



INTRODUCTION TO SENIOR CLERKSHIP: ETHICS AND COMMUNICATION

DR. ELLY NYAIM OPOT



DEFINITIONS

- **CLERKSHIP;** Practice of getting information from the patient through history and physical examination. It includes the updating of records and progress.
- **ETIQUETTE:** Defined as:
 - I. The customs or rules governing behaviour regarded as correct in social or official life
 - II. A conventional but unwritten code of practice followed by certain members of any certain profession or groups
 - III. The code of ethical behaviour regarding professional practice or action among members of a profession in their dealings with each other and their clients
- **ETHICS:** Very closely related to the above. Moral principles that govern an individual's behavior or the conduct of an activity/ the branch of knowledge that deals with moral principles



- **COMMUNICATION:** means of imparting or exchanging of information by speaking, writing or using some other medium/ means of sending or receiving information/ the process of passing information and understanding from one person to another or from one organization to another

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Etiquette and Ethics

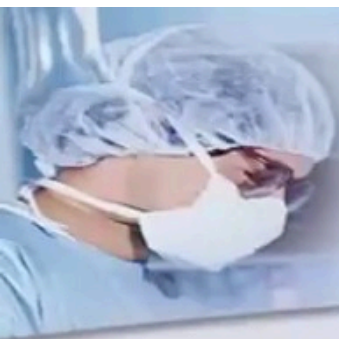
- Examples of etiquette would include:
 - ✓ Conduct in public
 - ✓ Manner of dressing
 - ✓ Conduct towards patients/clients
 - ✓ Conduct towards seniors and teachers
 - ✓ Conduct towards other workers
 - ✓ Conduct towards colleagues



- **Ethics are not ...**
- **Ethics is not the same as feelings**
- **Ethics is not religion**
- **Ethics is not following the law**
- **Ethics is not following culturally accepted norms**
- **Ethics is not science**



- **Ethics are ...**
 - **Moral Principles**
 - **What is good and bad**
 - **What is right and wrong**
 - **Based on value system**
 - **Ethical norms are not universal – depends on the sub culture of the society**



ethics refers to standards of behavior that tell us how human beings ought to act in the many situations in which they find themselves

as friends, parents, children, citizens, businesspeople, teachers, professionals, and so on.



Historically

- **medical ethics may be traced to guidelines on the duty of physicians such as the Hippocratic oath**

