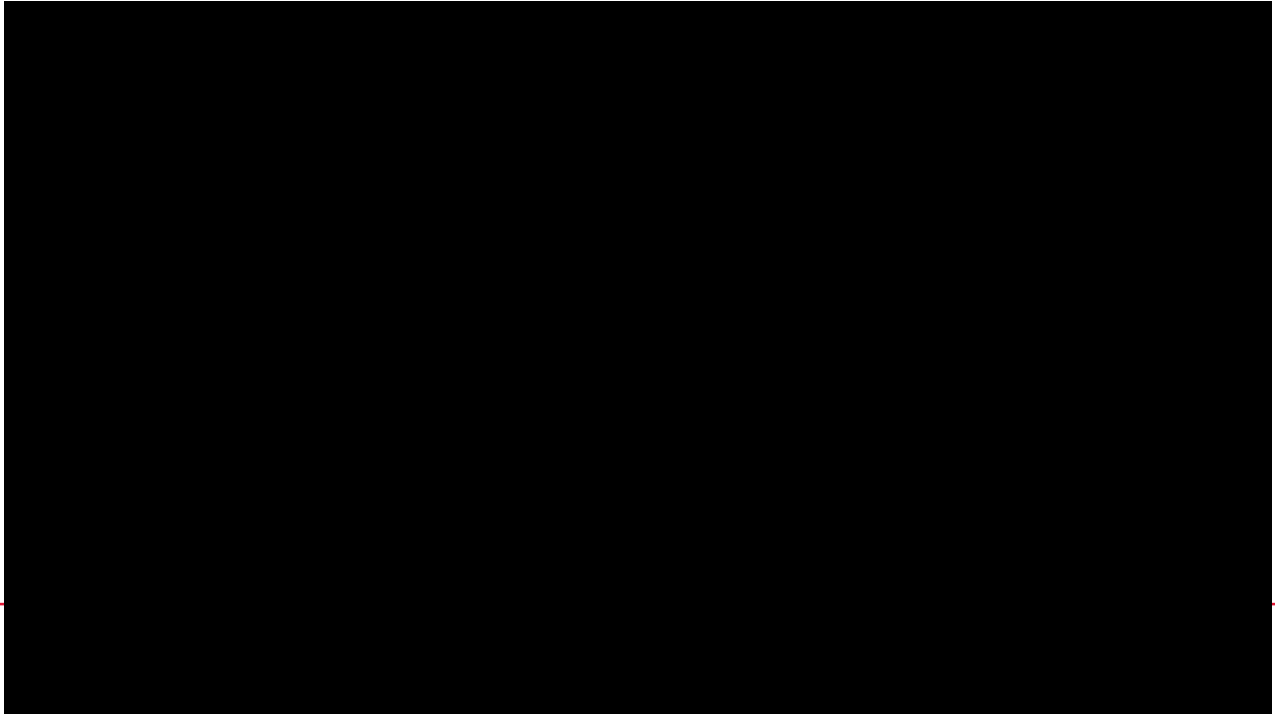
JAMA



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Why OD ?...Bernie's story

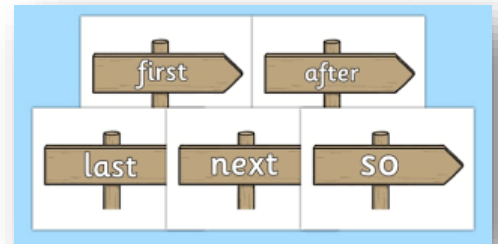


Recipe for a good conversation

- Introduction
- Starting point, no interruptions
- Empathy and apology
- Open and closed questioning
- Screening questions
- Signposting
- Non-verbal skills
- Simple language no jargon
- Periodic summarising
- Summary and safety netting

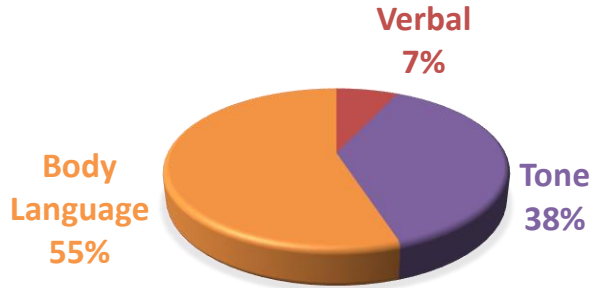


‘Signposting’



- I’m calling to give you your test results.
- I’m going to explain how the procedure will be done
- Warning shot : Im afraid I have some information for you that you may not be expecting...pause...is it ok if I continue ?

