Kompass
Kommunikative Kompetenz zur Verbesserung der Arzt-Patient-Beziehung

UniversitätsKlinikum Heidelberg

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# Patient-centered communication in cancer care: What is it and how does it help the clinician-patient relationship?

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# What is patient-centered communication (PCC) ?

**Michael Balint 1955: Complementing the perspective on disease by the perspective on the patient as a person**
**'Prescribing the doctor'**

**An approach whereby the clinician**

**' tries to enter the patient' s world to see illness through the patient' s eyes'** **(McWhinney 1989)**

**,tries to step into the patient 's shoes '** **(Garcia 2000)**

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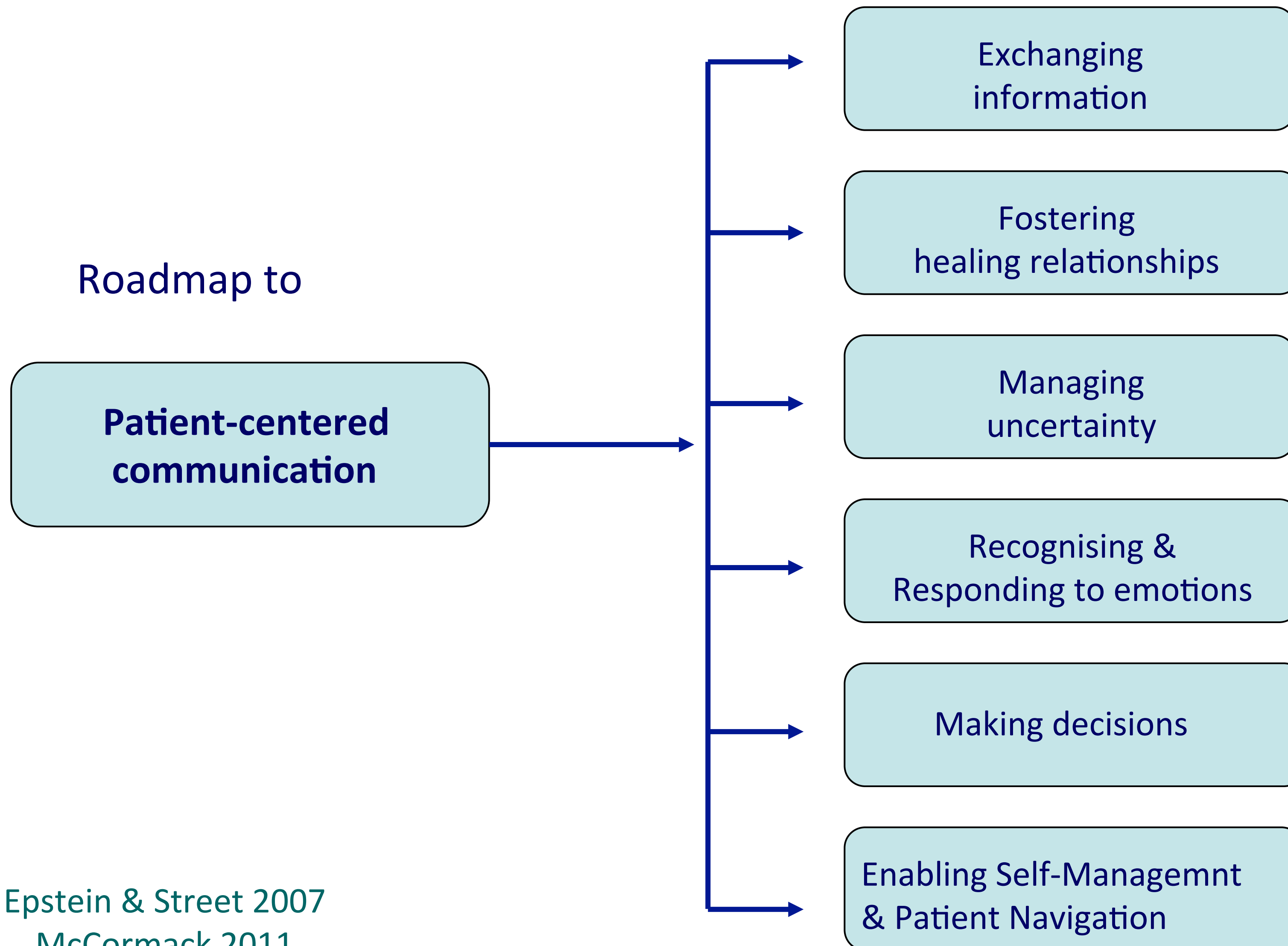
**Many ,expert ' definitions and conceptualisations, to allow for designing & evaluating interventions:**

