Improving Communication Skills

A Roadmap for Humanistic Health Care

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KEYWORDS

• Communication • Learning • Teaching • Feedback • Motivation • Bias • Leadership

KEY POINTS

- Communication skills can be learned, practiced, and mastered. Key foundational microskills of communication have broad applicability and utility across various roles in health care.
- Understanding the factors and types of motivation in behavior change can affect the approach toward communication skill improvement.
- Central to ongoing improvement in communication skills is personal awareness, which includes recognition of bias and emotional reactions, their behavioral consequences, and how to intervene when necessary.
- Methods to improve communication skills depend on psychological safety, coaching with directed feedback (individually or in groups), institutional support, and a culture of continuous learning.

INTRODUCTION

Providers must communicate clearly and effectively when working with patients and teams in our complex health care system. Many communication skills can be developed and honed, including creating rapport, setting an agenda, eliciting the patient's perspective, naming and managing emotion, providing information, checking for understanding, and collaborating on treatment plans. Studies show that effective use of communication skills leads to improved patient outcomes, patient and clinician satisfaction, and institutional metrics.[1,2] However, it may be difficult to know where

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to start, because effective communication is a complex series of interactions that involve preparation, receptivity, self-awareness, management of emotions in oneself and in others, as well as content expertise.

For optimal learning of any new skill, thoughtful learners might identify smaller, more achievable "parts" to make up the whole. Similarly, clinicians can approach communication as a set of skills, or "microskills", some of which are listed in **Box 1**. In addition, cognitive frameworks (see **Box 1**) provide explicit processes for common communication exchanges and help to identify the common landmarks of a conversation. Although this approach might seem robotic and contradictory to authentic communication, cognitive frameworks take the guesswork out of interactions. Instead, they allow for more freedom to connect with a patient using authentic responses and styles while relying on evidence-based skill sets that can offload those internal worries. Understanding and envisioning the larger flow of a conversation enables people to identify where they are in the conversation and intentionally practice new expressions to enrich their authentic style.

Here we outline a sampling of these frameworks that enable health care providers to take steps to improve their health care communication skills. We begin with discussing the intrinsic and extrinsic motivators to improving communication skills. We continue with a review of foundational communication microskills and suggestions on how to improve them through the perspectives of the clinician as a self-learner, the clinician with external coaching, and the administrator/leader. We hope that highlighting the evidence and applicability of these foundational skills provides relevance and context on this journey toward improved communication skills.

BACKGROUND: SUPPORTING MOTIVATION TO IMPROVE COMMUNICATION SKILLS

Motivation to improve underlies any behavior change. When a clinician commits to change, either via intrinsic or extrinsic motivation, they can access the underlying building blocks for effective learning. In health care communication, these fundamentals include awareness of self ("personal awareness") and skill in eliciting another's emotions and perspective (perspective-taking). As people exchange information, dialogue progresses as a dynamic interplay of emotions and reactions for all involved. Developing expertise in communication skills, as with any skill, requires deliberate practice, reflection, and coaching through feedback with motivation as the ultimate starting point.[3,4]

Box 1
Explanation of microskills and cognitive frameworks

Term	Definition
Microskills of communication	Specific competencies for communicating effectively with others. In addition to these largely externally displayed and objectively measurable skills, additional skills reflect one's internal thoughts about and processing of communication as it occurs in the moment: these include personal awareness, recognition and mitigation of biases, and appreciation of emotion
Cognitive frameworks	A collection of microskills that share a common purpose or goal, which provide explicit processes for common communication exchanges, and common landmarks of a conversation. (ie, internal conversation/commentary about how much time is left in a visit, jumping to conclusions, making biased assumptions)

Motivation to improve is a spectrum, with the intrinsically self-motivated at one end ("I want to do this") and the extrinsically motivated at the other ("I'm being forced to do this"). Strategies to augment motivation vary across this spectrum. Although readers of this article may already have higher levels of intrinsic motivation around communication skill development, it is instructive to examine the theoretic underpinnings of motivation.

Self-Determination Theory postulates that satisfying innate psychological needs for *relatedness*, *competence*, and *autonomy* enhances self-motivation and mental health (Table 1).[5,6] Clarifying these underlying needs as they relate to communication skills may inspire learners toward further growth.

