IHC Patient-Centered Communication Series:

Team- and Patient-Centered Medical Home Communication for the Patient Medical Home Workshop

Overview

Communication underlies successful healthcare. Until recently, though, healthcare and medical training paid little attention to the development of communication skills (Teutsch 2003). Too often healthcare professionals have had to rely on their innate communication talents, any mentoring they may receive and following the examples of others they observed.

Today, however, students are required to demonstrate competency in communication. There are emerging—often voluntary—guidelines for clinicians in practice to evaluate their patients’ satisfaction with clinicians’ communication skills. Further, there is broad recognition that effective communication must be learned, practiced and reinforced by all members of the healthcare team—not only clinicians.

Communication skills and techniques can be improved through training and practice (Henry 2013). Research has demonstrated that increasing communication skills improves diagnostic accuracy, patient involvement in decision-making, and adherence to therapeutic regimens. Additional benefits are an increase in patient and team satisfaction and a reduced likelihood of exposure to malpractice litigation.

A number of local, statewide, national and international initiatives point to the patient-centered medical home (PCMH) model as a cornerstone for healthcare improvement. The National Committee for Quality Assurance (NCQA) has developed rigorous standards for medical practices to demonstrate that they are functioning as PCMHs (National Committee for Quality Assurance (NCQA) 2014). The Affordable Care Act is funding a number of state-based healthcare reform initiatives that have adopted, or at least encourage, PCMH models.

The recognition that "better communication leads to better care" is at the heart of a host of efforts to measure and reward individuals and organizations that communicate effectively. IHC’s Team- and Patient-Centered Communication for the Medical Home gives learners specific skills in a safe and supportive learning environment.
**Audience**

*Team- and Patient-Centered Communication for the Medical Home* is designed for healthcare team members—clinicians and non-clinicians— in active practice in all specialty areas. This workshop is appropriate for a wide variety of sponsors through North America including medical practices, Federally Qualified Health Centers, health maintenance organizations, hospitals, hospital systems and long-term care providers.

The range of professional roles typically represented at PCMH workshops include physicians, nurses, nurse practitioners, physician assistants, medical assistants, social workers, nutritionists, physical therapists, receptionists, orderlies, technicians and others.

Workshops can accommodate 12-30 learners to ensure individualized attention and optimal small group learning.

**Content**

*Team- and Patient-Centered Communication for the Medical Home* is based on validated models for medical communication. The key goals for this communication training workshop are to:

1. Help all members of the healthcare teams understand, embrace and develop effective communication skills required for PCMH;
2. Improve patient care and satisfaction;
3. Increase patient adherence and self-management;
4. Increase healthcare team satisfaction; and
5. Reduce medical error and liability risk.

The *Team- and Patient-Centered Communication for the Medical Home* workshop presents two interrelated models of communication that form the foundation and framework for skills and principles that are transferable to interactions with patients and with members of the medical home team. These are IHC’s “E4” medical communication model and Gittell’s Relational Coordination model (Gittell 2011). The content, principles and models used in this workshop are supported by extensive research conducted during the past thirty years in patient-centered care, healthcare communication and team communication.

**IHC’s “E4” model**

The “E4” communication includes: Engaging the person (building and sustaining trust and the relationship), Empathizing, Educating (using clear, concise language and checking for understanding), and Enlisting the patient as a partner and focus of the care that is delivered by the PCMH team.

**Gittell’s Relational Coordination model**

The Relational Coordination model focuses on the relational dimensions and communication dimensions required of healthcare teams. The team relational coordination dimension includes:
1. **Shared goals**: Important because common goals foster bonds among team members through better understanding; shared goals help with ensuring consistent responses among different members or groups in unexpected situations.

2. **Shared knowledge**: Enables a better understanding about other team member’s roles and challenges, leading to stronger bonds among the team members.

3. **Mutual respect**: Increases the likelihood that team members will be receptive to communication from each other in functions irrespective of their relative status, thus increasing the quality of communication given that communication is a function of what is heard as well as what is said.

The team communication dimension includes:

1. **Frequency of communication**: Refers to the quantity of exchanges and interactions among team members; it enhances the development of relationships through repetition, which builds a sense of familiarity that fosters relational ties.

