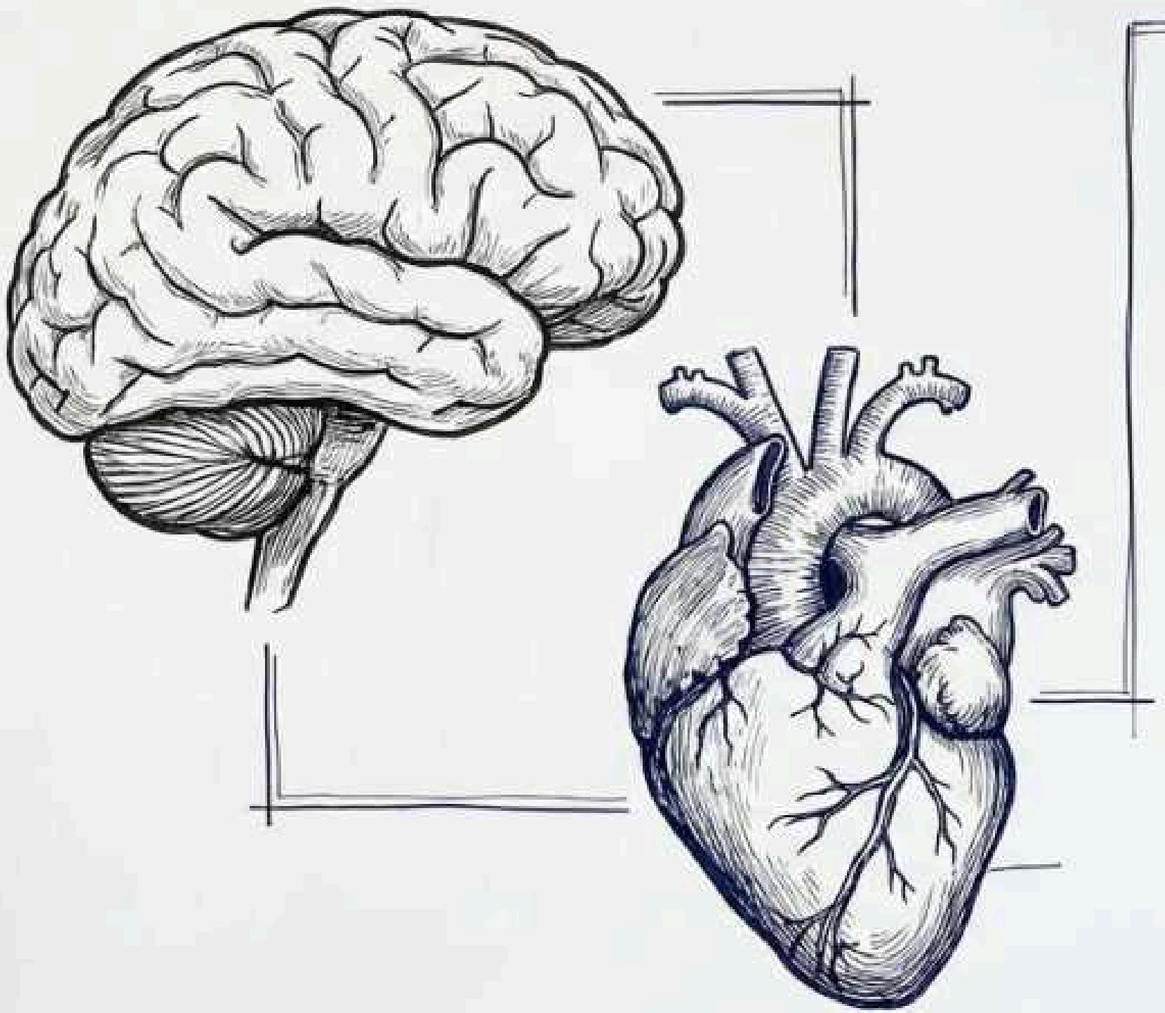
# Clinical Communication is a Measurable Mechanism

