



TEACHING COMMUNICATION SKILLS

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Objectives

- Define communication and communication skills.
- Describe how communication should be taught based on modern educational theory.
- Describe how communication skills are taught at UT Southwestern and other US medical schools.



Outline

- What is communication, what are communication skills, and why do we care?
- How should communication skills be taught?
 - Educational theory
- How are they taught at UT Southwestern?
 - Colleges Skills Clinics
- What have we learned about teaching communication skills?



What do we Mean by “Communication”?

○ Communication

- “...a transactional process in which messages are filtered through the perceptions, emotions and experiences of those involved.”
- Verbal, behavioral, written, computer-mediated, telephonic, video-conferencing
- Communication with
 - Patients
 - Family members
 - Other physicians
 - Other health professionals



The Importance of Communication

- To physicians:
 - Improved patient and physician satisfaction
 - Better adherence to treatment plan
 - More appropriate medical decisions
 - Better health outcomes
 - Decreased malpractice claims
- To medical schools:
 - LCME Accreditation standard:
 - “There must be specific instruction and evaluation of (communication) skills as they relate to physician responsibilities, including communication with patients, families, colleagues, and other health professionals.”

Communication in the Literature

- AAMC:

- GPEP (1984)

- Medical School Objectives Project

- Report I (1998)

- “...the medical school must ensure that ... a student will have demonstrated ... the ability to communicate effectively, both orally and in writing, with patients, patients’ families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities.”



Communication in the Literature

- AAMC:
 - Medical School Objectives Project
 - Report III (1999) Communication in Medicine
 - Defined the scope of communication and communication skills
 - Discussed the importance of effective communication in medicine
 - Summarized the current state of communication skills teaching and assessment
 - Offered an action plan for improving communication skills education



Medical School Survey (1997): How do you teach communication skills?

Teaching Methods in Use	%
Small-group discussions/seminars	91.0
Lectures/presentations	82.0
Student interviews with simulated patients	78.7
Student observations of faculty with real patients	74.2
Student interviews with real patients	71.9
Role-playing with peers	59.6
Rounds	44.9
Video trigger tapes for discussion	42.7
Videotapes of student interactions	40.4
Instructional videotapes	30.3
Required attendance at community activities	23.6
Journals (i.e., written reflections)	19.1
Patient advocacy	13.5
Story telling by students	13.5
Story telling by patients (i.e., patient narrative)	10.1

Medical School Survey (1997): How do you assess communication skills?

Assessment Methods in Use	%
Faculty feedback during teaching sessions	92.4
Formalized faculty observation of students	78.3
Patient or simulated patient feedback	76.1
Assessment with simulated patients (i.e., OSCE)	69.6
Student self-assessment with video	38.0
Peer assessment	38.0
Multiple-choice examinations	34.8
Formalized feedback from nurses, PAs, etc.	23.9
Essay/written examinations	22.8
Student self-assessment without video	20.7

USMLE Step 2 CS “CIS” Score: Assessment of Communication and Interpersonal Skills

○ **Questioning skills - examples include:**

- *use of* open-ended questions, transitional statements, facilitating remarks
- *avoidance of* leading or multiple questions, repeat questions unless for clarification, medical terms/jargon unless immediately defined, interruptions when the patient is talking
- *accurately summarizing* information from the patient

○ **Information-sharing skills - examples include:**

- *acknowledging* patient issues/concerns and clearly responding with information
- *avoidance of* medical terms/jargon unless immediately defined
- *clearly providing*
 - counseling when appropriate
 - closure, including statements about what happens next



USMLE Step 2 CS “CIS” Score: Assessment of Communication and Interpersonal Skills

- **Professional manner and rapport - examples include:**
 - *asking about*
 - expectations, feelings, and concerns of the patient
 - support systems and impact of illness, with attempts to explore these areas
 - *showing*
 - consideration for patient comfort during the physical examination
 - attention to cleanliness through hand washing or use of gloves
 - *providing* opportunity for the patient to express feelings/concerns
 - *encouraging* additional questions or discussion
 - *making*
 - empathetic remarks concerning patient issues/concerns
 - patient feel comfortable and respected during the encounter



What Needs to be Taught about Communication?

