MSEC Course Review: Communication Skills for Health Professionals

ORGANIZATION

The course co-directors are:

- Medicine: Dr. Forrest Lang  being replaced by Reid Blackwelder
- Nursing: Dr. Susan Grover  being replaced by Frances Jackson
- Pharmacy: Dr. Rick Hess
- Psychology: Dr. Chris Dula

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1. Objectives

By the end of this course, the student will be able to:

1. Demonstrate effective rapport building skills appropriate to the clinical situation.

2. Demonstrate effective data gathering and information management.

3. Demonstrate appropriate and accurate empathy.

4. Use active listening to determine the patient’s/client’s perspective on illness and values.

5. Apply principles of interpersonal communication during family/group interviews, and to community-based, health group meetings (e.g. AA, NA, AL-ANON support groups etc).

6. Demonstrate effective communication strategies for sharing information with the client/patient, and in reaching common ground when the worlds of client/patient and health care provider fail to overlap.

7. Analyze the effect of one’s own intra-personal factors on the client/patient professional relationship.

8. Demonstrate communication techniques that accommodate client’s/patient’s cognitive, psychological, sensory, motor, spiritual and cultural individuality.

9. Apply principles of communication to interdisciplinary health interactions.
2. Core Content

The Core Communication Skills are included in the objectives above. There is an interactive module that students review prior to skills groups. These modules are highly interactive and include a set of challenging stimulus videos, linked to analytic questions and responses.

3. Teaching Methods
   Small group, practice sessions (Skills Group)

   The class works in small inter-professional groups to practice individual and group skills and receive feedback. Techniques will emphasize interviewing of “standardized patients/clients,” (community members who have been trained to faithfully reproduce certain characteristics.) **Attendance is mandatory.** One improves through interviewing over and over again while embracing feedback from oneself and from faculty and the patient simulators. **Note, every student is expected to interview each week in the skills group.**

4. Evaluation Methods

   An OSCE stands for Objective Standard Clinical Evaluation. The major part of the course evaluation revolves around your ability to perform the communication skills identified in the course with an actual standardized patient. Just as you will practice using these communications in small groups using standardized patients who are trained to present a particular clinical scenario in a standard format, you will be evaluated by the same pool of standardized patients with cases very similar to those used in your practice sessions.
Case design

All of the standardized patient scenario OSCE’s are designed to provide opportunities for you to demonstrate the following core skills:

-Your ability to establish rapport and express positive supportive statements and statements of personal commitment

-The ability to elicit a complete agenda in an efficient manner up front in the interview

-Your ability to gather information using a combination of early open ended and closed ended questions and to use summarization

-The ability to actively listen for meaning that is implied but not stated and to appropriately explore for the more explicit meaning

-The ability to respond to feelings either expressed in terms of feeling words or in a situation with implied feelings

-The ability to reaching Common Ground – This includes the ability to develop a clear plan with explicit patient “buy in.” It also includes the skills used when there is a lack of patient commitment or if there is frank disagreement.
5. Grading structure

This course requires full, active participation in order to acquire the skills identified. The course is competency based. Consequently, the evaluation for this course will be as follows:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm Objective Structured Clinical Evaluation (OSCE)*</td>
<td>25%</td>
</tr>
<tr>
<td>Skills Groups Participation</td>
<td>15%</td>
</tr>
<tr>
<td>Modular quizzes on D2L</td>
<td>10%</td>
</tr>
<tr>
<td>Community-based, health group meeting, Attendance and D2L experience report</td>
<td>10%</td>
</tr>
<tr>
<td>Final OSCE*</td>
<td>40%</td>
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May count for up to 60% if this score is higher than the mid-term OSCE.

TOTAL Score 100%

For Medical Students

70 – 100 Pass
6. Summary of Student Feedback

**Re Keeping the course inter-professional** 76% strongly agree, 4% undecided, 1% Strongly disagree

**Re Overall course Evaluation:**

- Excellent 47%
- Good 47%
- Satisfactory 6%
- Marginal 1%

**General Comments and Strengths**

Great overall instruction from both the instructors and the standardized patients. The skills that they taught us will be very beneficial throughout the course of our careers.

I cannot say enough good things about the SPs

I really liked Ms. Moore, my small group leader, because she led a relaxed, yet highly effective meeting.

I thought it was very good. I did wish for some more examples of how to deal with really difficult situations

The modules provided excellent ideas and suggestions

The course seemed to be done well. I learned a lot more from it than I was expecting going in to the course and it increased my confidence in communicating with patients in the future.

Having modules developed by faculty and professionals from the various disciplines and specialties was helpful and informative.

Dr. Hess is an amazing facilitator
The Best!

This was a great course

Dr. Lang is a brilliant man for putting this all together. He and Dr. Creekmore both facilitated our class and

I really enjoyed both of them.

I loved getting to talk with patients. This was actually my favorite course this semester

This was a case where videos enhanced the instruction, and especially since I have recently complained about the use of video instruction in another course, I want to clearly state why they work so well here. The main reason they work is because they are used in addition to, not instead of, personal instruction. I still had the chance to get supervision from my facilitator while practicing with the SPs, who were very helpful.

