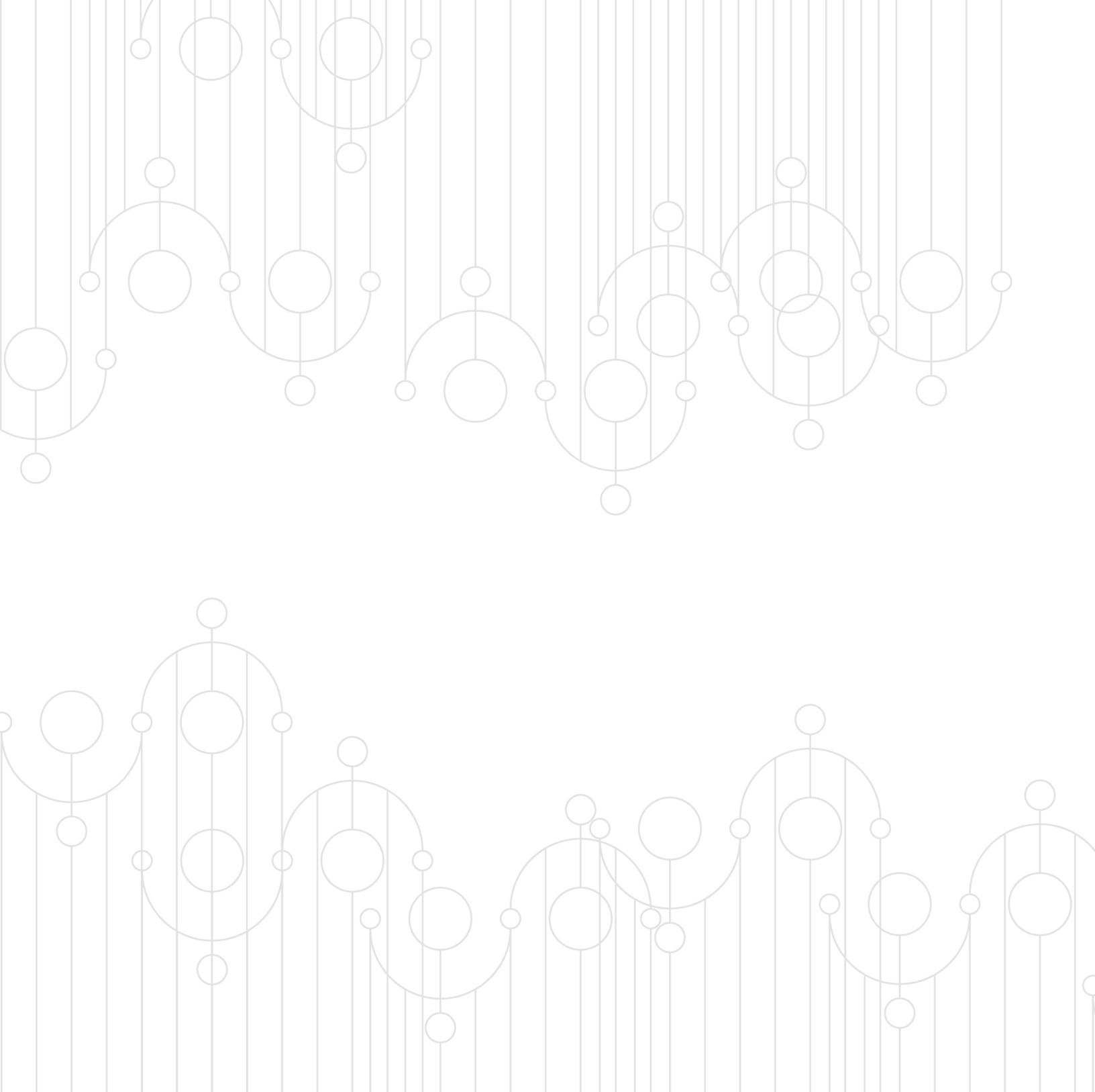


CMPA
VIRTUAL
EVENT



**CLINICAL
COMMUNICATION
PROGRAM**

WORKBOOK



DISCLAIMER/TERMS OF USE

These learning materials are for general educational purposes only, and are not intended to provide professional, medical or legal advice or to represent a professional or legal "standard of care" for Canadian healthcare providers. Variations in practice are expected and may be appropriate. These suggestions should not be construed as dictating rules for patient care and communicating with patients. Your use of CMPA learning materials is subject to the foregoing as well as the CMPA's complete disclaimer found at www.cmpa-acpm.ca.



Clinical Communication Program

Welcome to the Clinical Communication Program. During this program, you will be encouraged to reflect on your own views and practice of communication and to consider the role of communication in healthcare. You will also be exploring the links between physician-patient communication and the risk of complaints and claims.

You will be presented with an evidenced-based communication model that describes key skills important for patient satisfaction.

There will be opportunities for you to determine the changes you would like to make in your communication behaviour and ample time for you to experiment with the skills required to make these changes. Your facilitators will provide expert feedback to ensure you derive maximum benefit from this learning experience. We hope you find this workshop rewarding.

Benefits of the course

- ✓ More effective communication
- ✓ Better patient relationships
- ✓ Better time management
- ✓ Better patient outcomes
- ✓ Better staff and professional relationships
- ✓ Decreased risk of complaint and claim

Hobma et al 2006, Trumble et al 2006, Haynes 2007, O'Brien et al 2014

Learning objectives

1. Recognize the communication factors that influence effective relationships with patients.
2. Explain how communication behaviours contribute to patient experience, complaints, and litigation.
3. Understand how personal limitations impact effective communication.
4. Develop strategies to overcome personal limitations that impact communication.
5. Demonstrate three tools for effective communication within a consultation.
6. Develop, utilize and practice, through coaching, an effective action plan to improve communication skills.

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Technological requirements

Welcome

Here are the technical requirements to help you seamlessly take part in this interactive learning experience:

Use a desktop or laptop computer, rather than a mobile device or tablet.

Download the Zoom application for your device and ensure you have the latest updates.

Test the technology prior to the session (i.e. camera, speakers, and microphone). You will be asked to turn on video and speak during the session.

Using a headphone with a unidirectional microphone set is highly recommended for sound quality and confidentiality.

Ensure that your internet signal is strong enough to support an interactive video conference.

Put other devices, including phones, on silent.

Mute yourself if you are not speaking.

Email ccp@cmpa.org if you are experiencing any technical difficulties before or during the session.

Session 1

Patient complaints

Discussion: Why do patients complain?

If a patient is considering making a complaint or claim, what factors might influence their decision? Consider these factors under the following headings. **List as many as you can.**

Patient factors	
Physician factors	
Situation factors	

Exercise: Assessing competence

What is your immediate assessment of this tradesman's competence?

What factors will you take into consideration as you decide whether to hire him or not?

Exercise: A Risky Consultation

Observe our physician at work. What are three predisposing factors for a complaint or litigation in the way the doctor conducts the consultation?

If you were the patient, how competent would you judge this physician to be?

What is the likelihood of a complaint or litigation should there be an unexpected adverse outcome?

Think back to the video of Dr. Graham and Mrs. Santini you watched. What differences do you notice between Dr. Graham's and Dr. Harvey's communication skills?

What are the likely effects of these differences?

