



DocCom Behavior Checklists

Module 4 - Balance and Self Care	2
Module 6 - Build the Relationship	3
Module 7 - Open the Discussion	3
Module 8 - Gather Information	4
Module 9 - Understand the Patients Perspective.....	4
Module 10 - Share Information	4
Module 11 - Reaching Agreement	5
Module 12 - Provide Closure	5
Module 13 - Responding to strong emotions: Sadness, Anger, Fear.....	6
Module 14 - It goes without saying.....	6
Module 15 - Understanding Difference and Diversity in the Medical Encounter	7
Module 16 - Promoting Adherence and Health Behavior Change	7
Module 17 - Shared Decision Making	9
Module 18 - Exploring Sexual Issues.....	9
Module 19 - Exploring Spirituality and Religious Beliefs	9
Module 20 - Family Interview	9
Module 21 - The Family Interview	10
Module 22 - Communicating with Adolescents.....	10
Module 23 - Communicating with Geriatric Patients	11
Module 24 - Tobacco Intervention	11
Module 25 - Motivating Health Diet and Physical Activity	13
Module 26 - Anxiety and Panic Disorder	13
Module 27 - Communicating with Depressed Patients	14

Module 28 - Intimate Partner Violence	14
Module 29 - Alcohol: Interviewing and Advising	15
Module 30 - The Clinical Assessment of Substance Use Disorders	15
Module 31 - Medically Unexplained Symptoms MUS	16
Module 32 - Advance Care Planning.....	17
Module 33 - Delivering Bad News.....	18
Module 34 - Communication near the End of Life.....	19
Module 35 - Dialog about unwanted and tragic outcomes.....	19
Module 36 - Ending Clinician-Patient Relationships	19
Module 37 - Oral Presentation	20
Module 38 - Communication on Healthcare Teams.....	20
Module 39 - Communicating with Impaired Clinicians.....	21
Module 40 - Giving Effective Feedback.....	21
Module 42 - Effective Clinical Teaching	22

Module 4 - Balance and Self Care

1. Seek out **mentors** who strive for balance in their personal and professional lives.
2. Build habits of **self-appreciation**
 - a. Keep a journal of meaningful moments.
 - b. Take time to allow compliments to sink in.
 - c. Share satisfactions and successes with others.
 - d. Keep a **“gratitude journal.”**
3. Cultivate your capacity and skills for working in a **team**.
4. Learn the skills of negotiating and resolving **conflict** in a respectful fashion.
5. Consider **emotions** (your own and others’) as information.
6. Develop a **language** for your emotions.
7. **Disclose your feelings** to significant persons in your life.
8. Learn to **recognize emotions** in others.
9. Learn the skills of **empathy**.
10. Develop your capacity for **intimacy**.
11. Develop intimate partner **communication** skills.
12. Learn and implement the practice of **mindfulness**.
13. Focus on **right action** instead of outcomes. (Replace pursuit of “control” with realistic awareness of your “influence.”)
14. Look for **opportunities for renewal** in the midst of work.
15. Engage in **reflection** on meaningful moments at the end of the day.
16. Keep a **journal** on meaningful moments from the day.
17. Use the Important/Urgent **matrix** to review how you spend your time.
18. **Schedule time** for the important activities in your life.

19. Cultivate **friendships** both in and out of work.
20. Participate in a peer **support** group.
21. Read and discuss **literature** on professional well-being.
22. Engage in physical **exercise**.
23. Develop a **hobby**.
24. Develop a **spiritual** practice.
25. Practice good **sleep** hygiene.
26. Connect with **nature**.
27. Engage in volunteer community **service**.
28. Clarify your **financial** goals.
29. Engage in personal, couple or family **psychotherapy**.

Module 6 - Build the Relationship

1. **Demonstrate non-verbal warmth and attentiveness**
 - Appropriate eye contact (direct eye contact most of the time)
 - Appropriate tone of voice (demonstrates concern and interest)
 - Appropriate pace of interview (not too fast or too slow)
 - Appropriate posture (generally forward lean of head and body towards patient)
 - Attentive silence
2. **Demonstrate verbal warmth and attentiveness**
 - Greeting shows genuine interest in patient as a person
 - Explain the situation
 - Summarize patient's main concerns
 - State that patient's concerns are your primary focus
 - Choose words that indicate concern for the patient and interest in the patient
 - Respond to emotion right away
 - Invite participation
 - Encourage participation
3. **Demonstrate specific verbal relationship responses**
 - Reflection (notice and name emotion)
 - Legitimation (validation- accept the emotion)
 - Support (direct personal offer of support)
 - Partnership (direct offer to join together)
 - Respect (specific endorsement for specific behavior or trait)
 - Interrupt silence (or factual exchange) to respond to emotion

Module 7 - Open the Discussion

1. Begin by asking open questions about reasons for the encounter.
2. Allow patient to complete opening statements without interruption.
3. Inform patient of need to elicit full set of concerns.
4. State time available.
5. Ask "what else?" or "Is there anything else?" to elicit full set of concerns.
6. Redirect, "I'll get back to that," until all concerns identified.

