

After the Harm: Advanced Communication Skills that Enhance Empathetic, Patient-Focused Conversation

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Objectives

At the conclusion of this training the participants will be able to:

- Apply advanced communication skills needed to communicate empathically with patients and families in challenging emotionally driven conversations, such as those that occur around harm events, while taking into account cultural and other interpersonal considerations.
- Demonstrate what actions are required to respond effectively in a challenging interpersonal communication environment and what works well in terms of responses, challenges or concerns that can be used to support communications.
- Apply the elements needed to formalize a communication team activation process.



"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Dr Maya Angelou

Communication

- Communication situations with harm events are hard
 - Multiple, conflicting goals
 - High level of emotional arousal
 - High ego involvement
 - Highly consequential
- Communication skill predicts malpractice risk
- Good to identify organization's best communicators-established communication team and activation plan

Root Cause of Malpractice Claims

4 predominant reasons patients file lawsuits:

1. Prevent others from experiencing the harm
2. Need for explanation-wall of silence
3. Financial
4. Accountability

Communication Research

Dominant themes:

- Most common breakdown of patient-clinician communication
 - Would not listen
 - Would not talk openly
 - Mislead them
 - Did not warn them
 - Felt deserted, devalued

- Conversely, patients do not sue clinicians they like and trust

Communication Research

JAMA Study:

Critical communication behaviors that differentiate “no claims’ from “claims”

- Greater use of orientation statements on what to expect
- Laughter and humor-smile, warm handshake, body language
- Greater tendency to solicit patients opinions

“Positive therapeutic rapport and mutual flow in both directions”

Communication Research

Some interesting stats:

- Three-fourths of 824 specialists surveyed view every patient as a potential litigant
- One-third of litigated complaints relate to communication breakdown
- Patients want a sincere apology and assurance that the error won't happen to another

Communication Research

Care Satisfaction: concerned, accessible, willing to communicate correlated with malpractice litigation

Deposition Transcripts (OB Cases): 4 types of communication issues in more than 70% of the depositions

1. Deserting the patient
2. Devaluing their views
3. Delivering information poorly
4. Failing to understand their perspectives

Communication

More than words:

- Tone
- Inflection
- Volume
- Speed
- Body language

Communication

Why is communication important?

- Important for *expressing* information, behavior and our feelings and thoughts
- Helps to *understand* and *respond* to other's feelings, thoughts, knowledge and behavior

Communication

“The first sixty seconds of every encounter are critical to its success.”

-Susan Keane Baker

Communication

Talking on the phone:

“Memorial Hospital” or “Admitting” in a rushed manner

VS.

“Good Morning, Memorial Hospital, this is Paul. How may I help you?”

Which communication leaves you with the most positive impression?

Communication

Look the person in the eye.

- Address the person by name
- Inquire how people prefer to be addressed
 - Mr. Smith or Bill
 - Mrs. Johnson or Betty
 - Avoid honey, sweetie, lovey or any term other than Mr. or Ms./Mrs. unless otherwise told so

Communication

Non-Verbal Communication

- Facial expressions
- Eye contact, pupil dilation
- Gestures
- Body language and posture
- Proximity and touch
- Cultural Variations

Most of our communication is non-verbal

- *emails and tweets*

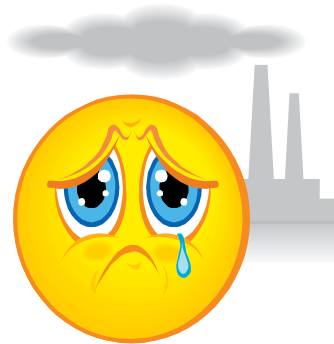
Communication

- A great deal of your message can be communicated by your body use and posture
- To work effectively with others you need to read body language and ensure you are not conveying the wrong signals



Communication

Facial Expressions – it's an emoji world



Communication Variations: We live in a diverse society

- Culture
- Diversity
- Other interpersonal considerations such as hearing impaired and educational level
- Personal Bias-ones personal values versus others values-being non-judgmental

Communication & Culture-Korean Culture

- Develop a guide for staff related to the particular culture
 - General communication traits
 - Non-Verbal communication and gesturing

General Communication Traits- Korean Culture

- Respect for elders, professionals
- Emotional control
- Require greater privacy
- Prefer to avoid conflict
- Prefer straight talk
- Quiet soft spoken-loud voice considered ill mannered
- Do not question authority
- Do not like to disagree

Nonverbal Communication -Korean Culture

- Bowing-greeting, doesn't mean they agree but rather it demonstrates respect
- Eye contact-considered rude, challenging
- Handshake-men only
- Head nodding-indicates listening, not necessarily agreement
- Smiling to cover embarrassment

Nonverbal Communication Gestures -Korean Culture



**Call a dog v
Call a person**



**Point to an object-index finger pointing
to indicate direction is considered rude**

Communication Gestures: Different cultures have different meanings



MEANINGS OF HAND GESTURES IN DIFFERENT CULTURES.



