Background: Effective communication improves health outcomes, satisfaction for both patient and doctor and improve the therapeutic relationship. Research highlights the importance of video recording in communication skills teaching.

Summary of Work: This work analyzed a questionnaire asking about changes observed in the medical practice of 32 primary care residents after their participation in sessions of pre-recorded videotapes of real consultation, and receiving feedback by small group, using Problem Based Interview methodology (PBI). Each resident presented one videotape in a small group with a maximum of 12 residents in sessions during about 90 minutes. The videotape was stopped each time anybody notice something important related to communication in the interview.

Summary of Results: All medical residents described positive changes in their medical practice. The main changes reported was less interruptions in the patient speech, better time management, increase of empathy, more observation about patient’s non-verbal communication, better approach about patient’s worries, more use of opened questions and better approach of the patient’s main complaint.

Discussion: As previously showed Problem Based Interview (PBI) allows that each resident observe yourself, and the feedback received by the members of the group helps the resident to have better strategies to deal with a difficulty in the communication with the patient.

Conclusion: The use of pre-recorded videotapes of real consultation with feedback by a group improve the interview and the reflective practice about communication skills in the perception of the medical residents. It should be more encouraged in the medical schools.

Take Home Messages: The use of pre-recorded videotapes of real consultation with feedback by a small group is very useful in communication skills teaching.

#5HH01 (134876)

Barriers to effective communication and collaboration among physicians and nurses in Pediatrics Department in State of Qatar

Manasik Hassan*, Hamad Medical Corporation - Pediatrics Department, DOHA, Qatar
Ahmed Duhaer
Ahmed ould Veten
Ahmed Alhammadi

Background: Clear communication is associated with better quality of care to patients, increase teamwork and job satisfaction for physicians and nurses. Effective team communication in a hospital inpatient setting is challenging and often requiring unplanned communication among busy healthcare providers. Study aims to identify barriers to effective communication and collaboration among physicians and nurses in daily inpatients practice and to explore potential recommendations that can overcome challenges.

Summary of Work: A cross sectional survey were administered from September until November 2015 to the physicians and nurses on pediatrics inpatients wards at Hamad Medical Corporation the main tertiary hospital in Qatar, questionnaire included details of demographics, perceptions and barriers to proper communication and collaboration in daily clinical practice. Questions offered objective answers utilizing the 4-point Likert scale that can be used to perform statistical analysis.

Summary of Results: Out of 124 responses, 83 (67%) were Physicians and 41(33%) Nurses. Almost (69%) of physicians stated that they enjoyed communication with nurses compared to (41.5%) of nurses (P < 0.012). Nearly (67.5%) of physicians had a good communication with nurses compared to (44%) of nurses (P < 0.039). Both group identified several barriers to effective Physicians –Nursing Communication; Lack of sharing plan in decision-making, Lack of physician openness to communication, lack of receiving accurate and correct information, difficulty reaching the physician, lack of professionalism and lack of institutional support.

Discussion and Conclusion: Our study shed light on barriers to optimal physician - nursing communication in pediatrics inpatient setting; better understanding of these aspects will insure excellent patients care level.

Take Home Messages: Our finding identified several strategies to overcome above challenges: mandatory bedside rounds between health care providers and patients, implement structured communication tools, improve organizational culture and organized lectures and workshops to pediatrics health care providers to ensure excellent patients care.
Using a Rational Explanation Checklist to examine doctors’ explanations to patients: initial feasibility study in general practice

Maureen Topps*, University of Calgary, Calgary, Canada
Katherine Kelly, University of Aberdeen, UK
Christopher Burton, University of Aberdeen, UK
Aliya Kassam, University of Calgary, Canada

Background: General Practice deals with vague symptoms and undifferentiated clinical situations. Patients expect explanations, and some receive inadequate information, especially when there is no clear medical reason. General Practitioners (GPs) employ a number of strategies and explanations depending on the clinical presentation. A “Rational Explanation Model” (REM) has been proposed as a mechanism for enhancing communication with patients about symptoms regardless of the underlying cause. Using a checklist based on the REM, pilot testing was conducted to assess whether there are observable differences between “strong” and “weak” explanations of symptoms.

Summary of Work: A medical student (KK) observed GP consultations for a range of symptoms. For each consultation the student completed a Rational Explanation Checklist about the explanation the doctor provided. This included items relating to the symptom/reason for consultation; the nature of any explanation; whether it was agreed as plausible by both parties; whether explanations included a label (or diagnosis); and whether it included a mechanism by which symptoms arose.

