

## MEDEDU Teaching communication skills

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Course instructor: RM Arnold, L Milberg, D Marsh et al

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Teaching Communication Skills:  
Individual instruction and group process

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### Course Summary

Communicating skillfully with patients is a major aspect of a physician's practice and long-life 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 year, doctor-patient communication has received increasing attention in medical education. Every medical school currently has a course focusing on communication skills, and many internal medicine, family medicine and pediatric 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 learner's emotion 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
The "hot seat"	Understand the anxiety that results from being observed and how it affects the learning process.

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Feedback	Provide learner centered feedback Describe three models of providing feedback
Video-review	Describe the advantages and disadvantages of this teaching method Effectively facilitate 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 facilitate 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 Nov 2- Dec 21

Monday and Wednesday from 1-4 (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 standardized 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

**Prerequisites:**

None

**Text**

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

## Class sessions

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Session 1 Bob Arnold

Nov 2nd

A rationale for communication skills teaching

Defining what one wants to teach in communication skills

Defining goals in a developmental curriculum

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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:

Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. *Radcliffe Medical Press*. 2<sup>nd</sup> 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 carers. *Cochrane Database Syst Rev*, 2004(2): p. CD003751.

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

#### Recommended Readings:

Carroll, JG, Lipkin M, Nachtigall L, Weston, WW. A developmental awareness for teaching doctor-patient communication skills In Lipkin M, Putnam SM, Lazarre A (Eds.), *The Medical Interview*, New York: Springer.1995: 388-96.

Skeff, KM, Stratos, GA, Berman, J. Educational theory and teaching medical Interviewing. In Lipkin M, Putnam SM, Lazarre A (Eds.), *The Medical Interview*, New York: Springer.1995: 379-387.

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

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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?

### Group exercises:

- I. One-page goals for 1<sup>st</sup>/3<sup>rd</sup> 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



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Session 3      Nov 9

Laurel Milberg, Bob Arnold and Demetria Marsh

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

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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:**

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

*See above*

**Teaching method:** Seminar discussion  
Demonstration  
Group exercises

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Session 4 Nov 11  
Laura Wilkie, Demetria Marsh, and Laurel Milberg  
Teaching using standardized patients –More on  
feedback, redo and take home points

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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*

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Session 5 Nov 16

Laurel Milberg, Demetria Marsh, Bob Arnold

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Dealing with learner emotions as a reason for timing out

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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

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Session 6 – November 18  
Bob Arnold, Demetria Marsh

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Difficult learning encounters - parallel process issues

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By the end of this session, participants will:

1. Be able to help a learner who is stuck in an impasse with a patient
2. Be able to describe how to think through difficult learner-teacher encounters.
3. Describe the parallel between the communication skills and facilitation skills

**Required Readings:**

**See above**

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Session 7 – November 23

Bob Arnold, Demetria Marsh

More practice and developing and training simulated patients

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By the end of this session, participants will:

1. Be able to describe the positives and negatives of using standardized patients
2. Be able to describe standardized patient's 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 Laurel Milberg, Robert Arnold

Training manuals for standardized patient Demetria Marsh

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Session 8 Nov 30

Laurel Milberg, Bob Arnold, and Demetria Marsh

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Open Session with learners based on their needs

**Readings Required:** See above

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Session 9 Dec 2

Bob Arnold and Gary Fischer

Teaching communication in conferences and actual patient encounters: A three -step method for teaching communication in a clinical setting

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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, Bailes W, Tulsy J.

### **Suggested readings**

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

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Session 10 – Dec 7

Gary Fischer, Bob Arnold

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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:**

Cohen-Cole S, Bird, J, Mance, R. Teaching with role-playing: A structured approach. In Lipkin M, Putnam, SM, Lazarre A (Eds.), *The Medical Interview*, New York: Springer 1995: 405-412.

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

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Session 11 Dec 9

Gary Fischer

Teaching communication using video review

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**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

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Session 12 December 14

Bob Arnold

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

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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)

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Session 13 December 16

Hollis Day

A. Assessing communication skills: OSCE and other evaluative methods

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**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

“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*. . 2<sup>nd</sup> 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  
Demonstration  
Group exercises

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Session 14 December 21

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Gary Fischer and Bob Arnold

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- 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.

**Readings:**

[http://www.ericfacility.net/databases/ERIC\\_Digests/ed449120.html](http://www.ericfacility.net/databases/ERIC_Digests/ed449120.html);

<http://www.ericfacility.net/ericdigests/ed346319.html>

Reflective Practice and Professional Development Joan Ferrarro

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Teaching method: Seminar discussion  
Demonstration  
Group exercises