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What Unique Skills Are Associated with Strong Psychosocial Beliefs in Orthopedic Physical Therapists? (Poster)

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What Unique Communication Skills Are Associated with Strong Psychosocial Beliefs in Orthopedic Physical Therapists?

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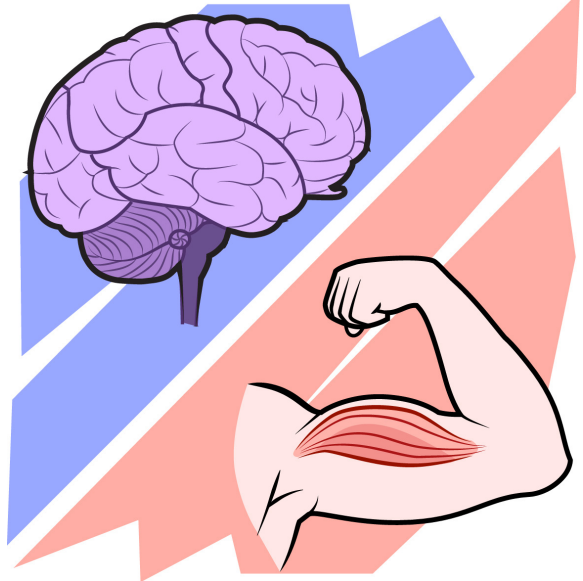
Context of Research

Communication Skills

Kalamazoo Conference 2001
12 categories – Coherent set of communication skills for medical providers



Psychologically Informed PT(PIPT) (Foster et al, 2011 PTJ)



Physical Therapist Communication Skills

*Do therapist utilize
recommended
communication
skills?*

Provider Beliefs

*Physician Belief Scale
(PBS) – Across diagnoses
(Not just LBP!)*

Update PIPT (Keefe et al, PTJ 2018)
Educational
Behavioral Change
Psychological Focus
Contextual Cognitive Behavioral Therapy

Systematic Review PIPT
Coronado et al, Pain Reports 2020
“To the best of our knowledge, there have not been any studies that have examined content optimization for PIPT.”

Purpose:

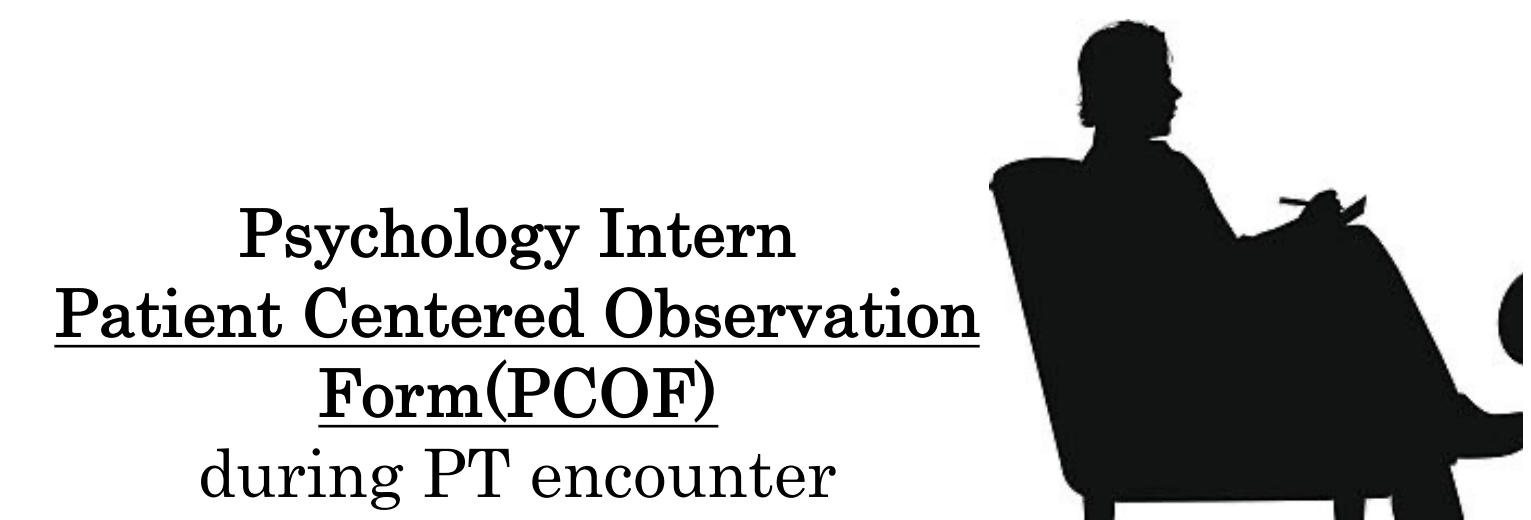
1. Communication skills (Patient Centered Observation Form (PCOF)) vs. provider psychosocial beliefs (Provider Belief Scale (PBS))
2. Compare communication skills(i.e. PCOF categories) of physical therapists with: strong biopsychosocial (BPS) beliefs vs strong biomedical (BM) beliefs.

