



Learning patient centered communication & shared decision making

Lesson description

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Context:	Systematic and integrative approaches of health and illness
Learning objective:	To be capable of interviewing patients relying on a patient-centred approach accounting for personal social and cultural context that would affect health and communication.
Organisation:	Two 6h lessons; one focusing on active communication skills and the other on the shared decision making process.

Lesson 1

Patient centered active communication skills

Lesson description

Date: 24 January 2019

Time: 8.15 – 15.00 GMT+1 / 10.15 – 17.00 GMT+3

Place: Mozaïk, room 4.06

Lesson objectives

At the end of the lesson, you should be able to:

1. apply principles of clinical conversation,
2. identify key components of active listening,

3. read and use non-verbal cues to steer communication,
4. use active empathy when interviewing patients to improve your diagnosis skills and help understand challenges for problem solving.

Teaching approach: Inverted classrooms, group problem solving, puzzle classroom

For this lesson, you will be working together with other students from another health discipline in another country. You therefore need to arrive prepared as you will be working in groups using distance communication technologies.

To do prior to the first lesson

(15 minutes)

- Join the Slack lesson workspaces ([Invitation and link to workspace](#)). You can also download the [Slack application](#) to your desktop or on your smartphone.
- Find the E-mail entitled “ActCom StudentID” that provides your personal student number (sent by) and keep it somewhere you can find it easily.
- Fill in an online questionnaire on empathy using your ActCom StudentID ([Redcap link](#)). Please complete this questionnaire before starting the lesson on Thursday!
- If you do not have a connection, download the study material from the following link [ActCom-L1-support material](#). You will also need to download the student list ([ActCom-L1-Student list](#)) to identify in which groups you will be in and with whom you will be working with (2 groups of 4-5 students).

Plan for lesson 1 (Central European Time; for Russia, add +2 hours)

- 8:15–9:00 Introduce lesson (individual class)
- Present objectives (10 min),
 - Identify key expectations from patient-practitioner interactions and communication (10 min),
 - Present support material (5 min)
 - Present task and workflow (10 min)
- 09:00–10:30 Exploring basic knowledge (group work)
- Explore material, identify key questions, allocate task (15 min)
 - Read material and answer theoretical questions individually (45 min)
 - Restitute within group and formulate theoretical answers (30 min)
- 10:45–11:45 Restitution (individual classrooms) ●
- 4 x 15 min presentations with:
- 10 min summary for each topic
 - 5 min for questions and comments from students
- 11:45–12:30 Lunch Break
- 12:30–13:00 From theory to practice (individual classroom)
- Applying principles to a practical situation (30 min) – group work
- 13:00–14:30 Clinical case interview (shared / individual classroom)
- Clinical case interview (45 min) – shared classroom
 - SWOT analysis (30 min) – individual classrooms
 - Similarities and differences between countries (15 min) - shared classroom
- 14:30–15:00 Consolidation of knowledge (individual classrooms)
- Summary of key concepts to retain (20 min)
 - Transferring knowledge to practice (10 min)

Links to key documents

- Study material for Lesson 1 ([Folder](#))
- Your prior experience ([GoogleSurvey Link](#))
- Instructions for group work ([ActCom-Lesson1-StudentInstructions.pdf](#))
- Link to Slack workplace ([ActCom 2019](#))

Recommended readings and viewing (after end of lesson)

- Clinical conversation
 - Example of clinical conversation ([Video](#))
 - The four habit model ([Link](#))
- Active listening
 - Active Listening–Ombuds-Boston University ([Link](#))
 - 6 tips for active listening ([Online video](#))
- Non-verbal communication
 - Riess-2014-Academic medicine – E.M.P.A.T.H.Y ([Link](#))
 - Clinical non-verbal communication ([Online video](#))
- Active empathy
 - Basic skills in communication ([Hashim-2017-Am Fam Phys](#))

2. Exploring basic knowledge

Student instructions for Groups A – D

Required material

- Laptop or smartphone for reading documents (pdf format).
- 4G or wifi connection.

Procedure

Step 1 – Allocating tasks (15 min)

You have been placed in groups of 4-5 students and will be working on the group's topic defined on the student list document (ActCom-L1–Student_list).

The first step is to find your local team members. Once your group is formed, please:

1. Identify the exercise material placed on Google Drive

([ActCom-L1-support material](#)). This is done by opening the subfolder corresponding to your group name (letters A to D).

