

# Critical Communication Strategies

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# Financial Disclosure

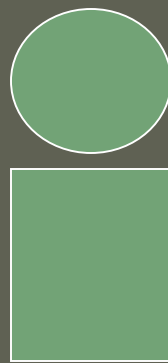
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- No financial disclosures.
- No financial relationships with drug or device manufacturers.
- No commercial products, off-label, or investigational uses will be discussed.

# Is communication a problem for physicians?

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- ◉ Communication with patients
- ◉ Communication with other physicians
- ◉ Communication with other healthcare workers

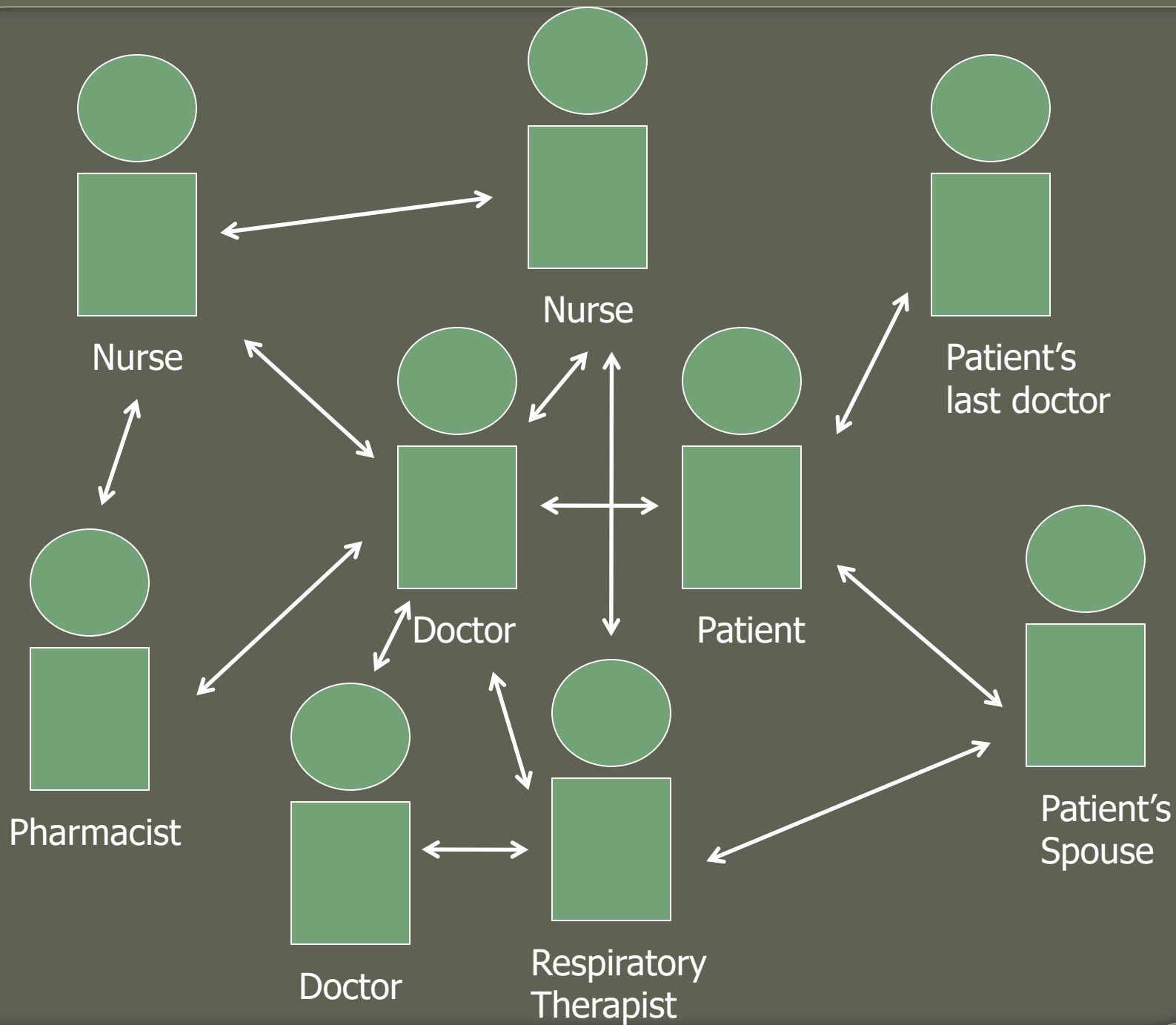


Doctor

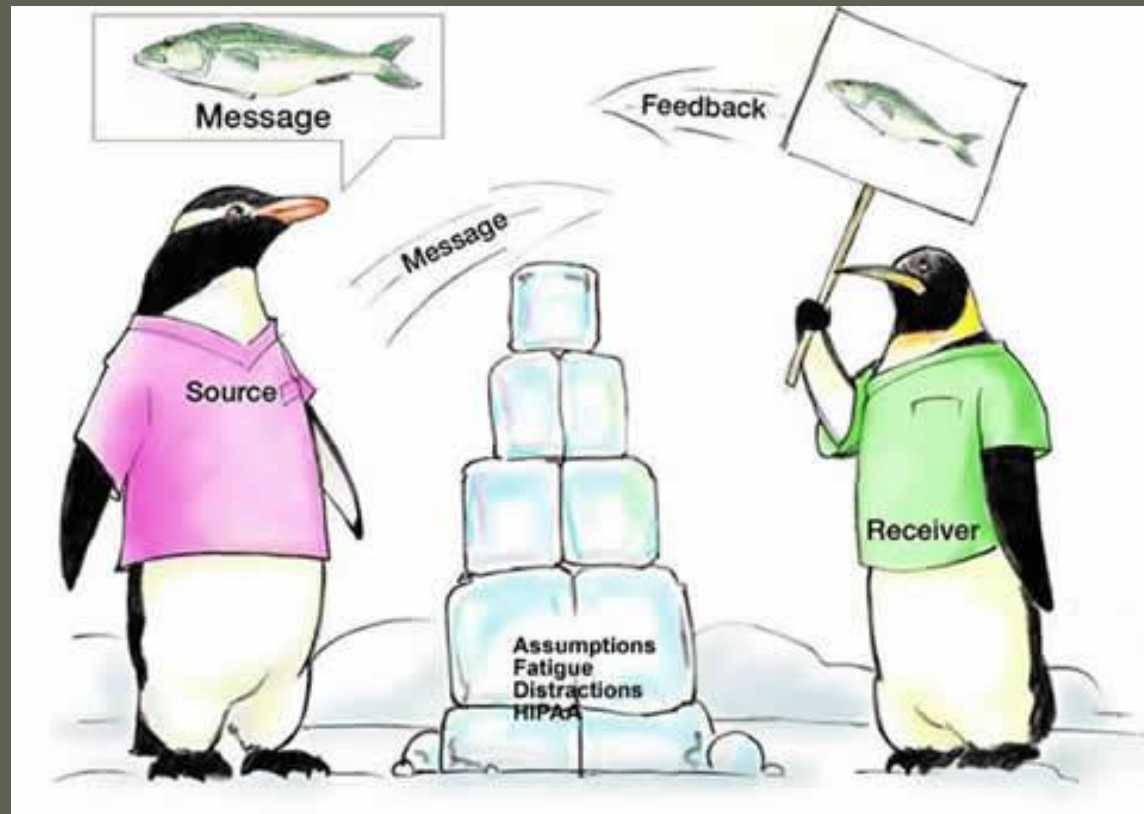


Patient





# What are the most important elements of communication?

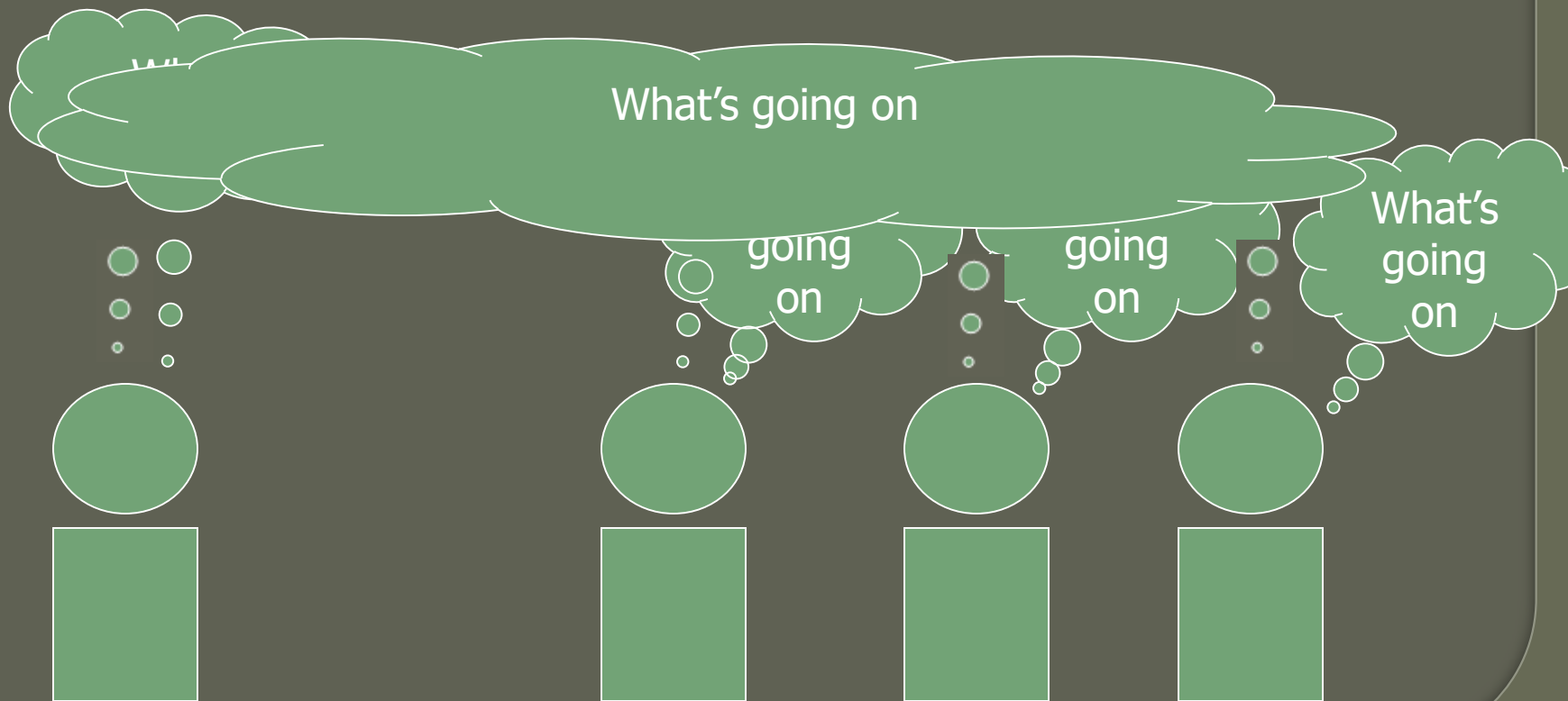


Source: AHRQ TeamSTEPPS Program

# Communication: The goals

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- ◉ Situational Awareness
- ◉ Shared Mental Model



# Situation Awareness Exercise

Room #	Patient	Orders			
1	Jackson	EKG, O <sub>2</sub> , Cardiac Enzymes			
2	Simmons	CBC, UA, HCG, IV			
3	Bailey	CXR, neb Rx, CBC, O <sub>2</sub>			

