

Patient-Physician Communication: A Short Annotated Bibliography

Prepared by Wayne Weston MD

- 📖 Baker LH, O'Connell D, Platt FW: "What Else?" Setting the Agenda for the Clinical Interview. **Annals of Internal Medicine**. 2005;143(10):766-770. *A very practical paper that illustrates the importance of getting a full list of patient concerns at the beginning of the interview by asking "What else?" and by checking with the patient throughout the interview to see if they are "in agreement about the agenda, about details of the history, about the patient's feelings and values, and about our final plans." The paper includes several helpful examples of patient-physician dialogue. See also Heritage, Robinson, Elliott et al.*
- 📖 Billings JA, Stoeckle JD: **The Clinical Encounter – A Guide to the Medical Interview and Case Presentations**. 2nd Edition. St Louis: Mosby, 1999. *This is a text aimed at medical students learning how to interview patients. Part One discusses how to begin the interview, how to elicit information from the patient, consulting with the preceptor, informing and counseling the patient and recording. Advanced topics are included in Part Two – reviewing videotaped interviews, difficult relationships, return visits, home visits, the medical record, oral case presentation, collaborative care and the history of history-taking. Beautifully written, full of thought-provoking quotes, this book is an excellent text for "beginners" but also pays dividends to those who read this wise text a second time.*
- 📖 Boon H, Stewart M: Patient-Physician Communication Assessment Instruments: 1986 to 1996 in Review. **Patient Education and Counseling**. 1998;35:161-176. *This paper provides a comprehensive review and comparison of 44 instruments used to assess patient-doctor interaction. Most instruments have been found to be reliable but 15 have never been tested for validity and very few have been compared with others.*
- 📖 Brown JB, Stewart MA, Weston WW (editors): **Challenges and Solutions in Patient-Centered Care: A Case Book**. Abingdon, Oxon, OX: Radcliffe Medical Press, 2002. *This text presents case examples to illustrate each of the six components of the Patient-centered clinical method.*
- 📖 Bub B: **Communication Skills that Heal – a Practical Approach to a New Professionalism in Medicine**. Oxford: Radcliffe Publishing, 2006. *This book is different from the other books in this list. Written by a family physician, it addresses practical issues of communication in a busy practice with special attention to the emotional aspects of the interaction e.g. listening for trauma, shame and suffering; using metaphor and ritual.*
- 📖 Buckman R, Kason Y: **How to Break Bad News – A Guide to Health Care Professionals**. Toronto: University of Toronto Press, 1992. *This is a very sensible and sensitive approach to one of the most challenging responsibilities in medical care. Buckman writes with great clarity and provides excellent documentation for his recommendations.*

