



CanMEDS Best Practices Submission Form
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CATEGORY

Curriculum — a design for education around the CanMEDS competencies.
 Teaching Tool — a submission that will assist the teaching the specific CanMEDS competencies.
 Assessment Tool — a submission that will assist in the assessment/evaluation of the CanMEDS competencies.

TYPE OF TOOL

ITER Manual or Module OSCE Rotation specific objectives **Workshops** Facilitated Discussions
 FITER Group exercise Rotation Portfolios & Logbooks Website Other: _____

CanMEDS ROLES

Medical Expert **Communicator** Collaborator Manager Health Advocate Scholar Professional General

TITLE Limit of 100 characters

A PROGRAM FOR ENHANCING THE COMMUNICATION SKILLS OF NEUROLOGY RESIDENTS.

AUTHOR(S)

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PRIMARY INSTITUTIONAL AFFILIATION

Name: University of Western Ontario	Web site
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ABSTRACT Limit of 500 words

Practicing neurologists must communicate effectively with patients in a range of difficult situations, yet few receive any formal training in communication skills during their neurology residency. The objectives of this educational program are: 1) To design a series of case-driven communication skills workshops highlighting areas relevant to the practice of neurology 2) To enhance the learning of communication skills critical for the effective practice of neurology 3) To determine whether residents will apply these skills to real clinical situations.

The program will consist of 6 workshops delivered to a cohort of 12 neurology residents over a 12-month period. Each workshop will focus on a particular clinical scenario: 1) breaking bad news, 2) discussing do-not-resuscitate orders, 3) communicating with “difficult” patients or family members, 4) communicating with families around life-and-death decision-making for critically ill patients, 5) obtaining informed consent for neurological tests or procedures, and 6) discussing medical errors.

In a pre-course survey, neurology residents expressed a high level of interest in enhancing their communication skills, although also indicated a high level of baseline confidence in their ability to communicate effectively with patients and families. The survey confirmed that prior training in the scenarios to be covered in this program was very limited, restricted largely to remote medical school lectures or to informal mentoring by more senior residents. Residents identified discussing medical errors, communicating with “difficult” patients, and discussing life-and-death decision-making with families of critically ill patients as the most stressful scenarios.

Planned methods of evaluating the program include a post-course survey to determine resident satisfaction with the training as well as the use of portfolios and 360-degree assessments to determine the extent to which the skills acquired are applied to clinical practice.

REFERENCES

1) Joshi R, Ling FW, Jaeger J. Assessment of a 360-degree Instrument to Evaluate Residents’ Competency in Interpersonal and Communication Skills. *Acad Med* 2004;79(5):458-463.
 2) Rosenbaum ME, Ferguson KJ, Lobas JG. Teaching Medical Students and Residents Skills for Delivering Bad News: A Review of Strategies. *Acad Med* 2004;79(2):107-117.
 3) McClean KL, Card SE. Informed Consent Skills in Internal Medicine Residency: How Are Residents Taught, and What Do They Learn? *Acad Med* 2004;79(2):128-133.

Thank you for your submission. We will be contacting you shortly.