Teaching Communication Skills During Fellowship Training

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Overview

- Brief Survey
- Brief Didactic on Communication Skills Training
- Review of Skills Training Program At Montefiore
- Small Group Focus Groups
- Practical Role Play
Communication Skills Training:
Expectations and Experiences
ACGME Requirements:
Interpersonal and Communication Skills

• Residents are expected to:
  (1) communicate effectively with patients, families, and the public,
  (2) communicate effectively with physicians, other health professionals, and health related agencies;
  (3) work effectively as a member or leader of a health care team.
ACGME: Formative Evaluation

• The program must:
  1) provide **objective assessments of competence in** patient care and procedural skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills…
  2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
  3) document progressive resident performance improvement appropriate to educational level…
Program directors who complete final residency evaluations should keep in mind the definition of a qualified applicant as determined by the American Board of Pediatrics (ABP) and the Accreditation Council for Graduate Medication Education (ACGME).
• **Interpersonal and Communication Skills**

• Demonstrating interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families and professional associates.
• Receive complete information about your diagnosis, treatment and prognosis. (NY State)

• You have the right to accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you …don’t understand something, assistance will be provided so you can make informed health care decisions. You have the right to know your treatment options and to participate in decisions about your care. (American Cancer Society)
• 3 Elements of Physician-parent-child communication
  - Informativeness
  - Interpersonal sensitivity
  - Partnership building

• Patient Needs to be addressed
  - Cognitive
  - Affective
1. Develop a partnership with the patient
2. Establish patient’s preferences for info
3. Establish patient’s preferences for decision making
4. Ascertain and respond to patients ideas, concerns, expectations
5. Identify choices and evaluate research in relation to the patient
6. Present information and assist the patient to reflect on the impact of alternative choices
7. Negotiate a decision with the patient
8. Agree on an action plan and complete arrangements for follow-up.
<table>
<thead>
<tr>
<th>Usual Communication</th>
<th>How Communication Perceived</th>
<th>Alternative Method of Communicating Message</th>
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</thead>
<tbody>
<tr>
<td>&quot;Do you want us to do CPR?&quot;</td>
<td>&quot;CPR would work if you would allow us to do it&quot;</td>
<td>&quot;Tell me what you know about&quot; CPR. &quot;CPR is ... Do you have any questions?&quot;  &quot;Let's talk again later today so I can update you. Is there anyone else I need to talk to?&quot;</td>
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<tr>
<td>&quot;Let's stop heroic treatment&quot;</td>
<td>&quot;We will provide less than optimal care&quot; (What is heroic about performing invasive, painful, costly, nonbeneficial care?)</td>
<td>&quot;At this time, I think the most heroic thing we can do is to understand how sick Jamal is and stop treatments that are not working</td>
</tr>
<tr>
<td>&quot;Let's stop aggressive treatment&quot;</td>
<td>&quot;We will not be attentive to his needs, including symptom distress and need for comfort&quot;</td>
<td>&quot;We will do all we can to ensure he is as comfortable as possible.&quot;</td>
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<tr>
<td>&quot;Aeisha has failed the treatment&quot;</td>
<td>&quot;The patient is the cause of the problem&quot;</td>
<td>&quot;We have tried all the proven treatments and even some experimental ones. Unfortunately, we did not get the results we had hoped for. I wish it were different!&quot;</td>
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<tr>
<td>&quot;We are recommending withdrawal of care for Marisa&quot;</td>
<td>&quot;We are going to abandon her and you&quot;</td>
<td>&quot;Marisa is too ill to get better. We need to refocus our efforts on making the most of the time she has left.&quot;</td>
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<tr>
<td>&quot;There is nothing more we can do for Adam&quot;</td>
<td>&quot;We will allow him to suffer, we do not care about him, we only care about fighting the disease&quot;</td>
<td>&quot;We need to change the goals of our care for Adam.&quot;</td>
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<tr>
<td>&quot;Johnny is not strong enough to keep going&quot;</td>
<td>&quot;Johnny is weak&quot;</td>
<td>&quot;Johnny is a strong boy and he has fought hard with us to beat his disease. Unfortunately…</td>
</tr>
<tr>
<td>&quot;We will make it so Thuy does not suffer&quot;</td>
<td>&quot;We are going to kill Thuy.&quot;</td>
<td>&quot;We will do everything we can to make Thuy comfortable.&quot;</td>
</tr>
<tr>
<td>&quot;We need to stop active treatment for Dwayne&quot;</td>
<td>&quot;We will not take care of him at all&quot;</td>
<td>&quot;The goal of curing Dwayne's disease, despite our best efforts, is no longer possible…</td>
</tr>
<tr>
<td>&quot;Do you want us to stop Bobby's treatment?&quot;</td>
<td>&quot;You are the final arbiter of your child's death&quot;</td>
<td>&quot;Bobby is lucky to have such excellent, loving and selfless parents. ...I am glad you agree with our recommendations to change the goals of care…</td>
</tr>
<tr>
<td>&quot;I am glad you agree. Will you sign Juan's do-not-resuscitate order?&quot;</td>
<td>&quot;You are signing his death warrant&quot;</td>
<td>&quot;There is no surgery, no medicine, that will make Juan better, he is just too sick. I wish it were different.&quot; (Silence) &quot;I will change his orders to make sure he only gets tests and treatments that can help him now.&quot;</td>
</tr>
</tbody>
</table>
• “When information is delivered poorly, parents perceive a lack of empathy and respect, and memories of this experience may be etched in the minds of the survivors for the remainder of their lives, compounding and prolonging the grieving process.