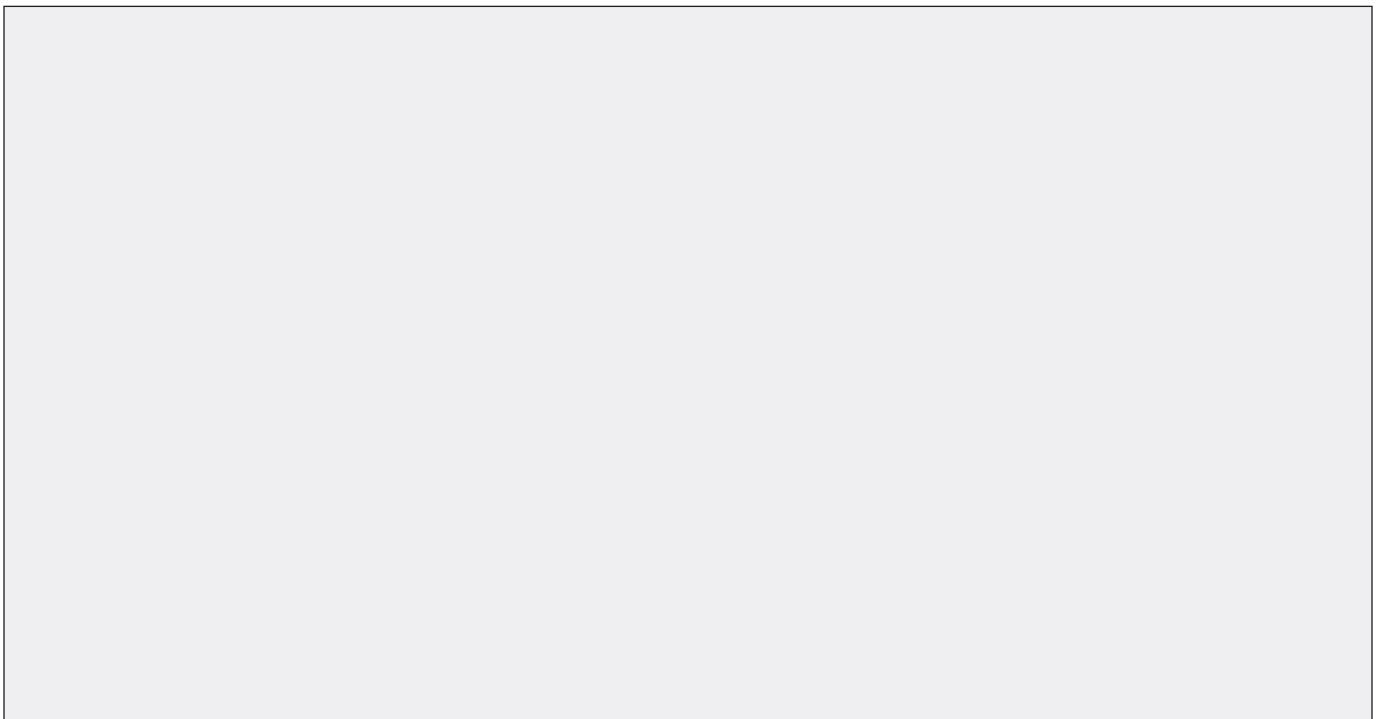
Session 1 homework

In Preparation for session 2,

1. Review your notes and key ideas from today's session. Write down your insights and interrogations.
2. Complete the 'Reflective Exercise' below.

Reflective exercise

What is it like waiting to see a doctor?

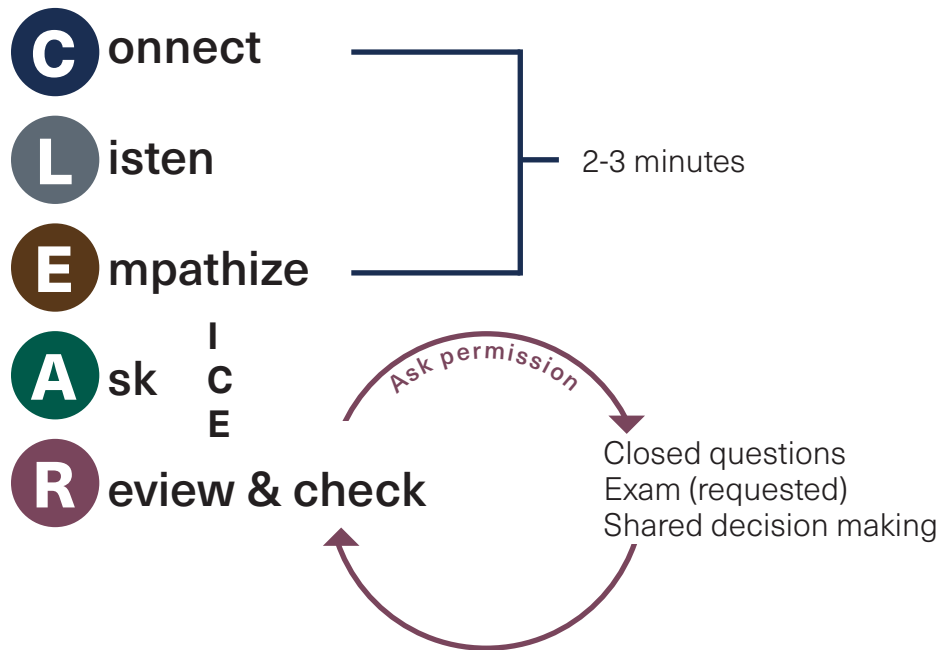


Session 2

CLEAR communication

Session 2

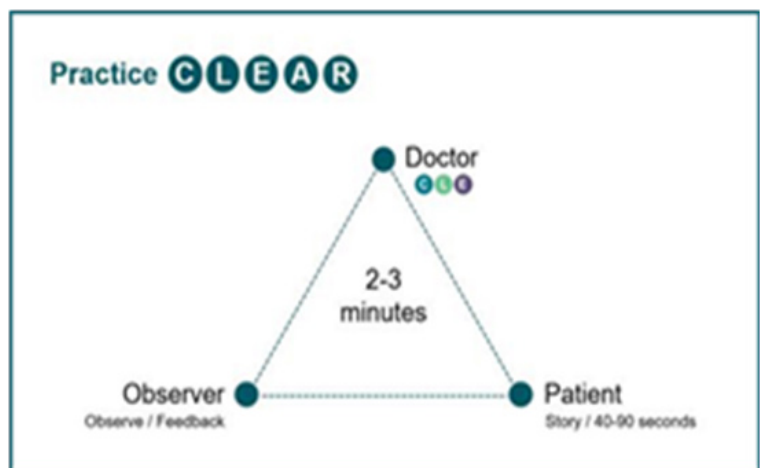
CLEAR communication



Exercise: Practice CLEAR communication

In small groups, take turns in the following roles:

- ▶ **Patient:** Choose a common presentation from the specialty of your 'doctor'. Present a story.
- ▶ **Doctor:** Put into practice the skills of Connect, Listen, Empathize for the first two minutes of the consultation.



Rotate roles after five minutes. Be prepared to share feedback after the exercise.

Session 2 homework

In Preparation for session 3,

1. Review your notes and key ideas from today's session. Write down your insights and interrogations.
2. Complete the Reflective Journal below.

Reflective Journal

The practice of reflection is an integral component of learning and continuing professional development. It helps us make the most of learning opportunities. Thus far you will have experienced many different forms of learning opportunities. Please take some time to think about what you have experienced to date and what you have learned. Stimulus questions are provided to assist you.

Your participant workbook will not be shared with anyone else. This allows you to record not only the insights and experiences you have gained but also the challenges and areas of focus you may wish to highlight to yourself for the following sessions. Jot down whatever notes you think might be helpful as you reflect. Be careful to be honest with yourself.

1. What are the key insights you gained from these sessions?

2. Following the discussion of patients' reasons for complaint and claim, what predisposing factors do you think may be present in your practice that may put you at increased risk?

3. Of the skills described in the CLEAR Model, which ones do you regularly use?

4. Which of the CLEAR skills do you find most difficult?

5. Which of the five skills will you be concentrating on when we work with the actors?

Session 3

Feedback

Session 3

Discussion: Principles of Feedback

Think back to your own experience of receiving feedback answering the following questions.

What is the purpose of feedback?

Was the feedback you received effective?

What are the prerequisites for feedback to be effective?

- ▶ Person offering feedback

- ▶ Feedback itself

- ▶ Person receiving feedback

Exercise: Self-Reflection through a CLEAR Lens

Let's look at an excerpt from your initial videos.

Please share about your own video:

- One thing you liked.
- One thing you might like to try differently.

Exercise: Characteristics of Excellent Communication

Think of someone that you admire as an excellent communicator. Keep this person in mind as you answer the following questions.

- ▶ What is excellent communication?

- ▶ What does it "look like"?

- ▶ What attitudes and values underpin excellent communication?

- ▶ What impact does it have?

Demonstration: Live model of CLEAR communication

Your facilitator will present a demonstration of the skills of CLEAR in a simulated consultation. Use a CLEAR checklist to help you.

Write down examples of the skills you observe as you watch this demonstration.

What CLEAR skills did you notice being used?

C - Connection

L - Listen

E - Emphathize

A - Ask

R - Review and check

What impact did these CLEAR skills have?

What did you like?

Is there one thing that you would like to integrate into your own practice?

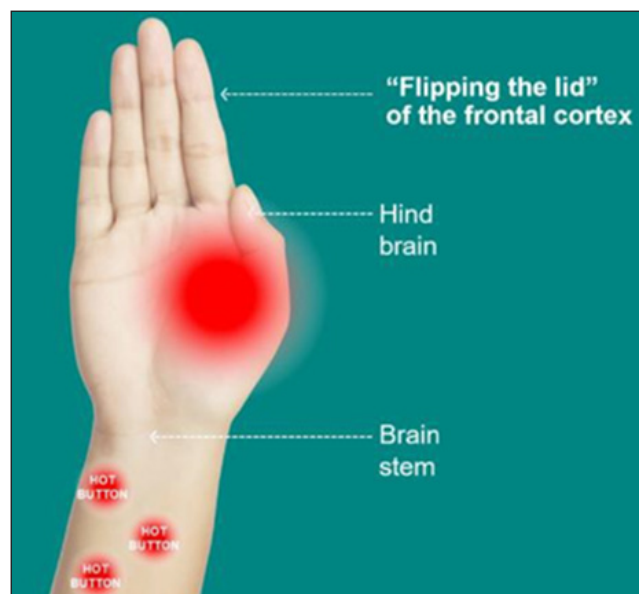
Exercise: Risk Radar and Hot Buttons

This exercise is deeply personal, aimed at refining your intuitive ability to detect situations where your medico-legal risk may be elevated – essentially sharpening your risk perception.

