Keeping on top of the evidence

Crawling out from underneath the evidence
Gathering my concerns

• Is listening a good thing?
• Is empathy a good thing?
• Is patient centredness a good thing?
• Does each bit of SAGE & THYME have an evidence base?
• Is the workshop educationally effective?
• Who else is teaching foundation level skills?
• Is there another similar workshop out there?
• Do communication skills affect patient outcomes?
• Are the references we use out of date?
• What’s new in the literature?
• What if somebody comes to me and tells me about a groundbreaking study that was published 3 years ago?
Empathy

- No wonder you’re worried Mike, you’ve got a lot on your mind.
Who do you have to support you?
How do they help?
What do you think would help Mike?

• I’d like to:
  – find what’s out there rather than wait for someone to tell me?
  – feel familiar with the evidence
  – have a process that keeps us all up to date
What would you like help with Mike?

• I need help to:
  – be systematic
  – steadily catalogue important literature
  – have something ready for each S & T UK conference
Outcome

• Search strategy
• Nearly 4,000 hits
• 277 ‘keeps’
• Endnoteweb
• Evenings
• Progress
• A mountain still to climb
IS PATIENT CENTREDNESS A GOOD THING?


- Swenson, S. L. et al., 2006. 'She gave it her best shot right away': patient experiences of biomedical and patient-centered communication. Patient Education and Counseling, 61(2), pp.200-11.
WHO ELSE IS TEACHING FOUNDATION LEVEL SKILLS?

What’s out there?

• ASCEND
• TALKKK
• SOLER to SURETY
• The HUG
• COMFORT
• 4 HABITS
• Simple Skills Secrets
4 Habits

- Effectiveness of a short course in clinical communication skills for hospital doctors: results of a crossover randomized controlled trial [Fossli Jensen](#)
- To test the hypothesis that a 20-h communication skills course based on the Four Habits model can improve doctor-patient communication among hospital employed doctors across specialties.
<table>
<thead>
<tr>
<th>Habit</th>
<th>Skills</th>
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<tbody>
<tr>
<td>Invest in the Beginning</td>
<td>Create rapport quickly; elicit the patient’s concerns; let the patient know what to expect</td>
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<tr>
<td>Elicit the Patient’s Perspective</td>
<td>Ask for patient’s ideas; determine patient’s specific request or goal; explore the impact on patient’s life</td>
</tr>
<tr>
<td>Demonstrate Empathy</td>
<td>Be open to the patient’s emotions; make empathetic statements; convey empathy nonverbally (pause, touch, facial expression)</td>
</tr>
<tr>
<td>Invest in the End</td>
<td>Deliver diagnosis in terms of original concern; explain rationale for tests and treatments; summarize visit and review next steps</td>
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Revised April 2003 in partnership with the Kaiser Permanente Institute for Culturally Competent Care
ASCEND

Anticipation
Summary
Concerns
Explore goals/Explain recommendations
Next steps
Documentation

TALKKK

• The six patterns are represented by the acronym TALKKK (tell them; ask them; listen to them; know their family member by relating and communicating; be knowledgeable about dementia, its progression, dementia-specific care, and commonly used medications; and share that knowledge with them).
SOLER to SURETY

SIT SQUARELY
OPEN POSTURE
LEAN TOWARDS THE OTHER
EYE CONTACT
RELAX

SIT AT AN ANGLE
UNCROSS LEGS AND ARMS
RELAX
EYE CONTACT
TOUCH YOUR INTUITION
HUG

• Start here, not there
• See
• Then share
• Gaze
• Then Engage
COMFORT

• Communication
• Orientation and opportunity
• Mindful presence
• Family
• Openings
• Relating
• Team
Simple Skills Secrets

- Visual model for any staff member, in any setting, where faced with unanswerable questions or lost for words.
- Safely responding to cues
- Listening
- Encouraging
- Summarising
- Assisting the formation of the patient’s own plan
- While resisting the urge to rush in with solutions

INTERESTING PAPERS


• Moore, P. M., 2013. Communication skills training for healthcare professionals working with people who have cancer. Cochrane database.