7. Ask about both biomedical and psychosocial concerns.
8. Summarize list to insure completeness.
9. Add clinician's concerns to the list.
10. Ask patient to clarify priorities.
11. Explain need to address urgent clinical issues.
12. Engage patient in reaching agreement on agenda.
13. Reassure that unaddressed issues will be followed up.

Module 8 - Gather Information

1. Organize the interview to use allotted time effectively.
2. Allow patients to begin telling their stories without interruption.
3. Use open-to-closed question strategies, and weave open and closed questions throughout the interview.
4. Use verbal & nonverbal continuers and silence to facilitate patient's active participation.
5. For major symptoms, elicit timeline, context, quality, aggravating/relieving factors, location/radiation, quantity/severity, duration/frequency, associated symptoms, and their impact.
6. Clarify patients' words or statements.
7. Summarize and encourage patients to add or correct.
8. Verbalize transitions to new topics and respectfully redirect conversations.
9. Anchor questions and statements in what has just been said.
10. Avoid negatively phrased or leading questions.
11. Share talk time and avoid verbal dominance.
12. Integrate biomedical, psychosocial and affective discussion topics.
13. Elicit, explore and respond to clues about symptoms, feelings and concerns.

Module 9 - Understand the Patients Perspective

1. Demonstrate willingness to view situations from patients' perspectives.
2. Ask about life events, circumstances, and other people that affect health.
3. Elicit patients' beliefs, concerns, and expectations about illness and treatment (their explanatory models).
4. Inquire non-judgmentally (a little or a lot, depending on situation) about a patient's
 - a. Culture
 - b. Social context
 - c. Language and literacy
 - d. "Explanatory model" of this illness
 - e. Self-treatments and non-medical helpers
 - f. Financial and health insurance situation

Module 10 - Share Information

ASK to assess patient needs:

1. Make sure the setting is conducive.
2. Assess the patient's physical and emotional state.
3. Assess the patient's informational needs.
4. Assess the patient's knowledge and understanding.
5. Assess the patient's attitudes and motivation.
6. Assess the patient's level of literacy.

TELL information

7. Keep any one presentation or statement brief.
8. Use a systematic approach.
9. Build on the patient's prior experience.
10. Personalize information.
11. Use simple language, avoid jargon.
12. Choose words that do not unnecessarily alarm.
13. Use visual aids and offer supplemental materials.

ASK about the patient's understanding, emotional reactions and concerns.

14. Assess and check the patient's understanding.
15. Elicit concerns and/or questions.
16. Elicit and respond to the patient's feelings.
17. Assess barriers.

Module 11 - Reaching Agreement

1. Ask about the patient's understanding, needs and feelings about the problem.
2. Share information and answer questions.
3. Clarify the role the patient would like to play in making decisions about diagnostic tests and management options.
4. Involve consultants and the patient's significant others as desired.
5. Ask patients about their goals for health and illness management.
6. Present options, including risks, benefits, and alternatives.
7. Be explicit about the limits of your own knowledge and the scientific evidence available.
8. Elicit the patient's preferences about the available options.
9. Present your own opinion and advice.
10. Acknowledge non-judgmentally areas of agreement and disagreement.
11. Validate the patient's right to make choices.
12. Work with the patient to integrate their feelings and preferences into a mutually agreeable decision.
13. Check for mutual understanding.
14. Check for readiness, barriers and need for additional resources.

Module 12 - Provide Closure

1. Elicit questions and concerns before transitioning into closure.

2. Alert the patient to the fact that the encounter is ending.
3. Summarize and clarify the plans.
4. Check for patient understanding.
5. Arrange interim contact and follow-up plans.
6. Acknowledge your relationship with the patient.
7. Take time to say a truthful and personal goodbye.

Module 13 - Responding to strong emotions: Sadness, Anger, Fear

1. Observe non-verbal clues to patient emotions.
2. Maintain professional demeanor in the presence of strong emotion.
3. Use empathy skills: partnership, reflection, respect, validation (legitimation), support, (PEARLS).
4. Calibrate your response to emotions.
5. Explore the sources of patients' intense emotions.
6. Reflect upon your responses to patients' emotions.

Module 14 - It goes without saying...

1. Identify nonverbal behavior categories by observing *patterns* of kinesics, proxemics, paralanguage and autonomic responses:

- a. **"Safe"** - wide range of voice quality, reduced body tension, and diminished physical barriers
- b. **"Not-safe" demonstrating "flight"** - diminished and/or broken voice, crossed arms/legs, looking away, paler facial color, and heightened body tension
- c. **"Not-safe" demonstrating "fight"** - increased voice volume, engaged body position, facial flushing, and heightened body tension
- d. **"Not-safe" demonstrating "conservation-withdrawal"** -diminished or absent verbal output, looking down or away and slack body without facial tension – perhaps slumped toward the floor

2. Develop nonverbal rapport using...

- a. **"matching" cues**
- b. **"leading" patients**

3. address mixed messages, using...

- a. **verbal reflection of the mixed message**
- b. **normalization (legitimization)**

4. shape the space, adjusting...