¶ 5.1



Clear Communication =

↑ Patient Understanding

+ ↑ Treatment Adherence

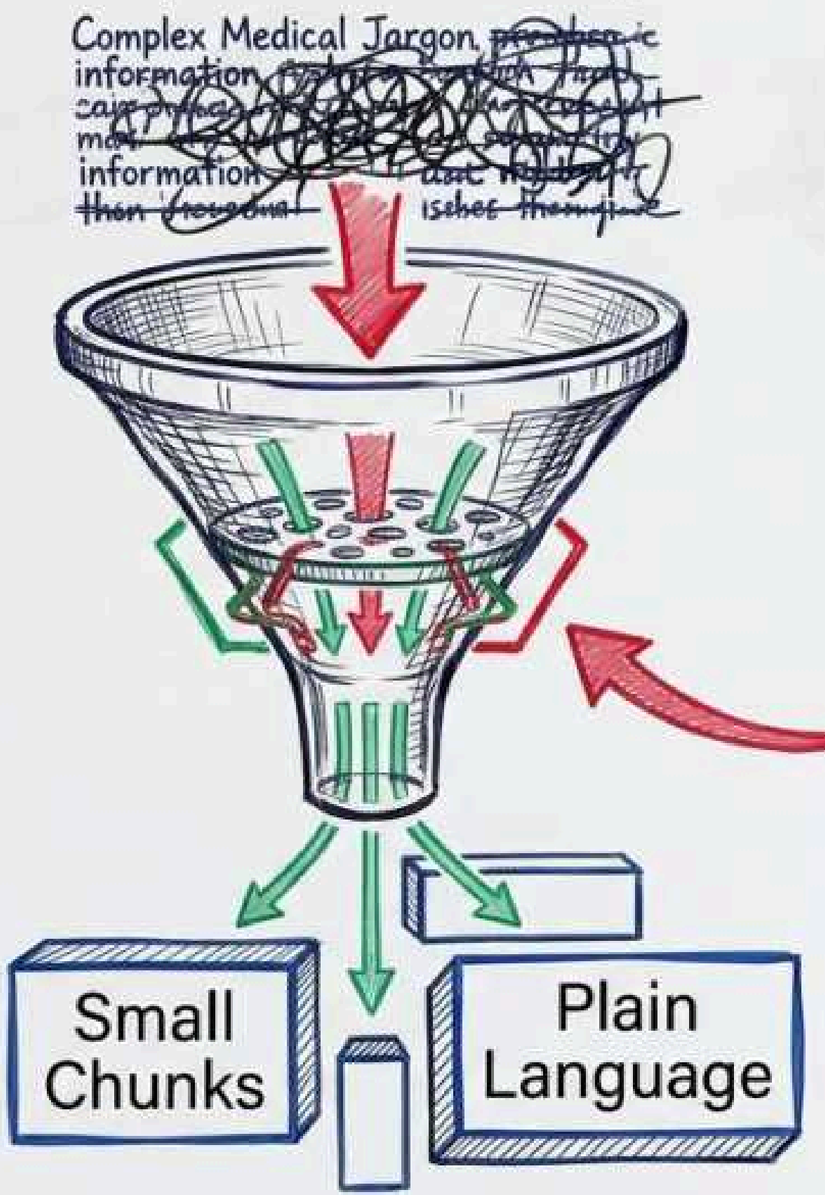
+ ↑ Clinical Satisfaction

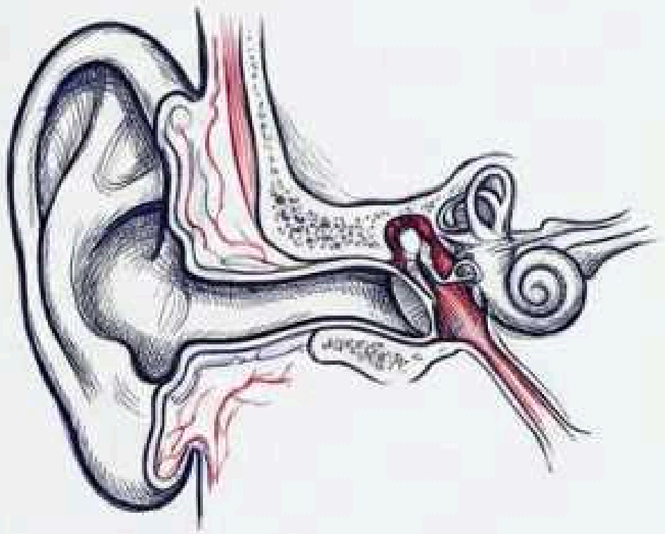
+ Improved Health Outcomes

A learnable skill that can be improved, not simply a matter of personality.

