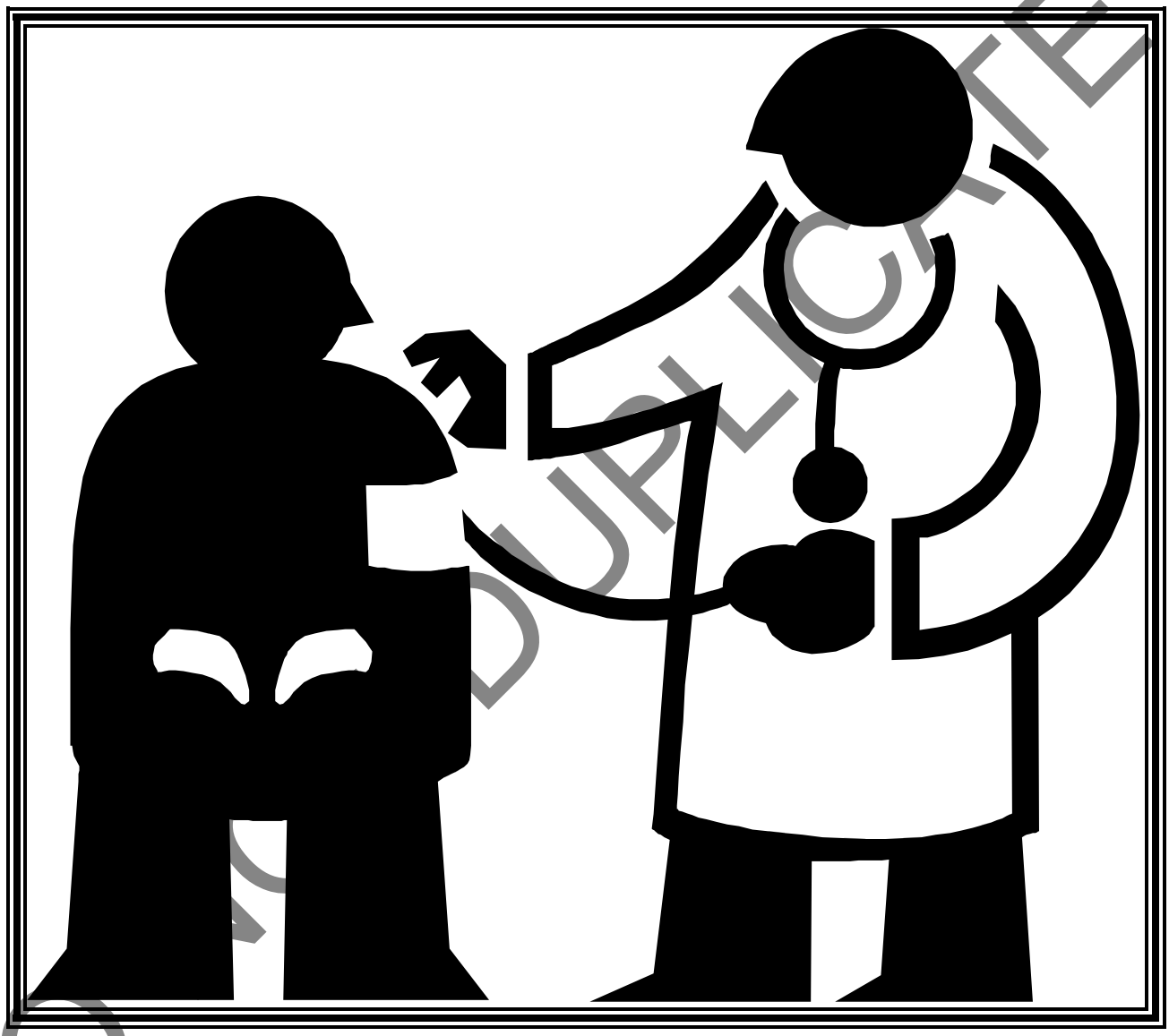
Patient-Physician



Partnership

Physician Communication Skills Training Program

Study ID_____

YOUR PERSONALIZED REVIEW AND WORKBOOK

Skills for Hypertension Management Related to Patient Non-compliance

In this study, specific skills that are useful to therapeutic management of a patient with uncontrolled hypertension have been identified (and are listed, in abbreviated form, on the **Proficiency Grid**). Despite the proven efficacy of pharmacological therapy and lifestyle modifications for treatment of hypertension and prevention of its complications, many adults fail to derive benefit from treatment. Fortunately, physicians can help their patients succeed in managing hypertension and controlling blood pressure through the use of communication approaches that foster an active working partnership. Several of these hypertension-specific strategies are outlined in the exercises below.

