# Teaching Tool 3 – Small Group Activity

CanMEDS Communicator

## **Communication scripts for day-to-day communication**

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Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Complete the table below, providing details from your clinical practice over the past month.

|  |  |  |
| --- | --- | --- |
| Clinical location(s)(include details about when, where, how long, type of service) | Common or repeated communication topics or subjects | Challenging communication topics or subjects |
|  |  |  |

1. Select one of the two examples of common or repeated communication topics or subjects, and then write a patient scenario of no more than three sentences for that topic or subject.
2. You will be drafting a communication script for part of the scenario you just wrote. First, choose one or two communication skills tasks from the six listed below. Then, fill out the corresponding row(s) in the table for your scenario.

**Outline the core content** used to discuss common or challenging communication scenarios; for verbal communication, you may wish to include some key phrases that you find helpful.

🞎 1. Initiating the session 🞎 4. Closing the session

🞎 2. Gathering information 🞎 5. Providing structure

🞎 3. Explanation and planning 🞎 6. Building the relationship

|  |  |  |
| --- | --- | --- |
| Communication skills task[[1]](#endnote-1) | Potential script wording | Content skills to highlight |
| 1. Initiating the session |  |  |
| 2. Gathering information |  |  |
| 3. Explanation and planning  |  |  |
| 4. Closing the session |  |  |
| 5. Building the relationship |  |  |
| 6. Providing structure |  |  |

## T3. SAMPLE SCRIPT #1: Breaking bad news – “The driving talk”

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### SCENARIO

* You’ve just examined a young woman with a sensory motor peripheral polyneuropathy with significant arm and leg weakness and poor proprioception in the lower legs.
* You’re concerned about her ability to drive, and you need to discuss this.
* She was referred to you for the leg and arm weakness, so she’s not expecting to discuss her driving ability.

**SKILLS FOCUS** of this script:

* Explanation and planning (Communication skills task #3)
* Closing the session (Communication skills task #4)
* Building the relationship (Communication skills task #5)

|  |  |  |  |
| --- | --- | --- | --- |
| Communication skills taska | Potential script wordingand other tips | CONTENT skills to highlight | PROCESS skills to highlight |
| 3. Explanation and planning  | Begin by asking how the patient perceives her driving abilityProvide an assessment of the patient’s function in plain language using the content above in the scenarioAsk if the patient feels her driving is safe, and depending on the situation, ask “what do you think I’m going to say about your driving?”Pause regularly to gauge reaction to the informationCheck for body language throughout the interaction (the patient may say little verbally but express a lot of emotion through eye contact, posture, etc.)Allow time for questions | Highlight what is needed for safe driving: good eyes, brain, and strong arms and legsSummarize the weakness and sensory loss so the patient has a good understanding of deficitsExplain that it is the Ministry of Transportation that makes the final decision about ability to drive; however, physicians are mandated (in some provinces) to report concerns about driving safety if the patient has a condition that may affect their ability to drive | Assess patient’s starting pointOrganize information into discrete chunksRegular chunks and checksPick up and respond to verbal and non-verbal cuesCheck with patient to determine if she accepts the information and if her concerns are being addressed |
| 4. Closing the session | Provide support by offering to explore other transportation optionsFinish by asking if the patient has further questions about what was said or the next stepsOffer to discuss again once the patient has had time to reflect on the information further (some will be stunned enough by the interaction that they say very little, but then a few days later, there will be a call). Provide permission for a follow-up call to happen with an agreement to discuss again (this is an example of forward planning) |  | Contract with the patient for next stepsDo a final check that the patient agrees with the plan and ask if there are any other questions |
| 5. Building the relationship | Provide the content in an empathic and sensitive mannerRespond with empathy at the reaction (sometimes can be quite forceful and negative; allow the patient to express her emotion). For example, I know the driving was not a topic that you were expecting to discuss with me today. I can see that the information that I have given you is unexpected. This builds on picking up on verbal and non-verbal cues from above and shows the learner is acknowledging the emotion and is reflecting back understanding to the patient |  | Uses empathy to communicate understanding and appreciation of the patient’s predicament (overtly acknowledges patient’s views and feelings) |

## T3. SAMPLE SCRIPT #2: Sharing information – “Test results and consent”

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### SCENARIO

You are seeing Mrs. X for a follow-up appointment to discuss the results of a biopsy, which are positive to cancer, and to plan next steps.

**SKILLS FOCUS** of this script:

Initiating the session (Communication skills task #1)

Gathering information (Communication skills task #2)

Explanation and planning (Communication skills task #3)

Closing the session (Communication skills task #4)

|  |  |  |  |
| --- | --- | --- | --- |
| Communication skills taska | Potential script wording and other tips | CONTENT skills to highlight | PROCESS skills to highlight |
| 1. Initiating the session | “Good to see you back, Mrs. X, I can imagine it’s been a long two weeks.”“As you know, the purpose of today’s appointment is to discuss the results of your biopsy. I’m going to start there, discuss what they mean, answer any questions you may have about the results, then move to discussing next steps. Does that sound reasonable?”“Unfortunately the biopsy showed … which means …”“What are your thoughts at this point?” | Will vary by specialty  | Have results readyProvide privacy Sit downMake eye contactGreet patient with empathy for the waitSet the agendaProvide the result in plain language immediately. Pay attention to reactionPause after presenting the result and meaningEmpathetically acknowledge reaction |
| 2. Gathering information | “I need to get some further history and to ask about your preferences so we can come up with next steps that work for you.” | Will vary by specialty | Signpost – provide rationale for needing to ask further questions |
| 3. Explanation and planning  | “Based on the results and your history, we have two surgical treatment choices: a lumpectomy or a mastectomy. I am going to describe each procedure, and discuss the risks and benefits. I’ll start with the lumpectomy and then move to the mastectomy.”“A lumpectomy is a surgical procedure where they go in and remove the cancerous tissue. On the day of surgery ..[details]….“Do you have any more questions before I move on to talk about the risks and benefits of this choice?” | Will vary by specialty | CategorizeDraw picturesChunk and check Use plain languagePause frequently for questions. |
| 4. Closing the session | “Okay, let’s summarize the plan to ensure we are both on the same page. Can you repeat in your own words the next steps?”“Let’s talk about what to do if you have not heard back about a surgical date in two weeks or feel you are experiencing changes that are important for me to know.” | Will vary by specialty | Repetition(Repeat OR ask the patient to repeat the plan)Safety net |

1. Kurtz S, Silverman J, Draper J. *Teaching and learning communication skills in medicine*. 2nd ed. London: Radcliffe Publishing. Copyright © 2005. Reproduced by permission of Taylor & Francis Books UK. [↑](#endnote-ref-1)