- a. **vertical distance**
- b. **horizontal distance**
- c. **angles of facing**
- d. **reduction of physical barriers**

Module 15 - Understanding Difference and Diversity in the Medical Encounter

1. Show curiosity about the patient's cultural background.
2. Encourage the patients to tell a story about prior experiences with medical culture or illness.
3. Elicit information about hot button issues such as family roles, religion and truth telling, among others.
4. Ask about control over environment patients environment and social context, (e.g., for example, their finances, priorities), changes in environment (e.g., migration), support networks, and social stressors, and language.
5. Respond with empathy and respect as patients describe experiences with the culture of medicine, their hot button issues, or their social context.
6. Share your preconceptions about the patient's cultural group's approach to health and illness, and ask the patient if the ideas are accurate.
7. Elicit about patients' explanatory model of illness and determine how strongly they believe in it.
8. When working with a patient on a therapeutic plan use a collaborative "ask-tell-ask" approach.
9. When establishing diagnostic or treatment plans, incorporate the patient's explanatory model as creatively as possible.
10. In difficult, uncertain or potentially prejudicial cross-cultural situations, respond with empathic and curious confrontation, respectful explanation, or silence.
11. Demonstrate an interest in increasing your awareness of difference, discerning your hot buttons and adjusting your responses to prejudicial situations.

Module 16 - Promoting Adherence and Health Behavior Change

Note: The editors think that the ASK-TELL-ASK technique presented in DocCom Module 10 is of particular relevance for behavior change conversations. We label many of the "5 A" skills listed below with an Ask or a Tell to underscore this relevance.

1. **PREPARE**
 - a. Guide dialog to behavior change issue (lifestyle factor, treatment adherence).
 - b. Summarize relevant prior discussion (or available facts).
 - c. **(Tell)** Review association between a behavior and health risks.
 - d. **(Tell)** Specify interest in discussing a behavior change that would benefit patient's health.
 - e. **(Ask)** Assess patient's willingness to discuss this behavior.
 - f. Negotiate agreement to discuss behavior.
2. **ASSESS**
 - a. **(Ask)** Seek patients' feelings, knowledge, beliefs and readiness about changing behavior.
 - b. **(Tell)** Reflect understanding of patients' perspectives.
 - c. **(Ask)** Show curiosity and interest about patients and their context.
 - d. **(Tell)** State respect for patient autonomy/choice.
 - e. **(Ask)** quantify (1-10 scale) conviction.
 - f. **(Ask)** quantify (1-10 scale) confidence.

3. ADVISE

- a. **(Ask)** Ask permission to provide advice or information.
- b. **(Tell)** Give specific advice (or endorse specific patient intention)
- c. Give advice (or endorsement) in personalized, contextualized fashion.
 - i. Respond with reflection and empathy when patient shows anger, frustration, irritation, defensiveness, ambivalence, or embarrassment.
 - ii. Respond with praise or appreciation when patient shows enthusiasm, interest or determination.

4. AGREE

- a. **(Ask)** Elicit and clarify patient's goals.
- b. **(Tell)** Inform patient about health-promoting clinical goals.
 - a. Demonstrate a collaborative stance by using partnership skills.
- c. **(Tell)** Offer options that are appropriate to readiness, conviction and confidence.
- d. **(Ask, Tell)** Negotiate and compromise until you agree on realistic goals for change.

5. ASSIST

Modify and calibrate skills and strategies for different situations (different "Stages"), as follows:

- a. No interest in change (**Precontemplation**):
 - i. Show interest and concern using relationship building skills.
 - ii. **(Tell)** Recommend informative handouts.
 - iii. **(Tell)** Suggest role models, visit to a support group or habit diary.
- b. Ambivalence about change (**Contemplation**):
 - i. Underscore patient motivation through empathy.
 - ii. When patients express resistance, reflect content back to them.
 - iii. Affirm patient autonomy and choice.
 - iv. **(Ask)** Review patients' understanding of the pros and cons of changing the behavior.
- c. Ready for action (**Determination**):
 - i. **(Ask)** Elicit patient's options/ideas/strategies.
 - ii. **(Tell)** Suggest additional options.
- d. Already making change (**Maintenance**):
 - i. Celebrate success and affirm desired behaviors.
 - ii. **(Ask)** Seek details about temptations and / or lapses.
- e. Resumed unhealthy behavior (**Relapse**):
 - i. Re-invigorate plans by expressing both empathy for the relapse/guilt and partnership.
 - ii. Identify and celebrate successes prior to this relapse.
 - iii. Explore which details of relapse situation are learning opportunities, and encourage trying again.
 - iv. Problem-solve methods to resist temptation.
 - v. Make statements that affirm patient's autonomy and choice.

6. ARRANGE

- a. Ascertain that patient understands details of action plan and agrees with them.
- b. Arrange follow-up visit, and appropriate referrals.

Module 17 - Shared Decision Making

1. Discuss the patient's role in decision making.
2. Explain the nature of the clinical issue or decision.
3. Discuss alternatives (including no action).
4. Discuss the pros/cons and the uncertainties of alternatives.
5. Assess the patient's understanding of the issue.
6. Ascertain the patient's informed preferences.

