

Transforming Communication in Post- Acute and Long-Term Care: The Power of Connection and Collaboration

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1. Identify 3 barriers to effective communication in PALTC
2. Learn how to better communicate uncertainty in PALTC medicine
3. Learn how to have an effective and thoughtful conversation about advanced care planning
4. Discuss effective strategies to communicate with each other



Leslie Eber MD CMD FPALTC
has no disclosures



A Roadmap for Our Communication Journey

1. Barriers to communication
2. It's all about trust
3. Listening "Can you hear me now?"
4. Communicating uncertainty
5. Communication and advance care planning
6. "What not to say"
7. Communicating with each other Better



A Communication Challenge



Understanding and addressing Misinformation about science: A symposium from the National Academies of science, engineering and medicine, September 25, 2025
https://www.nationalacademies.org/projects/DBASSE-BOSE-21-02/event/45553?utm_source=All+DBASSE+Newsletters&utm_campaign=e4d3389348-EMAIL_CAMPAIGN_2025_10_15_06_22&utm_medium=email&utm_term=0_-e4d3389348-275397928



The stress-information communication connection

- **There are skill sets that we normally have that are not available at that moment**
 - Information overload
 - There is a powerful relationship between how people are feeling and how they can receive information
- **Our nervous systems are the ultimate “communication gate keepers”**

“Psychological drivers are often driving”

- Don't disregard facts and evidence, useful when it is presented in an understandable way
- How to move through the visceral reaction



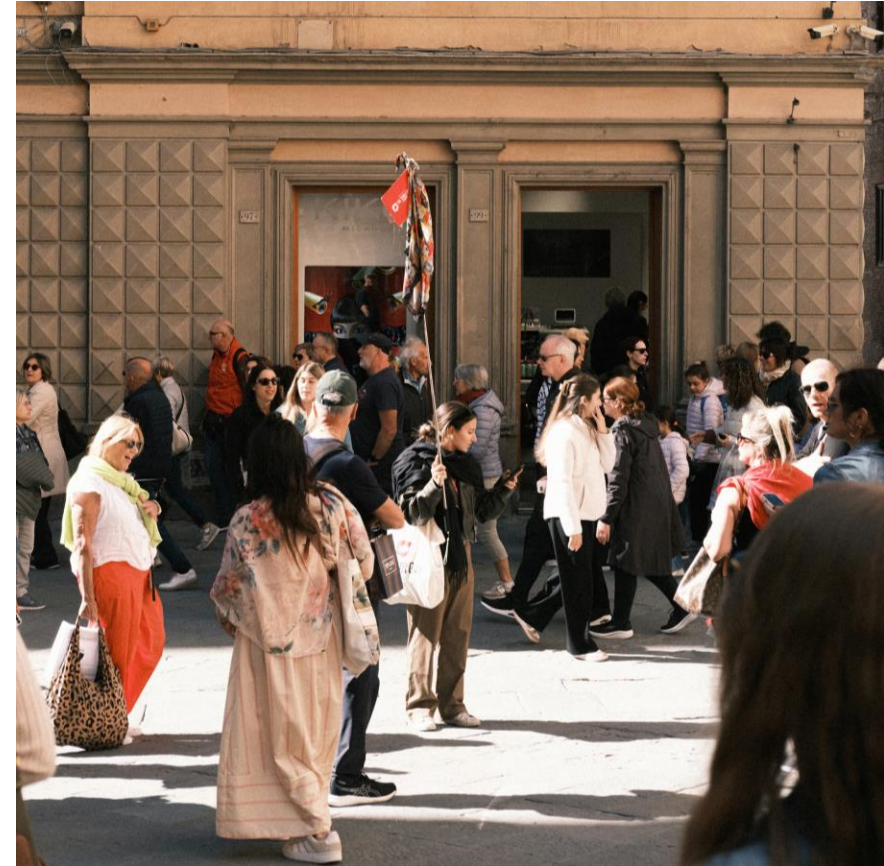
Communication Context

- In crisis
- Major medical change: new diagnosis, infection, confusion, pain
- Major life change
 - Had to leave home
 - Mortality
 - Overwhelmed
 - Multiple moves / hospitalizations
 - Have “been through the ringer”



Context Pearls

- Pragmatic language ability (MIT)
 - “people are leaving”
 - social and visual context
- Essentials
 - Empathy
 - Tone
 - In person



When it comes to language, context matters
MIT researchers identified three cognitive skills that we use to infer what someone really means.

https://news.mit.edu/2025/when-it-comes-language-context-matters-1210#xd_co_f=Y2FkYzIxNDItNTUxNi00OWEyLWE5NmItYTQ4ZWZiM2U0NGVm~

Kristen Panthagani, MD PhD, You can know things

How We Respond



- Come with humility and compassion
- Honesty and transparency
- “We are the Drug” – Dr. James Tulsky
 - We are offering something that can be useful
 - To help them feel better, cope, deal with their distress

Intellectual Humility

Challenge:

- We do not do everything right (exercise, eat healthy)
- Yet, we expect our patients and their families to accept our truth and change their behavior because we tell them to (Just like us!)