2. Open the question template (“ActCom-L1-QuestionX_template” / printed version) and read the questions corresponding to your group name.
3. Allocate questions to group members and agree on when you will meet again to share your findings (plan about 45 minutes).

Step 2 – Collecting and summarizing information (45 min)

The second step is to work individually to read through the material and find answers to your question. Please:

1. Read/look at all the provided material linked to your topic and take note of where you have found relevant information related to your question.
2. Extract a summary of all the important concepts you have found using keywords.
3. Draft a written documented response. Shared templates for people from your group (docs.google spreadsheets) are available online. The link is in the document folder (ActCom-L1-QuestionX_template).

Step 3 – Merge information and prepare restitution with eventual reference documents

4. Agree on who will present the collected and summarized material to the rest of the class (2 minutes).
5. Agree on what support material you will be using to structure the course and make key points clear for others. (3 minutes)
6. Go through each question and agree collectively on the provided answer and the way to present it. If you wish, you can write your answers online on the docs.google template (ActCom-L1-QuestionX_template), but any other support is also suitable if they are made accessible to students from your class (25 minutes).
7. End this part of the exercise at latest at 10.30 CET (12.30 Russian time).

Group A – Applied principles of clinical conversation

Reading material

- Teaching the human dimensions of care in clinical settings ([Branch-2001-JAMA](#))
 - Review and understand Table 2, p.1070
- Non-judgmental approach– Mindful practice ([Epstein-1999-JAMA](#))
 - Read summary p. 833
 - Read section “Mindful Practice” p. 835
 - Read section “Mindlessness” p.836
 - Read section “Levels of Mindful Practice” p.837
- Patient-centeredness ([Louw-2017-Afr J Prim Care Fam Pract](#))
 - Read the discussion p. 5-6
- Overcoming fears through conversation ([Fischer-2012-Health Foundation](#)) • Procedure – The four habit model ([Link](#))

Questions

1. What skills are required to address the human dimension of care?
2. Provide a definition of mindful practice and some of its characteristics?
3. What is patient centeredness and in what way does this change how we interview and interact with patients?
4. What types of fear need to be acknowledged?
5. Using the four habit model, what are the payoffs of improving communication with patients?

Group B – Key components of active listening

Material

- Article on active listening by Kathryn Robertson ([Link](#))
 - Read the entire article
- Tips for active listening ([online video](#) / [Tips for active listening.mp4](#))
 - Look at the video and take notes on key concepts and tips
- Slideshow presentation on active listening by Allisson Bicket ([Link](#))
 - Read through the slideshow and identify key concepts and examples
- Active Listening–Ombuds-Boston University ([Link](#))
 - Look through the summary and complete with concepts from the rest of your readings.

Questions

1. What do we mean by “active” in active listening and what should we avoid doing?
2. What is paraphrasing, clarifying, reflecting and summarizing and what do they add to the quality of the exchange? Provide some examples and explain why open questions are so important.
3. How can we communicate about patient’s feelings (affect) and why is it important?
4. In what way can active listening improve quality of care?

Group C – Non-verbal cues to steer communication

Material

- Non-verbal communication in healthcare ([Hall-1990-Br J Occ Ther.pdf](#))
 - Read section “Non-verbal signals and functions” p. 383-384 ●
- E.M.P.A.T.H.Y. acronym ([Riess-2014-Academic Med.pdf](#)).
 - Read the entire article
- Video on non-verbal communication ([Online video](#) / [Non-Verbal Communication.mp4](#))

Questions

1. What is non-verbal communication, what are its functions and how can we describe its dimensions?
2. Why is it relevant to know how to read and identify non-verbal signs/cues during clinical interviews?
3. What does the acronym E.M.P.A.T.H.Y stand for, what is its meaning and what it is used for?
4. What are the key components of non-verbal communication described in E.M.P.A.T.H.Y.?

