

Foundations for Communication: Module 2-Written Communication

University of Saskatchewan
Postgraduate Medical Education
CanMEDS eLearning Module



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Acknowledgement

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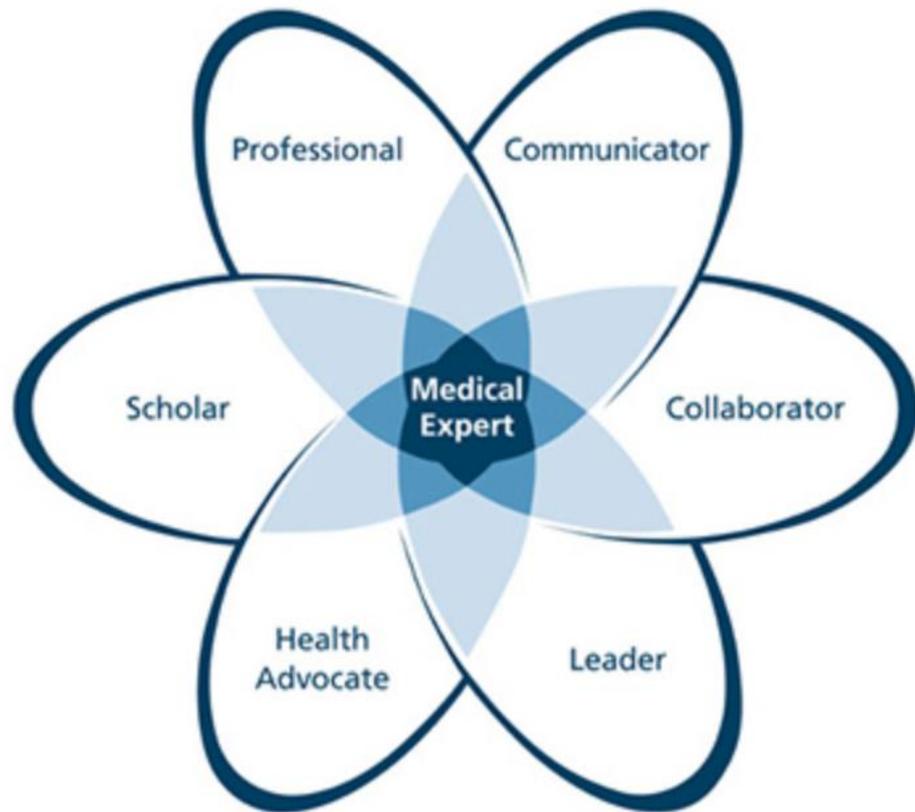
NOTES:

The content below has been modified from its original form and may not represent the opinion or views of the Royal College.

This presentation is a living document, and will be edited or changed as new information becomes available.

This module is designed to be used in conjunction with the Quality Referral and Consultation Education Curriculum designed by PGME

CanMEDS/CanMEDS-FM Framework



CANMEDS



Community-Based
Patient-Physician Relationship

Skilled Clinician
Resource to a Defined Population

CanMEDS-Family Medicine

Image adapted from the CanMEDS Physician Competency Diagram with permission from the Royal College of Physicians and Surgeons of Canada.
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Module Instructions

- Welcome to the Foundations e-learning module for University of Saskatchewan PGY-I Residents. This module includes a series of readings and **three activities**. The core activities and readings in the module should take approximately **1.5 hours**, to complete.
 -  Read through the slides
 -  Complete the activities along the way as indicated
 -  Take some time to reflect on how you can continue to improve, and share these reflections with your Program Director

Module Rationale

- A basic foundation of the CanMEDS Communicator Role is critical to the development of lifelong learning skills within the role. The Communicator Role is focused on the patient-physician relationship and related communication skills essential to patient health care.
- The purpose of this module is to provide a self-paced independent framework to enhance your own foundational knowledge and skills of communication through **reflective practice**.
- This module will guide you through some of the foundational activities to reflect on your current understanding and practice and provide a framework in which you can develop your personal Communicator profile.
- The module also includes supplemental resources for further independent learning.

Objectives

- Describe the CanMEDS/CanMEDS-FM competencies related to written communication
- List the types of written communication we use in medicine
- Discuss the components of good documentation
- Reflect on our own documentation and how we can improve
- Explain the importance of documentation from a medico-legal perspective

Remember: Communication Skills...



are skills that can be readily defined, taught, and assessed



need to be intentionally developed and refined as all essential clinical skills



need to be practiced deliberately

CanMEDS/CanMEDS-FM Communicator Key Competencies

Physicians are able to:

1. Establish professional therapeutic relationships with patients and their families.
2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families.
3. Share health care information and plans with patients and their families.
4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals.
5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

Types of Written Documentation in Medicine

Outpatient

- Copies of inpatient records
- Consultation requests
- Consultation replies
- Summaries of visit encounters
- Communication with other health professionals

