Reclaiming the Patient Encounter

Sandra G Hassink, MD, MS, FAAP
Immediate Past President AAP
Director AAP Institute for Healthy Childhood Weight

Disclosure

- I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Childhood

When I approach a child, he inspires in me two sentiments; tenderness for what he is, and respect for what he may become.

- Louis Pasteur

Leading Causes of Death in Children: Birth-24 yrs (2013)

- 25,612 Unintentional injuries
- 10,207 Homicide/Suicide
- 7,360 Prematurity/Pregnancy complications/SIDS
- 5,574 Congenital Anomalies
- 2,719 Cancer
- 1,185 Cardiovascular/Respiratory disease

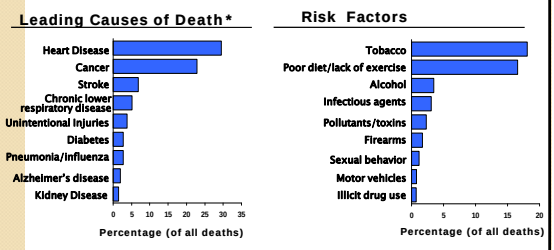
4

Morbidity in childhood

- Food insecurity 21%
- Obesity 18 %
- Developmental Disabilities 13.9% (ADHD 6%)
- Premature birth 11.4%
- Asthma 9%
- Low birth weight 8%
- Depression 8% Adolescent 2% child

- Boulet S, Schieve, L, Cohen R, Blumberg D, Yergin-Allsopp M, Visser S, Kogan M Trends in the Prevalence of Developmental Disabilities in U.S. Children 1997-2008 Pediatrics June 2011 Vol 127 1034-1042 http://www.cdc.gov/ncbddd/adhd/prevalence.html
- Perrin JM, Bloom SR, Gortmaker SL. The Increase of Childhood Chronic Conditions in the United States. JAMA. 2007;297(24):2755-2759. doi:10.1001/jama.297.24.2755. http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm

Chronic Diseases and Related Risk Factors in the United States



* National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2002
† Adapted from McGinnis Foege, updated by Mokdad et. al.

CDC Department of Health and Human Services Centers for Disease Control and Prevention

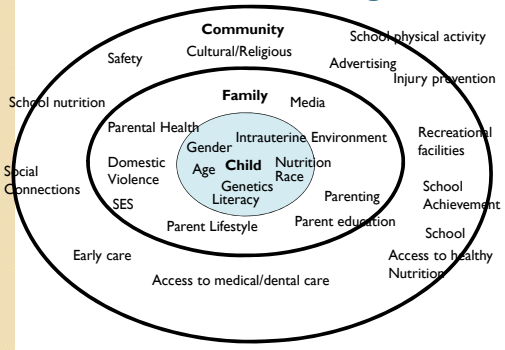
Threats to the Foundations of Child Health: National

- **Diet quality**
  - Children ages 2-17 who meet federal diet quality standards: **50%**
- **Obesity**
  - Children ages 6-17 who have obesity: **18%**
- **Food insecurity**
  - Children living in food insecure homes: **21%**
- **Activity limitation**
  - Children 5-17 with activity limitation resulting from one or more chronic health conditions: **9%**

Threats to the Foundations of Child Health: National

- **Emotional behavioral**
  - Children 4-17 (parent report) who have serious problems with emotions, concentration, behavior, getting along with others **5%**
  - Youth 12-17 with past-year major depressive episode **8%**
- **Early education**
  - Children 3-4 not enrolled in preschool **52%**
- **Poverty**
  - Children 0-6 live in low-income households **48%** (**11%** <50% poverty)
- **Toxic Stress**
  - Almost **50%** of children have one or more ACEs

Foundations of Child Health are Rooted in the Socioecologial Model



Foundations of Health: Goal for Every Child

Sound, appropriate nutrition

✓ Health-promoting food intake, eating habits beginning with mother's pre-conception nutritional status

Stable, responsive environment of relationships

✓ Consistent, nurturing, protective interactions with adults that enhance learning, help develop adaptive capacities that promote well-regulated stress response systems