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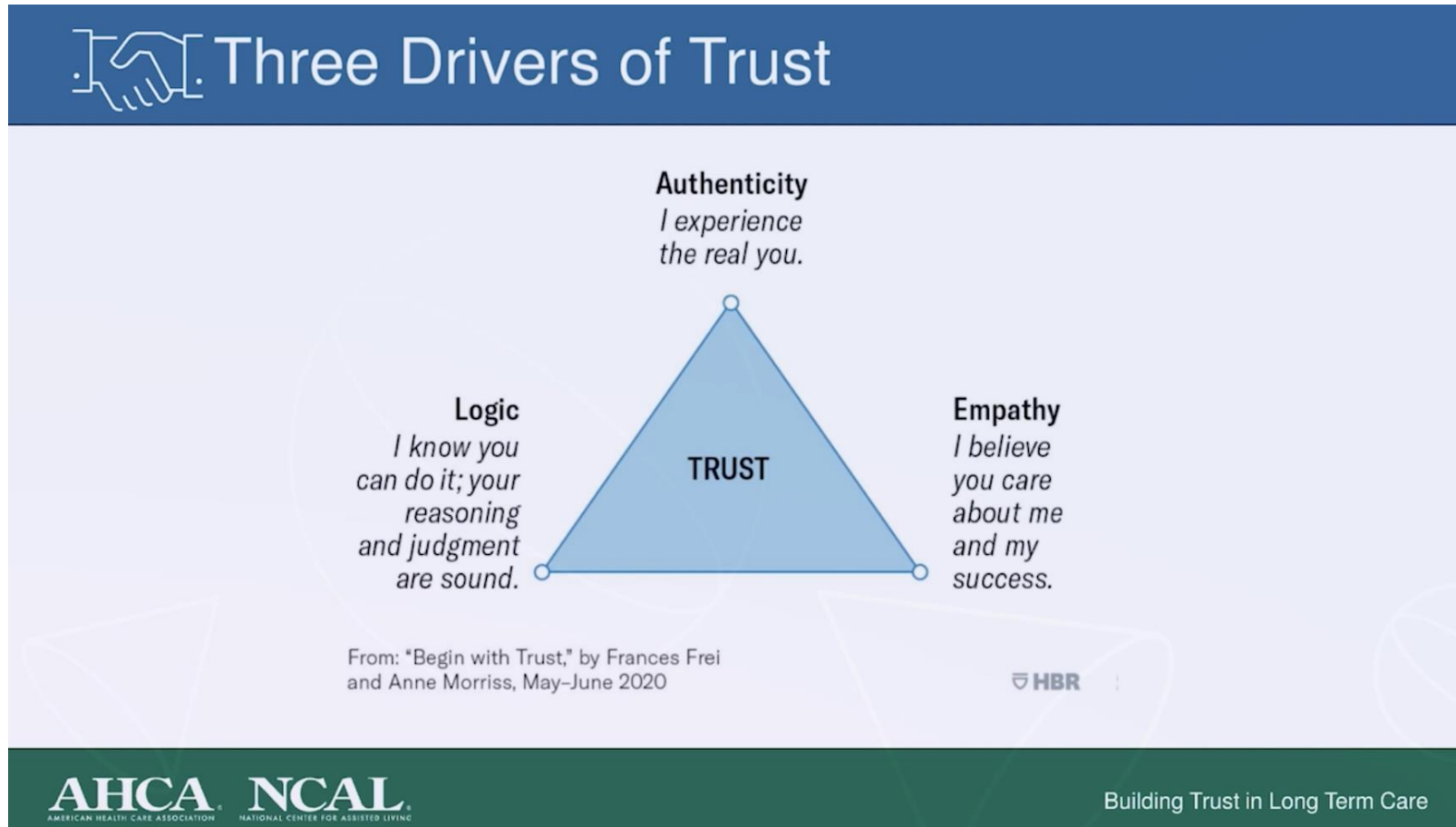
https://www.nationalacademies.org/projects/DBASSE-BOSE-21-02/event/45553?utm_source=All+DBASSE+Newsletters&utm_campaign=e4d3389348-EMAIL_CAMPAIGN_2025_10_15_06_22&utm_medium=email&utm_term=0_-e4d3389348-275397928



Communication and Trust

How can you use trust if you have not had time to build it?