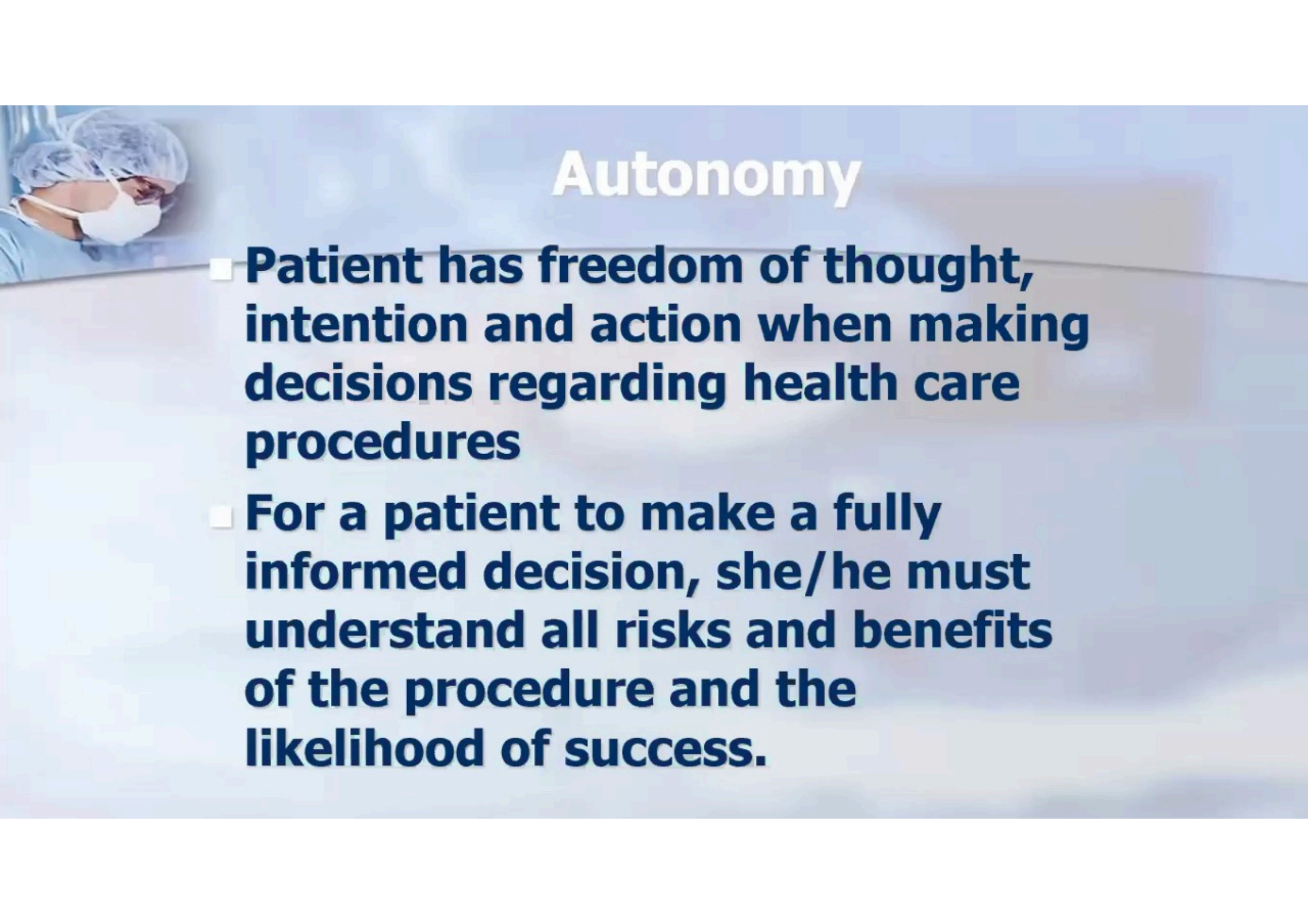


a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. These are not laws, but standards of conduct which define the essentials of honorable behavior for the physician



Four basic Principles of Medical Ethics

- **Autonomy**
- **Beneficence**
- **Non maleficence**
- **Justice**



Autonomy

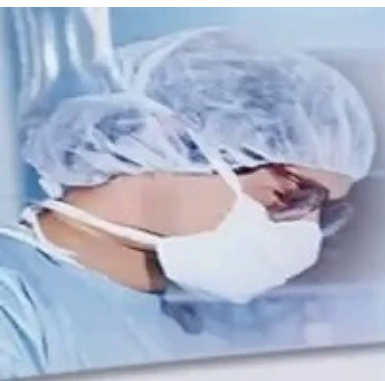
- **Patient has freedom of thought, intention and action when making decisions regarding health care procedures**
- **For a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success.**



- **Always respect the autonomy of the patient - then the particular patient is free to choose**
- **Such respect is not simply a matter of attitude, but a way of acting so as to recognize and even promote the autonomous actions of the patient.**
- **The autonomous person may freely choose loyalties or systems of religious belief that may adversely affect him**