- **6-function concept: Patient-centered communication in cancer care:** Promoting healing and reducing suffering (**Epstein & Street 2007)**

# Six function PCC model: Patient-centered communication in cancer care: Promoting healing and reducing suffering




Epstein & Street 2007
McCormack 2011

# Is there a particular need for patient-centered communication (PCC) in cancer care?

**Progress and advances in oncology:**

- **Reduced mortality, increased survival times**
- **80% of cancer patients live > 4 years**

**↑ complexity & duration of multimodal cancer treatments, multiple health care professionals (HCP) and teams**

-> **challenges to coordination, communication between HCP, safety & continuity of care**

**-> patient experience: ‚lost in translation ‘**

# Is there a particular need for patient-centered communication (PCC) in cancer care?

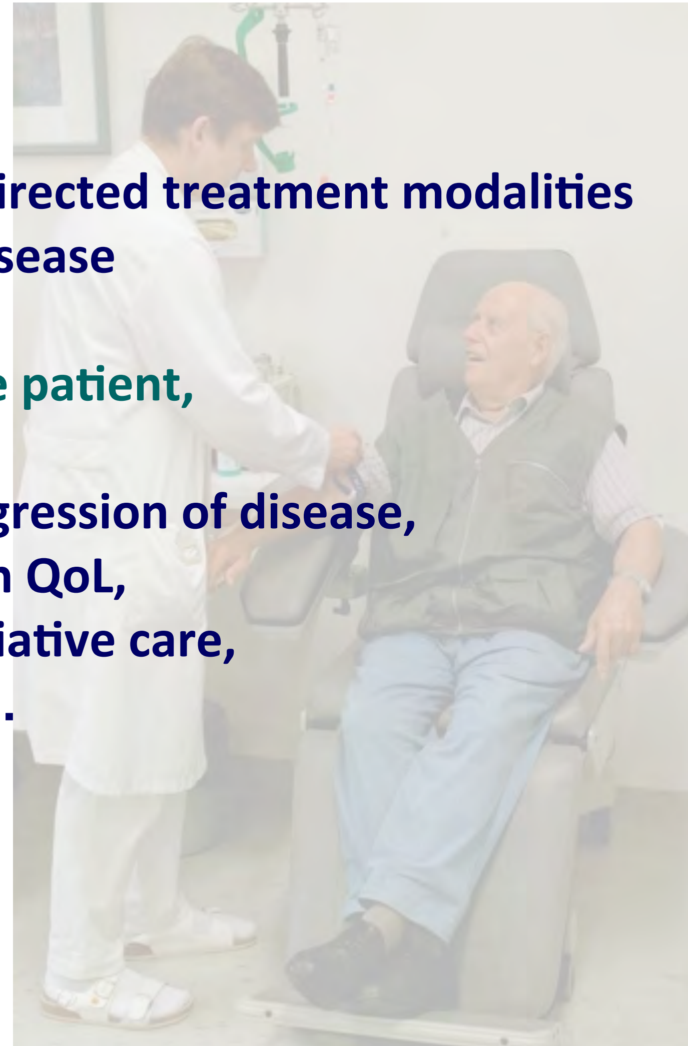
**Progress and advances in oncology:**

**‚delivering care that is attentive to the needs, values and preferences of patients ‘ (IOM)**

-> **challenges to enabling patients & families**

- **to make ‚truly informed ‘ decisions on complex treatment etc. with far-reaching consequences**
- **to navigate through the medical system during their ‚cancer journey ‘**
- **to receive appropriate support as needed that helps them to adjust to illness and treatment**