Intrinsic Motivation

For the self-motivated clinician, tools abound (eg, self-reflection, deliberate practice, communication skills courses, independent reading). Taking personal inventory of challenges in communication guides practice and intention building for continuous quality improvement. The more intrinsically motivated the provider, the more they will enjoy the challenges of learning increasingly complex skills. Subsequent sections will delve deeper into these tools.

Extrinsic Motivation

The goal of extrinsic motivation is to build toward and enhance intrinsic motivation for long-lasting impact (see Table 1). Verbal positive reinforcement, similar to praise, has an enhancing effect on motivation, particularly if the praise is unexpected[8] or if focused on behavior rather than characteristics, which may perpetuate a fixed mindset.[9] On the other hand, numerous studies have shown that tangible extrinsic rewards

Table 1
Factors and types of motivation for clinicians, adapted from Self-Determination Theory[5,6]

		Definition	Example of how communication skills can relate to factors or types of motivation
Motivation Factors	*Relatedness*	A need to develop meaningful interactions with others.	A disconnecting conflict with a patient that continues to gnaw at a provider can impel them to enhance their communication skills.
	Competence	The perceived ability to master and achieve.	Effective communication skills can improve interpersonal interactions and outcomes.[7]
	Autonomy	The opportunity to control one's actions.	Using agenda-setting skills can improve predictability in encounters.
Motivation Types[6]	*Intrinsic*	The inherent tendency to seek out novelty and challenges, to extend and exercise one's capacities, to explore, and to learn.	Interest and challenges are inherent in the activity of communication skill development.
	Extrinsic	The performance of an activity in order to attain some external outcome.	A health care provider is mandated to take a communication training due to low patient satisfaction ratings.

such as money or gifts can damage intrinsic motivation.[10] When an expectation of a tangible extrinsic reward has been set and then removed or not applied equally, motivation decreases.[11] Although there is some controversy around these studies, extrinsic motivation can influence intrinsic motivation.[12] For example, monetary incentives supporting COVID-19 vaccination may induce those who have low motivation to receive the vaccine; however, anyone already vaccinated without the monetary incentive may feel slighted or excluded. A subset may be even less likely to obtain vaccination without additional tangible rewards.

BACKGROUND: FOUNDATIONAL MICROSKILLS FOR EFFECTIVE COMMUNICATION

Foundational microskills for effective communication in health care comprise a cognitive framework that has wide applicability. The major domains of the microskills include (1) handling one's own emotions through personal awareness and bias recognition, (2) perspective-taking and understanding the other's emotions, and (3) sharing information (**Table 2**).

Deepening Personal Awareness

Personal awareness is the recognition of how one's emotional reactions influence behaviors. Deepening personal awareness involves becoming mindful of one's own emotional reactions, then recognizing whether the behaviors that follow meet the needs of the patient. The stimuli and their emotional responses vary widely for everyone. Common unrecognized feelings include fear of losing control, addressing psychological issues, or appearing unpleasant. Common unrecognized resultant behaviors include overcontrolling the interview (eg, interrupting, changing the subject), avoidance, or superficial handling of the issue.[13] As an example, a patient is suffering from depression and asking for help. If the clinician was raised in a culture valuing stoicism, the clinician may feel uncomfortable (personal emotional reaction). Behaviorally, the clinician may change the subject to avoid engaging with the issue (inappropriate behavioral consequence), leaving the patient without the needed assistance. After recognizing emotional reactions, the next step is to change maladaptive behavioral responses to helpful ones that match the patient's needs. This process requires honesty with oneself and may be best facilitated with a trained coach.

Improving Recognition of Bias

Bias is related to personal awareness and especially salient, as health care providers work to reduce disparities and improve diversity, equity, and inclusion. In communication, attachment to one's personal agenda or biases risks blocking connection to the patient and understanding of their perspective. Using self-awareness, clinicians can

Table 2
Foundational microskills for effective communication

Major Domain		Examples of communication microskills
Handling one's own emotions	Personal awareness[13]	Recognition of emotional reactions Recognition of behavioral consequences
	Bias recognition	Self-reflection Implicit Association Test (IAT)[14]
Perspective-taking		Agenda setting[15] Open-ended questions[16]
Sharing information[17]		Ask-Respond-Tell (ART) Model Teach-back

recognize the presence of bias and withhold judgment, both of which are necessary steps before using perspective-taking (see later discussion) to tailor their recommendations to better meet patient needs; this has the added benefit of reducing conflict and increasing both patient and clinician satisfaction.