How to convey meaning: Verbal and Non Communication



Summarising and 'Teach-Back'

- 'Chunk and Check'
- Ok so I'll just go through the main points once more.
- Just to check I've explained this properly to you, can you tell me what you understand from what I've explained so far.....



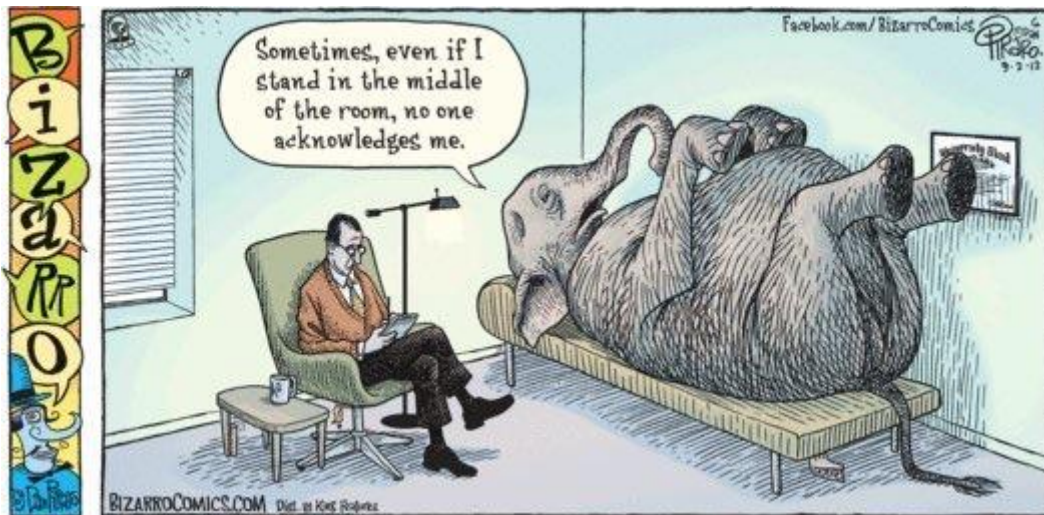
Empathy

- The art of demonstrating that you 'get' the emotion behind what is being expressed



*How would you like it
if the mouse did that to you?*

Name it!



Use of Empathy

- Name and demonstrate respect for the emotion
- eg 'I can see that this is difficult for you'
- 'I can see that this delay is very frustrating'



Open Disclosure is the 'black slope' of communication



Difference between BBN and OD



BBN

- Clinician doesn't feel responsible
- No fear of litigation or an investigation
- No blame
- Tx often available
- Strong emotions more likely to be shock/upset

OD

- Clinician feels responsible
- Fear of litigation or an investigation
- Blame
- Often no Tx
- Strong emotions more likely to be shock/anger

Use Emotions:
Specific influence of emotions

Emotion	<i>Impact</i>
Anger	<i>Fight</i>
Disgust	<i>Reject</i>
Fear	<i>Avoid</i>
Sadness	<i>Give up</i>
Surprise	<i>Pay attention</i>
Happiness	<i>Explore</i>

When something is tough.....



ASSIST Models (MPS)



- **A**cknowledge... *that something has happened*
- **S**orry... *'Im sorry that this has happened'*
- **S**tory... *allow the patient/family to give you their version of what has happened*
- **I**nquire... *Ask them what they think should happen next or what might ease things*
- **S**olutions... *Offer solutions and check to see do they have solutions*
- **T**ravel... *Stay in touch and support them through the coming years*

Acknowledge... *that something has happened*

- Very difficult emotionally because you may be in denial yourself
- Figure out what you are feeling and what your instincts are : avoid/defend/helpless
- Pause after you say what has happened
- Be ready with an apology and then give another pause



Sorry... 'I'm sorry that this has happened'

- 50% of clinicians in a simulated OD scenario did not apologise or mention the word mistake
- Saying sorry does not mean that it is your fault
- Ensure you have been well advised from management and legal team re forms etc
- Ensure the truth is prioritised
- Complaints and legal claims are a family's response to a cover-up



Story... allow the patient/family to give you their version of what has happened

- Difficult because the family may not have all the facts that you have
 - No interruptions or corrections
 - Empathy is crucial
 - “Sorry” once more
-



Inquire... Ask them what they think should happen next or what might ease things

- Only move to this stage when the previous stages have had sufficient time
- ‘What would help you best from me at this point ?’
- Listen, Listen and respond to exactly what they say



Solutions... *Offer solutions and check to see do they have solutions*

- Ensure they are ready to hear solutions...Ask
- 'Chunk and Check' and seek feedback after every sentence
- Abandon solutions they don't want at this point
- Sorry once more



Travel... *Don't abandon them and support them through the coming years*

- Tempting to avoid the family after the conversations have ended
 - They will need ongoing contact, support and follow-up
 - Official inquiries and Coroner's hearing
 - Get legal support from the State Claim Agency
-



Peer Support

What is ASSIST Me?



