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:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Students will be able to</th>
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<tbody>
<tr>
<td>The evidence base for teaching communication skills</td>
<td>Discuss the data supporting experiential teaching of doctor-patient communication.</td>
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<tr>
<td>A developmental model for teaching communication skills</td>
<td>Discuss the different competencies that one might require of medical students, residents and practicing physicians.</td>
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<td>Observation guides for teaching communication skills</td>
<td>Discuss the positive and negatives of at least two different evaluation forms for reviewing the doctor-patient interview.</td>
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<tr>
<td>The interplay between attitudes and skills in communication</td>
<td>Identify how learners’ emotions affect their ability to communicate. Help students see the connection between communication and affect.</td>
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<tr>
<td>Group process in teaching communication skills</td>
<td>Describe how group teaching regarding communication skills is different than one:one teaching. Effectively use a group to teach communication skills.</td>
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<tr>
<td>The “hot seat”</td>
<td>Understand the anxiety that results from being observed and how it affects the learning process.</td>
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</table>
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<table>
<thead>
<tr>
<th>Feedback</th>
<th>Provide learner-centered feedback. Describe three models of providing feedback.</th>
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<tbody>
<tr>
<td>Video-review</td>
<td>Describe the advantages and disadvantages of this teaching method. Effectively use this method when teaching doctor-patient communication.</td>
</tr>
<tr>
<td>Role-playing</td>
<td>Describe the advantages and disadvantages of this teaching method. Effectively use this method to teach doctor-patient communication.</td>
</tr>
<tr>
<td>Standardized patients</td>
<td>Describe the advantages and disadvantages of this teaching method. Effectively use this method when teaching doctor-patient communication.</td>
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<tr>
<td>OSCE</td>
<td>Describe the advantages and disadvantages of this evaluation method Develop an OSCE.</td>
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<tr>
<td>Clinical teaching</td>
<td>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.</td>
</tr>
<tr>
<td>Parallel process</td>
<td>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.</td>
</tr>
<tr>
<td>Life-long learning</td>
<td>Describe how you will take the skills you have learned during the class and practice them in the future.</td>
</tr>
</tbody>
</table>

Course mechanics:
2 credits
2 sessions per week 10/25-12/15 (maybe a session on 12/20)
Monday and Wednesday from 1:15-4:30 (will end between 4-5)

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

Grading: Pass/Fail
Class participation 75 %
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Teacher skill evaluation 25%

Location:
Parkvale Building, Room 219

Prerequisites:
None

Text
Class sessions

Session 1   Bob Arnold        10/25 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. Be able to describe three models for conceptualizing teaching the doctor-patient interview
4. Be able to differentiate between medical student, resident and practicing physician skills.

Readings:

Required Readings:


Handouts from Bill Cohen/L Milberg’s First year medical student communication course for the faculty.

Recommended Readings:


Assignment for the session (we will do in the session): Complete the Rezler-Canfield learning preference inventory sheet and score
**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?

V. Group exercises:

   I. One-page goals for 1st/3rd year students and interns focusing on their competency in the first ten minutes of the interview.

   II. Discussion of differences
      a. Readiness
         i. Cognitively
         ii. Emotionally
      b. Teaching opportunities
      c. Ideals vs. minimum

   III. Characteristics of good teaching
      a. Does it differ for doctor-patient communication
         i. Why
         ii. Role of identity and affect

Demonstration
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

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


Handouts from Oncotalk Teach (called MSSM facilitator, essential)

Handout from William Cohen and L Milberg on primary teaching method (summary PTM)

**Teaching method:** Seminar discussion
Demonstration
Group exercises
Session 3     Nov 1
Gordon Wood, Carla Spagnoletti, Bob Arnold 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)

Required Readings:


See above

Teaching method:  Seminar discussion
                   Demonstration
                   Group exercises
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

Required Readings:

See above
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

Required Readings:

See above
Session 6 – November 10  
Bob Arnold, 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  

Required 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 Laurael Milberg, Robert Arnold  
Training manuals for standardized patient Demetria Marsh
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

Required Readings:
Session 8 – November 17
Bob Arnold, Gordon Wood, Carla Spagnoletti, Demetri Marsh
Open practice of simulated patient teaching method
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:

Recommended:
"Teaching creatively with video: fostering reflection, communication and other clinical skills”. by Jane Westberg and Hilliard Jason from the Springer series on medical education. Best chapters are 2, 3, 6, 7.

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


Suggested readings
Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. Radcliffe Medical Press. . 2nd ed 2005, chapter 9,12
Teaching communication in conferences and actual patient encounters II. Role play lite and when learners bring communication problems to the faculty

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

Readings Required:


Hand-out. Setting up and conducting a role-play. B Arnold
Session 12  Dec 6
Open communication teaching
Gordon Wood, Carla Spagnoletti, Bob Arnold
Session 13 December 8th
Hollis Day, Gordon Wood, Carla Spagnoletti

A. Assessing communication skills: OSCE and other evaluative methods

**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

**Readings**


**Teaching method:** Seminar discussion
Demonstration
Group exercises
Session 14  December 13  
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  

Readings Required:  
Oncotalk Teach handout (Points for mentoring questions)
Session 15 December 15
Gary Fischer and Bob Arnold, Gordon Wood, Carla Spagnoletti

A. Continue to develop your skills
B. Feedback on the course

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.

Readings:

http://www.ericfacility.net/databases/ERIC_Digests/ed449120.html;
http://www.ericfacility.net/ericdigests/ed346319.html

Reflective Practice and Professional Development Joan Ferrarro


Teaching method: Seminar discussion
Demonstration
Group exercises