Which patient are you concerned about?



# Practical Exercise

Room #	Patient	Orders	Age Gender		
1	Jackson	EKG, O <sub>2</sub> , Cardiac Enzymes	22 y.o. male		
2	Simmons	CBC, UA, HCG, IV	26 y.o. female		
3	Bailey	CXR, neb Rx, CBC, O <sub>2</sub>	78 y.o. male		

# Practical Exercise

Room #	Patient	Orders	Age Gender	History	Vital Signs
1	Jackson	EKG, O <sub>2</sub> , Cardiac Enzymes	22 y.o. male	Chest pain after cocaine use	
2	Simmons	CBC, UA, HCG, IV	26 y.o. female	Abdominal pain	
3	Bailey	CXR, neb Rx, CBC, O <sub>2</sub>	78 y.o. male	Ran out of inhaler. Mild SOB.	

# Practical Exercise

Room #	Patient	Orders	Age Gender	History	Vital Signs
1	Jackson	EKG, O <sub>2</sub> , Cardiac Enzymes	22 y.o. male	Chest pain after cocaine use	HR 115 R 24 B/P 174/98
2	Simmons	CBC, UA, HCG, IV	26 y.o. female	Abdominal pain	HR 132 R 22 B/P 82/76
3	Bailey	CXR, neb Rx, CBC, O <sub>2</sub>	78 y.o. male	Ran out of inhaler. Mild SOB.	HR 92 R 22 B/P 132/86

# Communication with Other Healthcare Providers

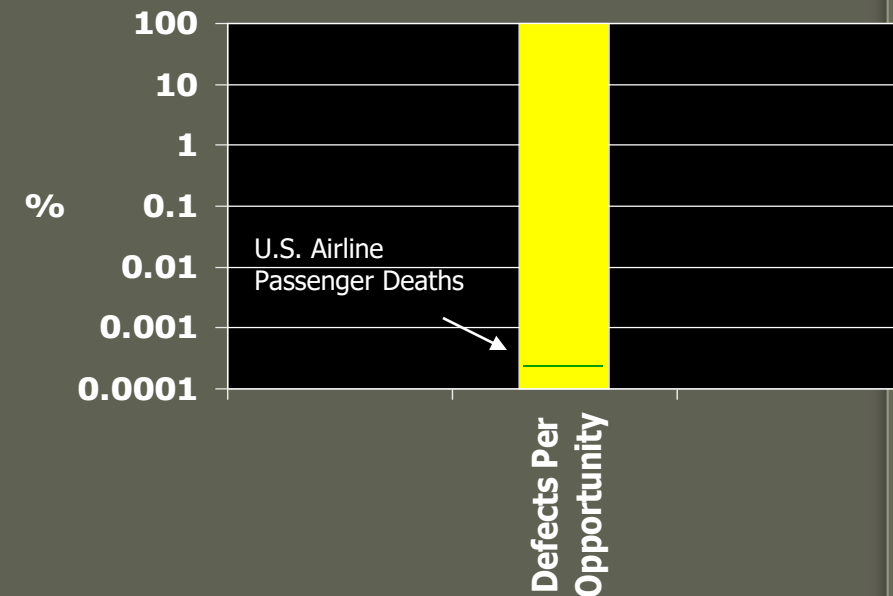
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# Communication Among Team Members

