“How You Can Communicate Better”

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Introduction

- Good communication skills in general
- Tips on preparing a Grand Rounds
- Tips on how to prepare a written article
- Tips on preparing a medical talk
Developing good communication skills should begin early in training:

- 2-way communication with patients
- Consultation with colleagues
- Teaching medical students/other residents
- Taking oral exams
- Presenting scientific talks
Communication is a process of:

• Organizing our thoughts
• Speaking clearly and concisely
• Using language economically & effectively
Communication is:

- Everything we say
- All our listening
- The way we look
- The way we act
- The attitude we project
- Everything we write
Know:

- Your work
- Your audience/patient/faculty/peer
- Choose the right communication technique
So how do you start to prepare a talk/Grand Rounds?

- Define a focused/limited topic and research it
- Fit the amount of information to the time available
- Eliminate the non-essential topics/comments
- Identify 6-8-10 points you want audience to “take home”
- Organize it, “boil it down”, practice it
  1. Tell them what you are going to tell them
  2. Tell them
  3. Tell them what you told them
The 3 Key Factors in Effective Communication

- Know the Subject
- Know the Subject
- Know the Subject
The 3 Key Characteristics of a Master Teacher

- Enthusiasm
- Enthusiasm
- Enthusiasm
How about communicating in writing--

Yes, I mean writing a scientific article.
Who me?  An Author?  -- YES!
Choosing the right journal

• Good reputation – good authors like it
• Peer-reviewed – very important
• Electronic publication – important
• Linked to a meeting – have your cake and eat it too
• International reach – a plus
Time from acceptance to publication?
Rigorous, but fair review process?
Is that the audience I want to reach?
The abstract

• Structured v. Unstructured
• It has to stand alone – complete/understandable
• A good one
• A bad one “are discussed,” “will be considered”
The complications in 48 patients undergoing total laryngectomy with or without radiation therapy are reviewed. There was a preponderance of male over female patients with an average age of 58 years. Complications included pharyngocutaneous fistula, wound infection, wound slough, and carotid artery rupture. The causes of the complications are discussed and recommendations regarding the role of radiation therapy are made.
In this report the complications encountered in 48 consecutive patients undergoing total laryngectomy are analyzed. The patients ranged in age from 47 to 76; mean age was 58 years. There were 41 men and seven women. Twenty-seven patients were treated by surgical therapy alone while adjunctive radiation therapy was given to 12 preoperatively and nine postoperatively. Complication included pharyngocutaneous fistula (6), wound infection (3), skin slough (2), and carotid artery rupture (1). Complications were most common in patients undergoing preoperative radiation therapy. As a result, we recommend that radiation therapy be given postoperatively if needed at all.
A Better Abstract

**Objective:** At the conclusion of the current presentation, the participants should be able to describe the etiology, presentation, histopathologic identification, and treatment options for schwannoma of the larynx. **Objectives:** Nerve sheath tumors rarely occur within the larynx. The goal of the current report is to acquaint the clinician with the presentation and treatment options for this disease. **Study Design:** Retrospective case report and review of the literature. **Methods:** We report one case of schwannoma of the supraglottic larynx at the Department of Otolaryngology, University of Texas Medical Branch (Galveston, TX). In addition, we review English-language publications regarding laryngeal nerve sheath tumors. **Results:** Laryngeal nerve sheath tumors have an insidious course, commonly involve the supraglottic larynx, and can lead to upper airway obstruction. Cure is achieved by complete surgical excision. **Conclusions:** Median thyrotomy has proven to be safe and successful in the treatment of supraglottic schwannoma. **Key Words:** Schwannoma, nerve sheath tumor, supraglottic larynx, upper airway obstruction. *Laryngoscope, 112:997-1002, 2002.*
Introduction/Objectives:

• Describes the work you did
• Sets the stage
• Aroused interest in readers
Methods:

• Tells exactly what you did
• Detailed and understandable
• Reader could repeat your work
Results:

• What you found
• No interpretation
• No discussion
Discussion:

• Systematic consideration of each finding
• Within the context of your introduction
• Within the framework of your methods
• Argue for the validity of your study
• Clarify where and why your results are new/different
• OK to speculate, suggest and opine
Conclusion:

- Emphasize what you want to be remembered
- No new information presented here
- Not a summary
- Reiterate and substantiate two/three key points
The most important tool in presentations and publications is ----
-- the Outline. Understand it!
(and understand how to start small and expand it)
Fingernails on the Reviewer’s Chalkboard --

• The conclusions are not supported by the findings
• The stated objectives were not studied definitively
• Author used the wrong statistical method
• Study had no control group
• Low numbers, short followup
• Adds no new or important information
“Your manuscript contains new and important information — unfortunately, ………”
“We found that the socioeconomic status of the patient was a significant factor in the postoperative recovery of these patients” (important)
“Review of the world literature revealed…” (not)
Illustrations:

- Can make or break your presentation
- Master digital photography early
- **Focus!**
- Labels and Arrows
- Tables and Graphs (not words)
Prepare your publication/presentation well in advance of the deadline, so you can ---
Have someone review it CRITICALLY, and ---
Revise it on the basis of the REVIEW
The FINAL DRAFT CHECKLIST:

