Teaching Communication Skills in the Clinical Setting

Marcy Rosenbaum, PhD,
President of EACH: International Association for Communication in Healthcare
Sahai Family Professor of Medical Education and Professor of Family Medicine
Faculty Development Consultant, Office of Consultation and Research in Medical Education
University of Iowa Carver College of Medicine

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Objectives

- Describe the rationale for clinical teaching about clinician-patient communication
- Recognize teachable moments in a busy clinical environment related to communication
- Use a variety of evidence-based strategies for teaching about communication (and everything!)

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Premises

1. **Effective communication is central to being an effective clinician**
2. **Effective clinical communication can be taught and learnt**

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Health professions communication teaching: The current state

The Good News

- A core competency, required by accrediting bodies
- Worldwide, many health professional schools now have significant communication skills curriculum
- Much less in Postgraduate and Continuing Education

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Communication teaching: Medical school

- **When**: Mainly during pre-clinical years
  - Emphasizing importance early
  - During available curricular time
- **How**: Experiential (Group or 1:1 practice, primarily with simulated patients, reflection, feedback)
- **Who teaches**: Primary care disciplines, behavioral scientists

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The Problem

- aka the bad news
- **Medical student communication skills and attitudes can deteriorate over 4-7 year curriculum**
- **Greatest decline in student communication skills occurs during clinical years**

Kauss 1980, Kraan et al 1990, Craig 1992, Pfeiffer et al 1998, van Dalen et al 2002, Hook and Pfeiffer 2007, Silverman 2009, Bombeke 2010, Neumann et al 2011, Brown 2012

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Main premise

Disintegration of
communication skills and attitudes
results from
Dis – integration
(meaning "lack of integration")
of formal communication teaching
with
Clinical workplace learning

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UICCOM approach: Formal curriculum

- **Pre-clinical:** Combines early clinical experiences (ECE) with lectures, small group and 1:1 practice and feedback
- **Clinical rotations:** Formal communication sessions with SPs in 6 required clerkships
- Reinforced by **performance-based assessments (OSCEs)** with SPs

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Opportunities for CS integration: Iowa formal CS sessions

- **Transition week:** Bad news telling
- **Inpatient medicine:** Explanation and planning, working with interpreters
- **Outpatient medicine:** Shared decision-making, student identified challenges.
- **Ob/gyn:** Sexual history taking
- **Psychiatry:** Suicide risk assessment
- **Family Medicine:** Motivational interviewing, End of Life conversations
- **Pediatrics:** Explanation and planning, adolescent interviewing

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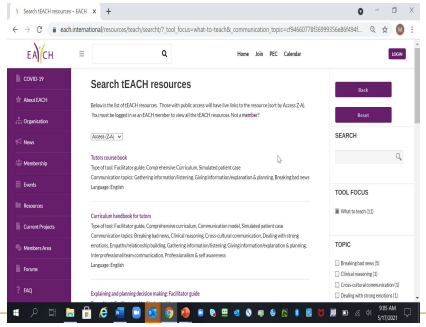

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Limitations of formal curriculum

- Learning skills in formal curriculum does not necessarily **translate** to actual practice
- Learning in **informal curriculum, workplace- based learning** in the context of clinical care with clinical teachers, has significant impact on practice

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Learning in the Clinical Workplace

Iowa research on learner perspectives on CS learning in the workplace

Students reported learning communication mainly by:

- **observing** supervising faculty and residents
- **conducting** interviews themselves
- feedback on **patient presentations**

Majority of students report communication skills rarely **explicitly** addressed by clinical teachers

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Opportunities to teach communication in the context of clinical care

- **Role Modeling** for learners
- **Staffing:** Responses to learner presentations
- **Observation** of learner interactions with patients and **feedback**
- Combining approaches

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Role modeling

Premise:

- Teachers are always being watched!
- Often main strategy teachers and students identify
- Implicit rather than explicit

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Role Modeling communication: Strategies for maximizing learning

1) Prime learner before observation	• *"Please pay attention to the way I….."* • *"What aspects of the clinical encounter do you have questions about?"*
2) Conscious awareness of CS choices while modeling	• Have a plan, consider the skills you use
3) Debriefing after observation is key	• Teacher reflection on encounter • Learner reflection: "*What did you notice (analyze skills used)?" "What do you have questions about?"*

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Role Modeling communication: Strategies for maximizing learning

- Especially useful early and for advanced issues
- TIME: Priming and debriefing can be brief

Be explicit if modeling differently from formal learning

- Expert clinical reasoning
- Variable context and style

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Role Modeling communication: Strategies for maximizing learning

However…:

- Similar to non-experiential learning – limited for skill development
  - *The most teaching that happened was to watch what you see, which you won't remember because you don't get to practice*
- Learning (and transfer) requires application and practice

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Learning communication by conducting interviews themselves

- Learning through "trial and error"
- Limited ability to self-assess

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Responding to learner case presentations