Not all biases are in one's awareness. Unconscious or implicit bias is another type of blind spot that limits the ability to grow one's communication skills. These more insidious forms of bias are unfortunately common, particularly around race. Researchers at Harvard University have developed Implicit Association Tests to uncover—but not cure—unconscious bias.[18] Once revealed, the provider must incorporate that information into their awareness to improve further. Deliberate practice is needed to work through mitigating bias.

Enhancing Perspective-Taking

Similar to self-awareness of personal emotions, recognition of others' emotions is crucial to effective communication. Perspective-taking is a foundational microskill that elicits patient emotion and informs how best to share information and action plan collaboratively. It is the basis of advanced skill frameworks, including relationship-centered interviewing, motivational interviewing, nonviolent communication, and professionalism remediation.[19–22] When done effectively, perspective-taking removes assumptions about others' feelings, thoughts, and actions and allows for deepened understanding of an individual's nuanced personal needs and values. This strategy is called individuation, a process that evaluates people and plans based on their personal characteristics rather than our own personal assumptions.[14,16,23]

Setting an agenda at the outset of a visit is a form of perspective-taking that helps clinicians avoid misunderstandings about expectations. It allows negotiation on how to optimally balance the priorities of both the patient and clinician. Eliciting the full list of patient concerns up front increases connection and self-efficacy for both patient and clinician.[15]

Open-ended questions can further elucidate perspective (eg, "How has this situation impacted you emotionally?" "What are your expectations about how I can help?"). It is useful to explore the person's ideas about what might be causing a given situation, the impact it has had on them, and expectations of what is hoped for as an outcome.

Improving Information-Sharing

Other core skills required for effective communication relate to providing information. Relationship-centered communication features the "Ask-Respond-Tell" (ART) model to identify patient's understanding of medical situations and options, attend to the emotional impact of such information, and actively engage patients in making a treatment plan.[17] ART provides information incrementally in small digestible portions; this improves efficiency by creating an engaging dialogue that can pivot and evolve to meet the needs of both parties rather than wasting time on information already known or with a "data download" of overwhelmingly large amounts of information. A specialized type of ART is often referred to as "teach-back" to check understanding (**Box 2**).[17] Teach-back maximizes the fidelity of information transfer, particularly with complex topics.

APPROACH TO LEARNING COMMUNICATION SKILLS

Independent Practice

An individual may study and review communication skills but that alone is insufficient for sustainable improvement. Context and authenticity are key for effective

Box 2
Example of a "teach-back" Ask-Respond-Tell loop

Clinician (Ask): I just went over a lot of information. To be sure we're on the same page, would you mind telling me your understanding of our plan from today?

Patient: OK. I need to check my blood sugar every morning, and if it's high, increase my insulin dose by 2 units. If it's good, then we'll keep the dose the same.

Clinician (Respond): Yes! That's correct! (Tell) We also talked about what to do if your sugar is too low. (Ask) What do you remember about that?

Patient: Well, I remember you said I should decrease my insulin dose, but I don't remember by how much.

Clinician (Respond): It's completely understandable—we talked about a lot of things. (Tell) We said that if your sugar was less than 80, you should decrease your insulin dose by 4 units. (Ask) What other questions do you have?

communication. Intentional practice is needed to gain both confidence in building microskills and understanding of patient responses to each strategy. When practicing individually, without the benefit of an experienced observer for feedback, it is helpful to have a *specific*, *achievable*, and *flexible* goal before entering a conversation. Invoking a goal targets the mind to a particular moment of a conversation, prompting preparation to learn a microskill (eg, ask for patient understanding before giving information) more deeply. The *specificity* encourages the development of thinking about communication as an objective skill that can be improved. An *achievable* goal should be reasonable within the context of the patient encounter; a 10-minute urgent care visit for sinusitis may *not* be the time to practice asking about end-of-life preferences. Finally, *flexibility* refers to the need to keep the patient at the focus of communication, adapting to their needs and feedback (perspective-taking). It is possible, for example, to reflect on an interaction with a patient in its immediate aftermath to assess how it went—what did I do effectively, and what would I want to modify the next time I interact with this patient or others?