- 📖 Buckman R, Korsch B, Baile W: **A Practical Guide to Communication Skills in Clinical Practice**. Toronto: Medical Audio Visual Communications Inc., P.O. Box 84548, 2336 Bloor St. W., Toronto, Ontario, M6S 1T0, 1998. *This is a 4-CD set that demonstrates basic communication skills using a 5E model – engage, empathize, educate, enlist and address expectations. Also covered are dealing with feelings, uncovering the hidden problem, talking to children and their parents, palliative care and end of life issues and genetic testing and counseling. He also outlines an approach to breaking bad news using the acronym “SPIKES” to help the student remember all the steps. This is a powerful medium for learning about communication skills because it provides many excellent video clips of interviewing techniques. Seeing the same skill demonstrated several times with different patients is particularly helpful.*
- 📖 Buckman R with Wears R and Perry SJ: **How to Deal with Anger and Other Emotions in Adverse Events and Error Disclosures**. Sponsored by the University of Florida and the State of Florida, Agency for Health Care Administration, 2005. *This two DVD set, provides a brief summary of the C-O-N-E-S Strategy for handling emotions in the interview followed by 8 scenarios: “What’s happened to my sister?”; “Handling disbelief”; “Two causes of chest pain”; Leukemia”; An unusual case of long-standing endometriosis”; “A prescribing error”; “A major post-operative event”; “Giving news of death”. Buckman conducts all the interviews in his unique style which may not appeal to everyone but certainly provokes reflection (and discussion when used in a group). The technical quality of the DVDs is superb.*
- 📖 Cassell EJ: **Talking with Patients. Volume 1 – The Theory of Doctor-Patient Communication; Volume 2 – Clinical Technique**. Cambridge, MA: The MIT Press, 1985. *These two volumes provide unique and invaluable insights into communication between patients and physicians. They are written by a very astute observer and clinician, based on an analysis of over 1000 hours of audiotapes of his own, and other physicians’, interviews with patients. Volume One explores how language works and investigates the logic of conversation in our interactions with patients. Starting with the premise that speech is part of the presentation of self, Cassell show us how to understand our patients by analyzing their use of language. Volume Two applies the theoretical material from the first volume to our clinical work with patients – how to hear and make sense of the patient’s story of illness; how to ask questions about the body; how to gather the personal history; how to understand the meaning of the illness for the patient; how to use information as a therapeutic tool.*
- 📖 Cassell EJ: **The Nature of Suffering and the Goals of Medicine, 2nd edition**. New York: Oxford University Press, 2004. *This is a very important book that provides a philosophical and moral justification for making the patient the central focus for care. It is beautifully written and intellectually exciting.*
- 📖 Charlton R (editor): **Learning to Consult**. Oxford: Radcliffe Publishing, 2007. A comprehensive guide to learning consultation skills including interviewing, physical examination, problem-solving, record-keeping, diagnosis and treatment. Several chapters deal with communication skills and one valuable chapter outlines 12 different consultation models in the literature.

- 📖 Charon R: **Narrative Medicine – Honoring the Stories of Illness**. Oxford: Oxford University Press, 2006. *Charon provides “a comprehensive and systematic introduction to the conceptual principles underlying narrative medicine, as well as a practical guide for implementing narrative methods in health care.”*
- 📖 Cohen-Cole SA, Bird J: **The Medical Interview – the three-function approach**. 2nd edition. Toronto: Mosby, 2000. *A small practical book focussing on skills. Many similarities with the Patient-Centered Method.*
- 📖 Coulehan JL and Block MR: **The Medical Interview – Mastering Skills for Clinical Practice**. 5th edition. Philadelphia: FA Davis Co.: 2006. *This is a great medium-sized book that covers all the techniques well plus what to do in difficult situations. This book is very practical and jam-packed with examples of good and bad technique – and it's fun to read!*
- 📖 Cruess RL, Cruess SR, Steinert Y: **Teaching Medical Professionalism**. Cambridge: Cambridge University Press, 2009. *This may become the classic text on teaching professionalism. It provides a theoretical basis for teaching professionalism, gives suggestions for establishing programs at all levels of medical education and documents the experience of several schools. Several teaching aids are included in the appendices.*
- 📖 Duffy FD, Gordon GH, Whelan G, Cole-Kelly K, Frankel R et al: **Assessing Competence in Communication and Interpersonal Skills: The Kalamazoo II Report. Academic Medicine**. 2004;79:495-507. *“This report reviews methods of assessment of communication and interpersonal skills: (1) checklists of observed behaviour during interactions with real or simulated patients; (2) surveys of patients’ experience in clinical interactions; (3) examinations using oral, essay, or multiple-choice response questions.” The authors suggest that the minimum strategy should be the use of trained faculty coaches and evaluators using standardized checklists as they observe real or simulated physician-patient encounters. In addition, the patient’s perspective should be obtained either from ratings or surveys after encounters.*
- 📖 Edwards A, Elwyn G (editors): **Evidence-Based Patient Choice – Inevitable or Impossible?** Oxford: Oxford University Press, 2001. *This multi-authored text reviews current perspectives on patient participation in decision-making about their medical care. Clinical examples and narrative are used to illustrate an evidence-based approach to patient choice.*
- 📖 Foster C: **There’s Something I Have to Tell You – How to Communicate Difficult News in Tough Situations**. New York: Harmony Books, 1997. *The author focuses on when and how to tell the truth while creating as little trauma as possible. He addresses the psychological issues to address, how to avoid the ten most common tactical mistakes, how to anticipate the eight most common response,s and how to deal with them.*
- 📖 Furst LR: **Between Doctors and Patients – the Changing Balance of Power**. Charlottesville: The University Press of Virginia, 1998. *This is a fascinating historical and literary analysis of the changing balance of power between patients and physicians in the past 200 years. Popular novels such*

as *Middlemarch* and *Arrowsmith* are used to highlight some of these changes.