Module 18 - Exploring Sexual Issues

1. Provide appropriate rationale for sexual history.
2. Ensure confidentiality.
3. Ask concrete, specific questions.
4. Ask about impact on patient's life.
5. Ask questions and respond non-judgmentally.
6. Explore biopsychosocial context of illness e.g., relationships, stressful life events, etc.
7. Encourage expression of emotion and respond to emotion.
8. Accept and validate patients' feelings.
9. Show nonverbal behavior that is congruent with verbal behavior.

Module 19 - Exploring Spirituality and Religious Beliefs

1. Bring up the topic of religion and spirituality.
2. Elicit patients' perspectives on the importance of religion and spirituality in their lives and how their perspectives impact the present illness experience.
3. Elicit patients' perspectives about their religious interpretation of their current suffering.
4. Elicit patients' perspectives on the role of religious community.
5. Offer to help patients obtain additional spiritual help.
6. Include spiritual and religious considerations in development of treatment plans.

Module 20 - Family Interview

1. Greet each family member, connect with each one and establish his relationship to the patient.
2. Verbally create a safe environment.
3. Attend to special circumstances by acknowledging children, any disabled person, interpreters, etc.
4. State interview goals and agenda
5. Check with participants.
6. Attend to information flow, including giving each person a voice, limiting excessive participation, and preserving confidentiality.

7. Encourage expression of feelings, acknowledge them, do not take sides in conflict, and seek common ground.
8. Summarize areas of agreement, establish specific tasks, and refer dysfunctional families.

Module 21 - The Family Interview

1. Greet each family member, connect with each one and establish his relationship to the patient.
2. Verbally create a safe environment.
3. Attend to special circumstances by acknowledging children, any disabled person, interpreters, etc.
4. State interview goals and agenda, and check with participants.
5. Attend to information flow, including giving each person a voice, limiting excessive participation and preserving confidentiality.
6. Encourage expression of feelings, acknowledge them, do not take sides in conflict and seek common ground.
7. Summarize areas of agreement, establish specific tasks and refer dysfunctional families.

Module 22 - Communicating with Adolescents

1. Consistently project an open, non-judgmental attitude and demeanor throughout the entire encounter.
2. "Set the stage" with each new patient and briefly with returning patients. This includes explaining why private information (medical and personal) will be asked of the teen and what will be done with the information (i.e. confidentiality).
3. Discuss confidentiality with each adolescent patient using concrete words that the teen will understand.
4. Involve parents as much as possible, but always focus primarily on the teen as the center of the interview. The provider should plan to spend time alone with each adolescent patient.
5. Attempt to elicit the SSHADESS screen in a free-flowing dialogue that is focused on eliciting the teen's strengths as well as risk behaviors. *SSHADESS*: Strengths, School, Home, Activities, Drugs, Emotions (depression/suicidality), Sexuality and Safety
6. Maximize safe and honest communication with the teen by eliciting the entire *SSHADESS* screen first before addressing any risk behavior. This approach projects the attitude that the provider is interesting in learning about the entire life and situation of the teen, not just about what the teen is "doing wrong."
7. Try to be aware of personal reactions, biases, and expectations. This will help the provider remain non-judgmental as s/he listens to the teen.
8. Approach behavioral change with patients using a *strength-based tactic*. This means focusing first on what teens are "doing right", then helping them find solutions to their current problems.
9. Avoid lecturing. Instead, when addressing risk-behavior, the provider should get teens involved in brainstorming their own solutions by using techniques such as the *choreographed conversation*, *role-playing*, and *the decision-tree*.

10. Ask every teen about their current stressors at each encounter. This approach will help minimize the stigma of stress and will also help the provider with current or future interventions that may involve somatization or stress-reduction.

Module 23 - Communicating with Geriatric Patients

1. Set a visit-specific agenda prior to visits, and elicit and negotiate the patient's and the caregiver's visit-specific agenda during the visit.
2. Ask patients whether they are comfortable, position yourself so they can see and hear you, and then check whether they can see and hear you.
3. Ask open-ended questions about living situation, functional status, outlook on life and preferences for care.
4. Ask patients about recent news, recent medical events, and a typical day.
5. Address patient initially, then address caregiver.
6. Build trust by explicitly including both parties.
7. Spend some of an initial visit alone with the patient, and do this periodically thereafter.
8. Build trust by routinely eliciting and incorporating patients' and caregivers' feelings, perspectives and values in diagnostic and management decisions.
9. Build trust by responding with empathic and respectful statements to patients' and caregivers' expressed feelings and values.
10. When alone, ask about violence.
11. Calibrate how much to include cognitively impaired patients in important decisions by checking their understanding of and reactions to the options under consideration.
12. Extend inquiry about both vague complaints and symptoms that patients seem to downplay.
13. Use the "brown bag" method to review patients' medications.
14. Make appreciative statements that value caregivers' work, and inquire about their stress levels.
15. Make appreciative statements that show that you value the expertise, autonomy and teamwork of other health professionals, and that show that you wish to maintain a climate of openness and respect in conversations with the team.

