IHC Patient-Centered Communication Series:

Intensive Communication Skills Program

Overview

Clinician training traditionally focuses on the biomedical aspects of care. While this training is extensive and essential, it is often incomplete. Within the high-pressure context of developing a sufficient base of biomedical knowledge and skills, clinicians may learn ineffective communication habits early in their training, and may be unaware of their limitations until problems arise. Research has shown that future patient complaints can be accurately predicted when communication skills are not acquired in medical training (Tamblyn R, 2007).

Awareness of patient communication problems may come as a result of poor patient satisfaction scores, complaints, comments from colleagues or support staff, or self-awareness that relationships with patients and colleagues could be better. Patients and families need and want effective partnerships with their healthcare providers. Many patients prepare for their healthcare visits by conducting their own online research into diagnoses and treatment options, and expect to have an active role in decision-making around their care. Patient satisfaction scores are widely used in some organizations as part of both quality improvement and compensation decisions. Further, the recent focus on patient-centered medical homes and patient-centered care, spurred by regulatory and reimbursement changes, is creating new demands on providers to involve patients in ways that may be unfamiliar and uncomfortable for those trained in earlier models of care. For example, paternalism is widely considered to be the traditional doctor-patient relationship. This model is antithetical to an empowered, involved patient and defaults to physician control (Roter DL, 2006). Described in the 1950s (Parsons, 1951) and not disputed until the 1970s and 1980s, physicians who have adopted paternalistic approaches may have difficulty understanding and applying skills important to patient-centered interactions.

Communication skills improvement has been shown to be feasible through intensive interventions that focus on knowledge, attitudes and skills, and that provide experiential practice opportunities (Henry, 2013). Despite widespread incidence of ineffective clinician-patient communication, there are few programs available to address this gap in intensive and meaningful ways. IHC’s Intensive Communication Skills Program is designed to provide practicing clinicians with specific guidance and focused practice using evidence-based communication skills that contribute to enhanced diagnostic accuracy, patient satisfaction, treatment adherence and professional job satisfaction.
Hospitals, medical practices and other organizations that employ clinicians typically do not have the capacity to conduct intensive communication skills training. Organizations invest in their clinicians in a variety of ways, and want clinicians to succeed. As difficult as it may be to initiate intensive communication skills training, it is far more difficult—and expensive—to replace professional staff. The costs for hiring a new hospital-based physician can top $1M when lost revenues are added to the recruiting, training, credentialing, marketing and onboarding costs (Minich-Pourshadi, 2013). Administrators also recognize the potential liability risk and risk to reputation posed by clinicians with poor communication skills.

IHC’s **Intensive Communication Skills Program** has demonstrated practical results including substantial improvement in patient satisfaction scores. The program fosters a productive learning environment free of embarrassment, threat or shame. Regardless of skill level, learning new ways of communicating requires risk-taking. The **Intensive Communication Skills Program** is expressly designed to provide the necessary safety and support to allow learners to take these risks. This highly-rated educational program is of sufficient duration to allow extensive practice, coaching and self-reflection.

**Audience**

IHC’s **Intensive Communication Skills Program** is designed as an intensive training experience for practicing clinicians who seek to reconsider their approach to patient communication in the clinical setting. Potential participants might be aware of limitations in their communication skill set and interested in self-improvement. Clinicians may also seek out this program as they become aware of low patient satisfaction scores, patient complaints or malpractice litigation. Others may be referred by their organization as part of an overall quality improvement effort.

The program is intended expressly for professionals who provide patient care. Addressing provider issues such as psychiatric illness, substance abuse or clinician misconduct is beyond the scope of this program.

**Content**

All IHC courses are predicated on best practices in clinician-patient communication and emphasize standard large and small group learning formats to provide peer observation, feedback and coaching.

This program is built on participant engagement in four distinct areas: theories about communication, the value and ethical considerations of communication, the development of specific skills and techniques and the impact of personal history on the clinician’s responses to different clinician-patient relationships.
Expectations

To get the most out of this program, learners should plan to take time to prepare for the workshop, participate fully throughout the workshop, and arrange for follow-up coaching and feedback, as described in detail below.