- 📖 Greenhalgh T, Hurwitz B: **Narrative Based Medicine – Dialogue and Discourse in Clinical Practice**. London: BMJ Books, 1998. *Narrative approaches to understanding our patients are being recognized more and more as essential for effective clinical work. This slim volume provides a thoughtful introduction to the narrative and includes chapters on: the nature of illness experience in primary care; the role of narrative in psychotherapy; the narrative stream in medical ethics and medical negligence; the role of literature in the teaching of medicine and nursing; narrative in cross-cultural health; technical aspects of analyzing transcripts of the consultation.*
- 📖 Hanson JL: Shared Decision Making – Have We Missed the Obvious. (Editorial) **Archives of Internal Medicine**. 2008;p168(13):1368-1370. *Describes eight myths about shared decision making e.g., everyone knows what it is, there is only one approach, physicians alone drive it, most physicians would engage in shared decision making if they had the time, we don't have the time, most patients would rather the physician tell them what to do.*
- 📖 Haskard KB, White MK, Williams SL, DiMatteo R, Rosenthal R, Goldstein MG: Physician and Patient Communication Training in Primary Care: Effects on Participation and Satisfaction. **Health Psychology**. 2008;27(5):513-522. *An RCT of training in communication skills for physicians and/or patients. Physician training improved patient's satisfaction with information received and overall care; patient training improved physicians' satisfaction with data collection. But, if only patient or physician was trained, physician stress*
- increased and physician satisfaction decreased. This is the first study to explore the complex interactions of training both patients and physicians. The authors suggest that it might be preferable to not offer training for physicians unless patients are also trained. See also the study by Rao below.*
- 📖 Health Canada: **Talking Tools I: Better Physician-Patient Communication for Better Patient Outcomes**. Ottawa: Publications, Health Canada, 2001. *This "Talking Tool" provides everything a CME planner needs to put on a 1-hour interactive presentation on communication. A CD is included with a PowerPoint presentation and a video demonstration of communication skills with a patient with a new breast lump.*
- 📖 Health Canada: **Talking Tools II – Putting Communication Skills to Work: Coursebook**. Ottawa: Publications, Health Canada, 2001. *The Course Booklet provides all the information and materials needed to run two separate, three-hour courses, each focusing on different communication skill sets. By providing a "hand-on" learning experience for practising physicians, Talking Tools II builds on the awareness-raising of Talking Tools I. Also available online at http://www.phac-aspc.gc.ca/ccdpc-epcmc/bc-cds/tools_e.html In addition, the website contains a resource booklet for practicing physicians, a guide for patients about how to communicate with their doctor, and The Talking Tools Video.*
- 📖 Heritage J, Robinson JD, Elliott MN, Beckett M, Wilkes M: Reducing Patients' Unmet Concerns in Primary Care; the Difference One Word Can Make. **Journal of General Internal Medicine**. 2007;22(10):1429-1433. *A fascinating study comparing two ways to ask about*

patients' additional concerns: (1) "Is there anything else you want to address in the visit today?" (2) "Is there something else you want to address in the visit today?" Using the *SOME* intervention eliminated 78% of patients' unmet needs compared to the controls; the *ANY* intervention was indistinguishable from the controls. The training involved watching a 5-minute video recording. See also Baker et al.