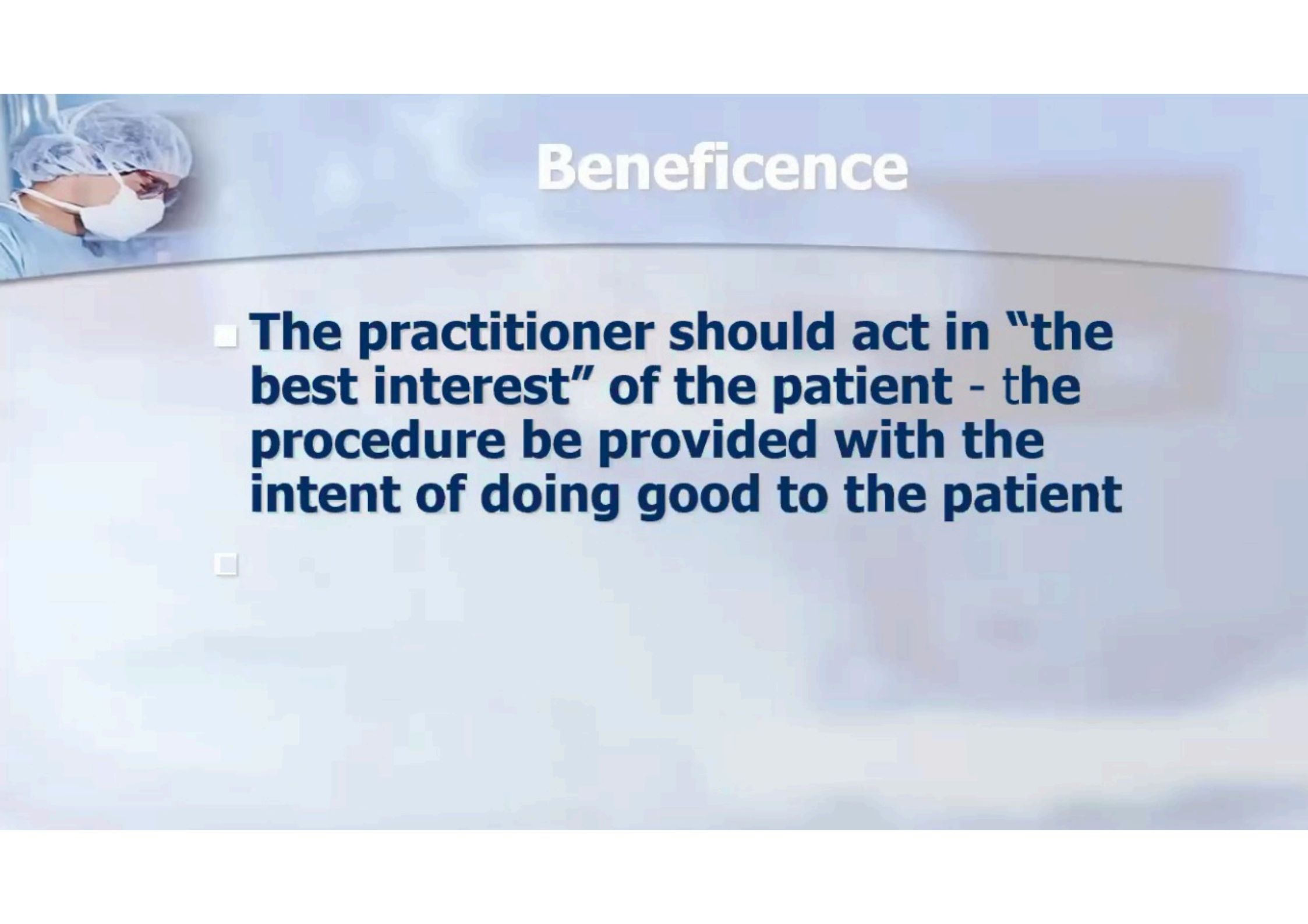
- **The patient must be informed clearly the consequences of his action that may affect him adversely.**
- **Desiring to "benefit" the patient, the physician may strongly want to intervene believing it to be a clear "medical benefit." The physician has a duty to respect the autonomous choice of the patient, as well as a duty to avoid harm and to provide a medical benefit.**



- **But the physician should give greater priority to the respect for patient autonomy than to the other duties.**
- **However, at times this can be difficult because it can conflict with the paternalistic attitude of many health care professionals.**



- **In the case of a child, the principle of avoiding the harm of death, and the principle of providing a medical benefit that can restore the child to health and life, would be given precedence over the autonomy of the child's parents as surrogate decision makers.**



Beneficence

- **The practitioner should act in “the best interest” of the patient - the procedure be provided with the intent of doing good to the patient**





- **This needs health care provider to,**
 - **develop and maintain skills and knowledge by continually updating training**
 - **consider individual circumstances of all patients**



Non maleficence

- **“Above all, do no harm,” – Make sure that the procedure does not harm the patient or others in society**

A person wearing a white surgical cap and a white face mask, looking down. The background is a light blue gradient.

