Using patient-centered communication in family medicine residency programs

Amy K. Chesser, PhD
Research Assistant Professor
Department of Family and Community Medicine
Physician Communication with Patients

Research Findings and Challenges

Jon B. Christianson, PhD, Louise H. Warrick, DrPH,
Michael Finch, PhD, and Wayne Jonas, MD
Objectives

1. List at least two communication models used for physician-patient communication

2. Describe the steps to creating a Culture of Observation for translational communication research

3. Describe our clinical translational faculty development, research studies and results
Clinical and Translational Research

“...translating research into practice; ie, ensuring that new treatments and research knowledge actually reach the patients or populations for whom they are intended and are implemented correctly.”
Clinical and Translational Research

Basic Research  From Lab to Human  Clinical Research  From study to practice

- Block $T_1$
- $T_r = retention$
- Block $T_2$
- $T_v = value$
- Block $T_3$
Clinical and Translational Research

Today’s Session

Basic Research → From Lab to Human → Clinical Research → From study to practice

\( T_r = \text{retention} \)

\( T_v = \text{value} \)
Background: Setting

- Salina: Smoky Hill
  - PD: Dr. Rob Freelove
  - 4/4/4

- Via Christi (2 sites)
  - PD: Dr. Mark Stovak
  - 18/18/18

- Wesley (Hillside)
  - PD: Dr. Gretchen Dickson
  - 9/9/9

http://wichita.kumc.edu/education/graduate-medical-education/residency-programs.html
Communication models used for physician-patient communication

Objective 1
# ACGME: Family Medicine

## 6 Competencies and 22 Milestones

<table>
<thead>
<tr>
<th>Patient Care and procedures</th>
<th>PC-1 Urgent and Emergent</th>
<th>PC-2 Chronic illness</th>
<th>PC-3 Health prevention and promotion</th>
<th>PC-4 Undifferentiated patients</th>
<th>PC-5 Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>MK-1 Breadth and depth</td>
<td>MK-2 Critical thinking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>Prof-1 Fully integrated</td>
<td>Prof-2 Action awareness</td>
<td>Prof-3 Humanism Cultural</td>
<td>Prof-4 Self care growth</td>
<td></td>
</tr>
<tr>
<td>Systems based practice</td>
<td>SBP-1 Cost Conscious</td>
<td>SBP-2 Safety</td>
<td>SBP-3 Advocate</td>
<td>SBP-4 Coordinate team care</td>
<td></td>
</tr>
<tr>
<td>Practice based learning and improvement</td>
<td>PBLI-1 Find/use evidence</td>
<td>PBLI-2 Self directed learning</td>
<td>PBLI-3 Improves system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>C-1 Relationships</td>
<td>C-2 Effective</td>
<td>C-3 With team, others</td>
<td>C-4 Improve with technology</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency – “ability to...”</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Take accurate and complete patient histories</td>
<td>Patient Care 3</td>
</tr>
<tr>
<td>Communicate with other doctors</td>
<td>Communication 3, Systems Based Practice 4</td>
</tr>
<tr>
<td>Communicate with other health care team members</td>
<td>Communication 3, Systems Based Practice 4</td>
</tr>
<tr>
<td>Set agendas</td>
<td>Communication 2</td>
</tr>
<tr>
<td>Assess and improve patient adherence</td>
<td>Patient Care 2</td>
</tr>
<tr>
<td>Deliver diagnostic and prognostic news</td>
<td>Communication 2</td>
</tr>
<tr>
<td>Establish rapport and demonstrate empathy</td>
<td>Communication 1, Patient Care 4, Professionalism 3</td>
</tr>
<tr>
<td>Manage conflict and negotiate with patients</td>
<td>Communication 1</td>
</tr>
<tr>
<td>Basic patient counseling skills</td>
<td>Communication 2</td>
</tr>
<tr>
<td>Counseling families and caregivers</td>
<td>Communication 2</td>
</tr>
</tbody>
</table>
## Communication Models

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Author(s)</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>BATHE (Psychotherapy issues)</td>
<td>background, affect, trouble, handling and empathy</td>
<td>Stuart, MR (1996)</td>
<td>has been shown to increase patient satisfaction in 8/11 studies</td>
</tr>
<tr>
<td>LEARN</td>
<td>listen, explain, acknowledge, recommend and negotiate</td>
<td>Berlin EA &amp; Fowkes WC. (1983)</td>
<td>Patient centered, cross-cultural encounters</td>
</tr>
<tr>
<td>PEARLS (Relationship-Centered Care)</td>
<td>Partnership, Empathy, Apology, Respect, Legitimization, Support</td>
<td>American Academy on Communication in Healthcare</td>
<td></td>
</tr>
</tbody>
</table>
Teach-back is...

