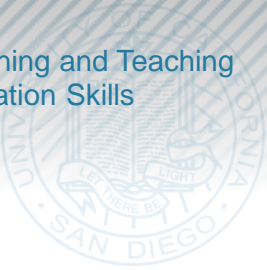


**Strategies for Learning and Teaching Patient Communication Skills**

Derek Brown, PhD  
Radiation Medicine & Applied Sciences

**UC San Diego**  
RETHINKING MEDICAL PHYSICS




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### Medical physics is changing

- **Automated Planning**
  - Knowledge-based planning
  - Developing predictive dose-volume relationships for a radiotherapy treatment – K. Moore et. al.
- **Automated commissioning and QA**
  - Commissioning and quality assurance for VMAT delivery systems: An efficient time-resolved system using real-time EPID imaging. Zwan et. al.
  - Rapid acceptance testing of modern linac using on-board MV and kV imaging systems. Yaddanapudi et. al.

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### The evolving the role of Medical Physics

- **Independent professional relationship with the patient**
  - This addresses a known, specific problem in Rad Onc
  - Clear path forward for how we can advance our profession
- **Uniquely positioned to use our expertise to improve patient outcomes**
  - Patients increasingly want access to information that we have

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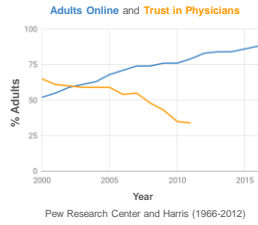
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### What problem is this addressing?

- **Access to information**
  - Cancer patients receive ~60% of their information from printed or digital media – Finney Rutten et al, 2004
- **Information is too complex**
  - Most materials presented at college level reading, target should be 6<sup>th</sup> grade – Rosenberg et al, 2016
- **Misinformed, anxious patients**
  - Decreased survival in Rad Onc - Habboushi et al, 2017



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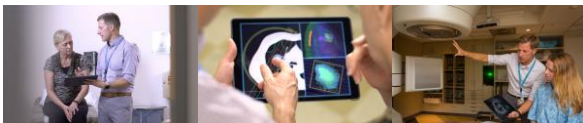
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### Physics Direct Patient Care Initiative

- Goals
- Establish an independent professional relationship with patients
  - Take ownership of all technical aspects related to treatment
  - Meet with the patient at regularly scheduled appointments
  - Allow physicians to focus on other aspects of patient care
  - Lay groundwork for future innovations and patient responsibilities



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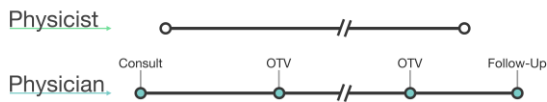
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## PATIENT INTERACTIONS



Tx = Treatment OTV = On-Treatment Visit

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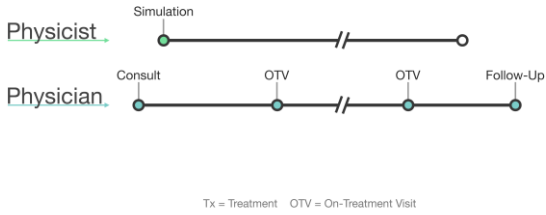
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### PATIENT INTERACTIONS



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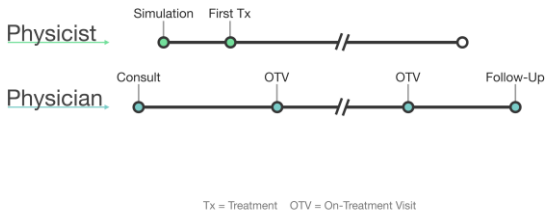
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### PATIENT INTERACTIONS



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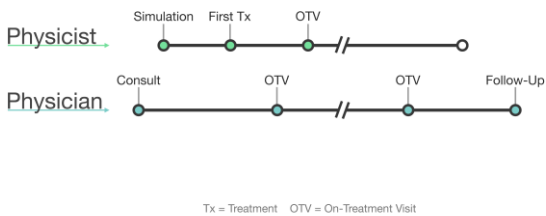
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### PATIENT INTERACTIONS



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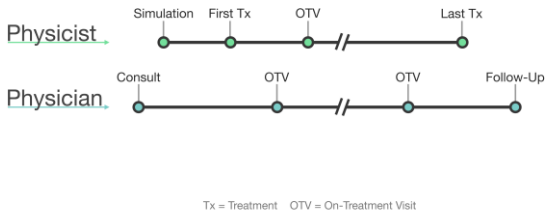
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## PATIENT INTERACTIONS




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### Effective communication with patients

- **This isn't easy!!**
  - Patients come in all different temperaments and personalities
  - Patients have different expectations
  - It is difficult to know which communication strategy will work for which patient
- **There are potential pitfalls**
  - What if you get it wrong and the patient gets angry/more anxious?
  - This could be harmful, and is potentially complicated for a Rad Onc to untangle
- **We receive no effective communication training**
  - How much time did you devote during your graduate degree to this?

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### These difficulties are not insurmountable

- Solutions**

  - Communication is a skill that can be learned
  - Medical doctors get hundreds of hours of training and thousands of hours of supervised practice
  - There's an algorithm for how to communicate with patients
  - We just need a training program...

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# UCSD TRAINING PLAN

Clinician-Patient  
Communication Course  
UC San Diego Medical School



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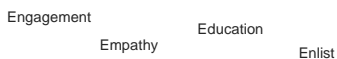
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## UCSD Training Plan

### 1. Clinician-Patient Communication Course

- Course run by the Medical School at UC San Diego
- Originally created by the Institute for Healthcare Communication
- National standard for teaching effective patient communication
- One-day, hands-on workshop
- "Communication is a procedure that can be taught, learned, and assessed"



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# UCSD TRAINING PLAN

Clinician-Patient  
Communication Course  
UC San Diego Medical School



Month 1  
In-House  
Training

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# UCSD TRAINING PLAN




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## UCSD Training Plan

### 2. In-House Training

- Standard opening and closing statements
- List of common questions
- Descriptions of how, when, and why interactions did not go as planned

### 3. Patient Care Observations

- Observe minimum of 5 patient care interactions with experienced faculty members
- Role is purely observational
- Debrief with faculty after patient consults

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# UCSD TRAINING PLAN




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## UCSD Training Plan

### 4. Standardized Patient Training

- Developed in collaboration with the Medical Training Center at UC San Diego

#### 1. Non-technical and Nervous

- No technical background
- Very concerned about the negative effects of radiation
- Not sure they want to go through with treatment

#### 2. Tech-savvy and Curious

- Strong technical background
- Interested in understanding how radiation causes damage
- Really interested in knowing how imaging and treatment work

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## UCSD TRAINING PLAN




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## UCSD Training Plan

### 5. Faculty-Observed Patient Care

- Trainee performs minimum of 5 patient care interactions with faculty
- Faculty assesses trainees performance (checklist and written comments)
- Debrief with faculty immediately post-consult

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## Competency Assessment

- **How do we know when/if trainees are competent?**
  - This is a really important, and difficult, question...
  - When trainer feels comfortable? When trainee feels comfortable?
- **Specific metrics**
  - Did trainee engage/empathize/educate/enlist patient during interaction?
  - Was the patient satisfied with level of technical detail provided?
  - Did the consult increase or decrease patient anxiety?

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**Thank You**

**Collaborators:**  
Todd Atwood, PhD  
AJ Mundt, MD  
Todd Pawlicki, PhD  
Jim Murphy, MD  
Kevin Moore, PhD

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