Justice

- **The distribution of scarce health resources, and the decision of who gets what treatment “fairness and equality”**
- **The burdens and benefits of new or experimental treatments must be distributed equally among all groups in society**



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- **The four main areas that Health care provider must consider when evaluating justice**
 - 1. Fair distribution of scarce resources**
 - 2. Competing needs**
 - 3. Rights and obligations**
 - 4. Potential conflicts with established legislations**



COMMUNICATION

The C-L-A-S-S Protocol

Five Key Steps for Clinical Interviews

C - CONTEXT The physical set up of the area you choose for the interview

L - LISTENING SKILLS How to be an effective listener

A – ACKNOWLEDGE How to validate, explore and address emotions and concerns

S - STRATEGY How to provide a management plan that the patient can understand

S - SUMMARY How to summarize and clarify the conversation ensuring comprehension



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C-Context (setting)

- A private area with no distractions Physical Space
- Choose an area where you can have a private conversation.
- Your eyes should be at the same level as the patient and/or family member (sit down if you need to).
- There should be no physical barriers between you.
 - If you are behind a desk, have the patient and/or family members sit across the corner.
- Have a box of tissues available. Family Members/Friends
- The patient should be seated closest to you. Body Language
- Present a relaxed demeanor.
 - Maintain eye contact except when the patient becomes upset. Touch
 - Only touch a non-threatening area (hand or forearm).
- Be aware of cultural issues that may not allow touching.

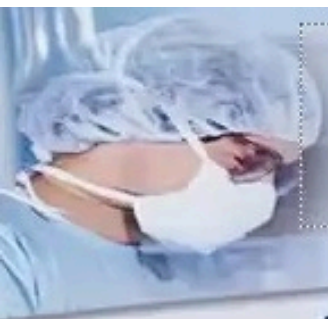


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L - LISTENING SKILLS

■ Open Ended Questions

- "How did you manage with the new treatment?"
- "Can you tell me more about your concerns?"
- "How have you been feeling?" Facilitating
- Allow the patient to speak without interrupting them.
- Nod to let the patient know you are following them.
- Repeat a key word from the patient's last sentence in your first sentence. Clarifying
- "So, if I understand you correctly, you are saying..."
- "Tell me more about that." Time & Interruptions
- If there are time constraints, let the patient know ahead of time.
- Pagers and phone calls – don't answer, but if you must, apologize to the patient before answering.
- Try to prepare the patient if you know you will be interrupted



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A -ACKNOWLEDGE EMOTIONS

■ The Plan

- Appraise in your mind or clarify with the patient their expectations of treatment and outcome.
- Decide what the best medical plan would be for the patient.
- Recommend a strategy on how to proceed.
- Evaluate the patient's response. • Collaborate and agree on the plan.

S -STRATEGY

Propose a plan that the patient will understand

Explore, identify, and respond to the emotion. The Empathic Response

- Identify the emotion.
- Identify the cause of the emotion.
- Respond by showing you have made the connection between the emotion and the cause. "That must have felt terrible when..." "Most people would be upset about this."
- You don't have to have the same feelings as the patient.
- You don't have to agree with the patient's feelings

S -SUMMARY

Closing the interview Final Thoughts

- Summarize the discussion in a clear and concise manner.
- Check the patient's understanding.
- Ask if the patient has any other questions for you.
- If you don't have time for further questions, suggest that they can be addressed at the next appointment.
- Make a clear contract for a follow up visit.



The S-P-I-K-E-S Protocol

S Setting Up the Conversation P Perception I Invitation K Knowledge E Emotions S Strategy and Summary

- S – SETTING - Secure an appropriate area for the discussion.
 - Have the conversation in a quiet undisturbed area.
 - Prepare for what to say and anticipate the patient/family reaction.
 - Have the key people (whom the patient wants) in the room.
 - Seat the patient closest to you and have no barriers between you.
 - Sit down, try to be calm, make eye contact



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- P – PERCEPTION - Assess the patient's understanding of the seriousness of their condition.
 - Ask what the patient and family already know. "Tell me what you understand about your condition so far." "What did the other doctors tell you?" "I'd like to be sure we are on the same page with understanding your condition, so can you tell me..."
 - Assess the patient and family members' level of understanding.
 - Take note of discrepancies in the patient's understanding and what is actually true.
 - Watch for signs of denial.