Module 24 - Tobacco Intervention

1. PREPARE

- a. Guide dialogue to smoking, and specify interest in discussing smoking to improve patients' health.
- b. Ask permission to engage in dialogue about smoking.

2. ASSESS...

- a. feelings and knowledge about quitting smoking.
- b. importance or value patients attach to quitting, using a 0-10 scale.
- c. patients' confidence in their ability to quit, using a 0-10 scale.
- d. patients' beliefs and context (and show interest by reflecting back beliefs).

3. ADVISE

- a. Ask for patients' permission to talk about advice.
- b. Advise patients, providing personalized recommendations and information based on symptoms, risks, values and concerns.

4. AGREE

- a. After elicitation of patient goals, sharing of clinician goals and affirmation of a collaborative partnership, agree on goals that are adjusted to patients' readiness.

5. ASSIST

- a. For all patients, express explicit respect for their autonomy and choices, affirm any "change talk" they express, and ask permission to make recommendations.

[Modify additional **"ASSIST" behaviors** according to readiness and "Stage of Change," as follows:]

- b. No interest in quitting soon ("**Pre-contemplation**")
 - i. Express concern for patients' health, recommend that patients consult brief information (pamphlets or telephone quit line), and recommend that they consider writing down thoughts and feelings about smoking (diary).
- c. Some interest in quitting, but not ready for action ("**Contemplation**")
 - i. Review patients' pros and cons about smoking and quitting.
 - ii. Review (briefly) potential actions for future consideration (trial of quitting, obtaining more information from reading or telephone quit line, adding medication).
- d. Sufficient interest to take steps toward quitting ("**Preparation/Determination**")
 - i. Check patients' readiness to set quit date, and **if ready** set a date.
 - ii. For patients who set quit date, recommend options (pharmacotherapy, behavioral strategies, clinic or community based programs and support).
 - iii. For patients **not ready** to set quit date, identify realistic steps, such as cutting down, switching brands, talking with supporters.
 - iv. For all patients, check for potential problems and brainstorm solutions.
- e. Demonstrated interest – patients who have quit ("**Action**" or "**Maintenance**")
 - i. Celebrate success and affirm desired behaviors.
 - ii. Elicit details about any lapses and potential threats or temptations.
 - iii. Reframe lapses as opportunity to identify and address triggers.
 - iv. Brainstorm and problem-solve methods to resist lapses.
- f. Very interested, but resumed smoking ("**Relapse**")
 - i. "Normalize/legitimize" both the relapse and associated feelings (such as guilt, etc.).
 - ii. Celebrate successes prior to relapse and affirm desired behaviors.
 - iii. Explore details of relapse situation and elicit lessons patients learned.
 - iv. Brainstorm and problem-solve methods to resist lapses.
 - v. Encourage and recommend trying again and, if ready, establish quit date and develop new plan.

6. ARRANGE

- a. Confirm agreement on details of action options
- b. Confirm future clinician availability and interest in patients' health
- c. Arrange follow-up and referrals

Module 25 - Motivating Health Diet and Physical Activity

1. Assess interest and willingness to discuss nutrition and activity.
2. Support autonomy and motivation for change.
3. Assess nutritional intake and physical activity (Consider WAVE and REAP).
4. Assess perspectives on nutrition and physical activity before and after making recommendations for change.
5. Advise energy balance of nutrition and physical activity.
6. Advise 30 minutes of daily physical activity for patients over 18 years of age.
7. Advise 5 to 9 servings of fruits and vegetables, that half of grains be whole grains.
8. Advise 25- 30 grams of fiber daily (example: 23 almonds, or 14 walnut halves).
9. Advise water instead of sugary drinks; limit or eliminate alcohol.
10. Express conviction and optimism that patients can succeed in making agreed changes.
11. Respond to emotions and concerns with empathy.
12. Assist with problem solving when patients are unable to make changes they have agreed to.
13. Advise the DASH diet for those with hypertension or prehypertension.
14. Support (Agree) patients' initiation of any positive change they agree to make.
15. Arrange for dietitian consultation for patients who have obesity, multiple dietary change needs or specific medical problems.
16. Arrange follow-up.

Module 26 - Anxiety and Panic Disorder

1. List typical somatic symptoms that lead anxious patients to seek medical care, and elicit details about somatic symptoms.
2. Ask patients about symptoms of anxiety, worry, concern or nervousness, and elicit details about them.
3. Respond promptly to nonverbal or spoken anxiety by naming, understanding, and respecting them, and by making supportive statements.
4. Before ordering "tests to rule out" medical conditions that produce somatic symptoms such as dizziness, shortness of breath, palpitations, muscle tension or sleep difficulties, ask about substance use, dietary intake of anxiogenic substances, medication use, and thoroughly explore symptom details.
5. Inform patients how mind-body interactions produce somatic symptoms; discuss the "it's all in your head idea."
6. Inform patients about treatment options, including pharmacotherapy and psychotherapy and explore their interest in treatment, their motivation to adhere/change and confidence about doing so.

