REINFORCING THE HUMANITY IN HEALTHCARE: THE GLASGOW CONSENSUS STATEMENT ON EFFECTIVE COMMUNICATION IN CLINICAL ENCOUNTERS

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ABSTRACT

Contemporary healthcare is characterized by multidisciplinary teamwork across a vast array of primary, secondary and tertiary services, augmented by progressively more technology and data. While these developments aim to improve care, they have also created obstacles and new challenges for both patients and health professionals. Indeed, the increasingly fragmented and transactional nature of clinical encounters can dehumanize the care experience for patients and health professionals across disciplines and specialties. Effective communication plays a pivotal role in reinforcing the humanity of healthcare through the delivery of person-centered care – compassionate, collaborative care that focuses on the needs of each patient as a whole person. After convening at the International Conference on Communication in Healthcare (Glasgow, 2022), an interdisciplinary group of researchers, educators and health professionals worked together to develop a framework for effective communication that both acknowledges critical challenges in contemporary health services and reinforces the humanity of healthcare. The Glasgow Consensus Statement is intended to function as a useful international touchstone for the training and practice of health professionals, fully recognizing and respecting that different countries are at different stages when it comes to teaching, assessment and policy. While effective communication may not change the structure of healthcare, it can improve the process if health professionals are supported in infusing the system with their own innate humanity and applying the framework offered within this consensus statement to reinforce the humanity in everyday practice.

KEYWORDS

Communication, Clinician-Patient, Person-Centered Care, Human-Centered Care

1. Introduction

One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.[1]

Nearly 100 years after Dr. Francis W. Peabody said these words to medical students, the need to reinforce the humanity in healthcare has perhaps never been more apparent.[2-4] Contemporary healthcare is characterized by multidisciplinary teamwork across a vast array of primary, secondary and tertiary services, augmented by progressively more technology and data (e.g. electronic health records, telehealth, digital health tools, artificial intelligence). While these developments aim to improve care, they have also created obstacles and new challenges for both patients and health professionals.[5,6] Many patients now experience healthcare not in concert with a small number of health professionals but via a complex series of interactions in different healthcare settings, with a variety of systems to schedule visits, obtain test results and manage prescriptions. Furthermore, a growing number of people are living with chronic health conditions, navigating long term self-management in the context of multimorbidity, polypharmacy and expanded treatment options. As a consequence, many patients experience fragmented care that is dominated by short interactions, often with professionals they may see only once, and focused more on 'parts' than the whole person.[6] In parallel, many health professionals face expanded workloads alongside inefficient workflows and unrealistic administrative burdens, compressing the limited time they have with patients.[7,8] Whether or not people are dealing with complex health issues, the increasingly transactional nature of clinical encounters can dehumanize the care experience for patients and health professionals across disciplines and specialties.[2-13]

Effective communication plays a pivotal role in reinforcing the humanity of healthcare through the delivery of person-centered care – compassionate, collaborative care that focuses on the needs of each patient as a whole person. Consensus statements and evidence-based guidelines on communication in medical encounters published decades ago [14-16] formed the foundation for additional consensus statements spanning clinical teaching and assessment,[17-19] practice standards [20] and research in different healthcare disciplines. While this work has been valuable, previous consensus statements were products of their time; they do not reflect the challenges of contemporary healthcare and tend to focus on medical practice and training. Accordingly, we sought to honor and build on their foundation with sensitivity to current issues and opportunities. Professional communication in the service of patient care is a skilful endeavour that, ideally, joins health professionals' clinical expertise and patients' expertise on their own lives.[21,22] A large body of research has established the features of effective communication in healthcare such as: patients are listened to and cared for with respect and compassion, provided with information that meets their needs, and involved to the extent they wish in making health decisions that fit their lives.[16,23-30] How can health professionals do this within the context of contemporary care? The Glasgow Consensus Statement offers a framework for effective communication that both acknowledges critical challenges in contemporary health services and reinforces the humanity of healthcare, with the aim of supporting those involved in care, service design and/or health professional training.

