

Teaching Communication Skills to Clinical Clerks - Workshop Scenarios

I – Orientation of a New Clerk on Your Service – Jim or Mary Smith:

Jim (or Mary) Smith is a clerk starting on your service today. You have about 30 minutes to orient the student to his/her responsibilities and learning opportunities. After completing your usual outline of what is expected you decide to mention a few things about how the student can reinforce the interviewing skills he/she learned in the first two years of medical school.

For this exercise, assume you have already outlined the student's major responsibilities on the team. Focus on the opportunities for learning or reinforcing communication skills on your service.

You want to review the following points:

- The Patient-Centred Clinical Method is a realistic and relevant model in your discipline and you expect the student to use this method when interviewing patients. This will be the framework for providing feedback and for the assessment of the student.
- There will be occasions when time is very limited and being realistic will need to take priority over other aspects of the model.
- The clerk is in the best position of anyone on the team to form a close relationship with the patients and to learn about them as people with unique personal histories and contexts. Point out that, on rounds, you will call on the clerk to fill the team in on these important dimensions of the patient.
- The clerk is also in the best position to meet family members.
- The clerk is the one who will help the patient put together all of the diverse comments by various team members and sometimes “translate” what the doctors have said in a way that the patient can understand.
- Also, a close supportive connection with the patients is important for their comfort and even for their recovery. Many studies show that patient satisfaction, adherence and physiologic recovery are all linked to effective communication skills as is physician satisfaction and fewer complaints and lawsuits.

But you don't want to deliver a monologue. You want to know how comfortable the student is about his/her interviewing skills and what areas he/she would like to work on e.g.:

- Can they describe the main components of the Patient-Centred Clinical Method?
- Which of the following areas do they need to work on (select those which can be learned effectively on your service):
 - Obtaining informed consent;
 - Discussing DNR orders;
 - Breaking bad news;
 - Communicating with patients who are angry or sad;
 - Communicating with seductive patients;
 - Communicating with patients who lie to you;
 - Working with an interpreter;
 - Using motivational interviewing techniques to help patients change behaviour;
 - Working with patients who abuse tobacco, alcohol or other drugs;
 - Promoting self care;
 - Communicating with patients about risk.

Discuss the approach you will take as a teacher. Below is an example of one approach. You invite the student to interrupt or ask questions as you present your comments.

- You have high expectations but you will be fair and supportive.
- You expect the student to be able to discuss their learning needs and to collaborate with you in developing learning plans and to follow through on them.
- You are less tolerant of clerks who bluff or try to cover up their deficiencies. You expect them to have deficiencies; that's why they are here – to learn.
- You will function like a coach – observing the clerk's performance and helping them identify ways to do it better. Like a good coach, you will be tough when necessary to identify learning needs which the learner is unaware of or ignoring.
- Although there will not be much time for direct observation, you will observe parts of interviews or explanations several times during the rotation.
- There will also be opportunities to observe the resident interviewing patients. This is especially important for difficult or emotional encounters e.g. breaking bad news, dealing with difficult interactions etc.
- You will tailor the student's experience as much as possible, within the limits imposed by the major responsibilities carried by the student. Students with special needs may need a special arrangement made in consultation with the attending physician.
- You will provide constructive feedback frequently, briefly and as soon after the observed event as possible.
- Your final assessment will be related to how well they fit into the team, handled their responsibilities and identified their learning gaps and followed through on their learning plans.
- See the attached checklist and modify it as you see fit. Select which parts you want to practice.

Be specific and concrete and don't try to do too much.