During the brief workshop, we expect all participants will appropriately engage in all workshop activities including discussion, reflection, role play, peer feedback and other learning exercises. To accomplish this, whenever possible we schedule the majority of the workshop over a weekend so that distractions related to work responsibilities will be kept to a minimum. We encourage participants to arrange for coverage for the entire time they attend the workshop and to inform colleagues that they will be unavailable for the duration of the program. Of course we understand that participants are practicing healthcare providers and the need to address some emergencies may be unavoidable.

Learning Objectives

At the conclusion of this program, each participant will be able to:

1. Step into the patient role and describe the patient expectations, experience and perspectives in a variety of challenging interactions;
2. Develop insight into how one’s own prior life experiences can influence communication behavior with patients;
3. Recognize “hot button” situations that can negatively affect one’s own communication behaviors;
4. Demonstrate appropriate and effective communication strategies in interactions with patients who push these “hot buttons”;
5. Develop a core belief statement about what constitutes effective clinician-patient communication;
6. Demonstrate enhanced performance of fundamental skills when communicating with patients; and
7. Define the elements of effective feedback and apply these techniques to a coaching exercise.

Methodology

For optimal learning and skills acquisition, we strongly recommend learners commit to complete the series of three training segments that make up the Intensive Communication Skills Program. These encompass: (1) course readiness, (2) the Intensive Communication Skills workshop, and (3) coaching and feedback.
(1) **Course Readiness**: At least one month prior to the 2.0-day *Intensive Communication Skills* workshop, we provide articles that pertain to clinician-patient communication skills, ethical issues and the impact of personal history on the clinician’s communication skills. We also strongly recommend participants gather relevant data to assess their current clinician-patient communication skills. These may include patient satisfaction surveys, audio tapes of patient interviews or other such data that will be shared with the trainers during the course and, later, with their clinician coach. Course readiness is conducted at home and, for many participants, in coordination with the participant’s employer. Course readiness is an important element of this program that will make the 2.0-day workshop more valuable and targeted toward learners’ specific needs.

(2) **Intensive Communication Skills workshop**: The clinician attends a 2.0-day residential program conducted by highly trained faculty members drawn from medical school faculty, primary care and specialist physicians, psychologists, family therapists working medical settings and psychiatrists. To ensure optimal small group cohesion and individualized attention, no more than 12 participants are enrolled in each workshop.

While there are some large group activities, most work is in small groups with three to four participants and one faculty member. Small group activities include practicing communication skills with standardized patients; receiving coaching from faculty and group members; reviewing videotapes of clinicians in a practice setting; and considering the impact of theories, values, and personal history on the development of habits and ways of being with patients.

(3) **Coaching and feedback**: At the conclusion of the 2.0-day workshop, we strongly recommend that each learner establish a 6- to 12-month plan to continue to develop his or her communication skills. Compelling evidence in the literature and IHC’s extensive experience point to the value of ongoing focused follow-up with a clinician coach. The clinician coach is a person who understands the clinical environment, identifies and can model the skills to be learned, and understands and values the coaching process. IHC maintains a list of experienced clinician coaches who have completed IHC’s *Coaching Clinicians for Enhanced Performance* course. Alternatively, the clinician can choose a clinician coach from local or other resources.

Please note: the cost for individualized coaching and feedback is not included in the workshop fee.

**Faculty**

Faculty members who teach IHC’s *Intensive* workshop have completed a comprehensive faculty development program. All faculty members for this program have had extensive experience coaching clinicians who are working to enhance communication skills.

**CME/CE**

The Institute for Healthcare Communication, Inc. is accredited by the Accreditation Council For Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Institute for Healthcare Communication takes responsibility for the content, quality, and scientific
integrity of this CME activity. This workshop is designated by The Institute for Healthcare Communication, Inc. as a continuing medical education activity meeting the criteria for 19.0 hours in Category 1 of the Physician’s Recognition Award of the American Medical Association.

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