

Communication Skills across Domains

Abstract (250 words or less summary of the educational research project)

The West Virginia University (WVU) School of Medicine has collaboratively worked to create a communication skills checklist that allows student raters to report observed levels of targeted communication skills. This form has been used during observation of WVU faculty members, community providers, and third year medical students. Previous research has demonstrated that medical providers differ in their level of communication skills by experience, gender, and training (Dielissen, Verdonk, Bottema, Kramer, & Lago-Janssen, 2012; Handford, Lemon, Grimm, & Vollmer-Conna, 2013). This study aims to analyze the data collected from the communication observation forms and report trends found within the reporting.

Purpose: The purpose of this study is to gather and analyze the communication forms that have been collected as a part of the requirement for medical students to shadow community providers and faculty members. Communication forms used to assess third year medical students' performance during live patient and simulated patient interactions as part of their clerkships will also be collected and analyzed. The data gathered can provide information on specific communication strengths and weaknesses for each group. It is believed that there will be significant differences on communication skills between specialties. This information can further be used to inform curriculum requirements and faculty development.

Background: Communication skills are an essential component of an effective and well-liked physician. Being able to proficiently obtain a medical history and convey care and concern for a patient requires advanced clinical skills. Furthermore, good communication skills extend beyond patient/doctor interactions and have become invaluable for interdisciplinary interactions. Effective doctor-patient communication is related to better health outcomes, better patient compliance, and a higher level of rated satisfaction in

encounters for both the doctor and the patient (Deveugele et al., 2005). Good communication skills are related to enhanced physician-patient relationship, which has been found to be directly related to a reduction in physician burnout, malpractice suits, and healthcare costs (Grover, Drossman, & Oxentenko, 2013). Therefore, training the next generation of physicians to be skillful, compassionate clinicians that are able to appropriately express their message to patients and colleagues is a necessary focus in medical education. As such, training medical students on communication skills and providing feedback on their progress is the first step to improving and developing their skill set.

Self-reports of communication and empathy skills have not been found to be correlated with third-person ratings (Eva & Regehr, 2007) and progression through medical education is related to an erosion in a medical student's predisposition to empathize (Handford, Lemo, Grimm, & Vollmer-Conna, 2013). Medical providers in empathy measurement studies were found to consistently overestimate their performance, and the correlation to actual scores was moderate at best (Eva & Regehr, 2007). Additional studies have found that medical education itself does not tend to influence a student's level of empathy: clinical experience is the single most significant predictor of empathetic expression and accuracy (Handford, et al., 2013).

The teaching of communication skills within a medical school setting may be negatively impacted by the lack of clarity and inadequate definitions of key terms, such as the colloquial use of the term "bedside manner". Experienced physicians who excel in communication often lack the ability to describe their own behavior during a patient interaction (Arnold, et al., 2009). Therefore, we have created a communication observation checklist loosely based on the communication recommendations of the Kalamazoo Consensus Statement (Makoul, 2001). The communication checklists cover the essential elements of medical encounters: establishing rapport, relationship/empathy, collaborative agenda setting, maintaining visit efficiency, gathering information, assessing the patient's perspective on their health, shared decision making, and behavioral change discussions. This initiative fits with the 2012 Accreditation Council for Graduate Medical

Education (ACGME) Guidelines that recommend assessment of student clinical reasoning and patient management skills using direct observation of patient encounters (Residency Review Committee, 2012).

For the past three years, observation forms were completed by medical students as part of the requirements for the first year course Physical Diagnosis and Clinical Integration (PDCI1) while observing community services and shadowing faculty physicians. In the student observation setting during clinical encounters, similar forms were completed by the student, an expert rater, and another medical student to provide useful comparison. This served the additional purpose of helping the student learn how to complete appropriate self- and peer- evaluations and provide effective feedback to peers. By analyzing these observation checklists for communication skills, trends for students, faculty, and community service providers can be identified. This will be efficacious for monitoring progress and determining the effectiveness of the communication curriculum at all three campuses.

Methodology

A. Subjects

Communication observation forms from medical students will be gathered and analyzed. The forms will be from community observations, faculty observations, and student video and live observations.

B. Data collection procedures

As this is a record review study, no additional data will need to be collected.

C. Confidentiality

All data will be de-identified and a coding sheet will be kept separate from the data set.