# Information Must Pass Through the Health Literacy Filter

¶5.2



Patients often remember only part of what they are told—especially when unwell or anxious. Continuous checking of understanding is required.

**Health Literacy:**

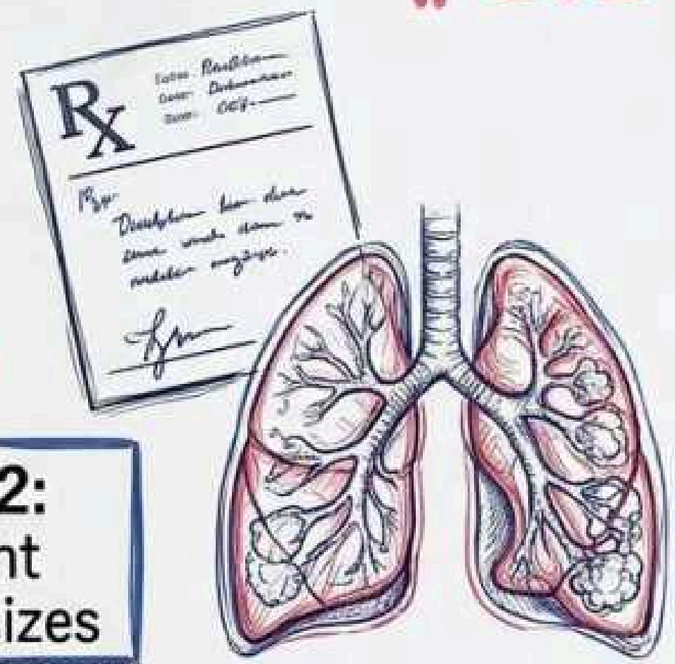
The ability to find, understand, and use health information.

# Teach-Back Operates as a Continuous Clinical Feedback Loop

¶ 5.3

1. **Step 1:** Doctor Explains
2. **Step 2:** Patient Synthesizes
3. **Step 3:** Patient Explains Back (in their own words)
4. **Step 4:** Doctor Assesses

**NOT a test of of the patient. A check on the doctor's explanation.**



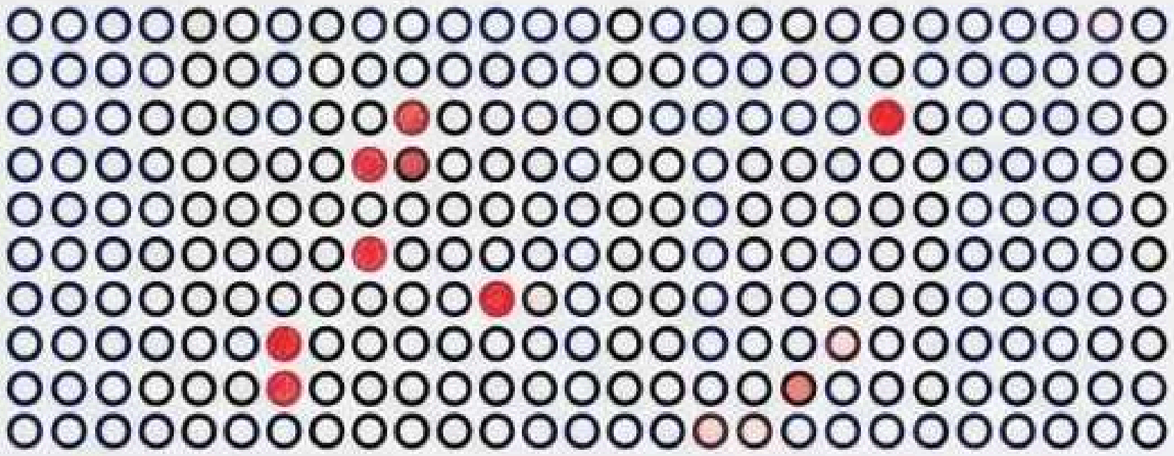

Written information, diagrams, and dedicated follow-up reinforce the cycle and improve understanding.