Many physicians are familiar with the sensation of encountering a situation that leaves them uneasy, questioning whether it could have been managed more effectively for a better outcome. These sensations often signal heightened risk.

Certain behaviors or attitudes in others, whether communicated verbally or nonverbally, can act as 'hot buttons' or emotional triggers. These triggers vary greatly among individuals and, when activated, may prompt behaviors that compromise our performance.

Another term for this response to triggers is "limbic hijacking".



Please spend a few minutes thinking about the following:

- ▶ What factors relating to each of the following may contribute to my risk?

- ▶ Patient behaviours and attitudes (e.g. rude/demanding patients)

- ▶ Nature of the presentation (e.g. second opinion or after an adverse outcome)

- ▶ Practice systems and environment (e.g. time pressures or lack of communication)

- ▶ Your skills and experience (e.g. lack of training in difficult or clinically challenging interactions)

- ▶ Your reaction to patient behaviours you find challenging (e.g. when your “hot buttons” are pushed you stop listening)

- ▶ Your underlying assumptions (e.g. stereotyping patients or assuming patient expectations)

Personal risk radar



Session 3 homework

In preparation for session 4,

1. Review your notes and key ideas from today's session. Write down your insights and interrogations.
2. Identify risk factors or "hot buttons" in your skill level, reactions to patient behaviours and underlying assumptions. Fill out the Reflective Journal below.
3. Think back at your initial videos through the CLEAR lens and start identifying some of your most strategic areas for improvement. Fill out the Reflective Journal below.
4. Think about the story you will share at the upcoming "Coffee Cup discussion with the group (3-5 minutes).

Reflective Journal Exercise:

1. Think about potentially risky situations in your practice. Identify risk factors or “hot buttons” in your skill level, reactions to patient behaviours and underlying assumptions.

2. You received feedback on your consultations. That is a universally challenging experience for clinicians. From the feedback you received, what were two strengths that you can build on to improve your consultations?

3. What were the two most useful pieces of feedback you received?

4. What are the advantages for physicians in having effective communication skills?

5. During this session, you considered your own 'personal risk radar', the kind of situations where you might be most at risk of patient complaint. How might you avoid this? What would be effective strategies, should hot buttons arise?

6. If your 'risk radar' is alerting you to a risky situation, how will you respond?

7. In this program, you will be working with actors to practice the skills of CLEAR. You may or may not have worked with actors before. What do you think will be your greatest challenge with this exercise?

Session 4

Working with actors

Session 4

Discussion: Sessions 1-4 revisited

What did you learn?

What challenged you the most?

Was there anything you took issue with?

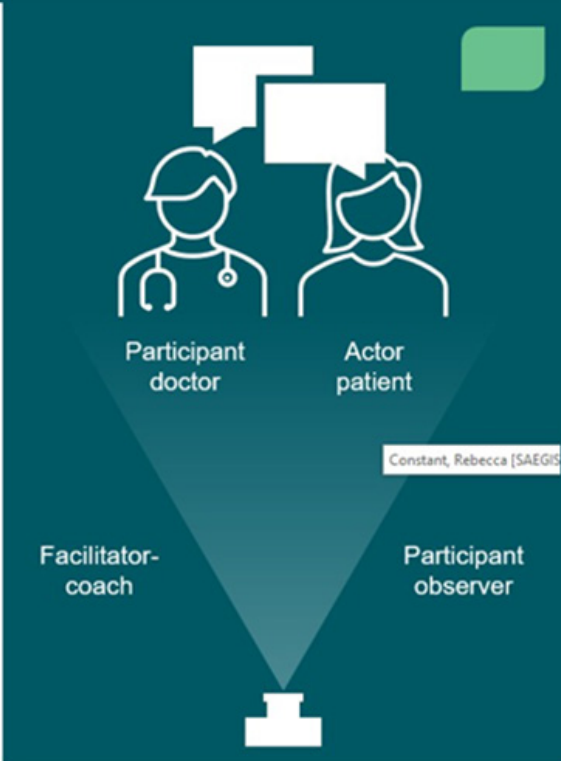
Working with actors

Working with actors

“Best part of the course”

- 3-5 min clinical encounters
- 3 delegates/break out room
- Take turns in the doctor role
- Improv actor is your patient
- Anyone can request: “Time out”
Facilitator may: “stop, re-wind, re-take”
Actor: gives feedback in the patient’s voice
- Offer feedback using Interview and feedback is recorded

CLEAR model



Constant, Rebecca [SAEGS]

In this session, you will collaborate with your facilitator and a professional actor in a small group setting. Your task will involve conducting simulated consultations with the actor, who will portray various patients typical of your specialty. Feedback, following the CLEAR model, will primarily come from your facilitator, with occasional input from the actor.

This part of the workshop often induces some level of anxiety among participants, which is perfectly normal. Our goal is to facilitate a positive and productive learning experience for you, fostering confidence in taking on manageable risks. Such growth necessitates experiencing a certain level of tension. If you feel that the tension becomes overwhelming, please communicate this to your facilitator.

It’s reassuring to note that nearly all feedback we receive about this workshop highlights the highly positive rating participants give to the sessions involving actors.

Create your Patient Scenario for CLEAR

- Patient's name
- Age
- Occupation
- Personality
- Complaint (keep it simple)
- Level of tension

0 —●— 10

CLEAR Scenario example

- **Patient:** Laura Brison
- **Age:** 55
- **Occupation:** semi-retired accountant
- **Presentation:** hand pain and numbness
- **Personality:** bit anxious
- **Level of tension**

0 —●— 10

Session 4 homework

In preparation for session 5,

1. Review your notes and key ideas from today's session. Write down your insights and interrogations.
2. Consider your goals for this program. Complete the Reflective Journal below.
3. Prepare your CLEAR scenario.
4. Review your checklist and helpful phrases for CLEAR.

Personal Goal Setting

As you consider your goals for this program, please review your reflections on the sessions that have been covered so far, along with any feedback you listed in the previous exercise. You have identified risk factors in your:

- ▶ Skill level
- ▶ Reactions to Patient
- ▶ Behaviours
- ▶ And underlying assumptions

Acknowledge that some of these you can change and some you cannot. Some of these are outside the scope of this program and may require you to take other action to reduce your risk.

Of those that relate to you, which can you change? Contemplate and answer the following questions:

What knowledge or understanding do you need to help you achieve these goals?

What skills do you need to develop to achieve these goals?

Do you need to review or modify any of your behaviours or attitudes to achieve these goals?

What are the likely benefits from making these changes?

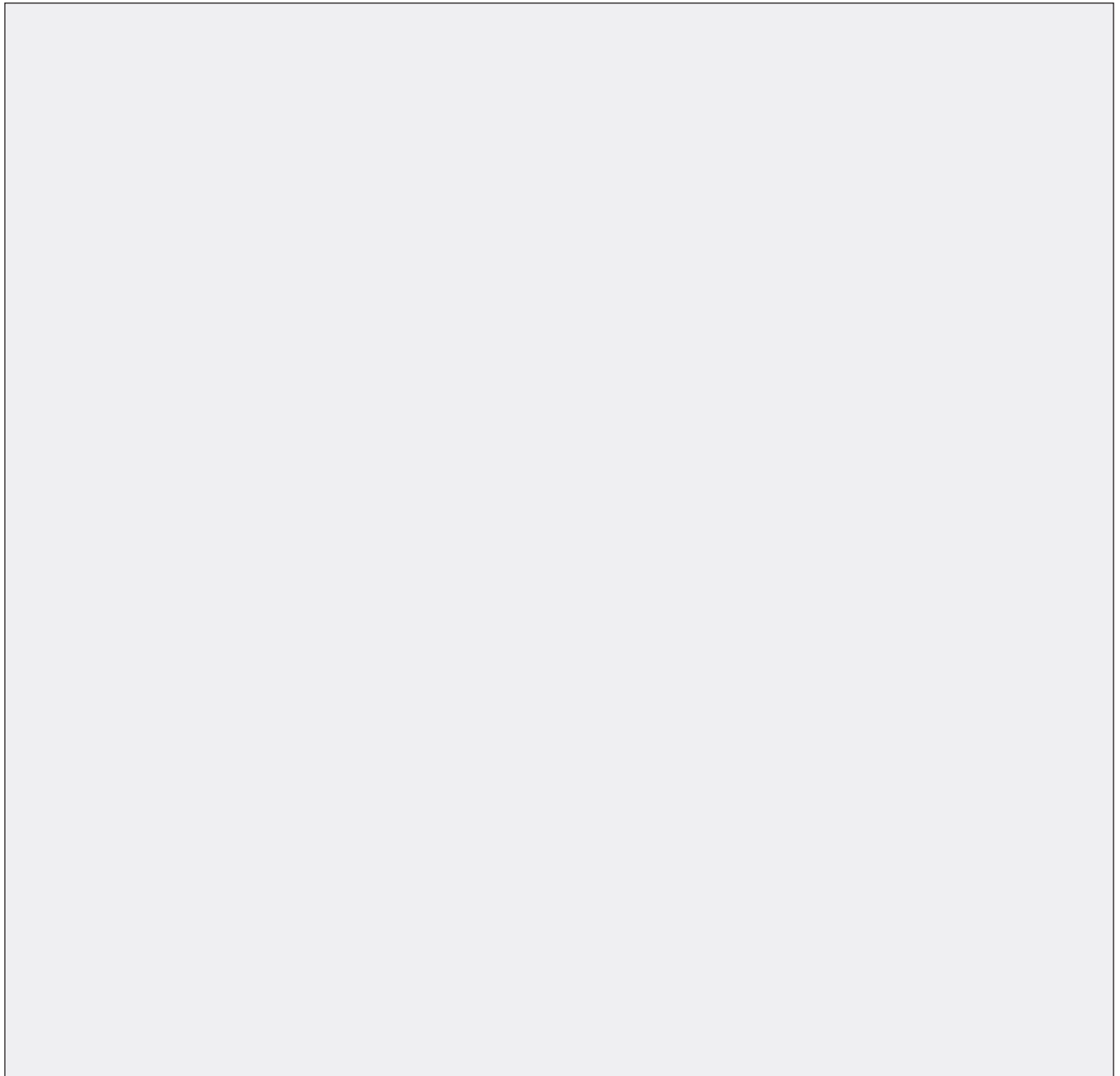
Session 5

Shared decision making

Session 5

Working with actors

Notes:

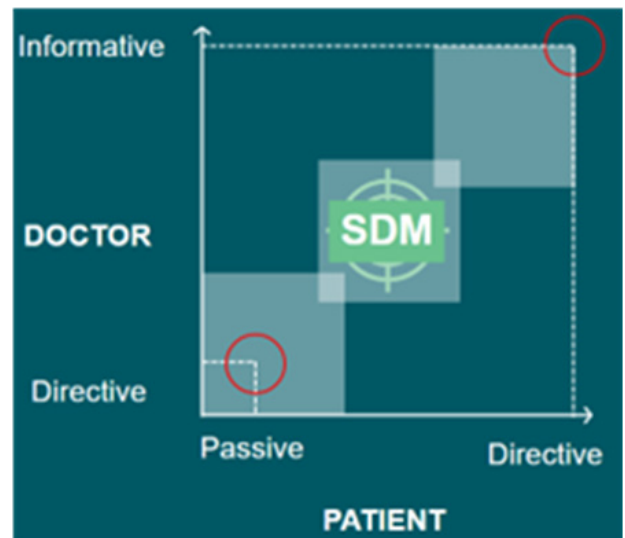


What is Shared Decision Making?

Shared decision-making is both a philosophy and a process whereby the patient and the professional work in partnership to make decisions about care where there is more than one way forward.

Shared Decision Making considers:

- ▶ Scientific knowledge and evidence
- ▶ Patient autonomy
- ▶ Patient values and preferences



The 6D Framework for Shared Decision Making

- D**evelop trust
- D**iscover patient's views & values
- D**iscuss options, benefits & risks
- D**ouble check understanding
- D**ecide
- D**ocument

D evelop

Develop trust:

- Use effective communication skills to underpin the whole process.
- Encourage patient involvement.
- Acknowledge complexity of decision if appropriate.
- Establish patient preferences for information – amount and how it is presented.

D iscover

Discover patient's views/values:

- Knowledge: “Tell me what you already know about this.”
- Ideas: “Do you have any thoughts about your condition and its treatment?”
- Concerns: “Many patients have concerns about this procedure – what worries you?”
- Expectations: “What are you expecting from this treatment?” “What would a good result be for you?”
- Preferences: “What preferences do you have about how we should manage your condition?”
- Values: “What else do we need to consider before we make this decision. What is most important to you? What about time off work?”

D iscuss

Discuss options, benefits and risks:

- List options, including the “no action” option.
- Outline risks/benefits and likely outcomes for each options:
 - Risks that apply to any reasonable patient
 - Risk that apply particularly to THIS patient.
- Make recommendations having regard to the patient's values.

Double-check

Double-check understanding. Checking patient understanding helps to ensure that:

- Information has been understood.
- Decisions are correctly informed.
- Misunderstandings are less likely.
- Future actions are accurately confirmed.
 - Preferred method: “I’ve given you a lot of information. Just to be sure that I was clear, it would be helpful to me to hear your understanding about your condition and its treatment.” (Tell Back Collaborative)


Kemp et al, 2008

Decide

Decide. Choose to defer the decision – consider what will help

- More time to consider
- Talk to family
- Use decision aid
- More information
- Second opinion
- Agree on next step(s) and timing

Make a decision and reflect on and review the decision agreed.



A well-informed patient
rarely encounters an
unexpected outcome.

Document

Document:

- “Remember that patients, their family or, sometimes, their legal advisors may read your records.”
- “In general, records that are adequate for continuity of care are also sufficiently comprehensive for legal use.”

Session 5 homework

In preparation for session 6,

1. Review your notes and key ideas from today's session. Write down your insights and reflections.
2. Review the feedback you received today.
3. Review helpful phrases for CLEAR.
4. Try CLEAR in your practice.
5. Prepare your patient scenario for Shared Decision Making.
6. Watch the Shared Decision Making (SDM) video [CCP Learning Resources webpage](#).

Patient Scenario for SDM

Prepare your patient scenario for Shared Decision Making

- Choose a simple clinical decision regarding investigation or treatment that you frequently make with your patients.
- Identify two typical management options in addition to "doing nothing".
- Consider the common risks and benefits of each option.

[Shared Decision Making] Patient Scenario

Name:

Age:

Occupation:

Personality:

Clinical Decision:

Option 1 "do nothing" Risks Benefits

Option 2 Risks Benefits

Option 3 Risks Benefits

Level of Tension:

0 ———●———— 10

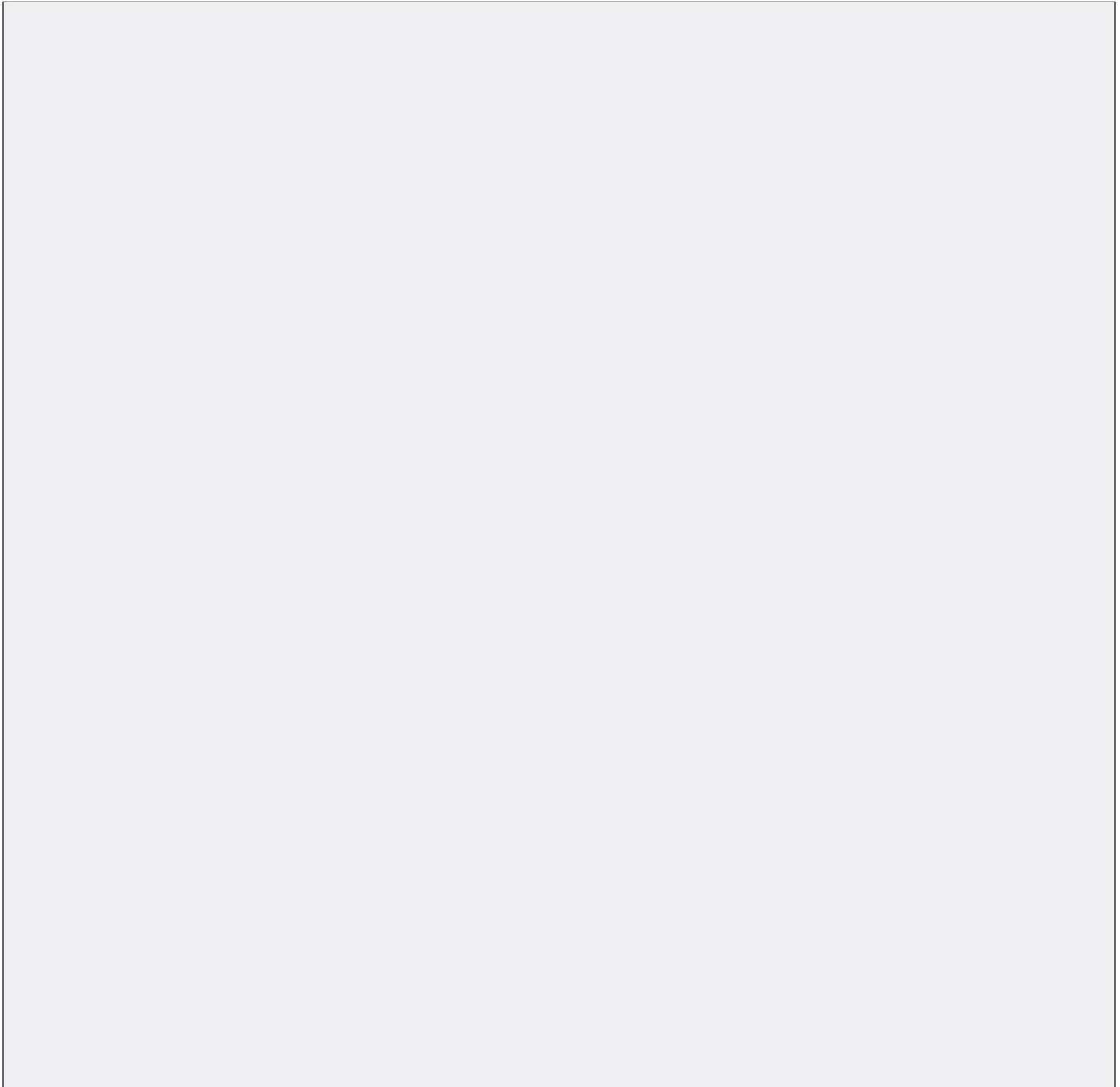
Session 6

ASSIST model

Session 6

Shared Decision Making – Working with Actors

Notes:



ASSIST Model: Addressing an adverse outcome

What do patients expect from doctors after an adverse outcome?