- Let's look to the airline industry for guidance



[www.fgbmfi.org](http://www.fgbmfi.org)



[www.airguideonline.com](http://www.airguideonline.com)

# Communication Among Team Members

- Senders and receivers
  - Readback



Come Right to 127



[www.aerospace-technology.com](http://www.aerospace-technology.com)

"I know that you know that I know the heading."

# Checkback

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- ◉ Verbal orders
- ◉ Radiology results
- ◉ Instructions from consultants
- ◉ Critical values



Any orders Doctor?

Uh,  
okay.

Nurse

Yes. First draw two sets of blood cultures along with a serum lactate. Then I will place a high central line so you can measure the Central Venous Pressure (CVP). If the CVP is less than 8cm of water, bolus 500 mL of Normal Saline every 15 minutes until the CVP is high enough. At that point, if the Mean Arterial Pressure is less than 65 mmHg, then start a norepinephrine drip and titrate to the MAP. Once that is done, check the central venous oxygen saturation. If it is less than 70% then recheck the patient's hemoglobin. If it is less than 10mg/dL, then transfuse packed red blood cells. If it is not, then start a dobutamine drip. If this causes too much tachycardia or hypotension, or if the central venous oxygen saturation is...

Current  
Evidence-  
Based  
Guidelines

Doctor



Any orders Doctor?

Yes. Start this patient on our sepsis protocol.

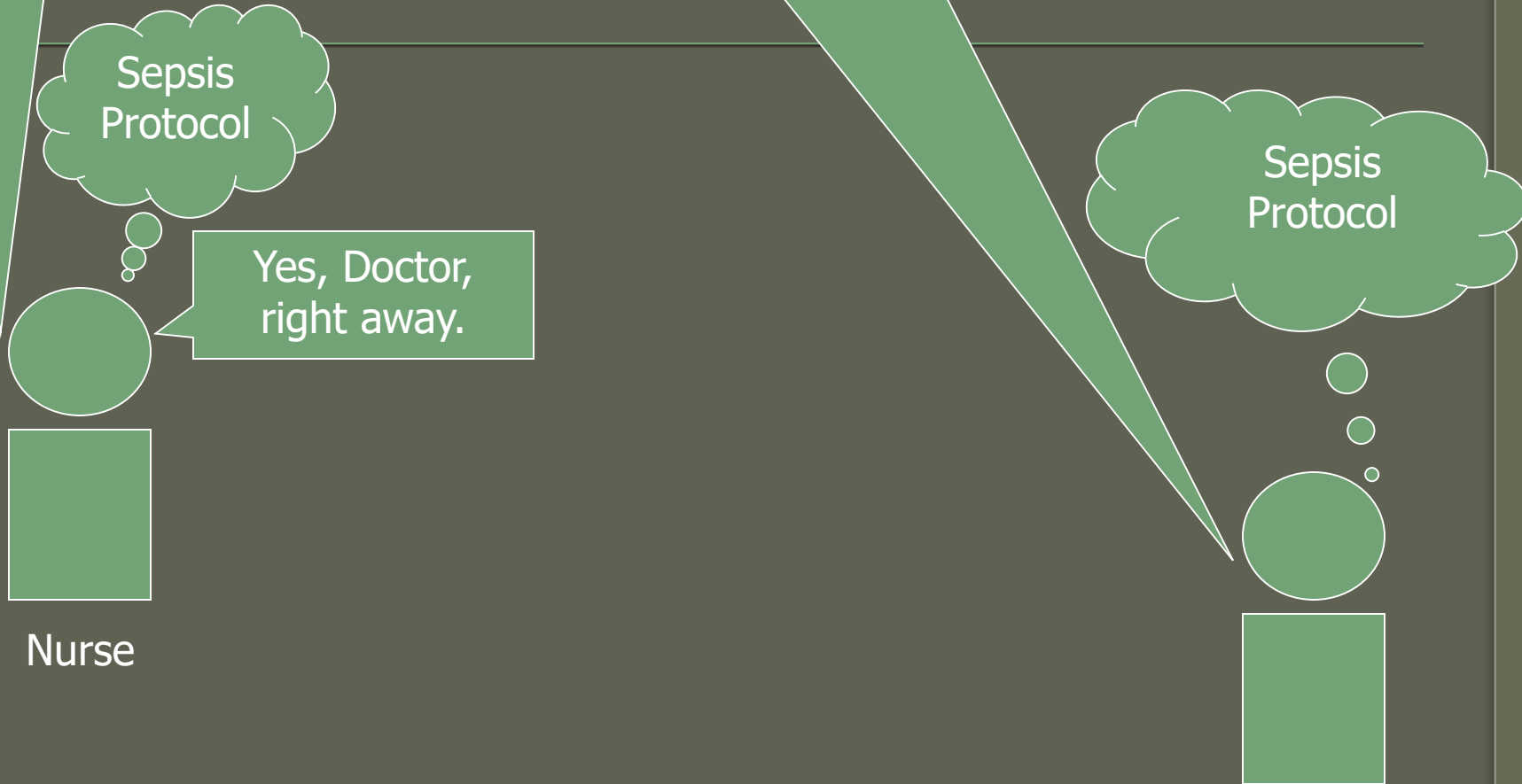
Sepsis Protocol

Yes, Doctor, right away.

Nurse

Sepsis Protocol

Doctor



How I do  
heparin.

Give  
50,000  
Units

Uh,  
okay.

Uh,  
okay.

