Recommendations from a Conference on

Advancing Compassionate, Person- and Family-Centered Care Through Interprofessional Education for Collaborative Practice

Emory Conference Center • Atlanta, Georgia • October 30 – November 1, 2014

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THE UNIVERSITY OF CHICAGO MEDICINE

Bucksbaum Institute for Clinical Excellence

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Conference Executive Summary

Compassion is essential for effective collaboration among healthcare professionals, staff, patients and families. But despite evidence supporting the importance of compassionate healthcare, the concepts and skills related to empathy and compassion, and that are needed to provide person-/family-centered and relationship-based care, are not routinely taught, modeled and assessed across the continuum of learning and practice. To change this paradigm, the Schwartz Center for Compassionate Healthcare and The Arnold P. Gold Foundation, in collaboration with the Josiah Macy Jr. Foundation and the Bucksbaum Institute for Clinical Excellence at the University of Chicago convened 84 healthcare experts — from patients, family members and advocates to clinicians, health professions educators, licensure and accreditation agency representatives, funders and administrators — with the goal of discussing and recommending timely steps to integrate compassion and collaboration into health professional education and clinical care.

Participants agreed that compassionate, collaborative care, or "The Triple C," is essential if we are to achieve "The Triple Aim" of improving health and experiences of care while controlling costs. They shared their own experiences, listened to and discussed patient, family member and provider stories and cases and commented on a prepared discussion paper and a Compassionate, Collaborative Care Competency Framework of requisite attributes and behaviors. During the conference, they formulated four actionable recommendations to advance "The Triple C" — details are summarized in the full conference report:

1. Involve patients and families as partners in health professional education, their own care and in co-designing healthcare delivery;

2. Educate patients, families, professionals and staff about the importance of "The Triple C" and align salient competencies with existing education, assessment and standards;

3. Conduct research to measure "The Triple C" at all levels (individuals, teams and organizations) and to study its outcomes;

4. Incentivize and reward "The Triple C."

"The Triple C," like "The Triple Aim," is what practitioners want to provide and what patients and families want and need. The work ahead lies in understanding and leveraging the support needed to make "The Triple C" the standard of care in every healthcare organization and system — and in every encounter. Our organizations look forward to working with various stakeholders, including health professions educators, accreditation and licensure organizations, clinicians and administrators, and patient and family advocates to make this a reality.

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COMPASSIONATE, COLLABORATIVE CARE MODEL AND FRAMEWORK

*Framework Development Group:
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Background:
In our increasingly complex healthcare environments, collaboration is essential if we are to progress toward the "Triple Aim" of creating positive patient and family experiences and better health at lower cost. Interprofessional education (IPE) is an important strategy towards that goal. Much progress has been made: the Interprofessional Education Collaborative's (IPEC) *Core Competencies for Interprofessional Collaborative Practice* have been endorsed by a number of health professions as foundational, many health professions have adopted accreditation standards that require meaningful IPE, 120/140 medical schools now have required IPE experiences, and, to date, more than 225 schools of health professions have sent a total of 249 teams to one of the seven IPEC Faculty Development Institutes that began in May 2012. A National Center for Interprofessional Education and Practice in Minnesota was established with support from a Health Resources and Services Administration Cooperative Agreement Award and several visionary philanthropic organizations including the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation and the Gordon and Betty Moore Foundation.

At a recent conference, we built on this work and asked the question, "What role do empathy and compassion play in collaborative care?" Without empathy and compassion, care may be technically excellent but depersonalized, and will fail to address the unique emotional, psychological and social needs of the person who seeks health and care. As one mother of a chronically ill child said to us recently, "Care can be collaborative without necessarily being compassionate," and the opposite is also true. We begin with the assumption that, in truly collaborative care, whatever one's role in the moment, *everyone* is a member of the healthcare team — patients, family members, clinicians, staff, administrators, managers, leaders alike. To ground us in common language, we offer the following definitions and premises:

Compassion *is the recognition, empathic understanding of and emotional resonance with the concerns, pain, distress or suffering of others coupled with motivation and relational action to ameliorate these conditions.*

Care that is compassionate and collaborative is based on *(1) the ability to experience and to act on one's compassion, (2) the ability to collaborate, communicate and partner with patients and family members to the extent they need and desire, (3) the commitment of all who provide and support healthcare to communicate and collaborate with each other, and (4) the resilience and wellbeing of professional and family caregivers.*

Goals and purpose of this document:
Our ultimate goal is to enhance healthcare professionals' ability to partner with each other, patients, families and communities to co-create and implement compassionate, collaborative care. We drafted this document to deepen our collective understanding of the antecedents and components of empathy and compassion and to articulate how these are, or can be, interwoven with existing competencies, particularly for those who aspire to teach, model and assess such care in clinical settings. These competencies are not "add-ons" but rather, map directly onto existing competencies for patient care, professionalism and interpersonal and communication skills. Indeed, the components in Table 1 are derived directly from a review of IPEC competencies, ACGME milestones, Core Entrustable Professional Activities for Entering Residency, the Hospice and Palliative Medicine Milestone Project, and nursing competencies, published literature on communication, along with formulation of empathy and compassion-focused competencies by the Schwartz Center for Compassionate Healthcare and The Arnold P. Gold Foundation.