- Asking patients to repeat *in their own words* what they need to know or do, in a non-shaming way.

- **NOT** a test of the patient, but of how well *the clinician* explained a concept.

- A chance to check for understanding and, if necessary, re-teach the information.
BEGIN

EXPLAIN NEW CONCEPT

ASK PATIENT TO REPEAT OR DEMONSTRATE

CLARIFY ANY MISUNDERSTANDING

ASK PATIENT TO REPEAT OR DEMONSTRATE

### Observation of Communication

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Centered Observation Form</td>
<td>Rapport, maintenance of relationship, collaborative agenda settings, efficiency, gathering information, assessing patient’s perspective on health, EMR use, physical exam, sharing information, behavior change discussions, co-creating plan and closure/follow-up</td>
<td>Schrimer, Mauksch, Lang, et al. (2005)</td>
</tr>
<tr>
<td>Roter Interaction Analysis System (RAIS)</td>
<td>Coding medical dialogue</td>
<td>Roter &amp; Larson, 2002</td>
</tr>
</tbody>
</table>
Steps to creating a culture of observation for translational communication research

Objective 2
Creating a *Culture of Observation*
Creating a *Culture of Observation*
Creating a *Culture of Observation*
Creating a *Culture of Observation*
Creating a *Culture of Observation*

The PATIENT
Creating a *Culture of Observation*

- Support from leadership
- Trained faculty
- Time
- Appropriate language for feedback
- Small steps
Creating a *Culture of Observation*

- Support from Leadership
- Time
- Trust
- Bring in outside expertise
- Be aware of patient flow and patient needs
- Share results in non-shaming ways
Maintaining a *Culture of Observation*

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep relationships well-tuned</td>
<td>Upset front desk, nurses, the program director</td>
</tr>
<tr>
<td>Design study (ies) early</td>
<td>Expect to drop off surveys and pick them up later</td>
</tr>
<tr>
<td>Be ready to adjust</td>
<td>Bank your next funding submission on a tight timeline from a clinical study</td>
</tr>
<tr>
<td>Share your results with the site</td>
<td>Hide your successes</td>
</tr>
</tbody>
</table>
Family and Community Medicine
clinical translational communication education, research and results

Objective 3
Clinical Translational Activities

Video Cameras installed

Study #1: Ebberwein
Larry Mauksch, MEd

Study #2: Kraft
Larry Mauksch, MEd #2

Study #3: Kellerman
Study #1: Ebberwein

- First study with this team
- Applied education project for residents
- 360 evaluation of communication
- Live clinical setting
  - (can we do this type of research?)
Research Questions

1. Will video recordings of clinical encounters reveal residents attempted to ensure patient understanding of the information and recommendations provided?

2. Will the majority of patients score resident communication (using the CAT) as excellent or very good?
Research Questions

3. Will patients recall most of the information and recommendations provided by the resident physician (using the exit interview)?

4. Will the majority of patients’ health literacy rates for the study population be adequate (when measured using the S-TOFHLA)?
Study #1: Ebberwein

Methods: Prospective, convenience

Inclusion Criteria (eligible to participate)

1. History of 1 of 4 conditions: diabetes, hypertension, asthma, or depression
2. Adult
3. Competent in English (complete the survey)
4. Be competent to provide consent
Study #1: Ebberwein

- Video recording of office visit
- Post visit brief interview questions
- Communication Assessment Tool
  - 5 pt. likert, 15 questions
- Short Test of Functional Health Literacy in Adults (STOFHLA)
  - 7 minute assessment
- Demographic questions

$15 Gift card Incentive
Study #1: Ebberwein

Results: N = 21

• The mean time for each encounter was 16.86 minutes
  • SD = 6.76: RANGE 3.87 to 34.03 minutes
• 4-19 topics discussed
• One AU was used during 52% of the resident-patient encounters
  “OK?””, close-ended were used
Study #1: Ebberwein

Patients recalled a greater percentage of information when <7 topics were discussed.

