

Teaching Interpersonal and Communication Skills

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Experience teaches.

—Tacitus

The Accreditation Council for Graduate Medical Education mandates that radiology residency programs provide instruction and assessment in six core competencies. Among these are professionalism, interpersonal and communication skills, and patient care. Although no one contests the importance of these competencies, many faculty members, program directors, and residents express uncertainty about how they should be taught. Traditional instructional methods such as lectures and readings exhibit shortcomings.

Consider the teaching of interpersonal and communication skills. Methods such as lecture and reading tend to place learners in a passive mode, merely absorbing information. Learning by doing is often preferable and more productive. What we need are opportunities for more active participation that facilitate role modeling and the development of practical skills. We need to develop opportunities to learn such skills that do not place patients at risk, while enabling learners to practice what they are learning.

One relatively recent innovation is the development and implementation of medical simulations. Most of these have focused on the development of technical skills, such as intubation, catheterization, and resuscitation. But simulation can also be used to develop other dimensions of clinical practice, such as interpersonal and communication skills. Just as people can become more adept at catheter placement and manipulation by placing and manipulating catheters, so they can become more effective communicators by communicating with patients and families.

We recently attended the Program to Enhance Relational and Communication Skills (PERCS), which is sponsored by the Institute for Professionalism and Ethical Practice. The daylong session took place at Boston Children's Hospital. Although the institute's programs are targeted at a variety of medical and health care fields, this session was part of a series designed for radiologists, and participants included faculty

radiologists, radiology fellows and residents, nurses, interpreters, and even family members of patients.

THE PROGRAM TO ENHANCE RELATIONAL AND COMMUNICATION SKILLS

The principal facilitators included a radiologist and a clinical psychologist, each with considerable experience in teaching communication and relational skills. The day began with an introduction to the day's agenda. Then participants introduced themselves by briefly summarizing a difficult conversation that each had experienced in the practice of radiology. This elicited succinct but illuminating examples of a wide variety of communication issues that health professionals, and in particular radiology personnel, encounter on a frequent basis.

The rest of the day focused on three principal issues: conveying bad news, admitting medical error, and discussing the risks of ionizing radiation. Each segment lasted approximately 90 minutes. The most distinctive pedagogic feature of the program was the use of simulations using professional actors. The actors portrayed family members, interacting with volunteers drawn from the group of participants. The actual role playing exercises, called "enactments," take place in a separate room, and participants not participating in each enactment view the conversations via video link.

Before the first two enactments, facilitators showed very brief but illuminating video clips of physicians and patients engaged in the sorts of conversations that would soon take place, including examples of exemplary communication and the frustration and disappointment that can arise when communication is poor. Before the third enactment, a facilitator provided a brief overview of the risks and benefits of imaging examinations associated with ionizing radiation. These introductory segments, which lasted only 15 minutes, provided a helpful framework for each scenario.

The first enactment, which centered on the topic of communicating bad news, involved a conversation between two parents, a radiologist, and a nurse concerning a new and unexpected pediatric cancer diagnosis. Over the course of the conversation, the radiologist informed the parents of the finding and then, with the nurse's help, helped them understand its meaning and implications for their child's care. The radiologist's mission was not only to convey the diagnosis but also to help the family understand the interdisciplinary nature of the team that would care for their child.

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The second enactment concerned the disclosure of medical error, specifically a patient whose tumor the radiologist had missed on a prior imaging exam. Participant volunteers assumed the roles of the radiologist and nurse. Another participant served as a “coach” who helped prepare the team for their conversation with the patient’s family, reviewing the facts of the case and anticipating the sorts of questions that might be posed. The role of the oncologist was played by one of the facilitators. The central purposes of the enactment were for the radiologist to disclose the error, take responsibility for it, offer an apology, and begin the process of rebuilding trust.

The third and final enactment involved a mother who requested a conversation with a radiologist about the potential adverse effects of ionizing radiation from a computed tomographic scan that had been recommended for her child to evaluate for appendicitis. Her fears were exacerbated by a family history of cancer and her own Internet-based investigations concerning the risks of such radiation. The radiologist’s goal was not merely to convey information but also to hear and understand the basis of the patient’s concerns and put them in context without dismissing them.

DISTINCTIVE CONTRIBUTIONS

The use of professional actors in the enactments was quite valuable. First, they achieved a high level of authenticity. This is crucial, because a simulation is useful only if participants take it seriously and become genuinely engaged with it. The actors are considered “ethical understudies” in the PERCS approach. Actors are not following a script but rather responding improvisationally to what the volunteer team members say and do. This means that the enactments can follow different paths from session to session, depending on the tone and substance of the conversation. It is hard to imagine that putting volunteers in the roles of family members would function as effectively.

The live video link fostered deep engagement, and everyone in the room felt challenged and enlightened by each enactment. Many participants expressed the sense that they were actually in the room with the family and thinking in real time about what they would say in the same situation. Although no tears were shed (at least on the part of the team member volunteers), both those involved in the conversation and participants watching by video link felt intimately involved in each encounter. In addition, enactments were recorded for later instructional use.

After each enactment, both team member volunteers and actors entered the classroom and discussed the case with all participants present. This provided an opportunity for participants to question those involved in the conversation, to learn their perspectives on what was being said and how they were feeling at different points during the encounter. Of particular interest were the perspectives of the actors, who continued “in character” during this debriefing. Clearly, the expectations and perceptions of radiologists and families can differ in important respects.

The debriefing format provided participants the opportunity to offer feedback and share their own perspectives on

what had transpired during each enactment. In particular, many volunteers expressed surprise that the conversations went in directions they did not anticipate. What learners need is not a set script to which they rigidly adhere but a clear sense of their objectives and the major points they want to discuss, active listening, and goal-directed improvisation in responding to family members’ questions and comments.

It is important to emphasize that the performance of both actors and volunteer team members was not critiqued with a view to pointing out their deficiencies. Instead, the sense permeating the room was one of appreciation and even admiration for the honesty, compassion, and professionalism exhibited by those involved in each enactment. In some cases, the room actually erupted in applause when the volunteers and actors returned, in large part because people recognized the intensity of the encounters.

To summarize and solidify the day’s learning, the workshop concluded with participants reflecting on their learning and the main take-home points they were likely to incorporate into their own professional practice.

CONCLUSIONS

It is not unreasonable to think that repetition and habituation should play an important role in radiology education. For example, we already expect learners to interpret many chest radiographs before they develop a routine search pattern and become adept at identifying key findings. The same principle likely applies to interpersonal relations and communication, and the PERCS program provides practical, realistic, and face-to-face encounters through which such practice can begin to take place. Both novices and seasoned radiologists found it to be of great value.

How can other radiologists, residents, and allied personnel begin to take advantage of this program? One possibility would be to request the opportunity to attend a session, although the number of spaces is limited. Currently, the sessions take place only in Boston, but program organizers may be willing to take the program “on the road,” if an institution or association can recruit a sufficient number of participants (generally about 20–30 people). Those who participate may then want to implement or adapt the program at their own facilities and can contact Stephen D. Brown, MD, director of the PERCS program, at stephen.brown@childrens.harvard.edu.

The PERCS program is only one example of how faculty members, program directors, and residents might attempt to meet the challenges of teaching such competencies as professionalism, interpersonal and communication skills, and patient care, but it is a particularly creative and effective one. Indeed, graduates of similar PERCS programs have reported a greater sense of preparation for such experiences. This stems from the opportunities it provides to prepare for, simulate, and debrief these conversations, taking full advantage of the learning opportunities they present. It demonstrates that what we say and how we say it can be every bit as important as how we interpret images and perform procedures.