New Clerk CHECKLIST

ND = Not Done P = Partially Done D = Done

Determine Student's Entering Characteristics	N D	P	D	Examples
Familiarity with the PCCM				
Determine student's learning needs re specific communication skills				
Uses active listening skills – eye contact, nodding, uh huh etc.				
Other:				
Discuss Learning Opportunities				
Clerk's special role with patients – best position to learn about patient as person & context, meet with family, explain to patient				
Point out evidence of favorable effects of communication on outcomes				
Periodic observation and brief feedback on frequent basis				
Observation of resident in difficult interactions				
Can't always do an ideal interview – need to be realistic about time and energy				
Will tailor experience within limits				
Other:				
Discuss Roles of Teacher & Learner				
Student Identifies learning needs, collaborates on learning plan and follows through				
Not tolerant of bluffing or covering up deficiencies				
Teacher will function as a "coach" – helping to identify learning needs and collaborating with the student in finding appropriate learning strategies				
But a coach needs to be tough at times in identifying learning needs which the learner is unaware of				
How student will be evaluated				
Other:				

II – Chris Myska: A Student Who Ignores the Opportunity to Discuss Smoking Cessation with a Patient with COPD

You are the clinical clerk on a busy internal medicine service. This is your last week of your 6 weeks on the team. Your resident just took over the team this week and is just getting to know the patients. You are generally a confident person and feel that you have a good knowledge base about common internal medicine problems. The previous resident only had good things to say about your work ethic and knowledge base.

You have been following Mr. Norcross for the past 4 days. This is his second admission to hospital for a COPD exacerbation since you've been on the wards and you followed him the last time he was here. You are somewhat frustrated by his case. You want to help him but you can't understand why he continues to smoke. You feel that getting him out of hospital is your primary goal. You don't think that anything you say will have an impact on his lifestyle (ie. Smoking). You saw him again this morning with his daughter though you didn't spend very much time with him as not much appeared to have changed. You are not aware that your frustration was being conveyed to the patient. You are well aware of the importance of the patient quitting smoking but you have never seen a patient quit as a result of your advice in the past and feel it is a waste of time to lecture patients about this. You are not aware of any literature on motivational interviewing or the theory of stages of change. You have never observed residents or faculty members discussing smoking cessation with a patient.

Your new resident has asked you to sit down to go over this case. You appear disinterested in giving too many details about the patient's symptoms when/if asked. Your responses to question about his breathing status should be short. 'It hasn't changed since yesterday'. You in fact didn't listen to his chest today because you didn't see the point as it always sounds wheezy. (You should only volunteer this information if asked directly about his chest exam today). You think he is ready to go home tomorrow and feel that all the necessary issues have been addressed. Home care and follow up with his family physician have been arranged.

You appear confident about the management of COPD. You've seen 6 cases in the past 6 weeks. You have been somewhat jaded by your previous experience with smoking cessation though you have not read or been taught any of the evidence about it yet. You don't think it is your job in hospital to counsel patients about this and that the family doctor should take care of it. You have 4 other patients to discuss with your resident and want to move on to them. (You should try to change the subject of conversation).

When asked about the interaction with Mr. Norcross and his daughter this morning you don't think there were any problems. You were straightforward with them and told them about discharge planning, home care and follow up. They tried to express some concerns about the discharge tomorrow and asked about the course of the disease and smoking cessation. You didn't give them much information because in your previous experience it didn't seem to make a difference. You are not aware of their concerns about your interaction with them. When asked about this specifically you become a little defensive. After all, the last resident thought you were great. You are however open to his/her feedback if done in a sensitive manner.

Summary of Learning Issues:

- Self-awareness of attitudes and their impact on patients and their family members.
- Knowledge about the effect of simple advice about smoking cessation on patients' subsequent quitting.
- Knowledge about motivational interviewing and the theory of stages of change.
- Skills in using motivational interviewing techniques for ANY desired change in behaviour.
- Developing a more hopeful (and less frustrated) attitude about behaviour change (primarily as

a result of achieving effective skills).