Summary of Results: 154 patients participated. For "medically explained" symptoms (64% of cases), doctors had an extensive and sophisticated repertoire of explanations and included desirable features such as checking agreement with the patient. For “medically unexplained” symptoms doctors appeared to have fewer explanations and were less likely to include labels or mechanisms.

Discussion: Difficult to explain symptoms are challenging for GPs and may leave patients with inadequate explanations. The REM checklist appears to discriminate between “strong” and “weak” types of explanation. This information can be used to strengthen the types of explanations provided by GPs when encountering medically inexplicable presentations. This can enhance the patient-centred approach through better communication, enhanced patient engagement and improve patient satisfaction.

Conclusion: Use of the REM should be further explored as a functional communications enhancement.

Take Home Messages: A REM can enhance GP communication skills and patient engagement in a patient centred manner.

ComPsych: A postgraduate communication skills training program about discussing schizophrenia diagnosis and prognosis for psychiatry trainees

Philippa Ditton-Phare*, University of Newcastle, Newcastle, Australia
Harsimrat Sandhu (Hunter New England Local Health District, Newcastle Australia)
Brian Kelly (University of Newcastle, Newcastle, Australia)
David Kissane (Monash University, Melbourne, Australia)
Carmel Loughland (University of Newcastle, Newcastle, Australia)

Background: Mental health clinicians do not always communicate optimally with patients and their carers, particularly when discussing a schizophrenia diagnosis. Communication skills training (CST) has addressed gaps in other medical specialties, but evidence for its efficacy in psychiatry is limited. This study evaluated a pilot psychiatry-specific CST program named ComPsych developed specifically for the Australian context (Ditton-Phare et al., 2015).

Summary of Work: Postgraduate psychiatry trainees (n=44; mdn age=32; %male=50) attended the ComPsych training with the aim of acquiring skills in how to competently discuss distressing information about schizophrenia with patients and their families or carers. Using a pre-post training design, self-report and objective Standardised Patient Assessments (SPAs) were used. Self-report assessments consisted of 9 questions to examine trainee satisfaction with the ComPsych program and their confidence communicating with patients. Observational, time-limited, video-recorded standardised patient assessments (SPAs) with simulated patients were conducted with a subset of 30 psychiatry trainees. SPA performance was coded using the Comskil Coding System (Bylund et al., 2010).

Summary of Results: Trainees reported high satisfaction with the ComPsych training program and delivery. Following training, trainees’ reported confidence in their own communication skills was increased, along with an increased ability to critically evaluate their own communication competency (effect sizes from d = -0.98 to -1.68). Objective pre and post SPA observations of trainee performance showed that communication skills improved significantly for Agenda Setting (d = -0.82), while skills related to Questioning correspondingly decreased (d = 0.56). A dose effect was also observed for Agenda Setting (η = 0.34), with trainees who attended more ComPsych training modules outperforming those attending fewer.

Discussion: The results of the current study demonstrate an increased frequency of some patient-centred communication behaviours by psychiatry trainees post-ComPsych training. Trainees were highly satisfied with the program and reported significant improvements in their confidence to communicate distressing information about schizophrenia to patients and their carers. Importantly, their ability to
Monday 29 August 2016

Critically evaluate their own communication competence was improved. SPA data demonstrated increased skills acquisition, specifically in agenda setting skills, possibly reducing the need for recurring questioning.

**Conclusion:** This initial evaluation precedes a more comprehensive evaluation of the ComPsych program and the development of further curriculum modules (e.g., discussing treatment and recovery, shared decision-making, and conducting family interviews). This translation of CST to psychiatry may address significant gaps in training and clinical practice at the postgraduate level.

**Take Home Messages:** Whilst communication skills can be taught effectively in medicine, there is little evidence for its efficacy in psychiatry. The ComPsych communication skills training program has been piloted for psychiatry in the Australian context. The program is highly rated by trainees and has increased the frequency of some patient-centred communication behaviours.

### #5HH05 (134584)

Collegial relations and positions in workplace based communication training: A qualitative study

Jane Ege Møller*, Center for Health Sciences Education, Aarhus University, Aarhus N, Denmark

Bente Vigh Malling, Centre for Health Sciences Education, Aarhus University, Aarhus, Denmark

**Background:** Post-graduate medical communication training predominantly takes the form of short mandatory courses separated from clinical work. Theories concerning situated learning, transfer, and communication training, however, suggest that this type of training may be more effective if it was designed as work place based training.

