The Complete Guide to Communication Skills in Clinical Practice© *including*:

- Breaking Bad News
- Addressing Emotions
- Discussing Medical Errors
- Cultural Competence
- Challenging Emotional Conversations with Patients & Families
- Effective Communication in Supervision

Walter F. Baile, M.D.
Professor, Behavioral Science & Psychiatry
Director,
Interpersonal Communication And Relationship Enhancement (I*CARE) Program

MD Anderson
I*CARE
Interpersonal Communication And Relationship Enhancement

Many clinicians have not had the opportunity to develop their skills in managing difficult patient encounters where there are strong emotions, stressed families or uncomfortable conversations. This may be more so when transitioning a patient to palliative care or discussing end of life. This pocket guide was created to help you hone your communication skills in clinical practice.

The protocols (step-wise modules) in this guide can be used in many situations and were created and developed by the late Robert F. Buckman, MD, PhD, Medical Oncologist and myself and in collaboration with other communication skills experts (Antonella Surbone, MD, PhD, FACP, Daniel Epner, MD, and Rebecca Walters, MS, LMHC, LCAT, TEP). Creative contributions and editing were provided by the Interpersonal Communication And Relationship Enhancement (I*CARE) Program Project Director, Cathy Kirkwood, MPH. The guide is designed to be used as a quick reference and can be carried in your lab coat so you can review the information quickly before you begin a challenging conversation. It is our hope that the information provided will assist you in extending your role beyond treating disease to establishing a therapeutic and supportive alliance with the patient and family members.

Walter F. Baile, M.D.
Professor of Behavioral Science and Psychiatry
Distinguished Teaching Professor
Director, Program for Interpersonal Communication
*And Relationship Enhancement (I*CARE)*
Department of Faculty & Academic Development

Table of Contents

The C-L-A-S-S Protocol

The C-L-A-S-S Protocol

Five Key Steps for Clinical Interviews

C - CONTEXT	The physical set up of the area you choose for the interview
L - LISTENING SKILLS	How to be an effective listener
A – ACKNOWLEDGE	How to validate, explore and address emotions and concerns
S - STRATEGY	How to provide a management plan that the patient can understand
S - SUMMARY	How to summarize and clarify the conversation ensuring comprehension

C-Context (setting)

A private area with no distractions

Physical Space

- Choose an area where you can have a private conversation.
- Your eyes should be at the same level as the patient and/or family member (sit down if you need to).
- There should be no physical barriers between you.
- If you are behind a desk, have the patient and/or family members sit across the corner.
- Have a box of tissues available.

Family Members/Friends

- The patient should be seated closest to you.

Body Language

- Present a relaxed demeanor.
- Maintain eye contact except when the patient becomes upset.

Touch

- Only touch a non-threatening area (hand or forearm).
- Be aware of cultural issues that may not allow touching.

L - LISTENING SKILLS

Be an effective listener.

Open Ended Questions

- ***"How did you manage with the new treatment?"***
- ***"Can you tell me more about your concerns?"***
- ***"How have you been feeling?"***

Facilitating

- Allow the patient to speak without interrupting them.
- Nod to let the patient know you are following them.
- Repeat a key word from the patient's last sentence in your first sentence.

Clarifying

- ***"So, if I understand you correctly, you are saying…"***
- ***"Tell me more about that."***

Time & Interruptions

- If there are time constraints, let the patient know ahead of time.
- Pagers and phone calls – don't answer, but if you must, apologize to the patient before answering.
- Try to prepare the patient if you know you will be interrupted.

A -ACKNOWLEDGE EMOTIONS

Explore, identify, and respond to the emotion.

The Empathic Response

- Identify the emotion.
- Identify the cause of the emotion.
- Respond by showing you have made the connection between the emotion and the cause.
  "That must have felt terrible when..."
  "Most people would be upset about this."
- You don't have to have the same feelings as the patient.
- You don't have to agree with the patient's feelings.

S –STRATEGY

Propose a plan that the patient will understand

The Plan

- Appraise in your mind or clarify with the patient their expectations of treatment and outcome.
- Decide what the best medical plan would be for the patient.
- Recommend a strategy on how to proceed.
- Evaluate the patient's response.
- Collaborate and agree on the plan.