Patient Situation:

Mr. Norcross is 65 years old and has a 40 pack year history of smoking. He has had numerous admissions for COPD. The most recent one was 5 weeks ago. One ICU admission for intubation occurred 2 years ago. He continues to smoke. He has tried to quit in the past but just can't seem to do it. This exacerbation of COPD appears to be no different than the previous admission. He became progressively more short of breath and noticed a change in the amount and colour of his sputum. He is currently being treated with oral prednisone, oral antibiotics and bronchodilators via metered dose inhalers (ventolin, steroids and atrovent). His breathing has improved since his admission date. He has no other significant past history. He has never been told about the various options available to quit smoking. He is ready to be discharged tomorrow though he is very concerned that his breathing is going to get worse again and is afraid that he might end up on a ventilator or even die. The most recent admission scared him.

Instructions to Workshop Participant:

You are about to give some feedback to one of your students Chris Myska. He/she is a clinical clerk on your team. You have worked with him/her for the past week. He/she was on the team before you took over. The student appears very knowledgeable about most of the clinical aspects of medicine and is a hard worker.

You were approached by one of your patient's family members (the daughter – Mrs. Smith or whatever name you choose) who had some concerns about an interaction that your student has had with her father. The patient (Mr. Norcross) has long standing COPD and has had multiple admissions in the past year. He continues to smoke. The team is planning on discharging him in a couple of days. The family member was concerned that your student didn't appear interested in helping her father and didn't seem to want to spend time explaining things to him. In fact she says your student said "There's not much we can do for you" and "there's no point in trying the nicotine patch on a person like you".

Your task:

1. **Set the Stage:** Think about your approach before meeting. Create a comfortable climate for constructive feedback and student learning.
 2. **Review the Case and Determine Expectations of the Teacher:** During the case presentation you may want to ask a few questions for clarification. The students have been "programmed" to be reasonably thorough about the "medical " problems of the patient so that you can focus on their main learning need which is in the area of communication skills. Ask the student what he or she would like your help with.
 3. **Educational Diagnosis & Assess Blocks to Learning (MRS ST):** Determine the student's awareness and understanding of his/her attitude to the patient's smoking and the impact of her frustration on the patient and his family. You might ask if this is an isolated problem, perhaps related to fatigue of overwork, or if it represents a general attitude about patients who do not follow doctors' advice. Ask about prior experiences and opportunities to develop relevant skills and to learn concepts. Keep in mind the three domains of learning – knowledge, skills and attitudes. There are five common reasons for a student ignoring an important area of learning – lack of **Motivation**; not seeing it as part of their **Role**; problems in the **System**; lack of **Skills**; lack of **Talent**, traits or personal problems;. (Remember this as MRS ST.)
 4. **Constructive Feedback:** Ask for the student's self-assessment first. Include strengths and areas that need more work. In a clear, forthright and non-judgmental manner, address the complaint by the patient's daughter. Give clear constructive feedback to the clerk. Act like a coach rather than a judge. Your job is to help, not criticize.
 5. **Develop a Learning Plan and Teach for Transfer:** Develop a plan for dealing with the specific complaint e.g. apologizing and then discussing smoking cessation strategies with the patient and his family. Help the student develop strategies for interacting more effectively with this patient and other patients who have trouble adhering to doctors' advice. Also help the student to know when it is appropriate to apologize and how to do it. Develop plans for monitoring and arrange for follow-up.
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Some Suggestions:

The following checklist outlines an ambitious set of goals that a teacher might have in this situation. They are listed more or less in the order in which they would usually be performed. Discuss with your facilitator which **specific** tasks you wish to practice. For example, you could choose to focus on one or two of the following:

- Setting the Stage – clarifying your role as a coach for the student.
- Determining the student's understanding of the negative effects of their comments on the patient and his family.
- Providing feedback about the family's complaint.
- Making an educational diagnosis – Why did this happen? What are the blocks to learning? Is it a problem of knowledge, skills or attitudes or a combination?
- Developing a learning plan and teaching for transfer e.g. helping the student develop a plan for apologizing and discussing smoking cessation strategies – a plan that comes from the student rather than being imposed by the teacher.

Don't try to do too much!

