Interpersonal Skills: Effective Ways to Teach and Assess Communications Milestones

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Objectives

- Describe methods for assessing interpersonal and communication milestones among EM residents.
- Identify the communication milestones and narrative anchors for Emergency Medicine.
- Name three difficult situations in the work environment involving interpersonal and communications skills, then describe at least one effective approach on how to deal with each of them.

The Challenge . . .

- Teaching Interpersonal Communication and Interprofessionalism: Abstract
  “People Skills”

- Assessment: The situations necessary for assessing mastery can be rare, spurious, and vague
Central Line Vs. “What’s My Line”? 

- Why isn’t there a CORD session on teaching the Venous Access/Central Line Competency Milestone?
- Educational assessment and teaching is easier for everyone—You know the objectives and the outcome…and residents keep track!
- Not everyone knows The Milestones in IPS
- May be known to some…Intense Milestone training is fine for your core faculty, what about the other 30?
- Easy for 6 residents, what about the other 36…or 68?

The Science of Communication Skills Assessment and Education 

- Trained lay observers can reliably assess medical students’ communication skills 
- Orthopedic Residents feel its necessary and important!
  - J Surgical Education 2013 Jan70(1):90-103
ICS Competencies Defined by CORD

- Demonstrate the ability to respectfully, effectively, and efficiently develop a therapeutic relationship with patients and their families.
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- Demonstrate respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences in patients and other members of the health care team.
- Demonstrate effective listening skills and be able to elicit and provide information using verbal, nonverbal, written, and technological skills.
- Demonstrate ability to develop flexible communication strategies and be able to adjust them based on the clinical situation.
- Demonstrate effective participation in and leadership of the health care team.
- Demonstrate ability to elicit patient’s motivations to seek health care.
- Demonstrate ability to negotiate as well as resolve conflicts.
- Demonstrate effective written communication skills with other providers and to effectively summarize for the patient upon discharge.


A Time for Change . . .

ICS1: Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.

<table>
<thead>
<tr>
<th>Level 1</th>
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</thead>
<tbody>
<tr>
<td>Rapport, empathy, and listens effectively for patients and their families</td>
<td>Elicits reason for visit and expectations</td>
<td>Manages simple patient/family-related conflicts</td>
<td>Resolves specific ED-related challenges, such as violent, nonverbal, disrespectful behavior, delivering bad news, unexpected outcomes, medical errors, and high-risk refusals of care</td>
<td>Teaches communication and conflict management skills, participates in review and consultation with colleagues with communication deficiencies</td>
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<tr>
<td>Minimizes stress, conflict, and misunderstanding</td>
<td>Communication with vulnerable populations</td>
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Teaches communication and conflict management skills. Participates in review and consultation with colleagues with communication deficiencies.
### Venous Access

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<tbody>
<tr>
<td>Performs a venipuncture</td>
<td>Performs a peripheral line</td>
<td>Performs an arterial puncture</td>
<td>Describes the indications, contraindications, expected outcomes and complications for the various vascular access modalities</td>
<td>Successfully performs 20 central venous lines</td>
</tr>
<tr>
<td>Places a peripheral line</td>
<td>Places an arterial line</td>
<td>Placed an arterial catheter</td>
<td>Insert a central venous catheter without ultrasound when appropriate</td>
<td>Routinely gains vascular access in patients with difficult vascular access</td>
</tr>
<tr>
<td>Performs I/O</td>
<td>Performs central venous catheter without ultrasound when appropriate</td>
<td>Performs I/O</td>
<td>Place an ultrasound-guided deep vein catheter (e.g., basilic, brachial, cephalic vein)</td>
<td>Teaches advanced vascular access techniques</td>
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### IC2: Leads patient-centered care teams, ensuring effective communication and mutual respect among members of the team.

