

Good Communication is Not Magic

An Empirical Approach to Talking with Cancer Patients

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Objectives

- ▶ Appreciate communication evidence-base
- ▶ SCOPE trial of oncologist-patient communication
- ▶ A few practical approaches to difficult conversations

What I hope....

- ▶ Pique your curiosity
- ▶ Begin to deconstruct communication
 - ▶ It's not magic
- ▶ Inspire you to learn more

"The way you communicate is part of your work as a healer. You're not born with communication skills – you learn them"

Anthony Back, MD

Consider:



What makes this conversation tough?

- ▶ Expectations
- ▶ Uncertainty
- ▶ Emotion
- ▶ And.... the lack of a cognitive framework within which to enter the conversation

What Do Patients Want?

What Is Good Communication?

- ▶ Provides straightforward, understandable information
- ▶ Receptive to when pts ready to talk
- ▶ Balance between honesty and empathy
- ▶ Elicits and responds to patient concerns
- ▶ Attends to emotion

Wenrich et al., Arch Int Med 2001

What is the Impact of Communication on Outcomes?

Good communication leads to:

- ▶ Greater adherence to therapy
- ▶ Higher patient satisfaction
- ▶ Fewer complaints and lawsuits
- ▶ Elicitation of more patient concerns
 - ▶ Number and severity of concerns predict depression / anxiety

Discussions of EOL with Physicians are associated with:

- ▶ Acknowledgment of terminal illness
- ▶ Preferences for comfort care over life extension
- ▶ Receipt of less intensive, life-prolonging and more palliative end of life care

Trice ED, J Health Comm 2009

What Actually Happens?

Who talks, and about what?

- ▶ 10 oncologists/240 incurable Dutch cancer pts
 - ▶ 64% of time on medical/technical (pts 41%)
 - ▶ 23% on HRQL (pts 48%)
- ▶ 297 Australian cancer pts 9 oncologists:
 - ▶ Respond to informational cues more than emotional cues
 - ▶ (72% vs. 28%)
- ▶ In ICU family conferences, clinicians spoke 71% of time:
 - ▶ But ... Increased family talk correlated with increased satisfaction

Detmar et al JAMA 2001
Butow et al Psychooncology 2002
McDonagh et al Crit Care Med 2004

A Word About Biology

Emotion and Cognition

- ▶ Functional MRI studies show that when emotion areas fire, cognitive areas shut down
- ▶ When confronted with pain, physicians:
 - ▶ Turn off the areas of brain that perceive pt experience
 - ▶ Turn on areas that control emotion and focus on cognition

Cheng et al. Current Biology 2007

A Communication Model

A Model of Empathic Communication

- ▶ Empathy = "I could be you"
- ▶ Empathic opportunities = moments when patients explicitly or implicitly express emotion



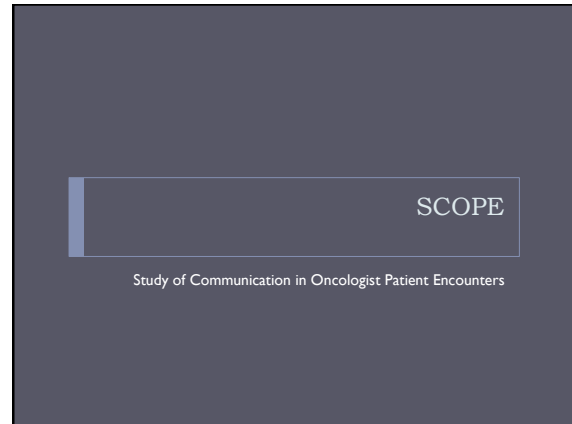
Suchman A. JAMA 1997

Empathic Continuer

- ▶ MD: How do you feel about the cancer -- about the possibility of it coming back?
- ▶ PT: Well, it bothers me sometimes, but I don't dwell on it. But I'm not as cheerful about it as I was when I first had it. I just had very good feelings that everything was going to be all right, you know. But now I dread another operation. [EMPATHIC OPPORTUNITY]
- ▶ MD: You seem a little upset; you seem a little teary-eyed talking about it. [EMPATHIC RESPONSE]