2. Process and Premises

A Working Group of experts on communication in healthcare – researchers, educators and health professionals – took a disciplined approach to coalescing international perspectives and addressing challenges associated with the evolving nature of healthcare (see Appendix 1). Participants outlined a set of interconnected premises as the precursor to developing recommendations:

- While nearly all of the previous consensus statements focused on medicine, contemporary guidance should apply to all health professionals who have clinical encounters with patients.
- Health professionals must work in partnership with patients, caregivers and colleagues to incorporate the best evidence available, combat misinformation, and meet healthcare needs.
- High-quality healthcare depends on encounters that efficiently address health issues while recognizing the humanity of all involved.
- Care that is sensitive to the context of patients' lives is more likely to be engaging, efficient and effective.
- Communication is the principal means by which health professionals convey their competence to people seeking care and patients convey their perspectives to health professionals.
- Effective communication is fundamental to building trust and delivering person-centered, safe, equitable and effective healthcare, not a 'nice to have' appendage.
- Clinical communication skills training and subsequent certification should emphasize the importance of focusing on the whole person in contrast to simply 'fixing the parts'.
- A parsimonious set of clear and simple recommendations that can be tailored to meet the needs of different patients in different settings is most likely to be reliably adopted in training and practice.

The Working Group acknowledged that – despite being published more than 20 years ago – the Kalamazoo Consensus Statement [16] retained significant value in laying out essential elements of effective communication that form a coherent framework for curriculum developers and licensing bodies. Moreover, the Kalamazoo essential elements are clearly reflected in subsequent 'functional' frameworks that articulate focal points for research on effective communication [29,30]. While participants decided to use the Kalamazoo essential elements as a starting point for discussion and development, they committed to focusing on what is 'doable' given the realities of contemporary healthcare. In tandem, the group focused on the meaning and purpose of what is 'done' by examining the essential elements from the standpoint of a patient receiving care, reasoning that tasks are accomplished to the extent that patients feel they are accomplished. In other words, it is the effect of communication that determines effectiveness.[31]

This stance is bolstered by research with tools to gauge patient perceptions of health professional communication such as the Communication Assessment Tool,[32] a well-established, evidence-based instrument that has been used in many countries and clinical contexts. (Box 1) For instance, in every published administration of the Communication Assessment Tool, patients report that encouraged me to ask questions is accomplished in the lowest proportion of encounters. This is a striking finding given that encouraging questions is a well-established component of models used for teaching and assessing health professional communication, as well as an explicit component of legislation in some countries.[33] While it is likely that many health professionals do ask patients if they have questions, asking while looking at a computer screen or walking out of the room is tremendously different than letting the patient know early in the encounter that questions are expected and welcome. From the perspective of a patient receiving care, the latter approach is much more likely to encourage questions and signal that the consultation is a dialogue aiming to meet the patient's needs.

3. Recommendations

After considerable discussion of previous consensus statements in light of the issues and challenges that influence the current ecosystem for health professionals and patients, the Working Group decided that it was crucial to highlight the importance of reinforcing the humanity of healthcare care via three 'overarching' tasks which are complemented by a set of 'incremental' tasks.

3.1. Overarching Tasks

These longitudinal tasks – woven throughout encounters as well as episodes-of-care – are the core of the Glasgow Consensus Statement.

Connect as humans. A fundamental communication task of earlier consensus statements was to build a relationship. This may seem unattainable given the realities of everyday practice, especially in short or 'one-off' consultations where a patient is unlikely to see a particular health professional on a regular basis. But people seeking care should be seen as people, not just a 'bundle of symptoms'.[34] People have emotions, make progress and face challenges, acknowledgement of which is a pathway to empathy.[35] Human connection – demonstrating respect for the patient's dignity, uniqueness, individuality and humanity [4] – is possible in all interpersonal interactions. Indeed, human connection is a pathway to therapeutic, trusting relationships, whether episodic or sustained over time, and there is good evidence that human connection has benefits for patients and health professionals.[24,36-39]

Connecting as humans means:

- Treat each person in the encounter as a unique human (i.e., not a type, title, complaint, diagnosis)
- Convey attention and respect, verbally and non-verbally

Understand the patient's perspective. Drawn from the Kalamazoo Consensus Statement, this task supports therapeutic partnerships by addressing what matters most to each person receiving care.[40] Identifying an individual's needs is a central pillar of person-centered care and an antidote to 'conveyer belt' healthcare. This task can include exploring ideas, beliefs, feelings, expectations and/or preferences to an extent relevant and proportionate to the moment. While different clinical situations may require varying depths of exploration, taking the patient's perspective and context into account can preempt misalignment of goals and understanding, thereby improving outcomes that are valued by patients as well as saving resources and time.[28]