**Summary of Work:** This project developed and implemented a workplace based communication skills training concept for doctors in five different hospital departments in Denmark. The concept built on the Calgary-Cambridge Observation Guide, and involved role-play, video supervision, collegial feedback and facilitator training. The project included a qualitative study. The qualitative study applied ethnographic methodology, i.e. observations and interviews with participating doctors (n=49). The aim of this study was to explore: 1) doctors’ perspectives on the training, and 2) what barriers and resources emerged from training in the work place. Using a framework of positioning theory (e.g. Rom Harré), the data was analyzed.

**Summary of Results:** The material shows that collegial relations are both a resource and a barrier for the training. It is a resource inasmuch as it enables doctors to learn from each other, create a mutual vocabulary for coping collectively with issues of communication. However, close working relations also make feedback, especially constructive criticism, challenging. Another barrier is the disturbance of hierarchical structures and positions between juniors and seniors. Several positions are at play in the sessions, which makes the training situation more complex and unstable, than if the participants did not work together.

**Discussion:** Even though much is gained from implementing workplace based communication training, a variety of collegial aspects still influence how learning can take place.

**Conclusion:** Overall, the workplace setting reinforces collegial feedback. However, collegial relations are both a resource and a barrier for the training.

**Take Home Messages:** More focus should be on developing workplace based communication skills training taking into account the complexity of the setting.

### #5HH06 (134723)


**Janine Kee**, Tan Tock Seng Hospital, National Healthcare Group, Singapore, Singapore

**Khoo Hwee Sing** (Health Outcomes & Medical Education Research, National Healthcare Group, Singapore)

**Issac Lim Wai Yeen** (Health Outcomes & Medical Education Research, National Healthcare Group, Singapore)

**Mervyn Koh Yong Hwang** (Tan Tock Seng Hospital, National Healthcare Group, Singapore)

**Background:** Studies have focused on verbal and non-verbal communication errors displayed by doctors during their interaction with patients. We move beyond the micro aspects and identified macro and meso level factors that negatively affect the patient-doctor encounter.

**Summary of Work:** We conducted a qualitative content analysis of 124 negative patient feedback about doctors received between March 2013 and February 2014 at a large acute hospital. Various factors beyond doctor’s communication skills that contributed to poor doctor-patient relationship and eventual negative feedback from patients and their family members were identified. A two-step fine coding system was used.

**Summary of Results:** The following themes were identified from our analysis: 1) Bureaucratic: Arising from healthcare system (sub-specialisation, information transfer) 2) Symbiotic: Interdependence between healthcare professionals (negative service spillover effect whereby patients perceive healthcare experiences as a whole and preceding service lapses evokes negative emotions, poor inter-professional practice) 3) Reflective: Mirroring between patient and doctor (recursive communication lapses).

**Discussion:** The bureaucratic nature of the healthcare system diffuses individual accountability, and contributes to silo mentalities. A symbiotic relationship between healthcare professionals as seen in the negative service spillover effect, affects patients’ subsequent encounters with their doctors. Poor inter-professional communication is associated
with inconsistent clinical information being relayed to patients. When doctors fail to empathize with patients’ negative experiences, these factors contribute to the mirroring of negative emotions and recursive communication lapses.

**Conclusion:** Besides micro level factors, macro and meso level factors beyond the doctor also contribute to poor doctor-patient relationship.

**Take Home Messages:** Despite the widespread systems approach to healthcare, there needs to be an increased awareness about individual collective responsibility and the symbiotic relationship between healthcare providers, as these factors impact the patient-doctor relationship.

---

#5HH07 (132172)
Utilizing situational simulation in nursing education to improve nurses’ self-efficacy of communication skills when communicating with family caregivers of patients

Hui-Fen Hsiang*, Taipei Medical University Hospital, Taipei, Taiwan  
Pei-Ling Wang  
Shu-Liu Guo  
Meng-Chun Tu  
Chang-Jenn Yeh  
Shu-Tai Sheen Hsiao

**Background:** This purpose of this study was to apply situational simulation in nursing education to increase nurses’ self-efficacy of communication skills when communicated with family caregivers of patients.

**Summary of Work:** A cross-sectional research design with convenience sampling was conducted. Participants completed the pre-post test of questionnaire which included a background form and the self-efficacy of communication questionnaire (SEC). The education included the teaching video and discussion of communication skills. The part-t test and Pearson’s correlation were examined differences in SEC.