A parallel goal is to provide a framework that can guide patients' and families' expectations of the care they should receive and empower them to communicate

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their needs and advocate for their wishes. Our hope is that this document will be used in at least four ways:

1. As a resource to create learning objectives and to implement educational curricula and programs that promote compassionate, collaborative care;
2. To use the Framework's behavioral descriptors in assessment tools;
3. To expand the representation of these constructs in competencies, milestones, entrustable and observable professional activities, and other benchmarks of professional developmental for licensure and accreditation processes across professions;
4. To help organizations, institutions, systems and communities implement compassionate, collaborative care in practice, realizing that a supportive organizational culture and systems-change will be necessary to do so.

How to use this document and caveats:
This document includes the concepts and skills we think are important for unsupervised compassionate and collaborative practice. We recognize that this will likely undergo iterative changes over time. The work of describing a developmental approach to these concepts and skills and providing sufficient granularity for assessment must follow after first laying this groundwork and inviting further discussion.

There are numerous models, frameworks, and assessment tools to teach and assess "patient/family-centered communication," which is essential to provide compassionate, collaborative care. [i] [ii] [iii] [iv] [v] [vi] [vii] [viii] A detailed discussion of these resources, however, is beyond the scope of this document. Educators, researchers and evaluators agree that experiential methods must be used to teach these skills and direct observation by multiple observers, on multiple occasions, from multiple points of view are required to assess them.

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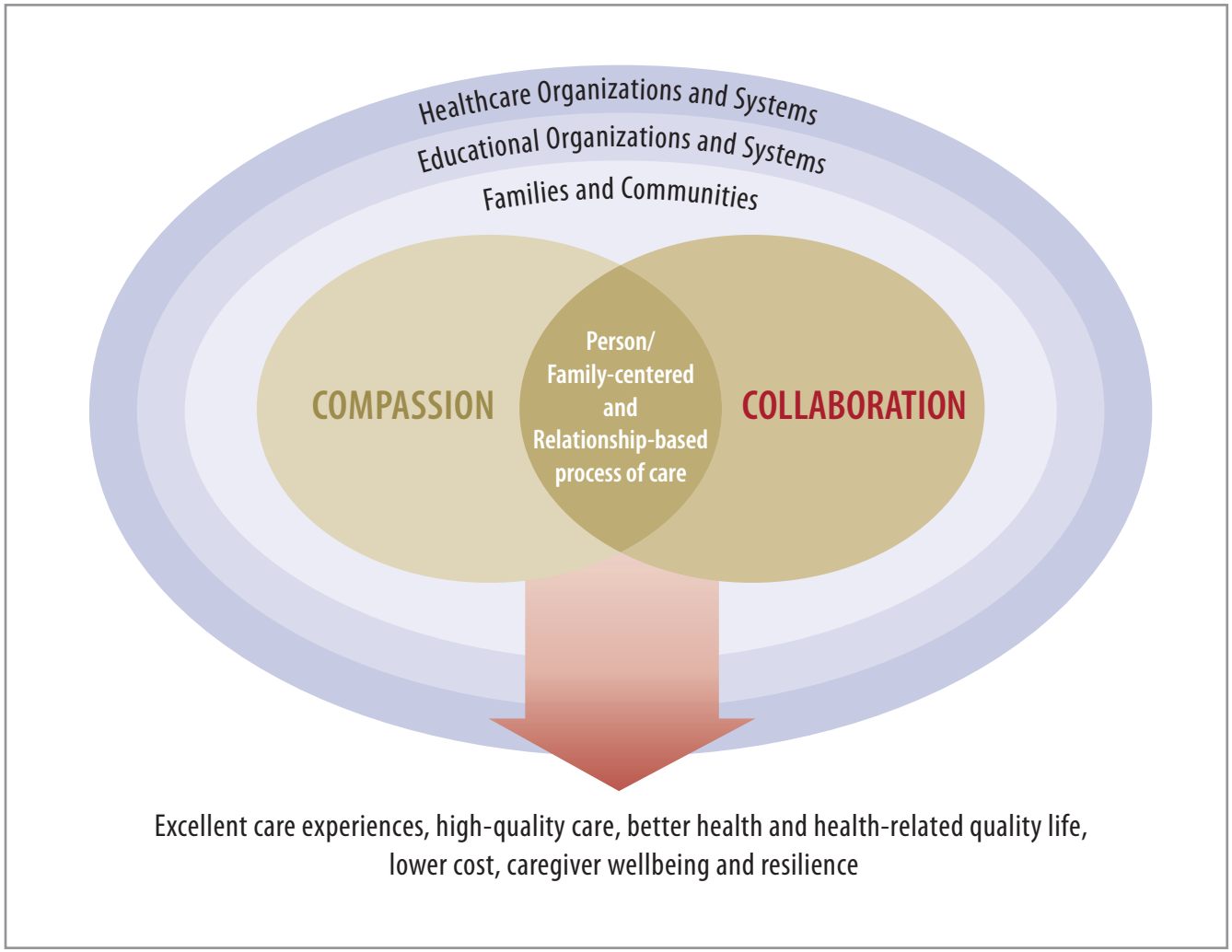