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- I – INVITATION - Get permission to have the discussion. "ASK BEFORE YOU TELL."
 - Set goals for the discussion - ask the patient if they want to know the details of the medical condition/treatment. "I'd like to go over the results, would that be ok?" "Today my plan is to discuss...is that okay?"
 - Accept the patient's right not to know.
 - Offer to answer any questions the patient/family member may have.
- K – KNOWLEDGE - Explaining the facts
 - Avoid medical jargon by explaining the facts in a manner that the patient will understand. NOT: "You have a nuclear grade 1ER/PR positive spiculated 4-centimeter lesion." BETTER: "You have a fairly good sized tumor in your breast."
 - Fill in any gaps that were evident in the "Perception" stage.
 - Present the information in small chunks.
 - After each chunk, verify the patient's understanding. "Are you with me so far?"





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- E – EMOTIONS - The Empathic Response – Be Supportive
 - Deal with emotions as they occur (patients who are very emotional will not comprehend what you say).
 - Use open-ended and direct questions to explore what the patient is feeling. “Can you tell me more about how you feel?” “Did that make you angry?”
 - Respond to emotions with empathic and affirming statements. “I can see you weren’t expecting this.” “Most people would be upset finding this out.”
 - Use “tell me more” statements. PT: “I don’t know how I’m going to tell my kids.” MD: “Tell me more about that.”
 - Try to keep your own emotions from taking over.
 - AVOID responding with false reassurance such as: “Everything will be fine.” “I’ve seen lots of miracles happen.”
- **Note: You don’t have to have the same feelings as the patient nor do you have to agree with the patient.**



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■ S – STRATEGY & SUMMARY - Closing the interview Strategy

- Decide what the best medical plan would be for the patient.
- Appraise in your mind or clarify with the patient their expectations of treatment and outcome.
- Recommend a strategy on how to proceed.
- Collaborate and agree on the plan.
- Ask the patient to repeat to you their understanding of the plan.
- Have a clear treatment plan in writing for the patient to take home with them.

Summary

- Summarize the conversation.
- Offer to answer questions. (be prepared for tough questions):

PT: "Does this mean I'm going to die?"

MD: "Tell me more about what concerns you?" PT: "Can I be cured?"

MD: "I'm sorry to say that it is unlikely. Our goal is to keep it in check." PT: "How long do I have to live?" MD: "I can discuss that with you, but first tell me why you ask?"



The C-O-N-E-S Protocol

- C Context O Opening Shot N Narrative E Emotions S Strategy & Summary
- Use the C-O-N-E-S Protocol when:
 - Disclosing that a medical error has occurred
 - There is a sudden deterioration in the patient's medical condition
 - Talking to the family about a sudden death

NOTE: The news should be delivered by the most senior person on the patient's treatment team



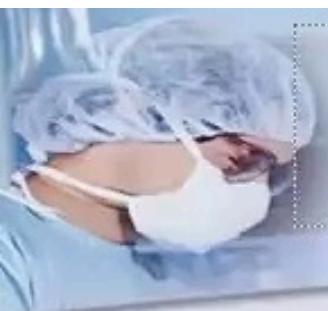
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■ C – Context

- Prepare for what to say and anticipate the patient/family reaction.
- Have the conversation in a quiet undisturbed area.
 - Seat the patient closest to you and have no barriers between you.
- Sit down, try to be calm, maintain eye contact.
- Have a box of tissues available.

■ O – Opening Shot

- Alert the patient/family member of important news. “This is difficult. I have to tell you what I found out about why your mother is so ill.” “This is hard, but I have some information to give you that is important.” “I must talk to you about your condition.” “Thanks for coming in. I must tell you what is going on with your father.”



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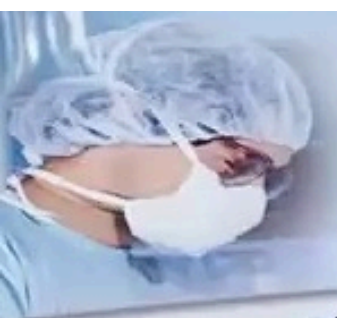
■ N – Narrative Approach

- Explain the chronological sequence of events. “As you know, your mother came in back in...” “Then, we gave her... and there was little improvement.” “Last night we...and I just found out that ...” “In other words, she received too much chemotherapy.”
- Avoid assigning blame and/or making excuses.
 - Emphasize that you are investigating how the error occurred. “We started investigations and by the end of today I hope to be able to answer your questions as clearly as possible.” “I hope by the end of today she will turn the corner and start improving.”
- Offer a clear apology. “I am really sorry that this has happened.”



