



Module 7 – Unit 2

*Applying PCC in the Appointment*

# **Invest in the beginning: Listening to our patients' stories**

INSTRUCTOR'S GUIDE

Time for Unit: 1 hour

1. Goals

- *Goal 1:* Introduce the key communication tasks when initiating a clinical session and gathering information to optimize person-centered care.
- *Goal 2:* Understand the importance of performing these person-centered communication tasks in promoting positive patient outcomes.
- *Goal 3:* Create a safe peer-learning environment to practice communication skills and offer descriptive feedback.

2. Concepts to Master

- Creating rapport quickly
- Eliciting patient concern(s) and plan the visit with the patient when we initiate an audiology appointment.
- Adopting a holistic manner to explore patients' perspectives about their audiological concerns and the impact on their lives.

3. Reading

Frankel, R. M., & Stein, T. (1999). Getting the most out of the clinical encounter: the four habits model. *Perm J*, 3(3), 79-88.

Krupat, E., Frankel, R., Stein, T., & Irish, J. (2006). The Four Habits Coding Scheme: Validation of an instrument to assess clinicians' communication behavior. *Patient education and counseling*, 62(1), 38-45.

4. Lecture

PowerPoint: "Invest in the beginning: Listening to our patients' stories"

5. Activities

- Activity 1: First impressions – "Awkward John"
- Activity 2: Icebreaker
- Activity 3: Celebrity heads
- Activity 4: Role-play

### Activity 1: First impressions – “Awkward John”

The goal of this activity is to consider how to make a positive first impression.

Show the YouTube video of “Awkward John.”

Afterward, facilitate a discussion about the scenario in the video.

- **What made the situations awkward?** E.g. John was unaware Darth was in the apartment, poor introduction, greeted with wrong name and wanted to make fun of it, etc.
- **What did you notice about Darth’s personality/characteristics?** E.g. Darth is uneasy, feels defensive, felt offended by John, etc.
- **How do you think the interaction between Darth and John will go throughout the night?** E.g. Awkward, it will take more work to mend the relationship, etc.
- **What could John have done to avoid this situation?** E.g. open body language, no hesitation in tone of voice, make introduction early and ask Darth to repeat his name to get clarification, etc.

Although this scenario is exaggerated, it is akin to many other first impression scenarios, including our clinical encounters with patients. This is a key task in the first phase of the session.

### Activity 2: Ice breaker

The goal of this activity is to practice introductory conversations with new people.

Ask the students to face each other, and form groups of four as shown on the slide. If there is an uneven number of students, they can form a group of five.

Instructions: In your groups, your task is to first introduce yourselves to one another, and then you need to find ten different things that everyone in your group has in common. For instance, “We all love going sky-diving,” “We can all do the tree yoga pose.” Obvious observations will not be counted e.g. “We all have ears.” Once you have come up with ten things in common, nominate someone to introduce your group members to your class and share what you all have in common.

### Activity 3: Celebrity heads

The goal of this activity is to demonstrate how our questions can influence how quickly we get to the main point.

Note: Plan to play two rounds. As the instructor, you should note down how many questions were asked in each of the two rounds. Move between rounds without discussing what it was like until the end.

## Setup:

Ask for a student volunteer to be 'the celebrity' to sit in the front facing the other students. Ask another student to choose a celebrity name and write it on the blackboard or sticky note so that everyone, except for the 'celebrity student' can see. That is, everyone knows the identity of the 'celebrity student', except the 'celebrity student.' Possible names can include real people in history, fiction characters or movie stars, past and present.

The 'celebrity student' needs to ask questions to the class to find out his or her own identity.

## Round 1:

Play celebrity heads using usual rules (i.e. celebrity student can only use closed-ended questions. The class can respond using yes/no.

## Round 2:

Pick a different 'celebrity student' to sit in the front of the class. Select another student to write down a different celebrity name.

Change of rules: the 'celebrity student' can ask open-ended questions. The class can provide more information in their response.

Typically, the celebrity student will get the answer after a couple of questions.

## Post-game questions:

What did you observe between the two rounds?

Students will likely reflect on the power of open-ended vs closed-ended questions e.g. more relevant information, more meaningful to the teller, shorter amount of time to get the answer.

Instructor can reveal how many questions the 'celebrity students' asked between the two rounds.

## Activity 4: Role-play

The goal of this role-play activity is to practice the communication skills required to perform the first phase of the appointment described as Initiating the Session and Gathering Information in the Calgary-Cambridge Guides. The communication tasks informed by The Four Habits are:

- i. Create rapport quickly
- ii. Elicit patient concern(s)
- iii. Plan the visit with the patient
- iv. Ask for patients' perspectives
- v. Explore the impact on the patient's life

## Preparation

- Ask the students to form groups of three: one student takes the role of the 'clinician,' one takes the role of the 'patient,' and the third member takes the role of 'observer.'
- Provide students with two case scenarios and ask students to decide as a trio in which case they would like to role-play. The scenarios provided here are geared toward an audiology setting, but feel free to adjust the story to fit any clinical or rehabilitation scenario in your context.
- The 'clinician' will then leave the group for 2 minutes to prepare for his/her role using the communication tasks detailed in Initiating the Session and Information Gathering.
- The 'patient' and 'observer' will also have 2 minutes to discuss the case in more detail, prepare answers, and add their own flavor to the case.

## Role-play

- The role-play should run for approximately 5-7 minutes.
- Provide the 'observer' with the [feedback handout](#) to prompt feedback to the 'clinician.'
- If time allows, students can swap roles and do the second case scenario.

## Case 1:

### Clinician

#### Background

You are an audiologist working in a busy clinic. You've had a string of complex cases this morning and are now running 20 minutes late for your next patient. The reception staff have notified you that the patient is very unhappy to be kept waiting and wanted to know how much longer he/she will have to wait.

There are no previous case notes as this patient is coming in for the first time. There is, however, a referral from the patient's doctor stating that this patient has reported hearing concerns and would like a full hearing assessment.

#### Your task

Using the following communication tasks to help you carry out this appointment.

- i. Create rapport quickly
- ii. Elicit patient concern(s)
- iii. Plan the visit with the patient
- iv. Ask for patients' perspectives
- v. Explore the impact on the patient's life

### Patient

#### Background

You work as a head chef at a well-known restaurant. You have noticed increasing difficulty hearing over the past year but have not been motivated to do anything about it until now. Your role involves overseeing and directing food preparation to ensure quality comes out of the kitchen. You have trained your staff to communicate loudly to one another in the kitchen to ensure the team is aware of each other's operations. In the past year, you have noticed more occasions where you have misheard your staff and being corrected before the wrong order went out. This prompted you to see your doctor who referred you to get your hearing test with an audiologist.

#### Your task

Think about what you would want to achieve in this appointment.

Prepare examples of where you will have trouble hearing.

Add your own personality to the case.

## Case 2:

### Clinician

#### Background

You are a clinician working in a busy audiology clinic. You've seen a steady number of patients today and are running on schedule. You are preparing to see your next patient, who is a long-term client of yours.

You first met this client two years ago and fitted him/her with a set of RIC hearing aids. This client lives a very active life and has a tendency to miss appointments. The client's last visit was approximately a week ago where you made some adjustments to his/her hearing aids to improve hearing in background noise. You look at the time; the patient has just arrived and is fifteen minutes late for his/her hearing aid follow-up appointment.

#### Your task

Using the following communication tasks to help you carry out this appointment.

- i. Create rapport quickly
- ii. Elicit patient concern(s)
- iii. Plan the visit with the patient
- iv. Ask for patients' perspectives
- v. Explore the impact on the patient's life

### Patient

#### Background

You are running late for your hearing aid follow-up appointment because you were caught speeding on your way to the clinic. This morning you went to the gym at 6am, then had a breakfast meeting at 8:30am, followed by a board meeting at 10am. You have a long-standing hearing loss and generally find your hearing aids helpful. However, you want to see your audiologist because the hearing aids seem to be acting up recently. Given your busy schedule, you want to make the most of this appointment and you have a bunch of issues that you want your audiologist to address today.

#### Your task

Come up with a list of hearing aid issues to ask the audiologist (e.g. feedback, hearing aid is uncomfortable, too loud, too soft... etc.).

Prepare examples of where you are having trouble hearing.

Add your own personality to the case.

## Feedback Handout for Observer

Areas to Improve	Good	Amazing!
Clinician needs to refer to chart continually to familiarize self with case or does not relate current visit with patient's history or chart.	Clinician makes some reference to past visits or history, but familiarity with these does not seem strong.	Clinician indicates clear familiarity with patient's previous clinical notes (e.g. mentions recent test performed or information based on previous notes)
Greeting of patient is cursory, impersonal, or non-existent.	Patient is greeted in manner that recognizes patient, but without great warmth or personalization.	Patient is greeted in manner that is personal and warm (e.g., clinician asks patient how s/he likes to be addressed, uses patient's name).
The clinician tries to identify the problem(s) using primarily closed-ended questions.	The clinician tries to identify the problem(s) using a combination of open and closed ended questions (possibly begins with open-ended but quickly reverts to closed ended).	The clinician tries to identify the problem(s) using primarily open-ended questions (asks questions in a way that allows patient to tell own story with minimum of interruptions or closed ended questions).
The clinician immediately pursues the patient's first concern without an attempt to discover other possible concerns of the patient's.	The clinician makes some reference to other possible complaints, or asks briefly about them before pursuing the patient's first complaint, or generates an agenda as the visit progresses.	The clinician attempts to elicit the full range of the patient's concerns by generating an agenda early in the visit (clinician does other than simply pursue first stated complaint).
Clinician makes no attempt/shows no interest in understanding the patient's perspective.	Clinician shows brief or superficial interest in understanding the patient's understanding of the problem.	Clinician shows great interest in exploring the patient's understanding of the problem (e.g., asks the patient what the audiological issue mean to him/her).
Clinician makes no attempt to determine/shows no interest in how the problem is affecting patient's lifestyle.	Clinician attempts to determine briefly/shows only some interest in how the problem is affecting patient's lifestyle.	Clinician attempts to determine in detail/shows great interest in how the problem is affecting patient's lifestyle (work, family, daily activities).

Adapted from: Krupat, E., Frankel, R., Stein, T., & Irish, J. (2006). The Four Habits Coding Scheme: validation of an instrument to assess clinicians' communication behavior. *Patient education and counseling*, 62(1), 38-45.