CPC Corner

By Steven M Levine, MD

Positive Results from Clinician-Patient Communication Programs at Kaiser Permanente: A Physician's View

When I joined Kaiser Permanente (KP) after 18 years in a solo, private internal medicine practice, I discovered that patients at KP tended to bring many more complaints to a single visit than I'd been accustomed to in private practice. Along with these complaints, patients also carried into the examination room a series of frustrations that had to be addressed—all in less than 20 minutes! I therefore had to make an adjustment at office visits: I had to learn to effectively treat patients who arrived with a long list of complaints and requests.

I have participated in most of the communication programs offered by the Northwest Permanente Department of Continuing Medical Education (NWP CME & PD) and Professional Development, and these programs have helped me improve my ability to work with patients within our system's time constraints. In this article, I describe how these courses (especially "Clinician-Patient Communication to Enhance Health Outcomes," "Difficult Clinician-Patient Relationships," and "Communication Frustrations") have proved useful in building my own skills.

Courses and Coaching: Implementing New Skills

In addition to offering courses, which alone provide valuable information on communication skills, NWP CME & PD provides one-on-one coaching—a process vital for assessing how well a clinician applies these communication skills. My coach observed my office visits and gave me valuable feedback about how I handled patient communication in the examination room. After I had begun to use the feedback and practice the techniques I learned in the courses, my coach returned for

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Clinician-Patient Communication Programs offered by Northwest Permanente Department of Continuing Medical Education and Professional Development

Clinician-Patient Communication to Enhance Health Outcomes

This workshop is designed to help clinicians identify and enhance critical communication skills that they currently use or need. During the workshop, state-of-the-art techniques are presented with supporting research. Clinicians also are given opportunities to practice these techniques and to receive feedback.

At the conclusion of this workshop, clinicians should be able to
- Describe the four communication tasks of the medical interview;
- Identify state-of-the-art communication skills and supporting research;
- Identify frustrations that make clinician-patient encounters difficult;
- Demonstrate and practice new communication skills;
- Develop a simple plan to apply new communication skills in practice.

Reflective Listening

This workshop defines and demonstrates the importance of "reflective listening" during the medical interview. Skills and strategies for implementation also are presented. Clinicians are given the opportunity to practice thinking reflectively, to form reflec-

tions, and to use reflective listening in a mock patient encounter. At the conclusion of this workshop, clinicians should be able to
- Understand and recognize reflective listening;
- Describe how reflective listening can be used in clinical practice;
- Practice thinking reflectively, forming reflections, and using reflective listening in encounters with patients.

Difficult Clinician–Patient Relationships

This workshop challenges clinicians to examine the types of interactions which cause clinicians the greatest difficulty. Learning new approaches for working with these situations is facilitated by exploring 15 videotaped case scenarios drawn from a variety of specialties. Each case presents a type of difficulty faced by most clinicians at some point during their careers.

Two conceptual models are introduced to frame both the problems and the possibilities of "difficult" relationships. The first model examines some of the factors that lead clinicians to apply the label "difficult" to a situation. The second model describes strategies a clinician can use in response to these situations.

At the conclusion of this workshop, clinicians should be able to
- Identify characteristics that make patient encounters "difficult" and factors that cause clinicians to apply this label to patients;

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another observation session to assess my progress. I found this one-on-one coaching extremely valuable for enhancing my communication skills.

Some of the most valuable skills that I have incorporated into my patient interactions include "reflective listening" (the most valuable skill for giving patients the assurance that the concerns they express are truly being heard), setting an agenda for the office visit (ie, after the patient finishes the "opening statement" and lists concerns, clinician and patient mutually agree on topics to be addressed during this visit), and "forecasting" (ie, explaining to the patient what to expect next during the visit). I have refined the techniques into a set of skills that I have become comfortable using, and I practice these skills every day during each patient encounter.

Conclusion

I have had positive results from participating in these communications programs: In particular, I am now able to finish most patient visits in the allotted time, and I've finally gained a sense of organization and control during office visits. I am able to end each office visit and leave the examination room without that uncomfortable "How do I get out of here?" feeling—a feeling which I think is familiar to many of us. My patients feel they are being heard, my Art of Medicine scores have improved, and I have gone from being 1 1/2 hours behind on most days to being nearly on time. ❖

- Demonstrate and practice effective strategies for coping with difficult patient encounters;
- Identify communication strategies that increase satisfaction for patients as well as for clinicians.

Time Wise: Skills for Wisely Using Your Time with Patients

This workshop provides clinicians with a model of the medical interview involving both biomedical and interpersonal roles. Clinicians gain an understanding of how time can be efficiently allocated in a medical interview. The medical interview model enables clinicians to view communication skills as critical techniques for wisely managing the time spent with patients.

Clinicians in this program should learn and practice three main skills:
- Negotiating an agenda with a patient (ie, how time will be used, topics to be addressed);
- Responding to emotional expressions and psychosocial concerns in a warm and timely way;
- Closing the visit on time after maintaining focus on the agreed-upon agenda.

Choices & Changes

Choices and Changes gives clinicians an opportunity to explore their own beliefs about the change process and to test these beliefs against the empirical literature that has been developed during the past two decades. The program also provides the clinician with specific strategies to use within the time constraints of a typical office visit.

At the conclusion of this workshop, clinicians should be able to
- Examine their own attitudes, beliefs, and values about promoting patient behavior change;
- Learn key aspects of three major models (Stages of Change, Motivational Interviewing, and Self-Efficacy) as applied to promoting patient behavior change;
- Practice using these models to rapidly identify key interventions that promote patient behavior change. For this purpose, examples of clinical scenarios are presented on videotape and enacted in small groups.

Communication: A Risk Management Tool

This program was developed in response to the need expressed by many malpractice insurance carriers for a brief program that would identify and inform clinicians of the communication practices that attract—or prevent—malpractice litigation.

At the conclusion of this workshop, clinicians should be able to
- Understand the expectations of patients and families regarding communication and interaction and how, if mishandled, these activities can lead to formal complaints and lawsuits;
- Recognize and analyze unsatisfactory interactions with patients and families and quickly develop remedies for these situations;
- Address other unexpected, disappointing outcomes (as well as mistakes) in a way that reduces the risk of attracting lawsuits or complaints;
- Review current practice settings and identify for future action areas of risk.