Safe, supportive physical, chemical and built environments

✓ Provide places for children that are free from toxins, allow active, safe exploration without fear, offer families opportunities to exercise, make social connections

developingchild.harvard.edu/files/5012/8706/2947/inbrief-health.gif

Adverse Childhood Experiences Study

- 13,494 adults 9,508 (70.5%) responded
  - 7 categories of adverse childhood experiences:
    - Psychological, physical, or sexual abuse
    - Violence against mother
    - Living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned
  - Compared number of categories of these adverse childhood experiences to measures of adult risk behavior, health status, and disease
    - Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Am J Prev Med. 1998 May;14(4):245-58

American Academy of Pediatrics

Adverse Childhood Events (ACES)

- Abuse
  - Emotional 10.6%
  - Physical 28.3%
  - Sexual 20.7%
- Household dysfunction
  - Mother treated violently 26.9%
  - Household mental illness 19.4%
  - Parental separation or divorce 23.3%
  - Incarcerated household member 4.7%
- Neglect*
  - Emotional 14.8%
  - Physical 9.9%
    - 17,337 adults (*8,667)
    - www.cec.gov/nccdphp/ace/demographics

American Academy of Pediatrics

- If health is more than the absence of disease, and broader than the single dimension of suffering, then a healer's task is larger than the detection and eradication of a specific disease state. It has to do with quality of life with the richness that is invoked when we truly ask and answer the question.

  "How are you?"

  - William R Miller

Mission

- Improvement in the health and well being of children and families is the overarching goal for the work we do in providing pediatric health care

The Patient Encounter

The "place" where our most important "work" occurs

The Patient Encounter

- What are the characteristics of an optimal/excellent patient encounter?
- What influences the quality of a patient encounter?
- What are the outcomes of an excellent patient encounter?
- How can we make the patient encounter more meaningful?
- How can we move the patient toward healing and health?

The Patient Encounter: Definitions

- A safe place in which patients can regain a sense of integrity and wholeness is part of the health care mandate.
- This place is more than a hospital corridor or an examining room; it encompasses the space in which expressions of doubts, dread, and hope can be heard.
  - Kearney M. A Place of Healing: Working with Suffering in Living and Dying. Oxford, U.K: Oxford University Press; 2000.
- The importance of inviting a meaningful exchange between two equal individuals, one who happens to be a doctor, and the other, a patient
  - Mount BM. Existential suffering and the determinants of healing. Eur J Palliat Care. 2003;10(suppl):40–2.

Patient Encounter: Actions

- Information exchange
  - Patient's history
  - Review of Symptoms
  - Patient Concerns
  - Review of Systems
- Physical examination
- Diagnosis
- Prescription of Treatment

The Patient Encounter: Characteristics

- **Guidelines**
  - Many guidelines provide recommendations to clinicians and staff in the medical home that are aligned with the provision of high quality care e.g. asthma, ADHD, preventive services, obesity.
- **Quality**
  - Recent quality improvement efforts in the medical home have provided measurement based practical approaches to implement and charts audits and family feedback to demonstrate improvement on the delivery of these evidence based screening and interventions.

The Patient Encounter: Characteristics

- **Medical home**
  - Medical homes have become well organized with parent/youth completed questionnaires and screening tools , electronic and paper practitioner prompts, team based care , improved community linkages and referral networks as well as collocated social work, legal and mental health professionals
- **Family**
  - Some practices have incorporated the "family voice" through medical home family advisory committees or parent representation on the QI teams
- **Measurement and Teams**
  - Focus on the measurement based organized team base approach can help ensure that the appropriate testing, intervention and follow-up occurs

The patient encounter: relationship

- But, many pediatricians are worried that this focus has come with a price, in terms of the patient relationship
  - Too many items to cover
  - Need for efficiency
  - Entering data into the medical record
  - Etc.

The patient encounter: relationship

- Could argue that "organized visit" frees up time for the relationship the clinician has with the child, youth and family members, but what are we actually talking about here?
- A visit in which the parent and or youth is engaged not only in the conversation but also a relationship can result in so much more than an information exchange
- Its' hallmarks may be the patient or family feeling heard, cared about, being seen and appreciated for the person they are, encouraged or motivated to take a new step toward health or make a change

The patient encounter: relationship

- They can also experience "hope" – feeling better at the end of the visit than when they walked in the door
- It can also be described as a healing relationship. In some cases, especially when there is no drug to treat a condition and when behavior change is needed, this relationship can be the engine of the change.