Exercise 1: ELICITING THE FULL SPECTRUM OF PATIENT CONCERNS EARLY IN VISIT
The purpose of this strategy is to elicit all patient concerns prior to the targeted probing of a particular complaint. This technique has proven successful in eliciting clinically significant problems and concerns that might otherwise not be addressed, or left to the closing moments of the visit.

GO to the Study Lessons Grid and CLICK the "+" to the left of "Mr. Smith" to expand the lessons menu associated with the simulated patient.

CLICK the "1" to the right of "Concerns" to listen to Mr. Smith tell of his full spectrum of concerns. Click **Exit** when the clip is finished.

CLICK the Play button under the Playback Window (or move the marker on the hatchbar to the beginning of the visit and play). **LISTEN TO THE FIRST FEW MINUTES OF YOUR INTERVIEW.** Which of Mr. Smith's concerns did you elicit? (check any that apply)

- ❑ Not feeling all that great for last few weeks
- ❑ Feeling tired and stressed out
- ❑ Stressors include brother's death 4 weeks ago of massive heart attack
- ❑ Financial stress with bills backed up after his brother's funeral.

In the Proficiency Grid, CLICK the number in the "Example" column to the left of "100 elicit full spectrum early in visit." (Note that the number preceding the proficiency text—i.e., "100"—is a code designation from the database without meaning to you for this review.) The Playback function will take you to those segments of **your visit** with Mr. Smith where you probed for the full spectrum of his concerns. (A zero in this Example column indicates that we did not identify any instances of your use of this skill.)

CLICK the number in the **"Glossary"** column to the right of "elicit full spectrum early in visit" to view other demonstrations of this skill in practice.

CONSIDER where and how this skill may have been useful in **your visit.**

Complete the following by circling your responses:

1. In your practice, how **IMPORTANT** is it to probe the full spectrum of patient concerns **early** in the visit?

Not at all Somewhat Moderately Very Extremely

2. .In what percentage of your visits do you **routinely** probe for the full spectrum of patient concerns?

0% 10 20 30 40 50 60 70 80 90 100%

3. How **CONFIDENT** are you that you can incorporate these probes into your **routine** practice?

Not at all Somewhat Moderately Very Extremely

4. In future visits with hypertension patients, how **LIKELY** is it that you will routinely probe the full spectrum of concerns early in the visit?

Not at all Somewhat Moderately Very Extremely

Exercise 2: PROBING FOR THE PATIENT'S KNOWLEDGE AND BELIEFS ABOUT HIGH BLOOD PRESSURE. It is important to know what the patient knows and thinks about hypertension so that expectations about treatment can be clarified and misunderstandings and misinformation may be discussed and addressed.

CLICK the number to the right of "Knowledge" to listen to what Mr. Smith knows about hypertension and how it affects his health**.** Click **Exit** when the clip is finished. Which of the following did you elicit? (check all that apply)

- ❑ He has heard that high blood pressure is a "silent killer", but doesn't really know exactly what that means.
- ❑ He knows there are health problems in his family--strokes, heart attacks. These could be related to blood pressure, but he is not sure how.
- ❑ He knows that smoking, fat and salt are not good for his health and may affect his blood pressure.

CLICK the number to the right of "Beliefs" to listen to Mr. Smith's beliefs about high blood pressure. Click **Exit** when the clip is finished. Which of the following did you elicit? (check all that apply)

- ❑ He thinks that stress and worry are the likely causes of his elevated blood pressure
- ❑ He thinks he can usually tell when his blood pressure is high – he just doesn't feel good.
- ❑ He does not think that his blood pressure is "that bad" or bad enough to cause any real problems
- ❑ He thinks that he is taking enough medication to take care of his blood pressure and does not believe that medication is necessary every day
- ❑ He has heard that vinegar and garlic may help to control blood pressure.

In the Proficiency Grid, CLICK the number in the "Example" column to the left of "probes for knowledge/beliefs." The Playback function will take you to those segments of **your visit** with Mr. Smith where you probed for Mr. Smith's knowledge and beliefs about his disease. (A zero in this Example column indicates that we did not identify any instances of your use of this skill.)