Sampling and Methods

N=21 Physical Therapist

N=48 PT encounters with patients

N=6 outpatient orthopedic settings



Psychology Intern Patient Centered Observation Form(PCOF)

during PT encounter

Skill Set and Elements Check only what you see or hear. Avoid giving the benefit of the doubt.	Trainer name _____ Observer _____ Check only what you see or hear. Avoid giving the benefit of the doubt.
Establishes Rapport <input type="checkbox"/> Introduces self (includes setting at computer) <input type="checkbox"/> Warm greeting before sitting at computer <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Warm or non-medical interaction	Electronic Medical Record Use <input type="checkbox"/> By 10 seconds, describes reason for each screen page <input type="checkbox"/> Screenshots at screen during at least 2 of the visit (depends on setting, history, Rx / Lab review, typing AVG) <input type="checkbox"/> Handles eye contact / Address screen > 1/3 of the visit <input type="checkbox"/> Asks patient to confirm or contribute to documentation
Maintains Relationship Throughout the Visit <input type="checkbox"/> or during the exam <input type="checkbox"/> Uses confirmor phrases ("yes, I hear") <input type="checkbox"/> Shows (reflects) important verbal content <input type="checkbox"/> Demonstrates presence, curiosity, intent focus, not seeming "bushy" and acknowledges distractions	Physical Exam <input type="checkbox"/> Presents patient before physical exam actions and describes exam findings ("I am going to ...".) then "Did I miss about quality?"
Collaborative Agenda Setting <input type="checkbox"/> Acknowledges agenda items from other team member (e.g., MA) or from EMR <input type="checkbox"/> Additional elicitation: "something else?" * X _____ Each elicitation counts as a new statement <input type="checkbox"/> Asks or confirms what is most important to patient. Note patient concerns here	Sharing Information / Patient Education <input type="checkbox"/> Refers to patient history/therapy needs, avoids jargon <input type="checkbox"/> Summarizes cover psychosocial concerns <input type="checkbox"/> Includes Q&A
Maintains Efficiency Using Transparent (out loud) Thinking and Respectful Interruption: <input type="checkbox"/> Talks about real time use / visit organization <input type="checkbox"/> Negotiates priorities (includes provider agenda items) <input type="checkbox"/> Talks about problem solving strategies <input type="checkbox"/> Respectful interruption/redirection using EEE: Excuse yourself, Emphasize/validate issue being interrupted, Explain the reason for interruption (e.g., Topic Tracking)	Behavior Change / Self-Management Clinician Asks: <input type="checkbox"/> If Patient wants to not a behavior change goal <input type="checkbox"/> Patient to brainstorm activities to reach goal <input type="checkbox"/> Patient to pick specific activity <input type="checkbox"/> Patient to name activity frequency and time of day <input type="checkbox"/> How will patient track effort and progress? Clinician offers: <input type="checkbox"/> Guidance about personal, environmental or relational behavior change strategies <input type="checkbox"/> Affirmation of goal or current efforts
Gathering Information <input type="checkbox"/> Uses open-ended question _____ X _____ <input type="checkbox"/> Uses reflecting statement _____ X _____ <input type="checkbox"/> Explains contextual influences: family, cultural, spiritual. Count each time the skill is used as one statement.	Co-Creating a Plan / Shared Decision-Making <input type="checkbox"/> Describes options to address patient concerns <input type="checkbox"/> Discusses pros, cons and uncertainties of options <input type="checkbox"/> Asks for patient preferences <input type="checkbox"/> Identifies and resolves decisional differences, if any <input type="checkbox"/> Scales confidence/ability to follow plan (1-10) <input type="checkbox"/> Assesses patient barriers to follow plan <input type="checkbox"/> Adjusts plan to address barriers <input type="checkbox"/> Processes follow-up plan
Exploring Patient or Family Perspective on Health <input type="checkbox"/> Acknowledges patient verbal or non-verbal cues <input type="checkbox"/> Explores patient beliefs (explanatory model) or feelings <input type="checkbox"/> Explores contextual influences: family, cultural, spiritual. Number of patient verbal / non-verbal cues _____	Closure <input type="checkbox"/> Asks for questions about today's topics. <input type="checkbox"/> Summarizes after Visit Summary <input type="checkbox"/> Uses Teachback: "Ask the patient to explain higher level thinking of the plan <input type="checkbox"/> Combined Teachback and AVIS creation while sharing the action or feedback. Counts for 2 statements.