Self-reflection is a powerful method to make incremental improvements in skills that are within one's own awareness. Although self-reflection often takes the form of ruminating about interactions after they have occurred, critical reflection more rigorously involves identifying and questioning assumptions about what happened in an interaction and applying lessons learned.[24] Audio/video recordings can augment this critical reflective practice and reduce recall bias.[25,26] However, improvement is limited by the individual's ability to recognize problems and potential for alternative outcomes without knowledge of advanced skill sets. These blind spots are, by definition, unseen, and illuminating them requires external feedback. In addition, communication is a social behavior; thus, methods to improve must incorporate socially based learning. Merely reading articles about communication is not enough to develop expertise. Deliberate practice and directed feedback from coaches, peers, or patients are needed to act as guides to foster self-regulation and problem-solving. Asking trusted external observers to host feedback conversations decreases blind spots and accelerates social learning of communication. For example, review of audio or video of a patient encounter (with the patient's explicit permission, of course) with a colleague, a communication coach (see section below), or patient advocate has the potential to augment learning through illumination of blind spots.

When reviewing patient encounters, clinicians can refer to cognitive frameworks that have been developed and well established by several groups and organizations

(Table 3). Connection with these or other professional organizations with courses for communication skill development is an additional way to obtain coaching and feedback. It also builds opportunities for mentorship and relationships with like-minded individuals to support skill development.

Individual Coaching

As noted previously, communication is a social activity, and thus independent practice only goes so far. Individual coaching and practice such as simulation or role play seem to produce the most effective learning and behavior change.[3] These teaching tools offer opportunities to practice in a psychologically safe learning environment, fostering skill development that may deepen one's learning more readily than in a real patient encounter where the stakes are higher for both clinician and patient. Individual and group coaching requires that all participants have a shared language and framework for communication skills in order to provide and receive meaningful feedback.[31]

Group Learning

Group learning further enhances the social aspect of improving communication skills. Several programs exist to develop expert facilitators for communication skill practice and feedback (see Table 3). The part of the patient can be played by another clinician,

Table 3
Examples of communication cognitive frameworks

Framework	Sample Microskills
Academy for Communication in Healthcare (ACH) Relationship Centered Communication (RCC)[27]	Create rapport quickly[15] Negotiate an agenda[15] Explore and respond to emotions with 'PEARLS' statements (P-Partnership; E-Naming Emotion; A-Appreciation; R-Respect; L-Legitimization; S-Support)[16] Share information in clear and concise way, assessing understanding with ART (A-Ask; R-Respond; T-Tell)[17] "Teach-back" for checking understanding[17]
'SPIKES' framework for breaking bad news[28]	S- Setting Up the Interview P- Assessing the Patients Perception I- Obtaining the patient's Invitation K- Giving Knowledge E- Addressing Emotion S- Strategy & Summary
Vital Talk organization's 'REMAP' framework for serious illness communication and 'NURSE' statements for expressing verbal empathy[29]	'REMAP' (R-Reframe; E-Emotion; M-Map Values; A-Align with values; P- Propose a Plan) 'NURSE' statements (N-Name; U-Understand; R-Respect; S-Support; E-Explore)
Ariadne Labs Serious Illness Conversation Guide[30]	Set up the conversation Assess understanding and preferences Share prognosis Explore key topics Close the conversation

a standardized or simulated patient, or possibly, under circumstances that do not interfere with their care, a real patient. For specific techniques and approaches to teaching communication skills, we refer the reader to additional resources and trainings.[32,33]

System-Based Approach

As an administrator or leader in health care, exemplary communication skills are essential. Many leaders may feel daunted by the prospect of how to change organizational culture to support a more person-centered atmosphere. Fortunately, use of communication microskills demonstrates effective leadership by example and creates an environment that respects and values its employees through fostering autonomy, collaboration, engagement, and open communication.[34] We list several examples of how to demonstrate effective leadership in communication in the following section.