S -SUMMARY

Closing the interview

Final Thoughts

- Summarize the discussion in a clear and concise manner.
- Check the patient's understanding.
- Ask if the patient has any other questions for you.
- If you don't have time for further questions, suggest that they can be addressed at the next appointment.
- Make a clear contract for a follow up visit.

The S-P-I-K-E-S Protocol

The S-P-I-K-E-S Protocol

S Setting Up the Conversation

P Perception

I Invitation

K Knowledge

E Emotions

S Strategy and Summary

S – SETTING - Secure an appropriate area for the discussion.

- Have the conversation in a quiet undisturbed area.
- Prepare for what to say and anticipate the patient/family reaction.
- Have the key people (whom the patient wants) in the room.
- Seat the patient closest to you and have no barriers between you.
- Sit down, try to be calm, make eye contact.

P – PERCEPTION - Assess the patient's understanding of the seriousness of their condition.

- Ask what the patient and family already know.
  "Tell me what you understand about your condition so far."
  "What did the other doctors tell you?"
  "I'd like to be sure we are on the same page with understanding your condition, so can you tell me…"
- Assess the patient and family members' level of understanding.
- Take note of discrepancies in the patient's understanding and what is actually true.
- Watch for signs of denial.

I – INVITATION - Get permission to have the discussion. *"ASK BEFORE YOU TELL."*

- Set goals for the discussion - ask the patient if they want to know the details of the medical condition/treatment.
  "I'd like to go over the results, would that be ok?"
  "Today my plan is to discuss…is that okay?"
- Accept the patient's right not to know.
- Offer to answer any questions the patient/family member may have.

K – KNOWLEDGE - Explaining the facts

- **Avoid** medical jargon by explaining the facts in a manner that the patient will understand.
  NOT: *"You have a nuclear grade 1ER/PR positive spiculated 4-centimeter lesion."*
  BETTER: *"You have a fairly good sized tumor in your breast."*
- Fill in any gaps that were evident in the "Perception" stage.
- Present the information in small chunks.
- After each chunk, verify the patient's understanding.
  "Are you with me so far?"

E – EMOTIONS - The Empathic Response – Be Supportive

- Deal with emotions as they occur
  (patients who are very emotional will not comprehend what you say).
- Use open-ended and direct questions to explore what the patient is feeling.
  "Can you tell me more about how you feel?"
  "Did that make you angry?"
- Respond to emotions with empathic and affirming statements.
  "I can see you weren't expecting this."
  "Most people would be upset finding this out."
- Use *"tell me more"* statements.
  PT: *"I don't know how I'm going to tell my kids."*
  MD: *"Tell me more about that."*
- Try to keep your own emotions from taking over.
- **AVOID** responding with false reassurance such as:
  "Everything will be fine."
  "I've seen lots of miracles happen."

Note: You don't have to have the same feelings as the patient nor do you have to agree with the patient.

S – STRATEGY & SUMMARY - Closing the interview

Strategy

- Decide what the best medical plan would be for the patient.
- Appraise in your mind or clarify with the patient their expectations of treatment and outcome.
- Recommend a strategy on how to proceed.
- Collaborate and agree on the plan.
- Ask the patient to repeat to you their understanding of the plan.
- Have a clear treatment plan in writing for the patient to take home with them.

Summary

- Summarize the conversation.
- Offer to answer questions. (be prepared for tough questions):

  PT: *"Does this mean I'm going to die?"*
  MD: *"Tell me more about what concerns you?"*
  PT: *"Can I be cured?"*
  MD: *"I'm sorry to say that it is unlikely. Our goal is to keep it in check."*
  PT: *"How long do I have to live?"*
  MD: *"I can discuss that with you, but first tell me why you ask?"*

References

Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES-A six-step protocol for delivering bad news: Application to the patient with cancer. The Oncologist 5(4):302-11, 2000.