- 📖 Heritage J, Maynard DW (editors): **Communication in Medical Care: Interactions between Primary Care Physicians and Patients**. Cambridge University Press, 2006. Beginning with an historical review of research on communication in primary care, this big text provides chapters on soliciting patients' presenting concerns, giving reasons for seeking medical care, patients' narratives, patients' proposals (their explanations of what is happening to them) and physicians responses, lifestyle discussions, negotiations between patients and doctors, and coordinating closings in primary care visits to produce continuity of care.
- 📖 Hinz C: **Communicating with Your Patients – Skills for Building Rapport**. Chicago: American Medical Association, 2000. *This slim volume is packed with suggestions about breaking bad news, talking with patients from diverse cultures, enhancing the role of the family in care and dealing with difficult situations such as substance abuse and difficult personalities.*
- 📖 Kenny NP: Speaking of Values: the Ethics of Communication. **Cancer Prevention and Control**. 1999;3(1):31-35. *This important paper provides an excellent introduction to the fundamental moral nature of patient-physician communication. Kenny makes the case*
- for paying attention to narrative analysis and the personal accounts of illness.*
- 📖 Korsch BM and Harding C: **The Intelligent Patient's Guide to the Doctor-Patient Relationship – Learning How to Talk so Your Doctor Will Listen**. New York: Oxford University Press, 1997. *This is an invaluable book for patients. But it is also recommended for physicians who want to understand the concerns patients have about the problems of communicating with doctors.*
- 📖 Kurtz SM and Silverman JD: The Calgary-Cambridge Referenced Observation Guides: an aid to defining the curriculum and organizing the teaching in communication training programmes. **Medical Education**. 1996; 30(2): 83-89. *This article provides a conceptual framework for effective communication and a checklist to aid learning and teaching. Detailed references are provided to support each individual skill.*
- 📖 Kurtz SM, Silverman JD, Draper J: **Teaching and Learning Communication Skills in Medicine, 2nd edition**. Abingdon, Oxon: Radcliffe Medical Press, 2005. *This is an excellent review of the "Why", "What" and "How" of teaching communication skills. It includes practical advice about teaching and learning in practice and how to construct a communications curriculum.*
- 📖 Silverman J, Kurtz S and Draper J: **Skills for Communicating with Patients, 2nd edition**. Abingdon, Oxon: Radcliffe Medical Press, 2005. *This companion text provides a more detailed exploration of the specific skills of doctor-patient communication. The authors provide a detailed rationale for the use of each of the core skills in the medical interview*

and the evidence to support their use. A terrific source of information for discussion of evidence-based communication.

📖 Kurtz SM, Laidlaw T, Makoul G, Schnabl G: Medical Education Initiatives in Communication Skills. **Cancer Prevention and Control**. 1999;3(1):37-45. *This paper summarizes the critical components of effective communication training, describes specific strategies for teaching communication skills and provides an invaluable table which lists the resources for communication skills training (including websites, audio and videotapes, case banks, CME programs, conferences, literature reviews, simulated patient programs and textbooks).*

📖 Lipkin M (Jr), Putnam SM, Lazare (editors): **The Medical Interview – clinical care, education and research**. New York: Springer-Verlag, 1995. *This is THE BIG BOOK on interviewing – everything is in it including several chapters on teaching, evaluation and research. And it is evidence-based. Anyone responsible for the clinical methods course should have access to this book. In fact, anyone who wants to incorporate a robust, evidence-based approach to teaching about communication issues should read this book – it is the “Harrison” of communication texts.*

📖 McManus IC, Vincent CA, Thom S, Kidd J: Teaching Communication Skills to Clinical Students. **British Medical Journal**. 1993;306:1322-1327. *This is one of the BMJ’s “How to Do It” articles. It is very practical and provides excellent examples based on seven years of experience at the St. Mary’s Hospital School of Medicine. Small group technique, use of video, development of role-play scripts and feedback are all outlined.*

📖 McWhinney IR: **A Textbook of Family Medicine (revised edition)**. New York: Oxford University Press, 1997. *(The 3rd edition will be available in 2009.) The best synopsis of the philosophical and scientific foundations of family medicine available. The chapters on illness, communication and clinical method are particularly helpful for understanding the basis of the Patient-Centered Clinical Method. Every physician should read the chapter “Illness, Suffering and Healing” – it is an extraordinarily wise and perceptive account of our unique responsibilities to our patients. Samples of several chapters from the book can be seen on Ian McWhinney’s homepage: <http://www.uwo.ca/fammed/ian/index.htm>*

