

Foundations for Communication: Module 1-Verbal Communication

University of Saskatchewan
Postgraduate Medical Education
CanMEDS eLearning Module



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November 2020

Acknowledgement

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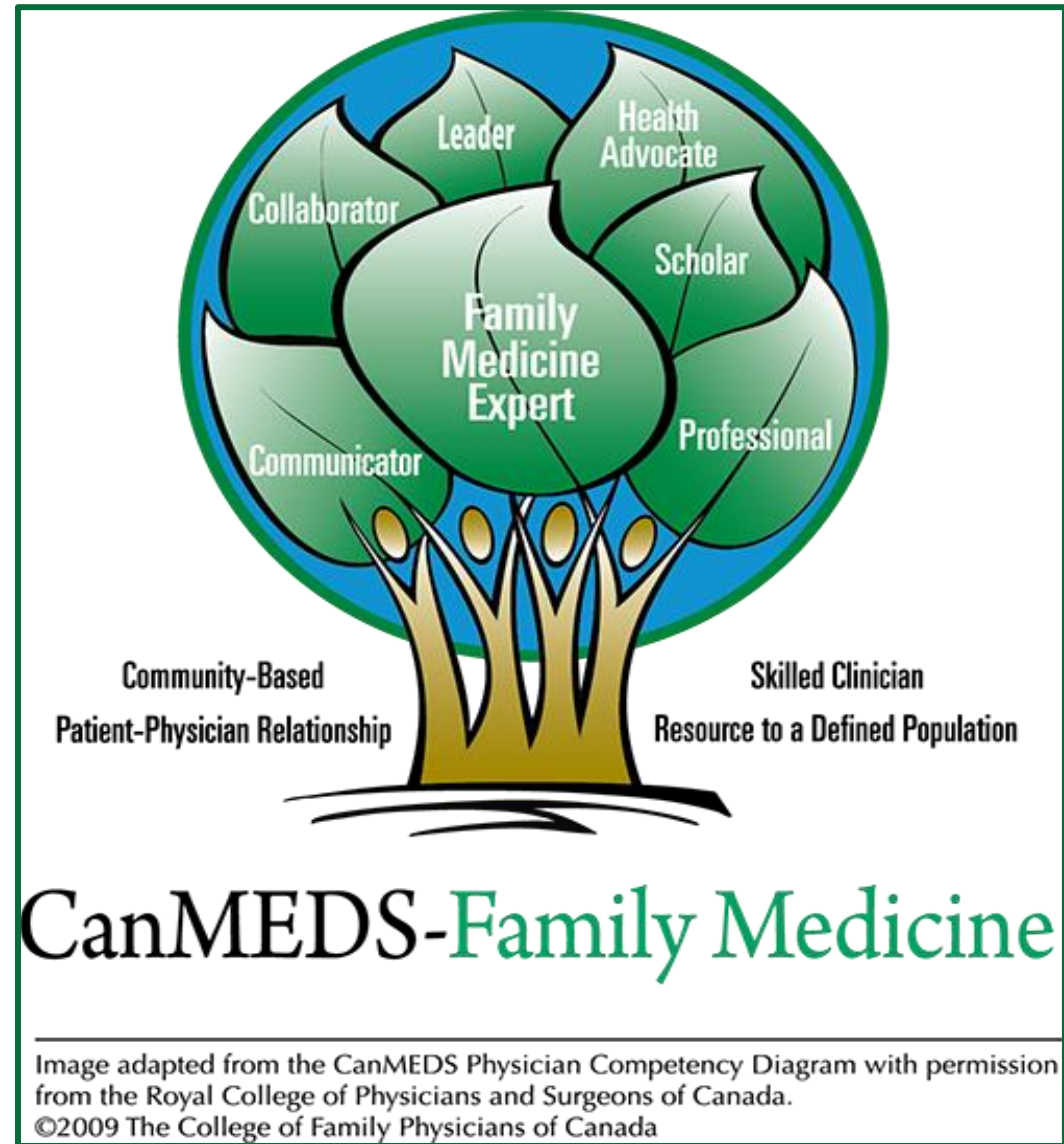
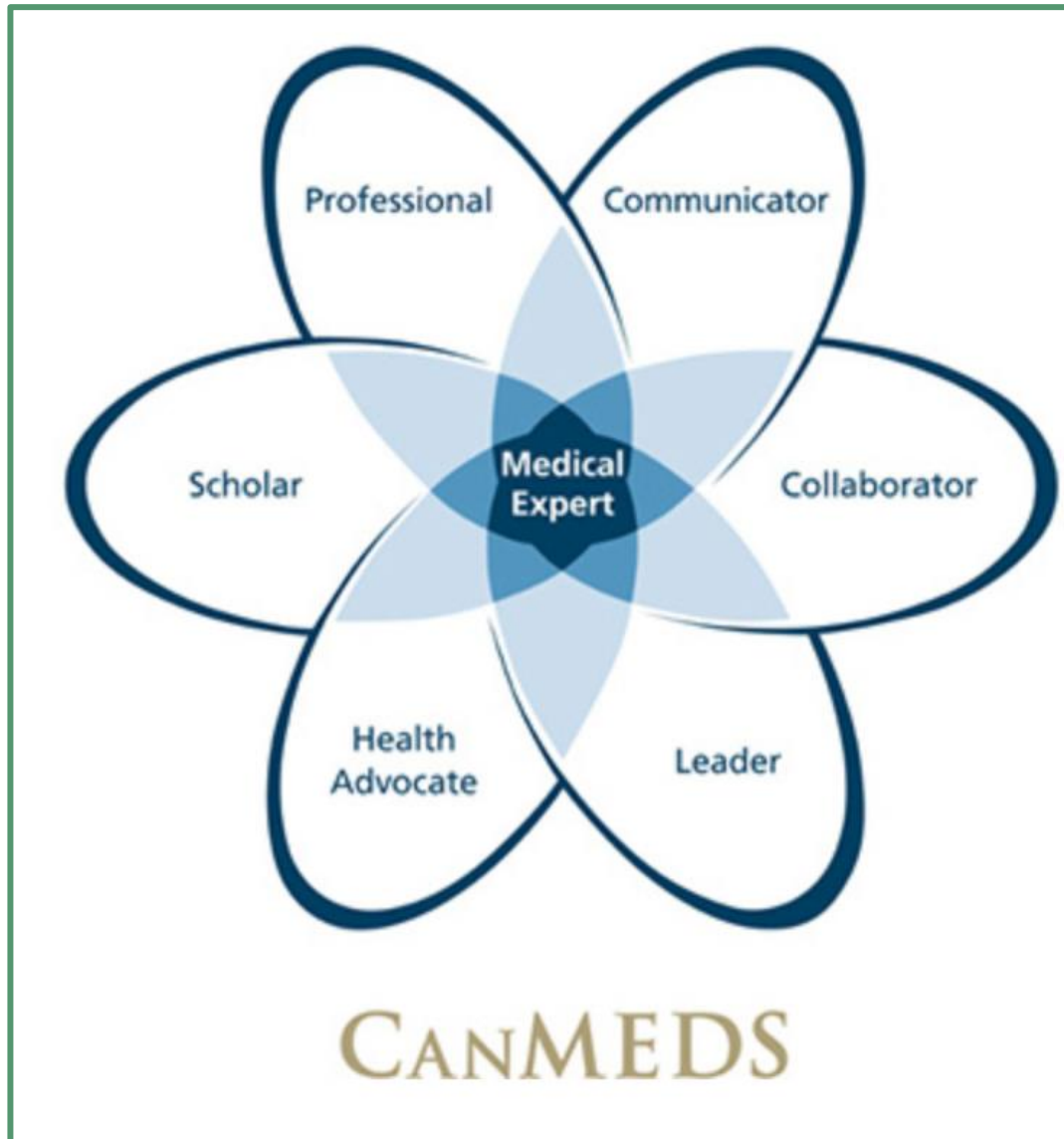
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CanMEDS/CanMEDS-FM Framework



Module Instructions

- Welcome to the Foundations e-learning module for University of Saskatchewan PGY-I Residents. This module includes a series of readings and **three activities**. The core activities and readings in the module should take approximately **1.5 hours** to complete.