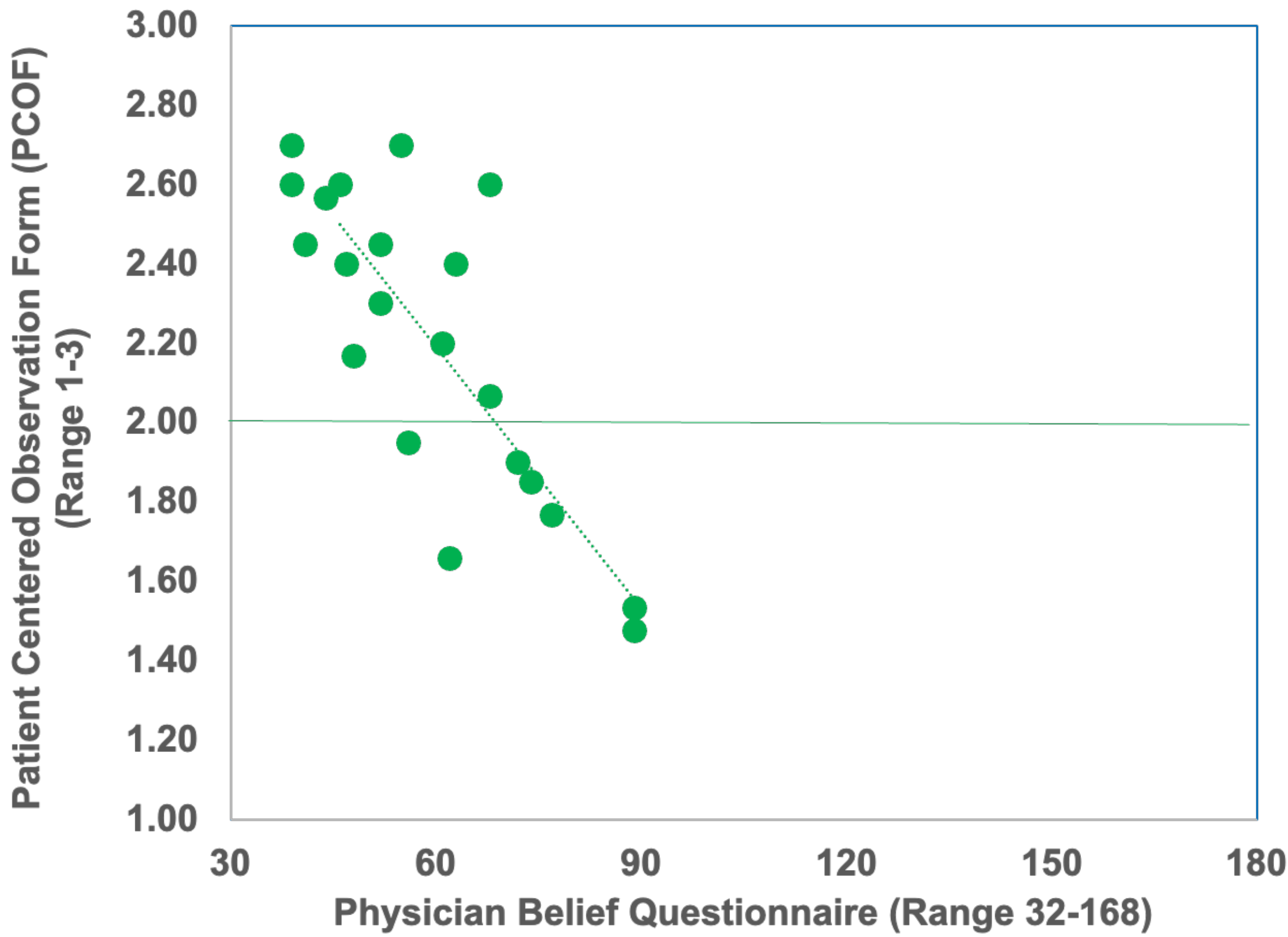


PT Providers complete Provider Belief Scale 32-168

(lower scores indicate greater influence of psychosocial factors on disease)

	Strongly Disagree	Somewhat Disagree	Neither / not sure	Somewhat Agree	Strongly Agree
1. I cannot treat psychosocial problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My patients do not want me to investigate psychosocial problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I cannot help patients with problems I have not experienced myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I do not focus on psychosocial problems until I have ruled out organic disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If I address psychosocial issues, patients will reject them and never return.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician Belief Scale vs PCOF Score (n=21 PT's)



Communication Skills Utilized (n=48 encounters)

	Strong Biomedical Beliefs (n=17, %)			Strong Psychosocial Beliefs (n=31, %)		
	PCOF Score Biomed Psychosoc			PCOF Score Biomed Psychosoc		
Category	1	2	3	1	2	3
1. Rapport	14.6	22.0	63.4	11.1	16.7	77.8
2.Maintains relationship throughout the visit	2.4	24.4	73.2	0.0	16.7	83.3
3. Collaborative upfront agenda setting	63.4	19.5	17.1	27.8	38.9	27.8
4. Maintains efficacy using transparent (out loud) thinking and respectful interruption	14.6	34.1	51.2	11.1	0.0	88.9
5. Gathering Information (MI Skills)	34.1	14.6	51.2	0.0	16.7	83.3
6. Exploring Patient or Family Perspective	29.3	41.5	29.3	0.0	38.9	55.6
7. Electronic Medical Record use						
8. Physical exam						
