DEVELOPING AN INPATIENT RELATIONSHIP CENTERED COMMUNICATION CURRICULUM (I-RCCC) FOR SURGICAL TEAMS - PILOT STUDY

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Stanford University School of Medicine
Our Team

- Tyler Johnson, MD, ACES Facilitator
- Barbette Weimer-Elder PhD, RN, Physician Coach
- Merisa Kline, MHA, Manager, Service Excellence
- Bryan Dang, BSN, RN, PHN, AV/Media Technician
- Crista Minthorn, MSN, ANP-BC, Education Specialist
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• Background
• Study design
• Needs assessment
• Intervention
• Results
• Future steps
Contents

• Background
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1. Morning rounds on trauma and acute care service (ACS) is unique, given its fast pace, high acuity and high patient volume

2. There is limited published curriculum that addresses trauma inpatient communication needs

3. Trauma inpatient services has been plagued with poor patient’s satisfaction
Trauma and Acute Care Team Structure

- R4 is the “trauma chief”
  - rounds with interns and NPs
  - rounds on patients with attendings at some point during the day
  - Triage consults, run Traumas in ED and is present in the OR when needed
- 4 NPs (see only trauma patients)
- Junior residents; general surgery, urology, EM, etc.
Competencies in GME Education

Interpersonal and Communication Skills (ICS)

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals; and,
- maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism (P)

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
What Our Patients are Saying

<table>
<thead>
<tr>
<th>Global DOMAIN</th>
<th>Question</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doctors listen carefully to you</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Usually</td>
<td>14</td>
<td>19.4</td>
</tr>
<tr>
<td></td>
<td>Always</td>
<td>53</td>
<td>73.6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>72</td>
<td></td>
</tr>
</tbody>
</table>

Top box scores range from 47-73%

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>69 Physician concern questions/worries</td>
<td>0.0%</td>
<td>4.3%</td>
<td>5.8%</td>
<td>42.0%</td>
<td>47.8%</td>
<td></td>
</tr>
<tr>
<td>71 Physician kept you informed</td>
<td>1.4%</td>
<td>5.6%</td>
<td>15.5%</td>
<td>26.8%</td>
<td>50.7%</td>
<td></td>
</tr>
<tr>
<td>69 Response concerns/complaints</td>
<td>1.4%</td>
<td>2.9%</td>
<td>2.9%</td>
<td>44.9%</td>
<td>47.8%</td>
<td></td>
</tr>
</tbody>
</table>

HCAHPS & Press Ganey score data for Trauma attendings in C2 1/1/18-12/31/18
**Patient Centered Care**

Patient-centered care is the practice of caring for patients (and their families) in ways that are meaningful and valuable to the individual patient.

**Relationship Centered Care (RCC)**

RCC can be defined as care in which all participants appreciate the importance of their relationships with one another.

*Beach (2006)*
Building a Relationship-Centered Culture: Developing a Strategy with Graduate Medical Education

- Executive Vision for Building a Relationship-Centered Culture
- Data & Pilots to Inform Strategy
- Co-creating a 2020 Resident Communication Plan

*= reflection*
Two-Year Experience Implementing a Curriculum to Improve Residents’ Patient-Centered Communication Skills

Amber W. Trickey, PhD, MS, CPH, *, † Anna B. Newcomb, PhD, LCSW, † Melissa Porrey, MA, † Franco Piscitani, MBA, * Jeffrey Wright, MPH, * Paula Graling, DNP, RN, CNOR, FAAN, * and Jonathan Dort, MD, FACS *

*Advanced Surgical Technology and Education Center, Department of Surgery, Inova Fairfax Hospital, Falls Church, Virginia; †Stanford—Surgery Policy Improvement Research and Education Center, Department of Surgery, Stanford University, Stanford, California; and ‡Division of Trauma, Department of Surgery, Inova Fairfax Hospital, Falls Church, Virginia
# TABLE 2. Residents Grade Assessments of Each Module

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Learners With Completed Evaluations ((N))</th>
<th>Learners Rated A/A+ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2015</td>
<td>Annual Assessment: Bad News Delivery</td>
<td>19</td>
<td>90</td>
</tr>
<tr>
<td>November 2015</td>
<td>Medical Error Disclosure and Apology</td>
<td>19</td>
<td>79</td>
</tr>
<tr>
<td>February 2016</td>
<td>Team Leadership: Trauma Code</td>
<td>21</td>
<td>95</td>
</tr>
<tr>
<td>May 2016</td>
<td>Empathy: Ostomy Care</td>
<td>17</td>
<td>88</td>
</tr>
<tr>
<td>August 2016</td>
<td>Annual Assessment: Gallbladder Consult</td>
<td>18</td>
<td>100</td>
</tr>
<tr>
<td>November 2016</td>
<td>Using Interpreters: Gallbladder Consult</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>March 2017</td>
<td>Sensitive Discussions: Palliative Care</td>
<td>15</td>
<td>93</td>
</tr>
<tr>
<td>May 2017</td>
<td>End-of-Life Communication</td>
<td>13</td>
<td>92</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>134</td>
<td>90</td>
</tr>
</tbody>
</table>
RCC Outcomes for Patients