Read through the slides.

Complete the activities along the way as indicated.

Take some time to reflect on how you can continue to improve, and share these reflections with your Program Director, co-residents, academic advisor, or mentor.

Module Rationale

- A basic foundation of the CanMEDS/CanMEDS-FM Communicator Role is critical to the development of lifelong learning skills within the role. Communicator role is focused on the patient-physician relationship and related communication skills essential to patient health care.
- The purpose of this module is to provide a self-paced independent framework to enhance your own foundational knowledge and skills of communication through **reflective practice**.
- This module will guide you through some of the foundational activities to reflect on your current understanding and practice and provide a framework in which you can develop your personal Communicator profile.
- The module also includes supplemental resources for further independent learning.

Objectives

- List the CanMEDS/CanMEDS-FM competencies related to communication.
- Discuss why the communicator role matters.
- Describe the qualities of a good communicator.
- Discuss one framework for verbal communication skills.
- Develop some possible communication scripts for various communication scenarios in your field.

Remember: Communication Skills...



are skills that can be readily defined, taught, and assessed.



need to be intentionally developed and refined as all essential clinical skills



need to be practiced deliberately.

CanMEDS/CanMEDS-FM Communicator Key Competencies

Physicians are able to:

1. Establish professional therapeutic relationships with patients and their families.
2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families.
3. Share health care information and plans with patients and their families.
4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals.
5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

The details:

What is the CanMEDS Communicator Role?

As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.



The details:

What is the CanMEDS-FM Communicator Role?

As Communicators, family physicians foster therapeutic relationships with patients and their families. This incorporates the dynamic exchanges that occur before, during, and after the medical encounter that facilitate gathering and sharing essential information for effective patient-centered health care.

Shaw E, Oandasan I, Fowler N, eds. CanMEDS-FM 2017: A competency framework for family physicians across the continuum. Mississauga, ON: The College of Family Physicians of Canada; 2017.