Communication Begins and Ends with Trust





Building Trust

- Being trustworthy is more than just good intentions; it is seen in actions and consistency
- Building trust is “dose dependent” – it must be maintained to be meaningful
- “We earn trust by the spoonful and lose it by the bucket full”
- Trust is based on a foundation of respect

3 Pearls to Build Trust

- Connect to the patient's values
 - “**I hear** this is important to you...”
- Name the feeling that you are hearing or “seeing” with nonverbal cues
- Approach with curiosity, instead of judgement



Medscape Addressing Patient Emotions in Vaccine Conversations

— "Beyond Diagnosis" debuts with Donald Dumford, MD, on patient-centered vaccine communication

https://www.medpagetoday.com/beyond-diagnosis/vaccines/119356?xid=nl_mpt_DHE_2026-01-09&mh=f916ad23732ddb3c847af3c26cfec0c&zdee=gAAAAABm4vHNqNb_OqMRGT-H1SVqPvFCwuqVj6yOJQq6u8_-gYeNPYQwb4Mcu1hXHALBEeqcSzJNh7JBGOpw1neP1tD6gvArMEomEgru7AlyK6_cMFsUCRw%3D&utm_source=Sailthru&utm_medium=email&utm_campaign=Daily%20Headlines%20Evening%20-%20Randomized%202026-01-09&utm_term=NL_Daily_DHE_dual-gmail-definition

What can you implement today?

1. Enter with empathy
2. Read the Room
3. “You are the drug”
4. Build trust using the 3 pillars:
authenticity, logic and empathy
5. Leave judgement at the door
(honor other perspectives)



Listening: The Basics

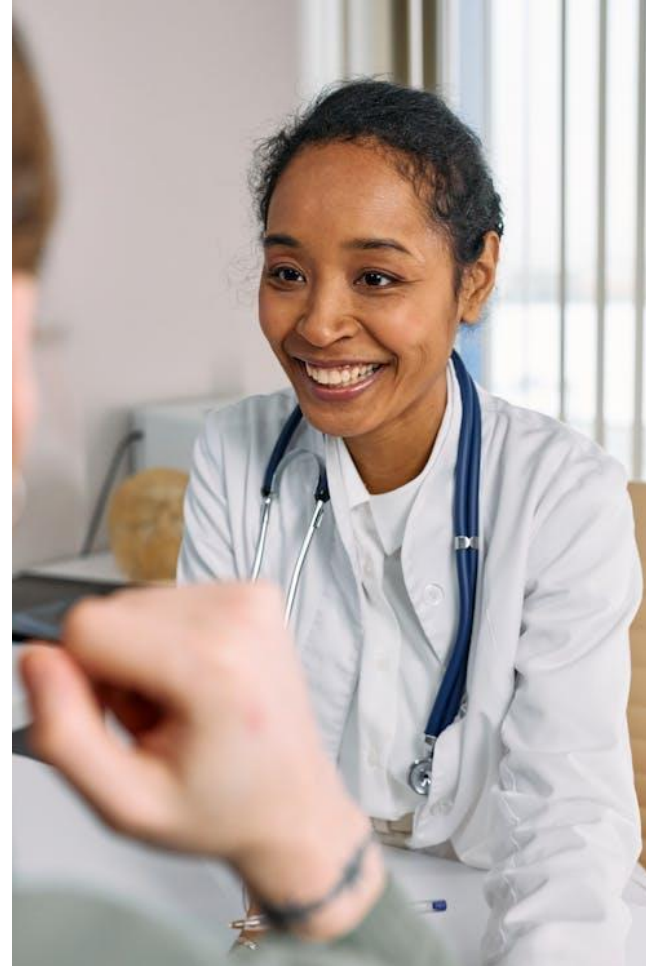


- Be present:
 - Eye contact
 - No phone or laptop
 - Be interested
- Sit down
- Nonverbal communication
- Silence is OK
- Listening is a skill
- Create a connection

Listening at the Bedside: 3 Levels of listening

Level 1- How to Start:

- Don't assume
- Open ended questions
- Don't interrupt
- Summary – “you were listening!”
 - Prevents miscommunication!
- Are we really paying attention?



Listening at the Bedside: 3 levels of listening



- **Level 2:** What else should we be noticing?
 - Discomfort, fear, concern
- **Level 3:** Is there a disconnect?
- **Asking better questions**
 - What are your goals? What are you hoping for? How can I support you?
- **Avoid monologs** => instead promote engagement and buy in
- **Check for understanding:** The most important step
 - How do we check in?