📖 **The Dalhousie MedCom Collection** is an information management system focusing on communication skills in medicine. Its literature holdings relate primarily to communication skills training in medical education and communication skills application in medical practice. The collection consists of four components:

- A database of 3000 entries covering 25 years of research literature formatted in Reference Manager and updated annually
- Hardcopy listings by number, by alphabet, and by subject
- Files >2400 articles, studies, workshop manuals, curriculum guides, and news stories
- Audiovisual resources – videotapes, CD-ROMs and audiotapes

See <http://medcomm.medicine.dal.ca/>

📖 Mengel MB and Holleman WL (editors): **Fundamentals of Clinical Practice – A Textbook on the Patient, Doctor, and Society**. New York: Plenum Medical Book Co., 1997. *This textbook explores issues related to the patient-physician*

relationship starting by examining the individual and family life cycle and then looking at the doctor as a person and the task of becoming a physician. The authors also address the role of the community, the workplace, the environment, the cultural world of the patient and the healthcare system.

📖 Meichenbaum D, Turk DC: **Facilitating Treatment Adherence – A Practitioner’s Guidebook**. New York: Plenum Press, 1987. *This is an excellent overview of the literature on patient adherence. Part I discusses the nature of adherence and factors affecting it; part II describes adherence enhancement procedures; part III discusses how to integrate adherence strategies in practice and the impediments to their use.*

📖 Participants in the Bayer-Fetzer Conference on Physician-Patient Communication in Medical Education: Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement. **Academic Medicine**. 2001;76:390-393. *This paper resulted from an international meeting in which the “architects” of five models of patient-physician communication developed an “outline of essential elements of effective physician-patient communication:” build a relationship, open the discussion, gather information, understand the patient’s perspective, share information, reach agreement on problems and plans, provide closure.*

📖 Pendleton D, Schofield T, Tate P and Havelock P: **The New Consultation – Developing Doctor-Patient Communication**. Oxford: Oxford University Press, 2003. *The original edition was published in 1984 and has been completely re-written. The first part of the book examines the processes needed for an effective interview for the patient, the doctor and society. The*

second part explores the practicalities of learning and teaching effective consultations.

📖 Platt FW, Gordon GH: **Field Guide to the Difficult Patient Interview, 2nd edition**. Philadelphia: Lippincott Williams and Wilkins, 2004. *This is a terrific little book – full of helpful and practical hints about what to do in difficult situations such as anger, sadness, fear, ambivalence, breaking bad news, dealing with distrust, establishing boundaries, avoiding seduction, end of life discussions, assessing risk behaviours, non-adherence, violence, alcohol use, sex, the “list maker” and the cognitively impaired patient. This is the perfect pocket book of communication to carry with you on the wards and clinics.*

📖 Prochaska JO, Norcross JC, Diclemente CC: **Changing for Good**. New York: Avon Books, 1994. *The authors outline a six-stage program for overcoming “bad habits”. Although written for intelligent laypersons this text provides a very readable and practical description of the “transtheoretical model of change” – an excellent place to start reading about motivational interviewing strategies.*

📖 Purlito R and Haddad A: **Health Professional and Patient Interaction, 5th edition**. Philadelphia: WB Saunders, 1996. *This is a medium-sized text on communication which addresses many practical issues concerning the process of becoming a skilled professional e.g. the process of establishing relatedness, the importance of recognizing boundaries, the challenge of creating professional closeness.*

📖 Rao JK, Anderson LA, Inui TS, Frankel RM: **Communication Interventions Make a Difference in Conversations Between Physicians and Patients – A Systematic Review of the Evidence**. **Medical Care**.