Activity 1: Self-Reflection on why does the Communicator Role matter

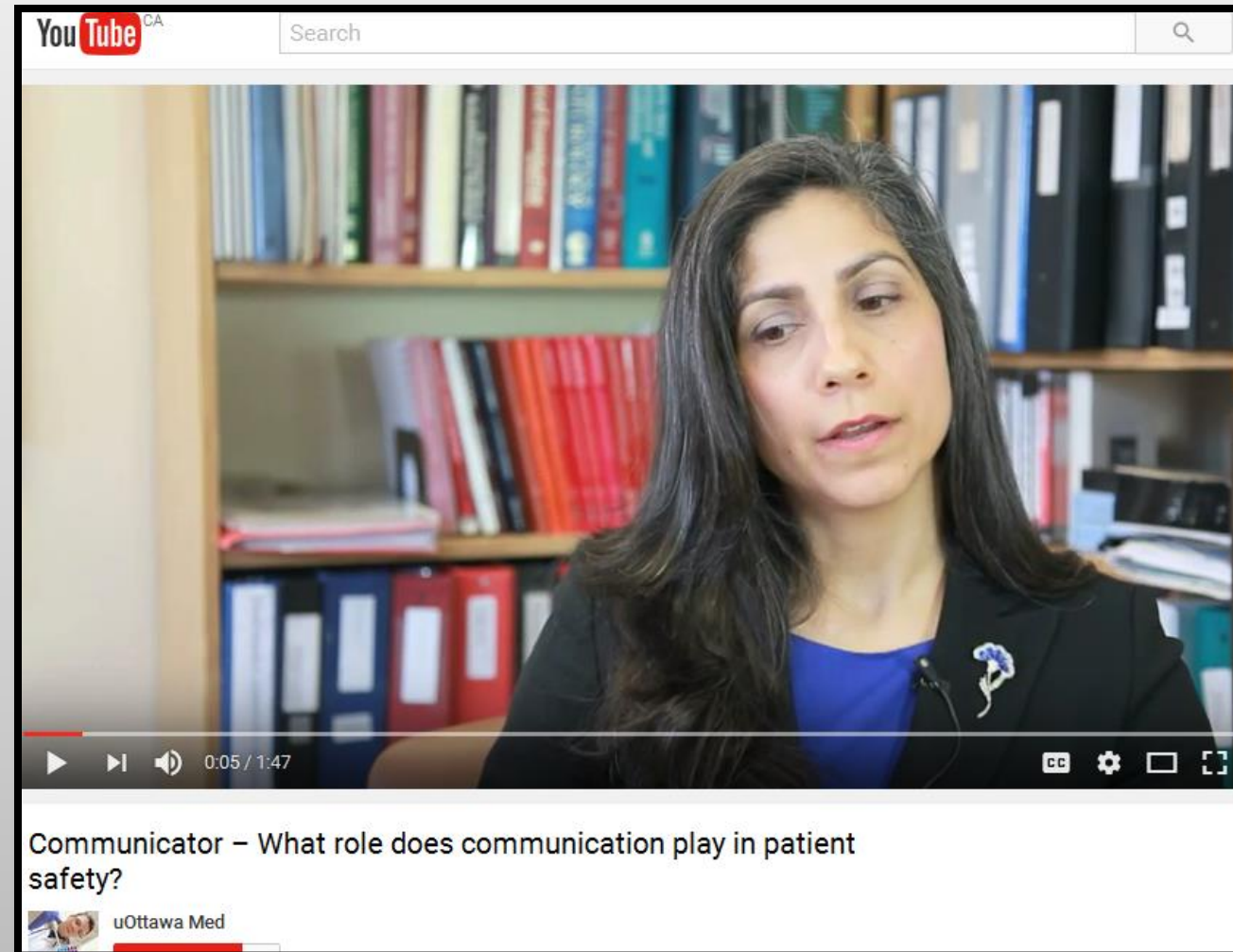
Consider the Communicator Role and why is it important in the framework and its contribution to physician competency.

- Write a statement as to why you think the Communicator Role important.
- After writing your statement, move to the next slide and listen to the brief overview from Dr. Sue Dojiji of the University of Ottawa.

Activity I contd.: Self-Reflection on why does the Communicator Role matter

Click on the following link to watch the Dr.Sue Dojeiji – ‘Developing the CanMEDS Communicator’ (1:47 minutes)

https://www.youtube.com/watch?v=164u4e7_ahs&feature=youtu.be



Why the Communicator Role matters

Why does the Communicator Role matter?

Consider that a medical interview is central to a physician's practice and that a physician conducts about 200,000 interviews in their professional lifetime¹. Effective communication is integral to a positive safety culture that supports an informed culture, a reporting culture, a just culture, and a learning culture².

References and Additional Reading:

¹ Kurtz S, Silverman J, Draper J. *Teaching and learning communication skills in medicine*. 2nd ed. London: Radcliffe Publishing. Copyright © 2005. (available in University of Saskatchewan Library)

²Teamwork and Communication Working Group. *Improving patient safety with effective teamwork and communication: Literature review needs assessment, evaluation of training tools and expert consultations*. Edmonton (AB): Canadian Patient Safety Institute; 2011.