7. Negotiate an action plan with patients who accept your ideas and encourage them to explore and adopt self-management strategies.
8. Invite patients who reject your explanations and treatment recommendations to continue conversation with you at a subsequent.

Module 27 - Communicating with Depressed Patients

1. Ask about the nine symptoms of depression using the PHQ9 tool
2. Use the P4 screen to assess suicidal risk
3. Elicit patient beliefs about the illness of depression
4. Offer information about depression in simple language and check for understanding
5. Offer information about treatment options in simple language and check for understanding
6. Use the “ask-tell-ask” format when offering information
7. Initiate self-management conversations and assist patients in establishing goals and action plans
8. Show empathic verbal and non-verbal skills during assessment and management:
 - a. Reflection
 - b. Normalization
 - c. Symptom assumption
 - d. Transitioning statements

Module 28 - Intimate Partner Violence

1. ASK:

- a. About abuse directly.
- b. About duration, pattern and severity of abuse.
- c. About immediate safety.
- d. About patient perspective/view/thoughts, feelings and mood.
- e. About childhood history of abuse.
- f. About child/elder abuse.
- g. About substance use.

2. SAY:

- a. “This is wrong.”
- b. “It’s not your fault.”
- c. “You don’t deserve this.”
- d. “You are not alone.”
- e. “You have a choice.”
- f. Offer empathic responses and understanding.
- g. Suggest referral for counseling.
- h. Assure her of your respect and your willingness to work with her to make sensible choices for her life.

3. DO NOT:

- a. Assign blame.
- b. Tell her to leave.
- c. Suggest couples counseling.

Module 29 - Alcohol: Interviewing and Advising

1. Screening

- a. Follow up a positive "Prescreen" with either, "how many times in the past year have you drunk 5 or more drinks in a day (for men, or 4 for women or over 65)," or the **AUDIT** or **CAGE** test.

2. Assessment / Diagnosis

- a. If screening is positive or any clue is present, ask about consequences and symptoms:
 - i. *Psychosocial symptoms* (relationship, job or legal problems, role failure, other drug use, depression, anxiety).
 - ii. *Alcohol-specific consequences* (blackouts, arrests for DUI/OUI/DWI, AA attendance, family history).
 - iii. *Alcohol-specific symptoms* (tolerance, withdrawal, difficulty with control or cutting down, preoccupation, continued use despite consequences).
 - iv. *Somatic symptoms* (heartburn, trauma, insomnia).
- b. Use reflections and empathic statements to respond to irritability, hostility, anxiety or defensiveness.
- c. Refrain from responding to distracting questions.
- d. Assess readiness to change.

3. Advise/recommend

- a. Recommend abstinence for patients with *alcohol abuse or dependence*.
- b. Recommend a comprehensive treatment program, Alcoholics Anonymous, or other local facilities for patients with *alcohol abuse or dependence*.
- c. Use "ask-tell-ask" strategy to present information and recommendations.
- d. When offering information, feedback facts, not conclusions.
- e. Appreciate patient strengths; support self-efficacy, autonomy and choice.
- f. Use reflections and empathic statements to respond to reluctance, resistance and ambivalence about change.
- g. Arrange follow up.

Module 30 - The Clinical Assessment of Substance Use Disorders

1. ASK:

- a. Screen all patients for past and present substance use.
- b. If any use, ask "CAGE" questions for alcohol/drugs, or use NIDA modified "ASSIST" questionnaire.

- c. Ask about frequency of use.
- d. Ask about method of administration.
- e. Ask patients for their perspective on the current and potential consequences of drug use.
- f. Ask patients how they acquire their substances, including how they can afford them.
- g. Ask about past quit attempts, or attempts to cut down; including withdrawal symptoms, how long abstinent, etc.
- h. Ask about current mood and any past mental health problems.
- i. Ask patients if they are open to hearing that they might have a substance abuse problem and might need specific help for this.
- j. Assess patients' conviction and confidence about their willingness to quit using.
- k. Conduct interviews in a non-judgmental way. (i.e.: Do not say, "This is really a will-power problem and you need to just quit!" or make other statements that might induce judgment or shame.)

2. TELL (Brief Intervention):

- a. Tell patients that you are concerned that they have a substance abuse problem, and need help to manage it. Talk about the potential negative impact of substance use on patients' health, family, employment, mental health and well-being.
- b. Recommend assistance / treatment, and speak succinctly about options: stop on their own, join a 12 step program, go to an addiction specialist, be referred to a treatment center.
- c. If patients are on prescription narcotics, negotiate a treatment contract with them.
- d. Inform patients about the role of drug and alcohol testing in treatment monitoring.
- e. Communicate that individual needs vary, and that treatment usually includes psychological, social, vocational, and biological interventions.
- f. Make a supportive statement like, "Recovery is usually a long-term process and it may take years to return to full functioning."
- g. Offer to communicate with patients' families.
- h. State your willingness to provide continuing care to patients who abuse substances.

3. ASK:

- a. Ask patients if they are ready to accept a referral to treatment.
- b. Ask patients about their reactions to the discussion.
- c. Ask patients about their questions and concerns.