## Is there a particular need for patient-centered communication (PCC) in cancer care?



**Progress and advances in oncology**

Increased **spectrum of palliative tumor-directed treatment modalities**
**Patients living with chronic metastatic disease**

**Personalized medicine has benefitted the patient,**
**but also brought coping challenges:**

- **ongoing uncertainty re impact & progression of disease,**
- **treatment side effects with impact on QoL,**
- **difficulty in receiving supportive/palliative care,**
- **honest and helpful communication …**

**↑risk of crises when unrecognized**

(Thorne 2013 Qual Health Res, Mazor PON 2013)

# Patients in times of crisis

‚existential crisis ‘: **shock, fear of dying, of being abandoned, loss of control, dependency uncertainty, helplessness...**

**Patients**

- **are highly vulnerable**
- **extremely sensitive to the way oncologists communicate**
- **Consider their oncologist as one of the most important sources of support through the crisis of cancer**

Takayami, Soc Sci Med 2001
Steinhauser, Pain Sympt Manag 2001

# Patients in crisis - helpful interactions

**Patients ' adaptive response to crisis:**
**-> opportunity for physicians ' helpful interactions**

| | Patient<br>Coping efforts | Helpful Physician behavior |
|---|---|---|
| Regression | search for safety & protective affiliation<br>↑ sensitivity | Respect<br>Behavior & words congruent<br>Not being abandoned<br>Continued support |
| Emotional turmoil | Repression, shame | Acknowledges & validates emotions<br>Offers encouragement |
| Cognitive narrowing | distorted perceptions<br>misunderstanding | Information at patient 's pace<br>Promotes understanding |
| Loss of control | Avoidance | Supports orientation<br>Gives perspectives<br>Promotes regain of autonomy |

# Patients ‘ experience – helpful and unhelpful interactions

## Patient-perspective – findings from qualitative research

- ‚Treated me like I was a person that had the right to live, even though I have cancer ‘
- Experience of ‚being known ‘ as a person - ‘a moment where he or she is made to feel special, important, and relevant within the machine that is the cancer care system ‘ (Thorne 2005)

## Changing needs across the illness trajectory:

- During phase of diagnosis particularly helpful: clinician consistently respectful of their fragile emotional state while concurrently responding to them as intelligent and competent individuals (Thorne 2014)

# Patients ' experience – helpful and unhelpful physician interactions

- patients ' experience with disclosure of advanced cancer: either emotionally trying or fortifying: „…and I felt safe" (Friedrichsen 2000)

- ‚The oncologist spent plenty of time talking to me...he was very clear, nearly grim... he told me that I will die if the chemo does 'nt work.. And, sort of weird, I was completely calm ' (female, metastatic sarcoma)

‚I asked the oncologist for a small, tiny hope that the chemo might work. She replied: ‚Sorry, all have died by now '
I turned to the nurse asking her why the doctor talked to me like that, and she replied: ‚because it 's the truth '. I somehow felt ashamed
(female, metastatic pancreatic cancer)

Advanced cancer patients ' highest priority: communication that balances honesty with hope (Thorne 2014)

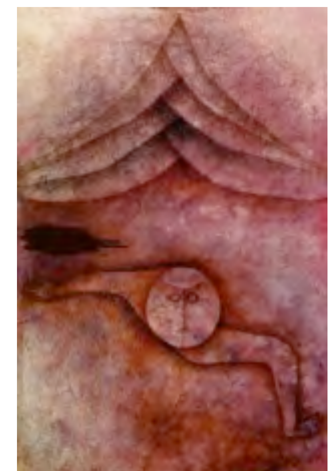
## Patients in crisis - helpful interactions

‘Prescribing the doctor’ ( YOU) can be a powerful tool for giving that support in times of crisis of cancer

For patients who are distressed several simple techniques can make your relationship with the patient and family “therapeutic”