- **Satisfaction With Care (Boissy et al., 2016)**
  - Providers who use relationship-centered communication models have higher patient satisfaction scores ($p < 0.02$).

- **Increased Patient Knowledge (Bennett et al., 2017)**
  - Residents felt that rounds allowed more discussions with the patient to make sure they were more informed about their care.

- **Decrease in Preventable Adverse Events (Khan et al., 2018)**
  - Family-centered pediatric rounds decreased harmful medical errors, reduction in adverse events, improvement in communication and family satisfaction
Outcomes for Teams with Relationship Centered Communication

• Workplace Satisfaction (Pollak et al., 2015)
  • Clinicians who use relationship-centered interviewing techniques report greater personal accomplishment, team cohesion, & workplace satisfaction.

▷ Medical Malpractice (Hickson et al., 2008)
  – A supportive, trusting relationship between the provider and the patient reduces the chance of being sued.
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AIM 1: Creating an effective residents’ communication curriculum to increase patient satisfaction

AIM 2: Improving residents’ interpersonal communication skills
IRB Approved
DEVELOPING AN INPATIENT RELATIONSHIP CENTERED COMMUNICATION CURRICULUM (I-RCCC) FOR SURGICAL TEAMS - PILOT STUDY

Step 1
NEEDS ASSESSMENT
- Observation
- Survey

Step 2
CONCEPTUAL FRAMEWORK
- CF
- Intervention Course + Coaching

Step 3
PROGRAM IMPACT
- Observation
- Surveys

PRE-TEST
POST-TEST
Patients’ needs/concerns

1. Pain medication
2. Noisy room
3. Fear of complications
4. Fear of cancer
5. Kids at home
6. Pets at home
7. Work after injury/Surgery

Healthcare team Goals

1. Discharge
2. Surgical vitals: Pain, diet, passing gas, BM, ambulation
3. Finishing on time
4. Getting to the OR
5. Presenting to the attending

Conceptual framework of a patient–physician interaction. Adopted from Heyland et al
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Needs Assessment

• **Observed needs:** Experts observe live patient interactions
• **Expressed needs:** Patients’ surveys PressGany and HCAPS
• **Perceived needs:** What health care providers perceive their needs are
Observed Needs

1. Lack of a shared mental model of how to communicate
   - Each individual uses their own communication style
   - Limited explicit expectations for *how* to communicate

2. Lack of orientation for the leadership role as a PGY4

3. Variable Communication needs
   - Inpatient Rounding
   - Trauma ED Resuscitation
   - Communication with nurses, colleagues, and other services
Patients’ Expressed Needs

Top box scores range from 47-73%

HCAHPS & Press Ganey score data for Trauma attendings on C2 1/1/18-12/31/18
PART 1: Demographics

1.1. Please indicate your gender:
   - Male
   - Female
   - I do not identify strictly as male or female
   - Prefer not to say

1.2. What year are you?
   - Intern
   - PGY2
   - PGY3
   - PGY4
   - PGY5
   - APP
PART 2: Communication Needs

2.1 From your perspective, please share your current communication needs (check all that apply)

☐ I want to improve my own communication skills.

☐ I want to help others improve their communication skills.

☐ I need to improve my patient’s experience.

☐ Other (please specify):


2.2 How familiar are you with the principles of relationship-centered care (RCC)?

Relationship-centered care (RCC) is defined as:
1. Relationships in healthcare ought to include the personhood of the participants
2. Affect and emotion are important components of these relationships
3. All healthcare relationships occur in the context of reciprocal influence
4. The formation and maintenance of genuine relationships in healthcare is morally valuable

☐ I am not at all familiar.

☐ I am somewhat familiar.

☐ I am familiar with research.

☐ I practice relationship-centered communication.

☐ Other (please specify):


PART 3: Trauma/ACS Service

Please answer the following questions regarding morning rounds for the Trauma/ACS service, and respond to the following questions on a scale of 1 – 5, where 5 is “Strongly Agree” and 1 is “Strongly Disagree.”

