

Case 6

Poor communication with families

You have occasionally worked with Patty, an intern, during night shifts but this is your first week on service with her. While you cringed at a few of her work choices when talking to families on prior admissions, she was able to convey the correct medical information to her patients and their parents. This week, however, you have noticed that Patty has little rapport with her families during family-centered rounds. She continually refers to the child as “the patient” when presenting at the bedside, even when the nurse reinforces the child’s name. She missed the parents’ shared shocked glances when she added “leukemia” to her differential diagnosis for fever and a limp during bedside rounds. And you have heard from the nurses that families are not being updated with new information or results after rounds. In fact, you’re not sure if she is even checking in with her families throughout the day.

Feedback Script

Case 6 – Poor communication with families

<p>Step 1: Action Identify the Trigger Behavior</p> <ul style="list-style-type: none"> • <i>Describe specific examples</i> 	<ul style="list-style-type: none"> • Difficulty establishing rapport with families, exemplified by not referring to the child by her name during rounds • Missed the non-verbal body language when unexpected and scary diagnosis was presented during rounds (i.e. parents' looks when "leukemia" was mentioned) • Lack of professionalism in not updating families or checking for their needs
<p>Step 2: Subcompetency Identify Milestone-based correlation</p> <ul style="list-style-type: none"> • <i>Correlate behavior to milestone/EPA anchor</i> 	<ul style="list-style-type: none"> • ICS1: Uses the medical interview to establish rapport and focus on information exchange relevant to a patient's or family's primary concerns (Level 2) • ICS2: Does not accurately anticipate or read others' emotions in verbal and non-verbal communication (Level 1) • PROF1: Has a pattern of conduct that demonstrates a lack of sensitivity to many of the needs of others (Level 2)
<p>Step 3: Evidence Target High Yield Feedback Points</p> <ul style="list-style-type: none"> • <i>Real issue behind behavior</i> • <i>Identify impact of behaviors</i> 	<ul style="list-style-type: none"> • Not calling the child by name may be perceived by the family as showing that you do not know or care about their child. As a result they may not share information, trust your medical decision-making, or participate in a therapeutic alliance • When you miss non-verbal cues, you miss the opportunity to ask questions or provide reassurances around the family's concerns • Not following up on results or updating families - families are under significant stress when they don't know what is wrong with their child, which can be eased when they have results or follow-up. Providing an update may also give families a sense of participation or input into the process.
<p>Step 4: Script Create Brief Script</p> <ul style="list-style-type: none"> • <i>No more than 3-4 sentences</i> • <i>Neutral language</i> 	<p>ICS1/PROF1</p> <p>Patty, while I have worked with you, I have noticed that although you were able to give families correct information, your specific word choices, i.e. "It's not like it's deadly or anything" were confusing or possibly scary to families. Similarly, there have been times when, by not referring to patients by name, or by not following up to</p>

<ul style="list-style-type: none"> • <i>Focus on behaviors and actions</i> 	<p>give families results, it can appear that you do not know or care about their child. I know that you want to provide good care to families. You will not be able to provide optimal care for patients without establishing a therapeutic alliance. Families need to trust you.</p> <p>ICS2 Non-verbal cues can be difficult to tune into or pick up on, even for skilled doctors. I have seen families turn away from you as you speak about “the patient” or give each other scared looks when you added “leukemia” to the differential. Each time you did not stop and address this body language. If you miss noticing or addressing non-verbal cues, you miss a chance to further your rapport or answer questions.</p>
<p>Step 5: Strategy Describe Possible Plan for Improvement</p> <ul style="list-style-type: none"> • <i>Create 1-2 specific methods for improvement</i> 	<p>ICS1/PROF1</p> <ul style="list-style-type: none"> • Try to “hear” yourself speak and think about how your words might sound if you said them to the most sensitive person in your own family • Write the patient’s name in big letters at the top of your notes, and circle it. Make a huge effort to use that name every time you talk to families. If you write out any part of what you will present, write the patient’s name in those sections. • Do not cross any follow up boxes off your paper unless both you and the family knows the results <p>ICS2</p> <ul style="list-style-type: none"> • The first step is to try to notice non-verbal communication. Try to look at family members while talking – it will make noticing their expressions easier. Pause and wait for a response from families after you give information.