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</thead>
<tbody>
<tr>
<td>Participates as a member of a patient care team.</td>
<td>Communicates patient care information to emergency physicians and other healthcare colleagues.</td>
<td>Develops working relationships with emergency physicians and ancillary staff.</td>
<td>Recommends changes in team performance and/or strategic direction necessary for optimal efficiency.</td>
<td>Interdepartmental groups and cross training in and outside of the patient care setting.</td>
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<tr>
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<td>Ensures communications are accurate and efficient among team members.</td>
<td>Reviews specific ED challenges such as difficulties with consultants and other health care providers.</td>
<td>Designs patient care teams and evaluates performance.</td>
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<td>Communicates with out-of-hospital and nonmedical personnel, such as police, media, hospital administrators.</td>
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New Tools for New Procedures

Old Procedure Log List:
- Arterial Line
- Adult Medical Resuscitation
- Adult Trauma Resuscitation
- Pediatric Trauma
- Pediatric Resuscitation
- Central Line
- Intubation
- Reduction
- Cricothyroidotomy
- Pacing
- Vaginal Delivery
New Procedure Log List

- Intoxicated patients
- Altered mental status patients
- Delivering bad news (death notification, critical illness)
- Difficulties with consultants
- Do not attempt resuscitation/end-of-life decisions
- Patients with communication barriers (non-English speaking, hearing impaired)
- High risk refusal of care patients
- Communication with out of hospital personnel as well as non-medical personnel (such as media, hospital administration)
- Acutely psychotic patients
- Disaster medicine

Premade Teaching Tools?

- Lots of Central Line and Spinal Tap Videos and Curriculum, with Simulation trainers
- Lots of Central Line competency assessments out there
- Are there any tools premade for us in ICS 1 and 2?

Survey: Format for Teaching ICS

[Bar chart showing distribution of teaching methods]
Survey: Methods of Teaching
- Lectures (including outside speakers)
- Simulation
- Role playing and demonstrations
- Standardized patients
- Bedside teaching
- Retreat on customer service
- Videos on customer service
- Read “How to win friends and influence people”
- Behavioralist
- Courses

Knowing your learners strengths
- DISC
  - Dominance, Influence, Steadiness, Consciousness
  - Can identify communication styles of physicians and help them understand those of their patients
  - Can help doctors and staff adapt their own styles in response to both patients and each other

Framework for Communication at the Bedside
- AIDET
  - Acknowledge: greet with smile, use their names, attitude is everything
  - Introduce: introduce self politely, role
  - Duration: keep in touch to ease waiting times. 3 periods of contact (initial evaluation, re-evaluation, discharge)
  - Explanation: of work-up, diagnosis, management
  - Thank you: always ask if there is anything else you can do to help them.
Airline Crew Resource Management

- Created to address concerns that many aviation accidents were not related to mechanical failures but human error
- Originated from NASA in 1979
- Module on communication and management focuses on leadership and managerial skills

Crisis Resource Management (CRM)

- Medical version of CRM developed in 1992 by anesthesia
- Team skills taught: role clarity, communication, support, resource utilization, global assessment
- Ability, during an emergency, to translate knowledge of what needs to be done in effective real-world activity
  - ICS2 step Level 4

TeamSTEPPS

- Teamwork system for healthcare providers
- Developed by DOD Patient Safety Program and AHRQ
- Key principles of team structure, leadership, situation monitoring, mutual support and communication
  - [http://teamstepps.ahrq.gov](http://teamstepps.ahrq.gov)
Carilion-Virginia Tech IPL/ENCORE

- Longitudinal experience for Residents in EM: Emergency Nurses in Collaboration with Residents
- Orientation, training in Respiratory Therapy, Social Work and Patient Advocacy, and EM RNs
- Residents work shifts as other care team members with them to learn their job and roles

Survey: ICS Assessment

What assessment tool do you use to evaluate communication skills with your residents?

- Patient evaluation with specific communication skills in simulation or small group
- Specific communication skills in small group
- Other (please specify in box below)
Survey: Assessment Tools

- Standard 360 evaluation
- Direct observation (SDOT)
- Peer, nursing, shift cards
- Patient evaluation with specific questioning on ICS
- Nursing evaluation with specific questioning on ICS
- Specific checklists: team leadership, SBAR, SPIKES, 5Cs for consultants, CAT
- Simulation
- Clinical setting
- Global or comprehensive evaluation
- Oral board examinations

Team Leadership for EM at Regions

Dealing with Consultants: SBAR

“Hi this is Dr. Stuntz, I’m one of the ED attendings. I’m calling you about a 50 year old male with diverticulitis complicated by microperforation and abscess.” (Situation). He has had 3 days of worsening LLQ abdominal pain, subjective fever, n/v, and now has pain with hitting bumps in the car. He has never had any surgery before, and has never had this before (Background). He was very tender on abdominal exam with guarding in the left lower quadrant, as well as some rebound tenderness. His HR was initially about 110/min, but with IV and pain meds has come down to normal, and he is otherwise hemodynamically stable, afebrile, and more comfortable with IV dilaudid (Assessment). We got a CT showing descending and sigmoid diverticulitis with microperforation and a small abscess. We have started him on Levaquin and Flagyl IV, and would like you to come evaluate him for hospitalization and further care (Recommendation).

