

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student introduces him/herself clearly and appropriately, and elicits and acknowledges an introduction from the patient.

This simple action can actually be a very powerful tool that helps to begin the development of rapport. Done well, the dental student introduces him/herself forthrightly and truthfully in a friendly manner that inspires the confidence of the patient. That is, first impressions do matter. They set the stage and create the context for the development of the relationship. Crucial to this introduction are the non-verbal behaviors that accompany it.

It is equally important, if not more important, to elicit and acknowledge an introduction from the patient. This social behavior sets the power dynamic for the relationship. If only the dental student is introduced, then the power balance becomes weighted for the dental student. The assumption behind such behavior is something like, “I am the one in charge here, and you are the object for my consideration.”

Such a dynamic is destructive to the building of rapport where the establishment of mutual respect is fundamental. So, to build rapport, both partners must be introduced into the interaction with mutual acknowledgement and respect in order to create a balanced foundation for proceeding with the “work” of the encounter.

More Effective

“Hello, I am Andrea Johnson, a third-year dental student here at the University of Michigan, and I’m pleased to have the opportunity to begin working with you.”

Followed by a silence that invites response, or an inquiry such as, “And you are...?”

Appropriate non-verbal behaviors might include an adequately modulated, friendly tone of voice, forthright eye contact, and a handshake.

It is also advisable to repeat the patient’s name (as introduced) and to clarify the patient’s preferred mode of address. E.g., Mary or Mrs. Smith. Additionally, it is advisable to actually use the patient’s name in addressing him/her, appropriately throughout the interview.

Less Effective

Hello, I’m the dentist assigned to you today, and it says in your file that you’re here to see me because you have periodontitis.

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student empathizes with and supports the patient (expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care).

With this behavior, the dental student provides an effective framework of support for the patient. The dental student displays a caring attitude through both verbal and non-verbal behaviors. The dental student demonstrates concern, compassion, competency and consideration for the patient's efforts. When done effectively, the dental student becomes a trusted ally in the health care process, standing in the patient's corner with the patient's best interests in mind, and possessed of the tools and attitudes that can operationalize those interests.

More Effective

I see that you're concerned about your bleeding gums. I share your concern.

I understand that this condition is distressing to you, and I'd like to help you deal with it.

I see that this bothers you.

I believe I can be helpful in treating this condition.

I appreciate everything you're already doing to deal with this condition. (Being specific here provides positive reinforcement for patient's health promoting behaviors.)

Caring nonverbal behavior (ex. Eye contact, leaning forward, compassionate touch, concerned facial expressions)

Less Effective

No statements of concern

No statements of empathy

No statements of a willingness to help

No positive reinforcement for patient's health promoting behaviors

Nonverbal behavior indicating indifference or even rejection.

- ❑ Establishes shared concern for the problem
- ❑ Provides positive reinforcement for patient's health promoting behaviors
- ❑ Establishes ability and willingness to help the patient
- ❑ Demonstrates caring nonverbal behavior

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student uses effective nonverbal communication to make the verbal communication more effective. (gestures, tone of voice, eye contact, social distance, etc.)

More Effective

Consonant verbal and nonverbal behavior that influences communication positively

Appropriate, elucidating gestures

Fluid tone of voice

Fluid and appropriate social distance

Less Effective

Conflicting verbal and nonverbal behavior that influences communication negatively

Absence of gesturing altogether, appearing rigid

Fidgeting, fussing or appearing distracted

Inappropriate tone of voice (ex. Demanding, commanding, annoyed, impatient, insulting, seductive, bored, disinterested)

Lack of eye contact

Rigid social distance

Inappropriate social distance

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student avoids the use of medical jargon throughout the interview.

Clarity of communication is the goal and language common to both the dental student and the patient is the tool. Since the most common scenario is that the patient has not graduated from dental school, it is incumbent on the dental student to develop a language repertoire of simple terms effective to the task. (*Example.* Halitosis, bad breath, mouth odor)

Where medical terminology is used, simple definitions should be offered.

Medical terminology can be used effectively when used sparingly to introduce the patient to terms they will encounter in the course of treatment management.

More Effective

Less jargon

Parsimonious use of medical terminology, simply defined

Less Effective

More jargon

Exclusive use of undefined medical terminology

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student confirms the basic diagnosis.

This step calls for the professional opinion of the dental student and is best accompanied by the relevant “evidence”: the patient’s observations, radiographs, test results, etc. Just as the patient goes on record with his/her opinion of the diagnosis, so does the dental student. The process then is contributory and inclusive.