<http://www.patientsafetyinstitute.ca/en/toolsResources/teamworkCommunication/Documents/Canadian%20Framework%20for%20Teamwork%20and%20Communications%20Lit%20Review.pdf>

Effective communication promotes:

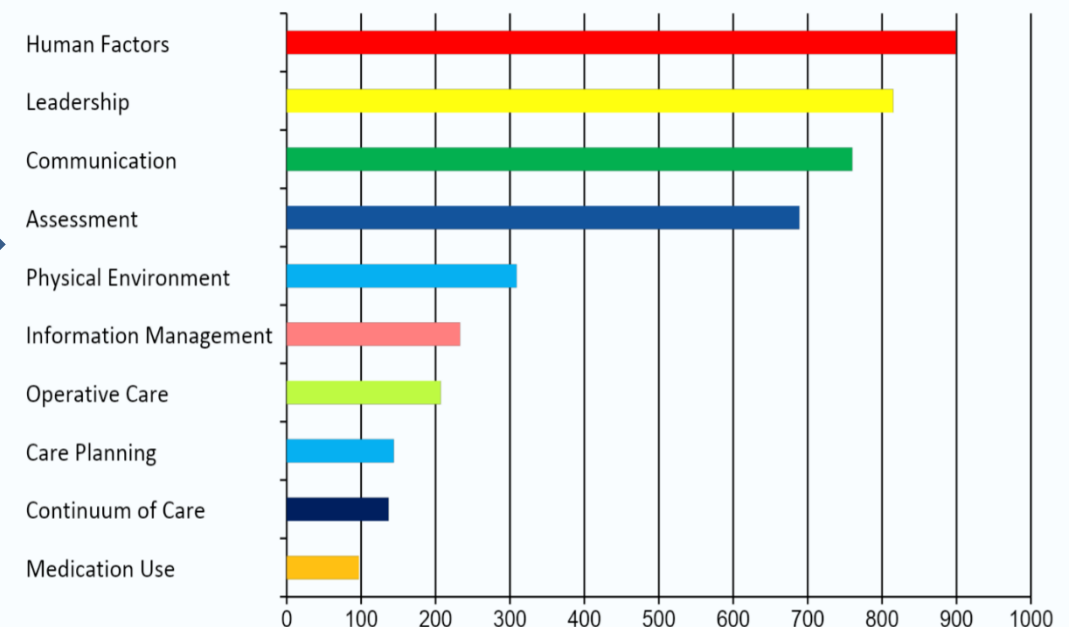
1. increased accuracy of information
2. improved outcomes of care (physiological and psychological)
3. heightened perceptions by patients that they are being supported by their physicians
4. reduced rates of adverse events and medical errors
5. better protection against complaints and malpractice claims

Causes of Patient Safety Events

- One of the most common root cause of patient safety events is related to communication
- Even when we think we are being clear, we can do better



Most Frequently Identified Root Causes of Sentinel Events Identified by The Joint Commission in 2011