Chris MYSKA CHECKLIST

ND = Not Done P = Partially Done D = Done

Set the Stage	N D	P	D	Examples
Establishes and maintains a climate of trust in which learners welcome & invite feedback				
Determines how much time is available for discussion				
Clarifies purpose of discussion – to assist with patient care & to facilitate learning				
Frames the teaching as “coaching”				
Uses active listening skills – eye contact, nodding, uh huh etc.				
Determines awareness of the objectives of the program re communication skills				
Case Review & Determine Expectations of Teacher	N D	P	D	Examples
Listens to case presentation with minimal interruption (mainly for clarification)				
Determines what student wants from the teacher				
Educational Diagnosis & Assess Blocks to Learning – MRS ST	N D	P	D	Examples
What is the student’s knowledge of smoking cessation strategies & stages of change theory?				
Determines student’s awareness of attitudes to smoking cessation				
Determines awareness of impact of frustration on patient’s family				
Motivation				
Roles				
Skills e.g. motivational interviewing				
System e.g. previous opportunities for practice with feedback				
Talents, Traits and Personal Problems				

Constructive Feedback re Complaint from Family	N D	P	D	Examples
Asks for student's self-assessment 1 st Including strengths & areas needing more work				
Feedback is clear and direct – does not “pull punches”				
Focuses on specific behaviour rather than generalities				
Presents the student with objective evidence whenever possible				
Labels feedback as subjective when it is				
Supportive, respectful and non- judgmental				
Interactive two-way process				
Checks for understanding & agreement				
Summarizes (or asks student to summarize)				
Develop a Learning Plan & Teach for Transfer	N D	P	D	Examples
Relates current learning needs to prior learning e.g. Patient-Centred Clinical Method				
Relates to the general area of behaviour change e.g. adherence to use of medication, abuse of alcohol etc.				
Asks student for ideas about how to improve – 2-way interaction				
Briefly provides the framework of “Stages of Change” & reframes success				
Develops a realistic & concrete plan for apologizing and discussing smoking cessation				
Offers specific suggestions as needed e.g. readings about stages of change, motivational interviewing, phrases to use, role-play with feedback				
Develops a clear plan for assessing success – what will be observed in the interaction				
Develops a clear plan for follow-up				

III –Morgan EMMS – A Student Who Ignores the Person and Context in a Patient with MI

This case is intended to teach faculty/residents:

- How to recognize when a student does not use or value the Patient-Centred Clinical Method when interacting with a patient in a clinical setting.
- Highlight the patient-centred issues with the student.
- Guide the student to ask patient-centred questions (i.e. F.I.F.E. – Feelings, Ideas, Function and Expectations) and to understand the patient's problem in the context of her life situation.
- Help the student integrate this information in order to find common ground.

General Behaviour:

You are very sure of yourself. You like to move quickly and not waste time on non-medical issues with patients. You present your case confidently and demonstrate some frustration with this patient. Although you demonstrate some frustration, you are otherwise very pleasant and sincere in your desire to help this patient.

It seems straightforward to you. You have done a thorough physical exam and the appropriate diagnostic investigations which indicate, almost certainly, that this patient has had a myocardial infarction. While the pain has subsided at this moment, it is clear that Mrs Dobson should be admitted to the CCU for post MI management. Mrs. Dobson is refusing admission since she is feeling relief from the pain and is denying that her condition is serious. You have tried to explain to her that the time immediately following an MI is a very critical time for management and yet she is still insisting that she must return home and you can advise her if and when the tests are 100% conclusive.

You have done very well in the basic sciences and are now on a rotation in the Emergency Room. You have a very good fund of knowledge about basic sciences and diseases and have consistently demonstrated good physical exam technique. You have, however, been very forthright about your frustration with the Patient-Centred Model and feel that too much valuable time has been spent on these issues and not enough on "real" medicine.

This is the third week of a one-month rotation on this service. You stop your resident/faculty supervisor in the nurses' station and ask to present a patient that you have just seen.