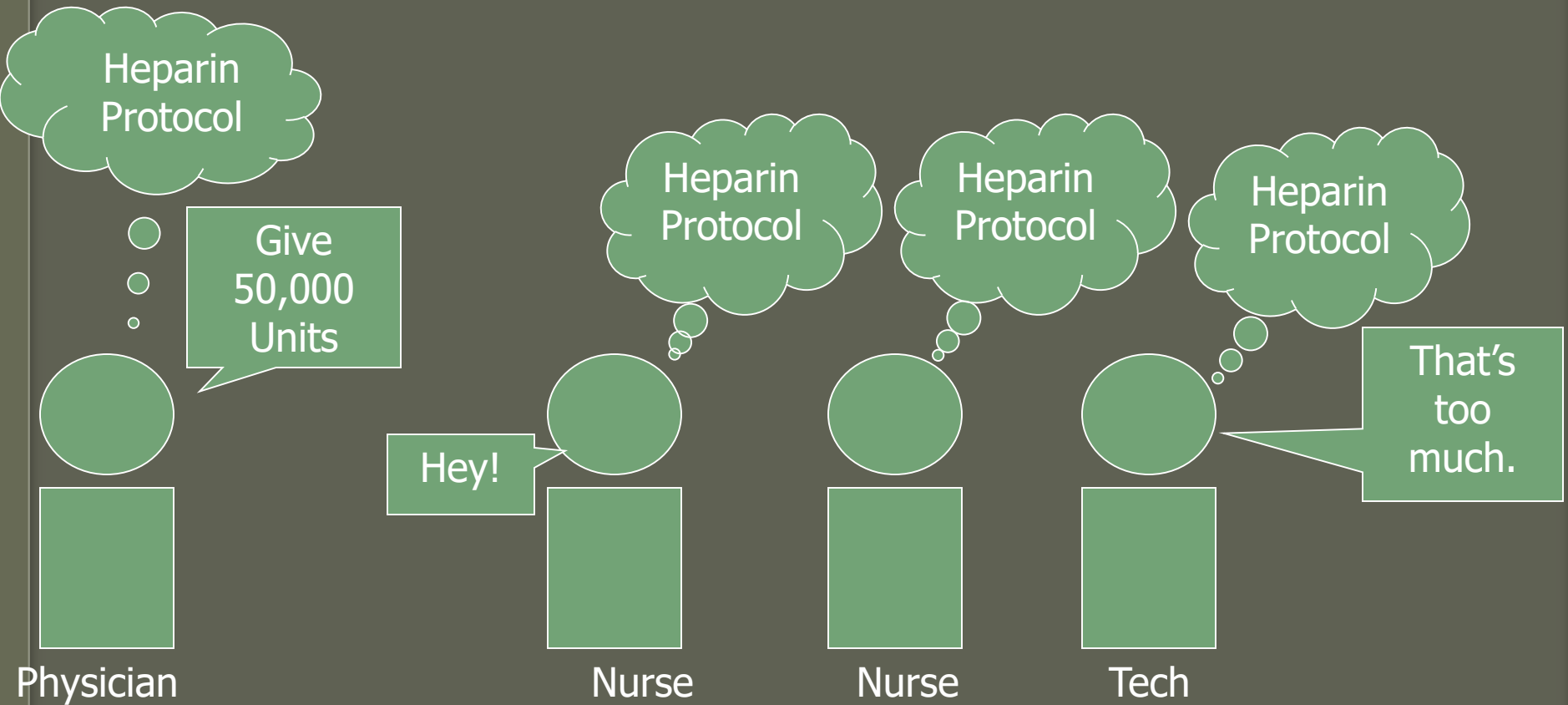
Uh,  
okay.

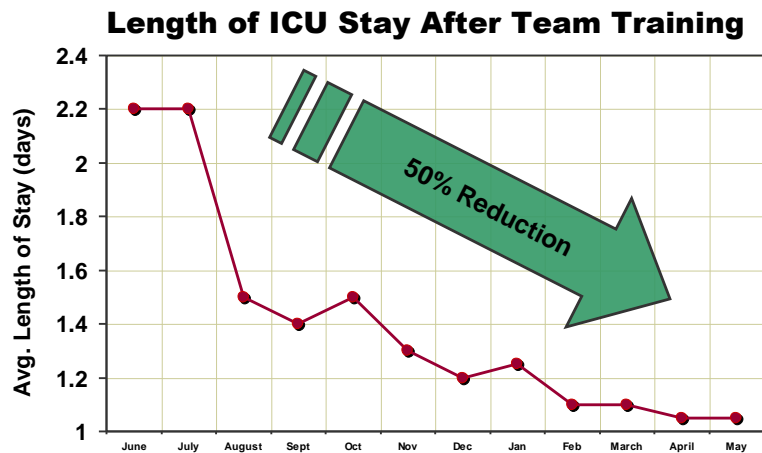
Physician

Nurse

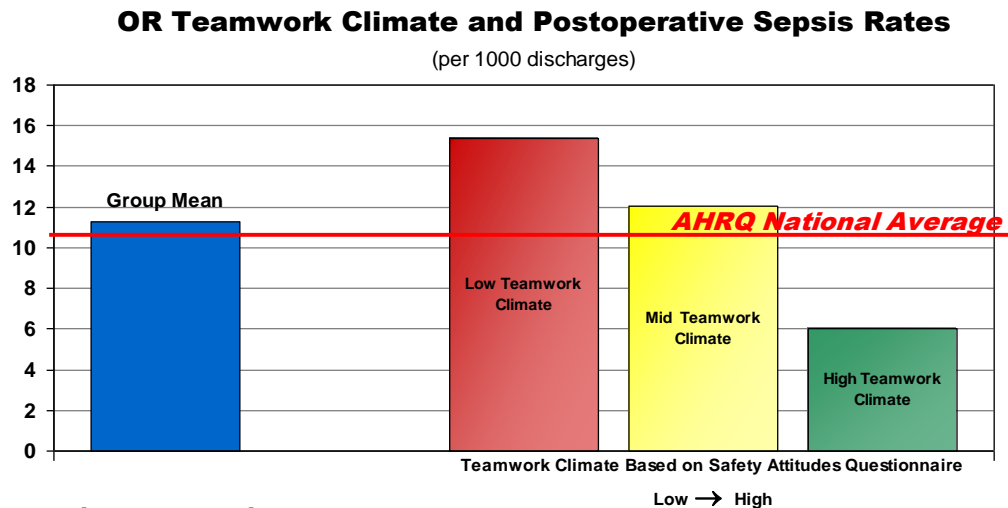
Nurse

Tech

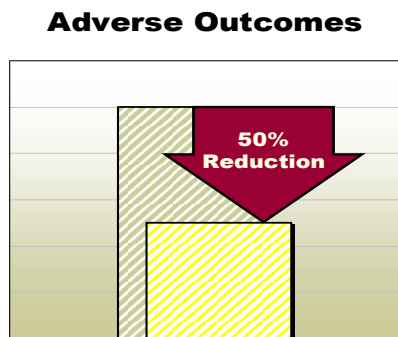




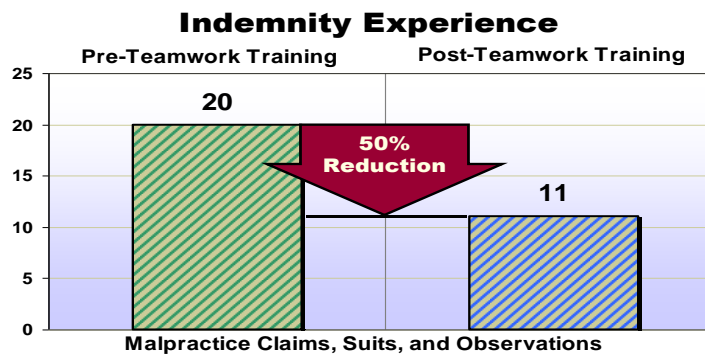
(Pronovost, 2003)  
 Johns Hopkins  
 Journal of Critical Care Medicine



