

# *Communication and Reflection Tools for Effective Patient Care*

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Dr. Parastoo Ghanbari  
Dr. Bruce Hobson



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# FACULTY/PRESENTER DISCLOSURE

**Faculty: Dr. Bruce Hobson**



**Disclosures: None**  
**No bias to manage**



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# *Agenda*

Experience Cube

Brief Action Planning

Tips for thriving

Asking for Understanding



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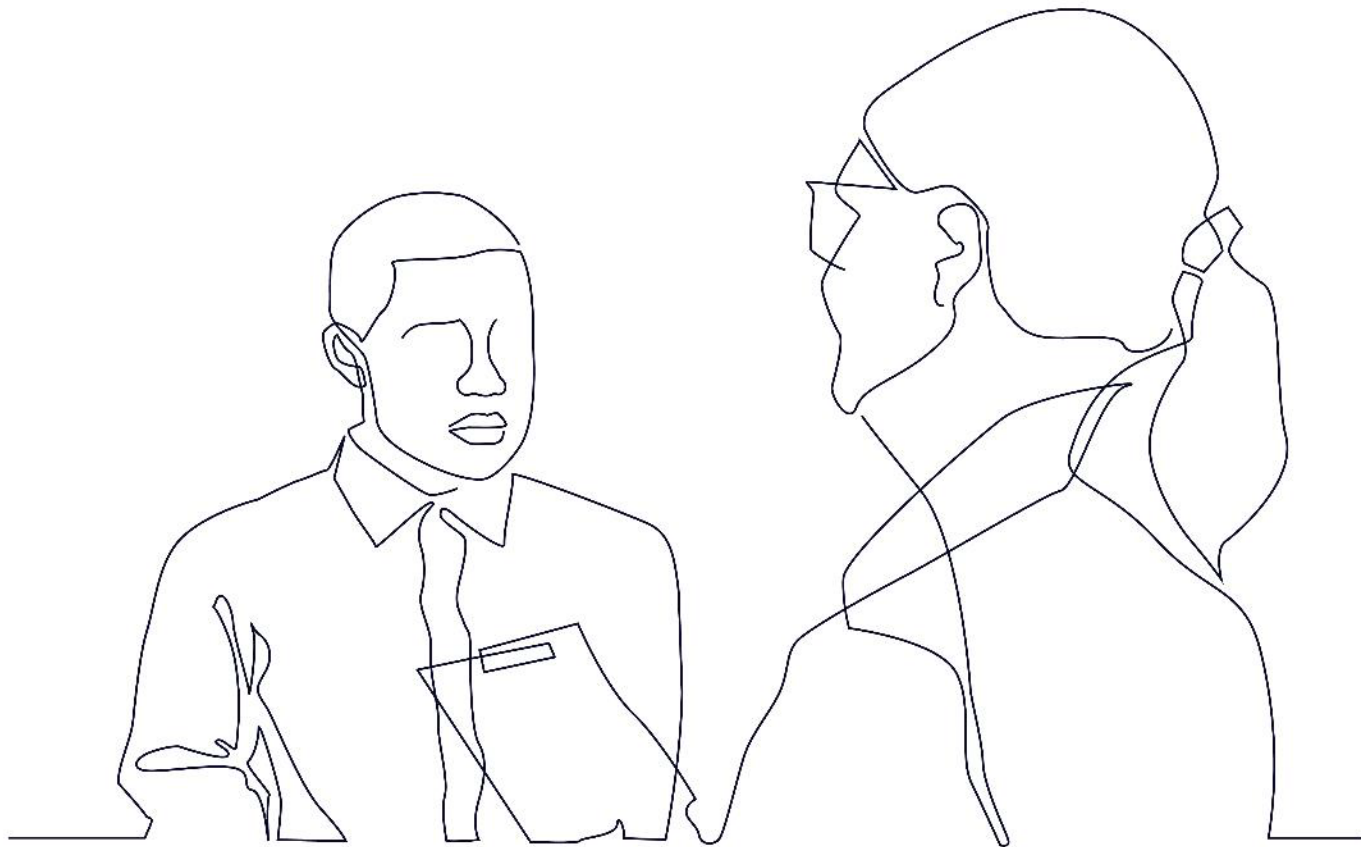
# ***LEARNING OBJECTIVES:***

By the end of the session, you will be able to:

- Start planning your own cultural and communication journey
- Apply the concept of quality before quantity your work
- Describe how you will use language most effectively in your work
- Ask most effectively for understanding
- Find resources to support you in your new work