# Risk Communication Requires Mathematical Transparency

¶ 5.4

| Relative Risk | Absolute Risk |
| --- | --- |
| 50% Risk Reduction  | $\frac{2}{100} \rightarrow \frac{1}{100}$  |
| Can sound artificially impressive. | Provides a truer picture of probabilities. |

## Natural Frequencies

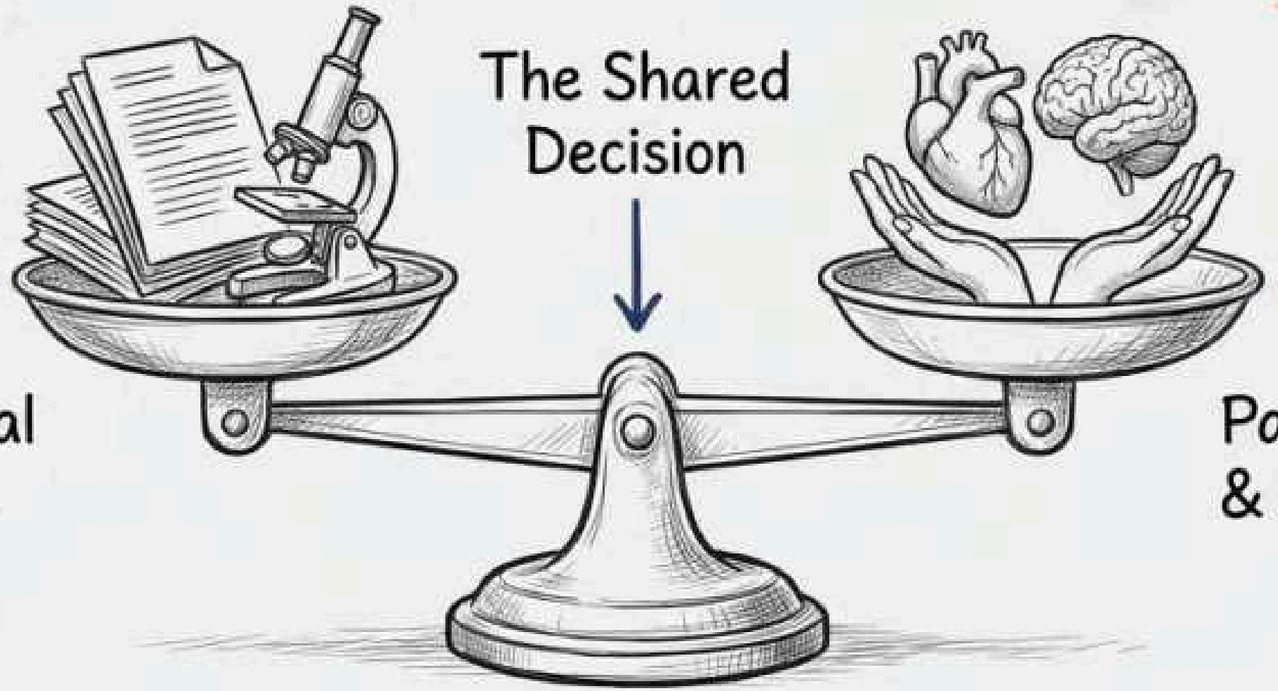


Use natural frequencies (e.g., 10 out of 1,000) and visual groupings to help patients understand probabilities.

