

dear residents

Interpersonal and Communications Skills

December 4, 2022

Dear Residents,

When ACGME revised the [Internal Medicine Milestones](#), in the interpersonal and communications skills domain, they delineated three communication categories:

- Patient and Family-Centered Communication
- Interprofessional and Team Communication
- Communication within Health Care Systems



Communication is a soft skill which is nevertheless hard to describe and even harder to accomplish successfully. It is suffused with our own social upbringing, influenced by prevailing cultural paradigms, shaped by the evolution of language, and swayed by the socio-cultural domains of others. The organizations we find ourselves in implicitly modulate the tenor of communication, setting soft standards of what is expected while recognizing the need to encourage individual expression. Reading between these lines can be arduous.

I was raised in a culture where communication was subtle, mostly indirect and designed to honor the hierarchy both within families and in society. The “truth” was often expressed only through poetry and song. It took me some time to culturally acclimate to the United States and I depended greatly on observing the communication styles of my role models. It might have been one of the biggest reasons I chose a career in rheumatology – the rheumatology faculty at UT McGovern were paragons of effective communication. As I watched them speak to patients, to each other and to other members of the team, I knew that I had found my people.

So much has changed in how we approach our patients. We are increasingly aware of cultural differences, the need to take the perspective of the patient, to exhibit empathy and compassion, and to honor the belief systems of our patients. The [VitalTalk](#) training you receive helps you learn how to discuss goals of care, have end-of-life conversations, and deliver bad news. We have also learned that admitting error is wiser than covering it up. Our language has also changed – “chief complaint” is better couched as “chief concern” and rather than “admit/deny” we use “endorse/does not endorse” for potentially stigmatizing questions. We are also increasingly aware of our own personal biases and are learning how to identify and mitigate these.

Despite much progress in moving from a physician-driven culture to a team-based culture, there are many structural factors that reinforce the apex position of the physician. This is codified in “physician order entry” and the reluctance of many hospitals to accept verbal orders. Lots of decisions can be safely made by very qualified members of the healthcare team, but still require your permission – “can I have an order for wound care?” This occurs because prevailing standards in licensure and credentialing haven’t fully aligned themselves with the evolving culture on the ground. This heightens the need for us to be especially respectful of non-physician members on the team – the system creates a top-down architecture, but we can continue to flatten it on the ground with the interrelated skills of listening, communicating, and collaborating.

While the ACGME milestone regarding communication within the health care system is concerned mostly with clinical documentation, I take a more expansive view of bidirectional communication within our systems. Nothing has highlighted the need to improve this more than the annual influenza vaccination requirement which generated scores of emails daily. As I worked through lists of “non-compliant” individuals, I came to realize that each organization was working with its own systems and if anyone was deemed to demonstrate compliance in more than one system, it required dual work on their part – but the communication never clarified the need for dual or multiple levels of recordkeeping. Given that the window for vaccination is short, many of you received your vaccine in a system other than your primary employer out of necessity. Those of you who moonlight had two primary employers, and even though ReadySet has the same interface and web address, you can have more than one account. And there were those of you who were on leave, or unwell, or were stuck with a system that gave you the shot, but who didn’t preserve the record. All these individuals got swept up in the compliance storm. I experienced a sense of powerlessness in protecting and advocating for you, and I expect that the lack of

coordinated communication irked you greatly. I know that you have a strong sense of organizational citizenship. It truly bothered me that you were being labeled as “non-compliant.”

Communication is a vast topic; it can be fluid, and amusingly enough, can communicate different things at different times. Much has been written about it, you can get a degree in it, and still fail at it. It's remarkably easy to be misunderstood or misunderstand others. It remains an important area to nurture and continuously improve.

Wishing you a wonderful December,

Dino Kazi