5  =  Strongly agree  
4  =  Agree  
3  =  Neither agree nor disagree  
2  =  Disagree  
1  =  Strongly disagree

3.1 The quantity of work on morning rounds promotes optimal doctors-patient communication [barrier question]
3.2 Morning Rounds are calm/easeful to support doctor-patient communication
3.3 I often feel rushed on morning rounds
3.4 There is sufficient time to address patients’ concerns on morning rounds
3.5 There are multiple interruptions most days on morning rounds that hinders optimal doctor-patient communication
3.6 There is adequate time to obtain a treatment plan with other consulting services
3.7 EMR documentation allows for optimal patient centered communication
3.8 Having bedside nurses on rounds makes rounds more efficient
3.9 Non-English speaking patients are easily accommodated and are not a hindrance to morning rounds
3.10 I feel that the ACS/Trauma service is one of the busiest services
3.11 My main goal on rounds is to gather the necessary information and present it to the trauma attending
3.12 I feel that we treat our patients on the trauma/ACS service with courtesy and respect
3.13 On the ACS/Trauma service I think we do a great job in listening to our patients’ concerns
3.14 On the ACS/Trauma service we give explanations to patients in a language they understand
3.15 On the ACS/Trauma service we explain new medications and their side effects to patients every time
3.16 On the ACS/Trauma service we explain new tests/imaging to patients every time
From your perspective, please share your current communication needs

- I want to improve my own communication skills
- I need to improve my patient’s experience
- I want to help others improve their communication skills
- Other (please specify below)
How familiar are you with the principles of relationship-centered care?
From your point of view, what are the variables that might interfere with achieving relationship-centered communication on the Trauma/ACS service?

- Time
- Interruptions
- Patient volume
- Patient turnover
- Significant injury limiting ability to interact
As you consider your daily interactions with patients, what communication skills might you want to improve?
### Frequency of perceived communication behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Top Box (% “Almost Always”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I acknowledge patients’ emotions with empathic responses</td>
<td>42%</td>
</tr>
<tr>
<td>I quickly establish rapport with patients at the beginning of the encounter</td>
<td>33%</td>
</tr>
<tr>
<td>I offer opportunities for patients to express emotions</td>
<td>30%</td>
</tr>
<tr>
<td>I use open-ended questions to explore patients’ perspective throughout the encounter</td>
<td>18%</td>
</tr>
<tr>
<td>I consistently check my patients’ understanding of what was discussed</td>
<td>12%</td>
</tr>
<tr>
<td>I negotiate with patients to establish the agenda at the end of the encounter</td>
<td>3%</td>
</tr>
</tbody>
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Step 1
NEEDS ASSESSMENT

Observation + Survey

CONCEPTUAL FRAMEWORK

Step 2

Intervention Course + Coaching

PRE-TEST
POST-TEST

Step 3
PROGRAM IMPACT

Observation + Surveys
Assessment Tools
### Pre-course Assessment

#### Part 2: Communication Self-Assessment

2.1 As you think of your last 2 months on the trauma service, how often did you exhibit the following behaviors?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Sometimes</th>
<th>About half the time</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I greeted the patient with a kind, welcoming attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I maintained appropriate eye contact while speaking with the patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I listened without interrupting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I encouraged the patient to voice his or her concerns throughout the visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I spoke clearly and at a moderate pace</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I used non-medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part 2: Communication Self-Assessment

2.1 Coming out of this course, how often do you think you will exhibit the following behaviors?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Never</th>
<th>Sometimes</th>
<th>About half the time</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will greet the patient with a kind, welcoming attitude</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I will maintain appropriate eye contact while speaking with the patient</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I will listen without interrupting</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I will encourage the patient to voice his or her concerns throughout the visit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I will speak clearly and at a moderate pace</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I will use non-medical language</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I will limit the discussion to fewer than 5 key points or topics</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Intervention: I-RCCC

• Launch date: January 20, 2019 (7am-12pm)

• 3 facilitators
  • Dr. Aussama Nassar
  • Dr. Tyler Johnson
  • Dr. Barbette Weimer-Elder

• 7 participants:
  • 4 females; 3 males
  • 4 APPs; 3 PGY4s
Relationship Centered Rounding (RCR)

- Pre-assessment
- What is Relationship-Centered Care and why it is important
- Effective Relationship-Centered Rounding (RCR) Behaviors
  - 1. Listen to Connect
  - 2: Expect Emotion
  - 3: Elicit Concerns (Write on Whiteboard)
  - 4: Summarize the plan (Patient, Team, Attending)
- Post-assessment and course evaluation
VIDEO DEMO: Eliciting the Patient’s Concerns
The Inpatient Relationship-Centered Rounding Process

**Early AM Team Rounds**

- **Listening to Connect**
- **Expect and Respond to Emotion**
- **Elicit Patient Important Concerns “PIC”**
- **Write them down**
- **Perform Physical assessment**

**Attending Rounds**

- Share “PIC” items escalated to Attending prior to seeing Patient
- Share Plan Determines items for discussion with Attending.
- Attending closes the loop on those items with the Patient/Family. Shares with Nurse-Team as needed.