CLICK the number in the "**Glossary"** column to the right of "probes for knowledge/beliefs" to view other demonstrations of this skill in practice.

CONSIDER where and how Mr. Smith's knowledge and beliefs were elicited in **your visit**, and how useful these skills are to the visit.

Complete the following by circling your responses:

1. In your practice, how **IMPORTANT** is it to probe for the patient's knowledge and beliefs before counseling?

   Not at all Somewhat Moderately Very Extremely

2. With what percentage of your patients do you **routinely** probe for their knowledge and beliefs?

   0% 10 20 30 40 50 60 70 80 90 100%

3. How **CONFIDENT** are you that you can incorporate these probes into your **routine** practice

   Not at all Somewhat Moderately Very Extremely

4. In future visits with hypertension patients, how **LIKELY** is it that you will **routinely** probe patient knowledge and beliefs?

   Not at all Somewhat Moderately Very Extremely

Exercise 3: MONITORING ADHERENCE AND IDENTIFYING COMPLIANCE PROBLEMS

It is useful to check explicitly on medication use at every visit. For instance, asking "Which medications are you taking?" and "How often do you take it?" will identify problems more quickly than simply asking "Are the pills ok?" Explicitly asking about adherence problems in a non-judgmental and non-threatening manner provides the opportunity for patients to talk openly and frankly about their medication taking habits. Patients are often willing to acknowledge difficulties if they do not fear their physicians' reprimand. For instance, you might preface your inquiry about compliance with the statement "Many people have trouble taking their medication exactly the way they are supposed to…What kinds of problems have you been having?"

CLICK the number to the right of "Current Compliance" to listen to Mr. Smith's current drug compliance pattern**.** Which of the following did you elicit regarding how Mr. Smith takes his medicine? (check all that apply)

- ❑ He sometimes forgets to take medications
- ❑ Sometimes he skips taking his medication to give his body a break
- ❑ He guesses that he takes his medications 3 times or so a week

CLICK the number to the right of "Compliance Problems" to listen to problems Mr. Smith has had with compliance. Which of the following compliance problems did you elicit? (check all that apply)

- ❑ Mr. Smith believes that there may be some side effects from his medication—specifically, that his pills may have negatively affected his sexual performance and may contribute to his fatigue
- ❑ Mr. Smith worries that his medication is too expensive, even though he has insurance. He is not sure the pills are worth the co-pay money.
- ❑ Mr. Smith does not like taking medications if he doesn't have to.

In the Proficiency Grid, CLICK the number in the "Example" column to the left of "**monitor adherence/identify problems."** The Playback function will take you to those segments of **your visit** with Mr. Smith where you probed for Mr. Smith's adherence and/or compliance problems. (A zero in this Example column indicates that we did not identify any instances of your use of this skill.)

CLICK the number in the **"Glossary"** column to the right of "monitor adherence/identify problems" to view other demonstrations of this skill in practice.

CONSIDER where and how these skills may have been useful in **your visit**.

Complete the following by circling your responses:

1. In your practice, how **IMPORTANT** is it to **explicitly** monitor adherence and identify compliance problems before counseling a patient?

Not at all Somewhat Moderately Very Extremely

2. With what percentage of your patients do you **explicitly** monitor adherence and identify compliance problems?

0% 10 20 30 40 50 60 70 80 90 100%

3. How **CONFIDENT** are you that you can incorporate these skills into your **routine** practice?

Not at all Somewhat Moderately Very Extremely

4. In future visits with hypertension patients, how **LIKELY** is it that you will **routinely** monitor and identify compliance problems?

Not at all Somewhat Moderately Very Extremely

Exercise 4: ASSESSING COMPLIANCE-RELATED LIFESTYLE AND PSYCHOSOCIAL ISSUES
Elicitation of patients' concerns and reservations about a proposed treatment plan, as well as ideas regarding treatment options and alternatives, is an important starting point for brainstorming and problem solving. This is particularly relevant for the encouragement of lifestyle changes ranging from eating and exercise habits to stress-related coping strategies. Inclusion of patients in a negotiation process creates buy-in to a workable plan and enhances the likelihood of successful follow-through.

