

Title: Amplify Your Clinical Reasoning: Relationship Guides for Empathy and Expertise

Presenters:

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Select Medical Residency faculty, steering committee.

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Kentucky Orthopedic Rehab Team. Bardstown KY.
KORT Residency faculty and former resident.

Learning Objectives

After attending this session, the learner will be able to:

- State the relationship of clinical reasoning and communication.
- Understand the importance of a relationship guide to teaching communication.
- List the components and skills of the Calgary Cambridge Guide to communication.

Gail Jensen. Clinical Reasoning

1. What is clinical reasoning?
 - Multiple perspectives on clinical reasoning
 - Clinical reasoning and developing expertise: interdependent domains
 - Sorting out the role and value of theory
 - Cognitive and non-cognitive approaches
 - Critical importance of meta-cognitive skills
2. Communication and Context
 - Integrating Context IS Clinical reasoning
 - Understanding context depends on communication
 - Active listening
 - Uncovering values, beliefs and behaviors
 - Centering interventions on successful teaching and learning

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APTA CSM Feb 17th, San Antonio TX.

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²Matthew Lee. Relationship guides and clinical application for practice and teaching.

1. Agenda
 - Communication in the patient/ PT interaction
 - Benefits of a relationship guide in clinical practice and mentoring
 - Use of the Calgary-Cambridge guide in residency education

2. Role of communication in the patient/PT interaction
 - Communication
 - Definition: A process of exchange of ideas between individuals through a common system of symbols, signs, or behavior –Merriam Webster
 - Communication has structure
 - Communication is built on skills.
 - Effective communication for the physical therapist
 - Good interaction is treatment.
 - Improves adherence. Improves outcomes. Increases patient satisfaction. Augments the therapeutic alliance
 - Relationship of communication to clinical decision making, accurate information to make accurate decisions
 - Communication skills help the clinician to obtain a more complete understanding of the patient experience and provide patient centered care
 - Disease model: pathology, anatomy, understanding the patient in relationship to content information (aggravating factors, easing factors, history)
 - Illness model: the patient's symptoms, perceptions, their concerns and experiences, understanding the patient in relationship to their disease process
 - Understanding what patient's go through prior to seeing us

3. Benefits of a relationship guide (clinical practice and mentoring)
 - A format and tool to structure, execute and teach communication skills.
 - Benefits to the clinician / resident
 - Provides structure for the entire visit both verbally and non verbally
 - Explicit instruction and skill, applicable to other visits
 - Specific skills to build a relationship and trust
 - Better information for clinical decision-making
 - Benefits to the mentor
 - Structure allows feedback on specific parts of the interaction
 - Communication feedback can be skill based, structured and in context
 - Mentor can determine where the resident is in the exam and what they are attempting to accomplish

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4. Calgary-Cambridge Guide in residency education
 - A guide to the session, not a prescription. Skills based
 - Skills are learnable, teachable, and transferable
 - 72 skills. Not all are used or taught
 - Opening the session
 - Non-verbal skills
 - Verbal skills
 - Gathering information
 - Explaining and planning
 - Providing structure
 - Building a relationship
 - Closing the session.
5. FAQs

Elliot Mattingly. Reflection and Feedback.

- Personal experience as a resident, learning explicit communication skills
- Personal experience as a mentor, teaching explicit communication skills

References:

Durning S, Artino A. Schuwirth L. Clarifying assumptions to enhance our understanding and assessment of clinical reasoning. *Acad Med.* 2013; 88:442-448.

Kurtz, S. M., & Silverman, J. *Teaching and Learning Communication Skills in Medicine* (2nd ed.). Oxford: Radcliffe Pub, 2005.

Moore AP, Jull G. The patient experience of musculoskeletal therapy. *Man Ther.* 2013; 18(3): 175-176.

Roberts LC, et al. Measuring verbal communication in initial physical therapy encounters. *Phys Ther.* 2013; 93(4): 479–491.

Silverman, J., & Kurtz, S.M. *Skills for Communicating with Patients* (2nd ed.). Oxford: Radcliffe Pub, 2008.

Trowbridge R, Rencic J, Durning S. *Teaching Clinical Reasoning.* Philadelphia, PA. American College of Physicians. 2015.

Woods N, Mylopoulos M. On clinical reasoning research and applications: redefining expertise. *Med Educ.* 2015; 49: 542-544.

Woods N, Mylopoulos M. How to improve the teaching of clinical reasoning: from processing to preparation. *Med Educ.* 2015; 49: 942-958.

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