Figure 1.
Context and outcomes of compassionate, collaborative care

Legend:
This figure depicts person-/family-centered and relationship-based care resulting from the intersection of compassion and collaboration. Such care incorporates the attributes described in the table that follows. Working towards "The Triple Aim" and "The Quadruple Aim" (which includes supporting healthcare professionals' wellbeing) is essential if we are to realize positive outcomes related to the health and wellbeing of all members of the healthcare "team," including patients and family caregivers, healthcare professionals and staff. This intersection occurs within complex educational and healthcare systems and needs to be supported and promoted by such systems in order to achieve these positive outcomes.

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TABLE 1.

ATTRIBUTES OF COMPASSIONATE, COLLABORATIVE CARE	VALUES AND BEHAVIORS
DIRECTS AND FOCUSES ONE'S ATTENTION	**Sub-skills:** • Prepares ahead for the encounter or meeting when possible • Pauses to clear one's mind before engaging with others • Sets aside distractions • Makes eye contact when culturally appropriate • Sets aside distractions and barriers to eye contact and proximity
RECOGNIZES NONVERBAL CUES	**Sub-skills:** • Accurately interprets facial and bodily expressions of emotion • Notices and interprets significance of speech pace, pitch, word choice and sequence
ACTIVELY LISTENS	**Sub-skills:** • Can be silent while maintaining presence and focus on the other person • Uses head nods, "continuers" (e.g., uh huh) • Uses reflective listening skills (simple and complex reflections or reframing) • Bases comments on what's just been said • Summarizes what has been said to ensure understanding
ELICITS INFORMATION: SHOWS INTEREST IN THE "WHOLE PERSON"	**Overarching communication skills:** Asks open and closed clarifying questions, provides reflective comments and summarizes to ensure accurate understanding using language the patient understands
	Explores patient's and family's social, cultural, context, linguistic and literacy needs as they relate to patient's illness **Sub-skills and examples of tools to use with patients/families:** [ix] [x] [xi] • Cultural sensitivity and competence skills • Health literacy screening skills/tools
	Explores patient's and family's spiritual/religious practices as they relate to patient's illness **Sub-skills and examples of tools to use with patients/families:** • FICA Spiritual Assessment Tool [xii]

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NONJUDGMENTALLY VALUES EACH PERSON	**Embraces the spectrum of diversity and the uniqueness of each individual:** • Behaves and speaks respectfully to others always • Recognizes when assumptions and bias are influencing interactions and decisions
	Explores explanations/explanatory models as it relates to patient's illness: • FIFE model [xiii] • Kleinman 8-question model [xiv]
ASKS ABOUT EMOTIONS, CONCERNS AND DISTRESS	**Overarching communication skills:** Asks open and closed clarifying questions, provides reflective comments and summarizes to ensure accurate understanding using language the patient understands
	Screens for and explores impact of illness on patient's daily activities and quality of life **Sub-skills and examples of tools to use with patients/families:** • HRQOL, functional and mental status instruments [xv] • Symptoms of distress [xvi]
	Explores emotions and concerns: • Does not presume others' feelings or emotions • Asks questions about emotions/feelings and concerns • Asks for their elaboration if unclear • Asks about sources of emotions and concerns
RESPONDS TO EMOTIONS, CONCERNS AND DISTRESS	**Responds in ways that convey care and concern** **Sub-skills:** • Reflects or names and validates the emotion, expresses respect, support and partnership (e.g., NURS model) [xvii] • Uses culturally/gender-appropriate touch to support or reassure • Addresses and continuously manages patients' symptoms of distress [xvi]

