Sim-Comfort Simulation Instrument (Sim-Comfort)

This tool is based on the COMFORT Model © for health communication skill building.[1] Based on two decades of communication research, COMFORT training improves confidence and comfort with communication. Key topics in the seven domain areas:

Connect active listening, narrative clinical practice (encourage patient to share their story), and acknowledging patient ideas and experiences

Options cultural humility (life-long self-reflection, patient as teacher, power differences), patient communication preferences, identifying and addressing communication barriers, universal health literacy precautions (assuming everyone has low health literacy) implementing interpreters (when necessary) and plain language

Mindfulness "being with" the patient, patient-guided topic shifts, nonverbal immediacy (behaviors that reflect availability, communicate affiliation and preference, and result in perceived interpersonal closeness)

Family defined by the patient (family is the individuals who the patient says are in their support system), impact of health and illness on family, family obstacles and strengths/motivations for care assistance

Openings provider awareness of patient communication boundaries (what information can be disclosed to whom), patient expressions of emotion or tension (hesitancy to share, uncomfortableness with topic, high emotion), navigating topic shifting (introducing or responding to topics)

Relating exploring multiple goals of patients, uncertainty, social determinants of health and factors that may be contributing to inequitable experiences

Team clarifying the patient and provider role on the team (how to communicate with each other, creating care plans together as a team), reciprocal learning between patient and provider, talking about the physical examination/treatment process

Pre-briefing

The COMFORT model should be taught to learners prior to simulation. Learning objectives should align with each of the seven domain areas.

Directions for Use

There are seven competency domains to be scored. Each domain includes identifiable communication behaviors that are ranked as "not done," "partial," or "complete." The learner needs to achieve all bullet point descriptions ("concepts for feedback") to score complete. Learners who achieve "partial" on a domain perform some but not all bullet point descriptions. Learners who score "not done" have not performed any bullet point descriptions. If educators determine that a communication behavior is not able to be assessed in a specific simulation scenario, the bullet point may be preemptively excluded from assessment.

Debriefing Process

The notes column should be used to describe outstanding moments or dimensions of performance, as well as descriptions for areas of improvement.

[1] Goldsmith, J. V., & Wittenberg, E. (2024). The COMFORT Model: Moving the Initiative Outside of the Academy, *Health Communication,* DOI: 10.1080/10410236.2024.2326255

Domain	Assessment			Concepts for feedback	Notes
Connect Understanding the patient's story.	1. Uses verbal **empathy** messaging leading to compassion.			• Recognizes patient emotions. • Provides the patient an opportunity to explore meaning behind emotions.	
	1 Not done	2 Partial	3 Complete		
	2. Demonstrates **deep listening** strategies.			• Refrains from multi-tasking (e.g., EHR, pager, phone) when talking to patient. • Refrains from interrupting patient. • Maintains a physically open position. • Includes silence to provide an opportunity for patient to share. • Allows time for patient to formulate response to questions. • Seeks patient feedback.	
	1 Not done	2 Partial	3 Complete		
Options Using communication to maximize patient agency and access.	3. Practices **cultural centeredness.**			• Learns about the patient's priorities (e.g., what is important for me to know about you?). • Explores one aspect of the patient's life to make personal connection. • Asks the patient their health information sharing preferences. • Seeks use of interpreter when appropriate. • Identifies and addresses cultural communication barriers, when appropriate.	
	1 Not done	2 Partial	3 Complete		
	4. Shares **health information**.			• Adopts plain language by reducing jargon. • Uses patient's preferred name. • Repeats information for clarification. • Takes time to explain.	
	1 Not done	2 Partial	3 Complete		
Mindfulness Showing presence throughout the interaction.	5. Avoids **blocking** behaviors.			• Responds to patient-initiated topics. • Offers or repeats information when patient asks. • States apology to patient if interaction is interrupted (e.g., another provider coming in, cell phone). • Incorporates language of the patient.	
	1 Not done	2 Partial	3 Complete		
	6. Maintains **consistency between verbal and nonverbal** messaging			• Supports verbal communication with nonverbal messages.	
	1 Not done	2 Partial	3 Complete		
	7. Utilizes **nonverbal** components effectively.			• Engages in reflective body language, maintains responsive personal space, utilizes touch effectively, and expresses oneself through physical gestures and use of space.	
	1 Not done	2 Partial	3 Complete		

Family Including the family as a second order patient (communicating with family).	8. Defines **who the patient considers family**. 1 Not done / 2 Partial / 3 Complete	• Asks which individuals the patient considers their family / support system.	
	9. Asks about **family barriers** to achieving health outcomes. 1 Not done / 2 Partial / 3 Complete	• Acknowledges barriers to sharing information with family. • Explores barriers to care decision-making with family.	
Openings Communicating about unknown, ignored, new, surprise, or contradictory information.	10. Acknowledges **stressors** around information disclosure when presented by patient. 1 Not done / 2 Partial / 3 Complete	• Recognizes patient uneasiness. • Seeks source of tension.	
	11. Seeks to understand **communication boundaries**. 1 Not done / 2 Partial / 3 Complete	• Clarifies the patient's (or family's, or colleague's, depending on scenario) communication preferences (who gets to know what, what kind of information is desired, how it should be communicated).	
Relating Integrating patient priorities and goals into the encounter.	12. Inquires about **patient care priorities**. 1 Not done / 2 Partial / 3 Complete	• Elicits why patient priority is important.	
	13. Establishes **potential plans of care** with patient. 1 Not done / 2 Partial / 3 Complete	• Provider states their own recommendations for the course of care. • Includes patient in care planning to establish next steps for current issue. • Partners in shared decision-making to the extent that patient desires. • Engages in problem solving around barriers.	
	14. Explores **community** obstacles and strengths. 1 Not done / 2 Partial / 3 Complete	• Integrates considerations of the patient's community that impact health into plan of care, as appropriate.	

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<tr>
<td rowspan="6">Team

Establishing the patient as a team member.</td>
<td colspan="3">15. Establishes ongoing communication plan.</td>
<td rowspan="2">• Introduces self with full name, role, and contact information.
• Asks patient their preferred name.
• Determines together the plans for next interaction (topics to be discussed, tests to go over, updates), which may include no action.</td>
<td rowspan="6"></td>
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<tr>
<td>1
Not done</td>
<td>2
Partial</td>
<td>3
Complete</td>
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<tr>
<td colspan="3">16. Utilizes a team-building strategy to establish partnership.</td>
<td rowspan="2">• Talks about short- and long-term actions for both patient and provider.
• States the importance of the provider-patient partnership.
• Acknowledges to patient to use of technology used during encounter (i.e., computer, note-taking, other).</td>
</tr>
<tr>
<td>1
Not done</td>
<td>2
Partial</td>
<td>3
Complete</td>
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<tr>
<td colspan="3">17. Partners with patient in physical examination.</td>
<td rowspan="2">• Describes the examination process.
• Checks in with patient during physical examination.
• Explicitly asks permission to begin physical examination and as appropriate throughout.</td>
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<tr>
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