More Effective

“Based on what you’ve told me, what the referring dentist thinks, and on the information I have here, I believe that your condition is ...”

Less Effective

“The referring dentist states that you have...”

“Your condition is...”

(without antecedent discussion or substantiation.)

- ❑ Offers opinion of what is going on and names if possible
- ❑ Reveals rationale for opinion
- ❑ Explains causation, seriousness, expected outcomes, short and long term consequences

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student explores the patient's knowledge base for this diagnosis.

Exploration is achieved through the use of open-ended questions, facilitations, checking and clarification. The patient's knowledge base is explored in order to guide the dental student's educational strategies.

More Effective

Leading, open-ended questions followed by checking, clarification and education where needed

Establishes patient reaction to the diagnosis

“Tell me what your understanding of ___ is.”

“What do you know about ___?”

“How do you feel about___?”

Followed by effective probing and education

Less Effective

Lack of baseline probing re: knowledge

Lack of baseline probing re: reaction

No effort to obtain the patient's baseline knowledge level

Delivering a dental school lecture on the diagnosis

Ignoring patient's verbal and non-verbal response to the diagnosis

- ❑ Explores patient's understanding of the diagnosis
- ❑ Elicits patient reaction to the diagnosis (concerns, thoughts, feelings)

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student prioritizes treatment options and educates the patient to these choices.

This step calls for the professional opinion of the dental student and is best accompanied by the relevant “evidence”. Here is where the dental student goes on record with his/her recommendations based on sound dental research and clinical practice. Even though the dental student is “presenting the protocol”, the concept of patient choice must be facilitated and maintained throughout the presentation. Treatment is a partnership, and the discussion of treatment should foster that paradigm.

More Effective

Fully accepting of the patient’s intellect and emotions in choosing the treatment

“There are several ways to treat your condition. Let me talk about each of them, so that together we can choose the one that seems best for you...”

“There’s really only one proven strategy that works effectively for your condition. Let me offer it to you...”

Less Effective

Less acceptance of the patient’s point of view and discounting of emotions as relevant to the dynamic of the interaction

“Here’s what you must do...”

“This is your treatment plan...”

“On your next visit, I will...”

Or any statement that feels coercive.

- ❑ Identifies options
- ❑ Reveals rationale associated with each option
- ❑ Presents these options as suggestions rather than directives
- ❑ Provides information in manageable chunks

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student elicits the patient's preferences and commitments to a treatment plan.

This step invites the patient to participate in the treatment process. In effect, this discussion becomes the precursor (dress rehearsal) for the actual ongoing treatment. The astute dental student will be able to ascertain the patient's predilections and resistance to treatment, and customize a treatment plan that has a likelihood of success.

More Effective

“Based on the options we've discussed, what seems to work for you?”

“Based on the options we've discussed, are there any that you would find difficult to manage?”

Less Effective

“This is what will be best for you...”

“I know you want to do what is best for you...”

Or any statement that presumes patient choice.

- ❑ Elicits patient's understanding of the treatment options
- ❑ Elicits patient's reaction to and concerns about the treatment options
- ❑ Elicits the patient's view of the need for action
- ❑ Demonstrates acceptance of patient choice
- ❑ Persuades effectively (educates and advocates where necessary)

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student reviews the treatment plan and obtains a mutual statement of commitment.

This step can be thought of as stating the contract, where the responsibilities of both parties are delineated to the benefit of both. Clarification, checking, and obtaining consent are essential tools in achieving an effective contract.

More Effective

“Based on our discussion, this is how we’ve decided to proceed. I will... and you have agreed to... Is that correct?”

“It seems like we’ve arrived at a plan... Is that the way you see it?”

Less Effective

“This is the treatment plan...”

“This is what you’ll need to do...”

“You’ll need to make the following appointments...”

“I want you to...”

Any statement that is overly authoritative and dictatorial, thereby creating a unilateral contract.

- ❑ Restates the chosen treatment plan effectively
- ❑ Checks the patient’s understanding of the chosen treatment plan
- ❑ Encourages patient participation in the treatment plan
- ❑ Clarifies mutual commitments to the treatment plan

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student establishes the treatment time-line and follow-up care.

This step is the logical extension of the treatment plan. The same communication techniques are recommended (as for reviewing the treatment plan): negotiating a clear contract with the commitments of both parties outlined.

It is also necessary to safety net appropriately: explain possible unexpected outcomes, what to do if the plan is not working, when and how to seek help. This is best done in an encouraging, competent manner that emphasizes patient care.