To inspire culture change as a system, leaders must achieve staff buy-in toward any shared common goal. Although most health care workers would agree that communication skills with patients, families, and colleagues are an essential part of practice, merely mandating training constitutes an extrinsic motivator that may have limited effectiveness. In his transformational change model, Kotter invokes 2 areas where leadership can use foundational communication skills to affect change: elicit buy-in by perspective-taking of staff through close listening and understanding their pain points and develop a strategy to effectively communicate those perspectives with a growth mindset.[35]

Leaders can establish standards for communication in onboarding orientations and skills refreshers, in the form of ongoing coaching and/or repeat workshops, at regular intervals. There is a temptation to rely on online modules or “one-off” trainings; however, evidence shows that these methods do not lead to lasting effects.[36] Effective workshops must include skills practice, reinforcement, and direct feedback. Although resource intensive, investment can have significant benefits beyond patient satisfaction metrics. Providers who communicate in a relationship-centered manner have better clinical outcomes, which can translate into improved reimbursement, particularly in a value-based model.[7,37] Providers will also have greater job satisfaction, engagement, and improved retention.[34]

How an organization’s leadership communicates sets the tone for its staff and workers. Therefore, leadership must “walk the talk” by engaging in the same workshops, level the hierarchy, and build a shared mental model around how all members of the organization communicate.[35] Leaders who are intentional in using the foundational microskills build trust with their employees through increased transparency, respect, and empathy.[38]

Although it is tempting to use clinical outcomes (eg, hemoglobin A1c, mortality rate) to assess the effect of communication improvement programs, many additional factors influence these “hard" clinical outcomes. Instead, educationally sensitive patient outcomes, which are intermediate or surrogate markers more strongly affected by education efforts, are useful.[39] For example, a patient’s perception of their care experience has a positive correlation with clinical outcomes such as improved quality of life, self-efficacy, treatment adherence, and management of chronic diseases.[40–42] Consumer Assessment of Healthcare Providers & Systems (CAHPS) scores are used as a surrogate marker for the patient’s perception. These scores can be influenced independently from a hospital or practice’s performance by response bias, survey administration method, and case-mix.[43] Despite these limitations in using CAHPS scores as accurate measures of communication skill, they can be useful from an administrative or systems point of view for objective evaluation of practitioners and to target

opportunities for improvement by providing patterns of patient experience to target specific problem areas that a provider or institution may need to address. In addition, value-based reimbursement is a powerful motivator for health systems to support communication skill–building initiatives.[7,37]

Another useful extrinsic metric is clinician satisfaction. Clinician burnout has become epidemic and creates barriers to effective patient care and work engagement. Evidence shows that clinicians who communicate using relationship-centered skills have an association with higher work satisfaction.[44] Discussion with providers on how their intrinsic motivators can be supported to create "ground-up" solutions, rather than "top-down," is more likely to succeed and be sustainable.

SUMMARY

Intrinsic and extrinsic motivators improve individual communication skills. Foundational skills improve with deliberate practice and feedback. Communication skills can improve on the individual, group, or systems level. Clinician communication skills excel through intentional reflection, an institutional focus on relationship-centered care, and ongoing skill development and support. Ultimately, the goal is not merely to make skills better (although naturally, that is desirable): it is also for development and enhancement of community, ongoing peer reinforcement of effective communication skills, and support of health care staff in the context of arduous work with high burnout risk. Through enhancing communication skills and thereby these individual and community connections, we can make the work of health care more sustainable, higher quality, and increasingly humanistic.

CLINICS CARE POINTS

1) After reflecting on interpersonal interactions, select a specific learning goal to improve communication skills. Consider a coach to observe in real time or to review an audio or video of an encounter.
2) Develop awareness of internal emotional reactions and implicit biases that ultimately affect patient outcomes.
3) For system-wide communication initiatives, select multiple methods of assessing success (eg, patient experience scores, narratives, 360-degree evaluations, clinician burnout) that encompass multiple perspectives.

DISCLOSURE

Dr C.L. Chou receives honoraria for teaching with the nonprofit academic organization Academy of Communication in Healthcare.

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