Integrated versus distinct teaching units in communication – what is more effective and how long does this effect last?

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Background: Studies show that communicative competence of physicians not only increases physician-patient-relation (e.g. Bredart et al., 2005; Arora, 2003) and patient satisfaction (e.g. Brown et al., 1999) but also increases clinical outcomes (e.g. Little et al., 2001). In one Medical Faculty (Freiburg) distinct teaching units of communication with patient actors are implemented in the first study year. In the other Medical Faculty (Mannheim) integrated teaching units with basics (knowledge), video-analysis of role models and application in role plays are realized (skills) and several references to both knowledge and skills are introduced during the first study year. We wanted to find out if the integrated approach is more effective in obtaining communicative competence and if the effect is of duration.

Summary of Work: In 2014 we asked all students from the Medical Faculties of Freiburg and Mannheim to complete the ‘Freiburg Questionnaire to Assess Competencies in Medicine’ (FKM, Giesler et al., 2011). 569 Freiburg students and 573 Mannheim students completed the questionnaire.

Summary of Results: In the middle of the 1st study year Mannheim students score higher in communication than Freiburg students (T(440)=4.43, p<0.001). The Scheffé-test shows that in Mannheim 1st year students have higher scores in communication than 2nd year study students.

Discussion and Conclusions: The integrated teaching units are more effective than distinct teaching units of communication, but it seems that the effect does not last.

Take-home messages: To obtain and maintain communicative competence in medical education you need integrated and longitudinal curricula of communication.

A two-way path toward effective communication in the PICU: Evaluation of a novel program

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Background: Effective communication with patients and parents improves satisfaction and reduces healthcare costs. Few graduate medical training programs offer formal communication training. The simulation-based “Communication Bootcamp” offers a novel learning opportunity for both fellows and parents, while creating a care team that employs effective two-way communication. We describe the curriculum, associated assessment, and early program evaluation findings.

Summary of Work: The program transformed into a 2-day, informal, authentic, two-way discussion among parents and fellows in the Pediatric Intensive Care Unit (PICU). On-going formative assessment was performed to measure 8 fellows’ bedside communication skills. Three parallel forms, targeted to the fellow, parent/caregiver, and other healthcare providers consisted of 5 items scored on 4-point scales ranging from 0 (Unacceptable) to 3 (Above expectations) to evaluate different aspects of care (engagement, respect, Information, responsibility, hope). From July 2014-January 2015, 59 patient interactions were assessed with these measures. Responses by role were compared using Kruskall-Wallis test, and trends over time were analyzed using a Rasch model.

Summary of Results: Healthcare providers’ [Observed Avg (OA) = 2.8] and parents/caregivers’ ratings (OA=2.6) were higher than fellows’ (OA=1.8) across all aspects, p<0.5. Trends indicated improvement across all aspects over time, but statistical significance was not reached. Evaluation is on-going and updated results will be presented.

Discussion and Conclusions: Preliminary findings suggest the “Communication Bootcamp” improves PICU fellows’ communication with patients and their parent/caregivers. Future work includes analyses of fellows’ reflective notes, and evaluation of patients’/families’ attitudes toward the program.

Take-home messages: Structured simulation programs focused on communication can be effectively implemented into a graduate medical training program.
Can erroneous video-based examples foster the acquisition of patient-centered communication skills in healthcare undergraduate students? Results of a randomized controlled trial

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Background: Patient-centered communication leads to improved health outcomes and greater patient satisfaction. Thus, medical and health professions schools give attention to teaching of communication in undergraduate training. However, achieving the requested communication skills requires learners to transfer theoretical knowledge into practice.

Summary of Work: A video-based worked-example approach was implemented in a computer-based learning environment with the intention to facilitate the acquisition of communication skills in undergraduate healthcare students. The example format was varied experimentally and constantly combined with self-explanation prompts and elaborated feedback.

36 nursing students were randomly assigned either to one of two respective treatment groups (correct vs. erroneous examples) or to the control group (no examples). Learning materials on an evidence-based strategy for giving unfavorable information to patients included an introduction for all three groups and four respective video-based examples for each treatment group. Dependent variables were outcomes derived from a repetitive knowledge test and a single performance test (giving bad news to a standardized patient), respectively. Performances were video-recorded and scored by three ‘blinded’ experts using a checklist. To analyze group differences, Kruskal-Wallis tests and Dunn’s tests were conducted.

Summary of Results: Performance-test scores significantly differed between the groups ($\chi^2(\text{df}=2,\text{N}=36)=7.79, p=.02$). Students confronted with erroneous examples performed best, whereas students from the control group performed worst. Hence, this difference was significant ($z=2.78, p=.005$).

Discussion and Conclusions: Implementing video-based examples, self-explanation prompts, and elaborated feedback strongly indicates to facilitate the acquisition of patient-centered communication skills in healthcare undergraduate students, especially when examples are erroneous.

Take-home messages: Studying erroneous video-based examples can promote essential transfer performances in prospective healthcare communicators.

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Development of a national, longitudinal communication skills curriculum for undergraduate medical education

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Background: Due to changes in the Medical Licensure Act in May 2012, communication skills are now a mandatory part of medical education in Germany. To support the medical faculties in implementing teaching and assessment of communication skills within their present curricula, the present project aims to develop a national, longitudinal communication skills curriculum. The project is supported by the German Federal Ministry of Health.