2007;45:340-349. *The authors searched 6 databases between 1966 and 2005 for RCTs that examined interventions to enhance the communication behaviours of physicians and patients. 36 studies were reviewed – 18 involving physicians; 15 patients; and 3 both. “Several office-based, moderately intense interventions resulted in enhanced communication behaviours among patients, but these often required the involvement of personnel in the delivery. Intense efforts also appear to be necessary to change physicians’ communication behaviours, but many of the interventions examined in this review are not feasible for implementing into everyday practice.” See also the study by Haskard et al above. See also the study by Heritage, Robinson, Elliott et al for an example of how watching a 5-minute training video recording can have a dramatic effect in reducing patients’ unmet needs.*

📖 Rollnick S, Mason P, Butler C: **Health Behavior Change – A Guide for Practitioners.** Edinburgh: Churchill Livingstone, 1999. *Written by a psychologist, a nurse and a general practitioner, this book provides a very practical approach to working with patients who want or need to change health related behaviours. This book is full of real-life examples and provides guidance about what not to do as well as strategies with a proven track record.*

📖 Rollnick S, Miller WR, Butler CC: **Motivational Interviewing in Health Care – Helping Patients Change Behavior.** New York: The Guilford Press, 2008. *This is a new edition of the classic text of motivational interviewing. It is a “new synthesis on how to bring the heart of motivational interviewing into everyday practice.” Very practical and full of excellent real-life examples.*

📖 Roter DL and Hall JA: **Doctors Talking with Patients / Patients Talking with Doctors – Improving Communication in Medical Visits.** 2nd edition. Praeger Publishers, 2006. *This is an excellent review of research on communication between patients and doctors and provides the foundation for an “evidence-based” approach. The next time someone tells you that doctor-talk is simply the art of medicine, refer them to this text.*

📖 Simpson M, Buckman R, Stewart M et al: Doctor-Patient Communication: the Toronto Consensus Statement. **British Medical Journal** 1991; 303: 1385-1387. *This paper reviews the “state of the nation” in 1991 regarding the importance of communication, the teaching of communication and research on the topic.*

📖 Smith S, Norton K: **Counselling Skills for Doctors.** Buckingham: Open University Press. 1999. *This well-written little book applies the insights from the field of counselling and therapy to the everyday interactions between patients and doctors. Concepts such as transference, countertransference, denial, and resistance are explored to help the reader understand how the doctor-patient relationship influences care. The authors apply a 2-level model of the clinical transaction – public and personal – to help us provide more humane and effective care.*


📖 Stewart MA: Effective Physician-Patient Communication and Health Outcomes: a Review. **Canadian Medical Association Journal** 1995; 152(9): 1423-1433. *A concise summation of the evidence that effective communication enhances a variety of health outcomes including physiologic recovery.*

- 📖 Stewart MA and Roter D. (editors): **Communicating with Medical Patients.** Thousand Oaks, CA: Sage, 1989. *This book summarizes the presentations at the first international conference on patient-physician communication held in London, Ontario. It provides a synopsis of the research on communication and addresses how to teach these skills.*
- 📖 Stewart MA, Brown JB, Weston WW, McWhinney IR, McWilliam C, Freeman T: **Patient-Centred Medicine – transforming the clinical method 2nd edition.** Abingdon, Oxon, OX: Radcliffe Medical Press, 2003. *This book summarizes the work of the communication group at the University of Western Ontario over the previous 12 years. The model focuses on the purposes of the interview rather than the techniques making it a useful companion to the more technique-oriented books. It deals with the six components of a patient-centred interview, and strategies for teaching and research. The following three journal articles provide a synopsis of the key ideas about patient-centred medicine:*
- Weston WW, Brown JB, Stewart M: Patient-Centred Interviewing Part I: Understanding Patients' Experiences. *Canadian Family Physician*, 1989; 35:147-151.
 - Brown J, Weston W, Stewart M: Patient-Centred Interviewing Part II: Finding Common Ground. *Canadian Family Physician*, 1989; 35:153-157.
 - Stewart M, Brown J, Weston W: Patient-Centred Interviewing Part III: Five Provocative Questions. *Canadian Family Physician*, 1989; 35:159-161.
- 📖 Stewart M, Brown JB, Boon H, Galajda J, Meredith L, Sangster M: Evidence on Patient-Doctor Communication. **Cancer Prevention and Control.** 1999;3(1):25-30. *This article describes the lessons learned from studies about patients' satisfactions or dissatisfactions related to patient-doctor communication, making the point that complaints about doctors are usually due to communication problems and not technical competency issues. This important paper reviews the evidence about the comparative length of time required to conduct a patient-centred interview vs. a "standard" interview. Next, the paper reviews the evidence about the relationship between patient adherence and communication and describes the four key aspect of communication that can enhance the patient's co-operation. Finally, the paper reviews 22 studies on the impact of communication on patient health outcomes – pain relief, recovery from symptoms, anxiety, functional status and physiologic measures such as BP and blood glucose.*
- 📖 Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, Jordan J: **The Impact of Patient-Centered Care on Outcomes.** *The Journal of Family Practice.* 2000;49(9):796-804. *This important study demonstrated that patient-centred interviewing was correlated with the patients' perceptions of finding common ground. These perceptions of finding common ground were associated with better recovery from discomfort, and concern, better emotional health 2 months later and fewer diagnostic tests and referral.*
- 📖 Stuart MR, Lieberman III JA: **The Fifteen Minute Hour – Practical Therapeutic Interventions in Primary Care 3rd edition.** Philadelphia: Saunders, 2002. *A concise, readable account of how family physicians can incorporate principles of psychotherapy into brief visits in their day-to-day practice. A superb introduction for residents.*