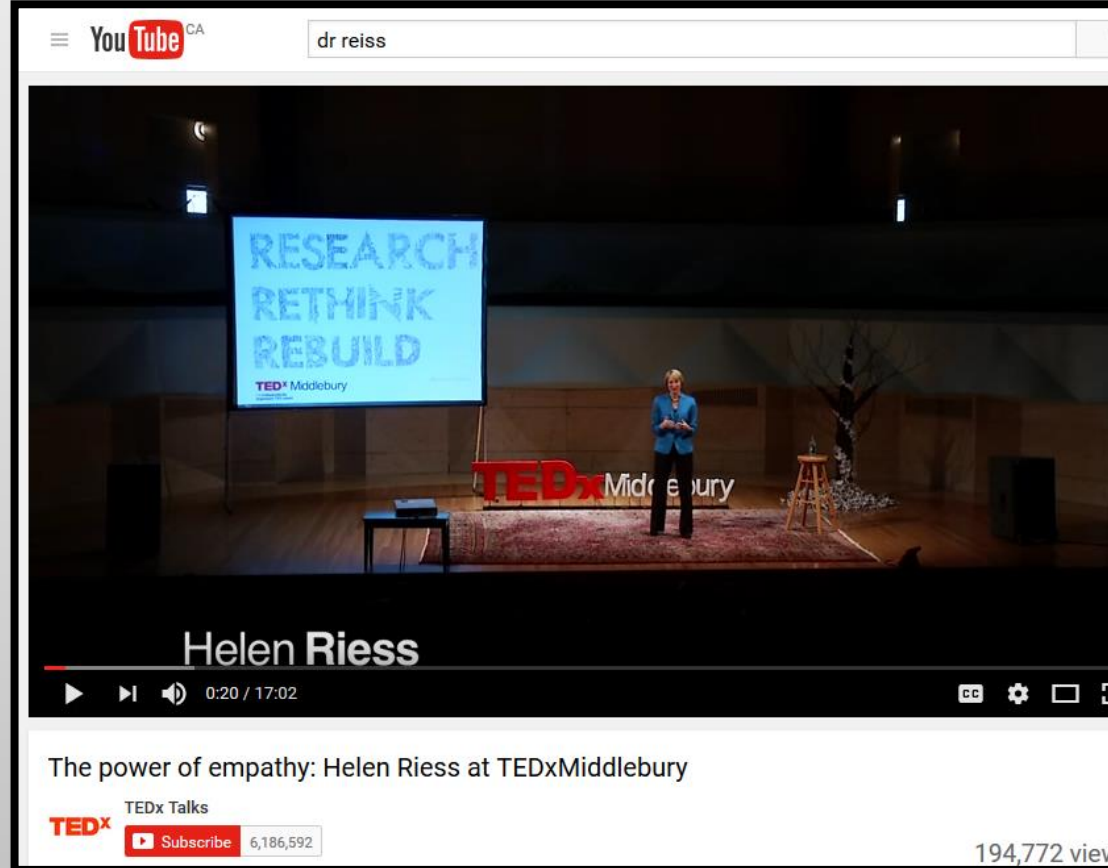
The Joint Commission: Sentinel Event Data - Root Causes by Event Type 2004-2011 at http://www.jointcommission.org/assets/1/18/Root_Causes_Event_Type_2004-2011.pdf
(Accessed April 17, 2012)

Activity 2: Self-Reflection -What are features of a good communicator?

Consider the features of a good communicator. Can you think of any good role models that you observed recently?

- Write down 3 to 5 key characteristics that describe good communication
- After writing your key points, move to the next slide watch the Dr. Riess of Harvard Medical School unwrap the skill of EMPATHY in communication. Note examples that contribute to good communication.

Activity 2: Self-Reflection -What are features of a good communicator?



Click on the following link to watch The power of empathy (17:02 minutes)
<https://www.youtube.com/watch?v=baHrcC8B4WM>

Do you recognize any examples related to the following list of a good communicator:

- Interactive vs Direct Transmission
- Dynamic and responsive
- Reduces uncertainty
- Planned, purposeful
- Welcomes practice and feedback

Additional Reading:

Communications Skills from CFPC:

<http://www.cfpc.ca/uploadedFiles/Education/Communication%20Skills.pdf>

Verbal Communication Skills Framework Activity

Watch the YouTube video with a focus on patient-centeredness. The first 8min and 40sec discuss how and why this is so important, with an example taking until about 10min. More details of how to break down the sections take until 30 min if you would like more detail, and then at 30 min, there is another example.

References

Kurtz S, Silverman J, Benson J, & Draper J. 2003. Marrying Content and Process in Clinical Method Teaching: Enhancing the Calgary–Cambridge Guides. *Aca Med* 78 (8)

Activity 3: Patient Centered Communication



Click on the following link to watch a CIR Policy and Education Initiative on physician-patient communication (36:00 minutes): <https://www.youtube.com/watch?v=36Cuuzw1p8w>

HINTS on patient centeredness

1. Orient yourself to the patient: face them and sit down if possible.
2. Watch for signals and cues. Seek confirmation. Silence may not be agreement.
 - I. Non-verbal cues can provide a lot of information about what is going on.
 - I. Eg: Is the patient engaged, making eye contact, and nodding? Or are they looking away with their arms crossed, and becoming less talkative?
3. Be careful about labels to patients or their concerns.
 - I. Eg: ensure you are using their preferred pronouns, using the language they use to refer to their concerns

Verbal communication skills framework

The Calgary-Cambridge Observation Guide is a framework that is helpful to understanding the multiple communication tasks involved in a medical interview as well as the integration of content and process throughout the framework.