CLICK the number to the right of "Lifestyle Factors" to listen to Mr. Smith's lifestyle activities related to diet and exercise. Which of the following lifestyle issues did you elicit? (check all that apply)

- ❑ Often eats fast foods, because he doesn't cook for himself at home
- ❑ He does not exercise on a regular basis but feels he gets exercise at work
- ❑ Smokes 1 pack every 3 days; has cut down from 1 pack/day
- ❑ He drinks occasionally but not too much; doesn't use illegal drugs

CLICK the number to the right of "Social Relations" to listen to Mr. Smith's description of the social relationships that may have relevance for control of his blood pressure. Which of the following issues did you elicit? (check all that apply)

- ❑ He attends church pretty regularly and has friends
- ❑ He could call on his friends to help him out if he needed them
- ❑ He has a girlfriend but has not been close with her for the past six months. He would like to try to work on that relationship but is embarrassed by some problems with sexual intimacy.

In the Proficiency Grid, CLICK the number in the "Example" column to the left of **"assess compliance-related lifestyle/psychosocial factors."** The Playback function will take you to those segments of **your visit** with Mr. Smith where you probed for Mr. Smith's lifestyle and psychosocial issues. (A zero in this Example column indicates that we did not identify any instances of your use of this skill.)

CLICK the number in the "**Glossary"** column to the right of "assess compliance-related lifestyle/psychosocial factors" to view other demonstrations of this skill in practice.

CONSIDER where and how you may have used these skills as you counseled Mr. Smith**.**

Complete the following by circling your responses:

1. In your practice, how **IMPORTANT** is it to understand the patient's lifestyle and social relationships before counseling of a patient with hypertension?

Not at all Somewhat Moderately Very Extremely

2. With what percentage of your hypertensive patients do you **explicitly** probe for lifestyle and social factors?

0% 10 20 30 40 50 60 70 80 90 100%

3. How **CONFIDENT** are you that you can incorporate these skills into your **routine** practice?

Not at all Somewhat Moderately Very Extremely

4. In future visits with hypertension patients, how **LIKELY** is it that you will **routinely** explore patients' lifestyle and social relationships?

Not at all Somewhat Moderately Very Extremely

Exercise 5: ELICITING COMMITMENT TO A THERAPEUTIC PLAN

Engaging patients in problem-solving and brainstorming are important precursors to building commitment to a therapeutic plan. Having the patient make an explicit commitment to you to follow through on the plan, even if only until the next visit, is a powerful motivator that has been linked to regimen adherence in many studies.

CLICK the number to the right of "Problem-Solving Ideas" to listen to Mr. Smith's ideas about ways to address his problems. Which of the following did you elicit? (check all that apply)

- ❑ He would like to discuss ways to improve his diet
- ❑ He would like to have help remembering to take his medicine
- ❑ He would like to get more exercise
- ❑ He is interested in what you think about his ideas.

CLICK the number to the right of "Willingness to Commit to Plan" to listen to Mr. Smith's willingness to commit to a therapeutic plan. Which of the following did you elicit? (check all that apply)

- ❑ He is willing to commit to daily medication until the next visit to see if his blood pressure comes under control, especially if the expense issue is not a worry
- ❑ He is willing to try memory aids for daily medication (i.e. pill box, change of location of meds)
- ❑ He is willing to cut back on some fast food visits and try "good" fast food substitutes
- ❑ He is willing to try cutting back on cigarettes in the short term and may eventually be ready to quit
- ❑ He is willing to add some exercise to his routine
- ❑ He is willing to come back for follow-up

In the Proficiency Grid, CLICK the number in the "Example" column to the left of **"elicit commitment to plan."** The Playback function will take you to those segments of **your visit** with Mr. Smith where you elicited a commitment from Mr. Smith to his therapeutic plan. (A zero in this Example column indicates that we did not identify any instances of your use of this skill.)

CLICK the number in the **Glossary** column to the right of "elicit commitment to plan" to view other demonstrations of this skill in practice.

CONSIDER where and how using these skills may have been useful in **your visit.**

Complete the following by circling your responses:

1. In your practice, how **IMPORTANT** is it to elicit patient commitment to a negotiated plan?

Not at all Somewhat Moderately Very Extremely

2. In what percentage of your visits do you **explicitly** ask for the patient's commitment to the plan?

0% 10 20 30 40 50 60 70 80 90 100%

3. How **CONFIDENT** are you that you can incorporate this skill into your **routine** practice?

Not at all Somewhat Moderately Very Extremely

4. In future visits with hypertension patients, how **LIKELY** is it that you will **routinely** elicit patient commitment?