• Given the risks of such permanent damage, there is a moral imperative to ensure that preparation for the effective and empathetic disclosure of bad news is routinely integrated into pediatric training.”
Do We Need All These Guidelines?
Do We Need All These Guidelines?

- Yes!

-some fantastic role models, BUT…

- “Your son is so unique that we have only seen this mutation in a monkey model.”

- “Convince me to take the risk of doing a liver transplant for your daughter.”

- “So, how’s it going know that you have your room all to yourself?”
“Doctors save lives, but they can sometimes be insufferable know-it-alls who bully nurses and do not listen to patients. Medical schools have traditionally done little to screen out such flawed applicants or to train them to behave better, but that is changing. “
“...excellent medical care combines sophistication in scientific knowledge with equally sophisticated communication skills to understand the needs of the individual patient ...”

Barriers:
- effective communication takes times.
- relatively little education/training.
• ~40% of deaths in the United States are caused by behavior patterns that could be modified by preventive interventions.

• Patients with chronic diseases normally take only 50% of their prescribed doses; 22% of patients take less than what is indicated on their medication’s label.

• One study found that 50% of patients did not follow referral advice...

• “To help patients achieve optimal health, physicians will first have to win their trust.”

Winning Their Trust
Anand K. Parekh, M.D., M.P.H.
Communication Matters: Not just about being nice.

- Effective Communication associated with improved:
  - Patient psychological functioning.
  - Adherence to treatment
  - Enhanced information recall
  - QOL and patient satisfaction

- Poor Physician-patient communication:
  - contributes to physician stress
  - poor outcomes for patients

What Have Others Done?
• Communication skills training: describing a new conceptual model.

• Brown RF¹, Bylund CL.

• Acad Med. 2008 Jan;83(1):37-44.
COMSKIL: (Brown & Bylund 2008)

- Specific Communication skills
  - Checking Skills
  - Shared Decision Making skills
  - Establishing the Consultation framework
  - Questioning skills
  - Empathic Communication skills
  - Information organization skills
COMSKIL: Train the Trainer


- **Assessing facilitator competence in a comprehensive communication skills training programme.**

- **Bylund CL**¹, **et al.**
January 11, 2010

Dear Dr. Levy,

Thank you for participating as a facilitator in the Comskil communication skills training program. We have had the opportunity to review the audio recording of the Responding to Patient Anger module that you facilitated on October 20, 2009.

In order to analyze this recording, we have developed a coding system based on the Comskil Facilitation Guidelines. This is the same coding system that we used with your first recording and that we will use with your final recording. The coding system is based on the skills that were taught in the “Facilitating Communication Skills Training” module. The purpose of this letter is to provide you with some feedback on your facilitation strengths and some suggestions for facilitation skills to implement in future sessions that you facilitate.