- **A**cknowledge... *that something has happened*
- **S**orry... *'I'm sorry that this has happened'*
- **S**tory... *allow the HCP to give you their version of what has happened*
- **I**nquire... *Ask them what they think should happen next or what might ease things*
- **S**olutions... *Offer solutions and check to see do they have solutions*
- **T**ravel... *Don't abandon them and support them through the coming years*
- **M**onitor....*closely to see are they coping ok*
- **E**nd....*make sure there is closure for the HCP at some point*

- > [Strategic Approach](#)
- > [Covid 19 QI Learning](#)
- > [Framework](#)
- > [Improvement Knowledge and Skills Guide](#)
- > [Leadership for Quality](#)
- > [Person and Family Engagement](#)
- > [Staff Engagement](#)
- > [Use of Improvement Methods](#)
- > [Measurement for Improvement](#)
- > [Governance for Quality](#)
- > [Get involved](#)
- > [Partnering with People for Quality](#)
 - > [Assisted Decision Making](#)
 - > [Global Health](#)
 - > [Open Disclosure](#)
 - > [Civil Liability Amendment Act 2017](#)
 - > [Consent](#)
- > [School of QI](#)
- > [QI Connections](#)
- > [Contact us](#)

Open disclosure means that we will communicate with you in an open, honest, timely and transparent manner if:

- > something goes wrong with your care
- > you experience harm as a result of your care
- > we think that harm may have occurred as a result of your care

This means that we will keep you fully informed of the facts in relation to what has happened. We will also talk to you about your on-going care and treatment.

COVID19 Open Disclosure Guidelines

Guideline for staff and services on managing open disclosure and the communication challenges arising during the Coronavirus Pandemic.

[Read the guidelines here](#)

About our policy

We revised our Open Disclosure policy in 2019 and this version: "Communicating with Patients Following Patient Safety Incidents" replaces the HSE Open Disclosure Policy 2013.

Under the revised policy you have a right to:

- > full knowledge about your care and treatment
- > be informed when things go wrong
- > meet with us to discuss what happened
- > a sincere apology if we made an error while caring for you
- > be treated with compassion and empathy

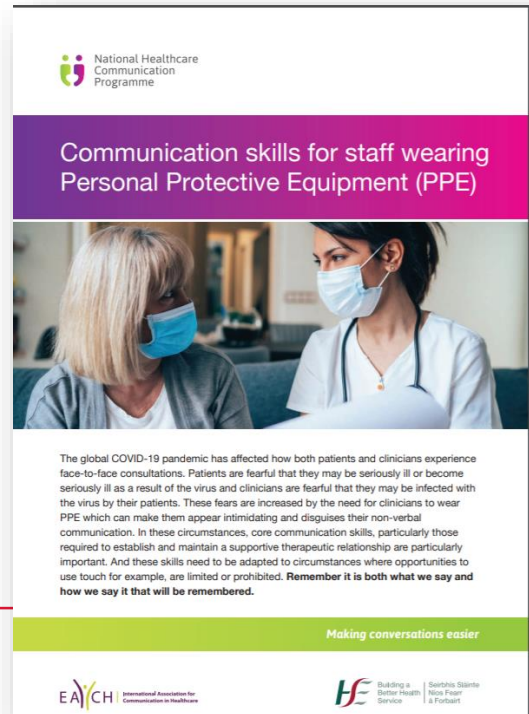
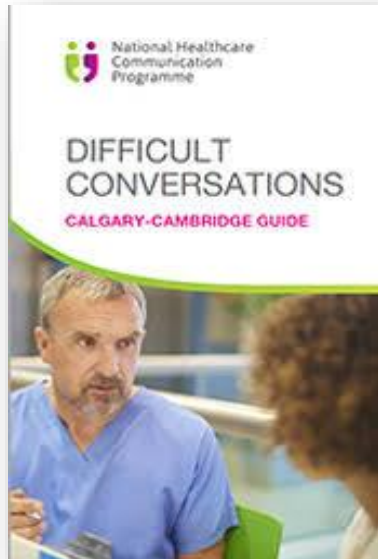
[Read a summary of the policy here](#)