- A truthful discussion
- Having their story heard and acknowledged
- An expression of regret or sorrow
- Information to their level of satisfaction
- Information on how similar outcomes will be prevented in the future (if possible)
- A mutually agreed on plan for ongoing care/follow-up

At least 98% of patients
want to be told the truth
about medical error.

- Gallagher et al 2003, Hobgood et al
2005, Mazor et al 2004

Concerns that may be barriers to open and honest discussion:

- Difficulty determining to what degree we may have contributed to the adverse outcome
- Fear of damage to our professional reputation
- Fear of strong patient emotions
- Uncertainty about what to say to the patient
- Fear of patient action against us
- Managing our own emotions
- And, in some cases, acknowledging that we may have made an error.

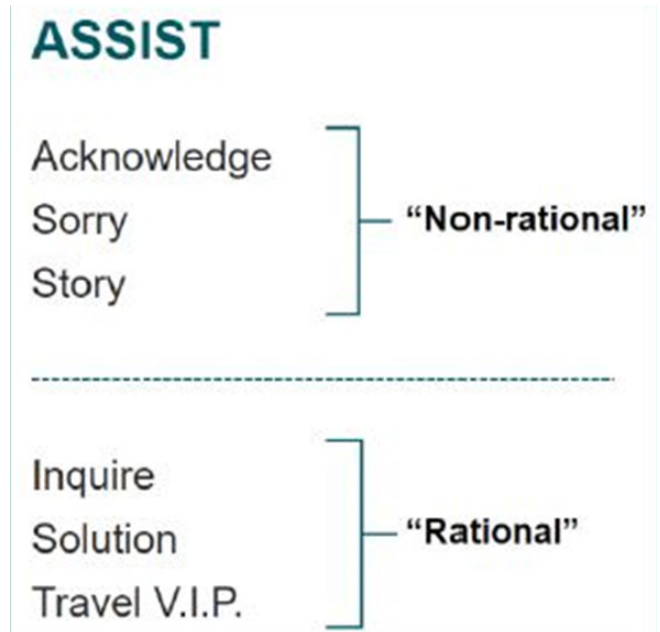
The challenge:

- Patients clearly want to discuss their adverse outcome with their physician.
- Physicians can find this difficult – even when there has been no error.

Effective communication following an adverse outcome can improve patient care and reduce the risk of patient action against a physician.

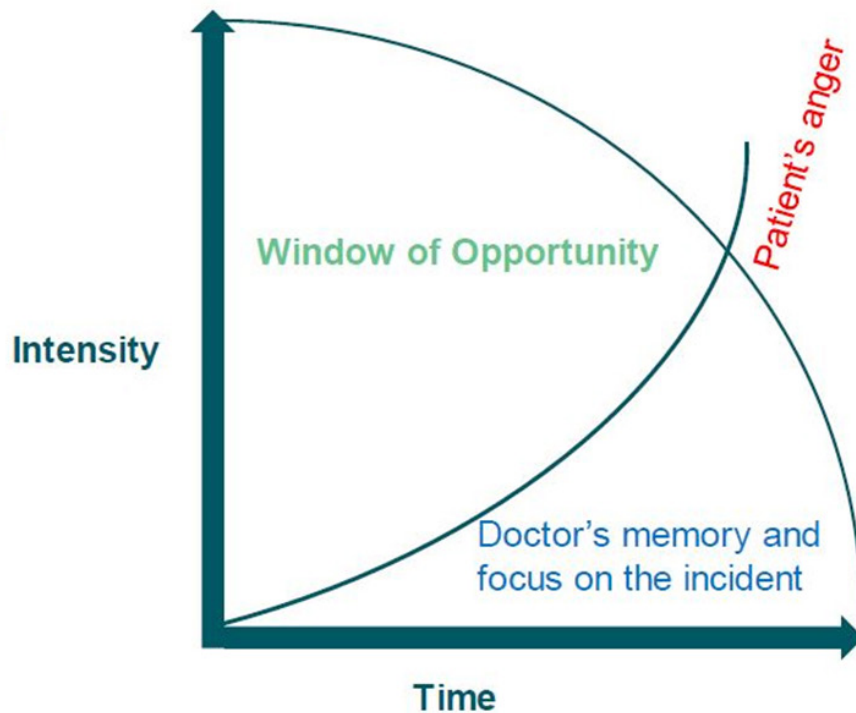
The ASSIST Model

- A**cknowledge
- S**orry
- S**tory
- I**nquire
- S**olution
- T**ravel



Window of Opportunity

Window of Opportunity



Acknowledge

Acknowledge:

- There has been a problem.
- The impact and distress the patient has experienced.

For example:

“Mr. Anderson, as you know, there was a problem with the operation to remove the tumor. I can see you are disappointed, and you might even be angry. It must feel horrible.

Sorry

Express regret/sorrow:

- For the patient’s experience if no error is to be admitted.
- For your actions if a decision to disclose an error has been made.

For example:

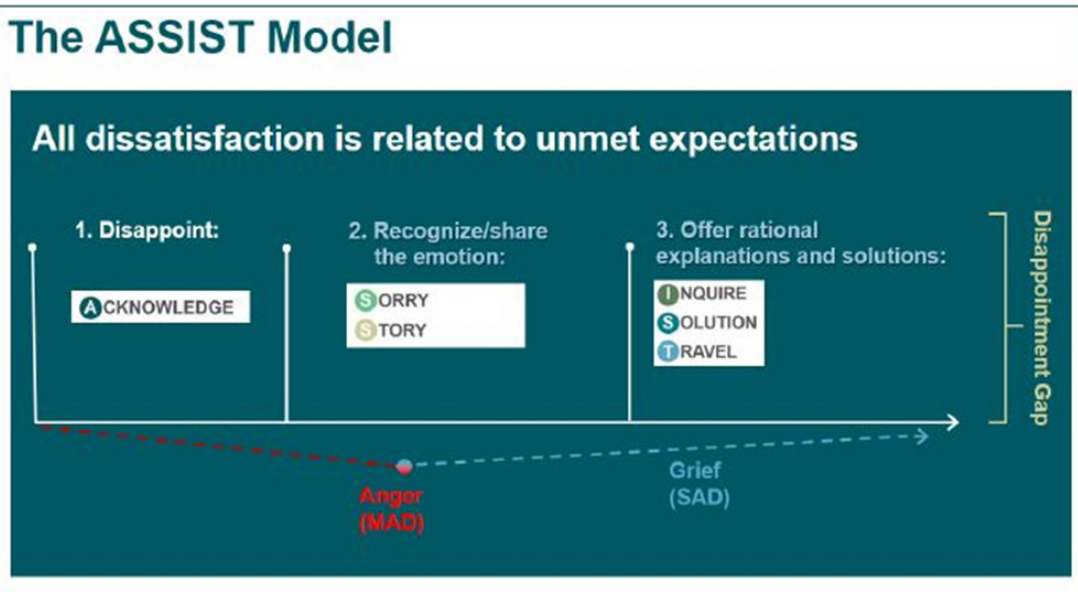
“Mr. Halliday, I’m very sorry that you have had to suffer because of this wound breakdown.”

“Ms. Singh, I should have checked whether you had any allergies. I apologize for not doing so.”

Story

Request the patient to relate their story to you:

- Knowledge: Their understanding and perspective of the adverse outcome
- Emotion: What emotions they are experiencing or have experienced.
- Summarize the patient’s story: “Can you tell me what has happened – in your own words?”
“How do you feel about what has occurred?” “So, let me see if I understand correctly...”



I nquire

Inquire:

- What the patient wants to ask
- Request permission to provide further information
- Commit to providing answers to questions you can't answer at this time.

For example:

“Do you have any questions you would like to ask me?”, “There are a few things I thought should be important for you to know”, “I promise I will answer that as soon as I have a full understanding of what occurred”.

Solution

Solution:

- Seek the patient's ideas on the "way forward"
- Request permission to propose some thoughts of your own.
- Negotiate an agreed plan:

For example:

"Have you thought about how we can best help you now?", "Can I make some suggestions for you to consider?"

Travel

Avoid Abandonment:

- Clearly say that you would be happy to continue care or arrange ongoing care.
- Offer to maintain or increase contact with patient, if the patient agrees, even if a colleague will be providing most or all of the ongoing care.

For example:

"I would like to continue caring for you and keep in contact so I can make sure everything possible is done to help you", "I would like to keep in contact with you even though my colleague will be providing your care".