Others

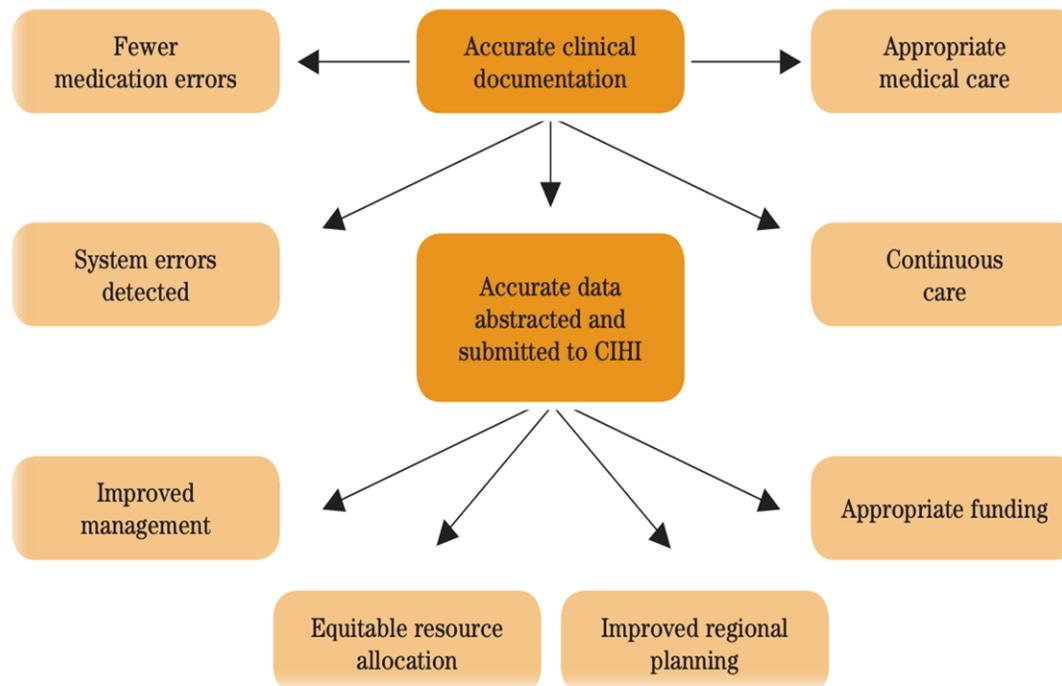
- ▶ Prescriptions
- ▶ Completion of various forms (i.e. medical forms, WCB, tax credit, etc)

Inpatient

- Admission History
- Daily Progress Notes
- Transfer Notes
- OR summaries
- Consultations (requests and replies)
- Discharge Summary

Activity 1: Good Documentation Leads to Better Care

- Review the link below for more information on the diagram and learn how good documentation improves care:
 - https://www.macpeds.com/documents/guide_to_better_physician_documentation.pdf



Activity 2: What are the components of good documentation?

- Consider the components of good documentation and write down what you think is important.
- Consider and write down aspects/components of poor documentation.
- Review the SHA Documentation guide:
<https://www.saskhealthauthority.ca/news/service-alerts-emergency-events/covid-19/clinical-practice-resources/Documents/Field%20Hospital/CV-19-G0037-Basics-on-Documentation.pdf>
- Optional: Complete the CMPA documentation module:
https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Documentation/what_to_document-e.html

Always remember...

- Patients and families might read what you write!
- Be factual
- Ensure notes, etc. all have a clear date, time, signature/name
- If you have suggestions that are important in a note, be sure to either note them in the patient orders or bring them to the attention of the responsible MD/nurse as they may get missed/may not get acted upon quickly enough
- Take the emotion out of it:
- E.g. patient declined immunization vs. patient refused immunization

Written communication skills framework

Consultation letter writing and documentation skills are essential to the Communicator Role.

The consultation letter may have many readers (e.g.; referring physician, patient, lawyers, insurance companies).

A well constructed letter can facilitate interpretation, follow-up, and ongoing patient care.

Ask around for some sample consultation letters that are effective and could provide as templates/resources for you.

References

Kelly E, Dojeiji S & Myers K. 2002. Writing effective consultation letters: 12 tips for teachers. *Med Teacher* 24 (6) 585-589.

<http://dx.doi.org/10.1080/0142159021000063880>

• **CONTENT**

- specific diagnostic and therapeutic recommendations
- clear follow-up strategies

• **STYLE**

- easy to scan for important information
- effective use of paragraph length, headings, bulleting
- NOTE: SHA provides guidance on headings that must be included for inpatient reports

Activity 3: Improving your written communication

- As residents develop their verbal and written skills, they may experience some common communication pitfalls. The purpose of this activity is to reflect and identify your own strengths and weaknesses. Make a commitment to request observation and coaching to address areas for improvement. Some programs have EPAs in their TDD or Foundations where there is evaluation of both verbal communication (module 1) and written communication (module 2).
- Consider the list of common communication pitfalls on form T7.
 - Identify and write down 2 to 3 of your strengths and weaknesses
 - Review one of your pieces of written communication and reflect on how you could improve
 - Get feedback from a trusted mentor on your written communication
 - Bring your reflections to your Program Director at your next review

Activity 4: How good documentation can help you medico-legally

- Reflect on times when you think your good documentation helped, as well as when you could have done a better job.

Activity 4: How good documentation can help you medico-legally

- Watch the video from CMPA on how good documentation can help:

<https://www.youtube.com/watch?v=FqPPoXzfXyY>

As you work in your discipline,
you will encounter day-to-day opportunities to exercise
communication scenarios and activities from which you
will develop your Communicator competencies and profile.
Share your reflections with your Program Director, co-residents,
academic advisor, mentor, or rotation supervisor.



Some More Resources...

Improving communication between physicians

<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2011/improving-communication-between-physicians>

Patient-Physician Communication

<https://www.cps.sk.ca/iMIS/Documents/Legislation/Policies/GUIDELINE%20-%20Patient%20Physician%20Communication.pdf>

Information Management A System We Can Count On

https://www.macpeds.com/documents/guide_to_better_physician_documentation.pdf