(Sexton, 2006)  
 Johns Hopkins



(Mann, 2006)  
 Beth Israel Deaconess Medical Center  
 Contemporary OB/GYN



# Tools for Team Communication

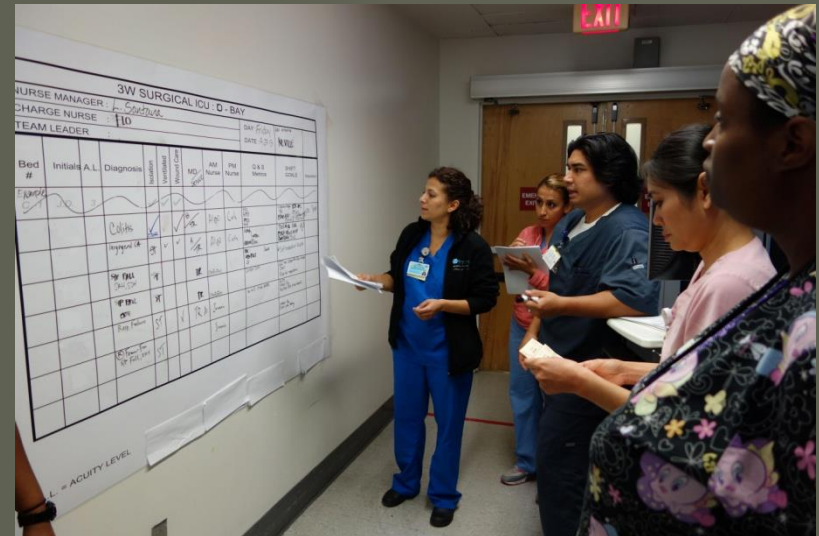
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- Briefing – planning
- Huddle – problem solving
- Debriefing – process improvement

# Briefings

## Planning

- Designate team roles
- Anticipate problems
- Develop shared mental models



# Briefings

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## ● Unit Briefing:

- Take place at the beginning of a shift

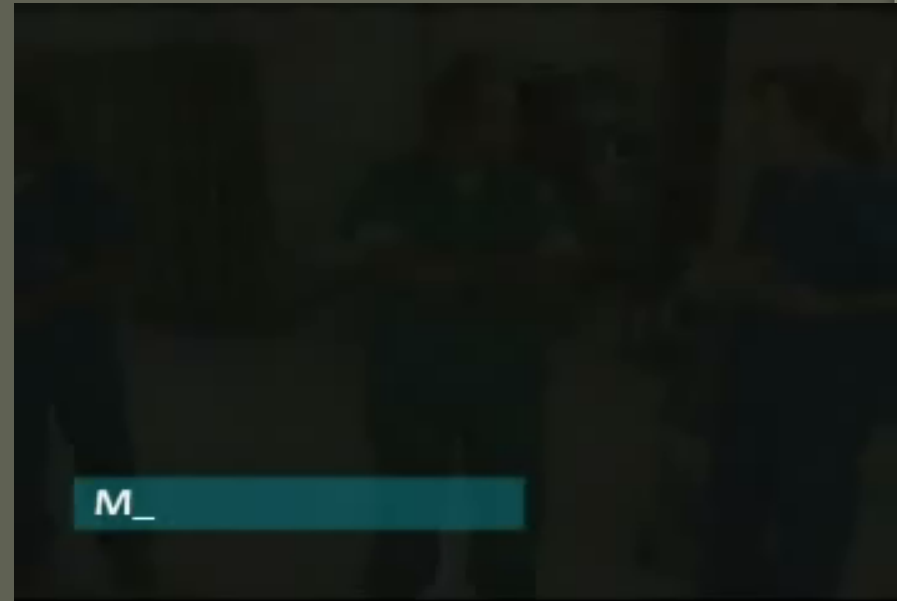
## ● Pre-Procedure Briefing

- Takes place before a procedure, or before arrival of a critical patient

# Huddle

## **Problem solving**

- Unplanned short meetings to regain situation awareness
- Called by any team member when the situation has changed
- Anticipate outcomes
- Assign resources
- Express concerns





# Debriefing

- Performance Improvement
- Takes place after an event

- What went well?
- What didn't go well?
- What will we do differently next time?



# Review

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- Briefing – Planning session at the beginning
  - Huddle – Unplanned problem solving when the situation changes
  - Debrief – Process improvement after a shift or event
- 
- Remember: anyone can call for one of these events.

# What is the impact of incivility on patient care?

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## The Impact of Rudeness on Medical Team Performance: A Randomized Trial

Arieh Riskin, MD, MHA<sup>a,b</sup>, Amir Erez, PhD<sup>c</sup>, Trevor A. Foulk, BBA<sup>c</sup>, Amir Kugelman, MD<sup>b</sup>, Ayala Gover, MD<sup>d</sup>, Irit Shoris, RN, BA<sup>b</sup>, Kinneret S. Riskin<sup>e</sup>, Peter A. Bamberger, PhD<sup>a</sup>

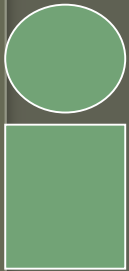
PEDIATRICS Volume 136, number 3, September 2015

- Teams of experienced neonatologists and NICU nurses were given a difficult simulation scenario
- Randomized to one of two conditions: rudeness and control

# Randomized to one of two conditions:

## Control:

- I hope this is educational for everyone.
- I'm keeping notes we can go over later.
- This is a difficult case.



## Rude:

- ▶ I haven't been very impressed with the teams I've watched so far.
- ▶ You people wouldn't last a week in my hospital.
- ▶ I hope I never get sick in Israel



# What is the impact of incivility on medical errors?

## ● Diagnostic errors:

**TABLE 2** Comparison of Mean Diagnostic Performance Variables (*N* = 72)

Variable	Control Group ( <i>n</i> = 33)		Rudeness Group ( <i>n</i> = 39)		<i>t</i> Test	<i>P</i> (One-Tailed)
	Mean	SD	Mean	SD		
Diagnosed respiratory distress	3.39	1.07	3.20	1.00	0.772	.2215
Diagnosed shock	2.88	1.32	2.08	1.08	2.836**	.003
Suspected infection	3.13	1.01	3.06	1.13	0.272	.3935
Diagnosed NEC	3.08	1.23	2.62	0.95	1.76*	.0415
Good stage 1 diagnostic skills	3.22	0.99	2.91	0.75	1.498	.0695
Diagnosed deterioration	4.05	0.75	3.54	0.89	2.562**	.0065
Suspected perforation of bowel	2.60	1.47	1.94	0.96	2.297*	.0125
Diagnosed cardiac tamponade	3.18	1.30	2.15	1.40	3.214**	.001
Good stage 2 diagnostic skills	3.13	1.21	2.35	1.07	2.881**	.0025
Overall diagnostic	3.18	0.92	2.65	0.69	2.796**	.00035

\**P* < .05, \*\**P* < .01.