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SHARES INFORMATION AND DECISION-MAKING	**Overarching communication skills:** Asks open and closed clarifying questions, provides reflective comments, summarizes to ensure accurate understanding using language the patient understands
	Accepts each team member as knowledgeable in his/her life or discipline **Engages in shared decision-making with patients, family members/surrogate decision-makers and clinical care colleagues** **Sub-skills:** [xviii] [xix] [xx] • With patient or family/surrogate decision-maker, defines/explains the problem or issue • Establishes/reviews patient's capacity and preferred role in decision-making • Actively encourages patient's participation and communicates its importance • Elicits/responds to ideas, values, concerns, expectations, goals • Shares information about potential options and choices • Discusses risks and benefits, pros and cons and alternatives • Helps patient/family reflect on and assess impact of options on values, goals, health behaviors, quality of life • Elicits patient/family's values and preferences • Discusses patient/family's ability/self-efficacy to act on decisions • Health professionals share recommendations, experience, evidence • Checks/clarifies understanding of information and options • Makes decisions with appropriate input • Is explicit about deferral of decision(s) when appropriate • All members of the team, including patient/family, offer input and agree on plans of care to implement decision(s), follow-up, and timeline • Asks patient/family to restate plans in his/her own words or to demonstrate a newly learned skill

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DEMONSTRATES TRUSTWORTHINESS	• Acts with honesty and integrity • All team members share responsibility for outcomes related to mental and physical health and quality of life • Acts consistently to maximize patients' wellbeing, health and quality of life • Consistently follows through on commitments, agreed-upon decisions • Health professionals advocate for, and help patients and family members navigate the healthcare system • Health professionals take responsibility and apologize for errors, demonstrate accountability in addressing causes of errors
COMMUNICATES WITH COLLEAGUES AND ADJUSTS ACTIONS	• Communicates about the plan of care with patient/family and each other to ensure care coordination and continuity across settings • Reflects on and adjusts behaviors to ensure compassion and collaboration • Reflects on and engages team members' expertise to inform/revise plans • Engages in continuous improvements in processes and systems to ensure compassion, collaboration, safety, effectiveness • Shares reactions to the impact of illness on patients, family members and oneself • Supports and promotes colleagues self-care
PRACTICES SELF-REFLECTION	• Regularly elicits feedback from colleagues • Reflects on one's values, skills, behaviors and performance • Consistently acts on feedback and self-reflections to improve one's practice and care
FOSTERS WELLBEING AND RESILIENCE	**Resilience is the ability of an individual to respond to stress in a healthy, adaptive way such that personal and professional goals are achieved with minimal psychological and physical cost** [xxi]

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ATTENDS TO RELATIONSHIPS	**Builds partnerships, caring relationships and teamwork**
	Healthcare professionals create a safe environment for all to express their knowledge, emotions, and opinions: • Respects the unique cultures, values, expertise, roles/responsibilities of patients, family members, professionals and staff • Understands the roles and responsibilities of patients, family members, professionals and staff • Recognizes how power and hierarchy influence relationships and patient care • Respectfully acknowledges differences in perspectives and opinions • Engages self and others to constructively manage disagreements • Models compassionate, collaborative management and integration of discordant preferences and recommendations • Fosters, offers/receives caring and support among team members • Refrains from practices that would compromise relationships and performance at work • Encourages self-care among patients, family members, professionals and staff
	Each team member recognizes his/her limitations and engages others to complement his/her expertise, empathy, and compassion capacity: • Partners with other team members to meet patients' and families' needs • Forges interdependent learning and mentoring relationships

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ATTENDS TO ONE'S OWN WELLBEING	**Practices self-monitoring and self-regulation:** • Recognizes personally held attitudes about working with others from different backgrounds (ethnic, social, cultural and others) • Pauses, seeks assistance when one recognizes that emotional/cognitive biases are influencing decisions or care • Reflects on appropriate boundaries and monitors oneself for signs of both over-identification and detachment • Educates oneself and others about, recognizes and seeks appropriate assistance for symptoms of mental health issues, burnout, compassion fatigue and moral and personal distress
	Practices self-care; takes action to maintain wellbeing and personal health and to promote one's personal development: • Accepts personal limitations • Sets appropriate limits on self-expectations and others' expectations and demands • Implements a self-care plan and continuously re-evaluates its effectiveness • Recognizes and works to process personal and professional grief and loss • Engages in supportive relationships and communities • Engages in activities that bring joy, fulfillment and a sense of renewal
	Practices self-compassion: [xxii] • Demonstrates openness to one's own suffering, not avoiding or disconnecting from it • Offers nonjudgmental understanding to one's pain, inadequacies and failures • Sees one's experience as part of the larger human experience

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