# Shared Decision-Making Requires Balancing Evidence with Patient Values

¶ 5.5

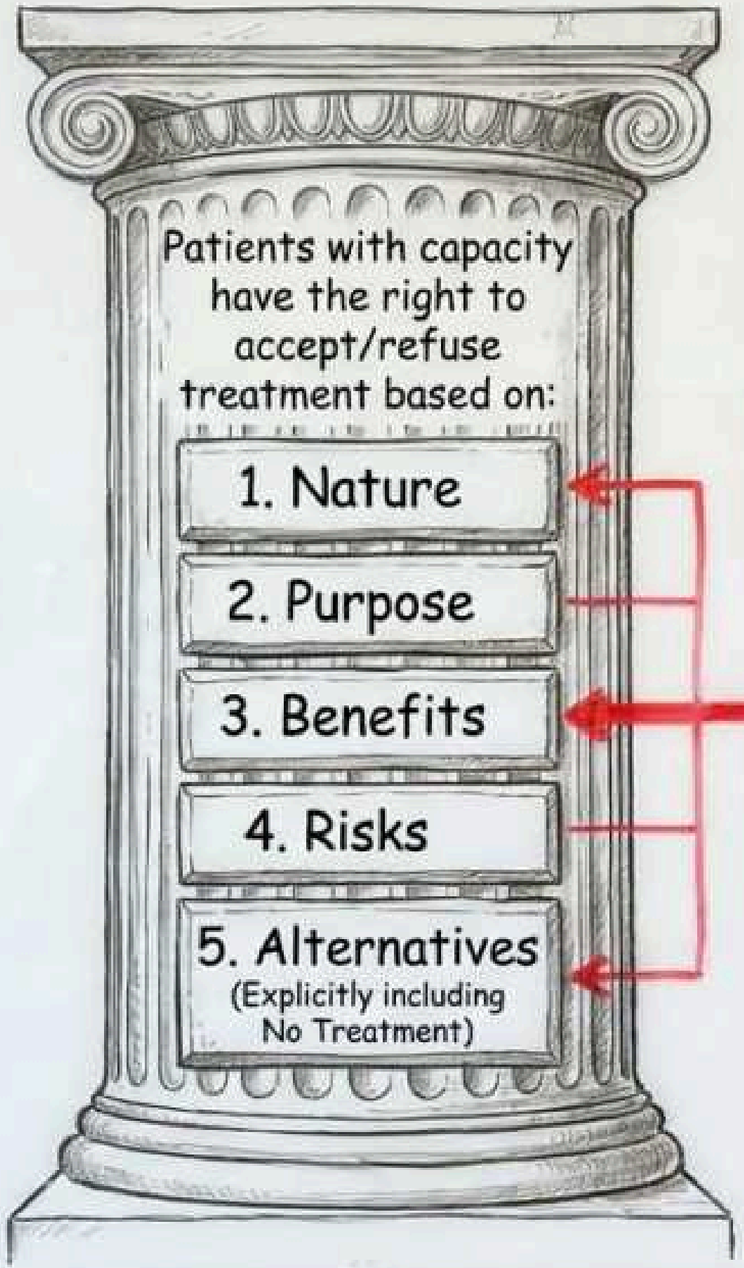
- Early prostate cancer treatments
- Joint replacement surgery




Decision Aids: Tools that clearly set out options and outcomes to improve knowledge and help people make choices consistent with their values.

# **Informed Consent** is the Legal Foundation of Shared Decisions

¶ 5.6



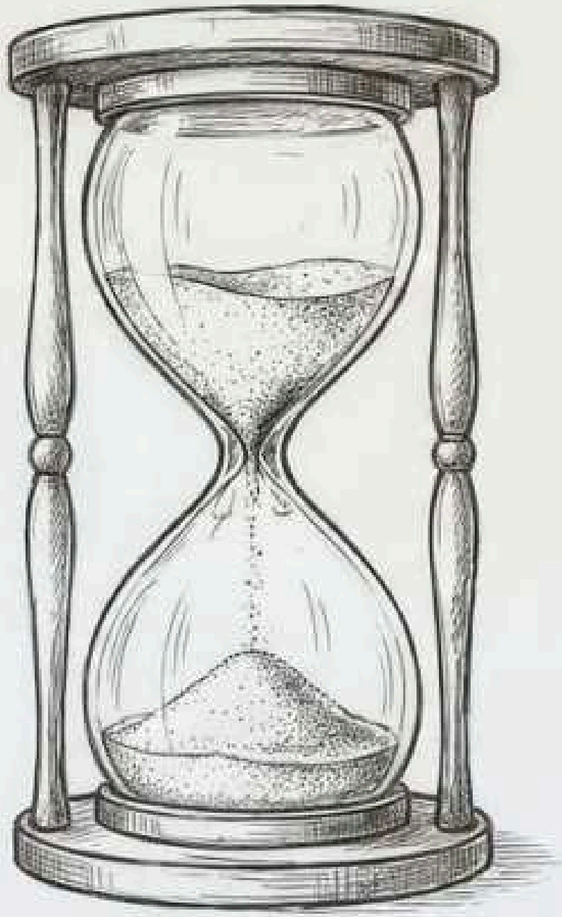

## The Montgomery Shift (2015)

The standard shifts: Doctors must disclose risks that a reasonable patient in that position would consider significant—not merely what other doctors would disclose.

