

**SPIN THE WHEEL TO BETTER
COMMUNICATE !**



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November 14th 2014, FMF Québec



- We do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.
- Marie-Thérèse Lussier and Claude Richard have received honoraria, unrelated to this workshop, for their work on health communication from Astra Zeneca and Merck.

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**The Professional Health Communication Wheel
A TEACHING TOOL**

Workshop Objectives

At the end of the workshop, the participant will have:

- Familiarized herself/himself to the wider conceptual model of professional health communication and its components
- Experimented the use of the “Professional Health Communication Wheel” in different teaching activities
- Discussed the applicability of the “Professional Health Communication Wheel” in their own teaching setting

Workshop Outline

- Welcome and presentation of participants
- Brief presentation of the model
- Exercise #1: Building a case-scenario
- Exercise #2: Teaching from a video
- Implementation and use of the Communication wheel in teaching activities
- Conclusion

Attendees

- Residents ? Students ?
- Clinical communication skills teachers ?
 - What type of teaching tools have you been using?
- Curriculum developers ?

Compétence en communication professionnelle en santé

Professional competence in healthcare

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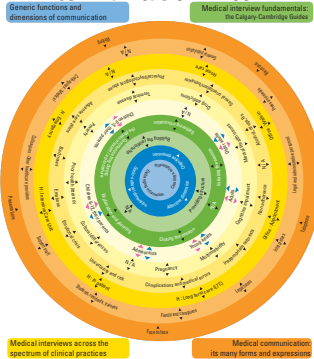
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Mots clés : Compétence communicationnelle professionnelle; médecine familiale; médecine pédiatrique.
Résumé : Contexte : Les initiatives pédagogiques en enseignement de la communication restent trop souvent théoriques et déconnectées. Dans le cadre d'un projet pédagogique fondé sur une approche par compétences, un groupe de travail a recensé les contenus de la formation en communication médicale à l'université de Montréal. La description des différents contenus et habiletés en communication pédiatrique et médicale permet de guider les étudiants dans leur construction de formation et de soutenir les enseignants dans le développement d'activités pédagogiques. Méthodes : Depuis 2007, un groupe de représentants des départements de médecine familiale, de pédiatrie et d'autres spécialités médicales et chirurgicales, d'experts en pédagogie et en communication et en médecine s'est réuni régulièrement. Il a proposé une définition et une description de l'ensemble des contenus de la communication médicale en tenant compte des données scientifiques publiées en communication et de pédagogie. Résultats : Une proposition d'organisation des connaissances et des habiletés nécessaires au développement de la compétence en communication a émergé de travail de conseil de compétence communicationnelle. La représentation développée suggère une approche systématique et graduelle de la formation de la réussite repose sur la maîtrise progressive de différents contenus. Ainsi, les formateurs disposent d'un contenu théorique, d'une identification des différents savoirs et savoir-faire nécessaires à une communication professionnelle efficace, ainsi que d'un outil pédagogique sous forme d'une matrice contribuant à la précision requise. Conclusions : Ce document sert de base à des ressources pédagogiques facilitées et aux enseignants pour organiser l'enseignement de la communication dans leur spécialité.

Keywords: Communication professional; communication.
Abstract - Introduction: It is now widely accepted that medical communication training should be rooted in clinical practice. Still, many pedagogical initiatives remain theoretical and cut off from clinical activities. Moreover, these initiatives seldom consider the most appropriate and proven effective teaching methods. The objective of the University of Montreal

Professional Health Communication Wheel*



University of Montreal
 Claude Richard, Marie-Thérèse Luissek, Sophie Galarneau, Olivier Jammolle
 © 2011 Université de Montréal
 * Adapted from the Calgary-Cambridge Guide to the Medical Interview
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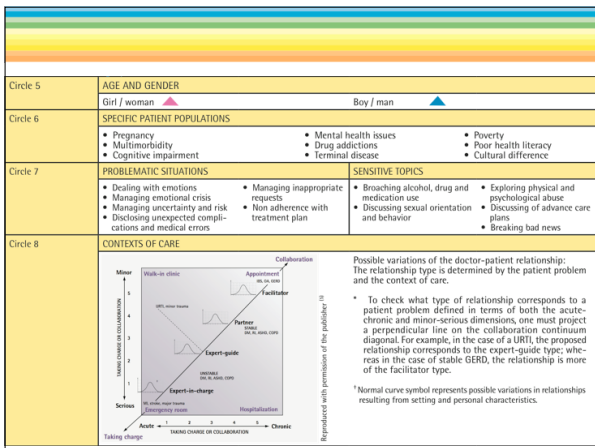
1) Objectives	2) Inquiry	3) CBG: usually translated and shared across nations	4) Not yet apply
5) Four sub-categories comprising two components of competence**			
6) Generic functions and dimensions of communication		7) Interviewing techniques	8) History taking
9) Medical interview fundamentals: the Calgary-Cambridge Guide		10) Diagnostic, affective and structural dimensions	11) Diagnostic, affective and structural dimensions
12) Medical interviews across the spectrum of clinical practices		13) Shared tasks	14) Shared tasks
15) Medical communication in many forms and expressions		16) Self and patient	17) Self and patient
18) Medical communication in many forms and expressions		19) Specific patient populations	20) Specific patient populations
19) Medical communication in many forms and expressions		21) Communication practice and specific topics	22) Communication practice and specific topics
20) Medical communication in many forms and expressions		23) Contexts of care	24) Contexts of care
21) Medical communication in many forms and expressions		25) Clinical effectiveness	26) Clinical effectiveness
22) Medical communication in many forms and expressions		27) Self	28) Self
23) Medical communication in many forms and expressions		29) Self	30) Self
31) Results of subcategory 1			
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Aims of the Model