Case Description:

Here is a sample of your presentation (you may vary phrasing of the ideas):

Mary Dobson is a 51-year-old part time retail clerk in a fabric store and homemaker. She presented to the Emergency Department about an hour ago with her adult son. She gave a history of a 45-minute episode of chest pain several hours ago.

She described the pain as a heavy sensation with some pain radiating into her left arm. At that time, she felt tired and nauseated with some shortness of breath. She was in the midst of helping her elderly mother with her bath and once she was able to rest, the pain subsided. Throughout the day she felt fatigued but denies any more pain or other symptoms. An hour ago her son insisted on bringing her in and, although Mrs. Dobson was reluctant, she agreed.

Mrs. Dobson denies any current pain; her BP is slightly elevated at 150/95, and she shows no signs of congestive heart failure. Her cardiogram shows some ST elevation in the anterior leads. I have ordered cardiac enzymes for which I do not yet have results. Mrs. Dobson does admit to some similar episodes of what she describes as "fleeting pain" which she says were never as bad

and just lasted a few minutes. She has not had any recent visits to her physician.

Additional Findings:

- mild nausea at the time of pain but no vomiting
- character of pain – describes as heaviness, constant 5/10 for 45 minutes
- has not had a recent physical exam; cholesterol level unknown
- states no current health problems and no significant history of previous illness
- does not know what her BP usually is – has not had it checked
- patient was adopted and does not know about biological parents health history
- married with 3 adult children; post menopausal since age 47; does not use HRT
- exercise: minimal ; diet: states "regular"
- patient appears moderately overweight
- no major illness, surgery, or hospitalizations except when children born
- non smoker, drinks wine only occasionally with dinner out
- energy and appetite good

Mrs. Dobson is refusing to be admitted. Based on the cardiogram and her history, you are certain she has had an MI although some of the lab investigations are not complete. You are certain that her cardiac enzymes will confirm that she needs to be monitored in CCU. She is clearly at risk and should not leave.

If you are questioned about the specifics of why Mrs. Dobson refuses admission, you should respond that she seems inappropriately unconcerned, that she is in denial and tells you that she can't stay in hospital because of personal matters that she must attend to. She seems unaware that she is at risk and is focusing on the fact that the pain is gone. She has argued that she has been under extra stress and that this is simply "a spell" and that since she has not had any significant health problems, it is unlikely she is having a heart attack. If asked if you have questioned her further, addressed her fears etc. you should respond with confidence that it is straightforward and you can't understand why anyone would argue with you about being admitted.

Suggested comments you might make:

- Why would someone bother to come in looking for help and then not take straightforward advice? There are lots of others waiting in the Emergency Room who want my help.
- The Emergency Department is no place to do psychotherapy! We're here to treat emergencies.
- I wanted to be a doctor to practice medicine not counseling.
- I was really surprised by this patient's behaviour. Mrs. Dobson seems like an intelligent woman. I can't believe anyone would refuse admission after an MI!
- I just don't get it. This is not a difficult case. I think Mrs. Dobson knew the diagnosis herself before she came! Why else would she have come?
- I don't think it should really matter why she is reluctant. My job is to give her the diagnosis and the management plan. I can't make her stay in hospital.

Instructions for Workshop Participant:

You are about to interact with Morgan Emms a 23-year-old Clinical Clerk. Morgan has done very well in the basic sciences and is now on your rotation in Emergency Medicine. Morgan has a very good fund of knowledge about basic sciences and diseases and has consistently demonstrated good physical exam technique. She/he has, however, been very forthright about her/his frustration with the Patient-Centred Model and feels that too much valuable time has been spent on these issues and not enough on "real" medicine.