More Effective

“To complete the treatment we’ve agreed on, I will focus on... at your next 3 visits, and meanwhile, you will be concentrating on... Is that how you see it?”

“In the future, I want you to know that I’ll be monitoring your condition to best insure that we can maintain all the gains we expect to accomplish in your treatment.”

Less Effective

“You’ll need to make the following appointments.”

“I want you to...”

“I don’t want you making this condition worse, so I’ll have to see you more often to monitor any potential deterioration.”

Any statement that is assumptive, peremptory, and undermining. Also one that offers the stick rather than the carrot as a measure of after-care.

- ❑ Contracts with patient for specific steps of the treatment plan and follow-up care
- ❑ Safety nets appropriately: explains possible unexpected outcomes, what to do if the plan is not working, when and how to seek help

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student encourages the patient to ask questions and responds appropriately to the patient's questions throughout the interview.

Perhaps the most important part of this statement is “throughout the interview”. Questions are best dealt with as they occur to the patient, and not left to be answered at the end of the interview.

More Effective

“Do you have any questions at this point?”

Timely use of silence to create a moment for the patient to ask a question.

Appropriate answers are provided in a timely fashion.

Less Effective

Not asking for questions

Only asking for questions at the end of the interview

Not ever offering a moment of silence for the patient to gather his/her thoughts.

Dismissing a question as not relevant or unimportant

Deferring answers to the patient's questions, as in “I'll get to that later.”

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student responds appropriately to feelings throughout the interview.

The notion of treating the whole person can be achieved through responding to the patient's feelings throughout the interview. The patient is not just a set of teeth to be examined, a radiograph to be interpreted, lab tests to be reviewed or an oral hygiene program to be prescribed. The patient most probably has feelings related to any of these processes, and acknowledging and understanding these feelings are critical to establishing rapport and to the ultimate success of the treatment plan. Dental students are often perplexed at the wisdom of such an undertaking. They feel uncertain of their role and of their skills. For purposes of this interview, active acknowledgement of the patient's feelings is expected: acknowledgement of feelings, plus plan adjustment based on those feelings.

Cues to the acknowledgement of these feelings are often found in the non-verbal behaviors of the patient (tone of voice and facial expressions are major indicators.). The acknowledgement of these feelings can lead to clarification of the patient's concerns while having the even more important effect of legitimizing and validating the entire person.

More Effective

“You seem overwhelmed by all this information.” (and modifies pacing of interview)

“You seem worried about your oral health.” (and explores patient's concerns)

“I notice you look upset when we talk about the number of appointments necessary to complete your treatment.” (and explores the rationale for that reaction)

“I see that you're concerned about your symptoms and what they might mean.” (and responds to the patient's concerns)

(These statements are meant to be spoken as “leads”, invitations for the patient to speak, not as declarations of the dental student's opinions.)

Less Effective

Ignoring all affect

Discounting affect (There's nothing to be worried, upset, concerned, overwhelmed about.)

Making authoritative declarations of the patient's affect (ex. You certainly are the worrying type.)

It is not necessary to be right when offering the observation, just approximately on target. Because such an observation is intended as a lead, ensuing discussion with the patient will provide clarification.

Not taking into account the effect of the patient's feelings

- ❑ Picks up verbal and nonverbal cues to patient affect
- ❑ Elicits patient's beliefs, reactions and/or feelings based on these cues
- ❑ Incorporates patient's beliefs, reactions and/or feelings in the mutual establishment of the treatment plan

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



The dental student accepts the legitimacy of the patient's views (accepts concerns, feelings, perceptions and/or attitudes as real and important); is not judgmental.

With effective demonstration of this behavior, the dental student provides validation and acceptance of the patient's perspective. The dental student acts as an uncensoring recorder of the patient's affect and reasoning. This is not the same, necessarily, as agreeing with the patient. This behavior simply illustrates the dental student's ability to see the "world" as the patient does. Through this acknowledgement the dental student affirms the patient's standing in the relationship as one of a contributing partner to the health care alliance. An effective team is created when the dental student demonstrates authentic valuing of the patient through affirming, confirming statements and positive tone of voice. Authentic valuing may be a predisposition already existing in the dental student or it can become an acquired behavior through the genuine experience resulting from effective patient-centered interventions. Inauthentic valuing, the use of valuing statements without the concomitant value, will result in a fraudulent relationship where the dental student is only paying lip service to the patient's experience as a way of biding time until the dental student gets to tell the patient what is really going on. No effective rapport can exist where there is not genuine value for and validation of the patient.