Understanding the patient's perspective means:

- Establish the patient's view on matters related to their health and healing
- Incorporate this knowledge when shaping a care plan with the patient

Be responsive. Effective communication requires different approaches for different patients and situations. For instance, interactions in various clinical services may look quite different in terms of duration or discussion of the patient's condition and emotional state. Moreover, people with similar health issues may have very different needs, goals, barriers, literacy levels, language preferences, cultural practices and expectations for the encounter. Meeting the needs of each patient in the context of their life and clinical situation is at the heart of delivering person-centered care. As there is no 'one size fits all' model of an effective encounter, it is important to develop a repertoire of skills and strategies that can be applied as needed to accomplish essential tasks.[15,41,42]

Being responsive means:

- Tailor the form and content of communication to the patient and situation
- Respond to emotion and changes in demeanor during an encounter

3.2. Incremental Tasks

The Working Group also refined the set of Kalamazoo essential elements that are important in different stages of the consultation. Unlike the overarching tasks, not all of the incremental tasks will be relevant across clinical encounters, although they will apply in most. It is also important to note that displaying these tasks in a linear order offers a guide, not a script.[43] With attention to meaning and purpose, these incremental tasks can be used by health professionals in concert with the overarching tasks to reinforce the humanity of healthcare, build trust and improve care.

Get ready. Making best use of the time that patients and health professionals have together takes on added importance as healthcare becomes ever more complex.[2-8,44] Accordingly, the Working Group added this precursor to the set of the relatively sequential Kalamazoo tasks and noted the importance of preparation for all involved.[45]

- Prepare for the encounter by focusing attention and reviewing pertinent information
- Manage the setting to maximize privacy and comfort
- Gather resources (e.g., digital tools, decision aids) and people (e.g., family members, colleagues, interpreters) to support communication as needed

Open the discussion. Greetings, an important yet often overlooked element, set the tone for an encounter by focusing on the persons involved and are now highlighted as essential.[46]

- Greet the patient and any companions appropriately (i.e., introduce self by name and role, say patient's name, establish relationship of everyone in the room)
- Facilitate the patient's opening statement
- Work together to clarify encounter goals and agenda

Gather information. The Working Group highlighted the importance of attending to clinical and contextual data (e.g., goals, barriers, social drivers of health) with a focus on listening to take both kinds of information into account.[21,28,40,47]

- Explore clinical and contextual factors to gain a person-centered view of the patient's health and health-related needs
- Apply an appropriate balance of information-gathering approaches (e.g., open-ended and closed- ended questions, reflections, silences)
- Listen carefully and periodically summarize what the patient has said

Share information. The Working Group emphasized that health professionals should offer clear and appropriately tailored explanations, and avoid assuming that they have been understood.[48-50]

- Encourage questions
- Use language that is understandable to the patient
- Check that explanations are understood and meet the patient's needs

Strive for agreement about problems and plans. The focus on 'striving for agreement' acknowledges that alignment is not always possible and that decisions are complex, evolving as more information becomes available and patient needs change.

- Encourage involvement in decision making
- Negotiate a plan that is practical and feasible in the context of the patient's life
- Identify and enlist relevant resources and support

Close the consultation. As patients often leave encounters without a clear understanding or recall of important points discussed,[51-53] the Working Group cautioned against rushing through these tasks.

- Confirm that the patient's needs have been met
- Summarize key points and the plan of action
- Ensure that plans for following up are clear

4. Discussion and Conclusion

This consensus statement on effective communication in clinical encounters reflects an international view regarding essential elements for contemporary practice. The three overarching tasks – Connect as humans; Understand the patient's perspective; Be responsive – are relevant across countries, health professions, and encounter settings. In addition, the incremental tasks have been refreshed

by considering them from the perspective of a patient receiving care. This updated framework is intended to function as both a useful touchstone for health professionals across clinical disciplines and a solid basis for addressing specific situations in much greater detail. It is also designed to inform training, fully recognizing and respecting that different countries are at different stages when it comes to implementing teaching and assessment programs as well as influencing policy. Further, from a systems perspective, it provides a vocabulary for monitoring the extent to which healthcare structures and processes facilitate or inhibit effective communication.

