Ask Tell Ask (ATA)
On the Wards

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References

Duffy K. "Providing constructive feedback to students during mentoring." Nurs Stand. 2013 Apr 3-9;27(31):50-6; quiz 58.

Evans WG, Tulsky JA, Back AL, Arnold RM. "Communication at times of transitions: how to help patients cope with loss and re-define hope." Cancer J. 2006 Sep-Oct;12(5):417-24.

Fainstad T, McClintock AA, Van der Ridder MJ, Johnston SS, Patton KK. "Feedback Can Be Less Stressful: Medical Trainee Perceptions of Using the Prepare to ADAPT (Ask-Discuss-Ask-Plan Together) Framework." Cureus. 2018 Dec 11;10(12):e3718. doi: 10.7759/cureus.3718.

French JC, Colbert CY, Pien LC, Dannefer EF, Taylor CA. "Targeted Feedback in the Milestones Era: Utilization of the Ask-Tell-Ask Feedback Model to Promote Reflection and Self-Assessment." J Surg Educ. 2015 Nov-Dec;72(6):e274-9. doi: 10.1016/j.jsurg.2015.05.016. Epub 2015 Jun 27.

Hashim MJ. "Patient-Centered Communication: Basic Skills." Am Fam Physician. 2017 Jan 1;95(1):29-34.

James IA. "The Rightful Demise of the Sh*t Sandwich: Providing Effective Feedback." Behav Cogn Psychother. 2015 Nov;43(6):759-66. doi: 10.1017/S1352465814000113. Epub 2014 Apr 7.

Jug R, Jiang XS, Bean SM. "Giving and Receiving Effective Feedback: A Review Article and How-To Guide." Arch Pathol Lab Med. 2019 Feb;143(2):244-250. doi: 10.5858/arpa.2018-0058-RA. Epub 2018 Aug 13.

Shannon SE, Long-Sutehall T, Coombs M. "Conversations in end-of-life care: communication tools for critical care practitioners." Nurs Crit Care. 2011 May-Jun;16(3):124-30. doi: 10.1111/j.1478-5153.2011.00456.x.

Shapiro J, Robins L, Galowitz P, Gallagher TH, Bell S. "Disclosure Coaching: An Ask-Tell-Ask Model to Support Clinicians in Disclosure Conversations." J Patient Saf. 2018 May 16. doi: 10.1097/PTS.0000000000000491.

van de Ridder JM, Peters CM, Stokking KM, de Ru JA, Ten Cate OT. "Framing of feedback impacts student's satisfaction, self-efficacy and performance." Adv Health Sci Educ Theory Pract. 2015 Aug;20(3):803-16. doi: 10.1007/s10459-014-9567-8. Epub 2014 Dec 27.

- Effective communication on wards is essential

- with patients

- with families

- with peers/ Team

- For feedback with learners

Words That Come to Mind for Effective Clinical Communication

Barriers

- Lack of time or appropriate setting
- Complicated patients and End of Life discussions
- Cultural differences
- **Consensus Bias**:

Overestimating the extent to which the opinions, beliefs, preferences, are shared/agreed upon

"Among critically ill patients, discordant expectations about prognosis were common between patients' physicians and surrogate decision makers and were related to misunderstandings by surrogates about physicians' assessments of patients' prognoses and differences in beliefs about patients' prognoses."

- Douglas B. White, MD, MAS1; Natalie Ernecoff, MPH1; Praewpannarai Buddadhumaruk, RN, MS1; et al "Prevalence of and Factors Related to Discordance About Prognosis Between Physicians and Surrogate Decision Makers of Critically Ill Patients" *JAMA*. 2016;315(19):2086-2094. doi:10.1001/jama.2016.5351

What is ATA

- ***Ask***

Establish the other parties understanding of the issue.
- o So can be on the same page
- o Gauge their emotional state
- o Build a relationship by listening

- **Tell**

Explain in straightforward language what you need to communicate
- o Avoid long lecture

- **Ask**

Confirm understanding of what was just discussed
- o Opens room for repetition of process

ATA

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Resistant Patients

66 yo F Hx of Renal Tx, Pulm Htn w/ Diarrhea & AKI

- Improvement with conservative therapy
- Close to baseline
- Has appropriate follow up
- Specialist in agreement with discharge
- Refusing discharging until she is "100%"
- Risks of continued hospital stay factors: Infection, deconditioning, fluid retention

Ask: Why are you concerned about discharge? Infection

Tell: Explained her risks and return plan if needed

Ask: Comfortable and understands discharge plan/Follow up?

➢ Was able to set reasonable limits/expectations

➢ Conveyed a sense of regard and respect.

➢ Discussed and educated about risks

➢ Patient happy and satisfied at time of discharge

➢ Reduced hospital acquired infection risk for patient

➢ Reduced Length of Stay

Delivering Bad News

64 yo M new diagnosis of metastatic colon cancer

- Told on prior admission that *likely* metastatic colon cancer

- Re-admitted due to pain from bone metastases

- Final biopsy confirms diagnosis on **THIS** admission

- Discussed cancer diagnosis/Assumed patient already knows given prior admission

- Patient still taken aback

Ask: What do you understand about your diagnosis?
Tell: Explain new diagnosis in clear direct language
Ask: How do you feel about this new diagnosis?

➢ **ASK!!!!**

➢ Don't assume they know, even though prior information indicates otherwise

➢ Concern for cancer is different than you have cancer

➢ Involve family in conversation with patient's consent

➢ Repeat information again at following encounter to ensure understanding

End of Life

81 yo F w/ HF exacerbation, quickly deteriorated

- Cheerful and engaged at time of admission

- Became more lethargic, disengaged, generalized pain and lack of appetite

- Goals of care discussion at ~ day 8 (should have happened earlier using ATA)

- Patient wanted to pursue comfort care – > Hospice

- Patient already actively dying –> Passed away in hospital within 24 hrs of being made comfort care

Ask: Early on, what are goals if not improving?