This is the third week of a one-month rotation in Emergency Medicine. She/he stops you in the nurses' station and asks to present a patient that she/he has just seen. Try to avoid getting hung up on how quickly you should go to see the patient. You have already seen the patient, did a brief history and physical exam of her heart and lungs, reviewed the ECG and assured yourself she is stable. You are surprised when the student indicates that she refused to be admitted and wonder why the student did not explore this more effectively. You can play this in two parts:

- Part I – discussion of the situation with the patient and pointing out the importance of finding out why the patient refuses admission. This could also include coaching the student about how to inquire about this. You will go to the bedside with the student and observe the student's questions and provide feedback later. You indicate you will jump in if you think the student is getting stuck. You want it to be a safe experience for the student and for the patient.
- Part II – discussion of what the student learned by finding out about the patient's personal situation.

Your task as his/her teacher is to:

1. **Set the Stage:** Create a comfortable climate for constructive feedback and student learning.
2. **Review the Case and Determine the Student's Expectation of your Role as Teacher:** Interrupt the case presentation only to clarify the facts of the case. Ask the student what they want help with – try to be specific. Determine how much time is available for teaching right now. Does the student want permission to send the patient home AMA or for you to "take over" and persuade the patient to come into hospital or to get some suggestions from you so that they can do it?
3. **Educational Diagnosis – Assess Blocks to Learning (MRS ST):** You might ask if this is an isolated problem or a recurring gap in performance. Is this a problem of lack of knowledge of the Patient-Centred Clinical Method; lack of skill in using the method effectively; negative attitudes about involving the patient as an active partner in care? There are five common reasons for a student ignoring an important area of learning – lack of **Motivation**; not seeing it as part of their **Role**; lack of **Skills**; problems in the **System**; lack of **Talent**, traits or personal problems. (Remember this as MRS ST.) In this case, the student is knowledgeable and performed well in the Clinical Methods Course. But, since starting the clerkship, she has not seen anyone pay much attention to the Method except for lip service. (This would make her question if this is her role and reduces motivation to learn.) She found it took too long to address all the patients' concerns and has adopted a "traditional biomedical model" approach to history-taking in order to get through the day. (She lacks the necessary interviewing skills.)
4. **Constructive Feedback:** Ask for the student's self-assessment first. Include strengths and areas that need more work. Determine the student's awareness of their attitudes toward patients who ignore good advice and how it might hamper the task of finding common ground. In a clear, direct and forthright manner, address the absence of any attention to the patient as a person or her context. Indicate that when there is difficulty finding common ground with

patients, it is often because these areas have not been explored. (If steps 1,2 and 3 have gone well, the student will outline their learning needs quite well. You may not need to say much except to agree with the student and to compliment them on their accurate self-assessment.)

5. **Prepare the Student to See the Patient Again:** After helping the learner recognize the need to learn more about the patient's reasons for refusing admission, the next task is to prepare the student to interview the patient again in order to explore the Person and Context. Several possible approaches are suggested in the checklist. It is crucial to make sure that the student's task is very clear and specific. Be concrete! Also be clear about your role as the teacher and how you will make sure the experience is safe for the patient and the student.
 6. **Provide Constructive Feedback Again:** After the student has successfully interviewed the patient and discovered the reasons she was refusing admission, provide constructive feedback about her strengths and areas that need more work. Start with the student's self-assessment first.
 7. **Develop a Learning Plan & Teach for Transfer:** Help the student to apply what they have learned from the interaction with this patient to other patients who have difficulty adhering to medical advice. Relate this to the PCCM, especially the assessment of the Person and Context and Finding Common Ground. Try to derive these general principles from the student rather than giving a mini-lecture.
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Additional Information About the Patient:

At the time of your initial discussion with the student neither one of you knows the following information. But after you and the student speak to the patient together, you learn the following important information.

Mrs. Dobson's elderly mother is in the final stages of cancer and Mary has agreed that she can die at home in her own bed. There has been some conflict between Mary and her husband as he felt that his mother in law should be in hospital and is not happy about having his home life disrupted. Mary has promised that his life will not be disrupted and she will not ask for his help. Mary feels she owes her adoptive mother this wish.