The well known O.K. sign... can put you in troubles at different parts of the Globe - lets see....

USA= OK

JAPAN=MONEY.

RUSSIA=ZERO

TURKEY/VENEZUELA (South America)
= HOMOSEXUAL.

BRAZIL/ITALY = INSULT (=middle
finger=swearing)

ARAB COUNTRIES = YOU WILL SEE!!!

Communication: Diversity & other interpersonal considerations

- Process in place for each of the below and communication team deemed competent
- LGBT community
- Qualified Interpreters for Non-English speaking
- Hearing impaired
- Educational level
- Prison population

Communication: Personal Bias

- Personal Bias-ones personal values versus others values-being non-judgmental

Communication Barriers

- Inattention-(looking at your watch)
- Poor expression
- Premature evaluation
- Emotions
- Inconsistency
- Physical barriers- (in the doorway)
- Insufficient warning
- Individual differences
- Lack of feedback
- Inference
- Insecurity
- Personal Bias/Stereotypes-*(Check yourself)

Listening: Research

- Research shows that the average person listens at only about *25% efficiency*
- Research has found that by listening effectively, you will get more *information* from people, you will increase others' *trust* in you, you will *reduce conflict*, you will better understand how to *motivate* others, and you will inspire a higher level of *commitment* in people

(Jahromi et al., 2016)

Listening

Listening as a communication skill

- Like other skills, listening *takes practice*
- Real listening is an *active process*
- Listening *requires attention*

- **The rub is.....** harm events are highly charged emotional states for all parties and require attentive communication and listening skills

Communication – S.O.L.E.R.

An active listening model to demonstrate your interest and engagement in what a person is saying created by Gerard Egan

- **S**it/**S**tand **S**quarely in relation to the person
- **O**pen position
- **L**ean slightly towards the person
- **E**ye contact
- **R**elax

Listening

Four Main Areas of Listening

1. Hear
2. Clarify
3. Interpret
4. Respond

Listening – “Hear”

- Allow the other person to talk
- Avoid interruptions
- Clear one’s mind of distractions
- Encourage the speaker to elaborate on what is being said through verbal and nonverbal cues
- Focus on the speaker; e.g., maintain eye contact

Listening – “Open Ended Questions”

- These are the What, How, Where and Why questions- Encourage others to give more detail and talk more in response.
- What are your current needs and concerns?
- How would you like me to contact you?
- Where were you when you received the news of the event?
- Why do you feel we will not be there for you?

Listening – “Clarify”

- Encourage feedback through questioning

“I want to make sure I understand what you have said, please stop me and correct me if I am wrong in my understanding.”

Listening – “Interpret”

- Avoid taking what the speaker says at face value by looking at feelings as well as body language
- Pay attention to nonverbal communications to determine sincerity about what is said
- *“I notice you’re saying this is fine but you seem upset.”*
 - this will engage the conversation

Listening – “Respond”

- Be sincere
- Conduct follow-up, if necessary, on any resulting request by the speaker
- Empathy rather than sympathy
- Exhibit verbal and nonverbal cues that build bridges rather than walls between you and the speaker
- Seek feedback on your response

Empathetic Communication – What is it?

Empathy is the main ingredient of human, compassionate care. The *National Institute of Health* defines empathy as:

“The act of correctly acknowledging the emotional state of another without experiencing that state oneself.”

- “The feeling of being deeply understood reinforces a sense of connectedness between the practitioner and . . . patient/family... The aim is for . . . the patient/family to feel heard, and ultimately, to be respected for his/her unique perspective and past experiences.” (Geller, 2012)

Empathetic Communication

Being Present

- Clearing your mind of distractions
- Being silent
- Making eye contact
- Communicating through body language
- S.O.L.E.R. helps

Empathetic Communication

Taking Someone Else's Perspective

- Reflecting on origins, life experiences, and values
- Being curious
- Affirming strengths
- Walking a mile in someone else's shoes
- Seeing it through their eyes

Empathetic Communication: Sample Conversation Phrases

Acknowledge Feelings

- Noticing and naming the feeling: *“I see and understand your anger.”*
- Responding to feelings: *“Is this a good time to speak?”*
- Validating feelings: *“Your feelings of devastation make sense.”*
- Expressing care: *“I want to ensure your needs are met.”*
- Handling strong emotions: *“I can’t imagine what you must feel as it must be hard to experience this.”*

Empathetic Communication: Sample Conversation Phrases

- I can hear in your voice that this is really difficult for you...
- It sounds like you have been really hurt by this event...
- You are correct, it doesn't make sense...
- I will be with you through this...
- I would also have trouble understanding...
- That must be very upsetting...