Summary of Work: Overall, the project has two major goals. First, to investigate the current state of teaching and assessment of communication skills at Germany’s medical faculties is conducted. To this end, data about structure, content and learning objectives realized in the respective courses and exams are analyzed. Second, current best-practice-examples of teaching and assessment of communication skills are collected and also classified according to learning objectives and communication competences.

Summary of Results: Up to now, 30 faculties have been included in the analysis of current state. Furthermore, 130 best-practice examples from 29 faculties have been collected. Based on the classification and analysis of these best-practice-examples, a blueprint for a longitudinal communication skills curriculum was developed. It consists of 300 teaching units distributed among 3 modules: 1) core curriculum of medical communication, 2) inter-professional communication and 3) advanced communication.

Discussion and Conclusions: The blueprint and underlying best-practice examples aim to support the medical faculties to (further) develop their own communication skills curricula. Specifically, it should enable an integration of communication-related learning objectives into already existing courses and lectures to avoid further strain on teaching capacities.
"Dear death": Reflective letter writing as a method to improve physician communication skills at the end of life care

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Background: End of life care has always been managed and executed mainly by physicians. Although it is well known that competent communication during this period is contingent on emotional and reflective capabilities of those who do it, clinical socialization seems to create a cynical attitude towards emotional and psychological aspects of the medical practice. This can be attributed in part to the contents and methods of conveying these skills. An examination of teaching emotional abilities is thus called for both in terms of content and methodology.

Summary of Work: The present talk attempts to suggest reflective letter writing as a means to enhance emotional communication and affective capabilities between physicians and patients and by implication between the physicians and themselves, in end of life situations.

Summary of Results: Based on grounded theory, we will argue that reflective letter writing propels a process that enhances communicative and emotional capacities by affecting the creation of a community of learners due to the dialogic nature of the letter. The collective engagement that the letter affects—reading the letter out loud, giving and receiving feedback, sharing and witnessing others’ personal experiences—provides the necessary rapport for an emotional change to take place.

Discussion and Conclusions: The lecture is based on a course in end of life communication to residents of family medicine at the Haifa Technion medical school. Data have been solicited from letters written during this course. These letters are used to substantiate some of the arguments provided, and will be used for demonstration during the lecture.

Take-home messages: Reflective letter writing propels a process that enhances communicative and emotional capacities and improve physicians end of life communication.

Is there a need for training Clinical Communication in Family Medicine? A survey on patients’ perspective

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Background: Physicians’ communication skills are an essential tool in the diagnostic and therapeutic process, as they influence patients’ confidence, compliance, satisfaction and ultimately psychological and physical outcome.

Summary of Work: We analysed patients’ experience in communicating with their Family Physician (FP), using the QUality Of care Through the patients’ Eyes COMMunication (QUOTE-COMM) questionnaire, as part of a survey evaluating the impact of FPs’ use of computer on patient-physician communication. A convenience sample of 392 patients registered in a Portuguese Health Centers Grouping completed the survey.

Summary of Results: Overall patients reported a high ability of FP’s to communicate regarding affect-oriented as well as task-oriented approaches. No association was found between number of years with FP and QUOTE-COMM score, but a positive correlation was detected between number of consultations in the previous year and QUOTE-COMM score. Furthermore, FP communication capacity was negatively associated with time spent interacting with the computer during the consultation, although patients perceived the use of the computer by their physician as a positive asset.

Discussion and Conclusions: Computer has become an essential tool in primary care consultations, but also a challenge to patient-physician communication. As this study suggests, better communication skills are related to a more positive impact of computer use by FPs. Effective clinical communication skills, including specific computer use skills may influence physicians’ efficiency. More studies are needed to establish how patients evaluate their FP communication ability and how they value specific communicational approaches.

Take-home messages: Specific training during FP internship and during senior physicians’ practice may enhance physicians’ communication ability and lead to a positive impact of computer use on patient-physician communication.
Lost in translation: using video-based ethnography to study the contribution of junior doctors in the communication between professionals during team-based tasks

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Background: High quality patient care is delivered through effective communication between healthcare professionals in a multidisciplinary team. Junior doctors are key mediators in this communication since they work on the frontline and maintain close contact with patients. The aim was to explore the contribution of junior doctors in the communication between healthcare professionals during a team-based task such as the ‘board round’.

Summary of Work: All formal board rounds on a general medical ward were observed and digitally recorded over two 48-hour periods. The data was analysed for the quantity and quality of contribution made by junior doctors to the discussion. The findings were triangulated with data obtained from the medical notes and handover documentation completed by the same trainees.

Summary of Results: Junior doctors contributed to 17% of the total time spent discussing patients during board rounds. Key information about the inpatient management and discharge plan across patients was omitted by junior doctors at the board round. There is a general inconsistency across healthcare professionals about the information held on patients in the board round setting. Furthermore, the key information such as diagnosis is rarely re-evaluated at board round, on the ward round or during handover.

Discussion and Conclusions: Whilst junior doctors participate in discussion during team-based tasks, they do not always communicate key information about the inpatient management or discharge of patients.

Take-home messages: This study demonstrates the need to continually develop communication skills across the continuum of medical education since poor communication during team-based tasks can be detrimental to delivering effective and efficient patient care.