D. Potential risks or discomforts to participants

As this is a record review procedure, no potential risks or discomforts to participants are anticipated.

E. Identify any potential financial or other conflicts of interest

None known.

F. Data analysis

Frequency analyses, proportional analyses, and descriptive statistics will be used to analyze the data.

G. Timeframe

The data has already been collected from the previous years. Therefore, only data analysis will need to be conducted.

List Principal and Co-Investigators

Principal Investigator: Jeannie Sperry, PhD

Co-Investigators: Rachel Spero, MS
 Dorian Williams, DO
 David Wilks, MD
 Melvin Wright, DO



West Virginia University
ROBERT C. BYRD HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

FROM: Richard Dattola, MD
Robert Gerbo, MD
Course Directors/Physical Diagnosis & Clinical Integration I

RE: **Community Shadowing Experience**

Please take a minute to sign this slip for the named student, thereby verifying that he/she did attend this Community Shadowing Experience.

Student's Name

Number of Hours Spent
with Student

Name of Organization (*please print*)

Supervisor

Date

Students: Completion of the back of this form is required for credit.

PLEASE DIRECT QUESTIONS TO:
Richard Dattola, MD (598-6900, X5919)
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Morgantown, WV 26506-9101

Equal Opportunity/Affirmative Action Institution

Community Shadowing Observation Form

Mark all skills that you observed.

Establishes Rapport <input type="checkbox"/> Introduces self and explains healthcare role <input type="checkbox"/> Greeting and smile <input type="checkbox"/> Acknowledges all in the room by name	<input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non- medical interaction <input type="checkbox"/> Sits down for interview
Team Collaboration <input type="checkbox"/> Introduces all other members of team if present <input type="checkbox"/> Describes roles of other team members	<input type="checkbox"/> Provides referral information to other professionals
Relationship/Empathy <input type="checkbox"/> Verbal empathy ("sounds tough") <input type="checkbox"/> Non-verbal empathy (leans in; nod; hand on shoulder) <input type="checkbox"/> Listens well using continuer phrases ("um hmm")	<input type="checkbox"/> Responds to emotion: crying, wringing hands, silence <input type="checkbox"/> Repeats important verbal content (uses patient's words) <input type="checkbox"/> Demonstrates mindfulness through curiosity ("I wonder...")
Agenda setting <input type="checkbox"/> Establish agenda for session <input type="checkbox"/> Summary of session	
Communication Techniques <input type="checkbox"/> Prevents interruption <input type="checkbox"/> Uses language at level of attendees <input type="checkbox"/> Asks if questions about topic	
Wrap Up <input type="checkbox"/> Encourage behavior change <input type="checkbox"/> Provided summary of session <input type="checkbox"/> Warm Goodbye	
Administrative: How are attendees/patients referred to program? <input type="checkbox"/> Self <input type="checkbox"/> Physician <input type="checkbox"/> Other _____	

- ❖ Which skills were most effective at improving participation? _____
- ❖ What education, training, or experience is required to be a clinician/discussion leader for this service?

- ❖ If a patient has no insurance or means of paying for these services, should they still be able to access them?
__yes __no Why? _____
- ❖ Will you refer your patients to this type of service in the future? __yes __no
- ❖ Does your background, personal experience, or faith affect your decision to provide this service or refer to it?
__yes __no How? _____
- ❖ Would you recommend this shadowing experience to other students? __yes __no
- ❖ What is the most important thing you learned from this experience? _____

FOR LECTURES ONLY:

- Was lecture appropriate for your level of training? __Too high __About right __Too low
- Did you feel included/feel welcome to participate? __Yes __No
- Did the lecture help you envision your future training/professional practice? __Yes __No
- What is most important thing you learned from this lecture? _____



SCHOOL OF MEDICINE

FROM: Richard Dattola, MD
Robert Gerbo, MD
Course Directors/Physical Diagnosis & Clinical Integration I

RE: **Physician Shadowing Experience**

Please take a minute to sign this slip for the named student, thereby verifying that he/she did attend this Physician Shadowing Experience.

(Objectives: Each student will visit and shadow a practicing physician to observe health care and communications from the practitioner's perspective. As the student's skills and knowledge base expand, the student may participate in performing medical histories and segments of physical examinations.)