Kessler CS et al. Academic Medicine, Vol. 87, No. 10, October 2012

Communication Assessment Tool (CAT)

ICS Assessment Recommendations:
2012 Working Group AEM Consensus Conference

- Match the right assessment tool to the right competency
  - Direct observation or multi-source feedback for most
  - Specific situations (e.g., delivering bad news): high fidelity simulation, oral board exam, OSCE

- Need both summative and formative tools
  - Qualitative methods for formative assessment
  - Global rating scales with behavioral anchors


Giving Bad News: SPIKES

- Set the stage
  1. Clearly introduced oneself
  2. Clearly stated their role in the care of the patient
- Perception
  3. Determined the level of knowledge the survivor possessed prior to their arrival in the waiting room
  4. Took note of the survivor’s vocabulary

- Information
  5. Briefly indicated the chronology of events leading up to the death of the patient
  6. Used language appropriate for the survivor’s culture and educational level
  7. Avoided using euphemisms

- Knowledge
  8. Allowed the survivor to read or hear the information and ask questions or express concerns
  9. Answered all questions in an appropriate manner

- Empathy
  10. Used proper statements to show concern for the grieving
  11. Validated emotions of the grieving

- Summary and Strategy
  12. Assisted in making a physician’s guilt for the loss of the patient
  13. Established personal availability to answer questions for the survivor at a later date
  14. Ended the discussion and departed in an appropriate manner

Park I et al. Journal of Emergencies, Trauma, and Shock 1:3-4 Oct - Dec 2010
More Research Needed in ICS Assessment:

- Specific behaviors identified and determine validity
- Evaluate for outcomes after ICS education
- Link instructional strategies to assessments: assess behavior in simulated and clinical settings


Survey: Example Situations

- Delivering bad news
- Dealing with consultants
- Team management and resolving conflicts
- Difficult patients & families
- Sign-out & transition of care
- Error disclosure
- Social media
- Approaching a provider with impairment
- Residents as teachers
Case Example: Consultation

- Where are we going to find one of those events?
- Has been difficult to quantify good vs bad consultation other than “I know it when I see it”
- Heavily represented in Milestones, consultation teaching and assessment includes ICS 2 Level 2, 3, and 4
Difficult Consult: Basic Principles

- Prevention is key
- Abstinence: make sure there is a purpose or need for consult
- Kill them with kindness: start off on the right tone, be thankful
- Treat others like they would like to be treated
- Compromise: respect their view
- Review everything you have and be prepared
- Know what you want
- Listen

Difficult Consultant by Dr. Chad Kessler, 2010 AAEM Academic Assembly

Negotiation Strategies and Conflict Resolution

- Key reason for negotiation failure is lack of preparation
- Two phases
  - Analytic: ZOPA or zone of possible agreement
  - Practice: especially for interns and students (framework)
- Sources of conflicts: tasks vs. relationship
- Most ideal method: confront and find a more workable solution to get what you need.
- “How to win friends and influence people”: avoid argument, show respect, admit if you are wrong, talk in terms of their interest and from their point of view, be sympathetic

Difficult Consultant by Dr. Chad Kessler, 2010 AAEM Academic Assembly
Case Example: Delivering Bad News

- Commonly taught, less easily assessed
- Approach to teaching and assessing variable
- Content can be nebulous and vague

- Milestone mention as a special scenario, ICS1 Level 4, and don’t forget Level 1
### IC S1

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<tbody>
<tr>
<td>Level 1</td>
<td>- Appropriately and effectively communicates with patients and families</td>
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<tr>
<td>Level 2</td>
<td>- Assesses and communicates potential emotional issues and conflicts</td>
</tr>
<tr>
<td>Level 3</td>
<td>- Elicits reason for visit and expectations.</td>
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<td>Level 4</td>
<td>- Manages simple patient/family-related conflicts.</td>
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<td>- Effectively communicates with vulnerable populations, including both patients and their families</td>
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### Teach