Patients will be grateful for your support which will also make you feel better

Walter Baile



‚Complex communication tasks require higher order skills teaching... (Dunn, 2010)

## Was nutzt Ärzten ?

- Verschiedene CST Konzepte in der Onkologie
  - P. Maguire
  - L. Fallowfield
  - D. Razavi
  - ‘Oncotalk‘ W. Baile
  - ‚Swiss Model‘W.Langewitz, A.Kiss, F. Stiefel
  - ComSkil C. Bylund, R. Brown, D. Kissane

- Evidenz für Wirksamkeit und Akzeptanz seitens Ärzten

## How to assist physicians in oncology/palliative care to integrate PCC ?

Developing a ‚training‘ program that

- actively engages physicians
- addresses their particular needs and goals
- provides protective, secure space
- facilitates experiential learning
- provides constructive feedback
- promotes peer-support

## KoMPASS – methods

- Training at 6 places throughout Germany
- Small group teaching (max 12 participants)
  2 experienced trainers familiar with real life (psycho) oncology
- Intense 2 ½ days (20 hours) workshop
  ½ day refresher after 4 months
- Cognitive, behavioral, experiential components
- Diversity of methods -
  **emphasis on practice using role-play**

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## KoMPASS – methods / didactics

### Roleplay with trained patient actors & structured reflection

- based on physicians' case vignettes
  (CIR: critical incident reporting)
- applying varying role-play techniques
- Utilize participants' observations
- Trainers' task: ‚facilitator'

### Trained professional actors

- Ability to take on difficult patient roles
- Flexibility: Immediate jump-in; time-out, variation, re-play
- Authentic feedback from patient's perspective

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## KoMPASS – Ergebnisse

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**Teilnehmende Ärztinnen/Ärzte bis März 2011: 345**

**Rückmeldungen der Teilnehmer beim Refresher nach 4 Monaten**

- „es ist leichter geworden, mit schwierigen Fragen umzugehen“
- „ich bin schneller und leichter beim Patienten“
- „ich stehe weniger unter Handlungsdruck, lasse dem Patienten mehr Raum“
- „ich fühle mich nicht mehr so mies, wenn ich so gemeine, fiese Sachen rüberbringen muß“
- „Ich habe mehr Möglichkeiten, dass das Gespräch in eine gute Richtung geht Es ist nicht mehr so ein Berg.“

## Is communication skills training effective?
## How to assess?

- **Physicians ‘ perspective**:
  - evaluation of training and methods
  - Physician-rated **self efficacy, attitudes, job distress**

- ‚Objective ‘ Rating of **physicians ‘ patient-centered interaction performance** based on video-documented standardized scenario

