

The patient encounter: asking difficult questions (MedEd Portal ID 540) Facilitator's Guide

Purpose/Goals

By demonstrating the importance of communication with our patients, and providing handouts on language and tools to use in discussing sensitive topics, we intend to improve the comfort and the performance of participants, and thereby to improve the patient care they provide.

Educational objectives

1. Establish the importance of patient-doctor communication.
2. Describe the elements of patient-doctor communication.
3. Explore areas of communication that are difficult or uncomfortable for patients and doctors.
4. Provide language and tools to use in screening for and discussing the “sensitive” topics of sexual orientation, intimate partner violence, mood, memory, substance use/abuse and financial barriers.

Conceptual background

This presentation was developed in response to a lecture at the spring 2006 meeting of the Association of Program Directors in Internal Medicine. At that lecture, “The Underachieving Resident,” common areas of deficiencies in core competencies were discussed. The facilitator referred to the following article when discussing international medical graduates and limitations they may have in providing care for patients and communicating with patients about mental health concerns.

Searight HR, Gafford J. Behavioral science education and the International Medical Graduate. *Academic Medicine* 2006; 81(2):164-70.

In our program, we have a number of international medical graduates. I began exploring literature on how to better equip these residents, and all our residents, for communication in areas that either they or their patients find uncomfortable.

Practical implementation advice

For each PowerPoint slide, you will find attached notes with discussion points, references, and activities to accomplish during that slide. You will receive files for all handouts mentioned, when possible. When not possible, the notes page attached to the slide will direct you to the site from which you may download/print the handouts. I encourage you to keep the handouts and pass them out when they become relevant, so learners are not distracted by the complete set.

There are two scenarios which allow you to role-play with an audience member. I found it helpful to have the audience offer up a colleague for the role-playing, as it engaged them more in the exercise.

I presented this interactive lecture during a one-hour session. A longer session would allow more discussion and reflection by the audience.

Limitations/areas for expansion

The format is largely a traditional lecture, to allow coverage of several topics in a one-hour session. More active participation would be possible in small groups, and for sessions longer than one hour small-group discussion would be feasible. After the facilitator introduces the elements of communication and the therapeutic importance of the patient-doctor relationship, the audience would form break-out groups for each of the “difficult questions.” Each group would have the handout resources on their topic, and would reflect on their own strengths and weaknesses in discussing the topic. The whole group would re-form, and then each small group would present their recommendations on when and how to address their topic. To close, the facilitator would lead discussion of other areas that participants have found difficult. This would allow further topic areas to be developed and resources to be added.

An additional limitation is the lack of formal assessment of skills improved/learned because of the lecture. Ideally, the presenter or other participating faculty member would conduct a mini-CEX assessment of a learner’s communication before and after the presentation. This would reinforce the “real-world” applicability and importance of the topics discussed.