- AIDET
- SPIKES
- TeamSTEPPS
- CRM
- ENCORE

### Assess

- Sim, DOT
- Procedure tracker of specific situations, ENCORE

### Teach Resident Rotation

- Giving Bad News: SPIKES
- Advocacy-Inquiry, Grieving, ENCORE

### Park et al

*Journal of Emergencies, Trauma, and Shock* 3:4 Oct-Dec 2010
The GRIEV_ING ©
Death Notification Protocol

- Training materials including presentation, scenarios and competency checklist.
- [http://www.acep.org/deathnotification/?ACEPCN=hueustak452os4m4a417109](http://www.acep.org/deathnotification/?ACEPCN=hueustak452os4m4a417109)

### Case Example: Belligerent Patient

- Where am I going to find one of those?
- SIM?
  - Difficult if not impossible to simulate, even with model patients... residents know the game
  - Turn into comedies in the simulation lab.
- On Shift?
  - As attendings, hard to know when they are here... but the resident who is taking care of them knows!
- Strongly represented on Milestones ICS1, Level 3 and 4

### ICS1

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<td>Manage empathy and expectation management</td>
<td>Manage the expectation of the patient and their family</td>
<td>Resolve patient and family conflicts</td>
<td>Teach: SPIKES, advocacy-inquiry, Grieving</td>
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<td>CRM</td>
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<td>Teaching resident rotation; quality improvement and clinical competency committees</td>
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Procedure Logger for “Putting in a Line”

- Make a procedure tracker for “Difficult Patient” with anchors/check points
- Resident identifies upcoming procedure and sends eval to Attending (Requesting competency assessment)
- Difficult/Belligerent Patient Procedure Tracker
  - Was the reason for belligerence identified (i.e., Psych, intoxication, satisfaction/customer service)
  - Did the resident navigate the patient scenario without intervention by a attending for recovery or reasonable outcome
- Areas of improvement
Case example: Challenging nurse or other health care provider

- Challenging situations with staff and colleagues are rare, difficult to capture in assessment, and hard to teach outside of role playing
- Longitudinal inter-professionalism experience is a solution
- Assessment for staff conflict resolution are difficult to replicate in the simulation lab because of other chaos and task management issues in the ED environment
- Replication in the ED with Simulation /Role play is option

ICS2

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<td>Teach: TEAMSTEPPS, CRM</td>
<td>Train:</td>
<td>Assess:</td>
<td>Evaluate:</td>
<td>Learn:</td>
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<tr>
<td>Teach:</td>
<td>TEAMSTEPPS, CRM</td>
<td>Evaluate:</td>
<td>Evaluation</td>
<td>Interprofessional orientation, SC, SBAR, ENCORE, ED handoff, Sim, DOT</td>
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ENCORE Program: Emergency Nurses in Collaboration with Residents

- Selected group of nurses, identified by physicians, peers, and team leaders as exemplary
- Training in assessment and evaluation, Interprofessionalism
- Residents spend 1 shift during orientation with their ENCORE nurse, working as an RN
- Two additional shifts over the intern year
- ENCORE RN responsible for solicits and collects feedback from other staff
- Also responsible for RN complaints, concerns
Assessing it: INSITED with ENCORE!

- INSITED (In situ simulation in the ED)
- Resident sees a high-fidelity patient in an ED room during their normal shift
- Dummy chart in EPIC Sandbox (EMR) with orders, patient hx, etc.
- Nurses is either a “Confederate” or a “Dunce”, or a normal nurse helping out (for other scenarios)
- Medication error by RN, RN refusal of orders for “safety or inappropriate”. Not doing orders, etc.
- Resident has to navigate the problem while dealing with other patients

Advocacy Inquiry

Teaching Residents the Two-Opinion Rule: A Simulation-Based Approach to Improve Education and Patient Safety

Pian-Smith MCM, Sim Healthcare 4:84–91, 2009
Summary

- Don’t be afraid of ICS1 and ICS2!
- As easy as teaching a central line!
- Use premade tools to teach and assess milestones
- Make residents accountable for tracking their ICS1 and 2 milestone events

Please send us your ideas!

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- Lynn Roppolo: lynn.roppolo@utsouthwestern.edu