PSIG Clinical Pearl - February 2018
Topic: Relationship-Centered Communication

Altruism and compassion are core values of professionalism in physical therapy [1]. Embodying these attributes leads to enhanced quality of care [7], enhanced patient outcomes [3], and enhanced therapist well-being [6; 9]. While the cultivation of wise speech, and emotional-social intelligence is an endeavor of lifelong learning, delivering compassionate care is fundamentally a habit of mind and a habit of practice in the moment – which can be learned and integrated immediately into clinical practice. The *learning goal* of this clinical pearl is to experiment with exploring the patient perspective using nonverbal and verbal communication to facilitate empathy. The intention of this practice is to deliver physical therapy which is aligned with relationship-centered care.

The words we use matters, and how we communicate those words, or our nonverbal communication practice, also matters. The effects of nonverbal communication have been studied in the context of healthcare delivery, and have shown that *looking* at your patient when you talk to them, *listening* for more time than you talk [4], and *sitting down* [8] during the clinical encounter, each have positive effects on facilitating patient-perceived empathy from the clinician. Using certain *voice tones* (i.e., soft, slow-paced, and incorporates pausing), *facial expressions* (i.e., smiling and frowning), and *body expressions* (i.e., tall, balanced, still posture with use of hand expressions wider than the body) [2], are additional means to cultivate a stronger patient-provider connection.

Considering how we structure and organize our interview can also help to facilitate a stronger therapeutic alliance. One interview framework to consider is known as the Four Habits Model, which contains different stages and points of emphasis [5]:

- **Beginning the encounter** – Creating rapport quickly, eliciting the patient's concerns, and planning the visit with the patient
- **Eliciting the patient perspective** – Asking for the patient's ideas and exploring the impact on the patient's life
- **Demonstrating empathy** – Being open and responding to the patient's emotions, and conveying empathy through verbal and nonverbal communication
- **Closing the encounter** – Sharing information and the treatment plan, assessing the patient's understanding of the plan, involving the patient in the decision-making process, clarifying the next steps, and eliciting final questions

Phrases that cover responses to explore the patient perspective, facilitate empathy, and emotional cues are provided as examples below. It is imperative, however, that the words and phrases which you choose feel authentic and are in line with your own mannerism.

Responses to explore the patient perspective

Feelings: "What worries do you have about what's going on with you?"

Ideas: "People often have some ideas of what might be causing their symptoms. Do you have ideas about what might be causing your condition?"
Expectations: "What were you hoping to get out of today's encounter?"; "How can I best be of service to you today?"

Responses that facilitate empathy
Queries: "Could you tell me a little more about that?"; "What has this been like for you?"; "Is there anything else?"
Clarifications: "I want to make sure I really understand what you're telling me"; "Let me see if I have this right"; "I'm hearing that"

Responses to emotional cues
Partnership: "Let's work together on this"
Emotion: "You're frustrated"; "That must be very difficult"
Apology: "I'm sorry that I upset you"
Respect: "I give you a lot of credit for getting through this as you have"; "I can imagine that this might feel…"
Legitimization: "Most people in your position would feel this seem way"
Support: "I'm going to stick with you through this"; "That's great! I bet you're feeling pretty good about that"

The skill card provided below has been developed by the Advanced Communication Excellence at Stanford program in collaboration with the Academy of Communication in Healthcare. It is intended to serve as a quick reference for further practice of these communication habits.

> "Stay curious, be kind, and listen with the same amount of passion that you want to be heard" – Brené Brown

Further learning resources
Academy of Communication in Healthcare: www.achonline.org/resources
DocCom Webinars: www.doccom.org/resources/webinars
Epstein, 2016. *Mindfulness and reflection in clinical training and practice*.
Fisher, 2014. *Training in compassion: Zen teachings on the practice of lojong.*
Forten et al., 2018. *Smith's patient-centered interviewing: An evidence-based method.*
Jinpa, 2015. *A fearless heart: How the courage to be compassionate can change our lives.*
Lown et al., 2014. *Compassionate, collaborative care model and framework*.
Neff and Germer, 2018. *The mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive.*
Salzberg, 1995. *Loving-Kindness: The revolutionary art of happiness.*
Wolf and Serpa, 2015. *A clinician's guide to teaching mindfulness*.