<table>
<thead>
<tr>
<th>Number of Topics Discussed</th>
<th>Range</th>
<th>Patient Recall Rate (Median Number of Recalled Topics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 7 Topics discussed (n = 9)</td>
<td>4-6</td>
<td>60% (3.0)</td>
</tr>
<tr>
<td>7-11 Topics discussed (n = 6)</td>
<td>7-11</td>
<td>55% (4.5)</td>
</tr>
<tr>
<td>11 Topics discussed (n = 6)</td>
<td>12-19</td>
<td>41% (5.0)</td>
</tr>
</tbody>
</table>
Study #1: Ebberwein

- Lessons Learned Clinical Translational Research
  - Timeline
    - Research idea: October 2010
    - IRB March 2011, approved
    - Data Collection: Team of 4 months
  - Dissemination Plan:
    - Clinical Site
    - Conferences: KU Research Forum, KAFP, STFM, HARC
    - Publication
Study #1: Ebberwein


---

Examining Communication and Patient Recall in a Family Medicine Residency

Christopher Ebberwein, Ph.D.1,2, Nikki Keene Woods, Ph.D., M.P.H.2, Holly Allen Terrell, M.D.1,2, Mary Boyce, M.D.1,2, Jared Reyes, M.Ed.2, Amy Chesser, Ph.D.2

1Wesley Family Medicine Residency Program, Wichita, KS
2University of Kansas School of Medicine-Wichita
Department of Family and Community Medicine

Abstract

**Background.** Understanding key aspects of effective physician-patient communication could benefit residency education and improve patient comprehension of health information. Discrepancies between what physicians say and what patients understand can reduce quality of care (e.g., patient adherence and satisfaction), making it imperative to know when gaps in patient understanding exist. The objective of this study was to identify residents’ efforts to assess patient understanding and the degree to which patients recalled information and instructions provided in the medical encounter.
Study #1: Ebberwein

- What has changed?
  - Creation of Clinical Research Review Committee
  - Direct observation continues:
    - Resident physicians video taped every year
  - Teach back reinforced
Study #2: Kraft

- First study with this team
- Applied education project for residents
- 360 evaluation of communication
- Live clinical setting
  - (can we do this type of research here too?)
Study #2: Kraft

Methods: Prospective, convenience

Inclusion Criteria (eligible to participate)

1. History of 1 of 4 conditions: diabetes, hypertension, asthma, or depression
2. Adult
3. Competent in English (complete the survey)
4. Be competent to provide consent
# Study #2: Kraft

**University of Washington Family Medicine**

**Patient Centered Observation Form**

<table>
<thead>
<tr>
<th>Skill Name</th>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skill Level:</strong></td>
<td>Best practice description</td>
<td></td>
</tr>
<tr>
<td><strong>Establishes Rapport</strong></td>
<td>- Uses eye contact;</td>
<td>- Uses ≥ 3 elements.</td>
</tr>
<tr>
<td>□ Introduces self;</td>
<td>□ Warm greeting;</td>
<td>□ Notes:</td>
</tr>
<tr>
<td>□ Uses 0-1 elements</td>
<td>□ Uses 2 elements.</td>
<td></td>
</tr>
<tr>
<td><strong>Maintains a relationship Throughout the Visit</strong></td>
<td>□ Demonstrates empathy;</td>
<td>□ Demonstrates two of the following: verbal or non-verbal empathy;</td>
</tr>
<tr>
<td>□ Listens well using continuers phrases and by repeating important verbal content;</td>
<td>□ Demonstrates biomedically focused.</td>
<td>□ Listening skills:</td>
</tr>
<tr>
<td>□ Demonstrates mindfulness through curiosity, self-reflection, and presence;</td>
<td>□ No evidence of empathy or verbal listening behavior. Disease and biomedically focused.</td>
<td>□ Mindfulness:</td>
</tr>
<tr>
<td><strong>Verbal or non-verbal empathy:</strong></td>
<td>□ Listening skills:</td>
<td></td>
</tr>
<tr>
<td><strong>Listening skills:</strong></td>
<td>□ Mindfulness:</td>
<td></td>
</tr>
<tr>
<td><strong>Notes:</strong></td>
<td>□ Mindfulness:</td>
<td></td>
</tr>
<tr>
<td><strong>Collaborative upfront agenda setting</strong></td>
<td>□ Uses 0-1 elements</td>
<td>□ Uses ≥ 3 elements.</td>
</tr>
<tr>
<td>□ &gt;1 additional elicitations /“something”</td>
<td>□ Uses 2 elements.</td>
<td></td>
</tr>
</tbody>
</table>
Study #2: Kraft