# The SPIKES Protocol Structures the Delivery of Bad News

¶ 5.7

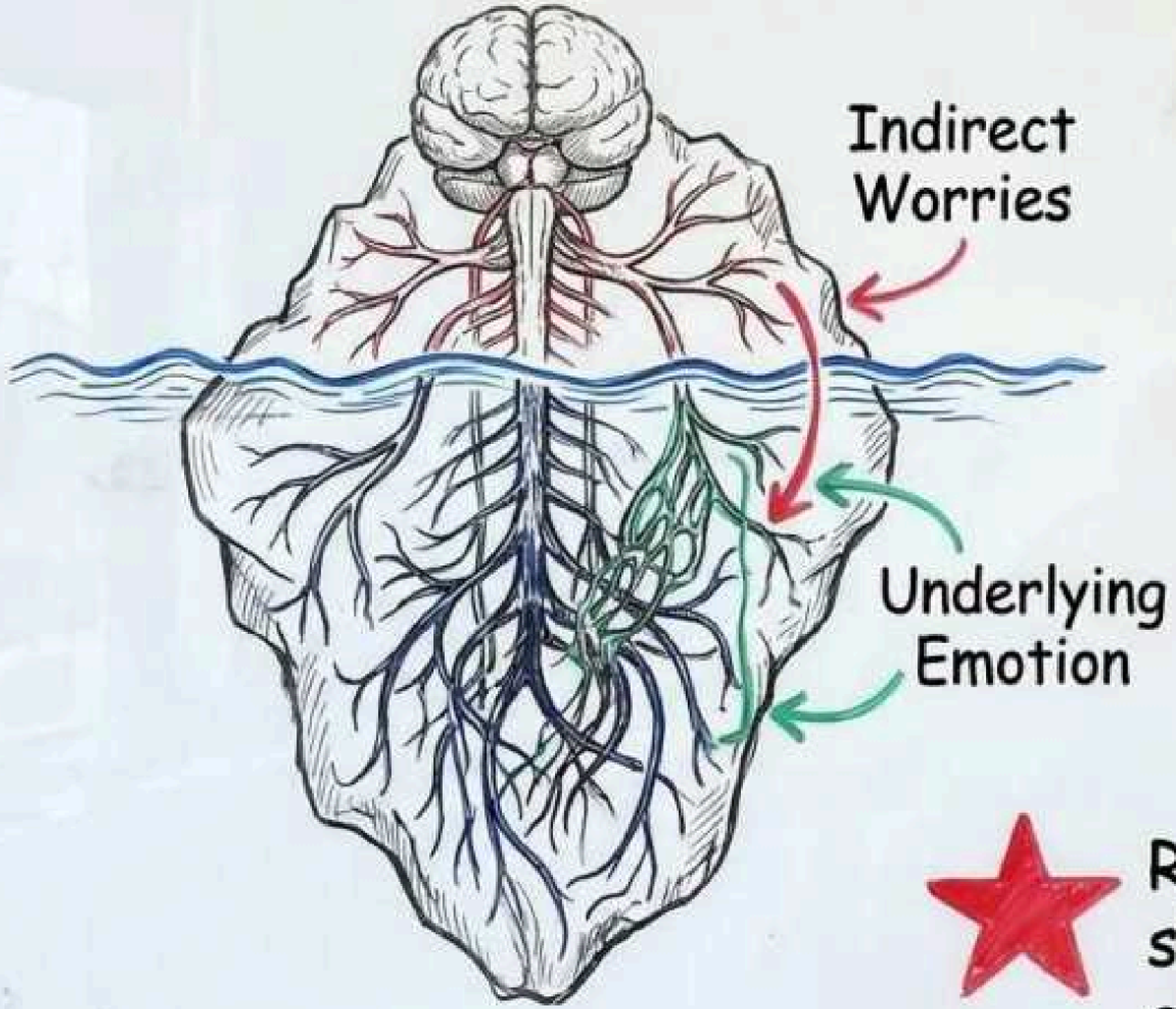
- Setting (Ensure privacy)
- Perception (Ask the patient's view first)
- Invitation (Get permission to share)
- Knowledge (Fire a warning shot, then give clear info)
- Emotions (Respond with empathy)
- Strategy & Summary (Agree on next steps)



Silence and time are often more helpful than words.

# Navigating the Emotional Nervous System Requires Recognition

¶5.8




| Ineffective Clinical Response | Effective Clinical Response |
|---|---|
| Rushing to reassure or giving more information. | Recognizing and naming the emotion (e.g., 'This sounds frightening') and showing understanding. |

Responding to emotional cues does NOT significantly lengthen the consultation, and patients feel better understood.