Communication and Engagement

**Instead of thinking about communication,
use the idea of engagement**

- If you come into the space with the idea that “I know more than you do”, then no matter how well you communicate, you will not be as successful
- Intentionally seek engagement
- Lived experience



What does this
look like in Real
Life?





Mismatch of Expectations with Communication Skills

- **Mismatched expectations:**
 - People expect to receive tools of persuasion
 - Really need to be better at listening

Communicating Uncertainty



Communicating Uncertainty

- Acknowledge diagnostic “Messiness”
- Normalize uncertainty
 - 1/3 of Dx in the ER are a symptom-based diagnosis
- Build tolerance for uncertainty (yours and theirs)
 - Read the room
- Explain your strategy: “Rule out” dangerous conditions first and then “rule in” conditions
- How do we use the information that we have now?
- What still needs consideration, how do we move forward?



Communicating Uncertainty

Communication Plan

1. Invite patient support, who else should be in the room
2. Acknowledgement and transparency:
This is what we know, these are the questions we still have
3. Our thought process: What we “see”:
Results that are reassuring
4. Patient’s goals of care and priorities
This is what you’ve told me is important to you
5. Discussion and shared decision making
Here are some options (and sequelae), possible next steps
6. Check-in
7. Reassurance:
 - *We can treat your symptoms*
 - *We are on your team*



Uncertainty Communication Checklist

1. Discuss diagnoses that were considered/ruled out
2. Discuss test results and what they mean
3. Discuss patient expectations
4. Validate patient's symptoms

Uncertainty communication Tool kit:

<https://research.jefferson.edu/connected-care-center/uncertainty-communication-toolkit.html>

Uncertainty Communication Competence Instrument – Standardized Patient Checklist

Directions: Please indicate whether the physician completed the stated actions.

Does the Physician...

YES NO

INTRODUCTION

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | 1. Explain to the patient that they are being discharged.
<i>YES if: Physician makes reference to patient being discharged or going home <u>before</u> discussing the result.</i> |
| ☐ | ☐ | 2. Ask if there is anyone else that the patient wishes to have included in this conversation in person and/or by phone
<i>YES if: Physician asks if there are any other people the patient would like to be included <u>before</u> discussing results or next steps.</i> |

TEST RESULTS/ED SUMMARY

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | 3. Clearly state that either “ life-threatening ” or “ dangerous ” conditions have not been found
<i>YES if: Physician specifically uses EITHER the term “dangerous” or “life-threatening” and explains that these conditions have not been found FOR THIS PATIENT
Example: “We didn’t find any life-threatening conditions for you today.” Or “Your results did not show any dangerous conditions.”
NO if: Physician uses other words/phrases (e.g. “emergencies” or “serious”) or states something general that does not relate specifically to patient.
Example: “Once we don’t find any serious conditions, it’s safe to go home.”</i> |
| ☐ | ☐ | 4. Discuss diagnoses that were considered (using both medical and lay terminology).
<i>YES if: Physician gives at least a lay terminology description for at least one diagnosis considered.
Example: “Today we looked for several things to see why you were short of breath. We looked for infection in your lungs, called pneumonia, and fluid in your lungs, called pulmonary edema.” OR “Today we looked for several things to see why you were short of breath. We did tests to look for infection in your lungs and fluid in your lungs”
NO if: Physician only uses medical terminology without validating understanding of these terms OR uses broad statement to discuss what was considered.
Example: “We were looking for pneumonia and pulmonary edema” or “We were looking for any problems in your lungs ”</i> |

Let's Try it! Communicating Uncertainty

Communicate that we do not know the cause of the patient's abdominal pain



Communication When Things are Changing

- Structured pause and reassessment
- Current status
- Options available now
- Shared decision making
- Communication consistency within your team



Managing Patient's Expectations: Why does it Matter?

- Patient's expectations are linked to clinical outcomes

JAMA Clinical Reviews Podcast: **How To improve Patients' Treatment expectations**, June 4, 2025.

https://edhub.ama-assn.org/jn-learning/audio-player/18979152?utm_medium=email&utm_source=postup_jn&utm_campaign=article_alert-jama&utm_content=etoc-tfl_&utm_term=070825



4 recommendations for managing treatment expectations

1. Explore treatment recommendations and experiences
2. Strengthen the patient-clinician relationship: **warmth and competence**
3. Improve expectations: The power of positive thinking
 - But not rainbows and sunshine
4. Managing adverse effect and personal control expectations

Explore treatment recommendations and experiences

- Ask about previous experiences
- What are your expectations of benefits?
Reduction of symptoms, increase quality of life? Side effects?
- **How to ask:** how much do you expect the treatment and will help you? Are you concerned about any negative effects or risks



Managing Patients' Expectations: **Strengthen the patient - clinician relationship**

- Good relationship leads to better outcomes
- When the patients perceive their clinicians as **both warm and competent**, also better treatment outcomes
- Show verbal and non-verbal signs of understanding
- **Distinguish arrogance from competence:**
 - Help connect symptoms with their disease
 - Refer to your experience managing this diagnosis or clinical symptom

Improve expectations: The power of positive thinking (Not rainbows and sunshine!)