## KoMPASS – Study Design

participants

Video-documented Interaction with simulated patient

2,5day Kompass training

4 months

0,5day refresher

Video-documented Interaction with simulated patient

T1

participants

T2

**Self-assessment**
- Self-efficacy
- ‚Empathy'
- Job distress/ burnout

**Self-assessment**
- Self-efficacy
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Controls - non participants

## Results - Physicians' rating Pre - 4 months post

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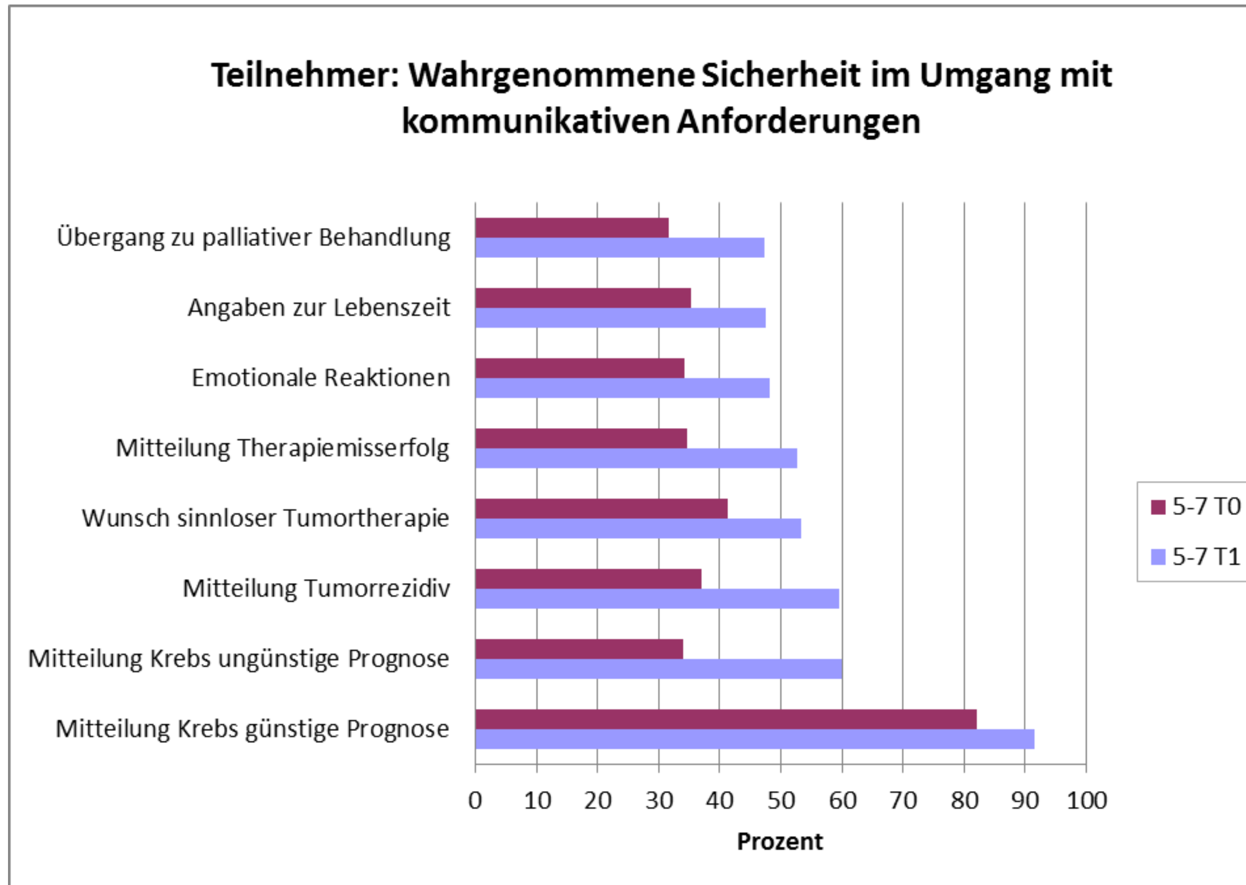
| | N | M (Pre) | M (Post) | Delta | Sig p |
|---|---|---|---|---|---|
| **Self-Efficacy** | | | | | |
| Confidence (1-7)* | 262 | 4,14 | 4,69 | .55 | .001 |
| Difficulty (1-7) | 261 | 4,30 | 3,84 | .46 | .001 |
| | | | | | |
| **Empathy** (Jefferson) (1-7) | 261 | 5,66 | 5,80 | -.14 | .001 |
| | | | | | |
| **Job stress/burnout** (MBI-D, 0-6)** | | | | | |
| Emotional exhaustion | 261 | 2,00 | 2,04 | -.04 | n.s. |
| Depersonalisation | 261 | 1,29 | 1,23 | -.06 | n.s. |
| Personal fulfilment | 205 | 3,95 | 4,11 | -.16 | .001 |

*Confidence in being able to handle difficult communication tasks
** Maslach burnout Inventory

# Physician-rated self efficacy



# ‚Objective ' Rating of physicians ' interaction performance

Physicians conduct interview with simulated patient
Using a standardized script:

Patient with advanced cancer, the doctor 's task is
to convey results from staging exams showing progressive
disease under palliative chemotherapy, and discontinuation
of active anti-tumor treatment

Identical scenario at both timepoints - differing
patient actors - (to ascertain raters ' blinding)

