Provide engaging educational resources for healthcare professionals to enhance communication and health outcomes
Introduction

Barbara Lewis, MBA
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DocCom

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Description

• Proven on-line, interactive healthcare communications skills learning system

• Comprehensive, media-rich, interactive platform for acquisition of knowledge, skills and attitudes regarding medical interviewing
Background

• In 2003, American Academy on Communication in Healthcare (AACH) faculty & Drexel University College of Medicine identified gap in communication learning for medical students
• Obtained grant from the Arthur Vining Davis Foundations
• Launched in 2005 as pilot
• Debuted in 2006 as non-profit
• Offered Continuing Medical Education in 2015.
DocCom Facts

Co-founded in 2003 by AACH & DUCOM

~90 Institutions: Yale, Stanford & Johns Hopkins, etc.

>25,000 Subscribers

6 Journal articles re value of DocCom

13 Countries

3 Languages: German, Japanese & Portuguese
Research Supporting DocCom


- **Annals of Behavioral Science and Medical Education** - Barone, Huggett, Lofgreen. “Investigation of Students' Attitudes about Patients with Substance Use Disorders before and after Completing an Online Curricular Module”; *Annals of Behavioral Science and Medical Education* 2011, Vol. 17, No. 1, 10-13

- **Journal of Communication in Healthcare** - Spagnoletti, CL. et al., “Implementation and evaluation of a web-based communication skills learning tool for training internal medicine interns in patient-doctor communication”; *Journal of Communication in Healthcare, 01 2009, vol./is. 2/2(159-172)


- **Pain Medicine** – Donovan A, Wood G, Rubio D, Day H, Spagnoletti C. “Faculty Communication Knowledge, Attitudes, and Skills Around Chronic Non-Malignant Pain Improve with Online Training; *http://dx.doi.org/10.1093/pm/pnw029*, April 1, 2016 (cite)
Evidence-Based Importance of Communication Skills

• Improve medical outcomes
• Decrease malpractice claims
• Enhance physician/provider satisfaction
• Improve patient satisfaction scores (HCAHPS surveys mandated by the government if hospital receives Medicare funds from the government).
Overview

• Module authors - leading faculty
• 42 multimedia-rich interactive on-line modules (~1 hr in length)
• >400 videos realistic interviews
• Annotated interactive videos
• Assignments
• Assessment questions – essay & MCQs
• Grading matrix
• Resources
• Curriculum guides for faculty
DocCom started with medical schools
Residency programs are fastest growing segment
Testimonials

• “We could not deliver this level of curriculum without DocCom.”
• “We like the ability for residents to watch DocCom whenever or wherever they are.”
• “Videos are extremely useful in demonstrating communication skills.”
• "We have used the DocCom modules at Stanford for years in educating medical students and have found many of them very helpful.”
• "Over the last five years DocCom has been a valuable and readily accessible resource for teaching medical interviewing to our first year medical students. The videos demonstrate and model behaviors and trigger discussion."
Tour
Topics: Basic Modules

DocCom is a joint production of the American Academy on Communication in Healthcare AACH and the Drexel University College of Medicine DUCOM, with generous support from the Arthur Vining Davis Foundation. Current Version: 5.1

Click this link to get complete info about DocCom

BASIC MODULES

01 Overview
Geoff Gordon MD, Oregon Health & Science University, Portland

02 Mindfulness and Reflection in Clinical Training and Practice
Ronald Epstein MD, Rochester University

03 Therapeutic Aspects of Medical Encounters
David Brody MD, Dennis Novack MD, Drexel University College of Medicine, Philadelphia
With Doctoring Curriculum Facilitator Guide

04 Balance, Self-Care
John F. Christensen, PhD., Legacy Health System, Portland, Oregon
Topics: Essential Elements

05 Integrated Patient-centered and Doctor-centered Interviewing – Structure and Content of the Interview
Auguste H. Fortin Vi, MD, MPH, Yale University; Francesca Dwamina MD, and Robert C. Smith MD, ScM, Michigan State University