References
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[2] Ambady N, Koo J, Rosenthal R, Winograd CH. Physical therapists' nonverbal communication predicts geriatric patients' health outcomes. Psychol Aging 2002;17(3):443-452.
[3] Dwamena F, Holmes-Rovner M, Gaulden CM, Jorgenson S, Sadigh G, Sikorskii A, Lewin S, Smith RC, Coffey J, Olomu A. Interventions for providers to promote a patient-centred approach in clinical consultations. The Cochrane database of systematic reviews 2012;12:CD003267.
[4] Lorie A, Reinero DA, Phillips M, Zhang L, Riess H. Culture and nonverbal expressions of empathy in clinical settings: A systematic review. Patient Educ Couns 2017;100(3):411-424.
[5] Lundeby T, Gulbrandsen P, Finset A. The expanded four habits model-A teachable consultation model for encounters with patients in emotional distress. Patient Educ Couns 2015;98(5):598-603.
[6] Riess H. The impact of clinical empathy on patients and clinicians: Understanding empathy's side effects. AJOB Neurosci 2015;6(3):51-53.
[7] Riess H, Kelley JM, Bailey RW, Dunn EJ, Phillips M. Empathy training for resident physicians: a randomized controlled trial of a neuroscience-informed curriculum. J Gen Intern Med 2012;27(10):1280-1286.
[8] Swayden KJ, Anderson KK, Connelly LM, Moran JS, McMahon JK, Arnold PM. Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. Patient Educ Couns 2012;86(2):166-171.
[9] Tei S, Becker C, Kawada R, Fujino J, Jankowski KF, Sugihara G, Murai T, Takahashi H. Can we predict burnout severity from empathy-related brain activity? Transl Psychiatry 2014;4:e393.

This Clinical Pearl was provided by Nicholas Karayannis, MPT, OCS, PhD, FAAOMPT. Nicholas is a lead Physical Therapist and clinical researcher within the Division of Pain Medicine at Stanford Medicine. He specializes in providing people living with persistent pain with education and tools to improve their knowledge about pain as well as therapeutic and mindful movement activities to assist with improving movement quality, restoring function, enhancing self-care, and reducing pain-related fear and distress. Through healthcare services and research, he is engaged in furthering the practice and integration of mindfulness, both in the lives of individuals living with chronic musculoskeletal pain and in society. He can be reached via email: nvkaray@stanford.edu and Twitter: @DrNickVK.

Clinical Pearls reflect succinct, clinically relevant information drawn from your experience that can benefit patient care but may not be found in the medical literature. We'd love to hear your suggestions. Please send your ideas for a Clinical Pearl to Bill at Rubineb@ohsu.edu or Carolyn at carolyn@carolynmcmanus.com.

Stanford HEALTH CARE
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1: Beginning

Create rapport quickly
- Greeting and introductions
- Attend to comfort; "small talk before big talk"
- Acknowledge communication barriers

Elicit the LIST of All Items
- Exhaustive "What else?"

Negotiate the Agenda
- Establish patient's priorities
- State your clinical goals
- Negotiate a plan

2: Relationship-Centered

Open the Conversation
- Open-ended question/request
- Listening

Explore Perspectives & Name Emotions
- Ask about ideas and expectations
- Explore and name emotions

Respond to Emotional Cues
- **PEARLS:** Partnership, Emotion, Apology, Respect, Legitimization, Support

3: Ending

Share Information
- Orient patient to end of the encounter
- Incorporate patient's perspective
- Use plain language

Assess Understanding with ART loops:
- **Ask, Respond, Tell**

Summarize & Clarify
- Teachback using ART

PEARLS

P artnership:
Let's work together on this.

E motion:
I imagine how frustrating this is for you.

A pology:
I'm sorry to hear how difficult this is.

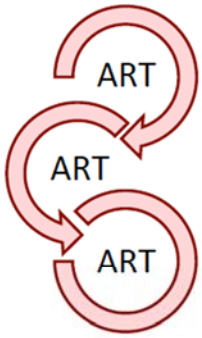
R espect:
I give you a lot of credit for getting through this as you have.

L egitimization:
Most people in your position would feel this same way.

S upport:
I'm going to stick with you through this.

ART Teach-Back

Ask the patient to summarize:



I've spoken a lot: can you tell me in your own words what we've decided on?"

"When you speak with your family member / friend, what will you tell them we discussed?"

Respond
"Sounds like a good summary."

Tell additional points, as needed.

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