The table to the right is simplified to help offer a guide to what in practice may involve a more complex integration of content and processes.

Reference

Kurtz S, Silverman J, & Draper J. 2005. *Teaching and Learning Communication Skills in Medicine, 2nd Edition*. Radcliffe Publishing: Oxford, UK.

Table adapted from Dojeji s, Martin D, & Glover Takahashi S. 2015. Communicator in Glover Takahashi S, Abbott C, Oswald A, Frank JR. *CanMEDS Teaching and Assessment Tools Guide*. Ottawa: Royal College of Physicians and Surgeons of Canada. p. 61

Content and Process Communication Skills Samples using Calgary-Cambridge Observation Guide

#	Communication Task	When used in encounter	What Content sample	How Process sample
1	Initiating the session	Beginning	Clear understanding of patient's reason to visit	Listens attentively to patient's opening statement
2	Gathering information and physical exam	Middle	Past history, family history, patient concerns	Use open and closed questioning techniques
3	Explanation and planning	End	Differential diagnosis or hypothesis; patient's perspective on information provided	Gives information in manageable chunks Picks ups and responds to verbal and non-verbal clues
4	Closing the session	End	Clear plan of action	Summarize session briefly and clarifies plan of care
5	Providing structure	Ongoing	patient has opportunity to tell his/her story	Use signposting and transitional statements
6	Building the relationship	Ongoing	Patient feels empowered to be active participant in own health care	Shares thinking with patient to encourage patient's involvement

Activity 4: Day to Day communication

- Good communication takes practice, thoughtfulness, planning, and reflection
- Review the examples in worksheet T3 for examples of how to apply the Calgary-Cambridge framework

Communication Strategies and Terms

The following list consists of key words of the communicator role:

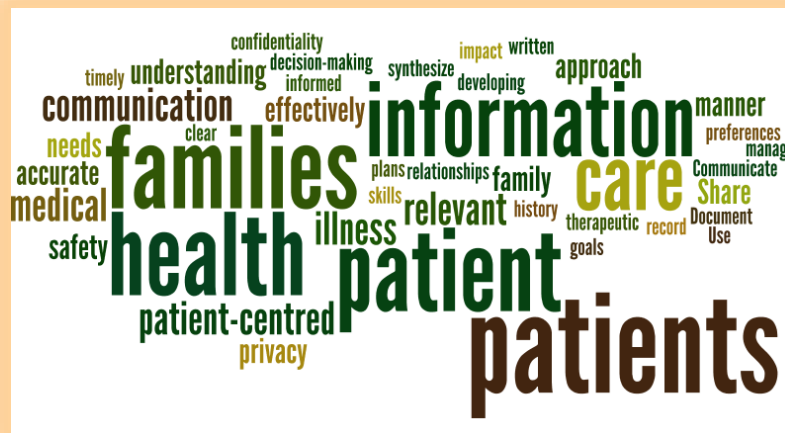
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|--|--|
| <ul style="list-style-type: none">• Categorizing• Chunking• Common Ground• Difficult discussion• Encounter• Non-verbal communication• Paraverbal communication | <ul style="list-style-type: none">• Patient-centered approach• Plain language• Safety net• Shared-decision making• Signposting• Therapeutic Relationships |
|--|--|

Suggested activities (optional):

- Review the definitions of these terms in worksheet A3
- If there are any that you want to learn more about, spend some time researching

Seek Opportunities

As you work in your discipline, you will encounter day-to-day opportunities to exercise communication scenarios and activities from which you will develop your Communicator competencies and profile. You may share your reflections with your Program Director, co-residents, academic advisor, mentor, or rotation supervisor.



Some More Resources...

Improving communication between physicians

<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2011/improving-communication-between-physicians>

Patient-physician Communication

<https://www.cps.sk.ca/iMIS/Documents/Legislation/Policies/GUIDELINE%20-%20Patient%20Physician%20Communication.pdf>