

# COMMUNICATION CURRICULUM PACKAGE FOR CLINICAL PROGRAMS

For Fellowship Programs,  
GI Practice Groups, and  
Academic GI Divisions



Learn and then share the skills needed to improve the patient-provider relationship, leading to improved clinical outcomes and reduced provider burnout. This curriculum will provide you with all you need to learn how to manage patients with Disorders of Gut Brain Interaction effectively.

Included in this package are:

**1. Publications on Improving Communication in Clinical Practice**

**a. Rome Foundation Working Team Report on Communication Skills and the Patient-Provider Relationship**

- The definitive document providing evidence and Recommendations to Improve Communication Skills and the Patient-Provider Relationship: A Rome Foundation Working Team Report. *Gastroenterology*. 2021 Nov;161(5):1670-1688.e7. doi: 10.1053/j.gastro.2021.07.037.

**b. Improving Communication Skills to Improve Healthcare**

- Provides information on the deficits in our health care system and makes recommendations to improve training and research in communication skills. **Drossman DA, Ruddy J. Improving Patient-Provider Relationships to Improve Health Care.** *Clin Gastroenterol Hepatol*. 2020 Jun;18(7):1417-1426.

**c. Deconstructing Stigma as a Barrier to Treating DGBI**

- Addresses the basis for understanding stigma in functional dyspepsia and DGBI and ways to avoid it. **Feingold JH, Drossman DA. Deconstructing stigma as a barrier to treating DGBI: Lessons for clinicians.** *Neurogastroenterol Motil*. 2021 Feb;33(2):e14080

**d. David Sun Lecture: Helping your patient by helping yourself...**

- This article came from a keynote presentation that addresses the patient-provider relationship's limitations and techniques to improve it through communication skills. **Drossman DA. David Sun lecture: helping your patient by helping yourself--how to improve the patient-physician relationship by optimizing communication skills.** *Am J Gastroenterol*. 2013 Apr;108(4):521-8.

**e. Communication Skills in Disorders of Gut-Brain Interaction**

- A basic guide containing tips and techniques to improve communication skills. **Drossman, DA, Ruddy, J, Communication Skills in Disorders of Gut-Brain Interaction** *NeuroGastroLatam* 2019; 3(2): 105-118

**f. What Elements in the Physician-Patient Relationship (PPR) contribute to Patient Satisfaction?**

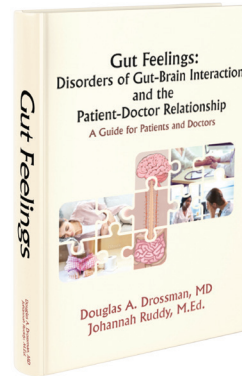
- A study among GI patients at a major medical center evaluated which factors in the patient-provider relationship led to patient satisfaction. This study also developed a 12-item questionnaire that you can use with your patients to assess their satisfaction with the care. **Drossman DA, Palsson O, Stein E, Ruddy J, Lennon AMO. What elements in the physician-patient relationship (PPR) contribute to patient satisfaction: Development of a short form PPRS-Patient Version (PPRS-Patient SF) Questionnaire.** *Neurogastroenterol Motil*. 2022 Feb;34(2):e14191.



## 2. Copies of our three books for patients and providers:

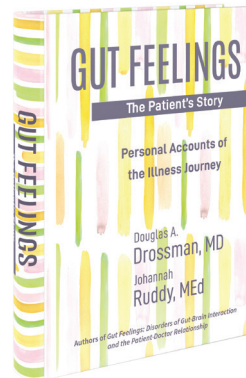
### a. Gut Feelings: Disorders of Gut-Brain Interaction and the Patient-Provider Relationship <https://romedross.video/GutFeelingsWebsite>

- This book catalogs all the DGBIs, and includes information on their pathophysiology, diagnosis and treatment. It is presented in easy-to-understand terms. Additionally, the book offers knowledge on the key aspects of the patient-provider relationship from the physician and patient perspectives. One of the key features is a patient's narrative account who discusses her medical journey from chronic pain and suffering to recovery. The book also includes illustrations and videos to bring to life the learning experience. **Drossman, DA, Ruddy, J Gut Feelings: Disorders of Gut Brain Interaction and the patient-Provider Relationship 2021, Pgs.1-206, Drossman Care, Chapel Hill, NC**



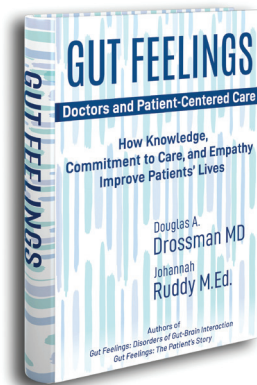
### b. Gut Feelings: The Patient's Story <https://romedross.video/patient-story>