Empathic Terminator

- ▶ MD: Does anybody in your family have breast cancer?
- ▶ PT: No.
- ▶ MD: No?
- ▶ PT: ...After I had my hysterectomy. I was taking estrogen, right?
- ▶ MD: Yeah?
- ▶ PT: you know how your breast get real hard and everything? You know how you get sorta scared? [EMPATHIC OPPORTUNITY]
- ▶ MD: How long were you on the estrogen? [EMPATHIC OPPORTUNITY TERMINATOR]
- ▶ PT: Oh, maybe about 6 months
- ▶ MD: Yeah, what, how, when were you, when did you have the, uh, hysterectomy?



SCOPE (Study of Communication in Oncologist-Patient Encounters)

- **Design:**
 - Phase I: Observational audio-recording
 - Phase II: Randomized controlled trial
- **Sites:**
 - Duke University/Durham VA
 - University of Pittsburgh

SCOPE Phase 1

- **Subjects**
 - 51 oncologists (medical, surgical, radiation)
 - 270 patients with advanced cancer
- 398 outpatient visits (some patients with two visits)
- **Measures**
 - Audio-recorded visits
 - Pre-post visit surveys

ENCOUNTER: Turning Words Into Numbers

The screenshot shows the ENCOUNTER software interface. It includes a playback window at the top, a summary table on the left, a dropdown answer list in the center, a segment information window at the bottom left, and a codebook list of codes on the right. Red arrows point to each of these components with labels: 1. Playback, 2. Codebook List of Codes, 3. Dropdown Answer List, 4. Segment Information, and 5. Summary Table.

SCOPE Results: Empathic Opportunities

- 292 total empathic opportunities
- 47% of pts expressed one at some point in their conversations
- 62% of conversations had none

Pollak et al. *J Clin Onc* 2007

Empathic Statements

- ▶ Responses to empathic opportunities
 - ▶ 79 (27%) continuers
 - ▶ 213 (73%) terminators
- ▶ 52% of MD's had 0-I statements (over 8 visits)
 - ▶ 41% had none

Which Negative Emotions Elicit Empathic Responses?

- ▶ Fear was the most commonly expressed emotion (67%)
- ▶ Oncologists responded most often to:
 - ▶ Sadness
 - ▶ Moderate and severe emotion
- ▶ Empathic responses resulted in discussion (82%)
- ▶ Discussions lasted 21 seconds

Kennifer et al. Pt Educ Couns 2009

Eliciting Understanding

- ▶ None asked how much pts want to know
- ▶ 4% Assess patient understanding
- ▶ 7% Check understanding after explanation

SCOPE: Phase 1 Conclusions

- ▶ Outpatient visits of patients with advanced cancer:
 - ▶ Infrequent empathic opportunities
 - ▶ Most opportunities receive inhibiting response
 - ▶ Rare verbal expressions of empathy
 - ▶ Few MD's assess patient understanding
- ▶ Fear most commonly expressed
- ▶ Empathic responses lead to more discussion of concerns

A Communication Roadmap



"Which do you want first, the good news that sounds better than it is or the bad news that seems worse than you expected?"

Basic Principles

- ▶ Start with the patient's agenda
- ▶ Track both the emotion and the cognitive data from the pt
- ▶ Stay with pt and move conversation forward one step at a time
- ▶ Articulate empathy explicitly
- ▶ Start with big picture goals before talking about specific medical interventions

4 Tools That Work

- ▶ Ask-Tell-Ask
- ▶ NURSE
- ▶ "I wish..."
- ▶ The "big picture"

Ask-Tell-Ask

- ▶ Ask current understanding
 - ▶ Tell what you need to communicate
 - ▶ Ask if the patient understood
-
- ▶ Always helps introduce a difficult conversation



Conveying Empathy (NURSE)

- ▶ **Name**
 - ▶ "Some people would be angry..."

Conveying Empathy (NURSE)

- ▶ **Name**
 - ▶ "Some people would be angry..."
- ▶ **Understand**
 - ▶ "It must be hard..."



