



The 2016 Point of Care Forum topic at the AACC Annual Conference in Philadelphia was *'Leadership Communication for the POCC: Overcoming the Barriers of Productive Communication'*, presented by Rick Import of Whitehat Communications. Several scripted dialogs were performed by a panel of POCC's to demonstrate effective communication skills. One dialog in particular drew a lot of attention from the audience, and many in attendance requested that it be made available for reference in their own settings. Here is that dialog. We hope it helps and want to thank Marcia Zucker, PhD for providing the segment of the dialog that POCC's will find so valuable when discussing PPM competency with physicians.

Use of effective communication skills when discussing an overdue Physician Performed Microscopy competency assessment with a physician.

POCC: Dr. Green, I'm glad I caught you. I need about 3 minutes of your time.

PHYSICIAN : I have 3 patients to get back to and a tumor board meeting that I'm chairing starting in about 10 minutes, and these slides I need to check and add to my patient's record, so about 3 minutes is all I've got.

POCC: Gotcha. This shouldn't even take that long. You probably know that one of my responsibilities is to ensure that competency assessments are up to date, and I noticed that your PPM competency expired on Friday. With all you have to do, the reminder email I sent a while back probably slipped through the cracks. When will you be getting that out of the way?

PHYSICIAN (impatient): I went to medical school, Marcia. Taking an assessment on my microscope skills is ridiculous!

POCC: You're upset with the fact that you have to take a PPM assessment.

PHYSICIAN (insulted): Yes I am! I'm a doctor, Marcia. And I would never do anything to risk my patients' safety, you know that. I don't need to prove to anyone that I can use a microscope.

POCC: So you feel that the competency assessment is unnecessary because it's just to confirm that you know how to use a microscope?

PHYSICIAN: Of course! I've been assessed a million times in medical school and as a resident. Why else would I be assessed?

POCC: Well, it is a CAP and Joint Commission requirement if you're going to enter the data into the patient record, yes, but as far as I can see, that's not the primary benefit of the PPM assessment.

PHYSICIAN: Then what is?

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POCC: Competency isn't just a compliance issue. It's also critical for patient safety and improved outcomes. By watching you and the other physicians, I can learn, but more importantly, I can share with others any differences I see in how you do what you do. And I can share my observations of them with you. That way we can be assured of consistent readings, no matter who's doing the testing. And we both know that consistency across practitioners assures accuracy. Take all of this into consideration and the person who benefits most isn't you or me or CAP or Joint Commission... it's the patient.

PHYSICIAN: Understood, but I am the senior physician on this and they should be conforming to what I do.

POCC: I'm not saying that you must change your process; I'm asking to observe that process and discuss any differences I may see from what I have observed with the other doctors. I would also appreciate your evaluation of the slides we use for competency assessment. Are they appropriate? Do I need additional slides? Do I need different slides? That input is critical to my understanding of the procedure and ensuring that as new doctors join the staff they will follow your lead in running the test appropriately.

PHYSICIAN: So you'll spread the word about my algorithm for diagnosing fatty tissue, I hope?

POCC: Absolutely. I'll take copious notes when you come back for the assessment tomorrow morning. 8:30 OK or 9:30 better?

PHYSICIAN: Morning's not good. Let's do noon, but I'll have a sandwich with me.

POCC: Perfect. See you then.

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