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- E – Emotions
 - Address strong emotions with empathic responses.
 - Use the E-V-E protocol as soon as strong emotion occurs. “I know it’s upsetting for you and it’s awful for me too.”
 - “I know this is awful.” “It’s very rare, but it does happen and I’m sorry to say that it did.”
 - Beware of being pushed into making promises you can’t deliver.
 - Avoid reassuring the person that there’s going to be a good outcome or that no harm was done.
- S – Strategy & Summary
 - Summarize the discussion and make specific plans for follow up.
 - Let them know the situation is a priority. “I am the doctor responsible for your mother so it is important that I found out what happened.” “I’ll be open and honest with you when I have all the facts.” “I can guarantee we will do our best.” “Here is what I propose we do.” “Let’s meet at the end of today or I can call you when I know more.”
 - If you don’t know the answer, say so and that you will attempt to find out.
- Disclosing medical errors is now a standard. It’s not optional.
 - Sensitive disclosures have a favorable impact on malpractice claims.



The E-V-E Protocol

Three elements to use any time strong emotion occurs

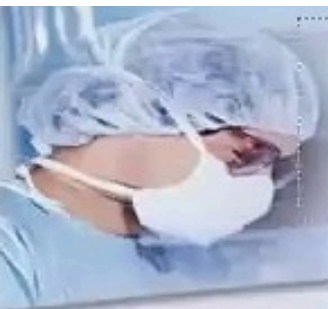
- E Explore the Emotion
- V Validate the Emotion
- E Empathic Response
- E – Explore
 - Explore and identify the emotion (anger, sadness, etc.).
 - Find out more about the emotion and what is causing it. “Can you tell me more about how you feel?”
 - Acknowledge the emotion. “I can see that made you very angry.”
- V – Validate
 - Let the person know you understand the emotion was appropriate. “I can understand how that would make you angry.” “Most people would feel that way.”
- E – Empathic Response
 - Respond in a way that shows you have seen the emotion and that you can understand it. “I’m sorry this has happened and I understand how it would make you feel that way.” “I hear what you’re saying. That must have been very difficult.” “I get your point. It was obviously very upsetting.”



Challenging Emotional Conversations with Patients & Families

“Emotional Labor is the mental work used to recognize and minimize emotions so they don’t rule the conversation.” When you feel like saying “Hey Buster, this is how it is,” take a step back and use the protocol below instead.

- Be prepared
- Use non-judgmental listening Six second rule
- “Tell me more” statements
- Empathize and validate
- Respond with a wish statement



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■ Be Prepared

- Expect emotions (your own and theirs) to come your way.
- Have a plan for how you will do it (especially if you have to give bad news).
- Monitor what you think and feel (awareness of your communication can make you more effective).
- Practice self regulation – Keep your own emotions in check when your buttons are pushed.
 - Aim to turn the confrontation into a conversation.
- Know when NOT to have conversation (when emotions are too intense).

■ Use Non-Judgmental Listening

- Remember it's not about you, but about the other's disappointments, fears, anxiety, etc. which often underlie the anger, blame or denial on the surface.
 - Maintain eye contact.
- Listen without interrupting only making clarifying statements and paraphrasing. "So let me see if I understand..." "What I hear you saying is..."
- Put your own agenda aside until the other person is finished.
- Avoid trying to make a situation better when it is grave. "I'm sure things will not be as bad as you think."



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- Six Second Rule Avoid escalation of conversation.
 - When your own emotions start to boil (especially in response to anger or blame), wait at least 6 seconds or more if needed for them to calm down.
 - Avoid being defensive/blaming "Well it didn't work because you waited too long to get help."
 - Gather your thoughts and use skills such as "tell me more" or empathic/validating responses.
- Tell Me More Invite the person to expand on what they are saying. "Tell me more about your husband." "What happened after that?" "What other concerns do you have?"



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- Empathizing and Validating to acknowledge and diminish emotions. Acknowledge emotions by empathizing: "I can see you weren't expecting this." "This isn't easy to talk about, is it?" "It's very stressful, isn't it?" "It must be hard to come here every week." "I can see how difficult it is for you."
- Respond with a Wish Statement Let the other person know you hear them and acknowledge that the goal may be desirable, but... "I wish I had better news..." "I wish I didn't have to tell you this..." "I wish we had a more effective treatment." "I wish things had worked out better."

