

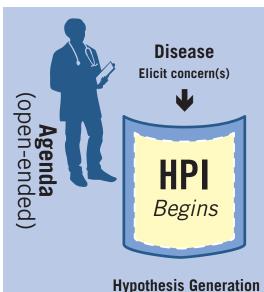
ns communication Man: Dia	Name: PGY Date: Context: Assessor: Context: DIRECTIONS: 1. Orient trainee to Martin's Communication Map 2. Use direct observation, simulated scenarios or case presentations to identify problem areas (check box(es 3. Use results to provide formative feedback and guide educational plan Martin's Communication Map: Diagnostic Tool (Red indicates case presentation markers.)							
Content (Knowledge: WHAT to Ask)	Process (Interview Skills: HOW to Ask)	Perceptual (Attitude: What the trainee is THINKING and FEELING)						
 □ Narrowly focused □ Vague questions, patient floundering □ Inappropriate focus □ Overly narrative □ Not focused—no sense of key problem /reason(s) for the encounter 	 □ No structure □ No/poor agenda setting □ Patient-controlled approach □ Doctor-controlled approach □ Poor questioning skills 	 □ Poor relationship building □ Inappropriate boundaries □ Non-verbal (body language, facial expressions) □ Tone □ Avoidance of topic areas (e.g. sexual history) □ Assumptions influencing encounter/decision making 						
 □ Over-inclusive history □ Disjointed history □ Incomplete history □ No/limited differential □ Time management 	 □ Awkward word choice □ Poor question construction □ Limited use of interview skills (e.g. no bridging statements) □ Disorganized □ Time management □ Ignores patient cues 	 ☐ Misses patient cues ☐ Unable to integrate feedback ☐ Debates feedback ☐ No mention of patient's perspective 						
 □ Inappropriate diagnosis □ Poor synthesis □ Incomplete/inaccurate management □ Inappropriate follow-up 	 □ R_X/Management (Run on sentences) □ Poor sharing of information □ No finding of common ground □ "One size fits all" approach to advice 							
	 □ Narrowly focused □ Vague questions, patient floundering □ Inappropriate focus □ Overly narrative □ Not focused—no sense of key problem /reason(s) for the encounter □ Over-inclusive history □ Disjointed history □ Incomplete history □ No /limited differential □ Time management □ Inappropriate diagnosis □ Poor synthesis □ Incomplete/inaccurate management 	(Knowledge: WHAT to Ask) Narrowly focused						

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	Knowledge (DI	Knowledge (DIDACTIC)		Process (EXPERIENTIAL)		Perceptual (REFLECTIVE)	
EDUCATIONAL GUIDE	□ Role-play (E.g. Sexual	history)		Role-play (E.g. Skill build using simulated/ standardized scenarios)		Role-play (E.g. Role reversal)	
	□ Role model (E.g. Approa			Role model (E.g. skills, timing, phrasing, boundary setting)		Role-model (E.g. Asking, giving and receiving feedback)	
		eading ce based articles, 'Make it Stick" Brown		Targeted Reading (E.g. "What Else? Setting the Agenda for the Clinical Interview" Annals of Internal Medicine)		Targeted reading (E.g. "Difficult Conversations" Heen et al., "Talking to Crazy"/"Just Listen" Mark Goulston, "Thanks for the Feedback" Stone & Heen)	
	□ Learning Co (E.g. Assessi strategies) □ Reading Tu	ment of learning,		Communication Coach (E.g. Skill building with tailored feedback)		Communication Coach (E.g. Guided Reflective conversations to raise self-awareness, Reframe issues)	
	□ On-line lea (E.g. PGCorE	rning Ed - End of Life Care)		On-line learning (E.g. PGCorED – Communicator, Collaborator, CMPA modules)		On-line learning (E.g. PGCorEd - Professional, Collaborator, CMPA modules)	
	in synthesi	rameworks to aid zing information s Communication nas)		Conceptual framework (E.g. Martin's Communication Map for organizing/conceptualizing approach		Emotional Awareness framework (E.g. Explore self/relational/ situational/organizational awareness and management)	
	□ Standardiz	ed testing		Timed interviews		Feedback tools (E.g. multi-source, patient questionnaire)	
	□ Urgent Car	e experiences		Focused skill practice with repetition		Continuity of Care experiences	
	limits of kn	your differential?		Probing questions (E.g. What were the Patient's ideas? Expectations?)		Probing questions to uncover assumptions & intentions (E.g. What's your role with this patient? How do you feel your approach impacts the patient? Family?)	
	Feedback	/Observation with ure Lab, intimate		Video record with feedback (E.g. Organization, Question construction, timing)		Video record with feedback (E.g. Patient reactions, blind spots - facial expressions, tone, body language)	
		ly unpack your r treatment decisions)		Feedback (E.g. Question construction, Approach)		Feedback (E.g. Impact of verbal, non-verbal communication on self/others)	
		topic areas for review, Reading Plan)		Homework (E.g. Assign readings, use Martin's Communication Map in clinic, video encounters for review)		Homework (E.g. Assign book chapters for review, relevant TEDtalks)	

NEXT STEPS:



Martin's Communication Map



Beginning of Interview

FACILITATE LISTEN ACKNOWLEDGE

CLARIFY AGENDA

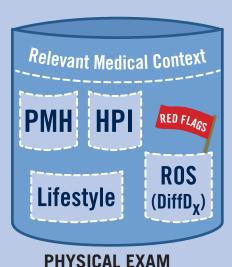
Illness experience





Transitional Statement

Data Collection (focused)



Middle of Interview

IMPACT ON FUNCTIONING

Relevant Life Context

Family / Significant Others

Work

Education

Finances

Supports / Resources

Culture

Life Cycle



Transitional Statement

Management P (interactive)

DX

> Present Findings and Rationale

Rx

- > Tests / Consults
- > Medications
- > Lifestyle Changes
- > Other Recommendations

End of Interview

FIND COMMON GROUND

Health Teaching

- · Diagnosis
- · Lifestyle
- · Prevention



FOLLOW-UP PLAN

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What's in a Pocket?

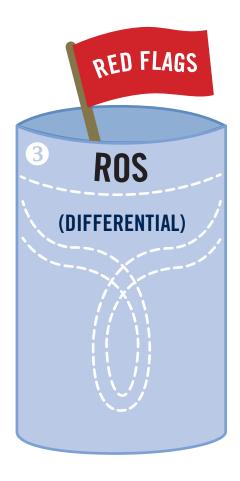


- Medications
- Serious / Chronic illnesses
- Hospitalizations
- Surgeries
- Emergency visits, Trauma
- Immunizations
- Past history / Pattern of health care
- Screening
- Past / Current mental health history
- Family medical history
- Domenstic violence / Sexual abuse screening

HPI

- Who?
- What?
- Where?
- When?
- How?
- Whv?
- Characterization of symptoms

Includes patient ideas, feelings, functioning and expectations



4 Lifestyle Factors

- Alcohol
- Street drugs
- Over-the-counter medications
- Prescription medications (intended for others)
- Herbal / alternative therapies
- Vitamins
- Smoking
- Caffeine
- Diet
- Exercise
- Driving (e.g.medications, drinking, vision, seizures, cognitive)
- Car sears / seat belts, helmets
- Sunscreen

Life Context

Living situation
Work
Family/Significant relationships
Education
Finances

Support / Resources
Life cycle
Culture

Physical Examination