- This book is a sequel to Gut Feelings: Disorders of Gut-Brain Interaction. It includes narratives from eight patients with difficulty in diagnosing and managing DGBI. Patients discuss what worked and didn't work to get from illness to recovery in their own words. Which each case, there are comments from the patients' physician Dr. Drossman and a patient advocate, Ms. Ruddy. This approach enhances learning by including targeted methods from real patients to manage Gut-Brain Interaction (DGBI) disorders better and improve the Patient-Provider Relationship (PPR). **Drossman, DA, Ruddy, J Gut Feelings: The Patient's story 2022 Pgs. 1-242, Drossman Care, Chapel Hill, NC**



### c. Gut Feelings: Doctors and Patient-Centered Care, How Knowledge, Commitment to Care, & Empathy Improve Patients' Lives. <https://romedross.video/doctors-and-patient-centered-care>

This book "closes the loop" on the Gut Feelings series. Learn from Key Opinion Leaders About What Makes Good Doctors Great in the Field of DGBI. The top providers in DGBI openly share their values, insights, and vulnerabilities, highlighting their remarkable dedication to patient-centered care. They offer inspiration to empower healthcare professionals to improve their practices and create a compassionate and empathetic healthcare environment. **Drossman DA, Ruddy, J Gut Feelings: Doctors and Patient Centered Care 2023 pgs. 1-254, Drossman Care, Chapel Hill, NC**



## 3. Pocket Monograph on communication: 12 copies

- Designed as a pocket-sized resource for easy reference and self-learning. This booklet provides the key points necessary to foster effective communication between patient and provider. [theromefoundation.org/wp-content/uploads/Communication-Guide-booklet-website.pdf](https://theromefoundation.org/wp-content/uploads/Communication-Guide-booklet-website.pdf)

## 4. Lectures and workshops on a thumbdrive

### a. 60-minute communication lecture:

- Dr. Drossman discusses the rationale for effective patient/provider communication, the impact of stigma and the influence of empathy and validation to set that stage for improved clinical outcomes. Several videos targeting critical aspects of the medical interview are also included and discussed.

### b. 12 Gurus Talk:

- This 24-minute program features Dr. Drossman as a speaker at "12 Gurus", a TEDx type conference for healthcare leaders. He focused on effective communication for improved outcomes and improved provider satisfaction.

### c. Video of 3 patients at UNC Fellow Training:

- Three patients with DGBI give narratives of their health journey story and answer questions from GI Fellows from UNC- Chapel Hill.

### d. AGA-Rome Workshop: This training was co-sponsored by the Rome Foundation and the AGA.

- A patient with DGBI and her Husband: this patient reenactment facilitated by Dr. Drossman with attendees at the conference features a simulated patient and her spouse at a clinical visit. It shows how to interact when the husband intrudes in the interview.
- Multicultural Patient Encounters: These videos showcase patients with simulated multicultural backgrounds that highlight issues about cultural awareness. It includes difficulties in the interview related to language and cultural/religious components that add a layer of complexity to the clinical visit. Patients featured have Hispanic, Russian, and Nigerian simulated backgrounds.

## 5. Video Bundle - Communication 101, 101.5, 202, and Initial approach to the patient with severe chronic abdominal pain



COMMUNICATION 101

Basic

### Communication 101 Series: Basic Learning Level

Communication 101 is an innovative video learning tool for clinicians who work with patients having Disorders of Gut-Brain Interaction (Functional GI Disorders). This program leverages the expertise of 15 thought leaders in neurogastroenterology to demonstrate how they educate patients with DGBIs on the most common clinical issues that arise during a clinical visit. Included in this program are 32 educational discussions, covering 11 content categories. Some examples include: How to explain the brain-gut axis, How to explain the use of neuromodulators, how to prescribe a secretagogue, how to recommend a brain-gut behavioral therapist and more. Our experts approach each video demonstration with full knowledge of the content and provide the clinical expertise to interpret the information clearly and concisely using practical communication methods. The interviews are brief, only 4-8 minutes, and include a detailed written statement describing what was said and why. For some topics, more than one clinician demonstrates their approach so the learner can select which method best fits their style.

#### Objectives include:

- Help your patient quickly understand their symptoms, disorders and proper treatments
- Cover a wide variety of complex topics clearly, thoroughly and concisely
- Maximize the likelihood that your patients will be satisfied knowing what they have and how they will be treated



COMMUNICATION 101.5

Intermediate

As well as:

**Communication 101.5 Series:** Intermediate Learning Level

Communication 101.5 is a unique video learning tool for clinicians that provides eight 4-8 minute videos that encapsulate clinical challenges in patients with DGBI and their resolution. Included are eight seemingly complex interviews occurring during a clinic visit. The doctor uses specific methods and techniques to resolve the obstacles, improve the patient-doctor interaction and result in a mutually agreed-upon care plan. The clinician must navigate the interview in a fashion that leads to resolving the underlying problems, improving patient and doctor satisfaction, and arriving at a mutually agreed-upon plan of care. Examples include how to address patient demands for narcotics, explain the value of neuromodulators when the patient is reluctant, respond to the patient who wants a CT scan that is not needed, and more. Through this video learning series, Communication 101.5, clinicians can watch as a leading expert in the field offers methods to address these interaction difficulties in a fashion that leads to consensus and resolution.