The C-O-N-E-S Protocol

The C-O-N-E-S Protocol

When You Have to Tell

C Context

O Opening Shot

N Narrative

E Emotions

S Strategy & Summary

Use the C-O-N-E-S Protocol when:

- Disclosing that a medical error has occurred
- There is a sudden deterioration in the patient's medical condition
- Talking to the family about a sudden death

NOTE: The news should be delivered by the most senior person on the patient's treatment team.

C – Context

- Prepare for what to say and anticipate the patient/family reaction.
- Have the conversation in a quiet undisturbed area.
- Seat the patient closest to you and have no barriers between you.
- Sit down, try to be calm, maintain eye contact.
- Have a box of tissues available.

O – Opening Shot

- Alert the patient/family member of important news.

  "This is difficult. I have to tell you what I found out about why your mother is so ill."

  "This is hard, but I have some information to give you that is important."

  "I must talk to you about your condition."

  "Thanks for coming in. I must tell you what is going on with your father."

N – Narrative Approach

- Explain the chronological sequence of events.

  "As you know, your mother came in back in…"

  "Then, we gave her… and there was little improvement."

  "Last night we….and I just found out that …"

  "In other words, she received too much chemotherapy."
- Avoid assigning blame and/or making excuses.
- Emphasize that you are investigating how the error occurred.

  "We started investigations and by the end of today I hope to be able to answer your questions as clearly as possible."

  "I hope by the end of today she will turn the corner and start improving."
- Offer a clear apology.

  "I am really sorry that this has happened."

E – Emotions

- Address strong emotions with empathic responses.
- Use the E-V-E protocol as soon as strong emotion occurs.

  "I know it's upsetting for you and it's awful for me too."

"I know this is awful."

"It's very rare, but it does happen and I'm sorry to say that it did."

- Beware of being pushed into making promises you can't deliver.
- Avoid reassuring the person that there's going to be a good outcome or that no harm was done.

S – Strategy & Summary

- Summarize the discussion and make specific plans for follow up.
- Let them know the situation is a priority.

  "I am the doctor responsible for your mother so it is important that I found out what happened."

  "I'll be open and honest with you when I have all the facts."

  "I can guarantee we will do our best."

  "Here is what I propose we do."

  "Let's meet at the end of today or I can call you when I know more."
- If you don't know the answer, say so and that you will attempt to find out.
- Disclosing medical errors is now a standard. It's not optional.
- Sensitive disclosures have a favorable impact on malpractice claims.

The E-V-E Protocol

The E-V-E Protocol

Three elements to use any time strong emotion occurs

E Explore the Emotion

V Validate the Emotion

E Empathic Response

E – Explore

- Explore and identify the emotion (anger, sadness, etc.).
- Find out more about the emotion and what is causing it.
  "Can you tell me more about how you feel?"
- Acknowledge the emotion.
  "I can see that made you very angry."

V – Validate

- Let the person know you understand the emotion was appropriate.
  "I can understand how that would make you angry."
  "Most people would feel that way."

E – Empathic Response

- Respond in a way that shows you have seen the emotion and that you can understand it.
  "I'm sorry this has happened and I understand how it would make you feel that way."
  "I hear what you're saying. That must have been very difficult."
  "I get your point. It was obviously very upsetting."

Challenging Emotional Conversations with Patients & Families

Challenging Emotional Conversations with Patients & Families

A guide to forming a therapeutic alliance with patients and families

Walter F. Baile, MD
Rebecca Walters, MS, LMHC, LCAT, TEP

MD Anderson
I*CARE
Interpersonal Communication And Relationship Enhancement

"Emotional Labor is the mental work used to recognize and minimize emotions so they don't rule the conversation."

When you feel like saying ***"Hey Buster, this is how it is,"*** take a step back and use the protocol below instead.

Be prepared

Use non-judgmental listening

Six second rule

"**T**ell me more" statements

Empathize and validate

Respond with a wish statement

Be Prepared

- **Expect emotions** (your own and theirs) to come your way.
- **Have a plan** for how you will do it (especially if you have to give bad news).
- **Monitor what you think and feel** (awareness of your communication can make you more effective).
- **Practice self regulation** – Keep your own emotions in check when your buttons are pushed.
- Aim to **turn the confrontation into a conversation.**
- **Know when NOT to have conversation** (when emotions are too intense).

