## Testimonials

Enhancing Relationship Centered Communication Skills

Provider Testimonials, November 2014

<table>
<thead>
<tr>
<th>Before I thought?</th>
<th>Now I know/learned?</th>
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<tbody>
<tr>
<td>Relationship building was an epiphenomenon of caring for patients. &quot;Often happens, sometimes not.&quot;</td>
<td>Relationship building can be a deliberate activity with specific focus and effort that is related to but not the same as the conduct of the clinical encounter.</td>
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<tr>
<td>Patient summary of events wasn't something I had time for/felt contrived.</td>
<td>Helpful tools to implement in challenging patient encounters. Feedback in an empowering way. Tools to partner with patient. Doesn’t have to be on the issue at hand.</td>
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<td>I would not enjoy the small group portion of the conference. That I was doing as much as I could with patient interaction.</td>
<td>I really enjoyed the small group exercises, learned quite a bit. Also nice to hear shared experiences of other practitioners. Valuable tools to use with difficult patient interactions. I think the more I think about this outside of the clinical setting the better I will be in the real situation.</td>
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<td>I felt overwhelmed by eliciting all complaints.</td>
<td>I have to elicit all concerns at the beginning of the visit. I need to teach back more. We all come to this with a skill set; we may not realize how much we know.</td>
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<tr>
<td>My communication skills needed a lot of work. I was alone in how I responded to difficult patients.</td>
<td>I actually have good skills and insight. I have learned that empathy goes a long, long way.</td>
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I thought that I was not very good at managing expectations. I did not think through agenda setting and the advantages to eliciting all concerns. I have the pearls mnemonic and the setting the stage piece. Also feel more confident in being able to do teach back.

I was concerned about how engaged people would feel and whether the material would feel useful to providers?whether we would hit on items that are challenging to providers early enough in the day or if it would all feel too basic. How engaging this content and format of learning really is. I heard so many positive comments throughout the day, and for myself, I felt so engaged that I barely looked at my phone. I found there to be incredible richness of experience in the small group sharing exercises. I especially appreciated being asked what we wanted to learn in scenarios and the skillful facilitation of Denise. It was SO relevant.

I thought it would be fun to focus for a whole day on communication, and it was nice to peel this piece away and just focus on it. Wasn?t sure how different specialties would interact, very helpful to watch perspectives of different specialties to the same problem. I was intimidated by role play, now I am very pleased with what I?ve learned from it. Very useful to observe pacing and non-verbal skills.

I disliked role play and couldn?t get a lot out of them at this point in my career. I thought building an agenda with patients at the beginning could feel a bit like interrupting. I also was more useful in 1? Care team subspecialty care. Role play is powerful in the way a good story/anecdote/m&m/patient presentation is at any level in helping elicit further refinement of already practiced skills. Negotiating an agenda can be extremely helpful to identify my role as a subspecialist in a patient?s care.

I thought this course would mostly apply to outpatient practice. Some other tools would also apply to perioperative care. I appreciate the effort in making this useful for the inpatient /perioperative setting. The basis of effective communication can be used in all patient care settings. Also appreciate learning ways to give feedback to residents.
That I already did a good job explaining things to patients.

That there is definitely room for improvement. There are other key points such as ?teach back? that are critical to patient care that I was omitting from my patient encounter. Many other ways ?tools? to show empathy, great segues, great ideas shared by the other participants.

Communication tools were an important part of providing outstanding patient care.

Communication tools are a huge part of providing my patient care.

I thought I already had many of the tools for effective communication with patients, but was limited purely by time constraints.

I have learned or had re-enforced: introduce self before turning to computer, list agenda on fingers/counting, teach back- the importance of feeling more comfortable to empathetic statements so they don?t feel forced.

Good communication with patients requires one to just be very touchy-feely (which didn?t seem authentic for my personality), that it comes naturally to people and would take more time.

I can do this! (practice these skills) I will use ask & teach back more. This will save me time. Modeling this will also be good for my trainees to see/hear/learn./ May make me more effective at achieving desired clinical outcomes.

I thought my patient communication skills were pretty good.

I have learned that I can spend more time on ?read back? of my visit with explanation of details from the patient. I have learned to listen more and not assume patients understand.

I thought that if I was deliberate enough with patients going over and explaining my thought process and the management plan multiple times (and multiple ways including verbal, written, etc.), then I was doing as good a job at communication as could be reasonably expected.

Deliberately asking patients what they think of my ideas/plans and asking for teach back is a more effective and efficient communication method. I believe I can integrate this into my practice.
I thought this would be an interesting day and it did not disappoint.

How to improve my communication skills. In regards to teach back, empathy, informing patients I will do what I can to make them feel better. Not to use ‘but’. Stopping and listening, importance of giving dedicated time to teach back.

There was no way to improve a difficult discussion in the moment.

I was powerless to direct patient interactions so that I could feel more in control and allow patients to get to the conclusion of their concerns.

Communication skills were different in different settings.

Using a few tools can result in improved interactions even when they start poorly.

Practicing those tools/skills can result in internalizing of the approach and improved interactions with patients.

These tools can be applicable to many settings?patient care and interactions in personal and professional life.

The PEARLS are very helpful to elicit a shared relationship.

Setting expectations with patients and including my expectations results in better interactions.

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