Introduction

- Good communication skills are important to foster a good doctor/patient or doctor/referring clinician relationship

- There is a growing emphasis on teaching communication skill to medical students and residents

- Simulation has been used to allow doctors practice their communication skills in a safe setting and get feedback on how to improve
Essential Elements of Communication

1. Build the doctor-patient relationship
2. Open the discussion
3. Gather information
4. Understand the patient’s perspective
5. Share information
6. Reach agreement on problems and plans
7. Provide closure

First things first

- Make sure the FIRST thing you do when meeting a patient is introduce yourself
  - Name, title, role in patient’s care
  - Example: “I am Dr. Carolynn DeBenedectis, I am a radiologist and I read your mammogram today.”
Build the doctor-patient relationship

- greets and shows interest in the patient and their family
- uses words that show care and concern throughout the interview
- uses tone, pace, eye contact, and posture that show care and concern
- responds explicitly to patient and family statements about idea and feelings


© 2017 University of Massachusetts Medical School
Open the Discussion

- allows the patient and family to complete opening statement without interruption
- asks "is there anything else?" to elicit full set of concerns
- explains and/or negotiates an agenda for the visit
Gather Information

- addresses patient and family statements using open-ended questions
- clarifies details as necessary with more specific or "yes/no" questions
- summarizes and gives the patient and family opportunity to correct and add information
- transitions effectively to additional questions
Understand the Patient’s Perspective

- asks about life events, circumstances, other people that might affect health

- elicits patient's and family's beliefs, concerns, and expectations about illness and treatment
Share Information

- assesses patient's/family's understanding of problems and desire for more information
- explains using words that patient/family can understand
- asks if the patient/family has any more questions
Reach Agreement on Problems and Plans

- Includes the patient/family in choices and decisions to the extent they desire
- checks for mutual understanding of diagnostic and/or treatment plans
- asks about acceptability of diagnostic and/or treatment plans
- identifies additional resources as appropriate
Provide Closure

- asks if the patient and family have questions, concerns or other issues

- Summarizes

- clarifies future time when progress will again be discussed

- provides appropriate contact information if interim questions arise

- acknowledges patient and family, and closes interview
Additional Elements of Communication
Demonstrates Empathy

- clinician's demeanor is appropriate to the nature of the conversations
- shows compassion and concerns
- identifies/labels/validates patient's and family's emotional responses
- responds appropriately to patient's and family's emotional cues
Communicates Accurate Information

- accurately conveys the relative seriousness of the patient's condition
- takes other participating clinician's input into account
- clearly conveys expected disease course
- clearly presents and explains options for future care
- gives enough clear information to empower decision making


© 2017 University of Massachusetts Medical School
Types of Communication Scenarios in Radiology

1. Error and apology
2. Breast Imaging Results/Bad news
3. Telephone Skills/Dealing with an angry clinician
4. Discussing findings with parents of a pediatric patient
5. Talking with patients about the need to change or cancel a procedure at the time of the procedure
6. Explaining the risk of radiation


© 2017 University of Massachusetts Medical School
Scenario Specific Communication Skills
Error and Apology

- Frankly disclose that an error was made
- Accepted responsibility for error
- Sincerely apologize for the error
- Do not be ambiguous, be clear and use layman’s terms
Change/cancel procedure

- Clearly states the procedure needs to be canceled or changed in layman's terms
- Clearly states the reason for the change/cancellation in layman's terms
- Did not assign blame/puts changes in a positive light
References


4. Wu Aw, Huang IC, Stokes S, Pronovost PJ. Disclosing medical errors to patients: it is not what you say, it is what they hear. *J Gen Intern Med.* 2009;24(9):1012-1017