- Knowledge
 - Types of communication
 - Open-ended versus closed-ended questions
 - Types and function of non-verbal communication
- Attitude
 - Appreciating the importance of effective communication
 - Seeing patients as people rather than cases
 - Appreciating the contribution of various members of the health-care team
- **Skills**



Educational Theory

- Knowledge
 - Cognitive Psychology
 - Focuses on the processing, storage, and retrieval of information
 - Grouping concepts
 - Visualizing previously learned information
 - Defining and rehearsing the relationships among concepts
 - Information should be presented in a form appropriate to the way it will be used
- Attitudes
 - Theory of Adult Learning
 - Utilize previous experiences of the learner
 - Use problem-centered approach
 - Use self-directed learning



Educational Theory

- Skills
 - Behaviorism
 - Use behavioral objectives
 - Encourage skills practice over time
 - Provide feedback
 - Immediate and delayed
 - Social learning theory
 - Provide modeling exercises



How Communication Skills are Taught and Assessed at UT Southwestern

- Basic Communication Skills
- Social History and Spiritual History
- Advanced Communications Skills
- Sexual History
- Cultural Competency
- Complicated Patient Interviews
- Complicated Management Issues



Basic Communication Skills

What is taught

- Information
 - Present illness/chief complaint
 - Location
 - Timing
 - Quality
 - Quantity
 - Affecting factors
 - Setting
 - Associated symptoms and pertinent negatives
 - Past history
 - Family history
 - Social history
 - Review of systems



Basic Communication Skills

What is taught

- Establishing Rapport
 - Personal manner
 - Introduce yourself, your purpose
 - Ask permission to interview
 - Make the patient (and yourself) comfortable
 - Place yourself at the same level as the patient
 - Interest
 - Support
 - Empathy
 - Respect



Basic Communication Skills

What is taught

- Interview Skills
 - Evolution of Style
 - Begin with open-ended question
 - Use of facilitating remarks
 - Transitions
 - Transitional statements
 - Summary
 - Closure



Basic Communication Skills

How it is taught

- 50-minute lecture on history-taking
 - Covering the skills listed in the learning objectives
- Standardized Patient (SP) Interview
 - Appointment to interview a standardized patient
 - Chief complaint of their SP given in advance
 - SP has learned the script of a common cardinal symptom and disease
 - 12 minutes for the SP interview



Basic Communication Skills

How it is taught

○ Feedback

- 8 minutes of direct feedback from the SP
- Student provided a DVD of the interview
- Student provided with comments written by the SP
- Student reviews performance on the DVD prior to meeting with his/her Colleges mentor
- Student then delivers his/her DVD to the mentor well in advance of the scheduled mentor meeting time
- During scheduled Colleges time, the DVD is reviewed and discussed with the mentor/small group



Social History and Spiritual History

What is taught

- Elicit the social and spiritual histories in a manner that is
 - Thorough
 - Sensitive
 - Confident
- Assess religious and spiritual needs of patients and the role of physician in addressing those needs



Social History and Spiritual History

How it is taught

- Role play in small group sessions
 - Patient illiteracy
 - Insufficient funds
 - Grief
 - Inadequate living conditions
 - Domestic violence
 - Substance use
 - Sexually-transmitted disease
 - No sense of meaning in life
 - End-of-life desire to reconnect with religion
- In-the-moment support and feedback



Advanced Communication Skills

What is taught

- Following the patient's lead
- Clarification
- Redirection
- "Sometimes" technique
 - Sometime when people are _____, they begin to _____; have you experienced this at all?
- Avoidance of
 - Leading questions
 - Multiple questions
 - Medical jargon
 - Interruption



Advanced Communication Skills

How it is taught

- 50-minute lecture on advanced communication skills
 - Covering the skills listed in the learning objectives
 - Role play demonstrations of various scenarios
- SP with abdominal pain
 - Hepatitis from IV drug abuse
 - Alcoholic pancreatitis
 - Cholecystitis
 - Appendicitis
 - Peptic ulcer and alcoholism
 - Food poisoning
 - Leading statement by patient about potentially sensitive topic
 - Vague and non-forthcoming
 - Anxious and chatty
- SP DVD Protocol for feedback