Results: N = 39

- Patient-Centered Observation Form
- 13 encounters observed
- 4 raters (2 PhD, 2 MD)
- Disagreement for 4/13 PCOF categories
  - maintains efficiency,
  - EMR use,
  - Sharing information, and
  - informed decision-making
Study #2: Kraft

Lessons Learned

Clinical translational research takes time

Timeline

- Research idea: August 2011
- IRB September 2011, approved
- Data Collection: Team of 6 months
- Dissemination Plan:
  - Clinical Site
  - Conferences: Research Forum, STFM
  - Publication
Study #2: Kraft

Study #2: Kraft

What has changed?

Culture of observation
- Contract with resident physicians
- Regular video feedback
- Agenda setting reinforced
Study #3: Kellerman

What is Patient-Centered?
An assessment of patient understanding and perceptions of patient-centered care in rural and urban areas
**Background:** Patient-Centered Care

- **Importance of patient-centered care**¹
  - Improved patient outcomes
  - Improved healthcare system outcomes

- **Definition of patient-centered care differs by patient**²
  - Differences in perception of quality of care by gender, age, education, income, and race/ethnicity

Background: Gerteis’ Dimensions

1. respect for patients’ values, preferences, and expressed needs;
2. coordination and integration of care;
3. information, communication, and education;
4. physical comfort;
5. emotional support;
6. and involvement of family and friends.

Study #3: Kellerman - Methods

Concurrent mixed methods

Design: Survey study with key informant interviews.

Intervention/Instrument:
- 6 question interview guide
- 16 question paper survey
Study #3: Kellerman - Methods

N=128

≥18 from the state of Kansas

One urban and six rural communities in the state of Kansas.

HSC approved by two universities
Results: Questionnaire Data

<table>
<thead>
<tr>
<th>Do you have a family doctor who you see for medical care?</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>111 (87%)</td>
</tr>
<tr>
<td>Yes</td>
<td>111 (87%)</td>
</tr>
<tr>
<td>No</td>
<td>16 (12%)</td>
</tr>
<tr>
<td>Not sure</td>
<td>1 (1%)</td>
</tr>
</tbody>
</table>
### Results: Questionnaire Data

<table>
<thead>
<tr>
<th>How often do you go to the doctor?</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; Once a month</td>
<td>5 (4%)</td>
</tr>
<tr>
<td>Once a month</td>
<td>10 (8%)</td>
</tr>
<tr>
<td>Once every 6 months</td>
<td>44 (34%)</td>
</tr>
<tr>
<td>One a year</td>
<td>40 (31%)</td>
</tr>
<tr>
<td>&lt; Once a year</td>
<td>27 (21%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (2%)</td>
</tr>
</tbody>
</table>
### Results: Questionnaire Data