Student's Name

Number of Hours Spent
with Student

Physician's Name *(please print)*

Physician's Signature

Date

Students: Completion of the back of this form is required for credit.

PLEASE DIRECT QUESTIONS TO:
Richard Dattola, MD (598-6900, X5919)
Robert Gerbo, MD (293-3693)
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Physician Observation Form

Mark all skills that you observed.

N/A or # of

Establishes Rapport <input type="checkbox"/> Introduces self and explains healthcare role <input type="checkbox"/> Greeting and smile <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction <input type="checkbox"/> Sits down for interview	
Relationship/Empathy <input type="checkbox"/> Verbal empathy (<i>sounds tough</i>) <input type="checkbox"/> Listens well using continuer phrases (<i>um hmm</i>) <input type="checkbox"/> Repeats important verbal content (uses patient's words) <input type="checkbox"/> Non-verbal empathy (leans in; nod; hand on shoulder) <input type="checkbox"/> Responds to emotion: crying, wringing hands, silence <input type="checkbox"/> Demonstrates mindfulness through curiosity (<i>I wonder...</i>)	
Collaborative Agenda Setting <input type="checkbox"/> Use open-ended inquiry to begin visit <input type="checkbox"/> Acknowledges agenda items from other team member (nurse or med record) <input type="checkbox"/> Additional elicitation of topics for day- <i>something else?</i> - until patient is finished <input type="checkbox"/> Confirms what is most important to patient (<i>We'll address that concern first</i>)	
Maintains Visit Efficiency <input type="checkbox"/> Discuss visit time use / visit organization <input type="checkbox"/> prioritize problem list <input type="checkbox"/> negotiate agenda for today with patient	
Gathering Information <input type="checkbox"/> Uses open-ended questions (<i>What How much Tell me about When</i>) <input type="checkbox"/> Allows patient to tell their story without interrupting <input type="checkbox"/> Uses summary/clarifying statement (<i>So overall...; let me be sure I get you...</i>)	
Assessing Perspective on Health <input type="checkbox"/> Acknowledges patient verbal or non-verbal cues (<i>You look unsure</i>) <input type="checkbox"/> Explores patient beliefs or feelings (<i>What are you concerned this could be?</i>) <input type="checkbox"/> Explores contextual influences: family, cultural; spiritual aspects. (<i>What would healers do in your country?</i>)	
Electronic Health Record <input type="checkbox"/> Describes use of EMR to patient <input type="checkbox"/> Maintains eye contact with patient majority of time while using EMR. <input type="checkbox"/> Positions monitor to be viewed by patient <input type="checkbox"/> Points to screen	
Physical Exam <input type="checkbox"/> Prepares patient before physical exam actions (<i>I am going to ___</i>) <input type="checkbox"/> Describes exam findings during the exam (<i>Your lungs sound healthy</i>) <input type="checkbox"/> Washes hands before touch patient <input type="checkbox"/> Stethoscope on skin	
Shared Decision Making <input type="checkbox"/> Shares evidence behind recommendations <input type="checkbox"/> Asks for patient input and, if needed, modifies plan <input type="checkbox"/> Avoids or explains medical jargon <input type="checkbox"/> Describes alternative options <input type="checkbox"/> Asks for patient preferences	
Behavior Change Discussions <input type="checkbox"/> Explores patient knowledge about behaviors <input type="checkbox"/> Scales confidence or importance <input type="checkbox"/> Reflects or summarizes patient thoughts and feelings <input type="checkbox"/> Affirms behavior change effort or success (e.g., good job) <input type="checkbox"/> Explores pros <u>and</u> cons of behavior change <input type="checkbox"/> Asks permission to give advice <input type="checkbox"/> Creates a plan aligned with patient's readiness	
Closure and Follow-up <input type="checkbox"/> Asks for questions about today's topics. <input type="checkbox"/> Clarifies follow up plans (<i>Tell me what we've decided for your plan of care</i>) <input type="checkbox"/> Provides written information or plan (script or EHR)	
Team Collaboration <input type="checkbox"/> Introduces other members of team if present <input type="checkbox"/> Provides referral information to other professionals <input type="checkbox"/> Describes roles of other team members	

