How to Teach Communication Skills to Clinical Clerks

A Workshop for Faculty and Residents

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Objectives

At the end of the Workshop, participants will be able to:

• Discuss the evidence re outcomes
• Include communication issues in orienting clerks to their service
• Use PCCM as framework for Feedback
• Use an organized teaching framework
Outline

• Overview
• How we teach communication skills to students in the first two years
• What’s the evidence?
• Ideas for teaching in the clerkship
• Demonstration - to prepare for the small group session
• Small group practice with Standardized Students
How We Teach Interviewing at Western in the First Two Years

Patient-Centred Clinical Methods
Clinical Methods Course at UWO

- Sept. & Oct. of First Year
- Introductory lectures/demonstrations of the patient-centred method
- Four small group sessions - 3 hours long with 1 facilitator and 4 students
- Students standardized to role play patients - 2 per session
- Faculty development
Clinical Methods, cont’d

- Apr. & May of First Year
- Review lecture
- Eight advanced sessions - 3 hours long with 2 facilitators and 8 students
- Standardized patients - 2 per session
Clinical Methods, cont’d.

• Family Medicine Integration just before the clerkship
• Six 3-hour sessions with 1 facilitator and 1 - 2 students with real patients in an office setting
• Sessions in Psychiatry and Obstetrics/Gynecology
Clinical Methods, cont’d.

• Learning in many ways:
  – Being the patient
  – Interviewing the patient
  – Observing the interaction
  – Thinking about it later

• Student assessment:
  – Feedback
  – OSCE
Integration with other courses at UWO

- Case of the week on Mon. - interviewed by a student in front of the class
- Further discussion in small groups on Wed. - flesh out the four dimensions of the whole patient
- Wrap-up and integration on Friday
- Health, Illness and Society Course
The Patient-Centred Clinical Method

The Conceptual Framework for the Course

A rediscovery of fundamental principles
What’s the Use of a Model?

- Challenge to consider “Why?” and not just “How?”
  - Provides a set of goals vs. a set of skills
  - Provides a common language for teaching and learning especially for feedback
- Assists self-evaluation and improvement
- A focus for faculty development
- Integrated into medical practice not “just” interviewing
Overview of the Method - Six Interactive Components

- Exploring both disease and illness
- Understanding the whole person
- Finding common ground about management
- Promoting health and preventing disease
- Enhancing the relationship
- Being realistic
“It has often seemed to me that we have been somehow talking at cross purposes, discussing different things, never quite reaching one another. This inability to communicate does not, for the most part, result from inattentiveness or insensitivity but from a fundamental disagreement about the nature of illness. Rather than representing a shared reality between us, illness represents two quite distinct realities - the meaning of one being significantly and distinctly different from the meaning of the other.”

Exploring Disease & Illness

A "unique" personal experience:
- Feelings
- Ideas
- Function
- Expectations

⇒ Personal understanding

The "broken part":
- Signs & Symptoms
- Abnormal tests

⇒ A category

Weaving Back and Forth

Disease

Illness

A category
Understanding the Whole Person

Disease

Illness

Person

Context
Finding Common Ground

- Problems
- Goals
- Roles

Mutual Decision

Act or Wait
Motivational Interviewing

- Based on “Stages of Change” framework of Prochaska and Diclemente
- Helps to target interventions
- Goes “Beyond Advice”
- Recognizes the importance of ambivalence in blocking change efforts
- Basis of “Project ARAI” and “Guide Your Patients to a Smoke Free Future”
Stages of Change

• Precontemplation
• Contemplation
• Preparation
• Action
• Maintenance

For ANY kind of change!

Physician’s role is different at each stage
Prevention & Health Promotion

Every visit is an opportunity for health promotion and prevention. Consider:
- Present and potential diseases
- Patient’s experience of health and illness
- Patient’s potential for health
- Patient’s context
- Patient-doctor relationship

A Spectrum of Five Activities:
- Health enhancement
- Risk avoidance
- Risk reduction
- Early detection of disease
- Ameliorating effects of disease
Enhancing the Patient-Physician Relationship

Use every visit as an opportunity to build on the relationship - it has enormous power for good or harm.

• Empathy, respect, congruence
• Sharing power
• Caring & healing
• Self-awareness
• Transference & counter-transference
Being Realistic

Recognize your limits and model healthy behaviour.