Session 6 homework

In preparation for session 7,

1. Review your notes and key ideas from today's session. Write down your insights and interrogations.
2. Review the feedback you received today.
3. Review helpful phrases for Shared Decision Making.
4. Try the Shared Decision-Making model in your practice!
5. Watch the Assist video in Brightspace.
6. Prepare a patient scenario of an adverse outcome that could happen in your practice. Use the space provided below.
7. Watch the Shared Decision Making (SDM) video in Brightspace.

Patient Scenario (Using the ASSIST Model)

Patient scenario of an adverse outcome

Imagine an adverse outcome that could happen in your practice **(not an actual complaint)**.

Develop a patient scenario that includes:

- Patient's name
- Age
- Occupation
- Personality
- Adverse outcome (symptoms, consequences)
- Level of tension: 0 - 10

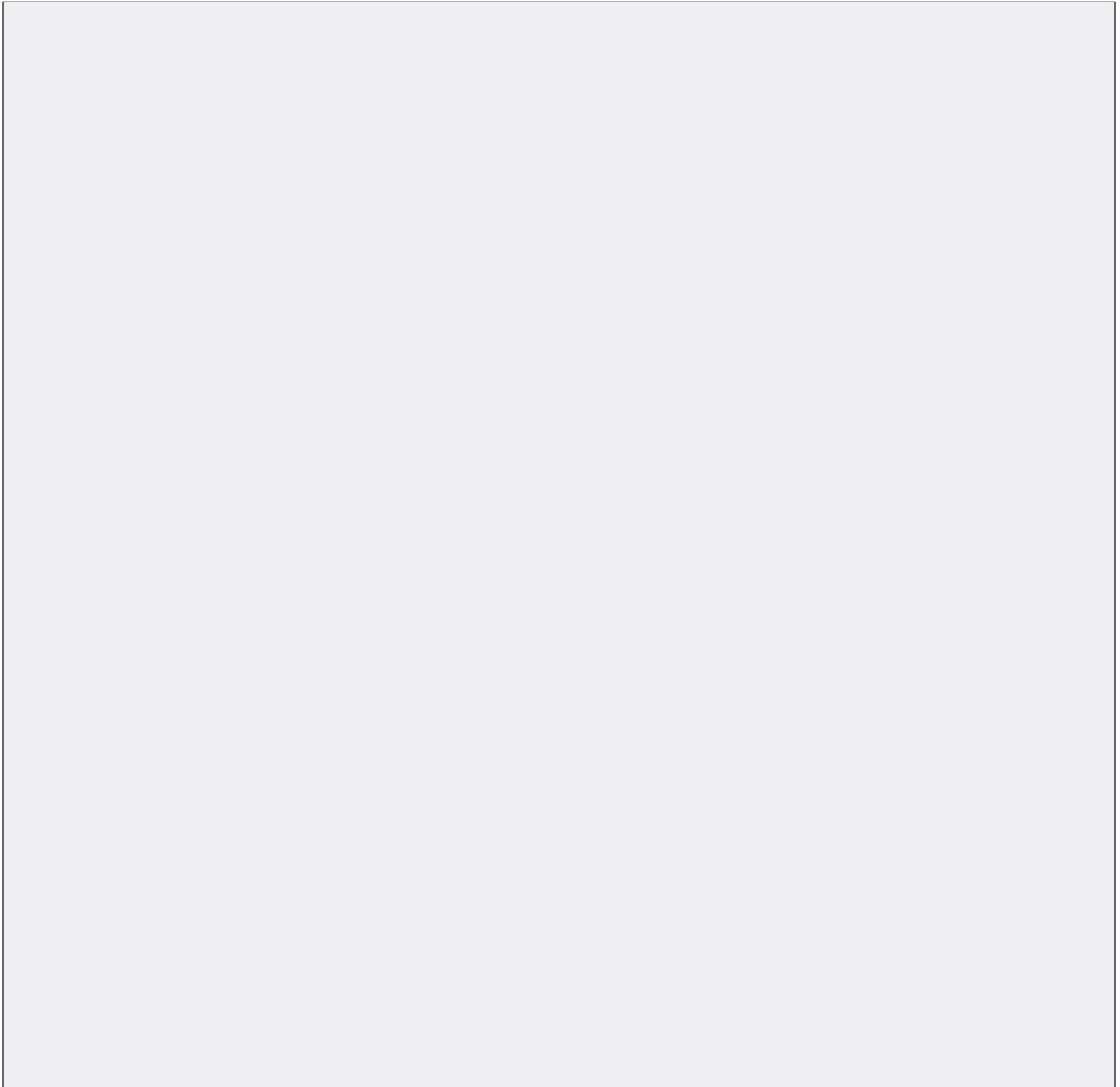
Session 7

Disappointing safely

Session 7

Working with Actors: Disappointing Safely

Notes:



Discussion: Continuing the journey of change

Think of a time when you have been successful in making changes in your life. What was helpful?

How did you “keep yourself on track”?

When you have failed to bring about a desired change: What were the difficulties and barriers?

What did you learn?

Why can change be so difficult?

What are the prerequisites for successful change?

Session 7 homework

In preparation for session 8,

1. Review your notes and key ideas from today's session. Write down your insights and interrogations.
2. Review helpful phrases for ASSIST.
3. Reflect on the feedback you received from your sessions with the actors about CLEAR, Shared Decision Making and ASSIST.
4. Consider which CCP tools may be most relevant to you.
5. Create your Personal Action Plan using the tools below.

Personal Plan for Change

You are now at the start of the final phase of the Clinical Communication Program. A critical activity before we finish is to set up your personal goals for change. Take some time to consider what changes you wish to implement going forward.

Formulating a plan for change

When starting to develop a plan for change, there are significant issues in planning that need to be addressed. Failure to do so will significantly increase the probability of failure, as the quote “failing to plan is planning to fail” illustrates. A person’s motivation can be high early in the change process, but may dissipate rapidly when the costs of implementing the change come into play. By answering the following questions, you can start to develop a plan that has a high probability of success.

With respect to my communication skills within my practice of medicine:

- ▶ What do I want to change?
- ▶ How much can I realistically change?
- ▶ How do I implement the change?
- ▶ What are the benefits of changing?
- ▶ How do I remind myself of these benefits?
- ▶ What are the barriers to changing?
- ▶ How will I deal with these barriers?
- ▶ What can I do to remind myself to continue the change?
- ▶ What else can I do to maintain my motivation to change while the costs may seem to outweigh the gains (for example, external rewards/motivators)?
- ▶ Who will keep me accountable?

You have now invested considerable time and energy into the Clinical Communication Program. During this time, you have been presented with information about the importance of communication in the practice of medicine, you have reflected on your own attitudes and skills in this area and you have practiced important communication skills.

To maximize the value of your experience so far and to consolidate your skills, it is crucial that you set goals for yourself and plan the process of change required to achieve those goals.

You will have the opportunity for follow-up with your facilitator on a regular basis for the next three months. How can you use this most effectively to ensure your plans are achieved? Who else could help keep you accountable?

Personal Action Plan

Over the last few weeks, you have been exposed to many concepts and skills that can help you be more effective. It can sometimes feel quite overwhelming and at times you may also feel powerless to make some changes. After each session, we have challenged you to think about your specific situation and needs. There are areas that you can personally change which will improve your interactions.

Review the reflections from each session. Look at the insights and interrogations that you have written down. Think about the changes that you would like to make. Consider what drove you to attend the course in the first place. What needs to change?

What do you want to work on?

This may be a list of several goals.

Prioritize your Personal Action Plan

Analyze your goals one at a time and be as specific as possible, as these goals need to be achievable. If they are too complex or large, it will quickly become difficult and then you will not get to the desired result.

Fill in the blank Personal Action Plan in the upcoming pages.

Please bear in mind that our approach revolves around gradual adjustments, focusing on small, manageable changes rather than ambitious leaps.

For instance, instead of aiming to transition from a mostly sedentary lifestyle to running a 5k in less than 25 minutes right away, we emphasize taking initial steps. For example, one initial step might involve switching from heavy walking boots to running shoes during your daily walks with the dog for the first couple of weeks. Then, as a subsequent goal, you could gradually incorporate light jogging for 100 meters into your walk once or twice a day, five days a week, after three to four weeks.

As you make progress, you will revisit your Personal Action Grid and formulate new goals to maintain your momentum and stay on track in your journey of change.

My Personal Action Plan

My Personal Action Plan¹

Step 1: Establishing Goals

1. Determine one to three goals to implement new skills at work.
2. Identify the pros and cons of pursuing each one of these goals.

Note:

For a goal to be effective it must be:

- ▶ A specific and observable behaviour
- ▶ Difficult yet realistic
- ▶ Related to the content of the training program.

Goal 1

Description:

Pros	Cons

Step 2 – Challenges and resources

Note:

The challenges, solutions and resources can be:

- ▶ Personal (motivations, positive or negative emotions...)
- ▶ Interpersonal (quality of the relationship or support from colleagues or supervisor(s), etc.
- ▶ Environmental (organization of work-related tasks, availability of material resources or time...)