**Summary of Results:** The majority (95.5%) was females, with a mean of clinical experience 52.7 months (N=45). The SEC scores were significant increased after this program (t=-2.4, p<0.05). Each item of SEC was increase (p<0.05). Nurses who had longer years of clinical experience reported higher increase SEC scores in this study (r=0.3, p<0.05).

**Discussion:** The results were consistent with a previous study by Haung et al. (2014), in which “situational simulation education programs” can effectively improve the communication skills in nurses. Furthermore, participants who had longer years of clinical experience reported more increases in self-efficacy of communication skills after completing the education program.

**Conclusion:** The results of this study showed that nurses who completed the situational simulation education program improved their self-efficacy of communication skills. This study added to the growing knowledge about the situational simulation education program which used actual clinical events as scenario would lead nurses to learn appropriate communication skills.

**Take Home Messages:** Nurses who had longer clinical experience significantly improved their self-efficacy of communication skills. The result showed that the scenario simulation education is not only useful for new graduate nurses but also important for senior staff nurses. Therefore, the simulation education is acceptable to increase nurses’ self-efficacy of communication skills.

---

#5HH08 (134795)
Teaching end of life (EOL) communication in the emergency department (ED) through high-fidelity simulation scenarios

Alexandra Stefan*, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Canada  
Angela Stone, Sunnybrook Health Sciences Centre and University of Toronto, Toronto, Canada

**Background:** EOL care is challenged in the ED because of compressed timelines and necessity of caring for the patient while simultaneously communicating with the family. Previous literature describes EOL training delivered in didactic sessions and workshops or simulated encounters with standardized patients divorced from the acute care episode. Currently at the University of Toronto there is no EOL curriculum for emergency medicine (EM) residents.

**Summary of Work:** We implemented high-fidelity simulation training for residents on the EM rotation that required participants to manage the acute presentation while communicating with the patient’s family. These hybrid scenarios were incorporated into existing simulation-based resuscitation training. We evaluated scenario feasibility, participants’ satisfaction and self-perceived effect on practical skills in EOL communication (measured on a 5-point Likert scale).

**Summary of Results:** We developed two hybrid scenarios: 1) speaking to a family member by telephone while attempting resuscitation of a cardiac arrest patient; 2) assessment and management of a lung cancer patient with severe dyspnea, including establishing goals of care with the substitute decision maker. Over 25 months (2014/1-2016/2), 69 postgraduate year-1 and -2 trainees participated. Most had limited previous exposure to EOL training. The overall level of satisfaction was high and the sessions positively contributed to the trainees’ self-perceived knowledge on the topic (mean±SD scores: 4.4±0.62 [scenario 1]; 4.2±0.68 [scenario 2]).

**Discussion:** In the ED environment, EOL communication often occurs during management of high-acuity patients, a scenario not considered in existing training. Our novel simulations addressing this common ED scenario were feasible and well-received.

**Conclusion:** High-fidelity simulation can be used to teach EOL communication in the acute care environment. Effects on actual resident performance and family satisfaction should be evaluated.
Take Home Messages: Simulation of EOL discussion simultaneous with acute medical management addresses an unmet ED teaching need. Our simulations were feasible and well-received by residents.

#5HH10 (134742)
Limited health literacy in patients: how do educators address the issue in practice?

Wern Ee Tang*, National Healthcare Group Polyclinics, Singapore, Singapore
Audrey Tan (NHG, Singapore, Singapore)
Jancy Matthews (NHG, Singapore, Singapore)
Yu Fan Sim (NHGP, Singapore, Singapore)

Background: Studies have reported that healthcare professionals (HCP) often overestimate patients’ literacy levels and seldom use communication strategies recommended by health literacy experts. This study aimed to determine (1) the awareness, attitudes, communication strategies of primary care HCPs towards patients with limited health literacy (LHL) and (2) any differences between educators and non-teaching HCPs.

Summary of Work: A self-administered, anonymous, cross-sectional survey was conducted amongst HCP in 9 polyclinics in Singapore using a questionnaire with the following constructs i) awareness of LHL ii) communication techniques used with patients with LHL iii) barriers in management of patients with LHL.

Respondents were also asked to indicate if they were involved in training undergraduate/postgraduate HCP students.