Interviews (10 min) are videoducumented

## Study design and methods II

- Rating & coding of pre and post interviews by trained raters - blinded to pre/post condition using the Roter Interaction Analysis System (RIAS) manual
- N = 300 pre and post training interviews from 150 randomly selected physicians
- Inter-rater reliability out of 20% of all videos: kappa 0.78

# Study design and methods II

Each verbal utterance is coded according to
42 categories (patient and physician)
Statistical analyses of freqencies

Complemented by
- **global affect** rating scale
- **Reciprocity** (e.g.response to patient ‘s cues)

**Analyses according to predefined hypotheses**

- **Indicators of patient-centred behaviour** -

## Results before and 4 months after KoMPASS Comunication skills training - standardized patient interview

**N=150 physicians; male N=56, female N=94**

| Physician… | M* | Sd | M * | Sd | Sig p |
|---|---|---|---|---|---|
| Allows for silent pause... | 7.15 | 5.03 | 9.38 | 5.79 | < .001 |
| explores emotions | .57 | 1.17 | .78 | 1.13 | < .05 |
| Minimizes inappropriately | 3.86 | 4.18 | 2.71 | 2.95 | < .01 |
| Gives medical info | 56.88 | 23.82 | 48.15 | 18.54 | < .001 |
| Asks closed questions | 1.90 | 2.29 | 1.31 | 1.77 | < .01 |

* Mean frequency of observed behaviour

## Results before and 4 months after KoMPASS
## Comunication skills training - standardized patient interview

### N=150 physicians; male n=56, female n=94

- ‚blocking behavior ' reduced (cluster)
  ($\chi^2$-Test nach McNemar p .006)

| Global rating of affect | p |
| --- | --- |
| physician-centredness decreases | < .05 |
| patient-centredness increases | < .05 |
| Dominant behaviour decreases | < .01 |
| Empathy increases (trend) | < .06 |

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## Results before and 4 months after KoMPASS Comunication skills training - standardized patient interview

**N=150 physicians; male n=56, female n=94**

| **Further results** | Pre | Post | Sig p |
|---|---|---|---|
| **Searches agreement on current tasks** | **51%** | **70%** | **< .01** |
| **Checks understanding** | **51%** | **38%** | **< .05** |
| **‚Handles difficult issues well ‘** | **70%** | **73%** | **n.s** |

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# Conclusions

4 months following training: Consistent improvement/increase in patient-centred communication skills in some, not in all dimensions observed - preliminary & moderate evidence for effectiveness of KOMPASS Training

-> intensive communication training is effective in enhancing patient-centred communication skills in cancer physicians

-> enduring effects?

-> are effects clinically relevant?

-> transfer in real life practice?

-> Which physicians benefit more - which less ?

-> Do patients benefit? -> measurable outcomes ‘?

Thanks for your attention!

www.kompass-o.org

# Patients ‘ experience - helpful interactions

**Who is the ‚owner ‘ of the disease ?**

**Under the surface - physicians take on responsibility for the disease - sense of guilt, failure -**
**(Among the) reasons why ‚breaking bad news ‘ is considered as extremely difficult, unpleasant and burdening**

**...while physicians may be unaware of:**

- **the fact that they and the relationship are extremely important to patients**
- **trust and security patients**
- **missed chances /opportunity within helpful relationship**
- re-aligning

# Patients ‘ experience - helpful interactions

**...while physicians may be unaware of:**

**- they are extremely important to patients, as is the relationship**
**unconscious assumptions patient: powerful allied - judge (‚right to live ‘ - ‚death sentence ‘)**
**unconscious assumptions physicians: messenger of the bad news**
**- trust and security they allow to patients**
**- what goes missed: chances /opportunity within helpful relationship**
- re-aligning

Ways to find helpful physician-patient interactions
What doesn ‘t work: cognitive relief from responsibility, talking about...