- Everything unnecessary has been eliminated
- You have followed all the instructions
- All the references are correct
- All who have helped are acknowledged
- The report is accurate and original
- The information is new and important
- The pages are numbered and labeled as required
- The abstract stands alone
- The title is clear and reflects the content
- The findings support the conclusions
- The content is not biased
- The statistical analysis is proper
Dealing with the review:

• Be sure you understand the reviewer comments
• Shorten, if asked
• Make the changes requested in the manuscript
• Don’t write a letter attacking reviewers
• It may not help to write a rebuttal
• If the reviewers (experts) misunderstood what you wrote, most readers will also
Review the galleys/layouts carefully
Exactly who is an author? --- And who is not?
An Author Has Made A Substantial Contribution to

1. Concept and Design of the Project
   or
   Analysis and Interpretation of the Data
2. Drafting or Critically Revising Ms.
3. Giving Final Approval of Ms.

(ALL THREE)
These Don’t Qualify for Author Status

1. Supplying funding or resources
2. Collecting data (only)
3. General supervision of the research group
4. Department Chair, Division Chief
How about presenting at a medical meeting?
(no thanks, I would be too nervous)
What is positive about presenting medical talks?

• You get to tell your story in your own words
• You get to interject yourself, creativity, personality
• You get immediate interactive feedback
• In Q&A, you can clarify and expand
• You can emphasize the “take home” points
To get on an important program, you may need to write a good ABSTRACT.

- Emphasize why your topic is important
- Clarify why you are the right person to present
- State the key facts in your work (not "we will discuss", "we will present our conclusions re ..."
- Your work should be complete before you submit
- Neatness and follow instructions, word limitations
Time your presentation precisely
KISS
Clarity, Emphasis, Enthusiasm, Interactive
Repetition
Rehearse
Slides

- KISS and Color
- Present only what you are discussing
- Non-technical slides, ±
- Don’t put slides/CD in your luggage
CHECKLIST ON PRESENTATION DAY

- Preview your slides/CD
- Scout out the room
- Check out the AV controls
- Introduce yourself to the projectionist
- Remember his/her name
- Use the pointer only to point
Q & A

• Restate the question
• “That is a good question, because…”
• Acknowledge alternative views
• If the question is vague or you don’t understand it – ask for clarification
• It’s OK to say “I don’t know.”
Conclusions

• Communication is a key factor in your success
• Effective communication is – Knowledge, Organization & Enthusiasm
• Authorship = Written communication
• Key elements in a scientific article
• Avoiding the pitfalls in writing
• The FINAL CHECKLIST
• Presenting at medical meetings for fun and profit
Much of this material is addressed in more detail in the AAO-HNS Monograph “Preparing, Presenting and Evaluating Medical Communications” by Frank Lucente, M.D.
Outcomes Project – Videotaped Encounter
“Evaluating the Resident-Patient Encounter”

1. Introduce self – put patient at ease
2. Clarification of CC & PI – listening and questioning
   (appropriate, thorough, key data). Impact on patient’s life.
   Guide, but don’t interrupt.
3. PH, ROS, Meds, Ops, Hosp, Allergies, Social
4. Wash hands before exam.
5. Physical exam (thorough, technique, explanations)
6. Discussion of findings with patient & differential diagnosis
7. Discussion of further studies, management options
8. Review pt’s questions & understanding of the disease
   process & management/prevention. Have them repeat
   key points back to you.
   Instructed re meds or procedures. Pace & flow of
   exam was appropriate.
10. Overall, the resident exhibited a caring, compassionate
    attitude. Non-verbal communication appropriate (eye
    contact, facing patient). Partnering relationship (not
    paternalistic). Thanked patent for coming to UTMB.

Each category may be given between 1 and 10 points. To be discussed
with resident in timely fashion.

Date: ____________

______________________                ______________________
Resident Signature                  Faculty Signature
______________________                ______________________
Resident Name PRINTED                Faculty Name PRINTED
Outcome Project – Grand Rounds
“Evaluating the Grand Rounds Presentations”
(Resident as Teachers / Communication Skills)

1. Quality of Content overall (relevant, comprehensive, current) ___ (40)
2. Quality of Visuals (points well illustrated, appropriate selection and number) ___ (10)
3. Quality of the Handout (complete, current bibliography) ___ (10)
4. Presentation (clear, not rushed, not read, level of understanding of topic) ___ (10)
5. Q & A (fielded questions well, acknowledged areas didn’t know) ___ (10)
6. Mechanical aspects (equipment ready without delay, talk flowed smoothly, stayed on time) ___ (10)
7. Quality of post-presentation MCQ’s ___ (10)

#1 1-40 points, others 1-10 points
To be discussed with resident in timely fashion.

Date: ____________

________________________________________  __________________________________
Resident Signature                                      Faculty Signature

________________________________________
Resident Name PRINTED                                      Faculty Name PRINTED