[Read the full policy document here](#)

Information and Resources for the public	National Open Disclosure Policy and Guidelines	Legislation
How to access Open Disclosure Training	Information and Resources for Open Disclosure Trainers	National Open Disclosure Leads
Information and Resources for Healthcare Workers	National Open Disclosure Steering Committee	Webinars
Useful Links	The National Open Disclosure Office: Team and Contact details	Publications (Annual Report and Newsletters)

Contact Information

National Healthcare Communication Programme, HSE





Module 1
Making
connections

Module 2 Core
Consultation Skills

Module 3
Challenging
Consultations

Module 4 - Communicating
with colleagues and supporting
teamwork

About the National
Healthcare Communication
Programme

[HSE.ie](#) / [National Healthcare Communication Programme](#)

National Healthcare Communication Programme

The National Healthcare Communication Programme is designed to support healthcare staff to learn, develop and maintain their communication skills with patients, their families and with colleagues. The Programme is underpinned by the Core Values of Care, Compassion, Trust and Learning and builds on these values with a focus on Person-Centred and Clinical Communication Skills.



Communication Skills

The Programme takes a skills based approach to the facilitation and learning of how to communicate with patients and their families because, through this approach, specific, desirable behaviours can be identified, which staff can then learn and use in their interactions with patients and their families. [Learn more](#)

Get Involved in Healthcare Communication

For more information contact nahecom@hse.ie

Follow us on [Twitter](#) and [Instagram](#) @NHCProgramme

The National Healthcare Communication Programme has been developed in partnership with EACN - the [European Association for Communication in Healthcare](#)

The Irish branch of EACN have partnered with NPHC to work together to promote enhanced awareness of the EACN Organisation and to co-host seminars, courses and events. If you like to learn more please visit <http://www.eacn.ie/irish>



Module 1 Making
connections



Module 2 Core
Consultation Skills



Module 3
Challenging
Consultations



Module 4 -
Communicating
with colleagues
and supporting
teamwork



Mini Module -
Shared decision
making



Mini Module -
Demonstrating
empathy



Telephone
consultations



Video
consultations



About the
National
Healthcare
Communication
Programme

Telephone, Video and Handover conversations

- <https://msurgery.ie/home/rcsi-courses/online-open-courses/>



Video Consultations

Many healthcare staff are now carrying out consultations using video calls. This is often a type of consultation that staff have not encountered prior to COVID-19 and can be an area of anxiety. Building on the previous course on telephone consultations, this course shows you how to apply the core skills of the Calgary-Cambridge Guide to video consultations provides a structured and patient-centred approach.

START COURSE

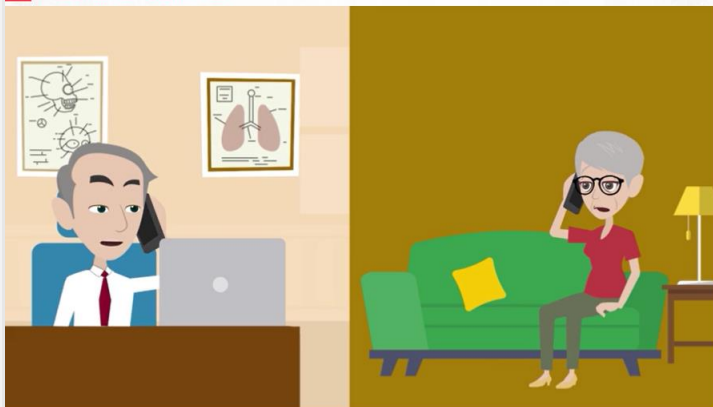


Communication Skills for Telephone Consultations

Many healthcare staff are now carrying out consultations on the telephone. This is often a type of consultation that staff have not encountered prior to COVID-19 and can be an area of anxiety. Applying the core skills of the Calgary-Cambridge Guide to telephone consultations provides a structured and patient-centred approach.