The patient encounter: role of the physician

- Expert
- Treatment provider
- Link to the health system
- Diagnostician
- Partner
- Agent of change
- Healer

The Patient Encounter: communication

- Stewart: link between effective physician–patient communication and patient health outcomes (that is, emotional health, symptom resolution, functional status, and pain control).
- For optimal communication to occur, physicians must be "mindful" of themselves, the patient, and the context
  - Stewart MA. Effective physician–patient communication and health outcomes: a review. CMAJ. 1995;152:1423–33.

The Patient Encounter: communication

- Openness
- Courage
- Immediate presence
- Availability
  - Ford JS. Caring encounters. Scand J Caring Sci 1990; 4: 157–62
  - Takman CAS, Severinsson E.A description of health care professionals' experiences of encounters with patients in clinical settings. J Adv Nurs 1999; 30: 1368–74.

The Patient Encounter: effects

- Health care professionals can influence the interaction and the character of the relationship with patients through their behavior in the encounter, where the patient can feel confirmed or excluded, or be given a sense of being empowered or discouraged
  - Drew N. (1986) Exclusion and confirmation: a phenomenology of patients' experiences with caregivers. Image 18, 39±43
  - Takman C, Severinsson E.A description of health care professionals' experiences of encounters with patients in clinical settings Journal of Advanced Nursing, 1999, 30(6) 1368±1374

The patient encounter: effects

- Important for the practitioner too.
  - "Kept me going as a clinician,"
  - If I am going to be away from my family , I want to be doing something that matters
  - There are many administrative hassles. but I'm saving my fighting for the children

Connection

- What is beyond the assessments and examinations, the words and actions that allows the experience of connection?

The Patient Encounter

- What are the characteristics of an optimal/excellent patient encounter?
- What influences the quality of a patient encounter?
- What are the outcomes of an excellent patient encounter?
- How can we make the patient encounter more meaningful?
- How can we move the patient toward healing and health?

Caring Moment

- Moment of consciousness and possibilities
  - Genuine presence and connectedness between two human beings
  - May generate inner strength and help the human being to acquire a sense of inner harmony
    - Watson J. Postmodern Nursing and Beyond. 1999, Churchill Livingstone, London, 105–18

Mutuality

- Both are affected in an encounter
- "To be present is to be close to the other, but also close to oneself … the presence of the other brings one closer to one's own self".
  - Na ¨den D, Eriksson K. Encounter: a fundamental category of nursing as an art. Int J Hum Caring 2002; 6: 34–9
- "To be available is to be so uncluttered by a sense of one's own importance, so unthreatened by the strangeness of the other, that one may enter immediately into communion"
  - (15: 5) Keene S. Gabriel Marcel. 1967, John Knox Press, Richmond,

Relational

- There are several strategies and skills that physicians use that reflect an understanding of the importance of this relational aspect of the patient care- especially in the well care, chronic care.
  - Motivational interviewing
  - Mindfulness
  - Two generation approach – where parent wellbeing is acknowledged as a huge influence on child and youth health.
  - Resiliency
  - The use of a strength based approach in the preventive services visit
    - Asking about parents/youth concerns and addressing them
    - Identifying family , parental, youth strengths
      - Using strengthening families framework (Social support, concrete help, resiliency , knowledge of child development and parenting)
      - CDC frameworks for parental strengths Nurturing and safety
      - Youth development (connection, contribution, mastery autonomy)
    - Pointing them out to the youth and/ or family
    - If a change needs to be made using a shared decision-making strategy

Essence

- But what is underneath these skills, the ground from which this arises
  - Practitioner has to be in a certain position to do this work
- How do we recapture essence of the visit, not just the skills one can use
- Mindfulness to be present for the encounter

Experience

- "It is the quietness from me that makes others trust in me. I show that I have time to be with you now, without any explanations. To make myself available in the encounter, has to do with being quiet within oneself. I have to show that I can sit here, even though there is hurry in other places, because I have chosen to sit by you. I do not need to say this, because I show it in the way I am".
  - Na ¨den D, Eriksson K. Encounter: a fundamental category of nursing as an art. Int J Hum Caring 2002; 6: 34–9

What are the words we can use to describe this experience?

