



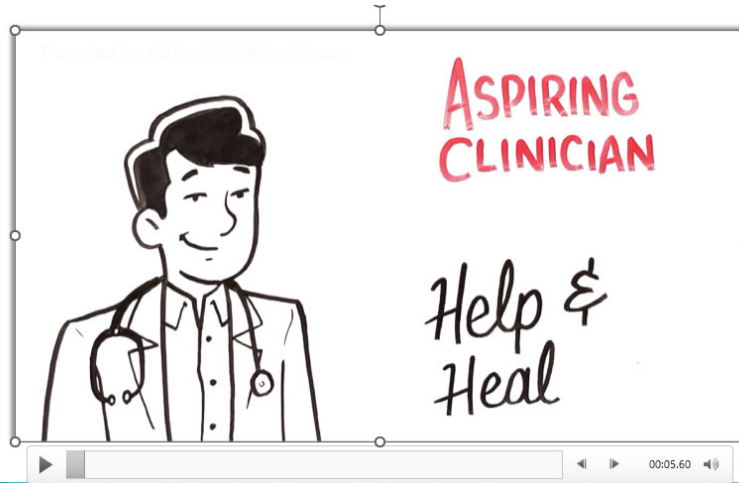
Introduction to Relationship-Centered Communication



Health Leaders
Network

Hello and welcome to HLN's "Introduction to Relationship-Centered Communication" also known as RCC. I'll begin with a short video going over the importance of communication in healthcare.

Healthcare Communication



Relationship-Centered Communication

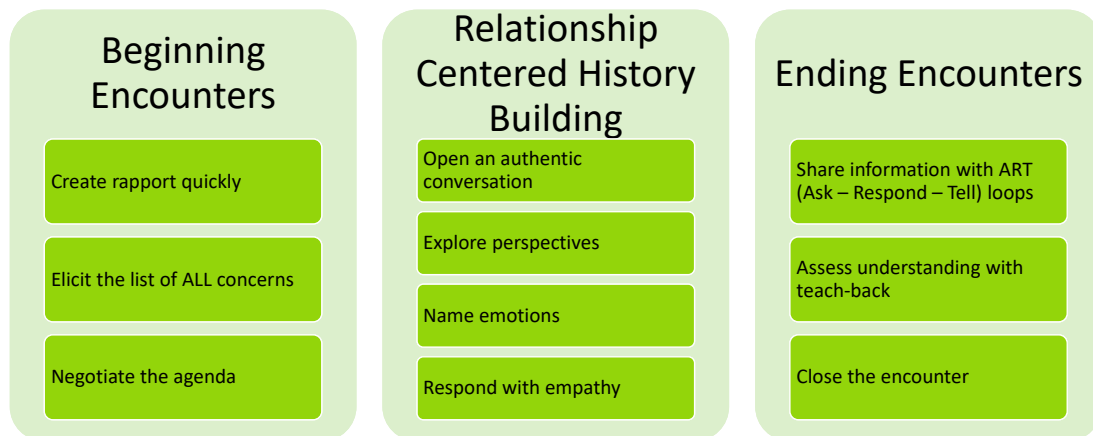
- Creates meaningful relationships between providers and their patients
- Leads to improved patient outcomes and improved provider job satisfaction



Relationship-Centered Communication is a method of communication used to create meaningful relationships between healthcare providers and their patients. Health systems who have implemented communication skills training have seen improved patient outcomes and improved provider job satisfaction when their providers become great communicators.

The Academy of Communication in Healthcare (ACH) has worked with many health systems to create an invaluable step-by-step guide, which teaches communication skills that put relationships at the center of care, so we strongly recommend you take the time to read “Communication RX.”

Communication Skills



HLN recognizes that all our healthcare providers are good communicators, yet we want to challenge everyone to take the step towards becoming an even better communicator. RCC can help us accomplish this goal by enhancing communication skills you already have.

-At the beginning of the encounter, RCC focuses on creating rapport, addressing possible communication barriers, eliciting a list of all patient concerns, and negotiating the visit agenda with the patient.

-Relationship centered history building is what happens after the clinical exam and encourages authentic communication and connection, exploring different perspectives, recognizing patient emotions and providing empathic support.

-Finally, the end of the encounter uses Ask, Respond, Tell loops to share information, assesses patient understanding through teach-back, and completes the visit.

Now let's take some time to see how you can put these skills into action.

Create Rapport

Greet the patient by preferred name

Attend to patient comfort

Build a sense of community

Set expectations for time and interruptions

When beginning the interview, first we suggest focusing on establishing rapport to build respect and trust. Establishing rapport includes:

- Greeting the patient
- Attending to their comfort, as applicable. For example, “Please go ahead and have a seat.”
- Creating small talk before big talk. The weather, asking them about their family, recent vacations, etc., are good ways to break the ice.
- Setting expectations for time and interruptions. So for example, “It looks like we have about 15 minutes to spend together today, and I want to be able to give you my undivided attention. I will need to make a few notes on my computer here as we talk, but rest assured these are all things pertinent to your care and our conversation.”
- Minimizing communication barriers. For example, if you were doing a video visit, you might remind the patient that if you get disconnected for any reason, you will give them a call back.

By using these easy skills, we demonstrate respect and openness. This can potentially decrease bias patients may have towards us, and us towards them, by strengthening connections.

Elicit Patient Concerns

Elicit the list of all concerns of the patient, making sure to acknowledge each item and to exhaustively use the phrase, “what else?” to ensure the patient doesn’t have any additional concerns.

For example, “I know we scheduled this visit to follow-up on your blood pressure, but I’m wondering if there’s anything else you would like to talk about while you’re here today.”