Mary's biological parents were killed in a car crash when she was 2 years old while living in England. Her adoptive mom had been a close friend of her biological mother while they were in the service together. Since Mary had no living relatives, her adoptive parents brought her to Canada and adopted her. Mary feels very indebted to them and was initially adamant about returning home and taking care of her.

Mary was in denial. She denied experiencing any significant warning symptoms as she thought some of the fleeting twinges and slight SOB were about being under stress and the hard physical work of caring for her mother. "Now that the pain has gone (and it wasn't as bad a pain as she has associated with heart attacks) and the lab tests are not 100% conclusive" she thought that being admitted would be an overreaction.

After a patient-centred interview, in which she felt that her predicament was understood, she reluctantly agreed to come into hospital as long as additional help could be found for her mother.

Additional Information About the Student's Performance:

The teacher and student went together to see the patient again. The student was coached to ask about the patient's perspective on her illness by asking about her **F**eelings, **I**deas, effects of the illness on **F**unction and her **E**xpectations of the doctor (**FIFE**). After exploring these areas, the student planned to ask about the patient's home situation. The student intended to make at least one empathic statement to indicate to the patient that she had been understood.

After a full exploration of the patient's situation the student stated, "I may not have been as clear as I should have been about the seriousness of your condition. The tests indicate clearly that you have had a small heart attack and that, in order to keep it from getting worse and to help you to recover as quickly as possible, we need you to come into hospital for a few days. We can help you to find additional help for your mother while you are in hospital and while you are recovering at home."

The student conducted an effective patient-centred interview and was able to find common ground with the patient. Although reluctant to come into hospital, she agreed to be admitted when additional help was promised to look after her mother.

Morgan EMMS CHECKLIST

ND = Not Done P = Partially Done D = Done

Set the Stage	N D	P	D	Examples
Establishes and maintains a climate of trust in which learners welcome & invite feedback				
Determines how much time is available for discussion & safety of the patient				
Clarifies the purpose of the discussion – to review the “case”, plan management & provide feedback				
Frames the teaching as “coaching”				
Uses active listening skills – eye contact, nodding, uh huh etc.				
Determines awareness of objectives of the program				
Review Case & Determine Expectations of Teacher	N D	P	D	Examples
Minimal interruption of case presentation except for clarification				
Determines what the student wants from the teacher				
Develops hypotheses about why the patient may refuse admission				
Educational Diagnosis & Assess Blocks to Learning	N D	P D	D	Examples
Determines if student is aware of having omitted any exploration of the Person or Context & its importance				
Determines student’s awareness of attitudes to patients who do not follow doctor’s advice				
Determines awareness of impact of frustration on ability to find common ground				
Motivation				
Role				
Skills				
System				
Traits, talents, personal problems				

Constructive Feedback	N D	P	D	Examples
Asks for learner's self-evaluation first				
Feedback is clear and direct & related to student's goals				
Includes strengths and areas that need more work				
Focuses on specific behaviour rather than generalities				
Presents the student with objective evidence whenever possible				
Label feedback as subjective when it is				
Supportive, respectful and non-judgmental				
Interactive two-way process				
Checks for understanding & agreement				
Summarizes (or, preferably, asks student to summarize)				
Prepare Student to See Patient Again	N D	P D	D	Examples
Asks student for ideas about how to explore patient's refusal				
Provide specific concrete suggestions if needed e.g. phrases to say				
Review parts of PCCM if necessary				
Develop clear and concrete goals with student				
Clarify roles of teacher & student & plans to keep it safe for patient & student				
Encourage brief role-play if appropriate				
Demonstrate how to do it if appropriate				
Develop a Learning Plan & Teach for Transfer	N D	P	D	Examples
Relates current learning needs to prior learning e.g. PCCM				
Relates the principles in <i>this</i> "case" to <i>other</i> patients.				
Asks student for ideas about how to improve				
Offers specific suggestions as needed e.g. readings about the PCCM, practice with feedback				
Develops a realistic and doable learning plan – what the student will do (specifically), how it will be assessed and clear plans for follow-up				