Use Non-Judgmental Listening

- **Remember it's not about you**, but about the other's disappointments, fears, anxiety, etc. which often underlie the anger, blame or denial on the surface.
- **Maintain eye contact**.
- **Listen** without interrupting only making clarifying statements and paraphrasing.

  "So let me see if I understand…"
  "What I hear you saying is…"
- **Put your own agenda aside** until the other person is finished.
- **Avoid** trying to make a situation better when it is grave.

  "I'm sure things will not be as bad as you think."

Six Second Rule

Avoid escalation of conversation.

- When your own emotions start to boil (especially in response to anger or blame), **wait at least 6 seconds** or more if needed for them to calm down.
- **Avoid being defensive/blaming**

  "Well it didn't work because you waited too long to get help."
- **Gather your thoughts** and use skills such as *"tell me more"* or empathic/validating responses.

Tell Me More

Invite the person to expand on what they are saying.

"Tell me more about your husband."
"What happened after that?"
"What other concerns do you have?"

Empathizing and Validating to acknowledge and diminish emotions.

Acknowledge emotions by empathizing:

"I can see you weren't expecting this."
"This isn't easy to talk about, is it?"
"It's very stressful, isn't it?"
"It must be hard to come here every week."
"I can see how difficult it is for you."

Respond with a Wish Statement

Let the other person know you hear them and acknowledge that the goal may be desirable, but…

"I wish I had better news…"
"I wish I didn't have to tell you this…"
"I wish we had a more effective treatment."
"I wish things had worked out better."

Important Tips

- **Stay calm.**
- **Avoid** phrases such as:

  "I know how you feel."
  "I feel your pain."
  "It's going to be alright."
- **When emotions/behaviors escalate and you feel threatened/unsafe, end the interaction.**

  "This conversation is making me feel uncomfortable right now."

  "I don't feel safe right now and can't continue this conversation."

Resources

The six-second rule
Goleman D. Emotional Intelligence 1995, Bantam Books

Walter F. Baile, M.D.,
Professor of Behavioral Science
Director, Interpersonal Communication And Relationship Enhancement (I*CARE) Program
Department of Faculty & Academic Development
The University of Texas MD Anderson Cancer Center

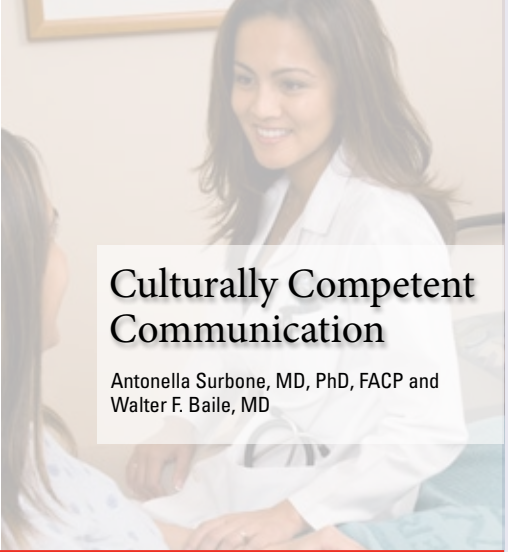
Rebecca Walters, MS, LMHC, LCAT, TEP
Director, Hudson Valley Psychodrama Institute
I*CARE Faculty

Cathy Kirkwood, MPH
I*CARE Project Director
Department of Faculty & Academic Development
The University of Texas MD Anderson Cancer Center Email: icare@mdanderson.org

For video demonstrations of these techniques, please visit our Web site at:
www.mdanderson.org/icare

Free online CME available

Culturally Competent Communication



Culturally Competent Communication

Antonella Surbone, MD, PhD, FACP and
Walter F. Baile, MD

MD Anderson

I*CARE

Interpersonal Communication and Relationship Enhancement

Fundamental Principles:

- Cross-cultural medical encounters are increasing in multi-ethnic societies.
- Cultural factors influence cancer survival rates and patient/family quality of life.
- Cultural competence is a set of attitudes, skills and knowledge that can be acquired.
- Respecting cultural diversity is key to delivering comprehensive cancer care across the illness trajectory.
- Cultural competence promotes patient-centered care through sensitive negotiation of therapeutic goals.