<table>
<thead>
<tr>
<th>Do you think your doctor provides patient-centered care?</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>88 (69%)</td>
</tr>
<tr>
<td>Most of the time</td>
<td>9 (7%)</td>
</tr>
<tr>
<td>Some of the time</td>
<td>5 (4%)</td>
</tr>
<tr>
<td>No</td>
<td>11 (9%)</td>
</tr>
<tr>
<td>I don’t know</td>
<td>6 (5%)</td>
</tr>
<tr>
<td>No doctor/Missing</td>
<td>9 (7%)</td>
</tr>
</tbody>
</table>
## Results: Survey Data
### Dimensions of Patient-Centered Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Not Important at All</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td><strong>1. Providers show respect for your values, preferences and needs.</strong></td>
<td>0 (0)</td>
<td>12 (9)</td>
<td>116 (91)</td>
</tr>
<tr>
<td><strong>2. Providers working well with other healthcare professionals to provide you with care.</strong></td>
<td>0 (0)</td>
<td>16 (13)</td>
<td>111 (87)</td>
</tr>
<tr>
<td><strong>3. Providers keeping you well informed using words you can understand.</strong></td>
<td>0 (0)</td>
<td>15 (12)</td>
<td>113 (88)</td>
</tr>
<tr>
<td><strong>4. The amount of attention providers give to your level of physical discomfort.</strong></td>
<td>0 (0)</td>
<td>22 (17)</td>
<td>106 (83)</td>
</tr>
<tr>
<td><strong>5. The amount of emotional support you receive.</strong></td>
<td>5 (4)</td>
<td>40 (31)</td>
<td>83 (64)</td>
</tr>
<tr>
<td><strong>6. Involving your family and friends in health decisions.</strong></td>
<td>17 (13)</td>
<td>58 (45)</td>
<td>53 (41)</td>
</tr>
</tbody>
</table>
## Results: Interview Data
### Dimensions of Patient-Centered Care

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Patient Interview Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Providers show respect for your values, preferences and needs.</td>
<td>Frequently</td>
</tr>
<tr>
<td>2.</td>
<td>Providers working well with other healthcare professionals to provide you with care.</td>
<td>Some</td>
</tr>
<tr>
<td>3.</td>
<td>Providers keeping you well informed using words you can understand.</td>
<td>Some</td>
</tr>
<tr>
<td>4.</td>
<td>The amount of attention providers give to your level of physical discomfort.</td>
<td>Some</td>
</tr>
<tr>
<td>5.</td>
<td>The amount of emotional support you receive.</td>
<td>Rarely</td>
</tr>
<tr>
<td>6.</td>
<td>Involving your family and friends in health decisions.</td>
<td>Rarely</td>
</tr>
</tbody>
</table>

52
Results: Qualitative Data

1. Providers show respect for your values, preferences and needs.

Emergent Themes

- Similar to, but distinct from Gerteis’ respect dimension
  - Prioritization
  - Personalization
  - Individualization
  - Shared clinical decision making
Prioritization

• Patient’s needs over needs of the physicians, support staff, or medical system

• Patient “center of attention”

• Varying intensity:

Patient’s needs equally important as physicians

Patient’s needs more important that physician’s “selfish desires”
Personalization

• Treated as person instead of:
  – Timeslot
  – Number
  – Account
  – Disease
  – Animal

Patient-centered care is “a doctor who focuses more on taking care of a patient’s need as opposed to seeing them as cattle like a vet would.”
Individualization

• Caring for patient on individual level
• Acknowledgement of family
• Dedication of time and communication

Patient-centered care is a provider who “cares as much about me as a person as he does about me as a patient. Someone who takes the time to truly know and help you.”

Care in which “the doctor takes my feelings and my issues into account and deals with me as a whole person, not just “I have a cold so here is a Kleenex.”
Shared Clinical Decision Making

• Physician responsibility

“When a doctor cares enough to listen to my concerns and they take the time out to actually do tests that I request when I know something’s wrong and I suspect myself of having something, I prefer them to run certain tests to outrule anything to put my mind at ease. So, I think that’s the number one for me, a doctor just to listen and act, at least act like they care”

• Patient responsibility

“I would say for patient-centered care, to me that would mean the patient has the responsibility for working with the doctor for the best possible solutions to whatever is wrong with them instead of just allowing the doctor to tell them what they should do for themselves.”
To Conclude

• List at least two communication models used for physician-patient communication

• Describe the steps to creating a culture of inquiry for translational communication research

• Describe our clinical translational faculty development, research studies and results
Questions?
59

Amy Chesser, PhD
Research Assistant Professor

Family and Community Medicine
1010 N. Kansas
Wichita, KS 67214-3199

(316) 293-2607
Fax (316) 293-2696
achesser@kumc.edu
wichita.kumc.edu
A HEALTHY KANSAS STARTS HERE