

Virtual Mentor

Ethics Journal of the American Medical Association
August 2005, Volume 7, Number 8

From the Editor Learning to Talk and Listen

Good communication is the solution, or part of the solution, in nearly every difficult interpersonal situation, whether between husband and wife, supervisor and employee, student and teacher, or patient and physician. In medicine, good communication is necessary for the establishment of a therapeutic alliance between patient and physician. Through good communication, physicians come to appreciate patients' values and expectations, which, in turn, inform treatment recommendations that are better understood by patients, and that understanding ultimately contributes to greater adherence to treatment and improved health outcomes. This is not to say that such conversations are easy, even for experienced physicians, or that they come naturally to most medical students and residents—communication skills must be learned and practiced. The need to practice—to *use*—communication skills is, in part, why the educational technology of the standardized patient (SP) is a common feature of today's medical school curriculum and has slowly gained acceptance in residency training and beyond.

In this special issue of *Virtual Mentor* on Difficult Conversations in Medicine, we feature vignettes and practical commentaries that aim to support the educational goal of helping students and physicians become better talkers and listeners. Of the 7 vignettes, 3 concern difficult conversations between physicians and patients or patients' families. The remaining 4 present situations that are not routinely, if ever, used as the basis for SP educational modules—perhaps simply because they do not involve patients. Nevertheless, the SP model can be employed in helping medical students and physicians learn to handle difficult situations that require good communication with a non-patient. One of the non-patient-based vignettes, for example, deals with how a radiologist should speak to a colleague about her concern that the colleague has misread several radiographic studies in the last 6 months. How does one even begin such a conversation without creating more tension in an already difficult situation? Read the commentary from our expert contributor, as well as a “mini-script,” designed to help readers handle this situation in real life. Other non-patient-based vignettes concern conversations between physician and nurse, resident and medical student, and physician and pharmaceutical company representative. We hope these vignettes will serve as catalysts for developing “standardized person” educational modules in medicine.

As always, and maybe especially for this issue, talk to us and tell us what you think about this special issue, because we listen and will make changes to *Virtual Mentor* that will help doctors help patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'AK', with a long horizontal flourish extending to the right.

Audiey Kao, MD, PhD

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