**NURSE TEAM PATIENT**
**Relationship Centered Rounding (RCR)**

*“Every Patient….Every Day”*

<table>
<thead>
<tr>
<th><strong>1. Listening to Connect/Respond to Emotion</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Begin with an open-ended request / question</td>
</tr>
<tr>
<td>o Listen attentively and silently</td>
</tr>
<tr>
<td>o Resist the urge to jump to questions</td>
</tr>
<tr>
<td>o Explore perspective/name emotions</td>
</tr>
<tr>
<td>o Respond to emotional cues: Use PEARLS</td>
</tr>
<tr>
<td>Partnership, Emotion, Apology, Respect,</td>
</tr>
<tr>
<td>Legitimization, Support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Eliciting the Patient’s Concerns: The “Three Things”</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Explain/Ask the patient (their priorities first):</td>
</tr>
<tr>
<td>“..So, can you tell me what are your 3 things or concerns are this morning?”</td>
</tr>
<tr>
<td>o Ask “What Else?” until the patient says &quot;That's it.”</td>
</tr>
<tr>
<td>o Write it down</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. Closing the Loop: Sharing the Patient’s Concerns</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Share the patient’s concerns: “The Three Things”</td>
</tr>
<tr>
<td>with the Nurse/Team</td>
</tr>
<tr>
<td>o Share with the Attending prior to their Rounding</td>
</tr>
</tbody>
</table>
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## Pre-and Post Self Assessment: Mean Score Comparison

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using graphics such as a picture, diagram or model to help explain something to my patient (if applicable)</td>
<td>2.00</td>
<td>4.14</td>
<td>2.14</td>
</tr>
<tr>
<td>Checking that the patient understood the information I gave him or her</td>
<td>3.50</td>
<td>4.86</td>
<td>1.36</td>
</tr>
<tr>
<td>Giving specific, concrete explanations and instructions</td>
<td>3.50</td>
<td>4.71</td>
<td>1.21</td>
</tr>
<tr>
<td>Repeating key points</td>
<td>3.67</td>
<td>4.71</td>
<td>1.04</td>
</tr>
<tr>
<td>Encouraging patient to voice concerns throughout the visit</td>
<td>3.83</td>
<td>4.86</td>
<td>1.03</td>
</tr>
</tbody>
</table>
Post Workshop Reflections

What areas can you improve on?

- writing down questions to list.
  using diagnosis to explain anatomy
- All!
- eliciting the patient's concerns
- address patient's concerns
- asking more questions
- writing down points of discussion

What strategies can you use to improve them?

- engage team members in writing out materials
  get some stock photos
- Practice
- ask upfront; record them on the whiteboard
  repeat them to the patient
- use PEARLS
- take more time with patient
  incorporate the skills used today
- using a notepad to write things down for patient
Would you recommend this workshop to your colleagues?

100% Likelihood to Recommend
After today's workshop, what will you attempt to change about the way you interact with patients, families, and faculty/staff?

- **Incorporate the learned skills**
- **Enlist the patient’s help in creating the daily care plan**
- **Wait for patient’s response and elicit as much information**
- **Sit down with the level of patient’s eye**
Is there anything that could make it challenging to apply what you learned in this workshop?

- Having everyone present in room at right time e.g. nurses, family, etc especially between 5-7am
- Time constraints when I'm just learning the tools
- Interruptions on rounds
- Lack of a whiteboard in rooms
- Certain head injuries/family
- Breaking old habits!
- Brain injury pts
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Implementation
Our Reflections

• Skill acquisition is feasible

• Challenges:
  • Scheduling
  • Nursing staff involvement
  • Adoption by attendings: Role modeling and coaching is essential for change

• Next session: June 11/19
Vision

- Perfecting the curriculum on C2 as a pilot
- Creating a similar modified course to address nursing staff needs
- Attending course
- Training all general surgery residents
- Spreading it to other wards and surgical specialties
  - Presented at C2 charge nurse meeting on 3/11
  - Presented at surgical sub-council meeting on 2/11
  - Present as WIP for S-PIRE on Mar 18
Questions?