06 Build a Relationship
Julian Bird MD, Kings College, London; Steve Cole MD, SUNY, Stony Brook

07 Open the Discussion
Beth Lown MD, Harvard University; Ron Saizow MD, University of Oklahoma

08 Gather Information
Beth Lown MD, Harvard University

09 Understand the Patient’s Perspective
Beth Lown MD, Harvard University

10 Share Information
Beth Lown MD, Harvard University
With Doctoring Curriculum Facilitator Guide

11 Reach Agreement
Beth Lown MD, Harvard University

12 Provide Closure
Beth Lown MD, Harvard University
Topics: Advanced Elements

13 Responding to strong emotions
Barry Egner MD, Legacy Health System, Portland, Oregon
With Doctoring Curriculum Facilitator Guide

14 It Goes without Saying: Nonverbal Communication in Clinician-Patient Relationships
Cecile A. Carson MD, Jeannette M. Shorey II MD, University of Arkansas Medical School

15 Understanding Difference and Diversity in the Medical Encounter: Communication across Cultures
Calvin Chou MD, PhD; University of California, San Francisco; Ellen Pearlman MD, New York University; Cathy Risdon MD, McMaster University

16 Promoting Adherence and Health Behavior Change
Carol Chou MD, University of Pennsylvania; Michael Goldstein MD, Brown University; F. Dan Duffy MD, U Oklahoma, Tulsa; Rob Shochet MD, Johns Hopkins University
With Doctoring Curriculum Facilitator Guide

17 Shared Decision-Making
Clarence H. Braddock III MD, MPH, Stanford University

18 Exploring Sexual issues
Rich Frankel PhD, Indiana University; Elizabeth Edwardsen MD, Rochester University, Sarah Williams MD

19 Exploring Spirituality & Religious Beliefs
Shimon Waldofgel MD, Thomas Jefferson University, and Stuart R. Sprague, PhD, The Young Institute
COMMUNICATING IN SPECIFIC SITUATIONS

20 Family Interview
Kathy Cole-Kelly MD, Case Western, Tom Campbell MD, Rochester University

21 Communication and Relationships with Children and Parents
Elizabeth Rider MSW, MD, Harvard University

22 The Adolescent Interview
Ken Ginsberg MD, Oana Tomescu MD, University of Pennsylvania

23 The Geriatric Interview
Brent C. Williams MD, MPH and James T. Pacala MD, MS

24 Tobacco Intervention
by Michael Goldstein, MD, and Margaret Dundon, PhD, VHA National Center for Health Promotion and Disease Prevention as well as Susan Swartz Woods, MD, Oregon Health & Sciences University

25 Motivating Healthy Diet and Physical Activity
Geoffrey Williams MD, Rochester University

26 Anxiety and Panic Disorder
Steven Locke MD, Harvard University

27 Communicating with Depressed Patients
Steven Cole MD, SUNY, Stony Brook
With Doctoring Curriculum Facilitator Guide
COMMUNICATING WITH COLLEAGUES

37 The Oral Presentation
Alicia Monroe MD, Brown University

38 Communication on Healthcare Teams
Cathy Risdon MD, McMaster University, Marla Rowe MD, Wayne State University, Zeev Neuwirth MD PhD, Harvard University, Anthony Suchman MD, Rochester University

39 Talking with Impaired Physicians
Peter Barnett MD, University of New Mexico

40 Giving Effective Feedback: Enhancing the Ratio of Signal to Noise
Burton Landau PhD, Drexel University College of Medicine
With Doctoring Curriculum Facilitator Guide

41 Professionalism: Boundary Issues
Elizabeth Gaufberg MD, MPH, Harvard Medical School
With Doctoring Curriculum Facilitator Guide

42 Effective Clinical Teaching
Dennis Novack MD, Allison Ferris MD, Burton Landau PhD, Drexel University College of Medicine, and Ronald Saizow MD, University of Oklahoma
With Guidelines for Residents
Sample Module

- Consistent format across modules
- Rationale
- Key concepts
- Learning goals
- Content
- Videos interspersed
- Behavior checklist

Welcome to DocCom DEMO Module 33:
"Delivering Bad News"

D., Carly Dennis M.D., Anthony Caprio M.D., Catherine Gracey M.D.

