

## **DR/PT COMMUNICATION SESSION**

Intro: This session is on communication. Anyone here think they don't know how to communicate with patients? How many people here participated in communication training during medical school? That's good, you're already experts, that makes my job a lot easier

Overview of session:

Roleplay (Dr. Vega)

Positive lessons learned

Read and discuss a skit

Personal communication areas where would like to improve; learn how to manage (Problem-solve with colleagues)

Quick model as anchor: Engage-Empathize-Educate-Enlist

Attitudes and Values that Underlie Communication

Attending to Emotions

## **ROLEPLAY ?**

### **POSITIVE LESSONS LEARNED**

**Exercise:** Go around table; each person say 1-2 communication behaviors or concepts that they actually use on a daily basis with patients; don't repeat what has already been said (list on flipchart)

The big thing about communication is the gap between theory and practice. We all know what constitutes good communication. Under ideal circumstances, we'd all be pretty good communicators. But under the press of language and cultural issues, all the housekeeping aspects of medicine, time pressures, needing to prioritize medical issues, fear of opening Pandora's box, we aren't always the communicators we'd like to be. We're going to work today to close the gap a bit.

### **SKIT**

Read *Susto* skit – discuss what complicated communication; perspectives of characters  
**OR** read *Maria/What is Lost*

### **PERSONAL COMMUNICATION CHALLENGES**

**Exercise:** each person list one area of communication they struggle with, that they'd like to work on (list on board, flip chart); other group members note if they share that problem  
Ideas about addressing

### **LISTENING**

Listening is at the heart of good communication – it underlies understanding the pt's concern, empathizing with the pt's suffering, and enables us to feel compassion and respect for others.

**Exercise:** dyads: one person talks about a problem, other listens without saying anything (21 seconds); discussion; switch, but for 90 seconds; discussion

#### **4 E MODEL**

**Engage** – welcome (glad to see you); comfort (waiting long? Not too cold?)

**Empathize** – patient's story; pt wants to be seen and heard; key to empathy is paraphrasing; exercise 3: hand-out 3 statements requiring empathic response; then have each read and ask for responses (use paraphrasing – it sounds like... do I understand...?)

**Educate** – about diagnosis; about treatment plan; not a one way street, top-down; a process, a back-and-forth, a negotiation

**Enlist** – buy-in; patient's perspective

#### **ATTITUDES/VALUES**

Attitudes/value underlie behavior – without attitudes, you only have mechanical behaviors that are rarely convincing

**Exercise:** list attitudes important in communication (flipchart)

Attention – being present, fully focused on patient's story

Compassion

Respect

Solidarity with patient – on the same side as pt; pt advocacy

#### **EMOTIONS IN MEDICINE**

Attending to emotions – emotions are often the elephant in the exam room

Emotional self-awareness – need to be familiar with and know how to work with your own emotions so they don't get in the way of pt care

**Discussion:** What are some examples of how physician emotions can complicate pt care? (frustrated with pt – withdraw attention; so sad for pt avoid going into their hospital room; judgmental of pt – convey blame and anger)

Awareness of pt emotions

Acknowledging pt emotions – when emotions intense, interfere with processing information, making decisions

Responses: empathy; compassionate curiosity (tell me more; help me understand this better); nonverbal

Exercise: I make emotion-laden statement; resident identifies own emotion (what are you feeling?); pt's emotions (what is pt feeling?); and responds (I can't have diabetes, I've always taken care of my health; I don't want to hear any more about this)

Later in the year we will have a more extended session on this topic