¹ This Personal Action Plan format has been adapted and translated with permission from: Lafrenière-Carrier, B. (2024). Révision puis consultation de formateurs sur une intervention post-formation visant à préparer les apprenants au transfert de leurs apprentissages (Ph. D.), Université du Québec en Outaouais/Université Laval, Québec. <http://hdl.handle.net/20.500.11794/132224>.

The main challenge:

- ▶ Will likely occur
- ▶ Will jeopardize the achievement of your goals if they occur.

Challenges	Solutions	Resources
Identify the three main challenges that could jeopardize your goals	Find solutions to mitigate these challenges and describe how you will implement these solutions.	Finally, identify other resources that could support the achievement of your goals.

Step 3 – Planning

Note:

- ▶ Describe the various steps that will allow you to reach your goals.
- ▶ For each new behavior, identify a vivid and specific trigger using this prompt: When “X” happens, instead of doing “Y”, I will do “Z”.

Each step towards your goals must include:

Action item	Timeline	Success/steps taken
A short description of the action item	When you will start that action	Describe what success looks like (either an intermediate step is done, a new skill has become a better habit, or a goal is reached.)

My Personal Action Plan (template)

Step 1 – Establishing Goals

Goal 1

Description:

Pros	Cons

Goal 2

Description:

Pros	Cons

Goal 3

Description:

Pros	Cons

Step 2 – Challenges and resources

Challenges	Solutions	Resources

Step 3 – Planning

Action item	Timeline	Success/steps taken

Session 8

Video review

Session 8

Exercise: Video Review

Your facilitators have chosen a short segment of your recordings to show to the group today.

As you watch yourself and your colleagues, factor in or consider the CLEAR model, the skills of Shared Decision Making and the ASSIST Model as you provide feedback.

What have you learned from observing yourself and others?

What are you doing now that you were not doing before, to make the consultation safer?

Individual consultations for post-workshop mentoring

Time:

Date:

Contact Number:

Confirmed details:

Supplementary material

CLEAR Communication Checklist

Connect

- Greet the patient – immediate eye contact, smile and warm tone of voice.
- Make a personal introduction – ensure eye levels are the same.
- Make a non-clinical connecting comment.
- Match voice and vocabulary.

Listen

- Attend to entire monologue without interruption.
- Minimal encouragements and open-ended prompts.
- Maintain eye contact and use appropriate body language.

Empathize

- Summarize the patient's "story" back to them, including some of their own words.
- Acknowledge the patient's emotion, the impact on them; or any distress.
- Note and respond to cues.

Ask

- Seek patient's ideas, concerns and expectations
- Respectfully ask permission to ask further questions/examine.

Review and check

- Confirm patient understanding – collaborative tell-back
- Correct misunderstandings
- Ensure continuity

CLEAR model: Examples of key phrases

	Situation	Key phrase
C	Personal greeting with an unfamiliar patient	Hello/Good morning, I'm Dr X, one of the physicians, I don't think we've met. Did you have problems parking? The weather isn't great is it? How was your journey? I see you're from ...
C	Personal greeting with familiar patient	Hello/Good Morning. Last time we met you were just about to go on holiday / move house ... how did that go? How's business? What have you been up to since we last met?
L	Inviting patient to tell their story	How can I help? What have you come to see me about? So what seems to be the problem? I have a letter from your GP outlining things, but I'd like to hear the story directly from you.
L	Active listening/ encouraging the patient's contribution	Tell me more ... I see... yeah...right.....mmm...go on Anything else? What happened next?
E	Empathic summary of patient's story (content and emotion)	Can I just check if I have this right? You said that... and this worried you. Let me see if I have this right ... So, over the last two days the pain ... and this was very frightening... You've mentioned quite a few things. Can I check with you that I've got the story right? So, in summary, you woke up 10 days ago with ... and understandably you're very concerned ... is that right?

	Situation	Key phrase
E	Empathic statements, acknowledging emotion and “touch and go” empathy	<p>You’ve been through a lot</p> <p>I appreciate it’s been a difficult time for you</p> <p>I can see/hear that you’re ...</p> <p>I’m sorry to hear that ...</p> <p>I can understand that it must have been ...</p> <p>It sounds like you are ...</p> <p>You appear to be very upset/ disappointed/ angry/ frustrated</p> <p>It seems/sounds like you ...</p> <p>That sounds awful/ tough / difficult / bad.</p> <p>That must have been very frightening</p>
E	Responding to cues	<p>You appear to be in a lot of pain...</p> <p>I’m concerned that you seem very low</p> <p>It looks like you’ve had a nasty injury ...</p> <p>You seem very upset/ frustrated/ angry/ annoyed/ ambivalent/ elated/ low/ down.</p> <p>You look worried, when I mentioned the tests I’d like you to have</p> <p>You seem unsure about the surgery.</p> <p>I get the feeling that this is a really big decision for you.</p>
A	Exploring patient’s understanding/ knowledge	<p>You mentioned sciatica. What is your understanding of sciatica?</p> <p>What do you know about the treatment of gall stones?</p> <p>You mentioned you thought you might be depressed. What’s your understanding of depression?</p> <p>Do you know what diverticulitis is?</p>
A	Establishing patient ideas	<p>Have you any thoughts as to what might be causing your symptoms?</p> <p>Do you have any thoughts as to what the problem is?</p> <p>What do you think might have brought this on?</p>
A	Establishing patient concerns	<p>What were you worried it might be?</p> <p>Do you have any specific concerns about your symptoms?</p>

	Situation	Key phrase
A	Establishing expectations and the agenda in the consultation.	<p>What were you hoping to get out of coming to see me today?</p> <p>What were you hoping I could/would do for you today?</p> <p>What tests or investigations were you hoping that I would arrange today?</p> <p>What treatment were you hoping for today?</p> <p>What would be a good outcome for you from your visit to see me today?</p> <p>Is this what you were hoping would happen today?</p> <p>What is the main thing you would like to achieve before we finish today?</p> <p>THEN</p> <p>Is there anything else? Are you sure?</p> <p>Shared decision making and expectations</p> <p>How do you think your life will be different after the surgery?</p> <p>What would be a good outcome for you from the surgery/ the treatment?</p>
A	Information gathering, signposting and asking permission	<p>I need to ask you a few more questions, examine you and then have a discussion about what we might do next if that's ok?</p> <p>Would you mind if I was to ask you a few more questions to clarify things? (Start with open questions, move to closed questions, avoid leading questions)</p> <p>I'd like to examine you now. Is that ok?</p>
A	Obtaining social and psychological information to enable you to put the complaint in context (holistic approach)	<p>Has this problem had an impact on your work or home life?...</p> <p>How has it made you feel?</p> <p>What have you been unable to do due to your symptoms?</p> <p>How has this problem restricted what you can do?</p> <p>Are your symptoms getting you down?</p>

	Situation	Key phrase
A	The doctor's explanation incorporates some or all of the patient's health beliefs	I think you're right; the most likely diagnosis is ... You mentioned that you thought you had sciatica, I think that's unlikely because... and that it's more likely you have... We usually find that people with your symptoms have ... rather than... which you suggested earlier.
A	Involving patients in the management options	Have you had any thoughts about how we could treat (or investigate) your problem/condition? ...I have a few suggestions as well. The advantages and disadvantages of each option as I see it are... Which option would you prefer to follow... I agree, I think that seems very reasonable bearing in mind the issues that are important to you (or my main concern about that option is ... and I wonder if we would be better to do ...)
A	Summarizing treatment options	Would it help if I was to summarize for you what we have agreed are the treatment options for you?
R	Confirming the patient's understanding of the diagnosis/treatment/management	Perhaps you could let me know what you've understood to be the likely diagnosis? So that I'm sure I've explained it well enough to you, just tell me what you understand the likely diagnosis is ... There are a number of possible diagnoses and I just want to check that you've understood what they might be. We've discussed a lot of issues. So that I'm sure I've made myself clear, perhaps you could tell me what you understand about how we're going to treat things. What do you understand is going to happen next? When you get home and your partner asks about your treatment, what are you going to tell them? Is there anything I've said that is unclear?
R	Correct misconceptions	You said that you thought the treatment would work straight away. In fact, it may take a couple of weeks before you appreciate the benefits. You said that you understood that I thought your symptoms were due to cancer. I'm sorry if I hadn't made it clear, I feel that it's important to make sure your symptoms aren't due to cancer rather than I think you do have cancer. The next step will in fact be the scan, followed by the endoscopy.

	Situation	Key phrase
R	Checking on patient well being	You seemed quite worried/anxious/upset when you came in. How do you feel now? It's hard to get this sort of news. It may take a while to sink in. Is there someone who can give you some support?

Shared Decision-Making Checklist

Develop trust:

- Encourage patient involvement.
- Acknowledge complexity of decision, if appropriate.