- What was the best thing about your physician shadowing experience? _____
- What was the least helpful thing about your physician shadowing experience? _____
- I would rate my physician shadowing experience: Outstanding ___ Interesting ___ Not relevant ___
- Would you recommend this shadowing experience to other students? ___yes ___no
- What is most important thing you learned from this experience? _____

Observed: _____ Observer: _____ Date: _____

Family Medicine Clerkship Observed/SP/RP Grading Sheet	Skill N/A
Introduction: <input type="checkbox"/> Introduce self <input type="checkbox"/> Explains role in patient's care <input type="checkbox"/> Sits down <input type="checkbox"/> Non-medical interaction <input type="checkbox"/> Open-ended question to elicit patient's concern <input type="checkbox"/> Allows patient to explain concern without interrupting	<input type="checkbox"/> N/A
Visit Organization: <input type="checkbox"/> Open-ended inquiry to begin visit <input type="checkbox"/> Elicits other concerns for day (something else?) <input type="checkbox"/> Confirms what is most important to patient <input type="checkbox"/> Negotiates agenda with patient input	<input type="checkbox"/> N/A
Electronic Health Record: <input type="checkbox"/> Describes use of EHR to patient <input type="checkbox"/> Positions monitor to be viewed by patient <input type="checkbox"/> Points to screen	<input type="checkbox"/> N/A
Verbal Empathy: <input type="checkbox"/> Expresses support (sounds tough) <input type="checkbox"/> Uses continuer phrases (um hmm) <input type="checkbox"/> Repeats important verbal content (uses patient's words) <input type="checkbox"/> Appropriate tone of voice	<input type="checkbox"/> N/A
Non-verbal empathy: <input type="checkbox"/> Eye contact <input type="checkbox"/> Leans in <input type="checkbox"/> Nods <input type="checkbox"/> Responds to emotion <input type="checkbox"/> Use of silence <input type="checkbox"/> Listens without writing notes during emotional content	<input type="checkbox"/> N/A
Basic Skills: <input type="checkbox"/> Mostly open-ended questions <input type="checkbox"/> One question at a time <input type="checkbox"/> Allows patient to ask questions <input type="checkbox"/> Avoids leading questions <input type="checkbox"/> Avoids or explains medical jargon	<input type="checkbox"/> N/A
Assesses Perspective on Health: <input type="checkbox"/> Explores patient beliefs or feelings about their overall health or their illness (What are you concerned this could be?) <input type="checkbox"/> Affirms patient healthy behaviors/strengths	<input type="checkbox"/> N/A
Physical Exam: <input type="checkbox"/> Prepares patient before physical exam actions (Do you mind if I ___) <input type="checkbox"/> Washes hands before touches patient <input type="checkbox"/> Stethoscope on skin <input type="checkbox"/> Describes exam findings during the exam (Your lungs sound healthy)	<input type="checkbox"/> N/A
Closure: <input type="checkbox"/> Summarizes main points <input type="checkbox"/> Asks for questions <input type="checkbox"/> Courteous closing remarks	<input type="checkbox"/> N/A
Qualitative Strengths/Challenges:	
OPTIONAL ITEMS: USMLE STEP 2 CS TARGETED SKILLS	
Preventative Care: <input type="checkbox"/> Ask about knowledge of health behaviors <input type="checkbox"/> Explores pros and cons of behavior change <input type="checkbox"/> Asks permission to give advice <input type="checkbox"/> Creates a plan aligned with patient's readiness <input type="checkbox"/> Affirms behavior change efforts	<input type="checkbox"/> N/A
Negotiate Plan: <input type="checkbox"/> Communicates findings <input type="checkbox"/> Outlines options <input type="checkbox"/> Shares evidence behind recommendations <input type="checkbox"/> Ask about patient's preferences	<input type="checkbox"/> N/A
Follow-up: <input type="checkbox"/> Clarifies plan <input type="checkbox"/> Describes purpose of referrals and diagnostic tests <input type="checkbox"/> Provides written information or plan (script or EMR) <input type="checkbox"/> Assess patient's level of understanding	<input type="checkbox"/> N/A
Team Collaboration: <input type="checkbox"/> Introduces other members of team if present <input type="checkbox"/> Describes roles of other team members <input type="checkbox"/> Provides referral information to other professionals	<input type="checkbox"/> N/A