- Pain experience research: When they told the patients that they were receiving an active/helpful drug, they felt less pain
- Let patients know that they are receiving a treatment that **you believe** will help, need to be honest!
- Can't be manipulative / stating overly positive expectations
- State realistic expectation but frame in a positive way
 - Discuss gain in function, not only side effects
- **Personal Mental Recovery Map:** What could you expect when / goals



Managing adverse effect expectations and personal control expectation

- Balance the information: side effects with benefits of treatment, **do positive expectations first**
- Frame the side effects as a sign that the medication is working / is an effective mediation (Methotrexate)
- Discuss the frequency of side effects (90% with no side effects vs. 10% have side effects); less people will feel side effects





Communication in Advance Care Planning



Advance Care Planning: The Challenge

Help patients translate their diagnosis and prognosis into medical decisions that align with their goals and preferences

Patients want honest prognostic information, and also want their providers to be optimistic

Our Capacity:

How long does it really take to
have an advance care
planning conversation?

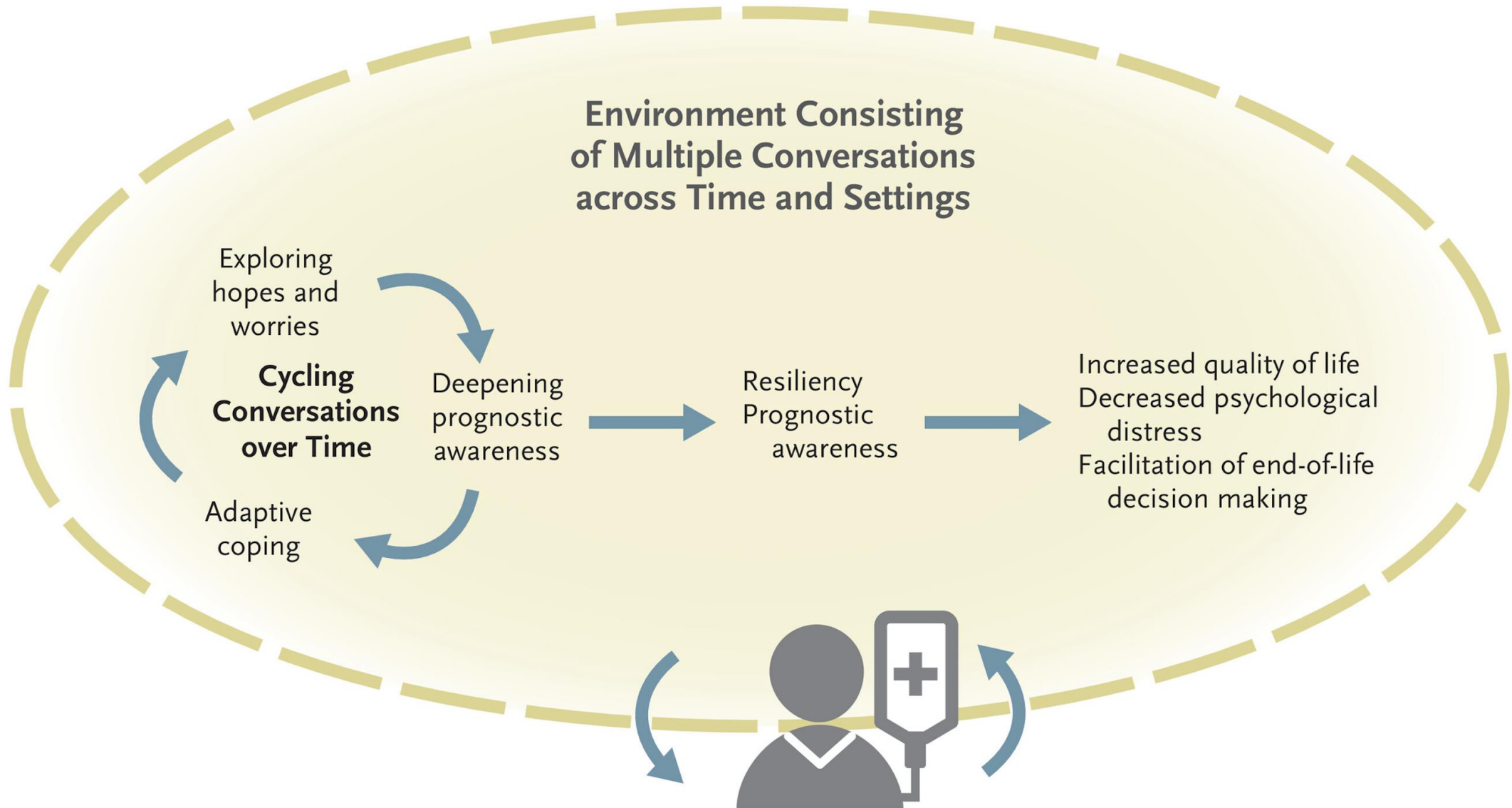


A New Strategy.....

Instead of expecting that a patient immediately accept a harsh new reality, offer support as the patient builds the capacity to come to terms with the likelihood of dying.



Prognostic Awareness



Advance Care Planning Communication: Some Secret Sauce

1. **Allow patients the time to integrate prognostic information cognitively and emotionally.**
 - **prognostic awareness**
2. Patients oscillate between expressions of intense hopefulness and more realistic aspirations