Important tips

- Stay calm.
- Avoid phrases such as: "I know how you feel." "I feel your pain." "It's going to be alright."
- When emotions/behaviors escalate and you feel threatened/unsafe, end the interaction. "This conversation is making me feel uncomfortable right now." "I don't feel safe right now and can't continue this conversation"



Culturally Competent Communication

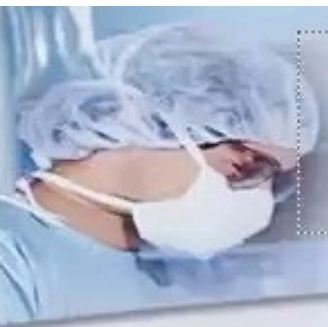
■ Fundamental Principles:

- Cross-cultural medical encounters are increasing in multi-ethnic societies.
- Cultural factors influence cancer survival rates and patient/family quality of life.
- Cultural competence is a set of attitudes, skills and knowledge that can be acquired.
- Respecting cultural diversity is key to delivering comprehensive cancer care across the illness trajectory.
- Cultural competence promotes patient-centered care through sensitive negotiation of therapeutic goals.



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- The following vary across cultures:
 - role of autonomy in decision making,
 - support available to help patients cope,
 - role expectations of sick persons,
 - beliefs about cancer causation,
 - EOL preferences (AD, DNR, hospice), • patient/clinician/institution relationships.
- Why Cultural Competence Can Help You Plan the Patient's Care
 - Discussion of cancer is a taboo in some cultures where the word "cancer" is still associated with death or guilt & shame.
 - Patients from diverse cultures rely on different healing practices that can often be incorporated into care plans.
 - Ethnic/genetic/cultural differences can affect treatment response directly or through lifestyles.



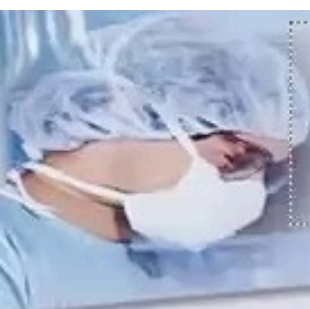
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- Where You Need Cultural Competence Most
 - Truth-telling about diagnosis, prognosis and risks
 - Discussion of death and EOL choices
 - Issues related to:
 - family involvement in information and decision making
 - use of alternative and complementary cancer treatments
 - reliance on spirituality and religion for healing
 - attitudes toward psychological and behavioral counseling
 - concerns regarding clinical trials



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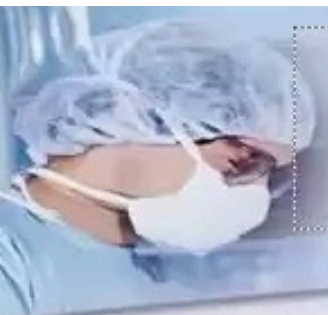
- 7 Areas to Cover in Taking a Cultural History -“BALANCE”
- B Beliefs & Values (that influence perceptions of illness)
- A Ambience (living situation and family structure)
- L Language & Health Literacy (role of interpreters, accuracy of translation, metaphoric meanings)
- A Affiliations (community ties, religious & spiritual beliefs)
- N Network (social support system)
- C Challenges (cancer-related risks of home, work & life conditions)
- E Economics (socioeconomic status & community resources)



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■ Pearls of Wisdom

- Sensitivity to cultural issues enhances trust between patients and doctors.
- Initial time investment avoids later misunderstandings and/or bedside ethical conflicts.
- Personalized care incorporates patients' and families' culture and draws on community resources.
 - Learn about the cultural groups most frequently treated at your institution.
 - Incorporate cultural into social history.
- Be prepared to briefly describe your own cultural background. Always clarify your institutional and ethical norms in matters of truth-telling and decision making.
 - Recognize your own biases toward some cultural attitudes and practices.
 - Be aware how different families involve themselves in decision making.
- Be sensitive to different cultural meanings of suffering and caregiving.
- Open your mind to different ways to promote health and cope with illness



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■ **THANK YOU ALL FOR YOUR ATTENTION**