More Effective

"I see what you mean."

"I hear what you're saying."

"I understand."

A restatement of the patient's perspective (ex. So you think the pain you are experiencing is a result of biting into a peach pit.)

Nonjudgmental attitude.

Any statement that indicates valuing of and support for the patient's perspective.

Less Effective

Inattentive silence while the patient is speaking.

Attentive silence, but no verbal acknowledgement of the patient's perspective.

Stony silence followed by the expression of the attitude "Now let me tell you what I think."

Judgmental facial expressions.

Any statement that indicates dismissal of the patient's perspective.

- Demonstrates acceptance of the patient's concerns through effective verbal and nonverbal behaviors

Performance Keys for Competency In - TREATMENT PLANNING SKILLS



Scoring Key	
Strongly agree (Skillfully done)	<ul style="list-style-type: none"> • Consistent use of More Effective behaviors • Absence of Less Effective behaviors
Agree (Adequately done)	<ul style="list-style-type: none"> • A preponderance of More Effective behaviors over Less Effective behaviors
Neutral	<ul style="list-style-type: none"> • Approximately equal use of More Effective behaviors and Less Effective behaviors
Disagree	<ul style="list-style-type: none"> • A preponderance of Less Effective behaviors over More Effective behaviors
Strongly disagree (Needs improvement)	<ul style="list-style-type: none"> • Absence of More Effective behaviors • Consistent use of Less Effective behaviors
Not Done	

Treatment Planning SPI Assessment of Performance

Use a Number 2 pencil or a pen with dark blue or black ink. Fill in selected circles completely.

RIGHT	WRONG
	

1. SPI ID:

2. Student's honor code:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3. **Assessment.** Mark the answer that best reflects your assessment. Use the following scale:

Strongly agree: Skillfully done. Consistent use of more effective behaviors. Absence of less effective behaviors.

Agree: Adequately done. A preponderance of more effective behaviors over less effective behaviors.

Neutral: Approximately equal use of more effective behaviors and less effective behaviors.

Disagree: A preponderance of less effective behaviors over more effective behaviors.

Strongly disagree: Needs improvement. Absence of more effective behaviors. Consistent use of less effective behaviors.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not Done
Introduces him/herself clearly and appropriately, and elicits and acknowledges an introduction from the patient	<input type="radio"/>					
Empathizes with and supports the patient						
Establishes shared concern for the problem	<input type="radio"/>					
Establishes ability and willingness to help the patient (dentist competency)	<input type="radio"/>					
Provides positive reinforcement for patient's health promoting behaviors (patient competency)	<input type="radio"/>					
Demonstrates caring non-verbal behavior (eye contact, leaning forward, compassionate touch, concerned facial expressions)	<input type="radio"/>					
Uses non-verbal communication to make the verbal communication more effective	<input type="radio"/>					
Avoids the use of medical jargon throughout the interview	<input type="radio"/>					
Confirms the basic diagnosis						
Offers opinions of what is going on and names if possible	<input type="radio"/>					
Reveals rationale for opinion	<input type="radio"/>					
Explains causation, seriousness, expected outcomes, short and long term consequences	<input type="radio"/>					
Explores patient's knowledge base of the diagnosis						
Explores patient's understanding of the diagnosis	<input type="radio"/>					
Elicits patient reaction to the diagnosis (concerns, thoughts, feelings)	<input type="radio"/>					

Turn the page!

Treatment Planning - SPI Assessment of Performance (Page 2)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not Done
<i>Prioritizes treatment options & educates the patient to these choices</i>						
Identifies options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reveals rationale associated with each option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presents these options as suggestions rather than directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides information in manageable chunks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Elicits the patient's preferences & commitment to a treatment plan</i>						
Elicits the patient's understanding of the treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elicits the patient's reaction to and concerns about the treatment options . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elicits the patient's view of the need for action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates acceptance of patient choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persuades effectively (educates and advocates where necessary).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Reviews the treatment plan & obtains a mutual statement of commitment</i>						
Restates the chosen treatment plan effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checks the patient's understanding of the chosen treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages patient participation in the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarifies mutual commitments to the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Establishes the treatment plan time-line and follow-up care</i>						
Contracts with the patient for specific steps of the treatment plan and follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety nets appropriately: explains possible unexpected outcomes, what to do if the plan is not working, when and how to seek help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Encourages the patient to ask questions and responds appropriately to questions throughout the interview</i>						
<i>Responds appropriately to the patient's feelings throughout the interview</i>						
Picks up verbal and non-verbal cues to patient's affect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elicits patient's beliefs, reactions and/or feelings based on these cues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporates patient's beliefs, reactions and/or feelings in the mutual establishment of the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Accepts the legitimacy of the patient's perspective; is not judgmental</i>						
Demonstrates acceptance of the patient's concerns through effective non-verbal behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates acceptance of the patient's concerns through effective verbal behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Faculty intervention needed?						
	<input type="radio"/> Yes	<input type="radio"/> No				

Treatment Planning Self Assessment of Performance

Use a Number 2 pencil or a pen with dark blue or black ink. Fill in selected circles completely.