- Main clinical teaching opportunity
- Little research attention

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Responding to learner presentations

- Emphasis tends to be on:
  - **Content: what** information we are trying to gather and convey to patients

  Rather than
  - **Process: how** the information was gathered or conveyed to patients
    - *"Did you ask about this, did you ask about that?"*

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Responding to learner presentations

Presentation responses influence how students interact with patients

- *In preclinical, they teach you to ask open ended questions but **you can't really ask open-ended questions** in the clinical years, just because the patient will not give you the right things and then your attendings will be " why didn't you ask this? So we learn **to streamline it more and do it fast,** which could be bad but that's how it is.*

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Responding to learner presentations

Some learner challenges in clinical communication

- Organization/focusing/time management
- Not knowing what questions to ask
- Patients with multiple complaints
- Empathy/Emotional situations
- Patient education (Explanation and planning)
- Facilitating adherence

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Responding to learner presentations

Learners can provide cues to communication issues in their case presentations

Some communication cues:

- *This patient had **so many problems** I had a hard time sorting it out and **it took a long time***
- *I started to go down the path of depression, but **he was resistant**.*
- *I explained to her that **she needs to take the medication regularly** which she has not been doing*

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Responding to learner presentations

*This patient had **so many problems** I had a hard time sorting it out and it took **a long time***

1. Explore learner's perspective on the encounter 2. Discuss potential CS that could be helpful	
• **Listen** attentively • **Check and screens** for further problems • **Negotiate agenda** taking both patient's and clinician's needs into account	• Ask about **patient ideas, concerns, and expectations** (ICE) • **Periodically summarize** to verify own understanding of what the patient has said; invite patient correction/elaboration

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Responding to learner presentations

If no explicit CS cues:

- **Pay attention** to more implicit cues:
  - Overly brief or long interviews
  - Missing information
  - Non-verbal cues
- **Ask explicitly**:
  - *How did the interaction go, any challenges*?
  - *What does the patient think is going on? What is he concerned about?*

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Responding to learner presentations

However……

Resident-patient encounters (video)	Resident presentation to supervisor (audio)
Congruent	Most medical content conveyed
Patient perspective, social history, content/process of patient education, planning and decision making	**Consistently Omitted**
Effective and ineffective CS	**Little insight into CS effectiveness via presentations**

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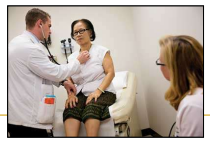
Direct observation and feedback

Observation can give clearer picture of learner communication strengths and challenges

Learners desire more observation and feedback



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Observation and feedback: Strategies for maximizing learning

1) Prime learner before observation	• *" "What would you like me to pay attention to….."*
2) In room: **Prime patient** **Awareness of what observing**	• Teacher or learner can orient patient • Take notes
3) Debriefing after observation is key	• *"How did it go? What would you like feedback about? What I observed was…"*

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Observation and Feedback

TIME

- Can save time by allowing clinical teacher to:
  - Diagnose patient while observing
  - Enter info in Electronic Health Record (EMR)
  - Gather additional information from patient and role model
  - Potentially skip patient case presentation

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Observation and Feedback

Problems	Solutions
TIME	• Brief observations • Video
Learning Discomfort	• Disconnect from formal summative assessment
Usefulness of feedback	• Behaviorally specific, supportive

Lane 2000, Holmboe 2004, Rosenbaum 2012, Schopper 2015

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Opportunities for clinical CS teaching: Combining approaches

Student recommended approach

- **Explicit role modeling** of approach – 1-3 times
- Learner-patient encounters
- **Observe** learner and give feedback
- Reference previously observed skills or new cues in **response to presentations**
- **Additional** role modeling and/or observation to assess progress

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Opportunities for CS teaching: Combining approaches

Patient Education

- Learner **takes history** on their own
- **Learner presentation**: If appropriate, communication cue discussed
- **Observe** learner educating patient after presentation
- Briefly **role model** additional interaction
- Debrief with feedback

Petersen 2008, Madson 2014, Power 201

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Opportunities for CS teaching: Combining approaches

Teaching in the patient's presence

- Learner **take history** on their own
- Learner gives **presentation** to teacher in front of patient
- Teacher **feedback** and room for patient input
- Teacher **role models and/or learner demonstrates** additional approaches
- Debrief/**feedback** after encounter

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Why integrate communication training into clinical teaching

- **Reinforce and validate** content and skills emphasized in formal curriculum
- Address more **advanced communication skills and issues** in preparation for professional practice
- Address **interviewing challenges** learners face in clinical practice

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Take home points

Opportunities for explicitly teaching about communication include:

- Role modeling and observation
  - Use priming, conscious awareness and debriefing/feedback to deepen learning
- Addressing learner cues that arise in staffing in or out of room
- Combined approaches

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Commit to one approach to use in your teaching

- In chat, write one take home point from this talk you want to remember to inform your professional practice

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