Facilitation Strengths
• **METHODS:** Communication skills of 29 residents were assessed via videotaped standardized patient (SP) encounters at 3 time points: baseline, immediately post-intervention, and 3 months post-intervention.

• **RESULTS:** Performance scores significantly improved from baseline to immediate post-intervention. Performance at 3 months post-intervention showed no change in two subscales and small improvement in one subscale.

• **CONCLUSIONS:** We concluded that breaking bad news is a complex and teachable skill that can be developed in pediatric residents. Improvement was sustained over time, indicating the utility of this educational intervention.

• **PRACTICE IMPLICATIONS:** This study brings attention to the need for improved communication training, and the feasibility of an education intervention in a large training program. Further work in development of… curricula is needed…in pediatric graduate medical education programs.
Fellows in the intervention group demonstrated significantly improved skills as evaluated by two psychologists:
- An increase in total observed skills from 51% to 65% ($P < .01$).
- Their performance was also rated significantly higher when compared to the historical control group who demonstrated only 49% of observed skills ($P < .01$).
- Fellows in the intervention group also showed significantly improved self-confidence scores upon completion of the curriculum with an increase from 77% to 89% ($P \leq .01$) upon completion of the curriculum.
Communication Skills Training

• Effective communication requires specific skills
• Relevant for patients and clinicians
• Skills can be improved with training
• *Trainees need practice to develop their own style.*
Developing a Communication Skills Experience

• Real Time restraints
• Financial Restraints
• Expertise restraints
What Have We Done?

• In 2012 we developed a communication skills training course for pediatric hematology/oncology fellows

• Goal:
  > Create a concise, inexpensive, effective training course to enhance pediatric hematology/oncology fellow communication skills
Barriers

- Trainee time
- Faculty time
  - Program development
  - Program participation
- Trainee interest and participation
- Evaluation development
- Funding
Course Construction

• 6 months to design course and develop course materials
  > Fellow input and assistance

• Hands-on-training
  > Standardized patient sessions
  > 1.5-2 hour sessions
  > 3 sessions per year
  > 9 sessions per fellowship
  • Longitudinal evaluation
Standardized Patient Sessions

- Six fellows participate in each session
  > 1 faculty mentor

- One case scenario utilized per session
  > Standardized patient approach altered for each learner
  > 5-7 minutes per scenario
  > 5-7 minutes feedback

Self-reflection  Peer-peer feedback  Faculty Mentor feedback
Setting
Choosing the Right Content

• Common and challenging discussions with patients and families frequently led by the faculty

• Options Counseling
• Newly diagnosed malignancy
  “Good” prognosis
  “Poor” prognosis
• DNR/DNI discussion
• Discussion of disease recurrence
• Discussion of prognosis in sickle cell disease
• Enrollment on a clinical trial

• Communicating with parents around adolescent confidentiality
• Need for tracheostomy and long term ventilation
• Adherence with medications for chronic conditions
• Unclear prognosis
• Unclear diagnosis
• Discussing the need to call child services
• Diagnosis of genetic syndrome in NICU
Vignette Development: Standardized Patient

- Overview of the scenario
- Patient/family psychosocial background
- Patient medical history
- Provider goals
- Concerns
Scenario #1
Mary Wilcott - New diagnosis osteosarcoma
SP’s version

You are the mother of Cara, your 12 year old daughter, who you are accompanying to the heme/onc clinic this morning. You met the pediatric oncologist 2 weeks ago for the first time because Cara had a “bump” on her leg. The oncology team was concerned about the mass and referred her for biopsy which she had done last week. You are here today to review the results of the biopsy.

Character history
You are Mary Wilcott, 40, the mother of Cara, who is 12 years old. You are married to Ben, who is not present today, and have two younger children, Mark, 5 years old and Alissa, 7 years old. You, your husband, Ben, and 2 children live in a small home in Yonkers. You work as a Kindergarten teacher in the local school district. Ben is a manager of a Men’s Warehouse. Most of your family lives in Florida, you do not have a good local support system.

Disease History
Cara has always been in good health, until about 2 months ago when she started complaining of left leg pain. You first brought Cara to her pediatrician who thought she could have pulled a muscle while playing gym. The pain would come and go, but then 2 weeks ago you noticed a bump on her left leg and took her back to the pediatrician. At that time she had an Xray done. Your pediatrician called you two days later and said the Xray looked “abnormal” and that you should go to the Oncology clinic at Montefiore right away.