The following vary across cultures:

- role of autonomy in decision making,
- support available to help patients cope,
- role expectations of sick persons,
- beliefs about cancer causation,
- EOL preferences (AD, DNR, hospice),
- patient/clinician/institution relationships.

Why Cultural Competence Can Help You Plan the Patient's Care

- Discussion of cancer is a taboo in some cultures where the word "cancer" is still associated with death or guilt & shame.
- Patients from diverse cultures rely on different healing practices that can often be incorporated into care plans.
- Ethnic/genetic/cultural differences can affect treatment response directly or through lifestyles.

Where You Need Cultural Competence Most

- Truth-telling about diagnosis, prognosis and risks
- Discussion of death and EOL choices
- Issues related to:
  - family involvement in information and decision making
  - use of alternative and complementary cancer treatments
  - reliance on spirituality and religion for healing
  - attitudes toward psychological and behavioral counseling
  - concerns regarding clinical trials

7 Areas to Cover in Taking a Cultural History -"BALANCE"

B Beliefs & Values (that influence perceptions of illness)

A Ambience (living situation and family structure)

L Language & Health Literacy (role of interpreters, accuracy of translation, metaphoric meanings)

A Affiliations (community ties, religious & spiritual beliefs)

N Network (social support system)

C Challenges (cancer-related risks of home, work & life conditions)

E Economics (socioeconomic status & community resources)

Pearls of Wisdom

- Sensitivity to cultural issues enhances trust between patients and doctors.
- Initial time investment avoids later misunderstandings and/or bedside ethical conflicts.
- Personalized cancer care incorporates patients' and families' culture and draws on community resources.

.....

- Learn about the cultural groups most frequently treated at your institution.
- Incorporate cultural into social history.
- Be prepared to briefly describe your own cultural background.

Pearls of Wisdom *(cont'd.)*

- Always clarify your institutional and ethical norms in matters of truth-telling and decision making.
- Recognize your own biases toward some cultural attitudes and practices.
- Be aware how different families involve themselves in decision making.
- Be sensitive to different cultural meanings of suffering and caregiving.
- Open your mind to different ways to promote health and cope with illness.

Resources

Cancer, Culture, and Health Disparities: Time to Chart a New Course?
Marjorie Kagawa-Singer, Annalyn Valdez Dadia, Mimi C.Yu & Antonella Surbone, CA Cancer J Clin 2010; 60: 12-39

For more information visit:
www.mdanderson.org/icare

Antonella Surbone, M.D., Ph.D. F.A.C.P.
Lecturer in Bioethics
Professor of Medicine
New York University Medical School
I*CARE Program Faculty

Walter F. Baile, M.D.,
Professor of Behavioral Science
Director, Interpersonal Communication And Relationship Enhancement (I*CARE) Program
Department of Faculty & Academic Development
The University of Texas MD Anderson Cancer Center

Cathy Kirkwood, MPH
I*CARE Project Director

Effective Communication in Supervision

Effective Communication in Supervision

Giving Corrective Feedback – The good, the bad and the ugly

Walter F. Baile, MD
Rebecca Walters, MS, LMHC, LCAT, TEP

MD Anderson
I*CARE
Interpersonal Communication And Relationship Enhancement

Set your **TIMER** for a Successful Conversation!

- **T**hink Through the Encounter (ahead of time)
- **I**ntroduce Issues
- **M**anage the Discussion
- **E**stablish a Plan and Expectations
- **R**evisit and Give Feedback

Think Through the Encounter (ahead of time)

- Be sure you **have the right information/data** you need.
- **Run it by others** if you need a reality check or advice.
- Have the **endorsement** of the "one up" (upper management) to avoid being undermined.
- **Rehearse** what you will say – Don't let your thinking get catastrophic (focused on the worst possible outcome).
- Put on your "**Feedback Hat**." (Strive to help the person improve performance.)