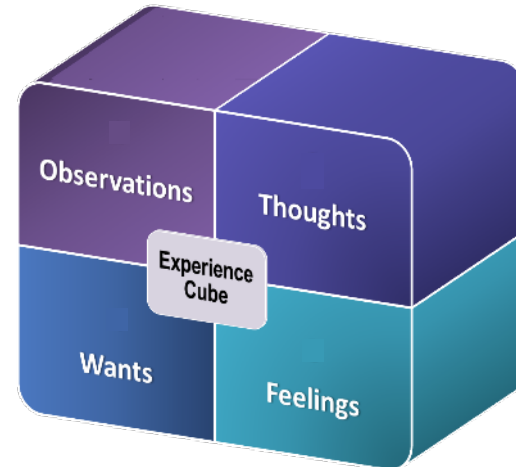
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# WELCOME

1. “What did you **observe**?”
2. “What did you **think** about that?”
3. “What **emotions** surfaced for you?”
4. “What did/do you **want**?”



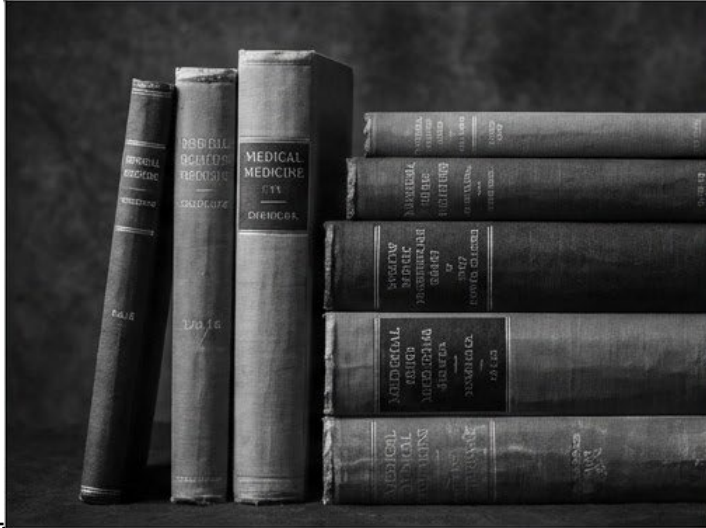
# ***REFLECTIVE EXERCISE***



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# You Know the Medicine. Let's Talk About the Dialect.

Universal  
Medicine



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Medicine is universal. Communication is cultural.

Today isn't about clinical guidelines. It's about the "hidden curriculum" of BC healthcare.


Goal: Translating your expertise into patient trust.

# *The Exercise Prescription*




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# Scenario A: The Disconnect



**Physician:** "Your A1C is 8.5. You need to take Metformin 500mg twice a day and lose 5kg. Here is the prescription."



**Patient:** "Oh...okay. I'll try."

# The Pulse Check



The diagnosis was current. The plan was standard.  
The Question: Will the patient take the medication?



# Defining the BC Style

## Paternalistic (Old Model)

I treat the disease.

Doctor talks, patient listens.

Compliance is demanded.

## Patient-Centered (BC Standard)

I treat the person with the disease.

Collaborative agenda setting.

Compliance is negotiated.

# Decoding “Politeness” in BC

Canadians often use indirect communication.

What is said.

“I’ll try”

“I won’t.”

“That’s interesting”

“I don’t agree.”

What is meant.

**The Fix:** Ask open-ended checks. “What do you think about this plan?”

# The Toolkit: F.I.F.E.

*F*



**Feelings:** What are you most worried about?

*I*



**Ideas:** What do you think is causing this pain?

*F*



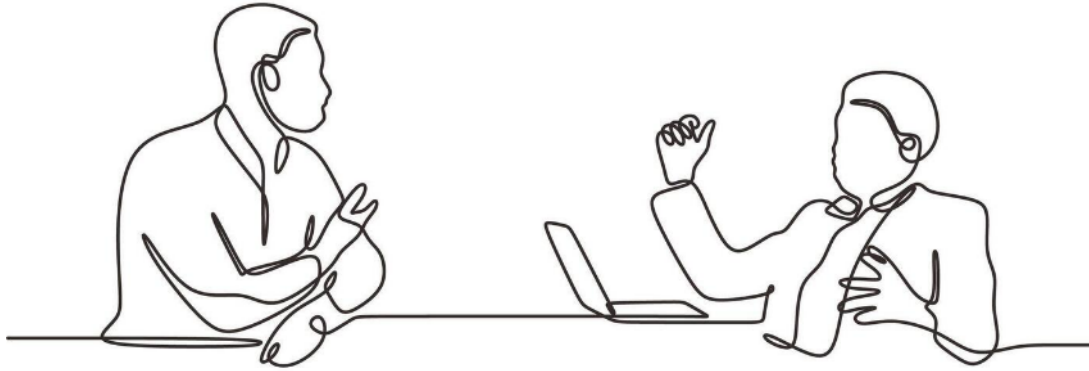
**Function:** How does this affect your daily life?