Cara was seen by the Oncology and Orthopedic teams in clinic the following day. The team explained to you that the Xray showed a “mass” in the left leg bone, and because it looked “suspicious” Cara would need to get a biopsy taken. They also got a chest CT prior to surgery. You were sent home, and then admitted to the hospital last week for the biopsy. The team explained to you that they could not give you any further information until they had the results of the biopsy back, but that cancer was a possibility. The procedure went well with no complications. You are here today for results of the biopsy and the chest CT. You have asked that Cara wait in the waiting room with the child life specialist while you speak with the doctors first.

The doctor’s task today is to inform you that Cara has cancer. The diagnosis, prognosis and treatment options will be discussed.

Your concerns:
- How will you tell Cara?
- How will you tell your two other children?
- Is there something you did to cause Cara’s disease?
- Could you have prevented this if you brought Cara in sooner?
- What are the chances Mia will be cured?
- Are there other children with this disease? Were they cured?
- Will you and Ben need to take time off from your jobs?
Vignette Development: Learner

- Overview of the scenario
- Patient/family psychosocial background
- Patient medical history
- Communication goals
Scenario #1
Mary Wilcott - New diagnosis osteosarcoma
Learner’s version

You are the pediatric oncologist in clinic. You met with Mary and her daughter Cara last week, when she came to clinic for a bump on her lower leg. The x-ray was suspicious for a lytic lesion. She arranged for a biopsy, which was able to happen last week. The biopsy confirms Osteosarcoma. You have completed a metastatic work up which was negative.

What you know about Mary
Mary Wilcott, 40, is the mother of Cara, who is 12 years old. Mary is married to Ben, who is not present today. They have two younger children, Mark, 5 years old and Alissa, 7 years old. The five of them live in a small home in Yonkers. Mary is a Kindergarten teacher in the local school district. Ben is a manager of a Men’s Warehouse. Most of their family lives in Florida, and they do not have a good local support system.

Cara’s history and presentation
Cara is a healthy 12 year old female, who presented with left leg pain about 2 months ago. She was seen by her PMD who thought it could have been a pulled muscle from playing gym. The PMD recommended Motrin and rest. The pain waxed and waned for the next month, but over all seemed to be better. She returned to her PMD two weeks prior with a “bump” of her lower leg. The PMD obtained an Xray which was suspicious for a lytic lesion. The family was instructed to follow up in clinic with you the following day. You and the orthopedic team reviewed the imaging and decided that biopsy was warranted. You also obtained a chest CT prior to surgery.

She was admitted to the hospital later in the week for biopsy. She was discharged home the following day with instructions to follow up in clinic for results. Biopsy confirmed high grade osteosarcoma. Chest CT was negative for metastases

You now must discuss with Mary the diagnosis, prognosis and treatment options.

Communication goals:
- Provide the diagnosis, prognosis and treatment options
- Provide information in a way that it will be understood and recalled
- Check patient understanding
- Check readiness to discuss management options
- Establish the physician-patient team
Tailoring Vignettes to Each Trainee

• Communication skills vary by trainee and PGY level
• Need to challenge each trainee:
  > Highlight their strengths
  > Provide opportunities for growth

Patient Characteristics

• Overwhelmed
• Angry
• In denial
• Overly appreciative
• Frustrated
• Highly religious or spiritual
• Limited support system
• Desire additional opinions
Feedback - Self Reflection

• What went well?
Feedback - Self Reflection

• What were some of the challenges?
Peer Feedback

- Provide supportive feedback
- Includes all trainees in every case
- Trainees incorporate peer skillsets and comments into their own “tool bank”
Faculty Feedback

- strengths
- suggestions
- summary
How much does the Course Cost?

