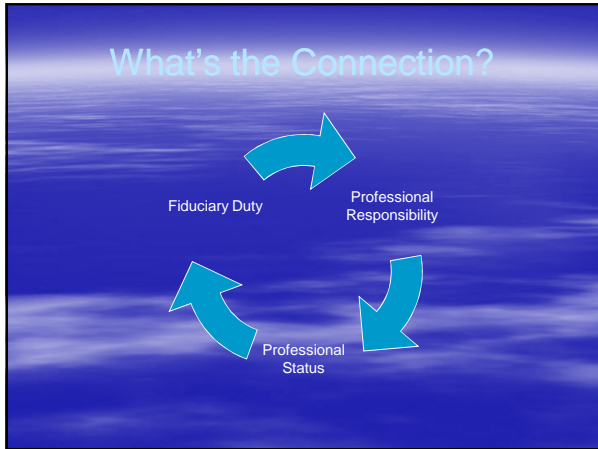


## Professionalism & Communication Skills

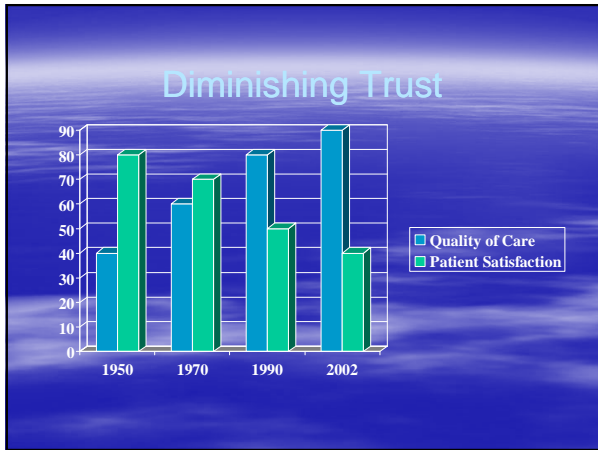
Creating a Culture of Humanistic Medicine

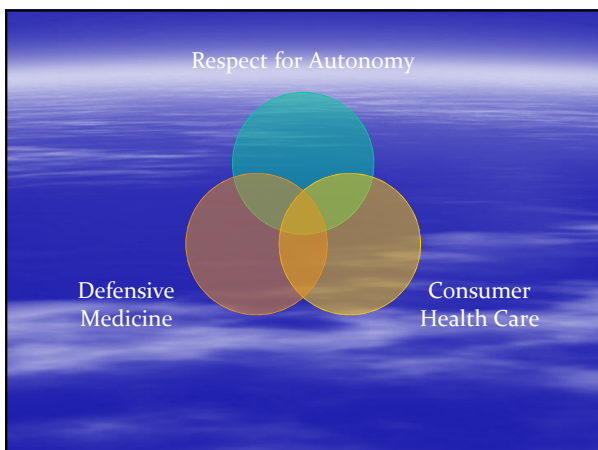
Blake Sypher, Ph.D.

- ### Goals & Objectives
- Explore the relation between professionalism and good communication skills
  - Identify a set of communication skills requisite for developing exemplary professional behavior
  - Identify practical strategies for developing this crucial skill set



- ### Fiduciary Duty
- Professional relationships are based on trust
  - Expertise = Responsibility
  - Honoring one's fiduciary duty conveys the privileges of professional status





## Respect for Autonomy

- Replaced paternalistic physician choice
- Overly individualistic in current form
- Works best with **trust** established

## Physicians as Partners

*"Benevolence is invincible if it be genuine, and not merely an affected smile and playing a part."*

Marcus Aurelius  
Meditations

## Consumer Health Care

- Based on contract model of business
- Replaced fiduciary patient-physician relationship
- Medical vending machine
- Implies limited **trust**

## Communication Breakdown

*"40% of hospital patients with complex medical problems could not identify their primary physician . . ."*

JAMA study

## Defensive Medicine

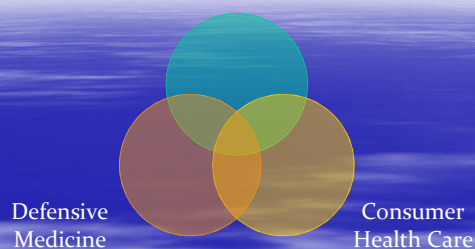
- Risk management practice model
- Replaced altruistic service to community
- Feeds on corroded **trust**