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Facilitator Guide of this module for DocCom Residency Training Curriculum

Credits:

Authors: Timothy Quill M.D., Carly Dennis, M.D., Anthony Caprio M.D., Catherine Gracey M.D.
Editors: Dennis Novack M.D., Bill Clark M.D., Ron Salzow M.D.

Facilitator: Christoph Daetwyler M.D.

Patients: Robyn George (Patient), Frank Gallagher (Husband)

Clinician on camera: Timothy Quill M.D.

Video Director and Producer: Christoph Daetwyler M.D.

Video Camera, Light and Sound: George Zeiset B.A.

Video Assoc. Director: Dennis Novack M.D.

4.1 - 5/6/2014 - Revision by Timothy Quill, et. al.
3.0 - 2/7/2012 - Enhanced with HTML5 code and MP4 videos

Version History:
2.1 - 1/21/2010 - Revision by Timothy Quill, et. al.
2.0 - 7/20/2009 - upgrade to DocCom Version 4.0
1.0 - 7/13/2006

DEMO Module 33: Delivery of Bad News - by Timothy Quill MD, Anthony Caprio MD, Catherine Gracey MD, Margaret Seaver MD
Patient & Clinician Views

The Doctor's View
Rob Shochet, MD
Reflection Questions

Questions for Reflection:

- How do you feel when you need to tell someone bad news?
- What have been your reactions or your family's reactions when you have heard bad news in the past?
- If you were receiving bad news, how could whoever is telling it to you help you hear it?
- In thinking about the communication of bad news, what makes it go well; what makes it go poorly? From whose standpoint are you answering this question?
- How can you take care of yourself while attending to the needs of patients and families when you are obliged to deliver bad news?
- What are your fears about illness and death? How might these fears affect your communication of bad news?
Key Concepts

Key Principles:

1. Communicating bad news is an everyday clinician task, a core clinical skill.
2. Bad news is defined by the person receiving the news.
3. The way bad news is delivered has a powerful impact on the clinical relationship.
4. The way bad news is delivered is always affected by providers’ feelings (sadness, fear and anger, for example) and by their ability to respond to patients’ and families’ reactions.
5. Using the “6 steps” skills fosters accuracy and empathy during delivery of bad news and builds mutual trust and respect.
Learning Goals

Learning goals:
At the conclusion of this module, you will be able to:

- Describe a six-step protocol for delivering bad news
- Demonstrate 4 skillful responses to the expressed feelings of patients receiving bad news
- Name 4 common barriers or pitfalls in delivering bad news
- Demonstrate an understanding of the six steps and the ability to use them in a bad news delivery situation.
Advanced Content

COMMUNICATE NEWS AND SUPPORT - A 6-STEP PROTOCOL
We outline and detail a 6-step communication process that builds on what patients already know and what more they are ready to hear. The process respects the need for honesty and attention to individuals’ needs to control the flow of facts and information, as well as to receive emotional support during a painful time.

1. Advance Planning
2. What does the patient know?
3. How much does the patient want to know?
4. Sharing the information
5. Respond to emotions
6. Establish a plan and follow up
LITERATURE REFERENCES


Videos Embedded Throughout

The Doctor's View
Special and New Features
Annotated Video Examples

**Rationale**
- Patient's View
- Doctor's View
- Questions
- Key Concepts
- Learning goals

**INTRODUCTION**

**6 STEPS: NEWS & SUPPORT**
- Advance Planning
- What is known?
- What want to know?
- Sharing information
- Respond to emotions
- Plan and follow up

**SPECIFIC TOPICS**
- Clinician self reflection
- Family won't tell
- Language barriers
- Telling a prognosis
- Phone notifying of death
- Saying I'm sorry
- Hopes and wishes

**VIDEO: You have cancer**

**VIDEO: Treatment falls**

**CONCLUSION**

**BEHAVIOR CHECKLIST**

**REFERENCES**

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**play | pause | back 5 seconds | full screen - change video rate: 1x | 1.4x | 1.8x**