 - Normal and expected part of the process.
3. Facilitating patient exploration of hopes and worries, allows them to grieve,
 - **Build coping skills for living with a serious illness.**
4. Discuss what is most important to the patient and incorporate these goals and values into **a recommendation about medical care, including care at the end of life.**

How to effectively and empathetically communicate with people struggling with invisible illnesses and complex chronic disorders?



Communication with people struggling with invisible illnesses and complex chronic disorders

4 Common Missteps:

- Erroneous assumptions about patients and their lived experience
- Misattribution and misdiagnosis with psychological disorders
- Comparison with other more-defined disorders with confirmatory diagnostic testing
- Communicating from the paternalistic perspective:
Assuming the patient's experience, knowledge, and understanding are substandard or invalid

What Not to Say!

- “You don’t look sick”
- “You need to stay positive”
- “At least it’s not cancer”
- “Learn to live with this”
- “Good news: Your tests are normal”
- “Many people have it worse”
- “Have you tried___(lifestyle measures: Yoga, going for a walk, diet, etc.)?”
- “You feel sick because you are ___ (psychological label: anxious, depressed stressed)”
- “You have to find something productive to do with your time”



What Not to Say

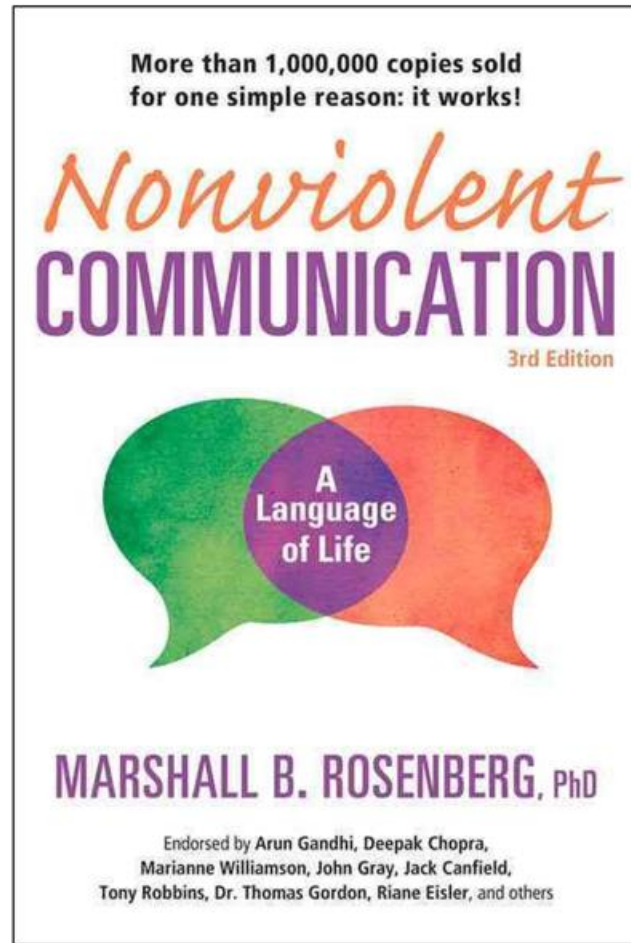
- “You need to ____ (instruction as cures: Lose/gain weight, start exercising, get fresh air, get out of the house/bed, get a job, get a hobby etc.)”
- “You look too ____ (appearance: good young, skinny, pretty) to be sick”
- “We don’t have a treatment for your illness”
- “You need to stop thinking about your symptoms so much”
- “Don’t confuse your Google search with my medical degree”

Try this instead!