Sexual History

What is taught

- Elicit the sexual history in a manner that is
 - Thorough
 - Sensitive
 - Confident
- Given a patient, elicit the following components of the sexual history:
 - Likelihood of pregnancy
 - Number of sexual partners
 - Sexually-transmitted diseases
 - Safe sex practices
 - Level of libido
 - Sexual function/dysfunction
 - Sexual orientation
 - Satisfaction with sexual function



Sexual History

How it is taught

- 50-minute lecture on sexuality
 - Including specific examples of how to introduce and explore various topics
- Role play in small groups
 - Gonorrhea in older person
 - Unrecognized pregnancy in a 15-year-old girl
 - Depression causing loss of libido
 - Premature ejaculation and homosexuality
 - Medication-induced sexual dysfunction
 - Anxiety-related sexual pain disorder
 - AIDS in a prostitute
- In-the-moment support and feedback



Complicated Interviews

What is taught

- Management of
 - Anxious patient
 - Acknowledge the anxiety
 - Inquire about it
 - Clarification
 - Redirection
 - Passive/vague patient
 - Think about depression
 - Use facilitating remarks
 - Clarification
 - Move to closed-ended questions
 - Angry patient
 - Do not react with anger
 - Listen
 - Express a desire to rectify the situation if possible
 - Validate the anger
 - Avoid blame



Complicated Interviews

What is taught

- Management of
 - Patient with an intrusive family member
 - Include everyone in the room in the introductions
 - Listen to what others have to say
 - Reassure the family member, then redirect
 - Only as a last resort, ask them to step outside
 - Non-English speaking patient
 - Orient and introduce the translator
 - Use a triangular conformation
 - Talk directly to the patient
 - Request a verbatim translation



Complicated Interviews

How it is taught

- 50-minute lecture on complicated patient interviews
 - Covering the skills listed in the learning objectives
 - Role play demonstrations of various scenarios
- Standardized patients
 - Chest pain
 - Decreased vision
 - Foot pain
 - Dizziness
 - Cough
 - Back pain
 - Angry
 - Passive/vague patient
 - Anxious patient
 - Intrusive family member
 - Non-English speaking patient
- SP DVD Protocol for feedback



Complicated Management Issues

What is taught

- Delivering bad news
 - Or
- Disclosing an unanticipated outcome
- To patients who react with
 - Anger
 - No emotion
 - Crying
 - Denial
 - Difficult questions



Complicated Management Issues

What is taught

- Delivering bad news
 - Acknowledge that this is bad news without dwelling on that fact.
 - Get right to the point using clear, simple language.
 - Balance the patient's hope; that is, do not give false hope, but never destroy all hope.
 - Assess how the patient feels after the news has been given.
 - Reassure the patient (verbally and non-verbally) of your continued availability to them.
 - Communicate a general plan of care, but avoid going into details about specific treatments and prognosis.



Complicated Management Issues

What is taught

- Disclosing an unanticipated outcome
 - Adverse event or medical error
 - Acknowledging to the patient that an error has occurred
 - Expressing remorse for the error
 - which does NOT mean taking or assigning blame for the error
 - Explaining how the error occurred
 - Explaining the outcome resulting from the error
 - Describing how the cause of the error has been/will be investigated to prevent recurrence and improve future care
 - Arranging follow-up with the patient



Complicated Management Issues

How it is taught

- 50-minute lecture on complicated management issues
 - Covering the skills listed in the learning objectives
- Standardized patients with
 - New diagnosis of potentially terminal disease
 - Diagnostic error
 - Medication error
 - Procedural adverse event
- SP DVD Protocol for feedback





STANDARDIZED PATIENT DVD DEMONSTRATION

Erik J. Bustamante, MS2

What Have we Learned about Teaching Communication Skills?

- Teaching strategies
 - Role-playing
 - Trained patient instructors
 - Faculty
 - Other students
 - Videotape
 - Review and reflection
 - Direct observation with timely feedback
 - Patients
 - Family members
 - Health care professionals



What Have we Learned about Teaching Communication Skills?

- Teaching strategies
 - Provide a conceptual context and coherent framework for learning skills
 - Address a broad range of communication tasks
 - Encourage students to explore higher-order skills and difficult situations in a learner-centered fashion



What Have we Learned about Assessing Communication Skills?

○ Assessment Strategies

- Immediate verbal feedback from standardized patient
- Written feedback of observable behaviors
- Videotape review with faculty after self-review and reflection



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United States Medical Licensing Examination website