*E*



**Expectations:** What were you hoping we could do today?

# Scenario A: The Transformation



Physician: “I see your sugar is up. What do you think is going on with that?”

Patient: “I’m not really sure.”

Physician: “What else is going on in your life?”

Patient: “I’ve been under more stress lately. My mother died and I’ve been eating more. Maybe that’s making a difference?”

Physician: “That could be affecting your sugars. What you’re going through sounds tough. How do you feel about looking at a plan that fits your life right now.”

**Connection precedes correction.**

## Scenario B: Difficult Conversation – Demanding Management C

Context: A patient is demanding an antibiotic for a viral infection, and they are visibly annoyed that you are resisting

How to say 'No' without damaging the relationship.



# What Is Your Next Sentence?



~~Avoid: "It's a virus, antibiotics won't work." (Dismissive)~~

**Try:** "I wish I could give you something to fix this instantly. Antibiotics will actually hurt your gut bacteria right now. Here is what we *can* do..."

**Myth:** "I don't have time for feelings."

**Reality:**  
Unresolved, emotions cause 'doorknob complaints' that waste more time.



**Technique:**  
Validate early.  
"I can see you are in pain." It saves minutes later.



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# The BC Practice Checklist

## Red Flags (Avoid)

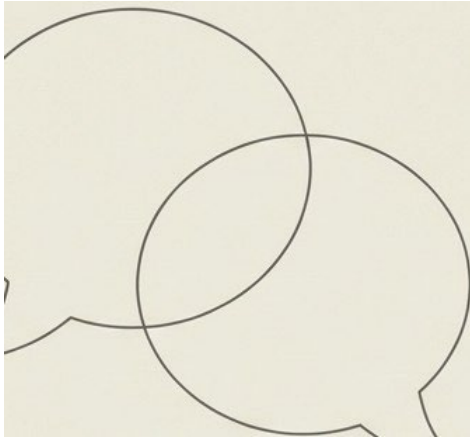
- Interrupting within 10 seconds
- Dismissing patient theories
- 'Doctor knows best' attitude

## Green Lights (Adopt)

- Sitting down (eye level)
- Using F.I.F.E.
- Reflective pauses
- Checking for understanding  
("Tell me in your own words ...")

words...")

# Discussion & Reflection



- What part of the 'BC Dialect' feels hardest for you?
- Share a time communication failed you.
- Based on previous cohorts (95% response rate), your engagement here drives the learning.



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# *How do I make this better?*