Discover patient views and values:

- Knowledge
- Ideas, concerns, expectations
- Preferences
- Values

Discuss options, benefits, and risks:

- List options including “no action” option
- Outline risks/benefits and likely outcomes for each option.
- Risks for any patient
- Risks for this patient
- Make recommendations with regard to patient values

Double-check understanding:

- Collaborative check-back

Decide:

- Select option or defer decision.
- Reflect on impact of choice.

Shared Decision-Making 6D Framework: Examples of key phrases

Components	Key phrase
Develop Trust	
Encourage patient involvement	As we start to think about what to do, I would like to hear your ideas. It's important that you are involved in making this decision. I'd be very happy to answer any questions you might have.
Acknowledge complexity of decision	It's difficult when there isn't an option that is clearly better than all the rest. There are a lot of issues to consider in making this decision.
Establish patient preferences for information	How can I help you with this decision? What information do you need from me? Would an information sheet be helpful?
Discover Patient Views and Values	
Knowledge	Mr. Thomas, I'm interested to find out what you know already about ... Do you know anyone else who has had this operation/ medication/ test? Has anyone in your family had this condition? What is your understanding of ...? I know you said the Internet suggests treatment A is the best – would it help if I told you what the research says? I imagine you have questions about treatment options. What would you like to know?
Ideas	Do you have any thoughts about your condition and its treatment?
Concerns	Many patients have concerns about this procedure – what worries you? Do you have any concerns about how we might treat this condition? A lot of patients have concerns about ... Is there anything you're specifically worried about? Do you have any concerns about the medication that you read about?

Components	Key phrase
Expectations	<p>What were you hoping for from treatment?</p> <p>What is the main outcome that you are seeking? What would be a good result for you?</p> <p>What do you hope treatment can achieve for you?</p> <p>What do you hope to be able to do after the treatment that you can't at present if we go ahead?</p> <p>How do you think having surgery will impact on your life? How would you decide if you had had a good result from surgery?</p>
Preferences	<p>What preferences do you have about how we should manage your condition?</p> <p>How do you feel about taking medication/having an operation?</p> <p>Do you have any strong preferences or opinions?</p>
Values	<p>What else do we need to consider before we make this decision? What is most important to you?</p> <p>What are your main reasons for wanting surgery/taking medication?</p> <p>Are you looking for short term relief of symptoms or a long-term solution?</p> <p>This is a big decision. What are the most important things for you that we should consider in trying to get rid of this pain?</p>
Discuss options, benefits and risks	
List options including the “no action” option	<p>So Mrs. X, as I see it, we have three options – we could do some more tests, start treatment now or wait a little longer to see how things develop.</p> <p>Of course, there is always the option of doing nothing. The other options are...</p>

Components	Key phrase
<p>Outline risks/benefits and likely outcomes for each option: For all patients and for THIS patient</p>	<p>Let's discuss what's likely to happen with each option. Is that OK? I'd like to explain what we would expect to happen with each option. Is that ok? There are potential benefits and risks to each of these options – would you like to go through these now? Your risk of recurrence, following an operation, is less than 1%. The advantage of the first option is that it would enable you to get back to work as quickly as possible though it has less chance of a lasting result. The disadvantages are... These are the risks I tell all patients considering this treatment.... For you Mr. X, I'd like to point out that there's a small chance you might get sore feet, particularly because you like to walk a lot. You mentioned that you were concerned about the risks of infection. The risks of infection are ... Are there any particular risks you are concerned about? Let me show you a diagram that demonstrates that risk. Here's a decision aid that might help you understand the risks and options.</p>
<p>Make recommendations having regard to the patient's values</p>	<p>Mrs. Anderson, you said it was important for you to be mobile again as soon as possible. Because of that... You said that you were keen to avoid a general anaesthetic and so a spinal anaesthetic might be the best compromise You said that you were keen on minimizing the chance of recurrence and so... Given all the things we have talked about, option....</p>

Components	Key phrase
Double-check understanding	
	<p>I've given you a lot of information. It would be helpful to me to hear your understanding about your condition and its treatment.</p> <p>I imagine you're really worried about this clot. I've given you a lot of information. It would be helpful to hear what you understand about your clot and our ways of best treating it.</p> <p>Can I just check that you and I have the same understanding about what we're going to do next?</p> <p>Could I check what you understand to be the most significant risk with this treatment / investigation?</p> <p>Could I check what you understand to be the most common side-effect from this treatment/ medication?</p> <p>What are you going to tell your partner about what we have discussed today?</p> <p>Just so that I can check I've been clear, what do you understand are the options for treating this condition?</p>
Decide	
Choose to defer the decision	<p>As there is no urgency, would you like to take a bit more time to consider the options? You may have some further questions.</p> <p>Perhaps a decision aid would be of help?</p> <p>You might like to discuss things with your family. Is there more information that you need?</p> <p>You may need some time to reflect on the impact of any decision.</p>
Make a decision	<p>We've discussed the three options. You've told me you have real concerns about the pain getting worse.</p> <p>Do you feel ready to make a decision yet?</p> <p>So it sounds like you feel the best option for you is...</p>
Reflect on and review the decision agreed	<p>Before we go ahead, I'd like you to consider how it might affect you and your family if you are found to be a carrier of this gene?</p> <p>Have you thought how you might feel if the operation wasn't successful?</p> <p>Would you still feel that it was the right decision to have gone ahead with the treatment?</p> <p>How would you feel if things didn't turn out as hoped?</p>
Documentation	

ASSIST Checklist

Acknowledge

- There has been a problem.
- The impact and distress it has caused.

Sorry

- For the patient's experience.
- For your actions if appropriate.

Story

- Encourage the patient to relay their experience to you.
- Summarize back factual content and emotion.

Inquire

- Check what the patient wants to ask.
- Request permission to give information.
- Commit to provide answers to questions not able to be answered at the present time.

Solution

- Seek patient's ideas on the "way forward"
- Request permission to suggest ideas.
- Negotiate an agreed plan.

Travel

- Clearly say you want to continue care or arrange ongoing care.
- Avoid abandonment – Express your desire to stay in touch. If patient agrees, maintain/increase contact with patient.

ASSIST model: Examples of key phrases

	Situation	Key phrase
A	Acknowledge the problem and impact/ distress	I understand that there has been a problem with your operation/medication/care. This must be extremely upsetting/difficult for you.
S	Sorry you – no error to be admitted or unsure whether an error has occurred	I am extremely sorry that you have had to suffer because of this wound breakdown. I am so sorry that you have been in pain over the weekend.
	Sorry I – factual error to be admitted	I should have checked whether you had any allergies. I apologize for not doing so. I am so sorry that I operated on the wrong side.
S	Story – invite with an open question	Can you tell me in your own words what has happened since I last saw you to help me understand? Could you take me through exactly what you have been through over the past week? How do you feel about what has happened?
	Story – verbally probe	Is there anything else that you think it is important I should know? Are you sure?
	Story – empathic summary	So let me see if I understand this correctly xxxx happened and then xxxx happened and this has left you deeply upset and worried. It sounds as if you feel that I have let you down. It also sounds as if you are furious with me and are wondering whether I missed the diagnosis?

	Situation	Key phrase
I	Inquire – ask patient for their questions first	Do you have any specific questions for me? Are there any questions I can answer to help you understand what has happened?
	Inquire – answer questions honestly and respectfully	There are a few things that I think are important for you to know. Would it be ok to talk them through now? You may remember we discussed the small possibility of this happening prior to the procedure/medication. We both hoped it would not happen. You have been terribly unlucky.
	Inquire – avoid speculation and demonstrate commitment to learn	I have thought a lot about this. Once we have all the results back and I have had a chance to talk to everyone involved, I hope to be able to answer that difficult question.
S	Solution – ask patient for ideas first	Have you thought about how we could best help you now? What matters most to you now? How do you feel we could best achieve this?
	Solution – ask permission to offer ideas and agree a way forward	Can I make some suggestions for you to consider? Given what you have told me matters most to you, it sounds like this might be the best way to go?
T	Travel – explicit non abandonment	I would like to continue caring for you and keep in close contact so that I can make sure everything possible is done to help you. I would normally review things in a month. I wonder whether it might be possible to see you sooner. Perhaps in two weeks? What day/time/place would be most convenient for you? I would like to keep in contact with you even if my colleague will be caring for you. Would that be ok?

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Accreditation

College of Family Physicians of Canada

This three-credit-per-hour Assessment program has been certified by the College of Family Physicians of Canada for up to 123 Mainpro+ credits.

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Fédération des médecins omnipraticiens du Québec

Ce programme se qualifie pour une demande d'accréditation à la FMOQ pour 4 heures de formation reconnues.

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These learning materials are for general educational purposes only and are not intended to provide professional or medical or legal advice on or represent a professional or legal standard of care for Canadian healthcare providers. Variations in practice are expected and may be appropriate.

Clinical Case Studies

The inter-professional cases discussed are taken from the continuum of healthcare and may not always represent your specific healthcare profession and type of practice. When unexpected clinical outcomes occur, it is the principles being taught related to caring for and communicating with patients that will be relevant to your practice.

Although the case studies are based on actual events, the names of patients and providers have been changed.

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Thank You!

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