- 📖 Tate P: **The Doctor's Communication Handbook**. 5th edition. Oxford: Radcliffe Publishing, 2007. The conversational style makes this an enjoyable read. It is full of sage advice and practical tips about interviewing and about teaching and learning communication skills.
- 📖 Toombs SK: **The Meaning of Illness – a Phenomenological Account of the Different Perspectives of Physician and Patient**. Boston: Kluwer Academic Publishers, 1992. *This is one of the best "pathographies" (personal accounts of illness) in print, written by a philosopher with multiple sclerosis. Toombs helps the reader understand the differences between the worlds of patient and physician and how they might find shared meaning.*
- 📖 Toombs SK, Barnard D, Carson RA: **Chronic Illness – From Experience to Policy**. Bloomington and Indianapolis: Indiana University Press, 1995. *This book explores what it means to live with chronic illness on a day-to-day basis and considers the implications of this experience for social policy, health care, bioethics, and the professions.*
- 📖 Tuckett D, Boulton M, Olson C, Williams A: **Meetings Between Experts – An Approach to Sharing Ideas in Medical Consultations**. London: Tavistock Publications, 1985. *Based on a study of over 1000 primary care visits, the authors argue that the major aim of the interaction should be to ensure a sharing of ideas between patients and physicians. To achieve this goal, patients must be recognized as experts in their own health care.*
- 📖 Waitzkin H: **The Politics of Medical Encounters – How Patients and Doctors Deal with Social Problems**. New Haven: Yale University Press, 1991.
- The author, a sociologist, analyzes transcripts of interactions between patients and physicians and shows how doctors focus on physical complaints, ignore patients' underlying concerns and even reinforce the societal problems that are often the root causes of their troubles.
- 📖 Weiner SJ, Auster S: From Empathy to Caring: Defining the Ideal Approach to a Healing Relationship: **Yale Journal of Biology and Medicine**. 2007;80:123-130. *The authors suggest replacing "empathy" with "caring" as the "ideal emotional and behavioural approach to patient care." They suggest that once physicians think they understand what another is experiencing, "they perceive less need to ask, listen, and learn." By focusing on caring, physicians will retain their curiosity about the other's experience.*
- 📖 **Web Pages and Other Resources:**
- 📖 **The American Academy on Communication in Health Care**. *This organization offers some of the best courses on communication available anywhere. In addition, they have a number of other resources:*
- *Doc.com is a wonderful collection of 40 learning modules e.g. the Kalamazoo essential elements and advanced modules on delivering bad news, reflective practice, informed decision-making etc.*
 - *Videotape library including alcoholism trigger tapes by William Clark. This is a composite of six trigger tapes 36 minutes in length used to generate discussion and feelings about patients with alcoholism and suitable for learners at all levels. It covers confrontation of the alcoholic, discusses denial by alcoholics, explains the CAGE*


- “Medical Encounter” – a regular newsletter which publishes useful short articles on communication.
- Their website has short articles describing patient experiences of illness.