- To represent at a glance all aspects of health communication in the medical practice
 - Not only the doctor-patient encounter
- To show « as simply as possible » the complexity of communication issues for the clinician

The model: 4 meta-categories

1. Generic functions and dimensions of communication ●
2. Medical interviews fundamentals: ●
 - The Calgary-Cambridge Guides
3. Medical interviews across the spectrum of clinical practices ●
4. Medical communication: its many forms and expressions ●

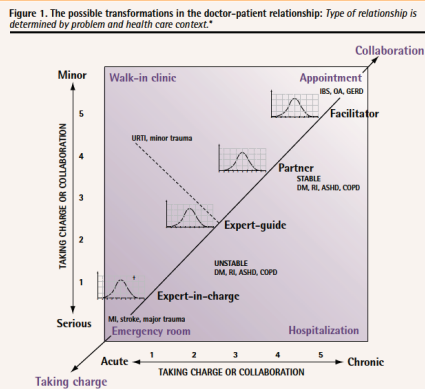


Context of Care

- Relationships are influenced by:
 - The nature of the problem (its severity and chronicity)
 - The setting and the type of the consultation
- Example:
 - Acute and severe problem = « Expert-in-charge »
 - Chronic and simple problem = « Facilitator »

Because one shoe doesn't fit all

A repertoire of doctor-patient relationships
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Yves Lévesque MD MSc FRCPC
Consultant Family Physician - St. Michel St. Paul, Canada



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Building a case-scenario

EXERCICE # 1

Situation/Context

- Your Program Director has asked you to prepare a communication skills teaching session for residents.
- During a recent survey, the residents from your program indicated they needed more training on how to break bad news.

Small Group Task

You have decided to work on **communicating an initial diagnosis of genital herpes**.

Use the wheel to create:

- 1) A simple case (medical student/clerk or junior resident)
- 1) A complex case (senior resident)

SPIN THE WHEEL 2X2!

Large Group Discussion

- Sharing case scenarios?
 - Simple?
 - Complex?
- Which components of the case scenario did you change to raise the level of difficulty of the case? How did the wheel help?
- What is the usefulness of the wheel to create scenarios?

Direct observation: a video review

EXERCICE #2

Using the Wheel during Direct Observation

- Melissa is a pediatrics resident (R4) working in the ambulatory clinic of a pediatric university hospital. She is seeing a 5 year old asthmatic boy for a follow-up visit after an ER visit. Adherence to treatment at home is an issue.
- You have agreed with Melissa that you will observe the last part of the encounter with the child's mother to give her feedback on her **communication skills when explaining and planning the treatment and follow-up.**

Task

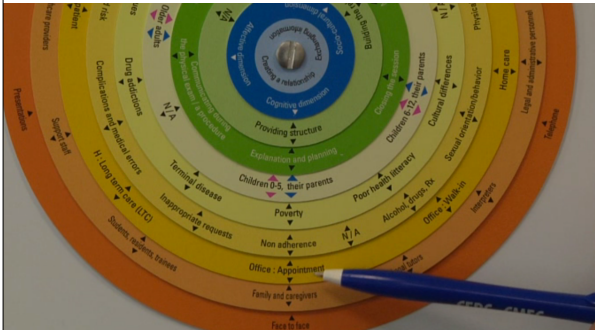
- 1) Observe the interview
- 1) Use the communication wheel to structure/
prioritize your feedback to Melissa

Video

Feedback to Melissa

- What specific feedback will you give to Melissa?
- How did the wheel help you? Or didn't help?

Our Choice of Feedback to Melissa



Video

Example of our feedback to Melissa using the Communication wheel

Creating a communication curriculum

APPLICATION #3

Program curriculum

- To build a communication skills teaching **curriculum** for any residency program
- To follow **the progress** of the communication competency during the residency (from junior to senior)
 - To define milestones (the expected ability in communication skills at each stage of expertise)



The Draft CanMEDS 2015
Milestones Guide*

From: Jason R. Frank | Linda S. Snell | Jonathan Sherkin

Example: Pediatric Program

- **R1**
 - Calgary-Cambridge model and approach
 - Children 0-5 years old and 6-12 years old
 - ER, hospitalization unit (ward)
- **R2**
 - Adolescents
 - Specific populations
 - IC unit
- **R3**
 - Problematic situations (dealing with emotions...)
 - Sensitive topics (intimacy issues...)
- **R4**
 - Disclosing unexpected complications and errors

Integrating the communication wheel to teaching
Advantages and Limitations

Use and Advantages

1. Teacher and learner

Supervision tool

- Shared vocabulary and conceptual framework
- Overlapping of different variables (age, gender, context of care...)
- Explicit curriculum for the learner
- Useful tool for the resident to prepare a teaching session with a video

Use and advantages

2. Faculty

Teaching tool

- Helps to create scenarios for teaching sessions and role plays
- Maps the communication skills repertoire

3. Program director

Curriculum guide

- Supports the development of a communication competency program curriculum
- Adjusts the communication skills to the program specificity

Limitations

- Descriptive model
 - Doesn't tell you how and what to teach
- Easier to use in a clinical setting than to teach communication challenges between health professionals
- Doesn't cover the complexity of all interactions a clinician faces
 - But does do justice to a multitude of communication situations in practice

Conclusion

The Communication Wheel

- provides a structure for professional health communication teaching and feedback
- provides a visual support for communication feedback
- helps to build teaching sessions on communication skills
- allows to “play” with the different dimensions of a case

It can be a game changing tool !