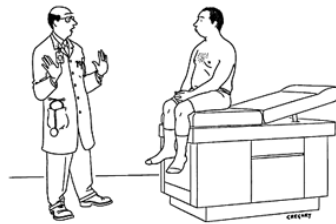
Conveying Empathy (NURSE)

- ▶ **Name**
"Some people would be angry..."
- ▶ **Understand**
"It must be hard..."
- ▶ **Respect**



Conveying Empathy (NURSE)

- ▶ **Name**
"Some people would be angry..."
- ▶ **Understand**
"It must be hard going through this alone"
- ▶ **Respect**
"I am so impressed by your commitment to your mother"
- ▶ **Support**
"I'll be with you throughout all of this"
- ▶ **Explore**
"Tell me more..."



"Whoa—way too much information!"

The "Wish Statement"

- ▶ Aligns provider with patient
- ▶ Implicitly acknowledges things won't go as desired



Asking about the "Big Picture"



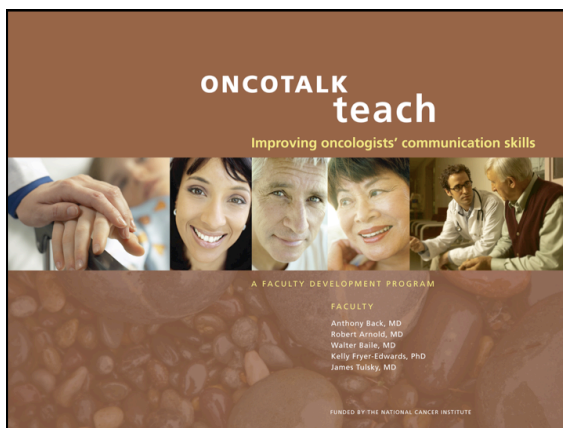
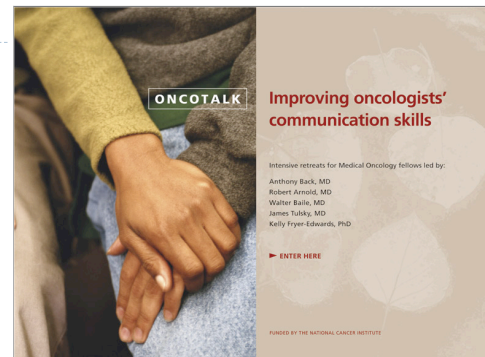
Teaching The Roadmap

Back to SCOPE

It's One Thing To Watch Someone....

....it's very different to actually say the words!!

- ▶ Learning these skills requires practice and feedback



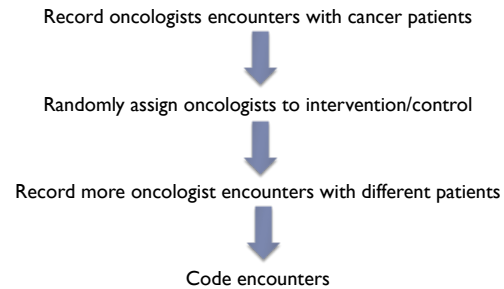
Communication Skills Courses

- ▶ **Can:**
 - ▶ Successfully train doctors in advanced communication skills
- ▶ **But:**
 - ▶ Such workshops are time, labor, and cost intensive
- ▶ **We need:**
 - ▶ Effective
 - ▶ Inexpensive
 - ▶ Easily disseminable ... educational alternatives

SCOPE Phase 2: Objective

- ▶ To test, in a randomized controlled trial, a
 - ▶ theory-based
 - ▶ self-administered
 - ▶ low-intensity
 - ▶ CD-ROM intervention
- ... to improve oncologist responses to patient expressions of negative emotion in outpatient encounters

Design

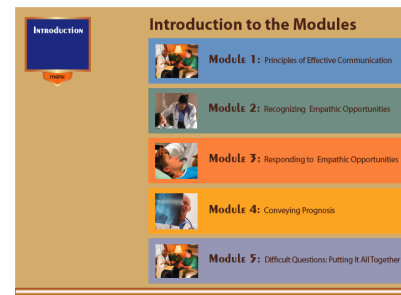


Subjects

- ▶ 48 medical, surgical, radiation oncologists
 - ▶ Received small gift incentives
- ▶ 264 patients with advanced cancer