# Advance Care Planning Maps Patient Wishes Before a Crisis

¶5.9



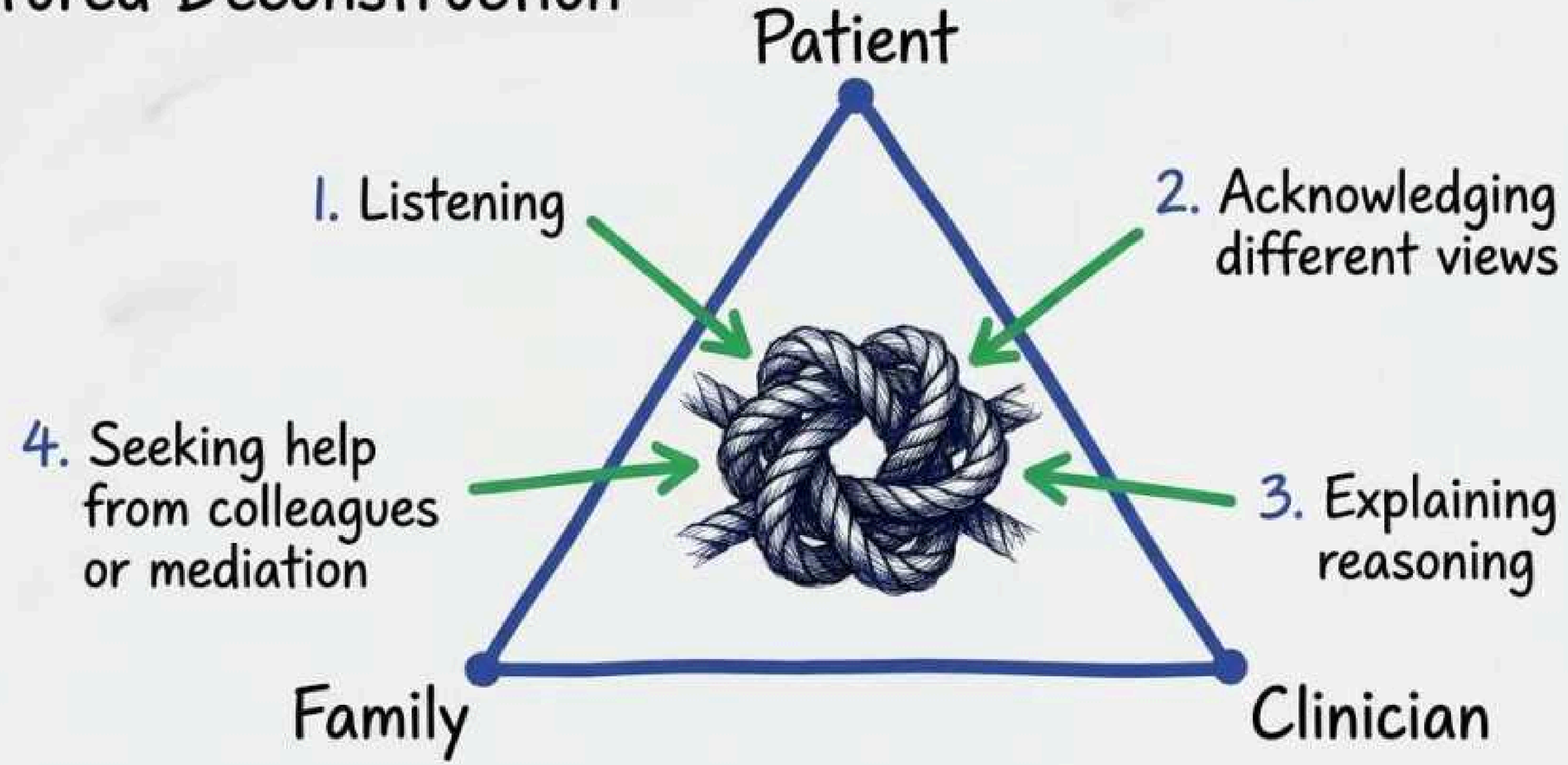
1. What matters most?
2. What are the fears?
3. What trade-offs are acceptable?

Conversations must occur EARLY (before a crisis).