# What is the impact of incivility on medical errors?

## ● Procedural errors:

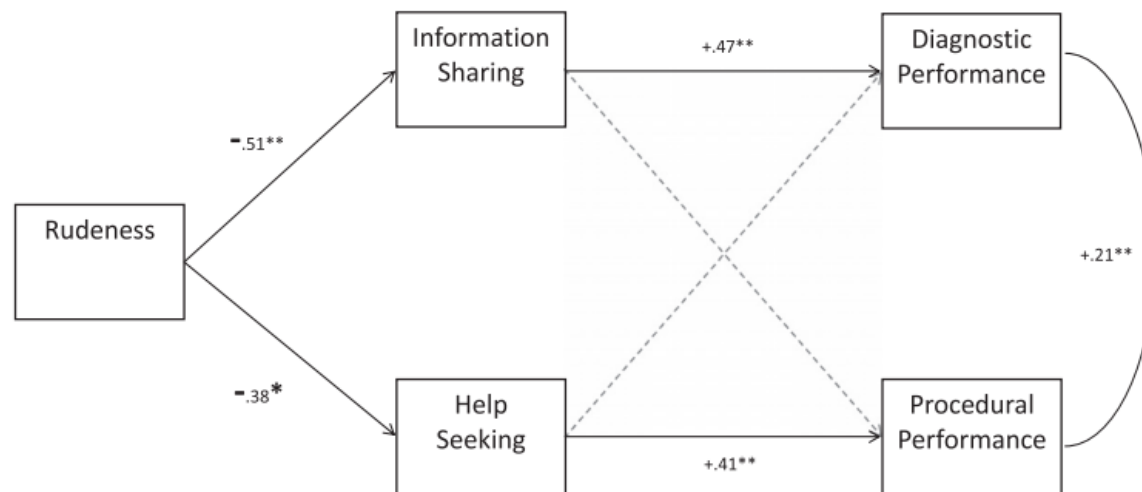
**TABLE 3** Comparison of Mean Procedural Performance Variables (*N* = 72)

Variable	Control Group ( <i>n</i> = 33)		Rudeness Group ( <i>n</i> = 39)		<i>t</i> Test	<i>P</i> (One-Tailed)
	Mean	SD	Mean	SD		
Performed resuscitation well	3.05	0.84	2.49	0.73	3.00**	.002
Ventilated well	3.43	0.94	3.01	0.81	2.029**	.0023
Verified place of tube well	3.56	0.88	2.85	0.82	3.492**	.0005
Asked for right radiographs	3.29	1.23	2.96	1.50	0.994	.162
Asked for right laboratory tests	3.78	0.89	3.24	0.94	2.382*	.01
Gave right resuscitation medications	3.55	0.81	3.17	1.08	1.639	.053
Stopped percutaneous central line on time	2.95	1.35	2.36	1.44	1.764*	.041
Prepared and performed pericardiocentesis	2.71	1.55	2.24	1.39	1.301	.099
Good general technical skills	3.17	0.88	2.61	0.73	2.869**	.0025
Overall procedural	3.26	0.72	2.77	0.67	2.974**	.0002

\**P* < .05, \*\**P* < .01.

# What is the impact of incivility on medical errors?

- Analysis: Exposure to the rude comments explained 52% of the variance in diagnostic performance and 43% of the variance in procedural performance



**FIGURE 1**

Path model of the effect of rudeness on performance, mediated by information-sharing and help-seeking. Numbers denote standardized coefficients for the mediation path shown by the arrow. The relationship between information-sharing and help-seeking was 0.37.\* The relationships between information-sharing and procedural performance and between help-seeking and diagnostic performance were not significant. \* $P < .05$ , \*\* $P < .01$ .

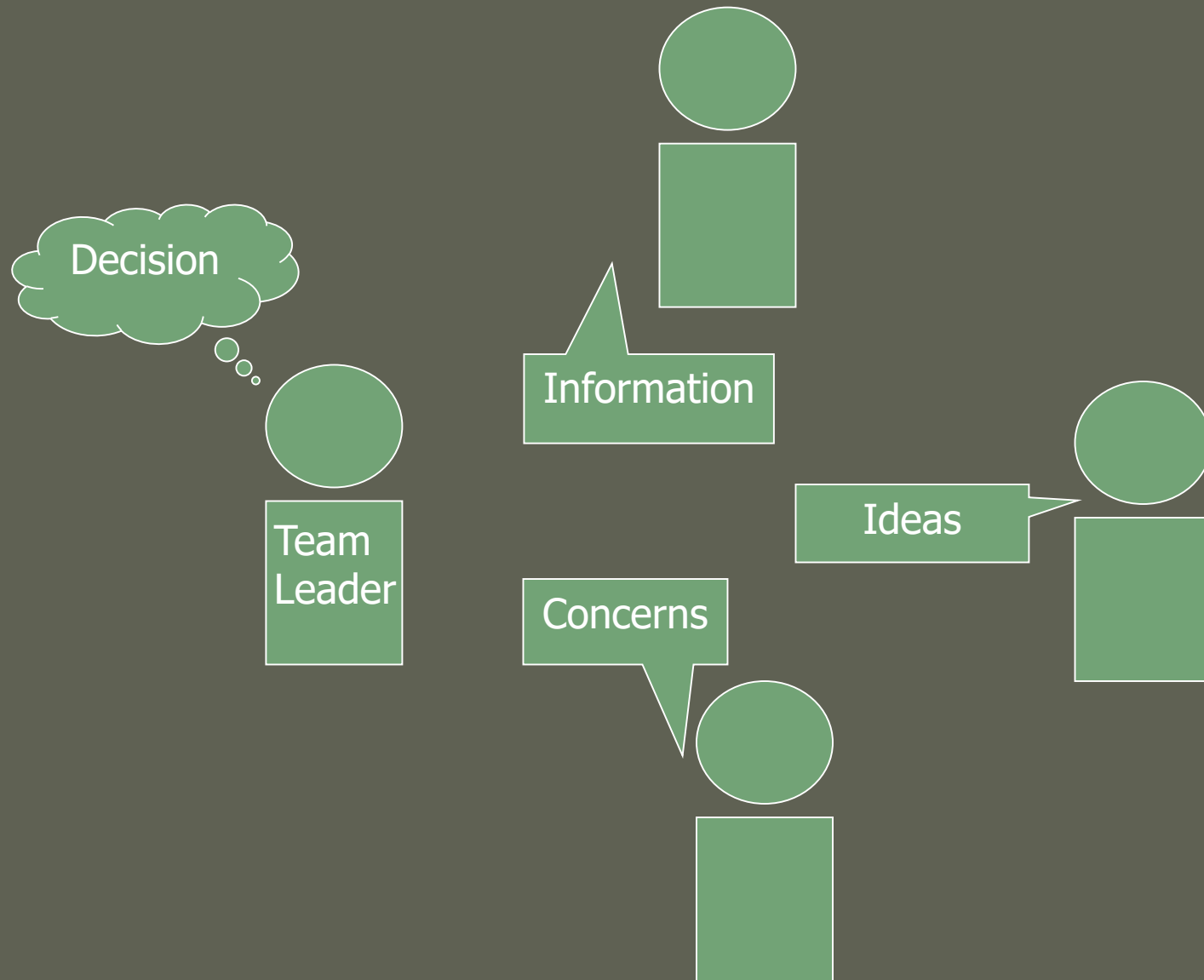
# What is the impact of incivility on medical errors?

