

MEDEDU Teaching communication skills

Course instructors: Gordon Wood, Carla Spagnoletti

Course Faculty: Gordon Wood, Carla Spagnoletti, Demetria Marsh, Gary Fischer, Hollis Day, Bob Arnold

Teaching Communication Skills:

Individual instruction and group process

Course Summary

Communicating skillfully with patients is a major aspect of a physician's practice and life-long career. This is the method physicians use to gather information (history), educate patients about their illness and obtain informed consent regarding various therapeutic options. In the last twenty-five years, doctor-patient communication has received increasing attention in medical education. Every medical school currently has a course focusing on communication skills, and many residency and fellowship programs devote attention to this area. The ACGME requirements include communication skills as one of their six major competencies. In the future, physicians will need to be able to document their communications skills for certification and licensure.

Over the last ten years there has been increasing data regarding the efficacy of educational interventions to improve physician communication skills. Courses, both at the medical school and the residency level, need to incorporate this information to develop evidence-based educational interventions. The goal of this course is to ensure that medical educators both understand this data, and have the practical skills needed to design and teach communication courses.

Teaching objectives

The following table summarizes the objectives for topics to be covered in this course:

Topic	Students will be able to
The evidence base for teaching communication skills	Discuss the data supporting experiential teaching of doctor-patient communication.
A developmental model for teaching communication skills	Discuss the different competencies that one might require of medical students, residents and practicing physicians.
Observation guides for teaching communication skills	Discuss the positive and negatives of at least two different evaluation forms for reviewing the doctor-patient interview.
The interplay between attitudes and skills in communication	Identify how learners' emotions affect their ability to communicate. Help students see the connection between communication and affect.
Group process in teaching communication skills	Describe how group teaching regarding communication skills is different than one:one teaching. Effectively use a group to teach communication skills.

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The “hot seat”	Understand the anxiety that results from being observed and how it affects the learning process.
Feedback	Provide learner-centered feedback. Describe three models of providing feedback.
Video-review	Describe the advantages and disadvantages of this teaching method. Effectively use this method when teaching doctor-patient communication.
Role-playing	Describe the advantages and disadvantages of this teaching method. Effectively use this method to teach doctor-patient communication.
Standardized patients	Describe the advantages and disadvantages of this teaching method. Effectively use this method when teaching doctor patient communication.
OSCE	Describe the advantages and disadvantages of this evaluation method Develop an OSCE.
Clinical teaching	Describe a three-step process for teaching in the clinical setting. Describe how to ascertain a learner’s goals prior to watching them talk to patients. Describe how you will determine when to intervene when watching a learner talk to a patient. Describe how to give feedback to a learner after watching them talk to a patient. Describe how to debrief your communication skills after role modeling a communication encounter.
Parallel process	Be able to describe the relationship between teaching and doctor-patient interviewing. Be able to identify how issues in teaching are played out in the student-patient encounter.
Life-long learning	Describe how you will take the skills you have learned during the class and practice them in the future.

Course mechanics:

2 credits

2 sessions per week 10/24-12/14 (maybe a session on 12/19)

*No Session Nov 23rd.

Monday and Wednesday from 1:15-4:30 (except first class on 10/24: 3-4:30pm)

Most sessions will cover specific teaching skills. While we may talk about a specific part of the encounter, the focus is on teaching rather than the content of the encounter.

No more than 1:8 faculty: student ratio (typically will be 1:4)

Will use a simulated patient for sessions; video review and role play.

Course type:

Mini-Lecture, discussion, demonstration, question and answer

Strong emphasis on inter-active teaching and role-playing

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Grading: Pass/Fail

Class participation	75 %
Teacher skill evaluation	25%

Location:

Parkvale Building, Room 219

Prerequisites:

None

Recommended Text

Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. *Radcliffe Medical Press*. 2nd ed 2005

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Class sessions

Session 1 Carla Spagnoletti and Gordon Wood 10/24 3-430

A rationale for communication skills teaching

Defining what one wants to teach in communication skills:

Defining goals in a developmental curriculum

By the end of this session, participants will:

1. Define the appropriate role of lecture, discussion and experiential learning methods to teach communication
2. Understand the positive and negative aspects of using practice interviews.
3. Describe the data regarding the clinical outcomes linked to communication interventions
4. Describe the data regarding the efficacy of communication skills training interventions

Recommended Readings:

Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. *Radcliffe Medical Press*. 2nd ed 2005, chapter 1-2 and 4.

Fellowes, D., S. Wilkinson, and P. Moore, Communication skills training for health care professionals working with cancer patients, their families and/or careers. *Cochrane Database Syst Rev*, 2004(2): p. CD003751.