The value of frameworks, no matter how well intentioned, depends upon how they are used in practice. The Working Group recognized that systematic approaches to articulating the structure and process of clinical encounters are often displayed as checklists, which might suggest to some health professionals and trainees that they simply need to 'check the boxes' rather than communicate professionally, authentically, skillfully and responsively to meet the patient's needs. To transcend a sense of passing the test but failing the patient, it is critical to view the tasks and associated skills in relation to their broader purpose: delivering person-centered care. Moreover, this guidance about communication tasks should not be misconstrued as 'things a health professional does to a patient', but as the means by which health professionals can build a therapeutic partnership that empowers and supports patients.

4.1. Practice Implications

Given that "every system is perfectly designed to get the results it gets,"[54] it is especially important to recognize system-level challenges that have pushed healthcare toward feeling like a series of transactions, including the proliferation of specialized roles within the health professions, shift-oriented schedules, staffing shortages, increasing requirements for documentation, financial constraints, time pressure and the integration of new technologies. All of these challenges risk dehumanizing the experience of those seeking and delivering care, and all of these challenges are likely to persist, creating headwinds for efforts to engage patients in their own care. Leaders of healthcare organizations can mitigate these headwinds by reducing barriers to human connection and person-centered care in the operations under their control.[55] While effective communication may not change the structure of healthcare, it can improve the process if health professionals are supported in infusing the system with their own innate humanity and applying the framework offered within this consensus statement to reinforce the humanity in everyday practice.

Box 1: Communication Assessment Tool tasks [32]

The health professional:

1. Greeted me in a way that made me feel comfortable
2. Treated me with respect
3. Showed interest in my ideas about my health
4. Understood my main health concerns
5. Paid attention to me (looked at me, listened carefully)
6. Let me talk without interruptions
7. Gave me as much information as I wanted
8. Talked in terms I could understand
9. Checked to be sure I understood everything
10. Encouraged me to ask questions
11. Involved me in decisions as much as I wanted
12. Discussed next steps, including any follow-up plans
13. Showed care and concern
14. Spent the right amount of time with me

APPENDIX 1: DEVELOPING THE CONSENSUS STATEMENT

The primary goal of this process was to collaboratively create an international consensus statement on effective communication in healthcare to guide training and practice in multiple clinical contexts, building on the foundational consensus statements [14-16] with sensitivity to contemporary issues, opportunities, and challenges at the intersection of communication and healthcare.

1. One of us (GM) facilitated a 90-minute workshop with an international and interdisciplinary group of 20 participants, held during the International Conference on Communication in Healthcare (Glasgow, Scotland, September 2022). The aim of the workshop was to take the first step toward creating an updated consensus statement that reflected the opportunities and challenges of effective communication in contemporary clinical encounters. Participants in the workshop included health professionals, researchers and educators with interest and expertise in healthcare communication. All workshop attendees were invited to continue to be involved in the project.
2. A Working Group (18 of the workshop attendees) participated in a series of three 60-minute follow-up sessions facilitated by GM to outline the updated consensus statement (video-conference, October- December 2022). In the course of discussion, reinforcing the humanity of healthcare emerged as a central and recurring theme. Subsequent email exchanges with questions, comments and suggestions from participants were circulated to the entire group to delve more deeply into points raised during the virtual sessions.
3. GM presented a summary for review and refinement during a plenary workshop with 56 participants from eight countries at the Oslo Communication in Healthcare Education and Research meeting (Lillestrøm, Norway, January 2023). Feedback was shared with the Working Group.
4. An international, interdisciplinary Writing Team – drawn from the Working Group – generated drafts of the consensus statement for review and refinement by the full Working Group. This process entailed email exchanges and virtual meetings, including four 60-120 minute sessions facilitated by GM to review comments and revisions with Working Group members (video-conference, September-October 2023), culminating in a draft that was endorsed by the entire group.
5. To gather feedback from patients and informal caregivers, the Patient and Family Partnership Council of Planetree International, a non-profit organization that focuses on person-centered excellence across the continuum of care, reviewed the draft (virtual, October 2023).
6. Thirteen months after the initial workshop, seven members of the Working Group presented the Glasgow Consensus Statement during a 90-minute symposium with 20 participants from eight countries at the International Conference on Communication in Healthcare (Rio Mar, Puerto Rico, October 2023).
7. The Writing Team incorporated feedback from the Planetree International and International Conference on Communication in Healthcare groups into a ‘final’ draft, which was endorsed by the entire Working Group before submitting the manuscript for publication.

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