Not at all Somewhat Moderately Very Extremely

Communication approaches that broadly apply to the facilitation of a more productive patient-physician relationship are equal in importance to the hypertension-specific strategies, as reviewed in the previous exercises. These more broad strategies are presented in the exercises that follow.

Data Gathering

: As noted by the famous medical educator, Sir William Osler, "Listen to the patient, he is telling you the diagnosis", careful inquiry can provide the key to accurate diagnosis and a full understanding of the patient's problem. Effective data gathering incorporates a variety of skills, including the use of open and close-ended questions for different content, as well as listening skills to signal interest and receptivity.

Open-ended questions elicit the patient's perspective, and the meaning attributed to the medical situation. Open questions do not anticipate or restrict the patient's response. They are especially useful early in the visit to establish the dimensions and nature of the medical complaint, and during the patient education and counseling segment when brain storming, decision-making, and treatment options are discussed.

Closed-ended questions—when judiciously used--are most useful when attempting to confirm or rule out a specific hypothesis by asking for short, direct answers.

Open to closed question cones—in other words, beginning with open-ended questions, gradually narrowing to closed-ended questions, and, finally, re-opening questions to check for additional information—is recommended as an effective and efficient data gathering strategy.

Content-specific domains:
Biomedical questions probe medical history and symptoms (medical) or treatment and testing (therapeutic regimen)**.**
Psychosocial questions probe the patient's relationships, feelings and emotions (psychosocial) and lifestyle and prevention activities (lifestyle), thereby providing a window into the patient's world and perspective.

Data Gathering is most effective when combined with **Facilitation and Patient Activation** (see Exercise 9), which includes active listening skills (such as paraphrasing and interpretation of what the patient has said), signs of continued interest ("go on, right yes, a-hmmm")--as well as nonverbal cues, such as eye contact, forward lean, and head nods.

Exercise 6: DATA GATHERING

CLICK the number in the Doctor column next to the **Data Gathering** button to view--on the hatchbar—the distribution of utterances included in this talk composite. You may use the cursor on the hatchbar to activate the tape at any point during the visit. This may be useful, for instance, in identifying and reviewing segments of the visit characterized by active question-asking.

CLICK on the "+" by the Data Gathering button to view the sub-composites (Biomedical, Lifestyle/Psychosocial, All Open Questions, All Closed Questions) within the Data Gathering composite. CONTINUE CLICKING the "+" by each of these sub-composites until a "-" sign appears, indicating that the menu is fully expanded. (You will need to use the scroll bar on the right side of the screen to view the full menu.) **When fully expanded, the menu displays the individual RIAS categories** included within the Data Gathering composite and each of its sub-composites**.**

CLICK on the number in the Glossary column to the right of the RIAS category buttons to listen to a few examples of question types. The RIAS category name will appear under the playback screen. Click the "Play" button to activate the series of examples; select "Next Example" to continue or "Previous Example" to replay.

REVIEW SAMPLES of **your questions** by question type and content. **CLICK** the number in the Doctor column to the left of a RIAS category button. Hatch marks will highlight--on the hatchbar—to show the distribution of these questions during your visit with Mr. Smith. The RIAS category name will appear under the playback screen. Activate the series of clips as described above.

You may wish to **change the options** on the playback window, or hit **"Play On"** if you would like the clip to continue to play. This will modify the period of time included in the clip prior to and after the target utterance. (See **HELP** menu for further instructions.)

Complete the following:

1. Sum your open and closed questions by **content**. How did your questions distribute across content areas?
Medical _____Therapeutic _____Psychosocial_____Lifestyle_____

2. Calculate the total of all **open** questions divided by the total of **all** questions. What proportion of your questions was asked in an **open** format? _____

3. Is there anything that surprised you in your response to 1 or 2, above? _____

4. In future visits with hypertension patients, how **LIKELY** is it that you will attempt the following?

	Not at all	Somewhat	Moderately	Very	Extremely
Increase your use of open questions	1	2	3	4	5
Decrease use of close-ended questions	1	2	3	4	5
Increase open to closed question cones	1	2	3	4	5
Probe medical concerns more fully	1	2	3	4	5
Probe therapeutic concerns more fully	1	2	3	4	5
Probe psychosocial concerns more fully	1	2	3	4	5
Probe lifestyle concerns more fully	1	2	3	4	5

Patient Education and Counseling:

Patient Education provides the patient with **medical information** about the medical condition (i.e. diagnosis, etiology, prognosis), **therapeutic information** about treatment, tests and procedures, **lifestyle information** on self care and prevention, and **psychosocial information** on the link between emotions, social relationships and health. Comprehensive health education covers all four dimensions.

Patient Counseling is distinguished from the factual emphasis of patient education in that its purpose is to motivate, encourage, and persuade patients to undertake recommended behaviors. This may be in regard to management of the patient's medical condition and adherence to recommended regimens (**Counsels – Medical/Therapeutic Regimen)**, or in regard to lifestyle change, self-care and psychosocial topics (**Counsels– Lifestyle/Psychosocial).**

Of course, not all patients want or need the same informational detail about all aspects of the condition; however, all patients appreciate information that is clear, concise, and relevant to their particular concerns.

It is important to communicate information to patients in small blocks--pausing frequently to check for understanding and readiness to move on before proceeding. Breaking information up in this way is less likely to overwhelm a patient, and makes it more likely that information is processed. **Education and Counseling** is most effective when used with **Facilitation and Patient Activation** skills, particularly **Asking for Opinion** questions and **Asking for Understanding** (see Exercise 9).

Exercise 7: PATIENT EDUCATION AND COUNSELING

CLICK the number in the Doctor column next to the **Patient Education and Counseling** button to view--on the hatchbar—where education and counseling occurred during your visit with Mr. Smith. Note those segments of the visit where talk appears **most interactive** --i.e., where talk appears to go back and forth between speakers as evidenced by hatch marks appearing on both sides of the hatchbar, and those segments where talk appears **least** i**nteractive** –i.e., where talk is most densely attributed to the physician, as displayed on the hatchbar. You may use the cursor to activate tape segments.

CLICK on the "+" by the Patient Education and Counseling button to view the two sub-composites (Biomedical and Lifestyle/Psychosocial) within this composite. CONTINUE CLICKING the "+" by each sub-composite until a "-" sign appears, indicating that the menu is fully expanded. When fully expanded, the menu displays the individual RIAS categories included within the Patient Education and Counseling composite and the sub-composites. Within the **Biomedical** grouping you can review the separate categories related to information-giving and counseling about the medical condition and therapeutic regimen. Under the **Lifestyle/Psychosocial** grouping you can review information-giving and counseling related to prevention, lifestyle, and psychosocial topics.

CLICK on the number in the Glossary column to the right of the RIAS category buttons to listen to a few examples of each talk type. The RIAS category name will appear under the playback screen. Click the "Play" button to activate the series of examples; select "Next Example" to continue or "Previous Example" to replay.

REVIEW SAMPLES of **your talk** by type and content. **CLICK** the number in the Doctor column to the left of a RIAS category button. Hatch marks will highlight—on the hatchbar—to reflect the distribution of this talk

during your visit with Mr. Smith. The RIAS category name will appear under the playback screen. Activate the clips as described above.

You may wish to **change the options** on the playback window, or hit **"Play On"** to continue playing. This will modify the period of time included in the clip prior to and after the target utterance. This may provide a better sense of context, or allow for lengthened review of Mr. Smith's responses to your education and counseling efforts. (See **HELP** menu for further instructions.)

Complete the following:

1. How did your **information-giving** distribute across **content** areas? (enter the number of utterances)

Medical _____Therapeutic_____Lifestyle_____Psychosocial_____

2. How did your **counseling** efforts distribute across **content** areas? (enter the number of utterances)

Medical/Therapeutic_____Lifestyle/Psychosocial_____

3. In your practice, how important is it to provide comprehensive patient education and counseling in the **medical and therapeutic** areas?

Not at all Somewhat Moderately Very Extremely

4. In your practice, how important is it to provide comprehensive patient education and counseling on **lifestyle and psychosocial** topics?

Not at all Somewhat Moderately Very Extremely

5. How **CONFIDENT** are you that you can incorporate education and counseling into your **routine** practice on **biomedical** topics?

Not at all Somewhat Moderately Very Extremely

6. How **CONFIDENT** are you that you can incorporate education and counseling into your **routine** practice on **lifestyle and psychosocial** topics?

Not at all Somewhat Moderately Very Extremely

7. In future visits with hypertension patients, how **LIKELY** is it that you will increase your efforts to provide patient education and counseling on **biomedical and therapeutic** topics?

Not at all Somewhat Moderately Very Extremely

8. In future visits with hypertension patients, how **LIKELY** is it that you will increase your efforts to provide patient education and counseling on **lifestyle and psychosocial** topics?

Not at all Somewhat Moderately Very Extremely

Building Rapport: Rapport building skills focus on the emotional facets of the doctor-patient relationship. These skills help the physician in establishing an emotional connection with the patient and are helpful in responding to the range of emotional reactions patients have as they face the uncertainty and difficulties associated with health challenges.

Rapport building skills reflect the physicians' emotional repertoire. While each type of emotional response fulfills somewhat different functions, they all act to establish a tone of caring and concern. These skills include:

> **Empathy statements** are the naming and recognition of patient emotion.
> **Legitimation statements** are reflections on the patient's actions, emotions or thoughts that convey that these are understandable and normal
> Expressions of **Concern or Worry** establish commitment, conscientiousness, and caring
> **Partnership statements** explicitly state collaboration and the intention to continue a relationship
> **Reassurance statements** encourage the patient and provide realistic optimism at appropriate times during the visit.

Rapport building strategies are most effective when combined with **facilitative nonverbal** cues such as eye contact, forward lean, head nods, and smiles, when appropriate. These nonverbal messages convey attention, engagement, and sincerity and reinforce verbal responses to patient emotion.

Exercise 8: BUILDING RAPPORT

CLICK the number in the Doctor column next to the **Rapport Building** button to view--on the hatchbar—the distribution of utterances included in this talk composite. You may wish to move the cursor back a few utterances--and allow the tape to play forward several utterances--to provide context for these target utterances.

CLICK on the "+" by the Rapport Building button to view the sub-composites within the Rapport Building composite. CONTINUE CLICKING the "+" by each of these sub-composites until a "-" sign appears, indicating that the menu is fully expanded. When fully expanded, the menu displays the individual RIAS categories included within the Rapport Building composite and each of its sub-composites.

CLICK on the number in the Glossary column to the right of the RIAS category buttons to review examples of each talk type. The RIAS category name will appear under the playback screen. Click the "Play" button to activate the series of examples; select "Next Example" to continue or "Previous Example" to replay.

REVIEW SAMPLES of your Empathy, Legitimation, Partnership, Reassurance and Concern statements by selecting the number in the Doctor column to the left of each category. Hatch marks will highlight—on the hatchbar—to display the distribution of this talk during your visit with Mr. Smith. The RIAS category name will appear under the playback screen. Activate the clips as described above.

Complete the following:

1. What was the extent of your emotional repertoire? (note the utterance count for the following statements).
   Empathy _____ Legitimation_____ Partnership_____ Reassurance_____ Concern_____

2. **CLICK** the number in the Patient column next to **Concerns** to review instances (if any) in which Mr. Smith expressed worry or concern during your visit with him. Consider your responses to Mr. Smith's concerns.

a) Which of the statements seemed particularly helpful to Mr. Smith?
b) Which did not appear to have the effect you intended?
c) Were there any "lost opportunities" during the visit when another response would have been more appropriate?

3. In your practice, how important is it to use rapport building skills?

Not at all Somewhat Moderately Very Extremely

4. In what percentage of your visits do you effectively use rapport building expressions**?**

0% 10 20 30 40 50 60 70 80 90 100%

5. How **CONFIDENT** are you that you can increase effective use of these expressions in your **routine** practice?

Not at all Somewhat Moderately Very Extremely

6. In future visits with hypertension patients, how **LIKELY** is it that you will **routinely** increase your effective use of rapport building expressions?

Not at all Somewhat Moderately Very Extremely

Facilitation and Patient Activation: Facilitation and patient activation skills help patients enter into the medical dialogue. **Back channel responses (**i.e. "go on, right, aha, hmmm") encourage patient disclosure through expressions of interest and encouragement. **Asking for Opinion** questions (What do you think would help? What do you think would work for you in regard to exercise?) allow opportunities for the patient to elaborate on expectations, preferences, and judgments regarding their condition or treatment. Facilitative **nonverbal cues** reinforce the verbal cues of interest and acceptance. These include eye contact, forward lean, and head nods.

It is also important to **check understanding**—both your understanding of what the patient has said and the patient's understanding of what you have said. **Checks for Understanding** by paraphrasing and interpretation (Let me make sure I have heard you right, you said…. It sounds like you are saying…) assures the patient that he or she has been heard and understood. **Asks for Understanding** (Are you with me? Do you follow? Does that make sense?) allow opportunities for the patient to confirm that they are following your explanations.

Another important strategy useful in encouraging greater patient participation in the medical dialogue is for the physician to **"Listen More and Talk Less"**. A measure of how much of the medical conversation is contributed by the physician relative to the patient during the visit is a good marker for how well listening and talking functions are balanced.

Using the Hatch Bar to reflect Verbal Dominance. The hatch marks represent the timing and sequence of statements made by both physician (top) and patient (bottom). Relative spacing along the horizontal bar reflects the rapidity with which a single speaker makes consecutive statements. Dense clusters along the physician axis are markers for "monologue" bursts--uninterrupted speech streams during which the physician is usually

instructing or counseling the patient with little patient response. In contrast to monologue bursts, segments of talk characterized by frequent turn taking mark areas of dialogue in which both speakers are fully engaged in a discussion. Gaps in the hatch markings indicate silence or pauses on the part of one or both speakers. Often these pauses are useful in giving the patient a few seconds to get their thoughts together, process what has been said, or think about questions that they might have.

Exercise 9: FACILITATION AND PATIENT ACTIVATION

CLICK the number in the Doctor column next to the **Facilitation and Patient Activation** button to view on the hatchbar where this talk occurred during your visit with Mr. Smith. **CLICK on the "+" by the Facilitation and Patient Activation button, and ONCE AGAIN by the "----" line, to review the specific RIAS categories** included in this composite. (NOTE that this composite does not have sub-composites.)

CLICK on the number in the Glossary column to the right of the RIAS category buttons to review examples of each talk type.

REVIEW SAMPLES of your Asks for Opinion, Asks for Understanding, Checks for Understanding and Back Channel responses by selecting the number in the Doctor column to the left of each of each category. Hatch marks will highlight these utterances on the hatchbar.

Complete the following:

1. Who did most of the talking during the interview—you or the patient?_____

2. What was the balance of talk during the segments of the visit when you asked many questions (usually the history segment)?_____

3. What was the balance of talk during segments when there was education and counseling?_____

4. In retrospect, how might these segments have been more interactive?_____

5. How important do you believe it is to limit the physician's verbal dominance in visits?

Not at all Somewhat Moderately Very Extremely

6. What was the extent of your facilitative repertoire? Note the frequency of the following types of statements.

Asks for patient understanding_____ Checks for understanding_____
Asks for patient opinion_____ Back channel responses_____

7. How important do you believe these facilitators are?

Not at all Somewhat Moderately Very Extremely

8. Were your nonverbal messages of interest consistent with your verbal expressions? (Check any of the following that apply)

Eye contact_____ Forward lean_____Head nods_____Smiles (when appropriate)_____

9. How important do you believe these nonverbal messages are?

Not at all Somewhat Moderately Very Extremely

10. In future visits with patients, how **LIKELY** is it that you will attempt the following?

	Not at all	Somewhat	Moderately	Very	Extremely
Explicitly ask for patient understanding of explanations	1	2	3	4	5
Explicitly ask for patient opinions	1	2	3	4	5
Explicitly check for understanding of what patient has said	1	2	3	4	5
Cue interest using back channel responses	1	2	3	4	5
Consciously use non-verbal cues (eye contact, body lean, etc)	1	2	3	4	5
Become less verbally dominant	1	2	3	4	5

Additional features that are available for review:

1. You may wish to review the comments of the simulated patient, Mr. Smith. The actor who portrayed "Mr. Smith" in the visit has reviewed the video recording and added his reflections from the perspective of the patient in this encounter. To review these comments: **In the Proficiency Grid**, **CLICK the number in the "Example" column to the left of "patient comments"** and use the Playback function.

2. If you would like to view a report of the RIAS-categorized talk for both you and the patient, **go to "Study" and select "Talk Dominance" for a summary table.**