For additional information contact the Academy at: American Academy on Physician and Patient, 16020Swingley Ridge Road, Suite 300, Chesterfield, MO 63017. Phone: (636) 449-5080. See their website at <http://www.aachonline.org/>


 **The Institute for Health Care Communication.** (Formerly the Bayer Institute for Health Care Communication) *The Institute is an international organization. It offers an excellent series of workshops for small groups of people involved in the care of patients, including physicians, nurses, and staff. Longer 5-day workshops are available for potential trainers and shorter ½ day workshops for anyone with an interest in improving communication skills. Their website includes several annotated bibliographies at:* <http://www.healthcarecomm.com/>
The Canadian website is at <http://www.ihcc.ca/>

 **Teaching Communication Skills in Medicine** <http://medcomm.medicine.dal.ca>
From the Communication Skills Program, Division of Medical Education, Dalhousie Medical School, Halifax, Nova Scotia, Canada. Contact: Heather MacLeod Phone (902) 494-3500 Email: h.macleod@dal.ca. This is a fabulous resource including:


- *Teaching Strategies on the medical interview*
- *Program Profile on cross curriculum training and evaluation*
- *Research Literature with a review of the evidence*
- *Workshops for faculty and students*
- *News & Events on upcoming programs and conferences*
- *Links to related websites*


 **The MAAS-Global 2000** <http://www.hag.unimaas.nl/maas%20Dglobal%5F2000/> This site provides an excellent rating scale for use in assessing students’ and physicians’ communication skills. It is provided free without copywrite restrictions and includes a valuable manual of instructions on its use.


 Meland E: **Patient centered method and self directed behaviour change** <http://www.uib.no/isf/people/patient.htm> Although dated, this website provides a good synopsis of the literature on patient-centred medicine up to 1995 and there are many good references prior to this date.

 **Stages of Change** <http://www.bu.edu/cpr/webcast/change/index.html> 1-hour lecture by James Prochaska on the stages of change theory. Good examples of each stage provided. Registration required (free).


 **Program in Communication in Medicine** based at Northwestern University Medical School provides information about innovative ways to teach communication skills. They host an international network of 1000 people. Visit their website at <http://www.pcm.northwestern.edu/>


 **The Literature and Medicine database** can be found at <http://litmed.med.nyu.edu/Main?action=new> This is a unique bibliography of literary works relevant to medicine and medical education. The works, including literature, visual arts and film, are annotated and then catalogued by genre and topic. A few of the works are linked to either a voice recording of the work or a Web site that offers the full text of the work or a more specialized database of literary criticism. For an article outlining this Web site, see Charon R, Montello M: *Literature and Medicine: An Online Guide. Annals of Internal Medicine.* 1998;128(11):959-962.

 **The Body Electric – a Literary Arts Journal** at <http://www.uic.edu/com/mcme/body/main.htm> This student-edited journal was published annually by the Department of Medical Education at the University of Illinois College of Medicine—Chicago. It features writing and visual arts created by medical students, staff, and faculty at the college and associated institutions from 1985-1999.

 **The End of Life Website** provides many links to audio transcripts, links to numerous organizations involved in the care of the dying, an

extensive bibliography, readings (poetry, essays, excerpts from novels, short stories and plays), and wonderful visual images. One of the any readings is an excerpt from Eric Cassell’s book “The Nature of Suffering and the Goals of Medicine”.
<http://npr.org/programs/death/index.html>

 **Standardized Medical Students Web site** outlines how to develop and use standardized students for faculty development activities.
<http://www.uic.edu/orgs/facdevel/main.html>

 **University of Miami – Resources and Handouts for Teaching Communication Skills.** A short collection of PDF files on a variety of important topics e.g. communication skills for saying no effectively to a demanding patient, communicating with and understanding the demanding patient, communicating with the angry patient, non-verbal communication, the angry patient encounter including the neuroscience of anger. See <http://edo.med.miami.edu/x91.xml>

Updated November 23, 2008.
All links working on this date.