The Health Professionals Core Communication Curriculum (HPCCC): Objectives for undergraduate education in health care professions

| A. Communication with patients | |
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| Core | communication objectives: |
| | The student |
| 1 | Shapes a conversation from beginning to end with regard to structure (e.g. introduction, initiating the conversation, gathering and giving information, planning, closing interview, setting up next meeting; time management). |
| 2 | Elicits and explores the content of the patient's bio-psycho-social history (e.g. gathers relevant information, ensures understanding, relays information understandably, verbalises emotional content). |
| 3 | Uses techniques to build up and maintain rapport and an empathetic relationship and ensures that the patient feels attended and listened to. |
| 4 | Uses techniques of active listening (e.g. reflection, picking up patient's cues, paraphrasing, summarising, verbal and non-verbal techniques). |
| 5 | Uses different types of questions (e.g. open, closed and focused) according to the situation. |
| 6 | Shows awareness of the non-verbal communication of both the patient and the healthcare professional (e.g. eye contact, gestures, facial expressions, posture) and responds to them appropriately. |
| 7 | Encourages the patient to express own ideas, concerns, expectations and feelings and accepts legitimacy of patient's views and feelings. |
| 8 | Gives information to the patient (oral, written, electronic and over the phone) in a timely, comprehensive and meaningful manner. |
| 9 | Adapts own communication to the level of understanding and language of the patient, avoiding jargon. |
| 10 | Recognises difficult situations and communication challenges (e.g. crying, strong emotional feelings, interruptions, aggression, anger, anxiety, embarrassing or sensitive issues, cognitive impairment, delivering bad news) and deals with them sensitively and constructively. |
| 11 | Relates to the patient respectfully including ensuring confidentiality, privacy and autonomy and recognizes the patient as a partner in shaping a relationship. |
| More | detailed specific objectives, depending on context and situation: |
| | ing of relationship: The student involves the patient in the interaction to establish a therapeutic onship using a patient-centred approach |
| 12 | Identifies patient expectations with respect to the role of health care professional. |
| 13 | Uses adequate strategies to solve conflicts (e.g. feedback on perception, impact, wishes). |
| | nt's perspective and health beliefs: The student orients own communication in line with the actual needs oncerns of the patient |
| 14 | Elicits the needs and capabilities of the patient (e.g information, autonomy, truth and responsibility) and adapts the plan / intervention to patient's resources and strengths. |
| 15 | Considers somatic , mental , social , gender , cultural , ethical and spiritual elements in the care and assessment of the patient and perceives divergences between own values and norms and the patient's. |
| 16 | Responds to the patient's health beliefs and theories of illness and contrasts and integrates these into own theories of illness as a health care professional. |
| Infor makir | mation: The student effectively collects and communicates relevant information for reasoning and decision- |
| 17 | Elicits and synthesises information for patient care. |
| 18 | Considers different elements of a patient history (history of the illness, history of the health care professional–patient relationship, history of the patient). |
| 19 | Seeks out and synthesises relevant information from other sources (e.g. patient's family, caregivers and other professionals), if necessary and available |

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| 20 | Inquires about the patient's level of knowledge about the illness |
| 21 | Finds out how much information the patient requires and gives the appropriate amount of information. |
| 22 | Provides information in a patient-centered way and shares it with the patient's consent (e.g. colleagues, family and others.) |
| 23 | Knows about the importance of supplementing verbal information with diagrams, models, written information and instructions and applies the information appropriately. |
| | soning and decision-making: The student considers the extent to which individuals are involved and onsible in the reasoning and decision-making process |
| 24 | Ascertains how much involvement and responsibility the patient is willing and able to take for decision-making. |
| 25 | Encourages active participation by the patient in decision-making and explains choices or rights to the patient in a patient-centered manner. |
| 26 | Clarifies own role in decision-making process. |
| 27 | Inquires about the relevant psychological and social resources the patient has available for making a decision. |
| 28 | Offers the patient the option to include other people in the decision- making process and clarifies with the patient how and when a decision must be made. |
| 29 | Discusses with the patient the likely advantages, disadvantages and expected outcomes |
| 30 | Discusses with patient the spectrum of possible consequences of a decision and explains to the patient the likely consequences of not choosing diagnostic and therapeutic measures. |
| 31 | Identifies own opinion clearly to the patient if asked. |
| 32 | Discusses decisions with colleagues, patients and their relatives as appropriate and regularly reassesses own decisions and revises them if necessary. |
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| Unce | ertainty: The student respects uncertainty as an integral part of reasoning and decision-making |
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Dealing with errors and uncertainty: The student addresses errors and respects uncertainty as an integral part of reasoning and decision-making Addresses own and others errors appropriately (e.g. refrains from personally allocating blame) in order to seek for solutions and assistance and knows about basic principles in the development of errors (e.g. neglecting information or patient's needs, inadequate communication). 12 Addresses and **deals with own uncertainty** appropriate to own level of education. C. Communication in health care teams (Professional communication) Teamwork and professional communication: The student shows ability to communicate effectively in multiprofessional teams Takes on, clarifies and reflects on own role and responsibilities in the team (e.g. team vs. team-1 player, leader) and identifies the role of own profession in an inter-professional team. 2 Specifies and appreciates own potential with regard to the team and is willing and able to work with others. 3 Understands the principles of team dynamics and how factors both support and inhibit teamwork in Perceives and respects individuality, subjective perception, different points of view of team 4 members and the **expertise** of the different health care professionals. Contributes to a positive working atmosphere (e.g. supports and integrates team members, mentions 5 the positive side of unpleasant aspects, values team-success). 6 Identifies own interests and distinguishes these from the team goals. 7 Reflects on the impact of own opinion on others and takes this into account. Uses **feedback** rules (e.g. first-person-statements) and gives feedback to team-members appropriately. 8 9 Is able to solve conflicts and enables a constructive negotiation in a healthcare team. Leadership: The student shows basic competencies in leadership skills 10 Gives clear instructions. 11 Ensures that all relevant information is available. 12 Facilitates the formation of opinions in the group and encourages and rewards team members to voice differing opinions. Professional communication and management: The student uses effective and efficient communication and management strategies 13 Presents expert knowledge effectively (e.g. presenting a patient and clinical details to others, speaking in front of a group, presenting scientific data). 14 Maintains clear, appropriate records (written or electronic) of clinical encounters and plans. 15 Identifies and is knowledgeable of how to refer to people/ institutions/ agencies that can help to solve problems appropriate to the situation.

^{*} ranking of objectives: 1 = most important; 2 = very important; 3 = important; 4 = rather unimportant; 5 = unimportant

^{* *}Definition of acceptance: % of participants who rated objectives as most important, very important or important (e.g. 100% acceptance means that all participants rated the objective in one of the three categories)