- Give words to this experience (have a language for what is happening) and tell stories that help folks to recognize what they are doing and can do to facilitate this connection.
  - Saying the strategic YES for high value situations
  - " As a clinician you know it when you see it"
  - I am going to practice with compassion, gratitude and humility
  - I am going to practice with intention and try to be open so I can provide patients with encouragement and hope
  - "Be here now " present time approach to visit
  - Listen and observe – so you can match your interaction style to what people need, meet them where they are.

- My relationship with you makes a difference to both of us
  - Marcel G. The Mystery of Being I: Reflection and Mystery. Org. 1951. Transl. Fraser, G.S. 2001, St. Augustine Press, South Bend, IN

- "On the wavelength that the encounter occurs the person is in contact with both the self and the other…then it is possible to create something"
  - May (1988 pg 78) in Na ˚den D, Eriksson K. Encounter: a fundamental category of nursing as an art. Int J Hum Caring 2002; 6: 34–9

Mindfulness Practice in the Clinical Encounter

- Epstein published an article in *JAMA* titled "Mindful Practice." That article elaborates on how mindfulness can be brought into the clinical encounter.
  - "Mindful practitioners attend in a nonjudgmental way to their own physical and mental processes during ordinary, everyday tasks" .
    - Epstein RM. Mindful practice. JAMA. 1999;282:833–9

Mindfulness Practice in the Clinical Encounter

- By taking this stance, the physician can be open to the whole person who presents as a patient and can skillfully treat that patient.
- "The goal of mindfulness is informed compassionate action incorporating relevant information, making correct decisions, and empathizing with the patient as a means of relieving suffering."
  - Epstein RM. Mindful practice. JAMA. 1999;282:833–9

Mindfulness Practice

- Mindfulness is characterized by learned mental habits: attentive observation of self, patient, and context; critical curiosity; beginner's mind (that is, viewing the situation free of preconceptions); and presence.
- Presence is defined as "connection between the knower and the known, undistracted attention on the task and the person, and compassion based on insight rather than sympathy"
  - Epstein RM. Mindful practice in action. I: Technical competence, evidence-based medicine, and relationship-centered care. Fam Syst Health. 2003;21:1–9.

Mindfulness

- Mindfulness brings us into the present, enables us to experience what is happening now
- Mindfulness is the opposite of multitasking
  - Epstein RM. Mindful practice. JAMA. 1999;282:833–9
- Think of a patient encounter when you were preoccupied with calls you had to make, a line up of patients waiting to be seen, staff issues you had to deal with….
- Think of a patient encounter when you were able to focus on the patient and family at hand without distractions…….

Mindlessness

- Mindlessness is more likely when people are distracted, hurried, or overloaded. To deal with production pressures people ignore discrepant clues and cut corners
- Mindlessness also occurs when people feel they can not act upon their concerns (how easy is it to question a practice in the unit?)

The Catch-22 Mindfulness Helps Resolve

- We must (and do) filter information:
  - Every observation is preceded by a choice of what to observe (and what not). We find what we are looking for and miss out on much more.
- And open to all that is present:
  - However, it takes a broad array of data and views and interpretations to make meaningful sense of things.

Research

- Since 1978, over 30 empirical studies have been published on the use of mindfulness-based interventions with health care professionals
- Outcomes have shown improvements in:
  - Burnout symptoms & job engagement
  - Distress tolerance
  - Active listening and empathy
  - Nonjudgmental self-reflection and self-compassion

Marks, Don PhD,"Mindfulness and the Therapeutic Encounter.

