

# A Clerkship Assignment to Report on a Witnessed Communication

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## ABSTRACT

As part of development of a longitudinal professionalism curriculum, an assignment was made for each student on the OSU COM neurology clerkship to observe communications between patients and healthcare workers or between healthcare workers that were either exemplary or flawed and turn in a written commentary about their observations to the clerkship director. These observations about communications were compiled and then shared for discussion with students on subsequent rotations.

Common themes included: patience and respectful communications with angry family members, calmness of communications in anxiety provoking situations, difficult communications re topics such as withdrawal of care, failure or delay of communications, and anger of one attending taken out upon a resident.

It was hoped that the requirement to observe for a noteworthy communication would cause students to be more mindful and reflective about the communications that occur all around them in the clinical clerkship environment. This type of exercise can be done in any clerkship setting and does not require an onerous amount of time or effort.

## BACKGROUND

Students on clinical clerkships are exposed to an explicit curriculum as well as a hidden curriculum regarding the knowledge, attitudes and skills that make up the fabric of medical practice. Students are constantly exposed to faculty, residents, nurses and other members of the health care team and observe them in a myriad of different types of interactions and communications. Often faculty and residents model behaviors that are exemplary and representative of the attributes of professionalism.

However, at times even the best faculty and residents unintentionally role model behaviors that they would never wish students to emulate.

Students complain, sometimes bitterly, of the examples of role modeling of unprofessional behavior that they witness. However, they less often have an opportunity to speak of the examples of positive professional behavior that they observe.

## METHODS

At the time of the clerkship orientation, Ohio State University Med 3 students participating in the neurology clerkship during the July 2008 through July 2009 rotations were assigned the narrative writing requirement. They were instructed to observe the various communications that occur in their clinical venue and to write several paragraphs describing one very good or very bad professional communication that they observed.

The following analyses were made:

- Choice of whether an excellent or unsatisfactory communication was described. A few students offered an example of each.
- Analysis of the major themes expressed in the student's written summaries

## DISCUSSION & CONCLUSIONS

Students make thoughtful observations of positive and negative behaviors on the part of role models in their learning environment.

An explicit assignment to observe for notable communications can focus attention and encourage mindfulness and critical appreciation.

**Next steps:** additional communications will be reviewed and consideration will be made of how to share this material with attending physicians and residents to increase their awareness of the power of role modeling.

## RESULTS

The responses of 57 students were reviewed and analyzed

- 46 - Exemplary communications
- 8 - Unsatisfactory communications
- 3 - Both exemplary and unsatisfactory

Positive Communication themes:

- 24 - Demonstrating exemplary patience and or calmness/equanimity in explaining a medical situation
- 12 - Leading a difficult conversation with compassion and equanimity
- 3- Listening well and allowing the patient/family to ventilate anger
- 2 - Excellent team communication
- 2 - Listening well to hear a pt's goals
- 2 - Respecting unusual pt beliefs
- 1 - Resident taking extra time to teach/ explain to a student
- 1 - Two attending physicians explaining a difference in opinions in a respectful and collegiate manner

Themes of poor communications:

- 3 - Lapse in communication between members of a team lead to detriment in patient care
- 2 - Joking about /depersonalizing a comatose or dead patient
- 1 - Too much jargon
- 1 - Inappropriate yelling
- 1 - Not spending enough time with patients on rounds, not explaining or encouraging discussion and questions
- 1 - Seemed curt and detached when speaking with patient
- 1 - Speaking to family but not pt
- 1 - A cold pronunciation of prognosis without compassion or effort to comfort family