Module 31 - Medically Unexplained Symptoms MUS

1. Focus on relationship

- a. Explore psychosocial context (use direct open-ended request).
- b. Ask about emotions (seek deeper understanding).
- c. Ask for patient's perspective (use direct open-ended request).
- d. Empathic response to emotions, suffering.
- e. Commit to partnership.
- f. Negotiate visit limits (length and frequency).

- g. Discourage unscheduled visits.

2. Education

- a. Tell a name for condition.
- b. Tell how condition works (pathophysiology).
- c. Tell that stress is an important factor.
- d. Tell that cure is unlikely.
- e. Tell that improvement in function is likely.
- f. Ask patient's perspectives.
- g. Tell that this condition is not life-threatening.
- h. Tell why you limit testing.

3. Commitment

- a. Ask for commitment to partnership.
- b. Tell patient that commitment assures progress.
- c. Check commitment and confidence using 1-10 scales.
- d. Congratulate patient for success, even small success.

4. Goals

- a. Ask about long-term goals and values.
- b. Ask for short term action plans.
- c. Review progress toward goals.
- d. Ask about impediments to progress.
- e. Emphasize functional improvement, not symptom improvement.

5. Negotiation

- a. Negotiate visit limits (length and frequency).
- b. Name co-morbid conditions, and establish agreement to treat co-morbidities.
- c. Establish contracts re other providers and emergency room visits.
- d. Establish contracts re addictive substances and prescriptions.
- e. Involve a significant family member.
- f. Emphasize adherence to schedules.

Module 32 - Advance Care Planning

(See DocCom Module 10 for "ask/tell" structure that is used in this skills checklist)

1. Ensure appropriate setting and check that relevant people are present.
2. Ask patients if they have a living will, if they have discussed end-of-life issues with anyone, and if they have a designated healthcare proxy.
3. Legitimize (normalize) conversations about ACP.
4. Tell patients that your goal is to be certain that their present and future medical treatment is consistent with their wishes, goals, values and preferences.
5. Ascertain whether patients are willing to engage in additional ACP conversation.

6. Ask about patients' understanding of their illness and prognosis.
7. Tell patients additional appropriate information and clarify that you both share an understanding of the illness and prognosis.
8. Tell patients additional information regarding likely treatments.
9. Ask patients "What makes life worth living," or "What should be the goals of treatment at the end of life?"
10. Ask what life states patients would find unacceptable and what risks they are prepared to take to avoid these states.
11. Initiate conversation about specific treatments, such as artificial nutrition and hydration, CPR, mechanical ventilation, etc.
12. Ask about patients' specific treatment preferences, and ask why they have these preferences.
13. Tell a recommendation and emphasize that you will remain involved regardless of what goals patients choose.
14. Identify who will be patients' healthcare proxy.
15. Tell and reassure patients that uncertainty and confusion are common and that they can change their mind at any time.
16. Summarize the conversation (include unresolved issues) and check for shared understanding.

Module 33 - Delivering Bad News

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

Module 34 - Communication near the End of Life

1. Ask patients what they understand about their current condition.
2. Tell patients their diagnosis and prognosis truthfully and compassionately.
3. Elicit patients' goals and priorities for care during serious illness and as the end of life approaches.
4. Acknowledge family members' concerns, help them see the patient's perspective, and acknowledge the patient's choices.
5. Tell patients and families about palliative care and hospice services truthfully and compassionately.
6. When patients' goal is comfort care, tell them that hospice is an excellent way to achieve this goal.
7. Communicate your personal sense of loss and sadness as patients near death.

Module 35 - Dialog about unwanted and tragic outcomes

1. Informed consent

- a. Check patient's perspective: what does she believe is the diagnosis and the prognosis without treatment; then share additional information as needed to educate her about the diagnosis.
- b. Ask the patient what she knows about treatment options, and their benefits and risks, and then share information so that you can assure the patient's understanding.
- c. Ask the patient to summarize her understanding of the management plan and ensure that you have achieved a shared understanding.
- d. Involve the family according to the patient's wishes.

2. Unexpected outcomes

- a. Discuss and review the treatment process.
- b. Compare treatment progress with treatment goals established during informed consent process.
- c. Preface disclosure of an unexpected outcome by warning the patient of impending bad news.
- d. Describe unexpected outcomes (with or without error) succinctly.
- e. Ask patients how they would like their family involved.
- f. Actively elicit questions, feelings and concerns, and respond without defensiveness.
- g. Make empathic statements and use reflective listening skills that acknowledge and accept patients' and families' feelings and concerns.
- h. When an unexpected outcome without error occurs, express personal concern.
- i. When an error has been made, accept responsibility.
- j. When an error has been made, apologize.
- k. Ask whether the patient is ready to talk about immediate and future care.
- l. Obtain professional and personal assistance when an error has been made.

Module 36 - Ending Clinician-Patient Relationships

1. Initiate termination conversations with sufficient lead time.
2. Address termination early in the interview, and make a simple, clear statement that you are leaving.
3. Explore patients' perspectives and feelings about the separation.

