**Comunication Teaching Summary Handout**

* What are the ACGME communication milestones?
	+ Patient and Family centered communication
	+ Interprofessional team communication
	+ Communication within healthcare systems
* What are the types of interactions that learners will encounter?
	+ Patients and families
		- Minimize communication barriers (language, understanding, etc)
		- Explain in simple, non-medical language to avoid confusion
		- Provide updates
		- New learners should observe difficult conversations performed by more experienced individuals prior to attempting on their own
	+ Other physicians/consults
		- Thorough but concise presentations
		- Allow learner to talk through their planned presentation ahead of time if needed to provide confidence
		- Be available for back up if communication is with a difficult person
	+ Nursing/techs
		- Constant communication
		- Provide plans and updates to work continuously as a team and maintain good rapport
		- Relationship is reciprocal and good communication goes both ways
	+ Team leader
		- Especially in the case of running codes, traumas, medical alerts, etc
		- Learner needs to be able to speak up and command the room
		- Learner should be confident but not arrogant (can be addressed and encouraged through sim scenarios specifically)
		- Seek input from other team members
* 5 Cs of Consults
	+ Contact
		- State name, rank and service
		- Identify consulting physician
	+ Communicate
		- Present concise and accurate story
	+ Core question
		- State need for consultation and timeframe
	+ Collaboration
		- Be open to incorporating consultants recommendations
	+ Closing the loop
		- Confirm patient plan
* Sim/Practice Scenarios
	+ Allows for real-time feedback and debriefing in a controlled and safe environment. It’s the place to make mistakes without consequences
	+ Scenario types
		- Delivering difficulty news to patient/family
		- Reporting death to family
		- Consults
		- Running codes/traumas (practice team leadership)
* Feedback tips
	+ Be specific: vague feedback does not give learning opportunity for improvement. Be as specific as possible so they can practice specific weakness
	+ Timely: give feedback in real time or shortly after. Delays in feedback make it difficult for learner to reflect on mistakes
	+ Explain consequences: important to explain consequences of mistakes in order for learner to understand the importance of good communication. Should be explained in a non-critical, constructive manner
	+ Avoid punishment/criticism: feedback should be constructive and straightforward but should be insulting or demeaning. Punishment and criticism does not facilitate learning and may cause setbacks in learning. Learner may become fearful of interactions.
* Resources for learners
	+ <https://www.saem.org/docs/default-source/saem-documents/education/module-04-patient-communication-skills.pdf>
	+ <https://www.saem.org/docs/default-source/saem-documents/education/module-05-interpersonal-relationships.pdf>
	+ <https://emsimcases.com/category/cases/communication/>