- Time & energy
- Resources
- Team building - you cannot do it alone
Teaching and Learning Issues

- Learning a new **framework** for the clinical method e.g. incorporating disease and illness
- Learning new **skills** e.g. finding common ground
- Learning new **attitudes** and values e.g. the moral imperative of entering the patient’s world
The Importance of the Clerkship

• Good interviewing courses in 1st two years
• We need to practice and consolidate the skills in the clinical setting
• Instead, we may extinguish the skills in the clerkship by:
  – ignoring them
  – poor role models
• Several studies show that interviewing skills deteriorate from 1st year to 4th year
The Priority of Role Modeling

• The way in which we treat our students will be reflected in the way they treat their patients

• Much of what we teach is “tacit” knowledge which cannot be described in words but can be demonstrated in behaviour

• Powerful effect on motivation

• Powerful impact on attitudes
What is Needed to Learn a Skill

• Personal readiness
• A safe environment
• Coaching
• Description
• Demonstration
• Acquisition practice with feedback
• Application practice with feedback
What is Needed to Learn a Skill - Other Issues

- Internalize the feedback
- Learn own limits and when to refer
- Mental rehearsal
- Indications and contraindications
- Go thru stages
Stages in Learning a Skill

Learning a Skill on the Wards

- Plan opportunities to practice skills
- Observe student behaviour with patients
  - a few minutes on several occasions is better than a single longer observation
- Provide constructive feedback
- Plan additional learning experiences
Feedback is a Gift
The JoHari Window

From Joseph Luft and Harry Ingham
Feedback

- Focus on observations, not inferences “You did such and such vs. you are…”
- Focus on descriptions, not judgements “What I observed was… vs. that was inadequate.”
- Focus on specific details, not generalities “At the start of the interview with Mrs. Jones, I noticed… vs. your introductions are all…”
Feedback, cont’d.

• Check out your observations with the learner
• Ask questions to stimulate analysis and new ideas
• Ask the student how they think they can improve
• Offer suggestions only as needed
“Vanishing” Feedback

• Study of attending physicians’ responses to problematic behaviour of residents
  • E.g. disrespect, uncaring or hostility
  • Either ignored it, or used indirect or very subtle communication which was usually misinterpreted
What’s the Evidence?

Does Good Communication Have a Positive Effect on Outcome?
Two Summaries of the Research from UWO


## Studies of Communication and Health Outcomes

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<th>RCTs</th>
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<tr>
<td><strong>TOTAL</strong></td>
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Patient Outcomes

*Patient-Centered communication is associated with improvements in:*

- Patient satisfaction
- Patient adherence
- Patient concern
- Symptoms e.g. headache, common symptoms
- Physiologic status e.g. BP, Hb A₁C
Physician Outcomes

*Patient-Centered communication is associated with:*

- Greater physician satisfaction
- Fewer complaints and malpractice allegations
- Reduction in fees for malpractice insurance in many States
- No greater amount of time
## Impact on Diagnostic Tests

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<tr>
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<th>Proportion Receiving Diagnostic Tests</th>
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<tr>
<td>1\textsuperscript{st} quartile</td>
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# Impact on Referral

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<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; quartile (not patient-centered)</td>
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Adherence

Communication factors which improve patient adherence:

• Clear information provided to the patient
• Mutually agreed upon goals
• An active role for the patient
• Positive affect, empathy and support from the practitioner
Blocks to Learning

The “STAR” model:

- Motivation
- Roles
- System
- Skills

“MRS ST”

Talents, traits & personal qualities
Small Group Session

- Practice with Standardized Students
- Take turns being the teacher and the others provide constructive feedback
- Suggested teaching format and checklist which you can modify if desired e.g. can practice part of the suggested skills
Suggested Format of Role Play

- Set the stage
- Student’s perspective first
- Constructive feedback
- “Diagnose” the learner
- Teach for transfer
Demonstration

• New clerk starting on your service
• Part of orientation is about opportunities to learn and reinforce communication skills
• Determine student’s entering characteristics and roles of teacher and learner
• VOLUNTEER?
Evaluation

• We really want your feedback
• At the end of the morning we will set aside a few minutes for verbal feedback in the small groups and for completion of a short one page form
• Please complete the form and let us know what went well and what needs improvement
• THANKS.