4. Dialogue with your patients about your relationship, value their contributions to their care, their autonomy and resources.
5. Acknowledge your own feelings - openly or privately as appropriate to situation.
6. Involve practice staff and colleagues in preparing for transfers of care.
7. Assess vulnerability and special needs of selected patients.
8. Identify new clinician by name and arrange a brief personal meeting.
9. When seeing new patients, inquire about their relationship with prior clinicians.
10. When relationships begin to deteriorate, initiate early discussion of relationship problems.
11. Dismiss patients with insurmountable doctor-patient relationship problems.
12. When patients die, extend compassion to the family.

Module 37 - Oral Presentation

1. Tell the patient's **Story** using the seven components standardized format.
2. **Style components:** make eye contact, eliminate any distracting tics, do not read presentation.
3. Make **Timing** appropriate to situation.
4. Adjust presentation content and format according to **Audience**, Setting and **Goals**.
5. **Elicit** feedback.

Module 38 - Communication on Healthcare Teams

1. Being present and making facilitative use of self
 - a. Make facilitative use of self-disclosures about your own thoughts, feelings and responses during the meeting.
 - b. Disclose how others have affected you.
 - c. Bring your own differences forward.
 - d. Disclose personal uncertainty.
2. Using core communication and collaboration skills
 - a. Reflect back your understanding of participants' words and non-verbal behaviors .
 - b. State appreciation for views, capacities, capabilities and contributions of others
 - c. Explain your views and the reasoning behind them.
 - d. State appreciation of difference and diversity as resources
 - e. During conflict; state shared goals and values and appreciate the capacities of those you disagree with.
 - f. State your willingness to be influenced by others
 - g. State your tolerance for uncertainty and your willingness to allow time for answers to emerge.
 - h. State your belief in the constructive potential of collaborative conversation.
 - i. Use relationship building statements.
3. Chairing or participating in a meeting:
 - a. Facilitate check-in at the beginning of the meeting
 - b. Negotiate an agenda and state your interest in adjusting when group departs from it.

- c. Demonstrate willingness to use conversational formats and facilitation methods that evoke diversity and facilitate dialog; such as:
 - i. Reflective silence
 - ii. Parallel conversations
 - iii. Brainstorming/Nominal group process
 - iv. Go Around/Talking stick
 - v. Wicked questions
 - vi. Appreciative inquiry
 - vii. Reflective narratives
 - viii. Balancing inquiry and advocacy
 - ix. Meta-reflection/Naming the elephant
- d. Demonstrate willingness to help the group track and adjust its process using methods such as:
 - i. Disclosing your experience of the group
 - ii. Inviting group members to reflect on what they are experiencing
 - iii. State your awareness and understanding of interaction patterns
 - iv. Name unspoken themes or unaddressed issue.
 - v. Clarifying your understanding of group's purpose, mission, goals
- e. Facilitate closing a meeting, using methods such as: action steps; appreciative debriefing; personal reflection; open reflection

Module 39 - Communicating with Impaired Clinicians

1. Initiate conversation even if cues and clues leave room for doubt about impairment.
2. Speak respectfully and non-judgmentally.
3. Acknowledge the relationship.
4. Acknowledge the difficulty of broaching this issue.
5. Express personal concern and state your personal position.
6. Describe your observations using behavioral terms.
7. Seek assistance if harm appears imminent for a patient or your colleague.
8. Welcome colleagues returning from treatment with honesty and respect.

Module 40 - Giving Effective Feedback

1. Reach agreement that feedback facilitates improvement. (Establishes a feedback culture and creates a safe learning environment.)
2. Note that feelings of exposure and embarrassment are normal.
3. Establish agreement about what the "correct" behavior looks like.
4. Personally observe behaviors for which you provide feedback.
5. Invite self-assessment by learners.
6. Appreciate good work as you begin feedback.
7. Suggest improvements.
8. Check learner understanding of suggestions.
9. Check commitment to continue working to improve this skill.

10. Focus on behaviors (not personality or character traits or attributes).
11. Respond with empathy to verbal and non-verbal expressions of emotion.
12. Invite reflection about both instrumental and emotional obstacles to acceptance of feedback and commitment to improvement, both in the moment and outside the learning session.
13. Conduct informal and formal evaluations of the effectiveness of feedback you give.

Module 42 - Effective Clinical Teaching

1. Define and agree upon final and intermediate goals and objectives.
2. Assess and address learners' knowledge and motivation.
3. Teach knowledge and skills sequentially from simple to complex.
4. If you are teaching skills, define them and present them as discrete behaviors.
5. Repeat and reinforce key knowledge and skills.
6. Provide effective feedback.
7. Ensure early success.
8. Monitor and attend to learners' emotions. Offer encouragement and emotional support.
9. Provide multiple opportunities for interaction, questions and reflection.
10. Facilitate small group teaching by appropriate use of open-ended, follow-up and directed questions.
11. Monitor and adjust the pace of your teaching so that all key topics are covered.
12. Provide formative and summative evaluations.
13. Identify the developmental level of each learner and adjust to appropriate teaching methods.
14. Remain mindful of the impact your behavior and attitudes have on learners.