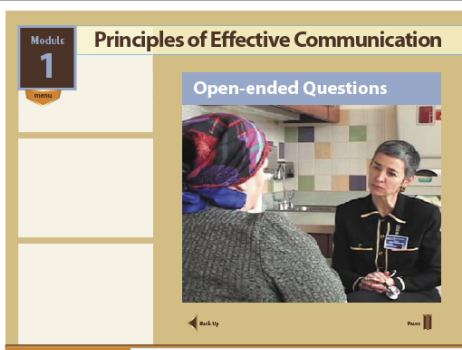
SCOPE Intervention

- ▶ **CD-ROM**
 - ▶ Didactic information
 - ▶ Video clip demonstrations
 - ▶ Audio clips from oncologists' own recorded conversations
- ▶ **Follow-up:**
 - ▶ At end of each module, oncologists asked to commit to try targeted communication behaviors
 - ▶ Prior to next clinic emailed reminders of their commitment

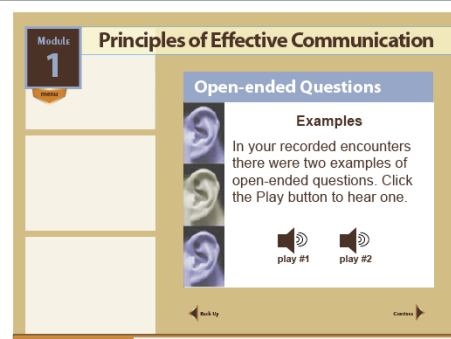


Introduction to the Modules (Topics Title Screen)

Here's how you'll do it. There are five modules.



N: A study recently published in the British Medical Journal showed that, on average, patients took only 26 seconds to respond to an open ended question. Even the longest answer recorded by the study was only two minutes.



N: Here are two examples of open-ended questions from your own recorded conversations. Click the Play buttons to hear them. When you are finished, click the CONTINUE button to proceed.

Intervention Use

- ▶ All 24 intervention oncologists received the CD
- ▶ Oncologists spent a median 64 minutes
- ▶ 92% reported changing their clinical practice since viewing the CD

Effectiveness

- ▶ At baseline, both groups used similar levels of emotion handling skills
- ▶ After Intervention
 - ▶ No difference in number of pt expressions of negative emotions
 - ▶ Oncologists who received the intervention used nearly twice the number of NURSE empathic statements
 - ▶ Rate ratio of 1.92 (95% CI: 1.10, 3.33)
 - ▶ Responses to empathic opportunities increased
 - ▶ 2.1 times the odds ($p=0.034$)

Patient Outcomes

	Estimated mean difference (95% CI)	p-value
Perceived empathy	0.19 (0.002, 0.39)	0.048
Perceived communication	0.13 (-0.01, 0.27)	0.077
Trust	0.10 (0.002, 0.19)	0.045
Therapeutic alliance	1.84 (-1.33, 5.02)	0.25
Satisfaction	0.13 (-0.10, 0.35)	0.28
	Estimated OR (95% CI)	p-value
Understood you as a whole person (extremely vs. less than extremely)	1.63 (0.93, 2.9)	0.085

SCOPE: Phase 2 Conclusions

- ▶ A brief, self-directed, tailored intervention can....
 - ▶ Improve how oncologists respond to patients' expressions of negative emotions
- ▶ Key elements
 - ▶ Focus on skills training
 - ▶ Review of oncologists' own audio-recordings

Summary

- ▶ An evidence base exists to guide how we talk to patients
- ▶ One can approach patients with:
 - ▶ A foundation of communication principles
 - ▶ A cognitive roadmap for the conversation
 - ▶ Specific skills for each situation
- ▶ Communication is not a mystery – it can be taught!
- ▶ The greater your skill as a communicator, the greater your reward as a doctor