Empathetic Communication

Potential Obstacles

Some of the things that make it difficult to feel empathy towards another person are:

- Inattentiveness
- Lack of interest
- Lack of respect-judgement can creep in here

Empathetic Communication

Potential Obstacles

- The key elements of empathy as a skill are:
- We must separate our responses from those of the person we are empathizing.
- Retain objectivity and distance
- Be alert to cues about feelings offered to us by the other person
- Communicate to people our feeling for them and our understanding of their situations

Empathetic Communication

Some things a person can do to help in the communication process are:

- **Stop talking.** We tend to talk too much especially if nervous. Always remember that if you are talking, than you are not listening.
- Ask questions
- Using “mms” and “ahs” to encourage them
- Maintain good eye contact
- Display attentive and welcoming body language

Empathetic Communication

Some things a person can do to shut down the communication process are:

- Not really listen
- Not showing interest
- Not being attentive to the person speaking
- Poor eye contact
- Changing the topic

Empathetic Communication

Empathy Destroyers and Phrases to Avoid

- Manipulation
- Disempowerment
- Denial

Empathetic Communication

Manipulation

- Withholding relevant information: *“If you knew the ‘full picture’ you would see it differently”*
- Praising to manipulate: *“You’re such a nice person, I know you’ll understand this was very complicated.”*

Empathetic Communication

Disempowerment

- Diagnosing motives: *“You have had this medical issue a long time and knew it was risky”*
- Changing the topic: *“Yes it is a concern...by the way, did I tell you she was very ill at the time?”*
- Persuading with logic: *“There’s nothing to be upset about. It’s all quite reasonable...we just do this...than we do that...”*
- Topping: *“I just lost my child” and you follow with “I also lost my child...”*

Empathetic Communication

Denial

- Refusing to address the issue: *“There is nothing to discuss as she was a very ill person.”*
- Reassuring: *“Don’t be nervous”*; *“Don’t worry it will work out”*; *“You will be fine”*

Empathetic Communication

Important

- Always remember that people in trouble want to be reassured and we want to give that reassurance.
- However the “everything will be alright” approach is not a help. It may actually be a disservice as everything may not be alright.

Empathetic Communication

Empathy Destroyers generally come up when:

- Feeling stressed
- Feeling angry
- Frustrated
- Out of control
- Out of habit

“So they come up in every post harm event conversation one may have”

Empathetic Communication

Prevention:

- Awareness: when we pause a moment and choose a response that *opens rather than closes communication, then we can “respond”*. You may use phrases such as “I’m listening”, “this really seems important to you” or “let’s discuss it”.
- By choosing to respond, we are taking control of our behavior and opening the door to richer relationships

Communication Tips

- Body language matters – A LOT
- Knowing what not to say matters
- Make it about them and not about you-**they are not there to love on your staff or organization**
- Ask open-ended questions, but you may have to “lead the witness” at times as well

Establishment of a Communication Team

- Structure and Process in Place
- Goal is to select those whom possess the characteristics that will benefit most in providing support and coaching others in communicating with patients and families in harm event communications

Communication Team Activation Guide

Key Points to Consider

- Team selection and composition
- Team size
- Scheduling
- Initiation of the communication team-process flow
- Team binder with documents - (binder in supervisor/nursing office)
- Quarterly team meetings
- Medical Staff/Administration/Leadership meetings

Team Selection and Composition

- Mix of *clinical and non-clinical*
- Skills and traits of consistently and naturally expressing empathy, sincerity, and honesty in challenging conversations, possess active listening skills and foster a *sense of allowing people to feel safe* when engaged in conversation with them
- They are the *employees most people seek out* to deal with challenging and emotionally charged conversations
- Look at experience, recommendations, the *“go to person”* on a unit

Team Size

Factors to consider in team size selection:

- Number of harm events in the facility
- Coverage of all shifts both days and nights
- Individual schedules
- Clinical individual always scheduled for clinically related harm events

Scheduling

Daily/Nightly scheduling of the team members:

- Minimum of two individuals be available on call at all times
- Create a general monthly call schedule
- Schedule to be kept in the nursing office or the location where the house supervisor is.

Quarterly Team meetings

- Discussion of past cases where the team was utilized should be reviewed and any learning opportunities discussed- (Performance Improvement)

Medical Staff/Administration/Leadership Meetings

- Medical Staff Committee/Administration/Leadership meeting(s):
- Meeting minutes to be shared with other medical staff committee meetings and administration/leadership meetings

Communication Huddle Badge Buddy Sample

- What are the goals of the interaction?
- When should you reach out to the patient/family?
- Who should reach out to the patient/family?
- How will you open the conversation?
- What are you going to say to the patient/family?
- What information is known and can be shared and discussed?
- What questions do you anticipate getting from the patient/family?
 - What **emotions** do you anticipate, how will you name and validate them?
- Who takes lead in responding to the patient/family as more information is discovered?
- How do you respond to and support your caregivers?

Questions