INTERESTING PAPERS


• Systematic reviews of the effectiveness of communication skills training.....little effect
• In the absence of evidence...why do we keep going?
• The big fear? The training makes no difference
<table>
<thead>
<tr>
<th>SETTING –</th>
<th>WHY?</th>
</tr>
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<tbody>
<tr>
<td>think first about the setting – can you respond to this hint from the patient now or should you return when you and they can protect ten minutes? – Can you create some privacy? Would they like to talk?</td>
<td>Patients notice that nurses are busy and withhold worries unless given an explicit opportunity to describe their concerns (McCabe 2004, R3b).</td>
</tr>
<tr>
<td>It is important to create the setting or environment within which patients or carers can disclose their concerns (Hase and Douglas 1986, R5).</td>
<td></td>
</tr>
</tbody>
</table>
ASK –
ask the patient what is concerning or worrying them (don’t worry yourself about problems that you cannot solve – just listen)

WHY?
Patients frequently hint about their underlying concerns. These hints need to be noticed and responded to (Oguchi et al. 2010, R3b).

Asking specifically about emotions encourages patients to describe psychological and emotional issues (Ryan et al. 2005, R3a).

Specific questions about psychological concerns are important (Maguire et al. 1996, R3b, Booth 1999, R3b).
GATHER –
gather all of the concerns – not just the first few (ask if there is something else) - repeat back to the patient what you have heard (this proves that you are listening) – make a list of all of the concerns (actually write them down)

WHY?
Listening is an active process, requiring concentration, silences and verbal affirmation that you hear what is being said (Silverman et al. 2005, R5, Wosket 2006, R5).

It is important to hear all of the patient's concerns, to summarise and check that you have understood correctly (Maguire et al 1996, R3b).
EMPATHY –
say something which suggests that you are aware of the burden of their worry, such as: “I can see that you have a lot to be worried about at the moment”

WHY?
Empathy is about creating a human connection with your patient (Egan 2002, R5).

Empathy shows that you have some sense of how the patient is feeling (Maguire and Pitceathley 2002, R3b, Booth 1999, R3b)
TALK –

ask who they have to talk to - what support they have – make a list of all the people that help.

“Who do you have that you can talk to about your concerns?”

WHY?

Patients commonly rely on family and friends for support (Ell 1996, R5).

Good social support is associated with enhanced coping skills for the patient (Chou et al 2010, R3b).

Supportive ties may enhance well-being by meeting basic human needs for companionship, intimacy and a sense of belonging (Berkman and Glass 2000, R5).

It is helpful know what social support surrounds the patient. (Stewart 1995, R5)
HELP –
ask how these people help
“How do these people help?”

WHY?
People’s social networks may help them reinterpret events or problems in a more positive and constructive light (Thoits1995, R5).

The support from family and friends commonly involves reassurance, comfort and problem solving (Schroevers et al 2010, R5).
YOU – ask the patient:
“What do you think would help?”
Or “What would help?”

WHY?
It is helpful to use a style of problem solving which seeks the patient's own solutions first (Booth 1999, R3b, Tate 2003, R5).
ME –
ask the patient:
“Is there something you would like me to do?”

WHY?
It is helpful to use a negotiated style of communication which allows the patient control over what, if any, professional help they receive with their concerns or dilemmas (Fallowfield and Jenkins 1999, R3b).
END – summary and strategy.
“I now know what you are worried about and the support you have. I know what you think would help and what you want me to do. I’ll get on with that and come back to you when I can. Is ok to leave it there for now?”

WHY?
It is important to know how to summarise and close an interaction (Bradley 1990, R5)
So what?

• These are useful things to teach
• The way we teach them is educationally sound

• What they actually learn...
  – Is their responsibility

• Whether they actually use the skills in practice...
  – Is their responsibility
Checking and trusting

• Listening is better than not listening
• Fully listening before responding is better than responding before fully listening
• Using empathy is better than not using empathy
• Giving people the chance to describe what would help is better than not giving people...
Learning to drive vs learning to listen

Driving
• 20 lessons+
• Test
• Some follow the rules...some don’t

Listening
• 1 lesson
• No test
• Some follow the rules...some don’t
Learning to listen

• Is the 3 hour workshop a big enough dose of learning?

• Perhaps 1 lesson per year with a 6 monthly online top up?