2. **Timing of communication**: Means that communications occur at the appropriate time that is suitable or optimal for interactions or exchanges. Timing is paramount in settings with time constraints, high interdependencies and high uncertainty as ill-timed communication can lead to delays and errors. When relational ties are present on the team, members are more likely to have an understanding about work habits, preferences and expertise.

3. **Accuracy of communication**: Refers to the precise and correct exchange of information among members of team. Perceived correctness of information is associated with how confident an individual feels about the source of information.

4. **Problem-solving orientation of communication**: Vital to achieving quality communication and relational coordination; concerns efforts to resolve difficulties in solving the common tasks within a team. When individuals are connected at work, they are likely to communicate more; the enhanced understanding of one another will then improve the willingness and capacity to resolve difficulties in accomplishing tasks.

Each dimension is mutually reinforcing of the other. For instance, the higher frequency of communication leads to an increase in shared knowledge.

**Expectations**

The *Team- and Patient-Centered Communication for the Medical Home* workshop trains healthcare team members—clinicians and non-clinicians—at all stages of their careers and all stages of development of their PCMH model.

Learners are expected to participate in all activities in the workshop. This is a validated approach for adult learners, grounded in the research on cooperative learning and action learning. Learners consistently report high value receiving feedback from their fellow participants and sharing their experiences in this structured and safe environment.

To minimize distraction, IHC recommends that learners be freed from additional work-related tasks for the duration of the training.
Learning Objectives

As a result of your participation in the **Team- and Patient-Centered Communication for the Medical Home** workshop, you will be able to:

1. Identify evidence-based reasons why communication is important in your daily Patient-Centered Medical Home (PCMH) practice;
2. Describe communication tools to increase your effectiveness in PCMH interactions and with your patients;
3. Practice using communication and team relational coordination tools with your colleagues, utilizing peer and coaching feedback; and
4. Select and commit to using at least 2 tools in your daily practice.

Methodology

The workshop is a fast-paced interactive program designed to provide learners with opportunities to practice skills and techniques, not simply to hear about them. The format for the session combines brief presentations, video case review with interactive exercises, active learning techniques, and discussions.

Nearly 70% of the workshop is devoted to interactive, experiential learning. Learners work individually and in teams to analyze video case study re-enactments of actual cases, reach agreement on what was and was not effective in the cases, and then create responses that would be more effective.

As with all IHC communication workshops, an annotated bibliography has been developed and is included with the workbook which is provided to learners. We encourage learners to use the bibliography after the workshop as a resource for further professional development on patient-centered communication, team communication and PCMH.

The **Team- and Patient-Centered Communication for the Medical Home** workshop can be adapted for presentation in sessions of varying duration. The 5.5 hours of content can be presented as one program of 6 or 6.5 hours (depending on breaks), or two 3-hour segments.

**Optional simulation training** is available as a half-day training supplement on the day following the **Team- and Patient-Centered Communication for the Medical Home** workshop. **Learners have long cited simulated communication training exercises as the most valuable aspect of IHC training.** Simulated skills practice sessions provide teams with realistic team huddle scenarios to practice and reinforce skills demonstrating mutual respect, accurate communication and shared goals. The simulations use trained and experienced actors, under IHC guidance. This uniquely effective training tool is appropriate for all healthcare professionals involved in—or considering—PCMH model adoption.
Faculty

Faculty members who teach *Team-and Patient-Centered Communication for the Medical Home* workshops have completed a comprehensive faculty development program. The faculty program includes individualized coaching conducted by IHC to prepare faculty to teach and facilitate the workshop, deepen their own communication skills, and to explore strategies to support and advocate for greater attention to relationship-building and communication skills at their home institutions.

CME

IHC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for clinicians. The Institute for Healthcare Communication takes responsibility for the content, quality, and scientific integrity of this CME activity. IHC designates this educational activity for a maximum of 5.5 AMA PRA Category 1 Credit(s) ™ of the Physician’s Recognition Award of the American Medical Association. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Continuing education (CE) credit may be available to nurses, medical assistants, staff supervisors and other non-physician participants. IHC will provide a certification of completion, which can be submitted to trainees’ respective accrediting organizations. IHC is pleased to provide any necessary documentation to help individuals gain CE credits for completion of this workshop.

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