

Working With Our Patients to Make the Best Use of Time

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Disclosures

- * Receive consultation fees and honoraria for consultation and training provided to academic and health care organizations with a focus on communication, teamwork, competency assessment, self management support

What Inhibits Physicians from Learning Effective Communication?

- * Poor role modeling
- * Hidden curriculum in the culture of medicine
- * Time pressures
- * Burnout
- * Psychological variables
- * Lack of effective training

Most Common Communication Challenges in GYN?

- * Behavioral risks: Obesity, smoking, sexual behaviors
- * Medication adherence
- * Opioid use
- * Adolescent vaccination decision making (eg, HPV)
- * Distrustful/hostile patients
- * Fear of cancer
- * History of abuse: physical, sexual
- * Beginning a relationship with an adolescent
- * Talking to a patient who is not gender normative

Why Should Physicians Learn to Communicate Well?

- * To increase your income
- * To decrease chance of being sued
- * To improve time management
- * To improve patient satisfaction surveys
- * To improve your professional satisfaction
- * To improve patient health comes
- * To Build patient trust and satisfaction

Objectives

Learn a team based communication model blending skills that enhance quality of care and efficiency.

Learn two skills that enhance time management and quality of care

Introduce a form for communication assessment of self and others

Why Are High-Functioning Teams Essential To Outpatient Care

Complex patients demand more care than one person can provide

Collaboration produces better outcomes

Effective teams help sustain healthy behaviors in their members

Fewer errors

Levels of MA/LPN(RN?) Activity

	Limited	Warm	Engaged	Activating
Relationship/Empathy		X	X	X
Vitals/ Visit prep	X	X	X	X
Update Meds/ check refills			X	X
Agenda/Priority/Organize			X	X
Activate / Questions?			X	X
Prev/HCM/screening				X
Initial history (Scribe)				X
SMS: goal/action plan				X
Proactive f/u (registry mgmt)				X
Closure/navigation			X	X
Frequency	++	+++	++	+

Relationship Communication and Efficiency: Creating a Clinical Model from a Lit Review

Mauksch et al, 2008, Arch of Intern Med, 168 (13) 1387-1395

Ongoing influence

Rapport and
Relationship

Mindfulness

Topic
Tracking

Empathic
response to
cues

Sequential

1. Upfront
collaborative
agenda setting

2. Hypothesis
testing and
understanding
the patient
perspective

3. Co-creating
a plan

SMS: problem solving

Observation Form Purpose and Training

The value

- Structures vision
- Creates and standardizes vocabulary

Primarily for formative assessment and to strengthen the “observer self” (mindfulness)

Online training: www.pcof.us

PCOF Use

Behavior in either of the columns to the right of thick vertical line is in the competent range

Observers mark accurately and avoid giving the benefit of the doubt

Feedback is best:

When solicited

Specific, rather than general

Curious, not judgmental

Relationship Communication and Efficiency

Mauksch et al, July 14 2008, Arch of Intern Med

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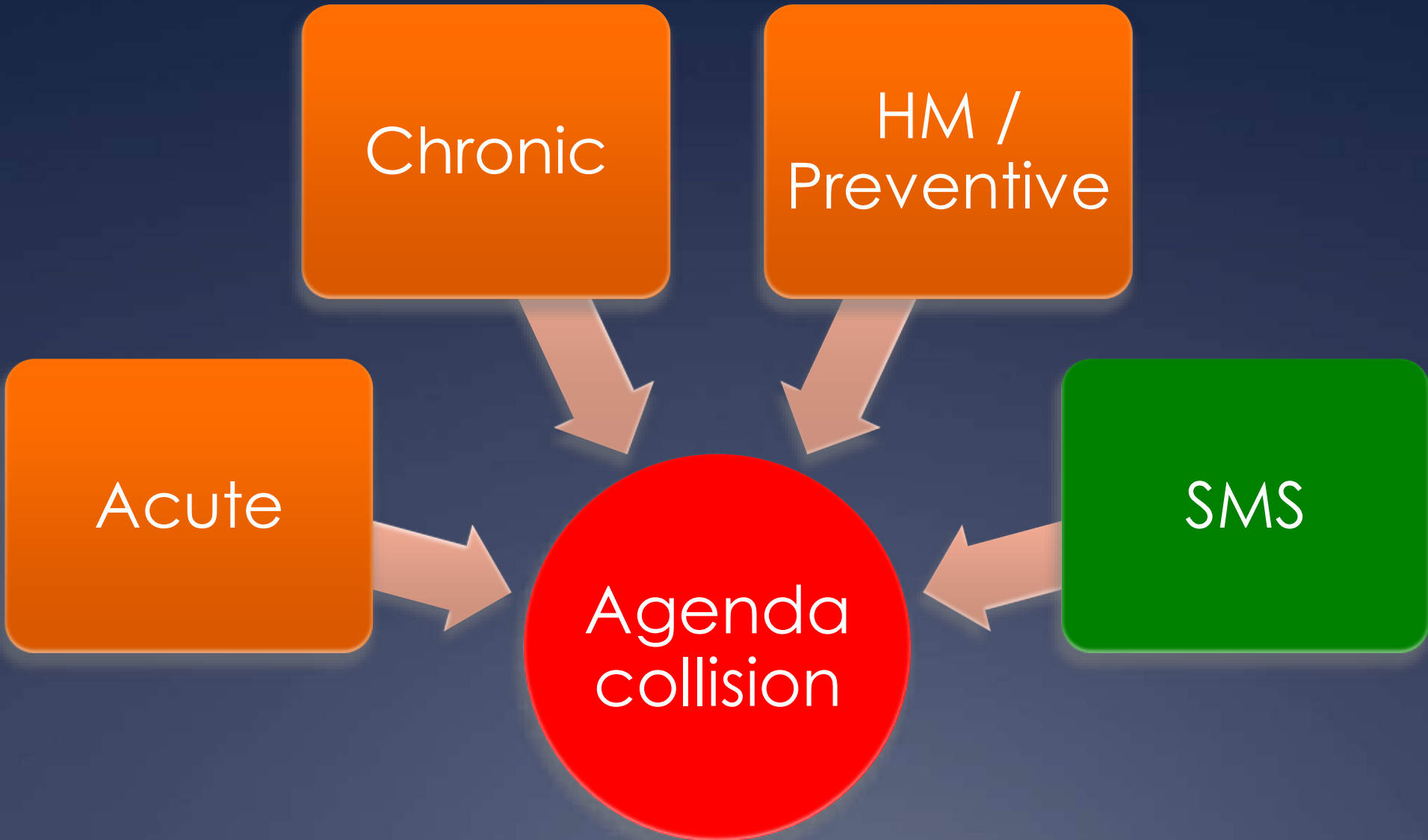
Topic
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Sequential

1. Upfront collaborative agenda setting

Visit Organization



Upfront Collaborative Agenda Setting

Brock, Mauksch, et al. JGIM, Nov, 2011; Mauksch et al, Fam, Syst, Health, 2001

Identifies patient's priorities

Organizes the visit

Decreases chance that patients or providers will introduce "oh by the way" items

Screens for mental disorders

Facilitates shared decisions about time use between acute, chronic, and health maintenance care

Does not lengthen the visit; protects time for planning

Decreases clinician anxiety

Agenda Creation

Orient the patient:

“I know you are here to talk about _____. Before we get into _____ is there something else important to addresses today? Making a list will help us make the best use of time”.



If the list is greater than three items,
the patient is screen positive for depression or anxiety

Ask, “what is most important”

- Listen (feel) for the most important concern
- 

Avoid premature diving by patient or yourself

When needed interrupt the patient or yourself:

Acknowledge, Empathize
Share reasoning

Diving or Agenda Setting

Old

What are we doing today?

How are you?

What can I do for you?

What is going on?

Tell me about your ear pain.

New

What is on your list of concerns today?

In addition to your ear pain is there something else?

Let's make a list of your concerns and then figure out how to make the best use of our time?

EEE: Polite Interruption

Mauksch. Questioning a Taboo..., JAMA. 2017 March 14th

Excuse yourself (acknowledge and/or apologize)

Empathize with the problem that is being cut off

Explain why you are interrupting

- Planning time use
- Finishing an important topic (topic tracking)
- Stopping to explore an important cue

Interruption: Important cue

Mr. Fredricks, forgive me for stopping you. You just said something about wondering if your thigh pain was in your bones and perhaps serious. Can we go back to that?

It sounds like you have some important concerns that I want understand further.

EEE: Polite Interruption

Mauksch. Questioning a Taboo..., JAMA. 2017 March 14th

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Practice Reflection and Commitment to Change Tool

JOUR OF CONTIN EDUC IN HEALTH PROFESSIONS, 35(3):166–175, 2015

The most useful information for me was:

This highlighted the following gap in my practice:

FILL IN ONE OR MORE OF THE PRACTICE CHANGE OPTIONS BELOW

I will change my current practice in the following way:

Barriers I anticipate:

What changes to my current practice am I considering?

What would enable me to change

What confirmed my current practice?

What supports my current practice?

I am not convinced there is a need to change my current practice because: