

Conversations on Overuse: A Podcast Series for Clinicians

A listening guide for skills building

Use this handout as a companion guide while listening to the podcast series. Throughout your listening sessions, refer to this handout to learn about the skills that each episode demonstrates—and why those skills are important.

About the episodes

Each podcast episode is divided into modules highlighting 4 types of patient-clinician conversations that might occur when a patient or family member expects care that may be unnecessary or carry risks. The topics chosen for these podcasts focus on scenarios in which a patient or family member requests an unnecessary diagnostic test, aggressive treatment, or longer-term prescribing of opioids.

Episode 1

Theme: Not doing a diagnostic test that the patient expects

Specific scenario: Not ordering a urinalysis for an elderly patient

Episode 2

Theme: Recommending an initial treatment plan that is less intensive than the patient expects

Specific scenario: Recommending moderate movement, ice, and OTC pain relievers as initial treatment plan for back pain

Episode 3

Theme: Revising a treatment plan—Providing less treatment because of new test results or a change in care plan goals

Specific scenario: Not renewing prescription for pain medication after elective hip replacement surgery

About the conversations

As a reminder, you will hear 4 types of conversations:

A routine conversation, which demonstrates how a conversation might typically go in a routine, busy primary care practice, and

Skilled versions of conversations, including:

- ♦ A simple conversation—The patient initially demonstrates slight resistance to the clinician recommendation but maintains trust—and has no strong emotion about the change.
- ♦ A complicated conversation—The patient has additional hesitation or disagreement with the recommendation.
- ♦ Polarized conversation—Strong differences between the clinician and patient lead to persistent disagreement. Polarized conversations often result in the clinician's yielding to patient's request or in declining the request with expressions of frustration or anger.

CONTINUED

Routine conversation

The patient comes in with an idea of what would happen that's different from the clinician. Perhaps because of time constraints, the clinician goes through the review of systems quickly, affording little time for the patient to elaborate or understand.

In a routine conversation, the clinician typically:

- ♦ Does much more talking than listening.
- ♦ Does not explore the patient's concerns.
- ♦ Relies on clinical protocols without enough explanation or adaptation to the patient's personal situation.

The simple conversation



The patient has an idea of what would happen that's different from the clinician. The

patient is offered something other than what is expected, but the patient softens and says it's okay. There are "waves," but they are gentle, without turbulence.

The following skills are helpful for navigating simple conversations:

- ♦ Find out what the patient or caregiver thinks is going on. Then frame that thinking with current medical understanding.
- ♦ Ask what the patient is worried might happen.
- ♦ Acknowledge the patient's knowledge of own self when planning what to do next.
- ♦ Maintain a "We are all in this together" tone.
- ♦ Be efficient. Don't say more than what is needed. You don't need to share more information than necessary if the patient is on board.

The complicated conversation



The patient and clinician have not gotten on the same page. The clinician offers an alternative

recommendation to what the patient expects, but the patient says no. The waves are a little bigger. There is more turbulence.

In addition to practicing the skills in the simple conversation:

- ♦ Watch to make sure you:
 - » Are not talking too much.
 - » Are still asking questions.
- ♦ Take an emotional temperature—How much do the patient's or caregiver's emotions need attention during the conversation?
- ♦ Provide more physiologic understanding.
- ♦ Give more detail on the symptoms so the patient feels heard.
- ♦ Reinforce that you do care.
- ♦ Talk more explicitly about your concerns while continuing to acknowledge the patient's concerns.
- ♦ Continue to express personal concern for the patient. You are not just following a protocol.
- ♦ Attend to the patient's anxiety by being specific about the timing and circumstances when you would want to hear back about what's going on.

CONTINUED

The polarized conversation



Here, the patient insists on his original request and gets increasingly frustrated despite your

efforts to respond to the patient's concern. The waves are high, and the clinician does not believe they will subside during this visit.

The goal in a polarized conversation is to move from persuasion to keeping professional boundaries for ensuring appropriate, evidence-based clinical decision-making—while being respectful toward the patient and caregiver. In addition to applying the skills used for the simple and complicated conversations:

- ♦ Paraphrase more frequently. In most cases, being understood calms people down.
- ♦ Acknowledge by naming the patient's frustration.
- ♦ Try to pick up on the story that's making them upset, and empathize without condescension.
- ♦ Be more explicit about how concerned you are about going in the direction the patient wants.
- ♦ Acknowledge things you do not know for sure.
- ♦ Only state as fact the things you are sure are facts.
- ♦ Try to end the conversation by acknowledging and accepting that you don't agree.
- ♦ Let the patient know that you would be willing to see the patient again.
- ♦ If any of the above are challenging to do in the face of the patient's anger, it's okay to excuse yourself and take a break before returning to finish the conversation.

From listening to doing

Applying these conversation skills takes time and practice. We recommend you begin by thinking about 1 to 2 skills you can try now.

As you work the skills into your patient encounters, you may find it helpful to listen to the podcasts again. With each listening session, you will pick up additional insights to advance your understanding.

How can I learn more?

- ♦ Choosing Wisely
choosingwisely.org
 - » Choosing Wisely is an initiative of the ABIM Foundation that seeks to advance a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures.

Additional reading

Delaune J, Everett W. [Waste and Inefficiency in the US Health Care System—Clinical Care: A Comprehensive Analysis in Support of System-wide Improvements](#). Cambridge, MA: New England Healthcare Institute; February 25, 2008.

Stacey D, Légaré F, Col NF, et al. [Decision aids for people facing health treatment or screening decisions](#). Cochrane Database of Systematic Reviews 2014, Issue 1. Art. No.: CD001431.

PerryUndem Research/Communication. Unnecessary Tests and Procedures In the Health Care System: What Physicians Say About The Problem, the Causes, and the Solutions. [Results from a National Survey of Physicians](#). May 2, 2014. Accessed April 10, 2018.

Why are there three episodes for each type of conversation?

The skills presented in each scenario are the same. By listening to each episode, you are advancing your understanding of how you can apply each skill in a clinical setting. With each new example, you can learn how to better identify how to integrate the conversation skills in your practice.

(7/2018) ©HealthPartners