Now all of you are familiar with the following scenario. You start to end the visit, you’re moving toward the door and all of a sudden the patient says, “Oh yeah, I forgot to ask you about...” and the visit starts all over again. It’s frustrating and can cause you to fall behind the rest of the day. Very early on in the visit, we suggest you start by asking, in an open-ended way, “Help me understand what your concerns are today.” Or something like, “I know we scheduled this visit to follow-up on your blood pressure, but I’m wondering what else you would like to talk about while you’re here today.”

It can also be helpful to preface this question with further clarification of your role to ensure they don’t list things that really can’t be addressed in that visit. For example, “I am a dermatologist, so our focus today will be on your skin. What skin-related concerns do you have today?”

You can generate the list of all their concerns by continuing to say “What else?” until the patient says, “That’s it.”

You may need to respectfully interrupt if the patient begins to tell the story about one of the items, rather than continuing to build the list. If this happens, hold up your hand (as if to stop traffic) and say something like, “Back pain; that sounds important. I want to hear more about that in just a minute, but for now let’s finish making our list of concerns. What

else do you want to make sure we address today?

Negotiate Agenda



Establish
primary goals

Add relevant
clinical issues

Negotiate
visit agenda

Now it is time to negotiate the agenda. We recognize that, in addition to the patient's concerns, there may be times where there's something specific you want to accomplish too. Obviously, there may also be times when, depending what's on the list, you help the patient prioritize those based on what you feel is most concerning clinically. As an example of what this may look like:

- First we **establish the patient's priorities** – “For the three items you name, which is most important to you today?”
- Then we **add our list** – “I’m concerned about the breast lump you mentioned, and like you, I’d like to address your high blood pressure. I also need to review your medications.”
- Finally, we ***negotiate the agenda with the patient*** – “Can we cover those three items and defer the longstanding knee pain to next time?”

Expressing Empathy

Name

- “So that makes you feel ____ (state the emotion the patient just stated).”

Understand

- “I can see how you would feel that way.”

Respect

- “You’ve been through a lot.”

Support

- “You’ve got a good team working for you here. We’re going to do everything possible.”

During the visit, it's important to express empathy as patients express their health concerns. In case you're worried about the time that including verbal empathy might take, these statements actually make providers MORE EFFICIENT. In a classic JAMA study, outpatient surgical visits were 14 minutes if the physician did not address emotional cues and 12.5 minutes if they did. Outpatient medical visits decreased from 20 minutes to 17.5 minutes with an explicit statement of compassion.

This makes sense. Qualitative data shows that patients who do not get a verbal response to their emotional distress will continue to reiterate their emotional concern until the provider responds, or until the patient gives up.

When using verbal empathy, sometimes it can be hard to know what to say. Here is our acronym for how you might consider responding with empathy verbally – NURS statements.

First you name the emotion. “So that makes you feel anxious.”

Then you offer understanding. “I can certainly appreciate how you would feel that way.”

Then you show some sign of respect. “You’ve been through a lot.”

And finally, you offer words of support. “You’ve got a good team working for you here. We’re going to do everything possible.”

Sharing Information – Ask/Respond/Tell

Ask open ended questions

- “How do you feel about stopping the medication you have been taking?”

Respond in a way that confirms you were listening

- “It sounds like you have some concerns that your symptoms will return if you stop taking these pills. I can understand your hesitancy.”

Tell the patient the information they need to know.

- “Based on your latest test results, I believe that the cause of your symptoms has been resolved and that you aren’t benefitting from this medicine anymore. Would you be willing to give this plan a try? If you have any issues or your symptoms return, just call me and we will form a new plan.”

In looking at the end of the visit, the primary components are sharing information and assessing understanding. Unfortunately, clinicians normally approach sharing detailed findings and information with patients by trying to do so as quickly, efficiently, and enthusiastically as possible, which can result in what's called a data download. Instead of a data download, break the information down into digestible chunks, with frequent check-ins and continued input from the patient using ART loops.

When we use ART Loops, we:

- **ask** for the patient’s perspective - “How do you feel about stopping the medication you have been taking?”
- **respond** with empathy or affirmation (think about your NURS statements) - “It sounds like you have some concerns that your symptoms will return if you stop taking these pills. I can understand your hesitancy.”
- then **tell** your own perspective using plain language - “Based on your latest test results, I believe that the cause of your symptoms has been resolved and that you aren’t benefitting from this medicine anymore. Would you be willing to give this plan

a try? If you have any issues or your symptoms return, just call me and we will form a new plan.”

This is one skill that will be used for two purposes:

- sharing information and
- assessing understanding.

Assess Understanding with Teach-back

“I just shared a lot of information. To make sure I did a good job explaining, can you tell me your understanding of our plan?”

Teach-back can assist with assessing patient understanding and helps us avoid “quizzing” the patient by saying, “What do you remember from what I just said?”

Instead, use something like the example shown, “I just shared a lot of information. To make sure I did a good job explaining, can you tell me your understanding of our plan?”

After this step you would then proceed to close the visit by clarifying next steps, eliciting final questions, and lastly - acknowledge and support the patient.

Relationship-Centered Communication Demonstration



Now lets take some time to see these relationship-centered skills put into practice with Dr. Theron McCormick and Dr. Rueben Battley.

PLAY DEMO

If you enjoyed this presentation and want to dive deeper into each skill, please take the time to read "Communication Rx" or reach out to your assigned Population Health Program Manager.

Course Attestation

1. Take out phone
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If you have any questions, please feel free to reach out to your assigned population health program manager.

Thank you and have a wonderful day!