Objectives

1. To appreciate the importance of communication in the medical encounter & barriers to effective bedside teaching.
2. To explain the framework approach to communication skills training.
3. To describe the coaching model and its applicability to bedside teaching.
4. To demonstrate the use of coaching in bedside communication teaching.
Good Communication

Numerous studies have shown that good patient-doctor communication leads to good outcomes:

- **Patient satisfaction**
- **Family satisfaction**
- **Provider satisfaction**
- **Symptom control**
- **Efficiency**
- **Medico-legal issues**
- **Utilization & costs**
- **Non-adherence**
- **Provider burnout**
Mandate

Communication skills training is required in graduate medical education:

IV.A.5.d) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

ACGME Common Program Requirements
Needs Assessment

Learners actually want more training in communication skills:

- Discussing bad news
- Discussing prognosis
- Discussing code status

Various Curricula

- 5-hour workshop during 2-day retreat for Medicine residents @ Duke
  

- 2-year series of 3-hour workshops for General Surgery residents @ UMass
  

- 12 one-hour sessions with Oncology fellows @ MD Anderson
  

- 3-day retreat for Neonatology fellows @ UPMC
  
What are barriers to communication teaching at the bedside?
Potential Barriers

- Lack of faculty training
- Faculty discomfort
- Learners overwhelmed by biomedical aspects of care
- Learners lack motivation
- Competing demands
- Lack of time

Learning Theory
I hear and I forget
I see and I remember
I do and I understand.

~ Confucius (551-479 BC)
Experiential Learning

Active Experimentation → Concrete Experience

Abstract Conceptualization ← Reflective Observation

Knowledge that will change your world
Premises

1. Communication is essential to the patient-doctor relationship.
2. Communication is comprised of a series of specific skills.
3. Communication skills can be taught.
4. Communication experience may be a poor teacher.
Imperfect Practice

Learners often revert to collecting and/or exchanging medical information:

• Faculty rarely observe learners
• Learners rarely observe faculty
• “OSCE mentality”
• Communication not seen as “real” medicine

Adult Learning

- Scaffolding
- Contiguity/Anchored learning
- Segmentation
- Desirable difficulties/Goldilocks principle
- Manageable cognitive load
- Self-generation/Discovery
- Feedback


Communication Skills
What are good communication skills?
### Framework Approach

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Explicit Empathy

| N   | Name                        | “I can see that you are frustrated.”  
|     |                             | “It seems like you are down today.”  |
| U   | Understand                  | “I can’t imagine what you’re going through.”  
|     |                             | “This is obviously a lot to go through right now.”  |
| R   | Respect                     | “I see how hard you have been fighting for her.”  
|     |                             | “You are good parents; we all see that.”  |
| S   | Support                     | “I want you to know that I am here for you.”  
|     |                             | “We are available anytime if questions come up.”  |
| E   | Explore                     | “Tell me more about what you’re thinking.”  
|     |                             | “How are you doing?”  |

Coaching
Tenets

- Learner-centered relationship
- Safe learning environment
- Honest feedback
- Accountability (results-focused)

Coaching Cycle

Call to Action → Pre-Lesson Conference → Lesson → Post-Lesson Conference → Call to Action

Coaching at the Bedside

1. Ask learner for specific skill to practice (plan)
   – Guide learner to doable skill based on prior experience

2. Observe learner in action (practice)
   – Take notes of phrases used & reactions from patients/families

3. Debrief the encounter (reflect)
   – Guide towards a learning point (clarify “stuck” point)
   – Highlight specific skills that learner did well
   – Brainstorm skills/phrases to use in the future

4. Ask learner for “take home point” (call to action)

Adapted from “Steps in Primary Teaching Method of the Introduction to Medical Interviewing Course” by William Cohen, MD of the University of Pittsburgh School of Medicine.
Communication Coaching

Call to Action

Plan

Reflect

Practice
Practice
Instructions

1. Faculty identifies specific skill to practice (plan)
   - Choose a doable skill based on prior experience

2. Group observes faculty in action (practice)
   - Take notes of specific words/phrases used & reactions from student

3. Group debriefs the encounter (reflect)
   - Guide towards a learning point (clarify “stuck” point)
   - Highlight specific skills that the faculty did well
   - Brainstorm skills/phrases to use in the future

4. Faculty provides “take home point” (call to action)
Pearls

• Keep it learner-centered.
• Be specific.
• Pay attention to emotion of learner.
• Highlight the positives.
• Be careful giving your opinion.
• Remember to get a take home point.
Summary

• Communication is essential to the patient-doctor relationship & should be a regular part of our teaching.
• A framework approach helps to guide learners & teachers.
• Communication teaching can be done quickly & effectively at the bedside.
• A coaching model can help all of us teach communication in a learner-centered, experiential manner.
Questions?