- “I know it can feel discouraging to feel so sick, and especially for so long. We will work on this together.”
- Comparing diseases to make a patient feel better is a strategy that is best avoided, since it usually has the opposite impact.
- “The tests we have run so far are not showing any abnormalities, and we have excluded certain conditions based on the results of these tests.”
- What are the things you have tried that have or have not helped you?
- “We will talk about the available treatments we have that can make you feel better.”

How to improve communication with each other?





Marshall B. Rosenberg
psychologist, mediator, author, teacher
1934-2015

Nonviolent Communication (NVC)
is a set of skills that supports
a communication model
based on empathy.

Empathy is a quality of
understanding another person's
experience without judgment.

Communicating with each other: Nonviolent Communication (NVC)

- **The perspective of time:** “Instead of saving time up front and losing it later, the choice is to invest time up front and harvest the results later.”
- Violent communication usually starts with a judgment
 - Thinking of ourselves or another person as “wrong” or “bad”
 - And then blaming ourselves or the other person



Non-Empathic Responses (Empathy Blocks)

- **Offering advice**, “I think you should...”
- **Minimizing**, “Well, at least...”
- **Trying to see the bright side**, “The gift in this is...”, “The silver lining...”
- **Ignoring** any mention of sadness, fear, horror, etc.
- **Questioning**, “Why didn’t you...?”, “What was the reason...?”
- **Offering reframes**, “Everything happens for a reason.”
- **Explaining**, “The reason I’m telling you this is so you understand...”
- **Diagnosing**, “Maybe you’re depressed” or “You might have PTSD.”
- **Shaming**, “You should be more aware of...”
- **Criticizing/judging**, “You’re being so negative.”
- **Reassuring**, “Everything is going to be fine.”
- **Story Telling**, “This reminds me of...”
- **Fixing**, “We can find you another therapist.”
- **Educating**, “Counseling can help you work through this experience.”

When we use these responses, the other person will likely close up and stop sharing or they may become defensive or argumentative.

Communicating with each other: Nonviolent Communication

- Listen first
 - Respect and empathy
 - Perspective taking: It is about understanding, not being in agreement
 - Impact sharing: Hearing the person's reaction and impact on them without judgement, blame or shame
- Understand power differences
- Tend to the relationship first
 - How do we deliver understanding to each other
 - Empathy before education
 - Connection before correction
- Empathy and perspective taking first, before reassuring or problem solving



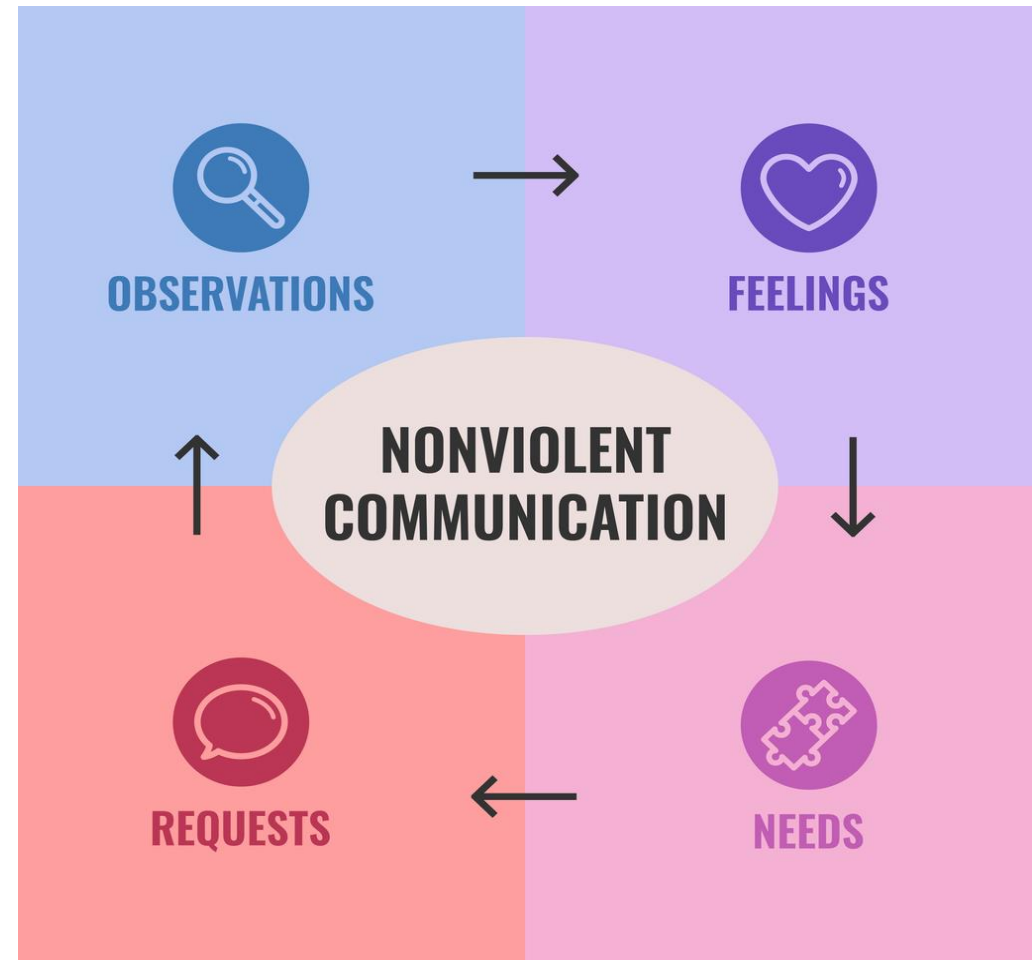
Communicating with each other: Nonviolent Communication