### What community? Whose property?

*“The proverb, ‘what friends have is common property,’ expresses the truth; for friendship depends on community.”*

Aristotle  
Nichomachean Ethics

### Respect for Autonomy



### Professionalism & Trust

We can fulfill our fiduciary duty and insure quality relationships by:

- **Earning** the respect and trust that have been damaged by social and historical events
- **Learning** how to effectively resolve problems that threaten our ability to perform our roles as professionals

### Conflict Resolution

- Professional behavior is most important when conflict occurs
- Conflict resolution requires effective communication skills
- Many clinicians/scientists have little or no training in communication skills

### Common Fallacies

- Professional conflicts are rare
- Intuition and good values are adequate tools for resolving conflicts
- Communication skills are secondary to my clinical/scientific acumen

### Obstacles to Conflict Resolution

- Emotional reactions to events
- Tendency for conflict avoidance
- Inadequate assessment of relevant facts
- Faulty perceptions of the beliefs and attitudes of others
- Poor communication

### Common Obstacle #1

*“If we cannot manage our own emotions effectively, then we are ill prepared to help others make difficult choices or see problems clearly.”*

### Common Obstacle #2

*“Many problems are never addressed until long after they have already caused damage.”*

### Common Obstacle #3

*“When we have an inadequate understanding of relevant **facts**, we cannot realistically assess relevant questions about **values**.”*

### Common Obstacle #4

*“To see things genuinely through the eyes of others is one of the most difficult insights to attain.”*

### Common Obstacle #5

*“The best intentions go awry if we lack the ability to communicate effectively.”*

### Crucial Skills

- Self control: managing emotions
- Perception: Recognition of moral landscape
- Thoroughness: systematic evaluation
- Moral astuteness: perspective taking
- Diplomacy: tact, sensitivity, power

## Self Control

*“Robert Jordan saw them there on the slope, close to him now . . . he rested as easily as he could with his two elbows in the pine needles and the muzzle of the submachine gun resting against the trunk of the pine tree.”*

Hemingway, *For Whom the Bell Tolls*

## Perception

*“Dunjazad sat up and said ‘O my sister, recite to us some new story, delightful and delectable, wherewith to while away the waking hours of our latter nights.’”*

Prologue, *The Arabian Nights*

## Thoroughness

*“Beyond the obvious facts that he has at some time done manual labor, that he takes snuff, that he is a Freemason, and that he has been in China, I can deduce nothing else.”*

Arthur Conan Doyle,  
*The Adventures of Sherlock Holmes*

## Moral astuteness

*“One of the most important moral differences between people is between those who miss and those who see various moral features of situations confronting them.”*

Lawrence Blum, *Moral Perception and Particularity*

## Diplomacy

*“Vasudeva did not await anything with impatience and gave neither praise nor blame – he only listened. Siddhartha felt how wonderful it was to have such a listener who could be absorbed in another person’s life, his strivings, his sorrows . . .”*

Herman Hesse, *Siddhartha*

## Skill Development

- Honest Self-Assessment
- Follow the paradigm
- Reflection about real events

## Honest Self-Assessment

*"What are my strengths and weaknesses as a communicator? How can I take advantage of my strengths and minimize my weaknesses?"*

## Follow the paradigm

*Pay attention to:*

- Mentors and peers whose skills you respect
- Bad exemplars

## Reflections

- What did I do well?
- What could I have done better?
- How could the problem have been avoided?

## Case Study #1: Unethical Colleague?

You are a post-doctoral fellow working in the laboratory of a prominent biomedical research scientist. Another fellow in the lab has been producing a lot of data and working closely with the lab's chief investigator. However, you become suspicious because your colleague is rarely in the lab, and her data look too clean to be true. You approach the chief investigator to discuss your concerns, but he says that your colleague's work is excellent, and that you should not worry. You are aware that the data produced recently by your colleague confirm the hypotheses of the chief investigator's research grants.

## Case Study #2: Professional Disagreement

You are the attending physician for a 68-year-old man with end stage COPD. He has been on ventilator support for ten days; attempts to wean him have been unsuccessful. You discuss the patient's poor prognosis with his family, and after an emotional discussion they decide to withdraw ventilator support, because "dad wouldn't want this." The consulting pulmonologist, however, tells them that he may improve, and it is "too early to give up on him." His son, who is the patient's surrogate decision maker, approaches you with this information. He is very agitated, and asks you, "what am I supposed to believe? You told me that he was dying!"