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## ● Points to consider:

- The rudeness stimuli in this study were relatively mild.
- In real life, incivility comes from three sources:
  - Heirarchy
  - Peers
  - Clients
- Let's minimize incivility we give to our peer and our chain of command, and recognize the impact of incivility from our patients.





# CUSSing For Safety

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## ◎ Critical Language

- I'm Concerned
- I'm Uncomfortable
- This is a Safety issue
- I think we need to Stop

# The Trouble with emails

**Never hit the  
SEND button  
when you  
are angry!**

I need to talk to you

Oh you want more on weeks would be so much my schedule

If you want, I've worked with my union not allowed to work like this.

No, that's what to talk to you a new

we need to ever weekend ts.

Sounds interesting, tell me more.

How can I find the sound of that.

is no

Oh, I see. Won't that mean a cut in pay?

# The trouble with email and text

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- ◉ Email is better than Text
- ◉ Phone is better than email
- ◉ Face-to-face is better than phone

# **Communication with Patients**

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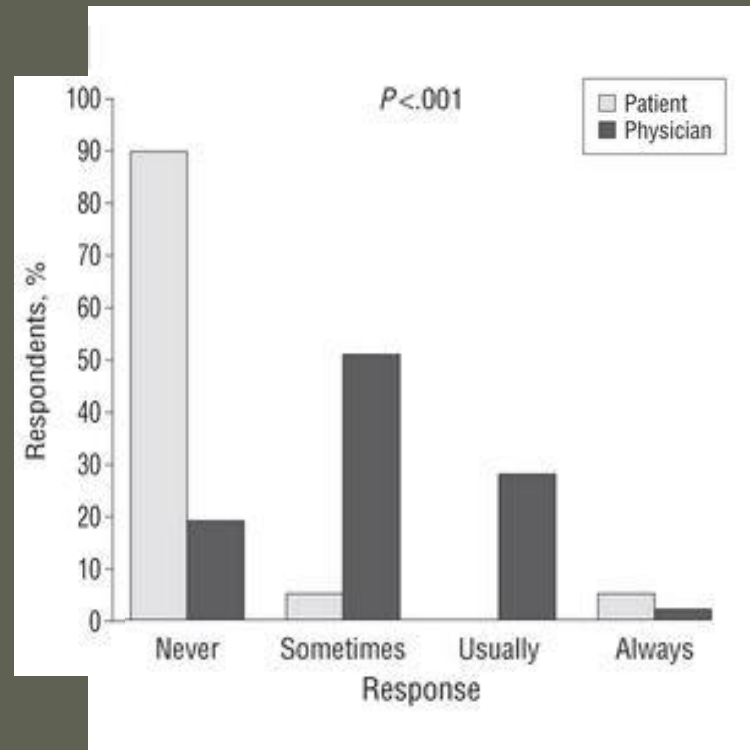
# The Patient Experience Gap



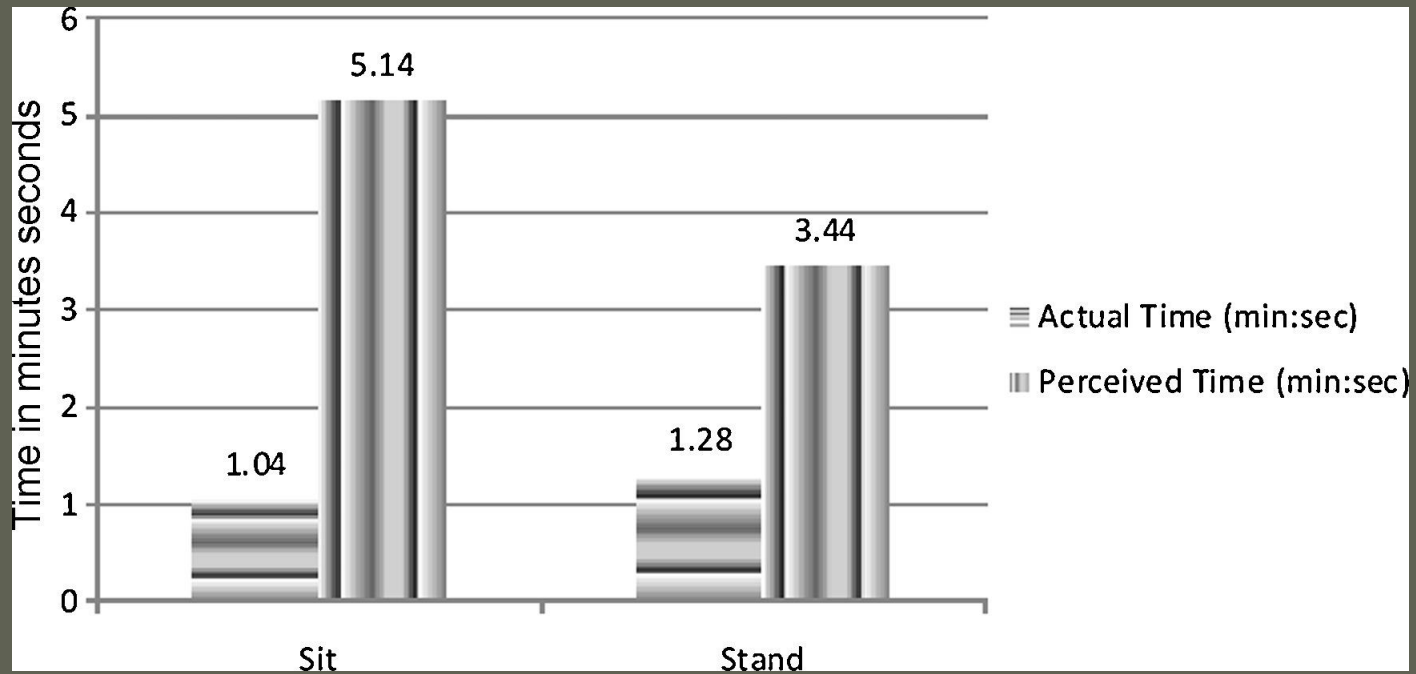
Barbara Lewis, The Beryl Institute

Patient Question: How often did hospital staff describe the side effects of your medications?

Physician Question: How often do you discuss the side effects of medications with patients?