Reported Benefits of Mindfulness Training

- Percent reporting positive change:
  - 93% Taking time to reflect…space for discovery/innovation
  - 89% Enhanced listening…to self and others
  - 88% Exhibiting patience…with self and others
  - 80% Making better decisions…clarity

http://www.instituteformindfulleadership.org/Mindful_Marturano_spreads.pdf

Mindfulness

- For too many healthcare providers, practice can become repetitive
- Being mindful allows one to become reflective and to step back from the day to day routines
- To ground oneself in order to care for yourself while providing the best care for your patients

Steve Kairys, MD, MPH Professor and Chair of Pediatrics, Jersey Shore University Hospital, NJ

A minute or two of Mindfulness meditation

- 1. Sit comfortably, with your eyes closed and your spine reasonably straight.
- 2. Direct you attention to your breathing
- 3. When thoughts, emotions, physical feelings or external sounds occur, simply accept them, giving them the space to come and go without judging or getting involved with them
- 4. When you notice that your attention has drifted off and become engaged in thoughts or feelings, simply bring it back to your breathing and continue
- Remember; it's ok and natural for thoughts to arise, and for your attention to follow them. No matter how many times this happens, just keep bringing your attention back to your breathing.

MicroPractices for Busy Providers

- **Pager Practice**: whenever your pager or phone rings, pause, take 3 breaths, relax mind and body and then answer
- **Patient Practice**: whenever you enter an exam room or a patient's room, as you have your hand on the door handle, pause and take 1-3 breaths
- **Eating Practice**: when eating, pay attention to 3 bites.
- **Walking Practice**: find opportunities for walking meditation; just notice 3 things--name them without evaluation
- **Gratitude Practice**: balance critical views with appreciation
- **Silent Driving Practice**: pay attention driving home
- **Smile Practice**: Half smiling activates positive biochemistry

Bringing Mindfulness into the patient encounter

- Before entering the room
  - Take a breath, focus on your breath as you inhale and exhale being mindful of the present moment, the beginners mind, open to whatever comes, free of judgments and preconceptions
- Entering the room
  - Spend a moment to greet the patient and family honoring the time you will spend together
- As you begin listening
  - Focus on the patient, noticing distractions and returning to the patient as you would return to your breath during practice

Bringing Mindfulness in the patient encounter

- As you examine the patient
  - Be mindful of the power of gentleness
- As you finish your encounter,
  - Breathe and pause, waiting a in a small moment of silence for whatever else may arise
- As you leave your patient
  - Take a breath, experiencing compassion, for you and for your patient, as you breath in and you breath out

Patient Experience

- Is there a way to practice mindfulness in the moment in the clinical encounter with the patient and family?

Mindfulness Vignettes

- A mom trying to breast feed her baby with PWS
  - History of difficult and painful breastfeeding – infant used to "bite" when feeding and mom always anxious
  - Taught three relaxing breaths to help her before baby latches on
  - Mom thought this was so helpful and began to nurse again.

Mindfulness Vignettes

- A teen with ADD, having a hard time in school, failing 2 subjects, anxious about end of year testing, weight going up,
  - "I'm not paying attention to what I am eating",
  - Discussed what it felt like to be anxious, how thoughts influence how our bodies feel (stress response), how our minds "need a rest" .
  - She was willing to try breathing. She and mom did it. She said, "it was a relief to let all those thoughts go" as she was breathing.
  - She wanted to try before she did her homework

Mindfulness Vignettes

- 14 yr old boy with Asperger Syndrome
- Mom and boy anxious in the visit, trouble focusing, arguing
- Willing to try breathing in the moment
- Both did
- Felt calmer, able to discuss issues and proceed with visit

Mindfulness and Clinical Environment

- Take a moment and put yourself in the place of your patients
  - Walk to the front desk
  - Down the hall
  - Into the exam room
- What do you see and hear?
- How does it make you feel?

Mindfulness and the Clinical Environment

- Example:
  - When we first moved into our clinic space for Weight Management
    - Scale etiquette
    - Tables and chairs
    - Picture on the walls
    - Noise in the halls
    - Food everywhere

- "When I confront a human being as my You… then he is no thing among things nor does he consist of things. He is no longer a He or a She… nor a condition that can be described, a loose bundle of named qualities…
- Even as a melody is not composed of tones, nor a verse of words, nor a statue of lines—one must pull and tear to turn a unity into a multiplicity—so it is with the human being to whom I say You.
  - I and Thou (1923), Buber