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01:07 / 11:07  
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**greet** verbal and nonverbal
**ask** what do you know?
**ask** do you want to know? Are you ready for news?
**tell** news direct words; self-reflection; warning
**name** legitimate emotion
**tell** news direct words; attentive listening
**ask** what do you want to know?
**attentive listening**
reflection both events and emotions
**tell** potential plans takes charge
**wish it were different** shares distress
**legitimate anger, sadness** supports husband and wife
tell news direct, and supportive nonverbal
allows interruption supportive nonverbal
**attentive listening** "am I going to die?"
tell prognosis gives range
**balance truth with compassion** do not give false hope
tell potential plans
**partnership** explore together
tell advice explore options

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1.07 / 11.07
Annotated Videos

Pop-out Video of Clinician or Patient
Recognize Emotions

Please click the appropriate button below when an image with a woman expressing an emotion is shown. The first run gives you 5 seconds per image, then 3, then 2 seconds. Good luck!

- anger (3 __ __)
- confusion (3 __ __)
- withdrawal (3 __ __)
- fear (3 __ __)
- grief (3 __ __)
- safe (3 __ __)

You have 3 of 3 attempts available:

submit this attempt  cancel this attempt
Patient Portraits

RENO, 42-year-old former user of all kinds of drugs, in recovery for 4 years

How were you able to quit?
Checklists

BEHAVIOR CHECKLIST

- Prepare yourself in advance of the encounter.
- Choose a private space and uninterrupted time, turn off pager.
- Always have tissues available.
- Sit down, shake hands with patient and family.
- Ask what the patient and family already know.
- Ask about readiness to receive news.
- Tell a “warning shot;” such as, “I do not have good news.”
- Tell news in simple, direct language; pause.
- Attentively listen, allow silence and note nonverbal responses.
- Acknowledge, legitimate, and explore emotion before reassuring or telling more.
- Tell additional information in small chunks; with pauses to assess reaction.
- When telling prognosis, use a range of time; tell that exceptions occur in both directions.
- Balance the shock of truthfulness by expressing compassion; do not try to balance by distorting grim facts.
- Tell key data again in initial conversation, and in follow up visits (patients and families don’t hear much after the initial diagnosis).
- Establish and agree on a concrete plan for immediate next steps.
- When telling bad news on the telephone, acknowledge emotion, keep call brief, and arrange face to face contact.
- Tell patient and family that you will make certain they are not abandoned.
Assignments

Click the question mark icon for a video tutorial.

Students will receive an email and see the screen below when they log in:
Assessment - MCQs

ASSessment QUESTIONS

QUESTION 1

Select the correct answer from below.

Before giving bad news, you should do all of the following except:

- Ask the family if it is okay to tell the patient
- Confirm the medical facts of the case
- Find a private place with adequate seating
- Identify people who should be present for support

☐ Check this box to set a 'reminder' flag on this question, if you'd like to move on to the next question.

You must click the button "Save Response" to have this response saved.

Click "Assessment Questions" in the "Tree Menu" on the left to get access to the other question type (MCQ or Short Answer).
Assessment - Essay

ASSESSMENT QUESTIONS

QUESTION 1

Provide a short answer.

Discussion Question 1:
In one or two paragraphs, summarize what you have learned from this module. For example, consider the concepts and skills in this module, and the things you are already doing well, then comment about what you think might be easy for you to implement and what might be especially difficult for you.

☐ Check this box to set a 'remind' flag on this question, if you'd like to move on to the next question.  

Save Response

You must click the button “Save Response” to have this response saved. 
Click “Assessment Questions” in the “Tree-Menu” on the left to get access to the other question type (MCQ or Short Answer)!
### Grading Features

#### Cumulative Scores

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Actions:
- Subscribe Multiple Users
- Expire Multiple Users
- Assign Multiple Users to Groups
- Generate Bulk Email Lists
- View Exam Results/Progress Report

Show all groups (even the inactive ones)
Grading Features:
Looking at individual tests

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Grading Features:
Looking at a group’s answers to the Discussion Questions

### Cumulative Scores

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<th>Group</th>
<th>Name</th>
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<th>MCQ mean</th>
<th>Video mean</th>
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Grading Features:  
Switching to the “old” grading page

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Show all groups (even the inactive ones)!