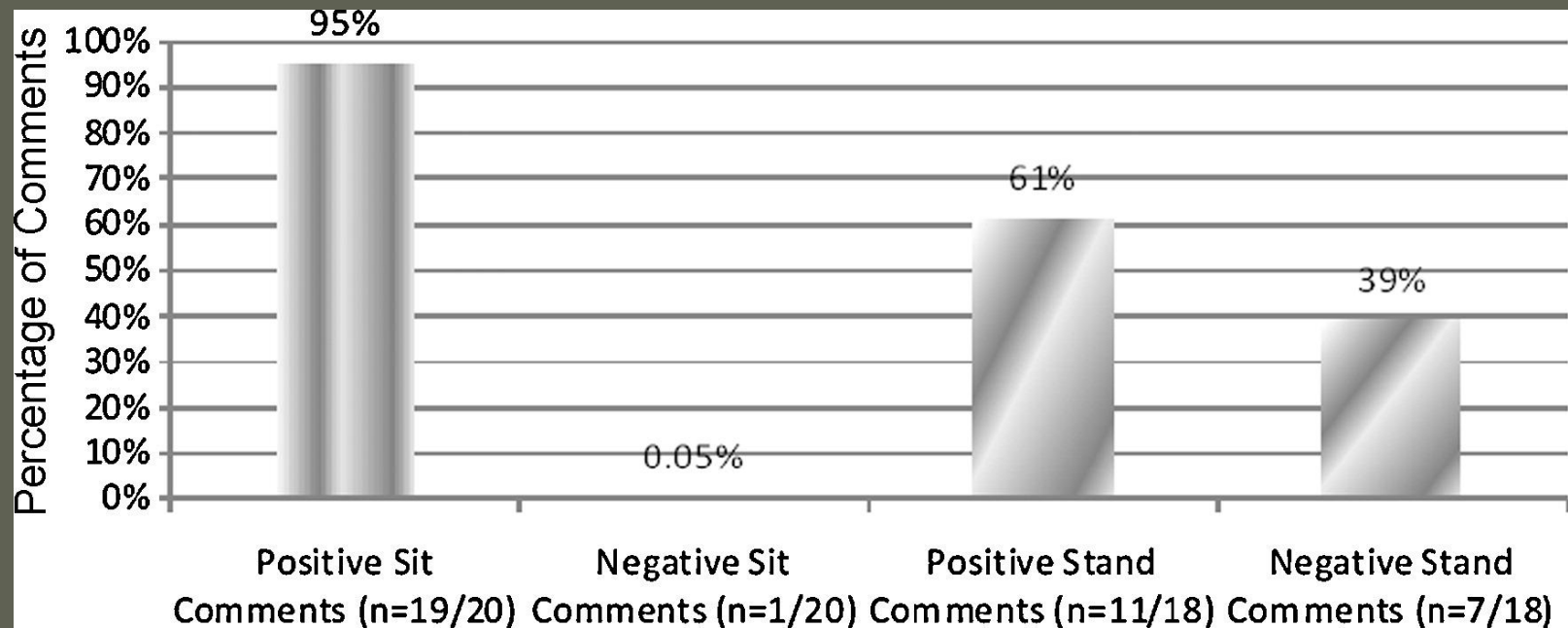


# Stand or Sit?





# Stand or Sit?



# CAHPS Surveys

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- Consumer Assessment of Healthcare Providers and Services
- HCAHPS – Hospitals
- CG CAHPS – Clinician and Groups (Outpt.)
- EDPEC – Emergency Department
- OAS CAHPS – Outpt. and Ambulatory Surgery
- Others

# Survey Format

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- Patients rate statements with
  - Always
  - Usually
  - Sometimes
  - Never
- You only get credit for “Always”

# Communication with Doctors

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- During this hospital stay, how often did doctors explain things in a way you could understand?
- How often did doctors listen carefully to you?
- How often did doctors treat you with dignity and respect?

# Communication about Medicines

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- ① How often did hospital staff tell you what medicines were for?
- ① How often did hospital staff tell you about side effects of medicines?

# HCAHAPS Survey

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- During this hospital stay, how often did doctors explain things in a way you could understand?
- How often did doctors listen carefully to you?
- How often did doctors treat you with dignity and respect?
- How often did hospital staff tell you what medicines were for? ...about side effects?

# HCAHPS Surey

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- Rate this hospital from 1 to 10
- Would you recommend this hospital to a friend or family member?

# Pain Management Questions

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- 2017
  - During this hospital stay, did you need medicine for pain?
  - During this hospital stay, how often was your pain well controlled?
  - During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
- 2018
  - During this hospital stay, did you have any pain?
  - During this hospital stay, how often did hospital staff talk with you about how much pain you had?
  - During this hospital stay, how often did hospital staff talk with you about how to treat your pain?



# What can you do to impact patient survey results?

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## ● Yes:

- Communicate clearly
- Listen to the patient
- Provide excellent service

## ● No:

- Coach them on how to answer the survey questions
- Ask the survey questions prior to the survey
- Wear a button saying “ALWAYS” or “10/10”
- Give inappropriate treatments

# Service Recovery

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- ◉ Listen
- ◉ Apologize
- ◉ Solve the Problem
- ◉ Go the Extra Mile

# Pain Management

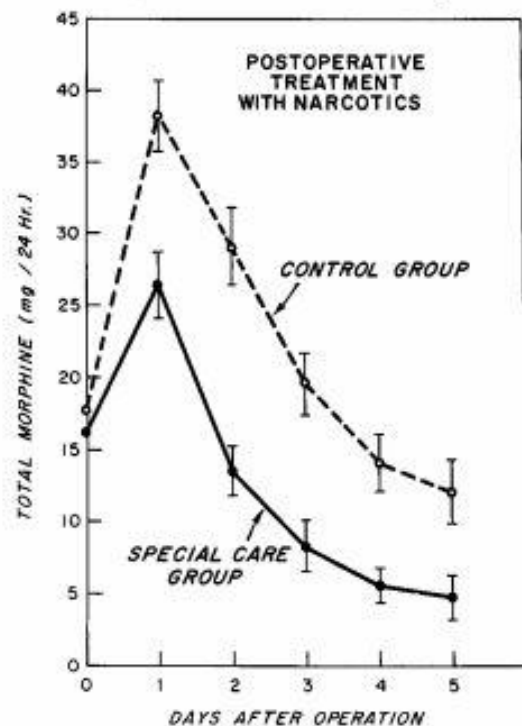


FIGURE 1. *Postoperative Treatment with Narcotics (Means for Each Day  $\pm$  Standard Error of the Mean).*

THE NEW ENGLAND JOURNAL OF MEDICINE

Apr. 16, 1964

Vol. 270 No. 16

POSTOPERATIVE PAIN—EGBERT ET AL.

825

## REDUCTION OF POSTOPERATIVE PAIN BY ENCOURAGEMENT AND INSTRUCTION OF PATIENTS\*

### A Study of Doctor-Patient Rapport

LAWRENCE D. EGBERT, M.D.,† GEORGE E. BATTIT, M.D.,‡ CLAUDE E. WELCH, M.D.,§  
AND MARSHALL K. BARTLETT, M.D.||

BOSTON

# Teachback

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- I want to make sure I explained this clearly, could you tell me what you're going to do when you get home?
- Could you tell me how you're going to explain this to your family?

# Conclusions

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- Communication is central to effective healthcare delivery
- Using a few simple tools can avoid communication problems among
  - Other physicians
  - Other healthcare providers
  - Our patients