RIGHT	WRONG
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

1. SPI ID:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2. Student's honor code:

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

3. **Assessment.** Mark the answer that best reflects your assessment. Use the following scale:

Strongly agree: Skillfully done. Consistent use of more effective behaviors. Absence of less effective behaviors.

Agree: Adequately done. A preponderance of more effective behaviors over less effective behaviors.

Neutral: Approximately equal use of more effective behaviors and less effective behaviors.

Disagree: A preponderance of less effective behaviors over more effective behaviors.

Strongly disagree: Needs improvement. Absence of more effective behaviors. Consistent use of less effective behaviors.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not Done
Introduces him/herself clearly and appropriately, and elicits and acknowledges an introduction from the patient	<input type="radio"/>					
Empathizes with and supports the patient						
Establishes shared concern for the problem	<input type="radio"/>					
Establishes ability and willingness to help the patient (dentist competency)	<input type="radio"/>					
Provides positive reinforcement for patient's health promoting behaviors (patient competency)	<input type="radio"/>					
Demonstrates caring non-verbal behavior (eye contact, leaning forward, compassionate touch, concerned facial expressions)	<input type="radio"/>					
Uses non-verbal communication to make the verbal communication more effective	<input type="radio"/>					
Avoids the use of medical jargon throughout the interview	<input type="radio"/>					
Confirms the basic diagnosis						
Offers opinions of what is going on and names if possible	<input type="radio"/>					
Reveals rationale for opinion	<input type="radio"/>					
Explains causation, seriousness, expected outcomes, short and long term consequences	<input type="radio"/>					
Explores patient's knowledge base of the diagnosis						
Explores patient's understanding of the diagnosis	<input type="radio"/>					
Elicits patient reaction to the diagnosis (concerns, thoughts, feelings)	<input type="radio"/>					

Turn the page!

Treatment Planning - Self Assessment of Performance (Page 2)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not Done
<i>Prioritizes treatment options & educates the patient to these choices</i>						
Identifies options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reveals rationale associated with each option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presents these options as suggestions rather than directives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides information in manageable chunks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Elicits the patient's preferences & commitment to a treatment plan</i>						
Elicits the patient's understanding of the treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elicits the patient's reaction to and concerns about the treatment options . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elicits the patient's view of the need for action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates acceptance of patient choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persuades effectively (educates and advocates where necessary).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Reviews the treatment plan & obtains a mutual statement of commitment</i>						
Restates the chosen treatment plan effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checks the patient's understanding of the chosen treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages patient participation in the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarifies mutual commitments to the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Establishes the treatment plan time-line and follow-up care</i>						
Contracts with the patient for specific steps of the treatment plan and follow-up care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety nets appropriately: explains possible unexpected outcomes, what to do if the plan is not working, when and how to seek help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Encourages the patient to ask questions and responds appropriately to questions throughout the interview</i>						
<i>Responds appropriately to the patient's feelings throughout the interview</i>						
Picks up verbal and non-verbal cues to patient's affect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elicits patient's beliefs, reactions and/or feelings based on these cues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporates patient's beliefs, reactions and/or feelings in the mutual establishment of the treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Accepts the legitimacy of the patient's perspective; is not judgmental</i>						
Demonstrates acceptance of the patient's concerns through effective non-verbal behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates acceptance of the patient's concerns through effective verbal behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Faculty intervention needed?						
	<input type="radio"/> Yes	<input type="radio"/> No				

Acknowledgement Bibliography

Desmond Joanne, Copeland Lanny R, M.D., Communicating With Today's Patient, Josey-Bass, Inc., 2000.

Kurtz Suzanne, Silverman Jonathan, Draper Juliet, Teaching and Learning Communication Skills in Medicine, Radcliffe Medical Press, 1998.

Silverman Jonathan, Kurtz Suzanne, Draper Juliet, Skills for Communicating with Patients, Radcliffe Medical Press, 1998.