MODULE TITLE:	**COMMUNICATION**	**01-Jan-2009**
DEVELOPED BY:	**Wendy Crebbin**	
Module Rationale and Objectives	It is now widely accepted that the quality of practitioner-patient communication is fundamental to effective health care. Good communication is therefore an essential competence for all surgeons whether it is with patients and their families, or with professional colleagues and team members. All Trainees and Surgeons are required to develop the necessary knowledge, motivation and skills to interact effectively and appropriately with people from all sectors of the community. At graduation the trainee will be able to: ▪ establish a therapeutic relationship with patients (and their families) characterised by understanding, trust, respect, empathy and confidentiality ▪ communicate information to patients (and their family) about procedures, potentialities, and risks associated with surgery in ways that encourage their participation in informed decision making ▪ communicate with the patient (and their family) the treatment options, potentials, complications, and risks associated with the use of drugs ▪ use effective listening skills and elicit and provide information through appropriate non-verbal communication and open, clarifying questioning ▪ communicate with and co-ordinate surgical teams to achieve an optimal surgical environment ▪ communicate effectively with all persons involved in the care of the surgical patient ▪ initiate the resolution of misunderstandings or disputes ▪ appropriately adjust the way they communicate with patients to accommodate cultural and linguistic differences ▪ maintain clear, accurate and appropriate records ▪ communicate information (in oral and written form) about own and other's research	
Suggested Reading	There are no prescribed texts; trainees will be expected to keep abreast with current literature. Suggested reading: Australian Council for Safety and Quality in Health Care, 2005, 'Communicating Effectively', National Patient Safety Education Framework, pp. 3-44: refer to requirements for Level 3 http://www.safetyandquality.org/framework0705.pdf W Baile, R Buckman, R Lenzi et al., 2000, 'A six-step protocol for delivering bad news: Application to the patient with cancer', The Oncologist, 5:4, pp.302-311 http://theoncologist.alphamedpress.org/cgi/reprint/5/4/302?ijkey=31c929d85ebace64f5a8609bf70c7941df60ed4e Cultural Competence Training: Literature Review Abstracts http://www.diversityrx.org/htmL/RCPROJ_B_01.htm#section Kline, J. 2004, Leaders communicating effectively http://www.au.af.mil/au/awc/awcgate/au-24/kline.pdf Lee, S. Back, A. Block, S. & Stewart, S. 2002, 'Enhancing physician-patient communication', Hematology, pp. 464483 http://www.asheducationbook.org/cgi/reprint/2002/1/464 Maguire, P. & Pitceathly, C. 2002, 'Key communication skills and how to acquire them', BMJ, 325: 697-700: http://bmj.bmjjournals.com/cgi/reprint/325/7366/697 National Health and Medical Research Council, 2004, Communicating with Patients: Advice for medical practitioners; and General Guidelines for medical practitioners on providing information to patients: http://www.nhmrc.gov.au/publications/ehome.htm Queensland Government, (2003) Cultural Diversity A guide for Health Professionals http://www.health.qld.gov.au/multicultural/cultdiv/default.asp	
Learning Opportunities and Methods	▪ Online ▪ Literature review	
How this unit will be assessed	▪ 360 degree evaluation ▪ Half yearly Supervisor's reports	▪ Examination

MODULE OBJECTIVES	
Basic communication skills	▪ Provide information in a clear, truthful, considerate, and responsive manner ▪ Communicate information to patients (and their family) about procedures, potentialities, and risks associated with surgery, as well as any possible alternatives, in ways that encourage their participation in informed decision making ▪ Discuss with the patient (and their family) the treatment options associated with pre and post-operative treatments in order to maximise the chance that the patient will follow agreed decisions about treatment and/or lifestyle ▪ Maintain patient confidentiality and trust ▪ Ensure appropriate levels of privacy
Communication as interaction	▪ Aware of others in the interaction and treat patients as people ▪ Elicit a patient's problem, their perceptions and concerns about the problem, and the potential impact of the problem on their lifestyle ▪ Actively listen ▪ Check to ensure understanding (their own as much as the patient's) through summarising and clarifying questions ▪ Continuously self-monitor ▪ Avoid interrupting the patient (or family) in ways that reduce their capacity to provide information ▪ Encourage patients (and their family to ask questions)
Respond appropriately to the communication context	▪ Are consciously and consistently competent in intercultural communications ▪ Maintain an open-minded and non-judgemental approach to patients (their families) and colleagues ▪ Adjust communication in response to feedback (verbal and non-verbal) from others throughout the interaction ▪ Appropriately adjust communication style to the kind of information that is being conveyed

Cultural awareness	▪ Aware of own cultural expectations and potential biases
	▪ Recognise and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy (their own as well as others') Examples of culturally competent care include:
	  ▪ strive to overcome cultural, language, and communications barriers;
	  ▪ provide an environment in which patients from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options;
	  ▪ use community workers as a check on the effectiveness of communication and care;
	  ▪ encourage patients to express their spiritual beliefs and cultural practices; and
	  ▪ being knowledgeable about and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans
	▪ Adjust communication to accommodate the effects of differences in the cultures of staff and patients on clinical and other workforce encounters, including effects of the culture of western medicine and clinical training
	▪ Effectively communicate among staff and patients of different cultures and different languages, including working with interpreters
	▪ Resolve racial, ethnic, or cultural misunderstandings or disputes between staff and patients
	▪ Access interpreters and translated written materials