Scheunemann LP, McDevitt M, Carson SS, Hanson LC. Randomized, controlled trials of interventions to improve communication in intensive care: a systematic review. *Chest*. 2011;139:543-554.

[Back AL](#), [Arnold RM](#), [Baile WF](#), [Tulsky JA](#), [Barley GE](#), [Pea RD](#), [Fryer-Edwards KA](#).

Faculty development to change the paradigm of communication skills teaching in oncology. *J Clin Oncol*. 2009 Mar 1;27(7):1137-41.

Primary Teaching Method Handouts.

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Teaching method:

Seminar discussion

- I. Course introduction
 - a. Goals
 - b. Structure
 - c. Expectation
 - i. Their learning goals
 - d. Grading
- II. Importance of doctor-patient communication
- III. Is doctor-patient communication teachable – Review of the data
- IV. Different methods of teaching doctor-patient communication
 - a. Educational theory
 - b. Parallel process
 - c. What are we trying to do?

Demonstration

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Session 2 Gordon Wood, Carla Spagnoletti and Demetria Marsh Oct 26
Teaching using standardized patients – Part I- Learning the experimental
learning method; starting class

By the end of this session, participants will:

1. Be able to set up practice interviews in a group learning setting.
2. Be able to provide the instructions prior to starting the role playing
3. Be able to recognize common “mis-steps” in the start of an interview

Recommended Readings (These readings are for sessions on Nov 4,9,11,16,23,30):

Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. *Radcliffe Medical Press*. . 2nd ed 2005, chapter 3, 5-8

Edwards-Fryer K, Arnold RM, Baile W, Tulsy JA, Petracca F, Back A. Teaching communication skills: A Qualitative study of reflective teaching practices. *Academic Medicine* 2006; 81: 638-44. (One group’s experience of teaching using simulated patients)

Handouts from Oncotalk Teach (called MSSM facilitator, essential)

PTM Handouts

Teaching method: Seminar discussion
 Demonstration
 Group exercises

Session 3 Oct 31

Gordon Wood, Carla Spagnoletti, and Demetria Marsh

What to do when the learner "times out": Feedback and using the group

By the end of this session, participants will:

1. Be able to debrief a session when a learner times out
2. Be able to define effective feedback
3. Be able to describe learner-centered feedback and how it differs from a “feedback sandwich”
4. Be able to obtain feedback from the learner and the group
5. Be able to determine what issues to focus on during a time out (learner-centered feedback)

Recommended Readings:

Ende, J. Feedback in clinical medical education. *JAMA*. 1983;250: 777-781.

Teaching method: Seminar discussion
Demonstration
Group exercises

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Session 4 Nov 2

Gordon Wood, Carla Spagnoletti and Demetria Marsh

Teaching using standardized patients –More on

feedback, redo and take home points

By the end of this session, participants will:

1. Be able to help the learner come up with solutions about their problems
2. Be able to redo the part of the interview where the learner is stuck
3. Be able to use the SP to give feedback
4. Be able to help the learner define a take home point

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Session 5 Nov 7

Gordon Wood, Carla Spagnoletti and Demetria Marsh

Dealing with learner emotions as a reason for timing out

By the end of this session, participants will:

1. Be able to highlight affective issues during practice with simulated patients
2. Be able attend to the learner's emotional reaction to the patient encounter

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Session 6 – November 9

Gordon Wood, Carla Spagnoletti, Demetria Marsh

More practice and developing and training simulated patients

By the end of this session, participants will:

1. Be able to describe the positives and negatives of using simulated patients
2. Be able to describe simulated patient training

Recommended Readings:

Barrows HS. An overview of the uses of standardized patients for teaching and evaluating clinical skills. *Acad Med.* 1993;68(6);443-453.

Examples of standardized patient scripts - Demetria Marsh

Training manuals for standardized patient - Demetria Marsh

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Session 7– November 14

Gordon Wood, Carla Spagnoletti, Demetria Marsh

Faculty time out

By the end of this session, participants will:

1. Be able to describe differences between a faculty and learner time out
2. Be able to list common triggers that should initiate a faculty time out

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Session 8 – November 16

Gordon Wood, Carla Spagnoletti, Demetri Marsh

Open practice of simulated patient teaching method

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Session 9 – November 21

Carla Spagnoletti, Gordon Wood

Teaching communication using video review

Goals:

By the end of this session, participants will:

1. Understand the role of videotape review in assessing and teaching communication skills.
2. Appreciate the capacity of the videotape to develop learner's capacity to be self-reflective.
3. Use videotape to improve and enhance feedback to learners about their communication skills.