Show Scores by Assignment

Show “Classic” Grading Page
Grading – View by Module

Results of Exam: All Modules

<table>
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<tr>
<th>Exam</th>
<th>Total Performance</th>
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<tr>
<td>2 - Mindfulness and Reflection - Multiple Choice Questions</td>
<td>35%, 7 / 20</td>
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<tr>
<td>3 - Therapeutic Aspects - Multiple Choice</td>
<td>100%, 10 / 10</td>
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<tr>
<td>5 - Integrated Pt-centered &amp; Doc-centered Multiple Choice</td>
<td>100%, 9 / 9</td>
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<tr>
<td>6 - Build relationship- Multiple Choice</td>
<td>100%, 10 / 10</td>
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<tr>
<td>8 - Gather information-Multiple Choice Questions</td>
<td>21%, 3 / 14</td>
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<tr>
<td>12 - Provide Closure-Multiple Choice</td>
<td>0%, 0 / 1</td>
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<tr>
<td>13 - Strong Emotions--Multiple Choice Questions</td>
<td>10%, 1 / 10</td>
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<td>26 - Anxiety / Panic Multiple Choice</td>
<td>50%, 5 / 10</td>
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<td>37 - Depression - Multiple Choice</td>
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Remark: The list below shows only results of MCQ Exams. To see short question answers, you must choose the module first, then click the "Refresh Grades" button above.

Average multiple choice score of all users who have completed this module.
Grading – View by Individual

Module 2: Mindfulness and Reflection – Multiple Choice Questions

<table>
<thead>
<tr>
<th>Student</th>
<th>Percentage Correct</th>
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<tr>
<td>Bettermann, Lindsay</td>
<td>50%, 5 / 10</td>
</tr>
<tr>
<td>Smith, Jill</td>
<td>20%, 2 / 10</td>
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</table>

You can also view users’ responses to the open-ended questions, as well as provide written feedback and a qualitative score.

Discussion Question 2:
From the Questions for Reflection (listed below), choose the question that you find most compelling and write, in one or two paragraphs, your thoughts that you are answering.

1. Describe how self-awareness improves clinical practice
2. Describe how mindfulness limits mistakes
3. Describe why experience seldom builds competence
4. Describe fundamental qualities of mindful practitioners
5. Cite 4 “reflective questions” that lead to mindfulness
6. Describe why mindfulness and self-awareness are essential to improving professionalism
7. Discuss with a colleague how you might practice becoming more mindful and self-aware, and consider the pros and cons of starting such a practice.

Insert content.

Insert feedback here.

Satisfactory
The score does not appear in the print out
Progress Report for students at St. George's University School of Medicine from 2014-04-04 to 2015-04-04:

**Hover the mouse over a score to see details - Click a score to view options | Export to Excel**
Resources

DocCom Faculty Resources

We will be expanding this section over time. Currently, we offer examples of courses that have integrated doc.com into their teaching. The first-year courses at Drexel University College of Medicine (DUCOM), directed by Dennis Novack, and at Stanford University, directed by Clarence Bradock.

For the DUCOM course, entitled Physician and Patient, we present the syllabus, facilitator notes, role plays and other course materials. We also include the Brown Interview Checklist (BIC) and Key, developed by Dennis Novack, Michael Goldstein and Catherine Dube. As you will see from the syllabus, we have assigned doc.com modules for most sessions. Initial feedback from the faculty and students has been extremely positive; they have told us that for the first time, all students are completing the assignments and preparing for the sessions (as opposed to about 33% when book chapters or handouts were assigned). Students' answers to the discussion questions have enriched class discussions, and students' interviewing skills have improved at a much faster pace than in the past.

The Stanford University Medical School course, entitled Practice of Medicine, is directed by Clarence Bradock, who is co-editing the Faculty Resources section. Clarence and Erika Schillinger are developing facilitator notes on the use of doc.com with this course and will add more notes to this section as the course proceeds.

We also include six core chapters from The Medical Interview, edited by Mack Lipkin, Sam Putnam and Aaron Lazare, on the variety of teaching techniques that ensure skills learning. This classic text, published in 1995, presents many pearls that will be helpful to even the experienced teacher of interviewing skills. We are grateful to Dr. Lipkin and to the publisher, Springer, for the permission to reproduce these chapters.

