

Domain of Competence: Interpersonal and Communication Skills

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INTERPERSONAL AND COMMUNICATION skills are separate and distinct parts of this integrated competency. Communication skills are defined by the performance of specific tasks, which can be directly observed and assessed, such as obtaining and presenting a patient's history or documenting an encounter in the medical record. Interpersonal skills, however, are inherently relationship based and process oriented; they are defined by the effect the communication has on another person.¹ For example, a skilled pediatrician may inform a family of a diagnosis in a manner that establishes a sense of trust that in turn promotes a strong physician–family partnership in the child's care. Thus, the likelihood of adherence to the recommended treatment regimen and the patient and family satisfaction increases.

Together, interpersonal and communication skills are foundational for successful physician practice in the 21st century. Ample evidence links best practices in physician–patient communication with a lower risk of litigation, but the more important truth is that better communication leads to better health outcomes for patients.^{2,3} The stakes are also high for medical educators and learners because an interdependence exists between interpersonal and com-

munication skills and assessment of the other competency domains. For example, a learner with novice oral presentation skills and an uncomfortable manner may not accurately represent his medical knowledge or patient care skills in a case presentation on rounds. In putting together this supplement, the Pediatrics Milestone Working Group took the opportunity to model the critical need for accuracy and understanding in all forms of communication by rethinking each behavioral narrative described in the milestones and editing as needed to enhance clarity.

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Competency 1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

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BACKGROUND: The ability to communicate effectively with patients, families, and the public is a critical skill for the medical professional and has been directly related to the outcomes of clinical care.¹ The importance of this is reflected in the medical education literature in consensus statements on essential elements of communication,^{2,3} in guidelines for medical school curriculum development,^{4,5} and through increased emphasis placed on communication skills by professional practice organizations and accrediting bodies.^{6,7}

The task approach is useful in conceptualizing the skills needed for effective physician–patient communication and

has been the cornerstone of teaching this domain in medical education. The Kalamazoo Consensus Statement³ clearly summarizes these essential communication tasks. The simplified list is as follows: 1) build the doctor–patient relationship, 2) open the discussion, 3) gather information, 4) understand the patient's perspective, 5) share information, 6) reach agreement on problems and plans, and 7) provide closure. Multiple other models of effective communication have been proposed; however, the essential elements are similar to those above, and multiple validated tools are available to assess learners' competence in these

tasks.⁸ While the literature on how medical learners develop this competence is limited, there is a large body of literature in other fields (particularly education) that informs the developmental progression proposed below.^{9–11}

EARLY PHYSICIAN–PATIENT COMMUNICATION COMPETENCE: Early communication by the novice learner is predicated on the use of externally provided scripts or templates. During the interactions, the learner is focused as much on remembering the next question as on the responses of the interviewee. The ability to tailor the scripts to patients of different socioeconomic and cultural backgrounds is limited.

INTERMEDIATE PHYSICIAN–PATIENT COMMUNICATION COMPETENCE: As the templates become habit, the learner is freed in communication both to be more attentive as a listener and to reflect on barriers (physical, cultural, psychological, and social) to the communication. During this stage of development, however, the learner has little experience to draw from to mitigate these barriers. As experience accrues and is reflected upon, the learner can both identify and mitigate barriers to communication under most normal circumstances. When communication does not go well or a new circumstance is encountered, the competent communicator reflects on the experience and applies lessons learned to future communication.

ADVANCED PHYSICIAN–PATIENT COMMUNICATION COMPETENCE: Progression through the proficient and expert stages of communication involves appropriate responsiveness to an ever-expanding set of circumstances that elicits deviations from traditional scripts in order to optimize the encounter and establish/maintain rapport. The master communicator demonstrates continuous assessment of the interaction and intuitively extrapolates from previous experience to meet the needs of the patient, family, or public in the communication. This individual can adjust to any circumstance, even when engaged in crucial or difficult conversations and even when a similar experience has not been encountered in the past.

DEVELOPMENTAL MILESTONES:

- Uses standard medical interview template to prompt all questions without varying the approach based on a patient's unique physical, cultural, socioeconomic, or situational needs. May be tentative or avoid asking personal questions of patients.
- Uses the medical interview to establish rapport and focus on information exchange relevant to a patient's or family's primary concerns. Identifies physical, cultural, psychological, and social barriers to communication, but often has difficulty managing them. Begins to use nonjudgmental questioning scripts in response to sensitive situations.

- Uses the interview to effectively establish rapport. Able to mitigate physical, cultural, psychological, and social barriers in most situations. Verbal and nonverbal communication skills promote trust, respect, and understanding. Develops scripts to approach most difficult communication scenarios.
- Uses communication to establish and maintain a therapeutic alliance. Sees beyond stereotypes and works to tailor communication to the individual. Has developed scripts for the gamut of difficult communication scenarios. Able to adjust scripts ad hoc for specific encounters.
- Interacts with patients and families in an authentic manner that fosters a trusting and loyal relationship. Effectively educates patients, families, and the public as part of all communication. Models how to manage the gamut of difficult communication scenarios with grace and humility.

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Competency 2. Demonstrate the insight and understanding into emotion and human response to emotion that allow one to appropriately develop and manage human interactions

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BACKGROUND: The concept of emotional intelligence is a useful construct in elucidating the development of insight and understanding into emotion and human response to emotion that allows one to appropriately

develop and manage human interactions.¹ Emotional intelligence is a set of 4 separate but related abilities: perceiving emotions, using emotions, understanding emotions, and managing emotions.² Table 1 provides a

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