IDEAS – COMMUNICATION WORKSHOP
Self and Other Awareness

I. Let's start with self-awareness, which is important so we can learn to truly put the self aside, and focus on the suffering other.

A. One form of self-awareness is awareness of skill strengths and deficits:
1. I know I'm usually pretty good at negotiating priorities with patients.
2. I know I have a lot of trouble setting limits on elderly patients without making them feel I want them to go away

B. Awareness of skill strengths and deficits is useful because it allows you to know what you can count on and what you need to work on

C. But sometimes this kind of behavioral awareness does not seem useful. We can probably all think of residents or students who make one of these mistakes:
1. Think they are good at a communication skill they are really bad at.
   a. Think they don't interrupt but they do
   b. Think they listen well when they don't
   c. Think they paraphrase well, when they really always say yes, but…
2. Know how to demonstrate the skill (can reproduce paraphrasing) but rarely use it in real situations
3. Reproduce the skill but without the desired effect (communication doesn't seem to be any better after introducing the skill than before)

D. What's wrong with this picture?

E. Possessing communication skills is an important first step, but it is not the totality of the solution.

F. Sometimes we have to go behind the behavior to the intention behind the behavior.
1. The reason I keep interrupting my patient is because part of me feels she is rambling and tangential, and is not telling me anything important
2. The reason I am not communicating well with this patient is because even though I have occasionally paraphrased what she's said, I basically don't like this patient and want to get rid of her as quickly as possible

G. This is deep self-awareness, as opposed to behavioral self-awareness

H. What can be done to improve our intentions?

1. By making them conscious, we can consider whether they are intentions we like or would like to alter

F. I would argue that good doctor-patient communication consists not only of skills, but attitudes and intentions. By these terms I mean qualities that are by definition non-behavioral, therefore hard to quantify and measure. Nevertheless, qualities that are essential to good communication.

G. Sometimes good communication can be at least as much a matter of mind as a matter of behavior

H. How do we cultivate right attitude? A big-picture, rather than a micro-skills, approach

1. Set a contextual intention at the outset of each doctor-patient encounter
    a. I want to act respectfully toward this patient
    b. I want to get on the same side as my patient
    c. I want to be grateful toward this patient
    d. I want to exhibit an attitude of lovingkindness toward this patient
    e. I want to maintain an attitude of compassionate curiosity rather than judgment toward the patient
    f. I want to find something to enjoy, admire, appreciate in the patient

2. Visualize yourself in this relationship toward the patient

3. Ask for help in accomplishing this intention toward the patient

II. Now that the self is focused, can turn to awareness of the other

A. Intentions toward the patient
    a. I want to really *listen* to my patient
    b. I want to consider seriously my patients ideas, suggestions, and needs
    c. I want to hear the questions behind the questions, the emotions behind the smile

B. Visualize

C. Ask for help