Summary of Results: Response rate was 79% (458 of 580). 40% of respondents were nurse/medical/pharmacy/allied health educators. There were no statistically significant differences between educators and non-teaching HCPs in their perception of the problem posed by LHL, communication barriers, use of communication strategies and perception of personal ability in communicating with LHL patients.

The preferences for enablers to improve patient communication were similar for all HCP groups, the most preferred options being the provision of visual tools and more time with patients. 87.4% of respondents had never received any training in communicating health information to patients with LHL.

Discussion: HCP's awareness of their patients’ LHL and the use of appropriate communication techniques can improve health outcomes in LHL patients. Educators like their non-teaching colleagues need training, more patient time and tools to better manage LHL patients.

Conclusion: Most HCPs, including educators, report a lack of formal training in communicating health information to patients. All HCPs including educators need training, more patient time and tools to better manage LHL patients.

Take Home Messages: All HCPs including educators need training, more patient time and tools to better manage LHL patients.

#5HH09 (132964)
The effect of scenario-based course to improve self-confidence on communication in PGY ICU nurse

Fang Tzu Lin*, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
Yu-Jen Su (Kaohsiung Medical University Hospital, Kaohsiung, Taiwan)
Pei-Hui Tsai (Kaohsiung Medical University Hospital, Kaohsiung, Taiwan)

Background: Communication skill is a core attribute required of professional nurse, especially in critical care. But intensive care unit (ICU) nurse of post-graduate year (PGY) lack of communication experience and training with critical ills, families and colleague. Therefore, we hope scenario-based course can improve their communication skills and self-confidence.

Summary of Work: Ten PGY ICU nurses undertook the eight times multidisciplinary scenario-based communication course that included basic communication skill, common conflict with critical ills, care givers and colleague, and grief in critical care. Data collected via self confidence in communication scale. Statistical analyses were performed using the SPSS(version 20.0).

Summary of Results: All the PGY ICU nurses were female. Result of wilcoxon rank test show that communication was decrease in clear (p=.033), and appropriate (p=.016) that compare with pre-course. But communication in humor, steady and warm were not associate with significant change.

Discussion: The scenario-based communications course provides thePGY ICU nurse a learning environment of safe, low stress and helpful for solving problem. They can developed their own communication skills through personal experience and sharing.

Conclusion: The scenario-based communications course provides thePGY ICU nurse a learning environment of safe, low stress and helpful for solving problem. They can developed their own communication skills through personal experience and sharing.

Take Home Messages: It could be parallel extended to all categories education of the PGY nurses in our hospital when they were familiar in clinical agenda. So that they could more effective and suitable to communication with patient, care givers and other colleagues.
Background: Speech recognition systems can instantly and accurately transcribe verbal interactions, enabling doctor-patient conversations to be analyzed in detail. Although there are diverse useful data sources to provide clinical performance feedback, we introduced interview transcripts generated through speech recognition software using AmiVoice® to make feedback more specific and precise for the evaluation of medical history taking skills. We investigated whether this methodology is superior to voice recording-only feedback for clinical skills training.

Summary of Work: 79 medical students in a General Medicine clinical clerkship rotation were assigned to either speech recognition feedback (n=39) or voice recording feedback groups (n=40). All students' medical interviewing skills during California Simulation Alliance (CSA) case scenarios were assessed twice using Mini-CEX. Participants were asked to make the most appropriate diagnosis based on the medical interview. Between assessments, the intervention group received feedback based on speech recognition system generated medical interview transcripts; the control group received feedback based on audio recordings. Mini-CEX scores, diagnostic accuracy, and duration of feedback sessions were compared between groups.

Summary of Results: Overall Mini-CEX scores were higher with speech recognition-based feedback (intervention group: 5.2±1.1 to 7.4±0.9, control group: 5.6±1.4 to 6.1±1.2, F(1, 77) = 35.7, p<0.01). Diagnostic accuracy was higher with speech recognition feedback (87.2% versus 67.5%, p<0.01). The duration of feedback sessions was shorter with speech recognition feedback (22.6 minutes versus 27.7 minutes, p=0.04).

Discussion: The results suggest that using speech recognition software permits clinical educators to better identify deficiencies in history taking which then allow feedback to be more specific and effective.

Conclusion: Feedback based on speech recognition systems leads to improved Mini-CEX scores and diagnostic accuracy, while reducing total feedback time.