- Three communication training sessions per year
  - 2 hours per session
  - 6 fellows per session
  - 1 faculty mentor

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Recruitment and Scheduling</td>
<td>200</td>
</tr>
<tr>
<td>Standardized Patient Training</td>
<td>250</td>
</tr>
<tr>
<td>Trainer Costs</td>
<td>175</td>
</tr>
<tr>
<td>Standardized Patient Performance</td>
<td>585</td>
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<tr>
<td>Administrative Costs</td>
<td>125</td>
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<tr>
<td><strong>Total Cost</strong></td>
<td><strong>$1,335/yr</strong></td>
</tr>
</tbody>
</table>
Evaluating Communication Skills

• Self-Evaluations
  > Prior to initial skills course
  > Yearly

• Faculty Evaluations
  > Milestone Evaluations
    • Participates in the education of patients, families, students, residents, and other health professionals
    • Communicates effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
    • Professionalism: Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner
    • Identifies strengths, deficiencies, and limits in one’s knowledge and expertise
**Self Assessment Tool**

<table>
<thead>
<tr>
<th>Question</th>
<th>1 = Not at all comfortable</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 = Extremely comfortable</th>
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</thead>
<tbody>
<tr>
<td>Discussing a new diagnosis</td>
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<td>Warning the patient bad news is coming</td>
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<td>Discussing recurrence</td>
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<td>Discussing a poor prognosis</td>
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<tr>
<td>Avoiding premature or inappropriate reassurance</td>
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<td>Explaining the transition to palliative care</td>
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<td>Discussing hospice care</td>
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<td>Telling a patient they are going to die</td>
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<td>Discussing DNR</td>
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<td>Checking the patient’s understanding</td>
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<td>Encouraging the patient to ask questions</td>
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<tr>
<td>Responding to anger</td>
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<td>Responding to sadness</td>
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<td>Responding to crying</td>
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<tr>
<td>Dealing with denial</td>
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<tr>
<td>Acknowledging a patient’s emotion</td>
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<td>Encouraging expression of feelings</td>
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<td>Asking the patient the reason for a particular emotion</td>
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<tr>
<td>Showing your own emotion to a patient</td>
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<td>Allowing there to be silence</td>
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</table>
## Self Assessment Tool

<table>
<thead>
<tr>
<th>For each question below, circle the number to the right that best fits your <em>level of ability</em> to:</th>
<th>Skill level</th>
</tr>
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<tbody>
<tr>
<td>Create an environment conducive to effective communication</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Define the goals of a meeting</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Organize the information that needs to be relayed</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Determine the level of knowledge of the patient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Assess the patient’s ability to discuss bad news</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Assess how much the patient wants to know</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Provide information in a way that it will be understood</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Avoid medical jargon</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Communicate a diagnosis</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Check the patient’s readiness to discuss management options</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Use open ended questions to assess patient understanding</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Summarize what has been discussed</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Communicate a poor prognosis</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Discuss the transition to palliative care</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Discuss DNR</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Respond to anger</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Respond to sadness</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Respond to crying</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Determine the reason for an emotion</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Normalize patient emotions</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Self-Reported Pre-workshop Assessment of Communication Skills

% of Trainees with a comfort rating <3

- New Diagnosis
- Death
- Anger
- Recurrence
- Poor Prognosis

montekids.org
Effect of Trainee Workshop on Self Reported Communication Skills

- New Diagnosis
- Death
- Anger
- Recurrence
- Poor Prognosis

Trainee Score

- Pre Assessment
- Post Assessment
Other Resources

Institute for Healthcare Communication
info@healthcarecomm.org
website: www.healthcarecomm.org

The American Academy on Communication in Healthcare
http://www.aachonline.org

Washington Modules:
MEDICAL ONCOLOGY COMMUNICATION SKILLS TRAINING
Acknowledgements

• Richard Gorlick
• Paul Meyers
• Linda Granowetter
• COMSKIL LAB
• Clinical Fellows (Roth/Kessel/Weintraub)
• Patients and Parents
“Although seldom emphasized in medical school, conversation is a major, and sometimes the only, way for physicians to alleviate suffering.”

Mack, Grier. JCO February 2004
• What tormented Ivan Ilyich most was the pretense, the lie—which for some reason they all kept…that he was merely ill and not dying, and that he only need stay quiet and carry out the doctor’s orders and some great change for the better would result. Tolstoy (1886)

• "What treatment is given by ear in an emergency?" Words of comfort. Abraham Verghese (2009)

• If indeed you must be candid, be candid beautifully. Kahlil Gibran