**Advance Care Plan:**
Allows people to record their wishes in case they cannot speak for themselves later.

# Clinical Conflict is Resolved Through Structured Deconstruction

¶ 5.10



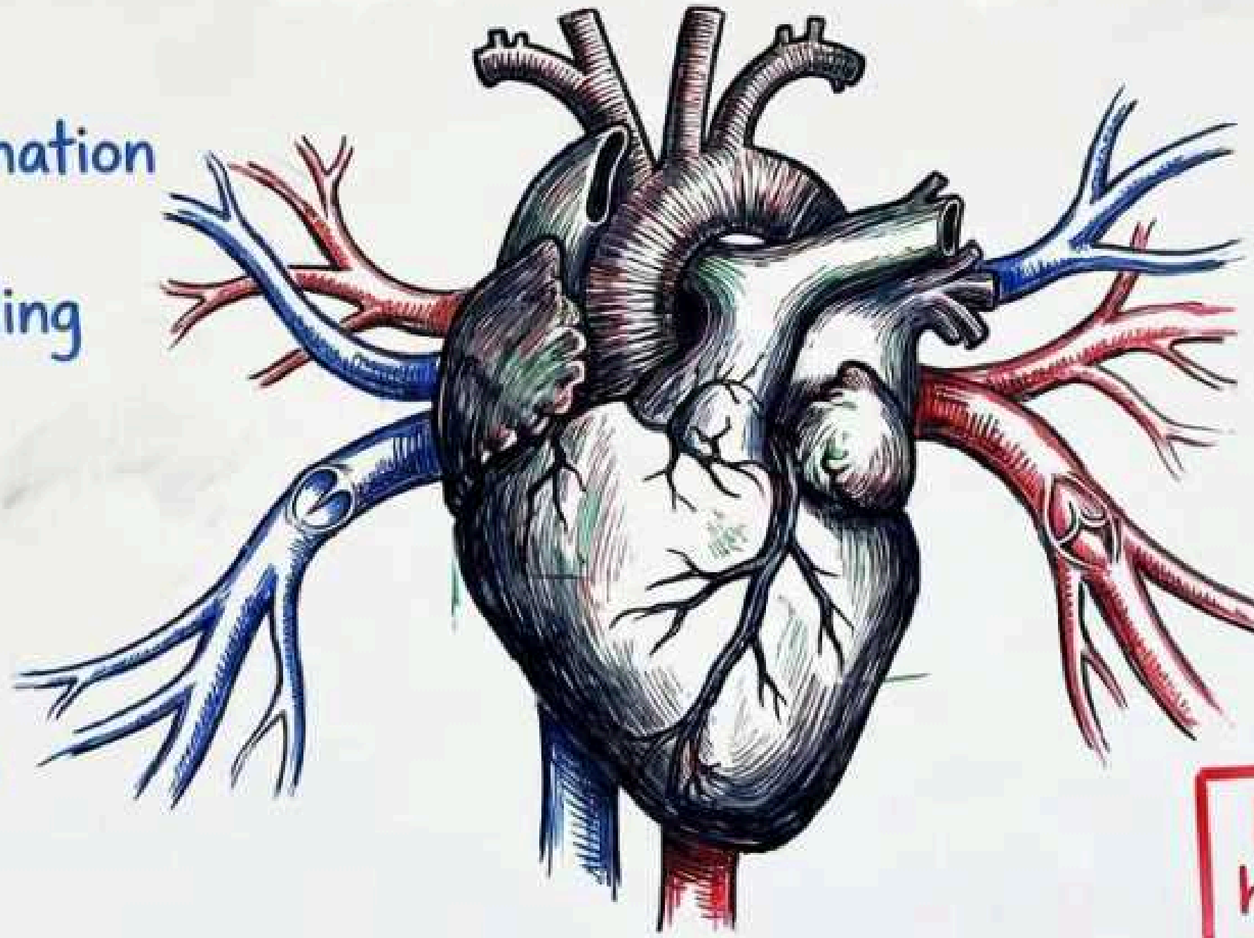

Respecting a patient's informed choice—even when the doctor disagrees—is a fundamental part of respecting their autonomy.

# Empathy is the Heart of Clinical Communication



1. Clear Explanation & Checking Understanding

2. Honest Risk Communication



3. Shared Decisions

4. Empathy

Matters most in the hardest conversations

Next: Professionalism, Ethics & Safety.