Tell: Alternative goals of care/Palliative care

Ask: Ensure understanding of the difference between comfort, palliative and traditional care.

➢ Physician thinks patient or family not ready to talk about it.   In reality they usually are and are waiting for the physician to bring it up

➢ Physician's fear of preventing/destroying hope

➢ It's difficult to determine definitive prognosis, Humans are resilient

Giving Feedback

- Required in the academic setting
- Essential for learners to succeed
- Dreaded by many educators
- Useless if not done effectively

Words That Come to Mind for Effective Feedback

Feedback vs. Evaluation

- Providing information
- Goal of improving
- No "value" or "judgment"
- Can be less formal
- Immediate

- Value
- Judgment
- Scoring
- Formal

The End of the Sandwich
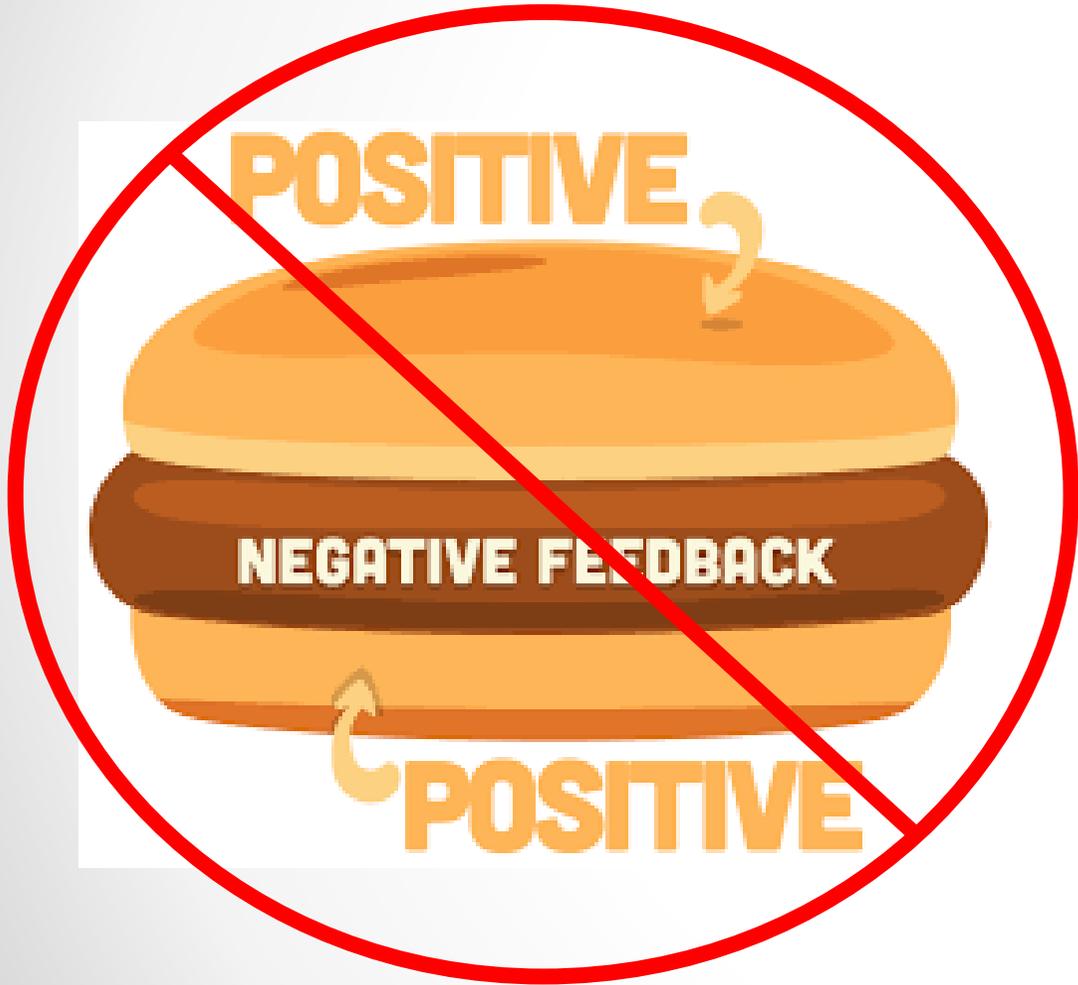
- Feedback sandwiches effects perceptions but not performance
- Negative feedback Not helpful **INSTEAD** give constructive feedback
- Give specific, descriptive, feedback about the task not the person

Feedback as a Conversation: the ASK

- Offload some of the work

- Collaborative: Ask the learner how they feel about their performance

- Gauge there insight/self reflection

- Can be on immediate vs. summative performance

the TELL

- Enforce good performance/behavior
- Correct poor performance/behavior
- Focus on Behavior, not personality. Specific actions more helpful
- Positive framing may enhance performance, but this doesn't mean avoiding discussing poor performance/behavior

the 2ⁿᵈ ASK

- Collaborative: Understanding of an agreed upon action plan
- Set goals for performance improvement over time
- Roadway for future feedback
- Elicit feedback: Ask how educator can help learner reach goals

The Milestones Era

Milestones Purpose:

Formation of behaviors & skills, with improvement over time, that are necessary to become an independent practitioners

ATA Feedback

- Encourages learners to self-identify strengths & and areas for improvement

- Helps with personal monitoring, reflection, self-assessment & increased accountability