Objectives:

1. Define positive and negative features of using videotape review for teaching communication skills
2. Identify videotape triggers that facilitate reflection on communication skills
3. Recognize non-verbal behaviors during videotape review and describe how they affect communication
4. Practice giving feedback to learners using specific videotape-observed behaviors

Readings

Required: Handout-Carla Spagnoletti

Recommended:

Beckman HB. Frankel RM. The use of videotape in internal medicine training. *Journal of General Internal Medicine*. 9(9):517-21, 1994 Sep

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Session 10 Nov 28

Gary Fischer, Gordon Wood, Carla Spagnoletti

Teaching communication in conferences and actual patient encounters: Part 1

A three step method for teaching communication in a clinical setting

By the end of this session, participants will:

- 1) Be able to discuss goals with a learner prior to watching a learner interact with a patient
- 2) Be able to determine when you will intervene when watching a learner interact with a patient.
- 3) Be able to give a learner feedback after watching the learner interact with a patient
- 4) Be able to debrief after you have role modeled an interaction with a patient

Readings Required:

Oncotalk Teach Modules. Back T, Arnold RM, Fryer-Edwards K, Baile W, Tulsy J. Back AL, Arnold RM, Tulsy JA, Bale WF, Edwards K. "Could I Add Something?": Teaching Communication by Intervening in Real Time During a Clinical Encounter. *Acad Med.* 2010; 85: (6): 1048-1051.

Suggested readings

Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. *Radcliffe Medical Press.* . 2nd ed 2005, chapter 9,12

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Session 11 Nov 30

Gary Fischer, Gordon Wood, Carla Spagnoletti

Teaching communication in conferences and actual patient encounters II. Role play lite

By the end of this session, participants will:

- 1) Be able to integrate short role-plays into attending rounds or noon conference
- 2) Be able to describe the positives and negatives of role play lite
- 3) Be able to describe the positive and negatives of using students to be the “patient” in a role play

Recommended Reading:

Hand-out. Setting up and conducting a role-play. B Arnold

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Session 12 Dec 5

Open communication teaching

Gordon Wood, Carla Spagnoletti, Demetria Marsh

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Session 13 December 7th

Bob Arnold, Gordon Wood, Carla Spagnoletti

Teaching communication: When learners come to you asking for advice (but you did not see the encounter)

By the end of the session, participants will be able to:

Describe the goal(s) of giving feedback to learners when they ask you communication questions

Give appropriate feedback to a learner who comes to you asking for feedback

Handout

Session 14 December 12th

Hollis Day, Gordon Wood, Carla Spagnoletti

A. Assessing communication skills: OSCE and other evaluative methods

Readings Required:

Oncotalk Teach handout (Points for mentoring questions)

Goal I To review the use of standardized patients in assessing communication skills

Objective 1 prior formative and summative uses

Objective 2 reliability and validity issues

Objective 3 The OSTE

Goal 2- To discuss alternative methods of evaluating these skills

Objective 1 The use of descriptive evaluations with emphasis on the RIME system

Objective 2 patient, peer evaluations

Optional Readings

“Assessing Competence in Communication and Interpersonal Skills: The Kalamazoo II Report.” Duffy FD et al. *Academic Medicine*.2004; 79:495-507.

Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. *Radcliffe Medical Press*. . 2nd ed 2005 chapter 11.

“Teaching Communication in Clinical Clerkships: Models from the Macy Initiative in Health Communications.” Kalet A et al. *Academic Medicine*. 2004; 79:511-520.

“Assessment of a 360-Degree Instrument to Evaluate Residents’ Competency in Interpersonal and Communication Skills.” Joshi R et al. *Academic Medicine*. 2004;79-458-463. *Academic Medicine*. 2004;79-458-463.

“Assessment of Residents’ Interpersonal Skills by Faculty Proctors and Standardized Patients: A Psychometric Analysis.” Donnelly M B et al. *Academic Medicine*. 2000; 75:S93-S95.

“Development and Implementation of an Objective Structured Teaching Exercise (OSTE) to Evaluate Improvement in Feedback Skills Following a Faculty Development Workshop.” *Teaching and Learning in Medicine*. 2003;15(1):7-13.

Teaching method: Seminar discussion
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Session 15 December 14

Gordon Wood, Carla Spagnoletti

- A. Continue to develop your skills
 - B. Feedback on the course
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By the end of this session, participants will:

1. Recognize the importance of critical appraisal of educational programs and of oneself as a teacher.
2. Make reflective practice a means for professional growth.
3. Utilize various tools to evaluate one's teaching.
4. Understand the uses and limitations of feedback from learners.
5. Recognize the value of evaluating learners for the sake of evaluating oneself.

Recommended Readings:

Reflective Practice and Professional Development Joan Ferrarro

Chapter 27. Evaluating a faculty development course on medical interviewing in Lipkin M, Putnam SM, Lazarre A (Eds.), *The Medical Interview*, New York: Springer 1995, pages 436-50.

Teaching method: Seminar discussion
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