Non-verbal communication	▪ Ensure that non-verbal communication is appropriate for the message that is to be conveyed ▪ Coordinate non-verbal and verbal communication ▪ Maintain an interactive posture throughout an encounter with patients and other professionals ▪ Be knowledgeable about different non-verbal communication rules in the cultures of patients and co-workers ▪ Supplement verbal explanations with written materials written in lay language

MODULE OBJECTIVES	
Delivering bad news	▪ Identify when a patient has interpreted information as 'bad news' ▪ Acknowledge and address emotions (the patient's and own) ▪ Provide information according to each patient's priorities and needs ▪ Enable patients to talk about their fears and concerns ▪ Identify problematic responses and be able to deescalate them ▪ Manage time constraints and potential interruptions
Communicating with colleagues and team members	▪ Maintain clear and accurate records of case-notes and patient files ▪ Identify and communicate the most salient information effectively ▪ Establish and maintain an effective working environment characterised by respect ▪ Demonstrate and utilise conflict resolution techniques
Communicating about research	▪ Effectively communicate information about research interests and findings in conferences, seminars and/or journals ▪ Analyse research relevant to specific cases and communicate this to patients and/or colleagues

SELF ASSESSMENT

Communication:

Consider the following case study:

You have just completed your rounds and you have an appointment with the resident who has been on your service to go over his end-of-rotation evaluation. You have discussed the resident's performance with the other preceptors and you have all concluded that the resident's performance is unsatisfactory. The resident enters your office and instead of telling him the truth you tell him that although his performance is below average you still grade it satisfactory overall. You are concerned that if you submit an evaluation that is unsatisfactory you may be exposing yourself to an appeal which will be time-consuming and likely confrontational.

- What professional issues have been raised in this scenario?
- What are your initial thoughts or reactions to the situation being described? How would you describe the attitude of the supervisor?
- What options could you pursue in a situation like this?
- What do you think you would do if you were involved in such a situation?
- What might the personal consequences of such an action be for you?
- Have you ever encountered a situation like this and if so what did you do?
- How did you feel about what you did afterward?

Source: CanMEDS Teaching the Professional Role. Available online via: http://rcpsc.medical.org/publications/roles_e.html#casestudy

Respond appropriately to the communication context (Basic communication skills; Non-verbal communication):

Reflect on one of your recent cases in which there may have been a break-down in communication.

- Visualise the body language of the people involved and review the non-verbal messages you were interpreting
- Visualise the body language of the people involved and review the non-verbal messages were sending
- Replay in your mind some of the dialogue and consider the extent to which you were ensuring understanding
- Identify any elements that contributed to the break-down in communication
- Identify what could have been done differently and how

Cultural awareness:

Consider the following case study which is part of an extract from research carried out with Aboriginal patients in Darwin.

> Physician: How much are you drinking? How much water?
>
> Patient: Little bit water tea, little bit ga bilin ["that's it"]
>
> Physician: How much each day? Water, tea?
>
> Patient: Three cup, two cup, little bit [said very confidently]
>
> The physician believed that the patient had a clear understanding of the question and was describing the amount of fluid drunk daily. However, it later became clear that the patient responded this way because she knew what was expected. Her understanding of fluid restriction was that she should drink only two cups of "fizzy drink" per day, but that drinking tea or water whenever she felt like it was acceptable.

Cass, A. Lowell, A. Christie, M. Snelling, P. Flack, M. Marrnganyin B. & Brown, I. 2002,
Sharing the true stories: improving communication between Aboriginal patients and healthcare workers, MJA 176 (10): 466-470
http://www.mja.com.au/public/issues/176_10_200502/cas10830_fm.html

- What cultural mode of discourse does this interaction represent?
- What aboriginal cultural restrictions might be involved and/or contradicted in this interaction?
- How might a medical practitioner in a similar situation ensure that they were getting accurate information?
- What other cultures are you aware of where there are restrictions on who may ask for, or give, specific information; or information about personal issues; or where it is considered impolite to directly contradict or to respond negatively, particularly in encounters of unequal power or when the participants lack a close relationship.
- Do you know how to access the appropriate cultural services in your hospital?

Delivering bad news:

- Indicate some of the issues that need to be taken into consideration when delivering what might be perceived as bad news
- Identify your own perceptions of the barriers to delivering bad news to patients and families
- List the necessary steps a trainee or surgeon must follow to overcome these
- Describe a situation where you had to deliver bad news to a patient and/or their family and how you handled their response

Communicating with colleagues and team members:

Consider the following case study:

You are making rounds in the hospital one morning and as you arrive on one of the teaching wards you see one of your senior colleagues and a group of house staff standing in the nursing station. When you get closer you realise that your colleague is berating one of the residents over a mistake which was made. Your colleague appears angry, is speaking in a loud voice and is referring to the resident as "stupid", is making disparaging remarks about his previous education and the fact that someone like him will never succeed in the discipline. The resident in question is obviously very distressed by what is going on as are all the other students and residents in the group.

- What professional and communication issues have been raised in this scenario?
- What are your initial thoughts or reactions to the situation being described? How would you describe the attitude of the teacher?
- What options could you pursue in reacting to a situation like this?
- What do you think you would do if you were involved in such a situation?
- What might the personal consequences of such an action be for you?
- Have you ever encountered a situation like this and if so what did you do?
- Why did you do what you did? How did you feel about what you did afterward?

Source: CanMEDS Teaching the Professional Role. Available online via: http://rcpsc.medical.org/publications/roles_e.html#casestudy

Communicating about research:

- Refer to the Scholar and Teacher module