- Abstaining from the question-answer pattern

## Patients ‘ experience - helpful interactions

Ways to find out helpful physician-patient interactions

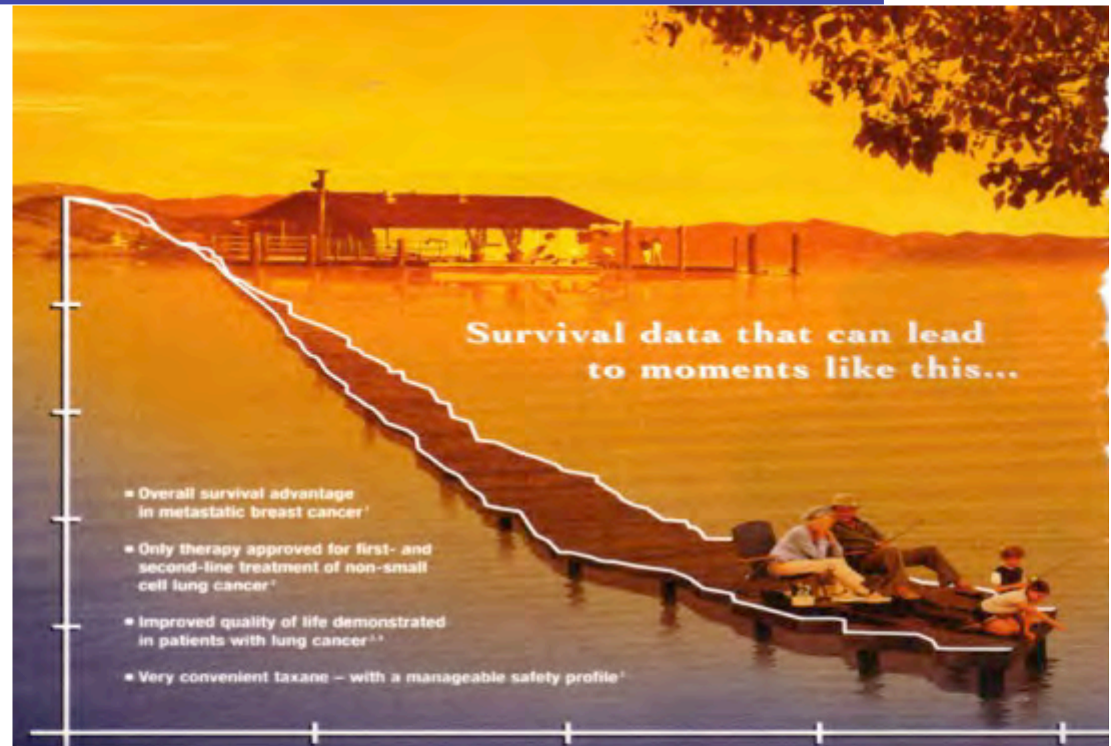
- ‚physicians hate being helpless ‘
- What doesn ‘t work: cognitive relief from physician responsibility, talking about...
- Reporting of personal experiences...

- Personal interaction experiences... Role plays -> KoMPASS

-communication skills:
- receiving credible feedback (patient actor, trainer, peers)
abstaining from the question-answer pattern - physicians ‘ duty to have an answer to every question -
->

## Is there a particular need for patient-centered communication (PCC) in cancer care?

**Progress and advances in oncology**




-> **challenges to patients**:

**ongoing uncertainty re impact & progression of disease**
**treatment side effects -> QoL**
**difficulty in:**
**receiving supportive/palliative care, honest and helpful communication …**

-> **patients ' experience underrecognized: increased risk of crises**

## Is there a particular need for patient-centered communication (PCC) in cancer care?

**Progress and advances in oncology - novel treatment approaches:**

**‚personalised ‘ = ‚patient-centered ‘ medicine ?**

-> **physicians and patients may differ as to their perspectives on ‘personalised medicine ‘ that remain, however, mostly undisclosed and unadressed**

-> **patients struggle with understanding complexity of information, eliciting a.o. unrealistic expectations; dominated by patients ‘ hope for cure /effective treatment some prefer subordination & ‚trusting blindly ‘ in physician**

-> **silent come-back of paternalism?**

(Wöhlke Ethik Med 2013)

-> **challenge to patient-centered relationship**

(case example)

-> **ethical challenges - > Eva Winkler**