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

Presenters:
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Select Medical Residency faculty, steering committee.

Elliot Mattingly PT, DPT, OCS
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
     o Clinical reasoning and developing expertise: interdependent domains
     o Sorting out the role and value of theory
       ▪ Cognitive and non-cognitive approaches
     o Critical importance of meta-cognitive skills

2. Communication and Context
   - Integrating Context IS Clinical reasoning
   - Understanding context depends on communication
     o Active listening
     o Uncovering values, beliefs and behaviors
     o Centering interventions on successful teaching and learning

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APTA CSM Feb 17th, San Antonio TX.
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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

   - 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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   ▪ A guide to the session, not a prescription. Skills based
     o Skills are learnable, teachable, and transferable
     o 72 skills. Not all are used or taught
   ▪ Opening the session
     o Non-verbal skills
     o 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:


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