Take Home Messages: Speech recognition-based feedback is an effective and efficient method to improve clinical performance.
The effectiveness of flash-card history taking in hearing-deficit elders, a sample group in Thailand

Boonjiraporn Pratoomchat*, Suranaree University of Technology, Nakornratchasima, Thailand
Purin Sathiropas (Suranaree University of Technology, Nakornratchasima, Thailand)
Kamonkwan Chantaranothai (Suranaree University of Technology, Nakornratchasima, Thailand)
Weerachat Deemak (Suranaree University of Technology, Nakornratchasima, Thailand)
Sasicha Buengern (Suranaree University of Technology, Nakornratchasima, Thailand)
Supakrit Auiwattanakul (Suranaree University of Technology, Nakornratchasima, Thailand)

Background: Thailand and many countries are going to be aging society. A problem of hearing in elderly patients has an obstacle of communication with health personnel and physicians. This problem will be found more frequent in future with no alternative of communication aids in many health-care center. The flash-cards of symptoms are an innovation of communication to improve the reliability of patient-doctor interview. Then, the purpose of this study is comparison of flash-card communication between hearing-deficit and normal hearing elderly patients.

Summary of Work: The sample size are 43; 21 in study group and 22 in control group included from OPD elders. The inclusive criteria are patient age of sixty or more. The exclusive criteria are neurological diseases and visual problems (e.g. CVA, mental retardation, Down syndrome, First, the questionnaire is a self-assessment to screen their hearing status. Second, flash cards interpretation measure correctness in percent. All patients are informed and asked for permission.

Summary of Results: The mean age of hearing-deficit group is older than normal hearing group, significantly (p<0.03). The gender proportion has no statistically significant. The flash cards represent 28 symptoms. The results of percent of correctness by uni-variable analysis are in-different, except cards for diarrhea and cystitis. But all cards of symptoms have no statistically significant between groups after age factor added into analysis.

Discussion: The flash-cards of symptoms can be used for history taking in old ages. But the limitation of this communication are more time need and personnel to interpret the patient response. However, it has more advantages in hearing-deficit patients. The flash cards (first version) have only main symptoms, the other details will need more cards and be more complexity. Age has an effect on outcome (confounding). Because older age has more hearing deficit. Then, age-adjusted analysis should be considered. The picture drawing need skill and knowledge of symptom. Last, we have not compared the words or phrases and figures.

Conclusion: The flash-card communication has advantages in primary taking history of hearing-deficit elders. And they need cousins to give additional details.

Take Home Messages: Older patients need more communication aids.

Improving Standards of Hospital Discharge Summaries - An Educational Curriculum for House Officers

Liling Natalie Woong*, Singhealth, Singapore, Singapore
Krithikaa Nadarajan (Singhealth, Singapore)
Yan Qin (Singhealth, Singapore)
Qiao Li Tan (Singhealth, Singapore)
Mei Ling Kang (Singhealth, Singapore)
Poh Yong Tan (Singhealth, Singapore)

Background: Discharge summaries are pivotal in the continuity of care for our patients. Audits of discharge summaries have shown they are often poorly organized, convey inaccurate information and fail to include pertinent information. Discharge summaries are usually completed by house officers who have little clinical experience and are also unfamiliar with the required components. We have come up with a formal curriculum and template with the aim of improving the standard of discharge summaries.

Summary of Work: Study participants were 16 House Officers posted to Internal Medicine. A discharge summary curriculum was created after extensive literature review and focus group discussions. A discharge summary template was devised. The curriculum included lectures, small group teaching and an objective evaluation instrument.

Summary of Results: Following the implementation of discharge summary template followed by lectures, percentage of summaries that included all the recommended components increased by 30%. Average total score improved by 4% (p=0.459). There were improvements in average scores for the components of physical examination, hospital course, discharge diagnosis, medication changes, discharge advice, tests pending, follow-up plans and overall impression score. However there were decreased average scores in the components of premorbid condition, presenting complaint, past medical history and condition upon discharge.

Discussion: House officers require formal training in writing discharge summaries. The provided template aids in the completion of discharge summaries with inclusion of recommended components. Subsequent small group teaching can focus on improving the components in which the house officers scored more poorly.

Conclusion: Hospital inpatient discharge summaries can be complex and are an integral part of continuity of patient care. Ultimately we hope to use this curriculum as an educational tool in improving clinical reasoning skills, which will then lead to better patient care.

Take Home Messages: An educational intervention to improve inpatient discharge summaries benefits house officers, healthcare providers and patients.