Each video demonstration also provides a time-coded point-by-point description of the dialogue, giving the interpretation of the underlying issues and interview techniques that allow the doctor to negotiate through the sequence of events.

#### Objectives include to:

- Understand complex underlying interpersonal dynamics leading to confrontative encounters
- Understand the patient's perspective
- Learn how to offer empathy, negotiate and set boundaries to achieve the intended results
- Apply methods to address both patient and doctor concerns
- Maximize the likelihood of establishing patient and doctor satisfaction and a mutually agreed plan of care
- Help the patient leave the office trusting and satisfied with the plan of care



## COMMUNICATION 202



*As well as:*

**Communication 202 Series:** Advanced Learning

This innovative video learning tool teaches the sophistication and complexity of the medical interview. It addresses the symptoms and the underlying psychosocial determinants that need to be addressed to understand the illness and achieve resolution. Within the context of a clinical visit, the program demonstrates educational techniques to improve communication skills, patient-centered care, psychosocial assessment, shared decision making, and methods to optimize the patient-provider relationship. Although the symptoms relate to disorders of gut-brain interaction (functional GI disorders), the information provided within the interview applies to patients with most any medical diagnosis. Thus, the medical symptoms serve only as a template to explore the patient's understanding, associated psychological features, patient concerns and behaviors and at a deeper level the psychosocial derivatives of the illness that drives the clinical presentation. The clinician can utilize more advanced methods to optimize patient care using this knowledge.

### About this program:

The program consists of 6 clinical vignettes involving a patient's visit to the doctor. Each clinical vignette has four components to guide the reader in their learning:

1. An ineffective interview where the physician makes errors in communication style leading to a dysfunctional level of communication. The visit does not provide meaningful clinical information and is associated with mutual dissatisfaction from the patient and doctor.

2. A patient-centered facilitative interview that discloses more meaningful information leads to the discovery of important underlying clinical information that identifies important psychosocial derivatives. This engages the patient in the treatment and produces patient and doctor satisfaction.
3. An interview with the patient in character discusses their perceptions of the previous two interviews. The discussion includes how it felt to experience the visits and what they liked and didn't like about the physician's communication style.
4. Finally, we provide a detailed step-by-step analysis of the interview including the key verbal and nonverbal messages. The narrator reviews what comments or behaviors worked and didn't work when engaging with the patient and establishing an effective patient-provider relationship.

### Objectives include to:

- Understand complex underlying psychosocial factors affecting the illness experience
- Learn the interview methods to elicit these underlying psychosocial factors
- Learn to establish a sense of trust by offering empathy and validation
- Apply methods to reduce the patient's sense of vulnerability and distress
- Maximize the likelihood of establishing patient and doctor satisfaction and a mutually agreed plan of care
- Help the patient leave the office hopeful for resolution of the symptoms and underlying emotional distress



### Initial Approach to a Patient with Severe Chronic Abdominal Pain: How to Engage, Educate and Achieve Collaborative Care

This module is designed to help the provider understand complex DGBI including chronic abdominal pain, opioid induced constipation, narcotic bowel syndrome and more. It also helps the provider engage with the patient in an effective patient-provider relationship, and use good communication skills to recommend effective treatments. This module contains the following educational materials.

1. A video of a simulated patient interview presented as a first-time clinic visit that includes:
  - An opening statement by Dr. Drossman and Ms. Ruddy to introduce the clinic visit
  - Ms. Byers initial presentation to Dr. Drossman
  - Discussion of the key aspects of this first visit by Dr. Drossman and Ms. Ruddy
  - Simulated interview of Ms. Byers and Dr. Drossman after the physical examination. Dr. Drossman provides a clear diagnosis and education on their pathophysiology and treatment. The information is presented using effective communication skills that engage the patient in the learning.
  - Post interview discussion by Dr. Drossman and Ms. Ruddy
2. The slide deck used in the video for your self-learning.
3. The key publications that address the content of the interview:
  - Post-infection IBS
  - Opioid-induced constipation
  - Narcotic bowel syndrome
  - Centrally Mediated Abdominal Pain
  - Abuse Trauma and GI Illness
  - Brain Imaging in patients with abuse history
  - Neuromodulators to treat DGBI
  - Brain-Gut Behavioral Treatments
  - Communication Skills to Improve the Patient-Provider Relationship

We hope that this learning tool will help you apply this information in your care of patients having complex Disorders of Gut-Brain Interaction and be able to provide proper treatment.

### Package of #1-4

1. Publications on Improving Communication in Clinical Practice
2. Copies of our three books for patients and providers:
3. Pocket Monograph on communication
4. Lectures and workshops on a thumb drive

### #5 Video Bundle

- Communication 101 Series
- Communication 101.5 Series
- Communication 202 Series
- Initial approach to the patient with severe chronic abdominal pain

**Total cost \$470.00**

**Discounted to \$350.00**



Scan this QR Code or visit  
<https://romedross.video/communication-curriculum>  
to purchase Communication Curriculum Complete Collection

**COMMUNICATION  
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