



KEY COMMUNICATION SKILLS IN (OCCUPATIONAL) MEDICINE

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- 1. Professionalism
- 2. TTT
- 3. Trainees in difficulty
- 4. How to make a good occupational physician

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1. PROFESSIONALISM

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Interno glasilo UKCL 2012, 4

BMJ 2002; 325

PROFESSIONALISM



- Values
- Behaviour
- Relations

that make people to trust the doctors

- Knowledge,
- skills, attitude,
- behaviour

protect us while restoring good health and well-being

KEY COMMUNICATION SKILLS



1. Eliciting the main problem(s)
2. Checking the understanding
3. Eliciting the reaction to the information
4. Detect the wish to participate in decision making
5. Discuss the options
6. Maximise the chance to follow the agreed decisions

BLOCKING BEHAVIOUR

- Offering advice before the main problems have been identified
- Distress should not be explained as normal
- Attending to physical aspects only





2. TTT – TRAINING THE TRAINERS

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EJOGRB 2008; 140

HOW THE TRAINEES PERCEPT A PERFECT TRAINER

TEACHER

- Speaks



TRAINER

- Asks questions:
Why? How? When?
What?
- Trainee should speak 75 % of time
- Helps the trainee to take responsibility for their own training

EFFECTIVE FEEDBACK

REGARDING KNOWLEDGE, SKILLS, ATTITUDES

Pendeltons rule

- Positive, timed, based on personal experience, non-judgemental
 - Praise in public, criticise in private
 - Positive : Negative = 5:1
1. Let the trainee comment what s/he did well
 2. Let the appraiser comment what trainee did well
 3. Let the trainee comment what s/he could do better
 4. Let the appraiser comment what trainee could do better



FOUR-STEP PROCEEDURE FOR TEACHING A PRACTICAL SKILL

1. Trainer does a run throughout without commentary
2. Trainer talks through and trainer does
3. Trainee talks through and trainer does
4. Trainee talks through and trainee does





3. DEALING WITH TRAINEES IN DIFFICULTY

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FVV IN OBGYN 2012; 4 (1)

WHY DO SOME TRAINEES PERFORM POORLY?



1. Difficulty with clinical knowledge and skills?
2. Physical illness?
3. Mental illness?
4. Cognitive problems – alcohol/drug abuse?
5. Recent life event?
6. Change in work pattern?
7. Issues relating to certain disadvantage?

GUIDING PRINCIPLES FOR DEALING WITH TRAINEES IN DIFFICULTIES

1. ADDRESS PROBLEMS WHEN THEY OCCUR



2. CLASSIFY PROBLEMS IF THERE IS A:

- Personal misconduct
- Professional misconduct
- Professional competence / educational progression



4. WHAT IS A GOOD DOCTOR AND HOW TO MAKE A GOOD ONE?

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BMJ 2002; 325

CESMA Meeting Ljubljana 2012; Presentation of Prof. A. Tenore

WE ARE MAKING GOOD OCCUPATIONAL PHYSICIANS BY TRAINING -

Assess them

- test their knowledge, skills



Evaluate them

- provide information to make a judgement about a given situation



A GOOD DOCTOR

- must be able to put their tools in good use
- needs input from a belief in humanity and ethics of job
- needs to be a team player
- asks questions – the patients give answers
- put down their pen, face the patient

- NEEDS TO HAVE A BALANCED LIFE AND CARE FOR THEMSELVES AND THEIR FAMILIES AS WELL AS FOR OTHERS





WHAT IS A GOOD (OCCUPATIONAL) PHYSICIAN AND ... HOW DO YOU KNOW THAT S/HE WAS MADE WELL

(Draft of Prof. Dr. A. Tenore, UEMS Pediatric Section)

To prepare a physician to become an occupational physician is like preparing a cake

1) First we need to decide how our cake should be

Occupational Physician

2) On the basis of the characteristics that we want our cake to have we need to carefully chose:

the ingredients,

the appropriate environmental conditions

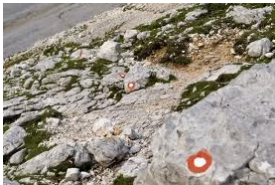
Training program
Core Knowledge,
Skills & Attitude
Training Center

3) As we go along in the preparation, we need to taste it to make sure that the cake is turning out as we desire

In-training assess
and feed-back

4) At the end we need to offer it to others in order to have a non-biased opinion of how it turned out.

Certifying exam



Thank you for your attention!