9. Sharing information	7.3	41.5	51.2	0.0	16.7	83.3
10. Behavior Change/Self Management	75.6	14.6	9.8	38.9	16.7	44.4
11. Co-creating a plan	78.0	17.1	4.9	33.3	38.9	22.2
12. Closure	95.1	4.9	0.0	44.4	38.9	22.2

Only 6/10 PCOF best practices showed ≥50% utilization by the strong BPS group.

Opportunities

Does optimizing PIPT include training and integration of communication skills?

Several recommended communication skills are NOT utilized routinely by physical therapists. More studies are needed to determine optimization.

What are opportunities for optimizing PIPT informed by this data?

1. Focusing on beliefs may open providers to explore integration of communication skills and abandon current practices.
2. *Specific skills like motivational interviewing were adopted >50% of the time by those with biomedical and psychosocial beliefs. However, item scoring suggests providers were over reliant on open ended questions – which could significantly increase time for implementing PIPT.*
3. *Sharing Information was included in most PT encounters, however, individual item scores indicate this was primarily biomedical not psychosocial education.*
4. *Behavior change, co-creating a plan, and closure were under utilized communication skills across all providers.*

Conclusions

This study documents that provider psychosocial beliefs influence several recommended communication skills that are underutilized in the physical therapy outpatient practice. Importantly, provider beliefs were relative to disease not pain.

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