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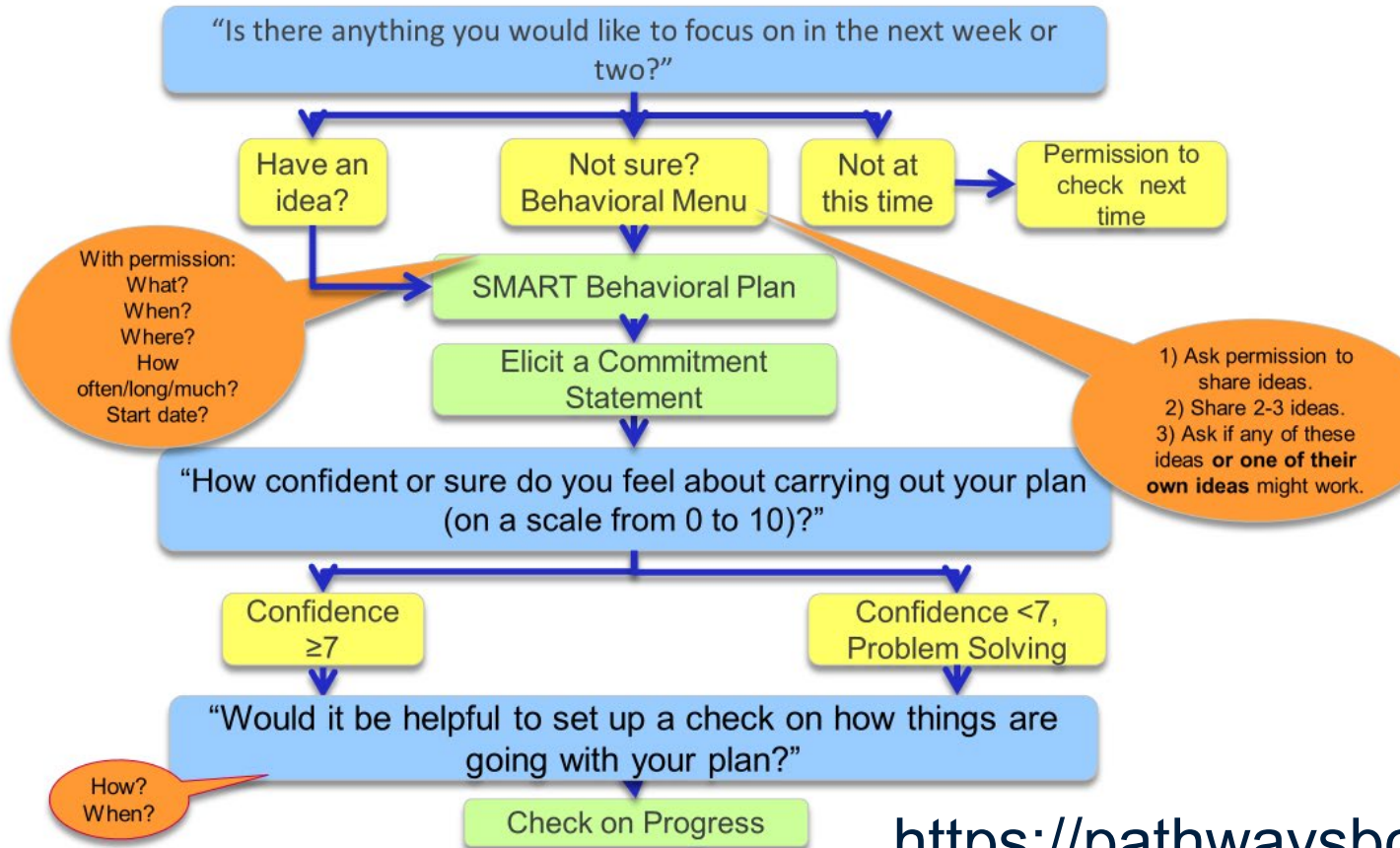
***“ Everyone has a doctor in him or her, we just have to help that doctor in its work. The natural healing force within each of us is the greatest force in getting well.”***

**Hippocrates (460-377 B.C.)**



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# Brief Action Planning



**DEMO –  
BRIEF  
ACTION  
PLANNING**

“Is there anything you would like to focus on in the next week or two?”

Have an idea?

Not sure?  
Behavioral Menu

Not at this time

Permission to check next time

With permission:  
What?  
When?  
Where?  
How often/long/much?  
Start date?

SMART Behavioral Plan

Elicit a Commitment Statement

1) Ask permission to share ideas.  
2) Share 2-3 ideas.  
3) Ask if any of these ideas **or one of their own ideas** might work.

“How confident or sure do you feel about carrying out your plan (on a scale from 0 to 10)?”

Confidence  $\geq 7$

Confidence  $< 7$ ,  
Problem Solving

How?  
When?

“Would it be helpful to set up a check on how things are going with your plan?”