Group D – Key components of active empathy

Material

- Empathy to support healthcare providers ([Kerasidou-2016-BMC Med Ethics.pdf](#))
 - Rapidly read through the article to capture keypoints (diagonal reading)
 - Read and extract key ideas from the section “Empathy as the middle way between emotional over- and under involvement” p. 2-3

- Read and extract key ideas from the section “Implementing empathy in practice” p. 3-4
- Empathy as a clinical instrument to strengthen rapport and quality of care ([Norfolk-2007-Med Edu.pdf](#))
 - Analyse the Figure 2 (p. 695) and identify how empathy builds the therapeutic rapport during the consultation
- Condition for empathy in patient-centered care ([Bayne-2013-Patient Edu Counseling.pdf](#))
 - Read the first paragraph of the result section (p. 211)
 - Analyse Figure 1 (p.211)
 - If necessary, seek details in the sections corresponding to each sequential condition for empathy (p. 211, 213).

Questions

1. What is empathy and why is it also important for healthcare providers?
2. How can empathy be implemented into clinical practice?
3. What are the different phases and types of empathy developed during a consultation?
4. What are the conditions for empathy in healthcare?

3. Restitution

Each group representative is to report their findings to the rest of the class. Students can use the support they want but are asked to provide one.

Each group has 10 minutes presentation and 10 minutes for questions.

Group order is:

- Group A – Clinical conversation
- Group B – Active listening
- Group C – Non-verbal communication
- Group D – Active empathy

From theory to practice

Clinical application group exercise (20 minutes)

Student instructions for Groups E – I

In this exercise, each group is formed by members of all the previous groups. Each member has a degree of expertise to contribute to the exercise.

The aim of this exercise is to identify key points that seem important to consider when interviewing the patient from the clinical vignette.

- Using the clinical vignette, discuss as a group the following points:
 - a. How would the concept seen in the morning relate to this clinical situation?
 - b. From your readings and the presentations, when interviewing the patient, what principles would you apply to help understand the patient presented in the clinical vignette?

Clinical vignette

Kim Longshot, 43 years old, has attended the clinic five days ago for an episode of acute low back pain on her husband's recommendation who is followed by the same osteopath. During the past month, she has started feeling epigastric discomfort especially when sitting up. She is five months pregnant. She has had some slight vaginal bleeding following her previous consultation with the osteopath. Feeling the patient anxious and worried about more than her back pain, the osteopath suggested that the situation be tackled by a multidisciplinary team.

Kim works as an accountant in a large multinational company. She has a lot of responsibilities. She is originally from Hungary but has studied abroad in the UK and has now been living in Switzerland for two years.

The patient is seen by four clinicians. Their aim will be to understand her situation, to identify and decide on what needs to be addressed or prioritised between her low back pain, her vaginal bleeding, her gastric discomfort and any other issues she might be having.

Clinical case interview

Simulated patient interview

Instructions for students

Required material

- Smartphone or laptop to connect to Slack and provide live feeds for the interview.
- 3-4G or wifi connection.

Process

Using active communication skills, four volunteer students will interview the patients to discover more about her situation. Other students can provide cues, tips and suggestions using Slack . These are projected behind the patients for the students interviewing the patient to see.

To do

- [Log in](#) to the common workspace on Slack
- Listen and look carefully for cues
- Think of how you would summarize, reflect or question the patient • Provide advice on Slack using short, succinct, and relevant comments.

SWOT analysis of active communication

Instructions for students

Material

- Post-it and pen or pencil

Reflecting

This exercise will have you reflect on the usefulness and challenges with active communication. Using the coloured post-its, write one or two statements on the strengths, weaknesses, opportunities and threats of active communication (SWOT analysis). Only use precise, short, verifiable statements. Single words are welcome.

S for strengths (Green post-it)

- What was gained during the interview that could not have been achieved without active communication?
- What do you think the patients saw as beneficial in active communication?
- What is it about active communication that will have you as a clinician adopt this approach?

W for weaknesses (Orange post-it)

- What makes active communication difficult to master?
- What are the barriers you need to overcome to use active communication?
- What are patients likely to dislike about active communication?

O for Opportunities (Blue post-it)

- What new perspectives does active communication bring to your views on your clinical activities?
- What will you be able to achieve with active communication you would not be able to without?

T for threats (Yellow post-its)

- In what way could active communication threaten your identity, your work or your relationship to colleagues or patients?

Reorganizing and brainstorming

Once you have listed your statements, walk to the whiteboard and place it on the board. Try and match it with similar statements from other students and group them together. Do not hesitate to stay and restructure the post-its with other classmates.

Overview summary

Once all the post-its have been placed, we will overview their groupings and identify values and challenges you are to face with active communication.