- When a connection is made and the other person feels heard and understood, consider making an action request
 - Would it be helpful for you to hear?
- An action request is the next step in collaboration
 - After you have all the information needed
 - More effective if it considers everyone's needs
 - “would it work if we...”
 - “would it work for you if...”

Pearls for Non-Violent Communication

- Put on your own oxygen mask first
 - Observations and feeling
- Start with empathy and understanding (what do you both need)
- Pivot from reacting to perspective taking and impact sharing
- Tending to the relationship is the highest priority
 - Shame and blame are not useful strategies
- Practice / what phrases work for you when making a request



7 Best Take-aways!

1. Read the room and understand patient and family context
2. Have intellectual humility
3. Effective communication is built on a foundation of Trust
4. Listening is a skill:
 - Be present, sit down, avoid interrupting and check for understanding
5. When communicating uncertainty, check to see if the resident wants someone else to be present, discuss what you know and options for next steps
6. When discussing Advance Care Planning, allow time and space for prognostic awareness
7. When communicating with each other, tend to the relationship and the person first, before offering advice, education or solutions



References for Non-violent communication

- Nonviolent Communication - Caring for the Ages by Paige Hector, LMSW
- From Protection to Collaboration: What to Do and Say to Empower Ourselves When Hearing a Difficult Message - Caring for the Ages by Paige Hector and Aya Caspi
- Non-violent communication as a technology in interpersonal relationships in health work: a scoping review - PMC
- Construction of educational technology on non-violent communication between health professionals: an experience report - PMC
- Flow, Decision-Making, and Conflict | The Fearless Heart by Miki Kashtan
- Paige Hector, LMSW, <http://www.paigeahead.com/>

PALTMed Podcasts

- [Three-Part Series | Building Trust \(Part 1 of 3\)](#) Diane Sanders-Cepeda, DO, CMD, and special guest Aya Caspi, discuss what to do and say to show care and restore trust when our choices of words and actions have a negative impact on others.
 - https://paltmed.org/news-media/amda-go-empowering-three-part-series-building-trust-part-1-3?_gl=1*w9gp75*_ga*MTQwMzE1MzQ1MS4xNzI1NDc3Nzc2*_ga_9YJ8CNKM7X*czE3NzQwNjk2NDMkbzI4NSRnMSR0MTc3NDA2OTg3MCRqNjAkbDAkaDA.&_ga=2.261506821.96666678.1774016281-1403153451.1725477776
- [The Empowering Three-Part Series | Speaking and Listening in Ways That Matter \(Part 2 of 3\)](#): Diane Sanders-Cepeda, DO, CMD, and special guest Aya Caspi, discuss how to speak and listen in a way that lets others know they matter without having to agree with them.
 - <https://paltmed.org/news-media/amda-go-empowering-three-part-series-speaking-and-listening-ways-matter-part-2-3>
- [The Empowering Three-Part Series | Boundaries With Care \(Part 3 of 3\)](#): Diane Sanders-Cepeda, DO, CMD, and special guest Aya Caspi, discuss boundaries with care, including how to care for ourselves without dropping others and how this will enhance our clinical practice and relationships.
 - <https://paltmed.org/news-media/amda-go-empowering-three-part-series-boundaries-care-part-3-3>

Thank you for
everything you do!