Check on Progress

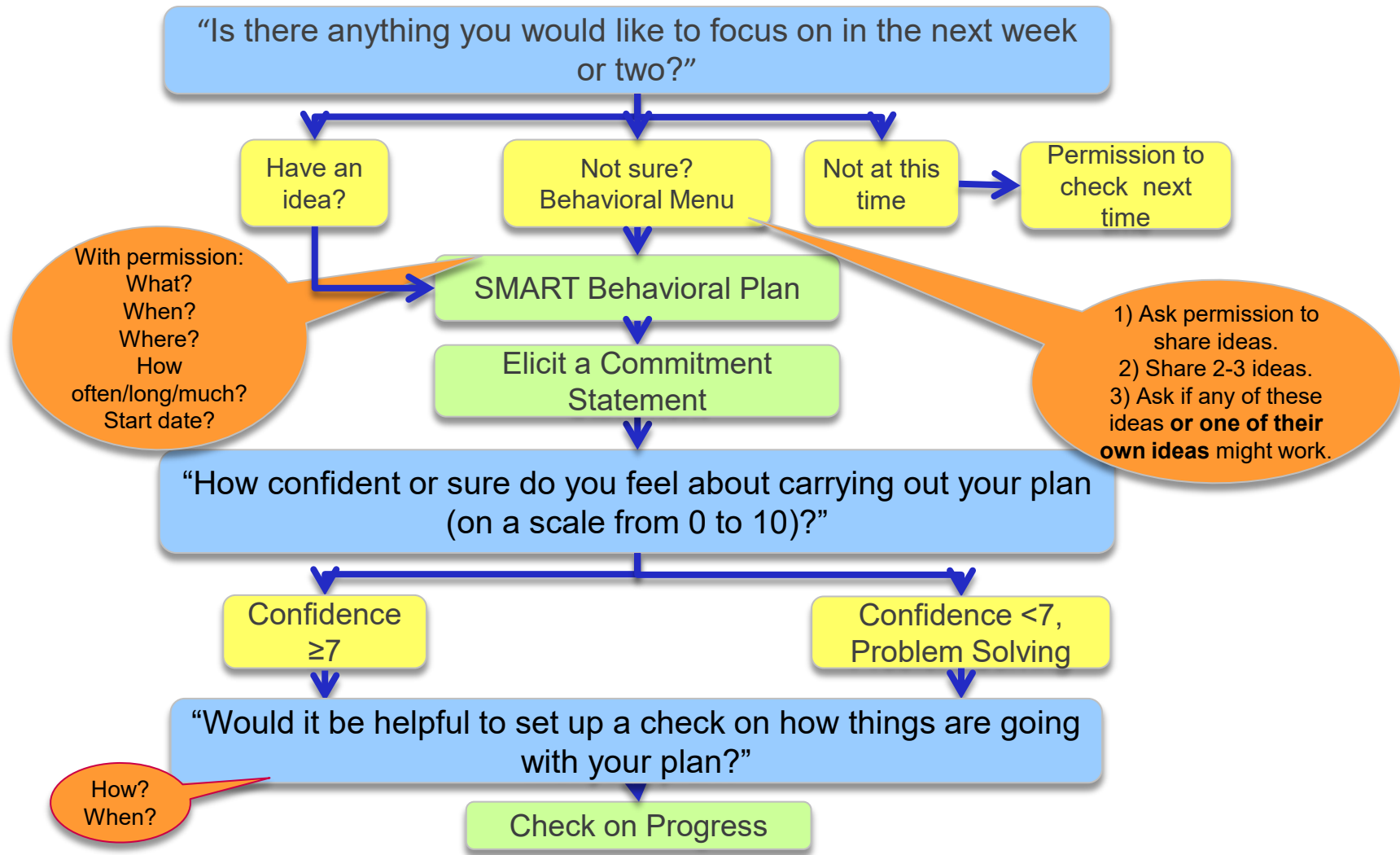
# *DEBRIEF*

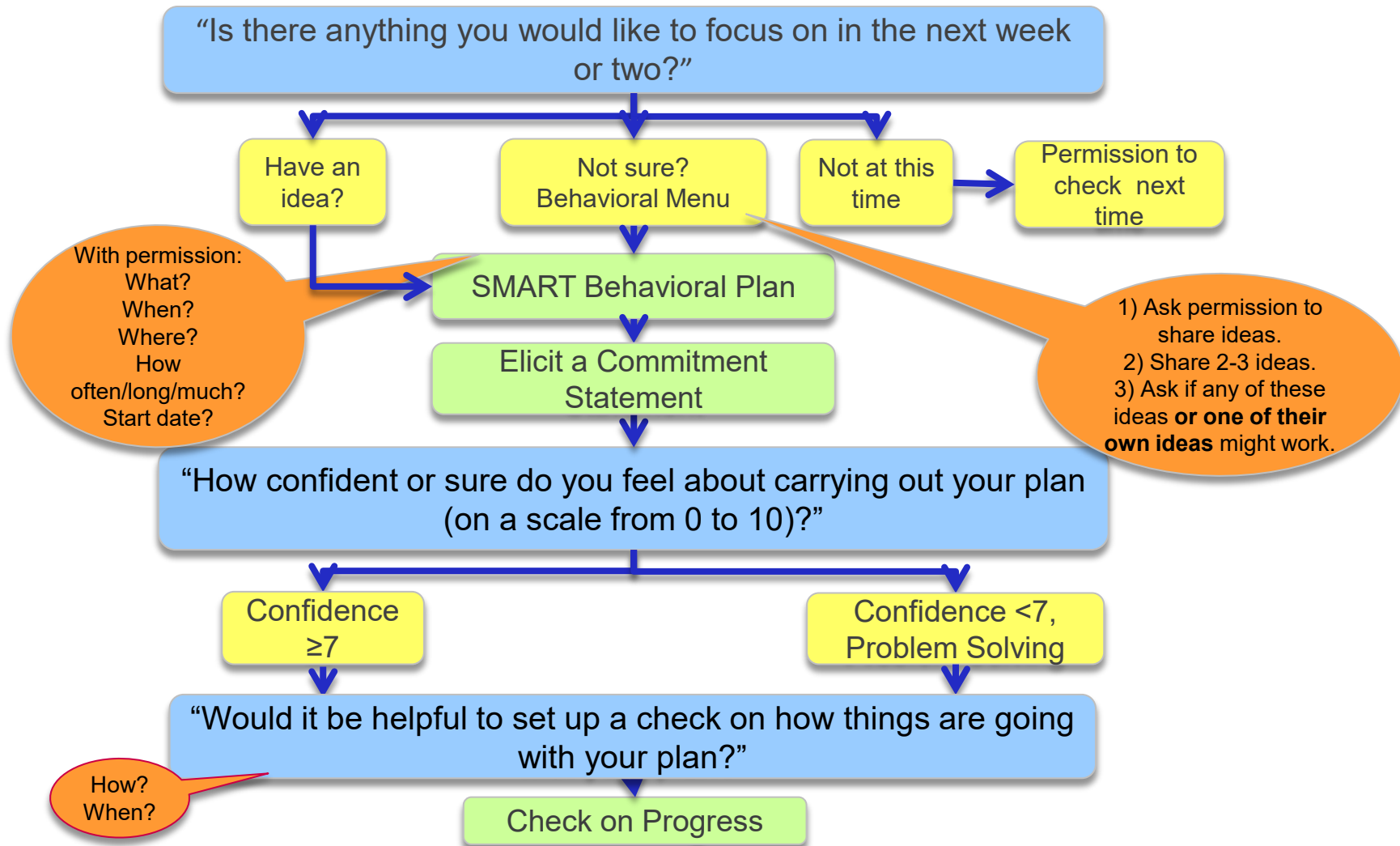


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# *What do you do when people repeatedly have difficulty doing any of their Plan?*

- Make sure the plans are really small
- Screen them for burnout
- Refer them to a resource
- Use additional skills if you have them
- Accept that BAP may not work for them