Introduce the Issues

- **Meet on their turf**, if possible (being "called into the office" may not lead to productive conversation).
- **Clearly state the issue** using **"I Statements"** (tends to decrease defensiveness in others).

  "I'm worried about your getting to clinic late…"
  "I'm concerned about your interaction with…"
  "I have something important to discuss about…"
- **Provide Facts** – avoid personal stuff.

  "In going over your attendance, I see that…"
- **Maintain eye contact**.

Manage the Discussion

- Try to **stay calm**.
- **Focus** on what the other is saying.
- Try to **be nonjudgmental** and personal. It's about changing behavior.
- Use **"Tell me more"** to clarify.

  "When you say you feel treated unfairly, can you tell me more?"
- Use the "**Six Second Rule**" - when your emotions boil, wait 6 seconds or until calm before responding.
- **Reaffirm** the other person's issue.

  "So what I hear you saying is…"
- **Align** with the person **by acknowledging and validating** emotions with empathy.

  "I can see you weren't expecting this."
  "I know this is hard for you to hear."
  "I see your point."
  "This isn't easy to talk about, is it?"
- Use "**Wish Statements**"

  "I wish I could change that."
  "I wish I had better news."
  "I wish that I did not have to revisit the issue."

Establish a Plan and Expectations

- When emotions subside, **work on the problem together**.
- **State your expectations**.
  "It's important that we resolve this."
- **Collaborate/Negotiate/Brainstorm**.
  "What are your ideas for how we can…?"
- **State your goals**.
  "I'd like to see you try to…"
- Set **SMART** Goals:

  S=Specific
  M=Measureable
  A=Achievable
  R=Resourced
  T=Timed
- **Summarize**
  "So this is what we've decided."

Revisit and Give Feedback

- **State purpose of meeting**.
  "I wanted to meet with you to follow up on…"
- **Review** agreed upon goals/agreements.
- Get their **perception**.
  "How are things going?"
- **Praise Effort**.
  "I appreciate the work you put in to…"
- **Give Feedback**.
  "You've really improved on…"
  "I think you've struggled with…"
- **Brainstorm** to further improve performance.
  "What will it take for you to bump this up a notch?"

Feedback
– when things have NOT changed.

- **State the problem.**
  "I am concerned that you are still coming to work late."
- **Explore the problem.**
  "I'm wondering what's gotten in the way of your following through with our agreement?"
- **Deal with emotions as they occur.**
  "It sounds frustrating."
- **Restate the need to improve.**
  "This is really important so let's brainstorm some more as to how we can fix this."
- **State consequences.**
  "I'm trying to avoid this being moved to a higher level."

Resources

Walter F. Baile, M.D.,
Professor of Behavioral Science
Director, Interpersonal Communication
And Relationship Enhancement
(I*CARE) Program
Department of Faculty & Academic Development
The University of Texas MD Anderson Cancer Center

Rebecca Walters, MS, LMHC, LCAT, TEP
Director, Hudson Valley Psychodrama Institute
I*CARE Faculty

Cathy Kirkwood, MPH
I*CARE Project Director
Department of Faculty & Academic Development
The University of Texas MD Anderson Cancer Center
Email: icare@mdanderson.org

For video demonstrations of these techniques, please visit our Web site at:
www.mdanderson.org/icare

Free online CME available

NOTES

Notes

Notes

To view video demonstrations of these protocols and our Telly Award winning program "Crossroads," please visit our Web site at: **www.mdanderson.org/icare**
Free online Continuing Medical Education (CME Ethics & Professional Responsibility) available

To order copies, please contact:

Cathy Kirkwood, MPH
Project Director, Academic Affairs
Interpersonal Communication And Relationship Enhancement (I*CARE) Program
MD Anderson Cancer Center – Faculty & Academic Development
The University of Texas MD Anderson Cancer Center
Mailing Address: PO Box 301407, Unit 1726, Houston Texas 77230-1407
Deliveries: 7007 Bertner Ave., 1MC17.2106, Houston, TX 77230-1407
Tel: 713-745-3138
Fax: 713-794-4236
cdkirkwood@mdanderson.org

Designed and Produced by Medical Graphics & Photography 2014

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®