START COURSE

Scenario 2 – Second Call



Full transcript of dialog available in the resource section. (Top Right Menu)

Scenario 1 – Video Part B - Physio

Initiating the Session



greeting

Providing Information and Planning

PROVIDING INFORMATION AND PLANNING

SLOW DOWN

- SPEAK SLOWLY AND CLEARLY
- USE LONGER PAUSES
- USE NONVERBAL COMMUNICATION SKILLS
- ENCOURAGE PATIENT TO SHARE

SUMMARISE

SUMMARISE KEY
POINTS



COVID-19

About EACH

Organisation

News

Membership

Events

Resources

Current Projects

Members Area

Forums

FAQ

COVID-19

We hope that you find this page useful to find and share resources for healthcare communication during the COVID-19 pandemic. This is a challenging time for all of us, particularly those working in healthcare professions whether that be in practice or academia. This page points you to existing resources, EACH resources and also opportunities where you can share your experiences or concerns within our friendly EACH community.



EACH Resources

Below are a list of resources that have been developed by and/or in collaboration with EACH. This list will be continually updated with new resources.

Communication skills for staff wearing Personal Protective Clothing (PPE)

The global COVID 19 pandemic has affected how both patients and clinicians experience face-to-face consultations. This provides guidance on communicating with patients whilst wearing PPE.

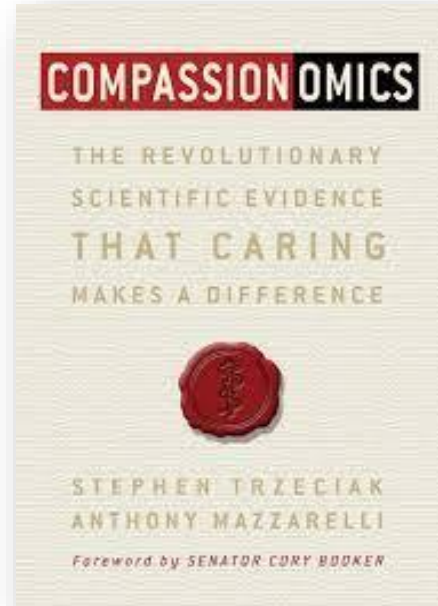
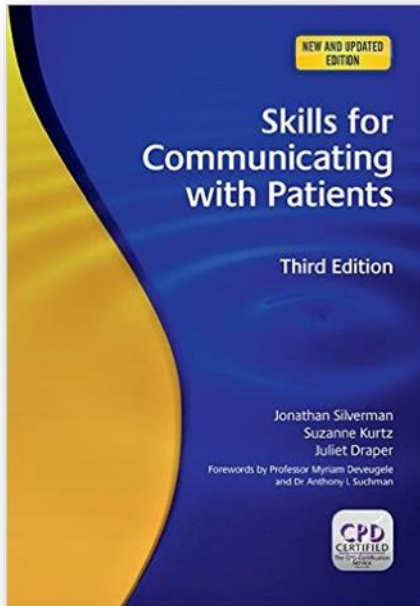


Developed by:



RCSI

My two favourite reads



@evadoherty
@HumanFactorsPS



edoherty@rcsi.ie



PGDiploma/MSc in Human Factors in Patient Safety

01 ERROR AND SAFETY IN ACUTE HEALTHCARE

In this introductory module, we take a systems perspective on the issue of patient safety. This is a foundation module; the essential literature is explored in depth.

03 LEADERSHIP OF PROCESS AND QUALITY IMPROVEMENT

In this module, the theoretical principles and the practical strategies behind QI will be explored in depth.

05 RESEARCH METHODS

The research methods training course will cover the full range of research methodologies including experimental and quasi-experimental methods, quantitative descriptive/observational research, qualitative and mixed methods research, pragmatic research approaches and research in process and quality improvement. Scholars will apply their skills in the development of a research protocol which will be the basis for their dissertation research.

02 PERSONAL EFFECTIVENESS AND NON- TECHNICAL SKILLS

This module will focus on the factors that contribute to improving personal effectiveness and team performance in healthcare.

04 PROFESSIONALISM AND ADVANCED COMMUNICATIONS

In this module, we explore the key areas of professionalism including relationships with patients and ethical practice. In addition, scholars are introduced to the principles and practice of advanced communication including shared decision-making, obtaining consent, open disclosure, breaking bad news and end of life care.

06 ADVANCED RESEARCH METHODS AND DISSERTATION

Scholars progressing to the MSc in Human Factors in Patient Safety will undertake a research dissertation in year 2. For the dissertation, scholars will conduct an independent research or quality improvement project which will be submitted as a ready for publication research paper plus an extended literature review.