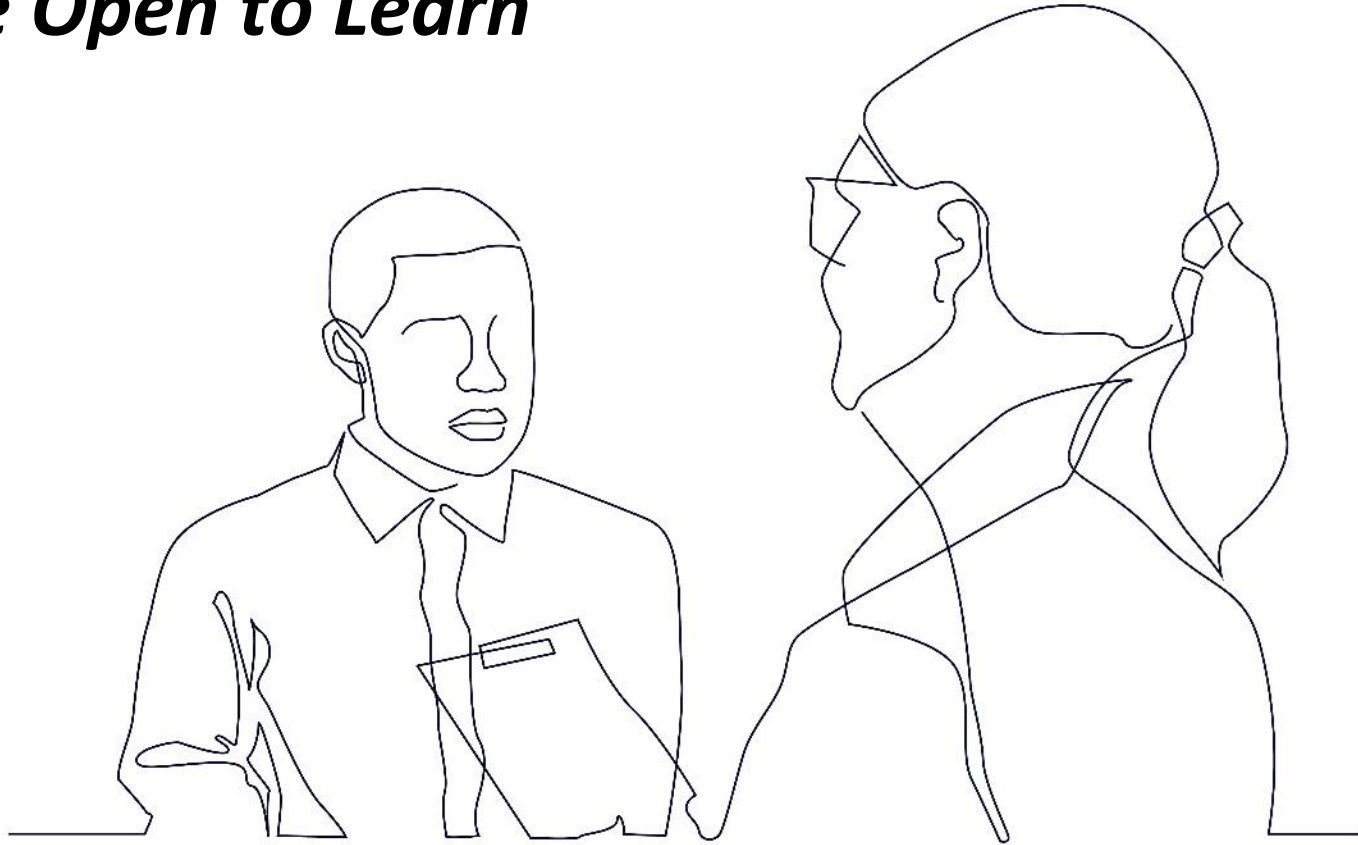


# ***DEBRIEF***



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# *Be Open to Learn*



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# *Quality Before Quantity*



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# *Using Language*



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# *Using Language*

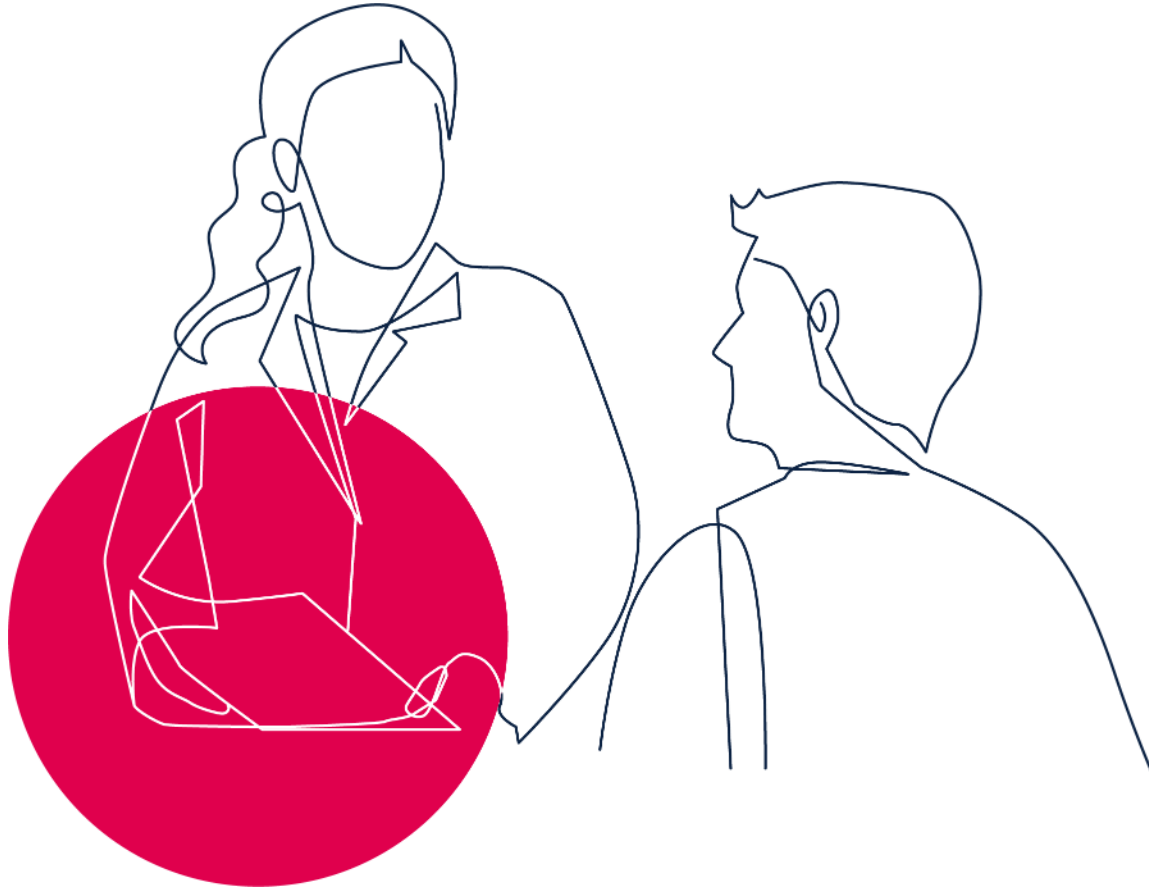


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# *Ask for Understanding*



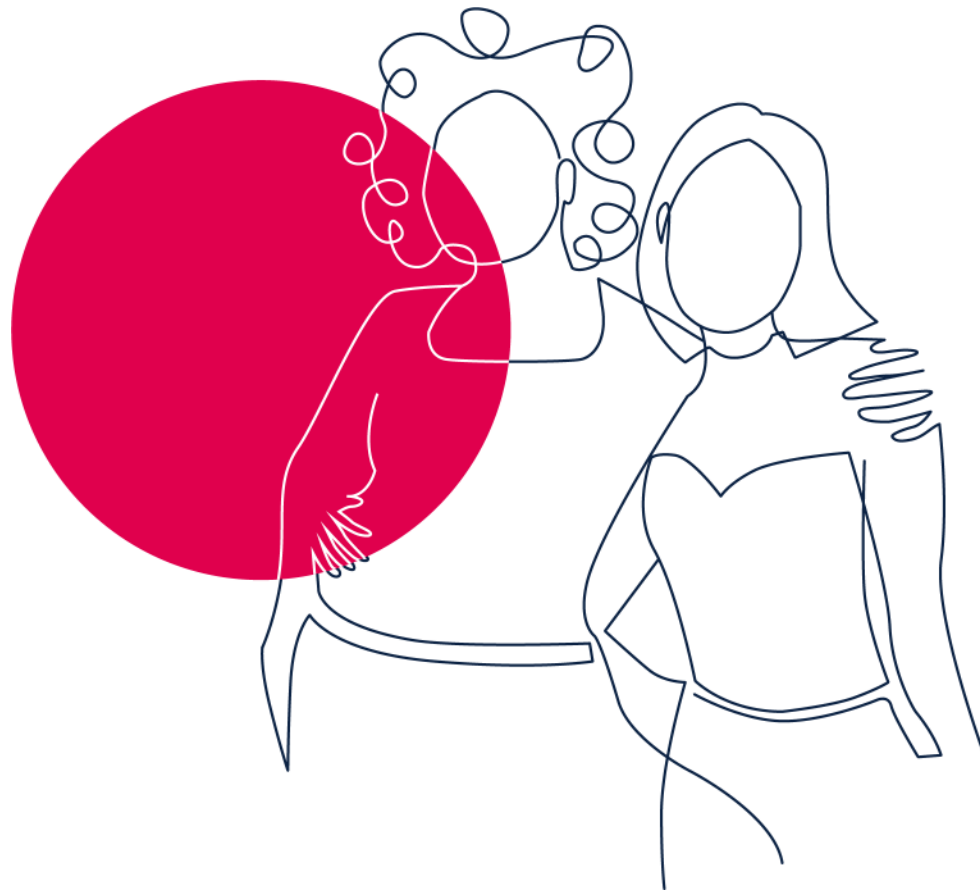
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# *DEBRIEF*



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# Resources



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# ***WHAT WAS YOUR KEY TAKE-AWAY FROM TODAY?***

Write down in 10 words or less



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# The Best Tool in Your Bag is You.

Prescriptions treat pathology. Communication treats the person.

Welcome to practice in British Columbia.





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