We will be adding other resources, including videos, as time goes on. We hope you will email us with suggestions, comments, and your own materials to help us enhance this section for the DocCom faculty community!

Please contact Dennis Novack at dennis.novack@drexelmed.edu with any comments or suggestions.

Facilitator Guide for DocCom Residency Doctoring Curriculum
A 12 session structured curriculum in “doctoring” for medical residents, complete with detailed facilitator notes and evaluation forms. Designed by DocCom editors and based on successful models at Drexel Internal Medicine and the University of Oklahoma, Tulsa residency programs.

Physician and Patient Course Syllabus (2013 - 2014)
Drexel University College of Medicine

Practice of Medicine Material
Stanford University Medical School

Selected Chapters from
"The Medical Interview - Clinical Care, Education, and Research"
Mack Lipkin Jr., Samuel M. Putnam, Aaron Lazare, Editors
Springer-Verlag, New York, 1995. ©1995 by Mack Lipkin, Jr., M.D.
With kind permission of Springer Science and Business Media.

DocCom videos for download
As a DocCom subscriber, you may download these DocCom videos for use in your presentations.

Print-out of all DocCom modules
As a DocCom subscriber, you may print out any of the DocCom modules.
Resources: Facilitator Guides

Advanced Communication Topics

Facilitation Guide

Series of 12 One-Hour Learning Sessions
Session 2: Personal Attitudes Toward Illness, Vulnerability and Death

Practicing the HPI

Date: Tuesday 9/17 & Thursday 9/19
Time: 2:00 – 4:00 PM
Location: Queen Lane Seminar Rooms (SPs during the second hour)

Objectives:
1. Explore feelings and thoughts in relation to beginning dissection.
2. Expand understanding of how personal attitudes toward illness, vulnerability and death might affect patient care.
3. Review the elements of the opening of an interview and eliciting an HPI.
4. Understand using facilitation skills to elicit a patient’s history.
5. Understand the importance and techniques of eliciting patient concerns, beliefs, fears and hidden agendas.
6. Understand what is meant by professionalism and how this session promotes self-reflection as a necessary and healthy habit for professional development.

Module 08 Gather Information
Assignment: Read the module. No need to complete multiple-choice or discussion questions.

Reading and Writing Assignment:
Read: Coulehan, J., Cadaver Stories, Medical Encounter, 14-18. (1994 Fall) and Melinda Moniz: Honorable Name. Also, please read the definition on Professionalism.

Write: A brief piece that expresses your reactions to beginning dissection. This can be a creative piece – a story or poem, or simply your feelings and thoughts. Describe how your awareness of your own feelings and thoughts relates to your professional development as defined in the ABIM definition of professionalism. Bring this with you to the session and be prepared to share with your group members.

Discussion: (60 minutes)
Clinical Framework Issues:
• Further thoughts from last session.
• Reactions to dissecting a cadaver and sharing of written reflections.

Standardized Patient Small Group Exercise: (45 minutes)
• Practice the skills of eliciting an HPI with a standardized patient.
• Include attention to the use of facilitation skills, especially attentive silence, and eliciting the patient’s concerns.

Wrap-up: (15 minutes)
What did we learn today? Topics for next session.

Personal Awareness: Topics for Reflection

What were your apprehensions about dissection? Did the “Cadaver Stories” reflect how you felt when beginning your dissection? Has the prospect of, or experience with dissection, caused you to reflect on your own attitudes about death and dying? How do you feel dissecting a cadaver will influence your attitudes toward death and dying, and your abilities to work with patients with these issues? (Some feel that dissection is the first step in physicians’ increasing familiarity with death, which may lead to becoming distant or insensitive in dealing with the issues of death and dying.) How might your personal experiences with loss and grief affect your ability to work with dying patients? If you were dying, what do you think you would want and need from your physician?

Resources: Syllabi
For more information:
Barbara Lewis
Managing Editor
818.784.9888
BLewis@DocCom.org
Website Demo
Grading functionalities on YouTube.
https://www.youtube.com/watch?v=rEhushWFiyw