The inter discipline environment was beneficial.

Interdisciplinary course, appropriate homework assignments, videos on modules, small groups, knowledgeable small group facilitators, and having small groups every other week rather then every week. Also, midterm and final exams were well organized and felt like real patient interviews.

Course Weaknesses

Some of the course modules were very long

The only weakness of the course in my mind was that the CD module video clips did not work on my or my spouses' computer

The scenarios we were placed in were totally unreasonable. When will a surgical resident ever have time to talk about a pt not being able to urinate when they are there for a gallbladder removal?
You could present more challenging scenarios in the videos.

I have fears of public speaking. And so it does not work out well when the whole class watches me.

That would be helpful to see more, FULL LENGTH, interviews done correctly.

The time limit in the OSCE.

Nothing.

I don't feel that there are any major weaknesses with the course.

3 hours is a little too long IMO.

I wish we could have met more often.

The fact that the modules (both online and on cd) are not able to work with Apple computers is ridiculous. Fully 1/3 of the M1 class uses an Apple computer.

The modules took too long and they need to be more concise. ~ 8-10 comments.

I wish there could be more in-class time without taking away from time spent on other classes.

**Improvements**

When the medicine students were taking anatomy, it was frustrating that some of our lab group members were in the A group and some were in the B group, as Thursday afternoon was a good time to meet outside of class. I was glad that the groups were mixed up (meaning, that my group members weren't all in my communications small group), but it would have been nice to have all of my group members having communications on the same day.

Keep up the good work!!!

Perhaps fewer people per group?

Combine with physical exam.
Reduced it to 2 hours per session

Limited to the small group session.

Make the modules more user friendly.

7. Summary of Student Performance

All medical students have passed the course (Pass Fail) Two students have been identified “for review” at promotions. These students had other problems and have been dismissed from ETSU.

To my knowledge, of over 300 course graduate who have also taken USMLE Step 2 CSE, there has been one failure identified on basis of “communication problems” Considerably better than the national average.

Communication regularly appears as a recognizable strength in the post-graduation survey of program directors of our graduates.

8. Plans for change. And requests for help.

- Based on retirement schedules there will be a fairly major change in the course leadership. Those taking over in these leadership positions have had extensive experience with all aspects of the course and should make a smooth transition

- To address some of the technical problems with the Video Modules, we plan to make a transition to Adobe presenter to package the modules. We are also considering use of the Active Communication Training Simulator ACTS to allow video communication response to module quiz questions/quizzes.

- CSHP appreciates all of the help from the Standardized Patient Program and from Academic Affairs, and from Lisa Myers (evals). Ongoing support in terms of recruiting new/additional faculty for the course is important and will be deeply appreciated.
Appendix

Module Evaluations and Recommendations

CSHP 2010 Module Evaluations-
Summary Statements by Authors

Rapport Module – 2010, Jackson

EFFECTIVE:

#214/215 positive on use of video clips/PPT format
   “All parts of the module were very helpful”; “Provided great
   information and techniques on how to build rapport”; “most effective parts were
   the videos”
   Several requests for more examples; some for more specific ‘do’/’don’t’
   examples
   Particularly positive comments on ‘ice-breakers’, one request for examples
   of ‘pat on back’
   Both positive and negative comments on use of color-coding of slides
   One comment about more nursing examples of videos; one about
   psychology interview with videos (to add); one about diversity
   #3 requests for full interview on video

IMPROVEMENT/CONTENT:

#10 Commented on repetitive slides
   “a little less repetition throughout some slides”

#3 Asked for summary slide at end
   “include a good summary”; “It would be nice to have a summary slide
   at the end with a few examples of ice breakers, pats on the back and
   collabortive comments”

#11 asked for more information on Hugs/Touch
   “videos of what to do in awkward times that hugs weren’t
   appropriate and the correct response if the patient feels uncomfortable”
   “I felt there could have been more said about touch/hug”
   “More guidelines on knowing when to touch and tips on what to say
   when empathizing would certainly be helpful”

#3 comments on ‘heartsink’ patients
“I think the module could go farther into how to proceed in the case of a particularly unruly or unsatisfied patient where negative rapport was established from the beginning”

IMPROVEMENT/TECHNICAL:
(There may be an abundance of comments on technical problems as this is the first module that the students complete with quiz after initial orientation.)

#43/#215 comments on technical problems:
- Text jumbled, multiple
- Could not bring up videos, multiple
- Difficult to hear/see some videos, several
- MAC users identified frustrations; multiple
- Request for instructions on printing off PPT slides, one
- Comments on spending an hour or more trying to get the CD to work, multiple

Suggestions from Students:
- “post the recommended video player to use”
- “MAC users need to have Media player that can read .WMV files. I have not found yet a solution to run CD using Safari”
- “It is extremely frustrating that the links for the videos do not work”
- “I wasn’t able to watch the videos for this quiz”
- “use podcast/videocast”

Information Management Module – 2010, Jackson
EFFECTIVE:
“This module helped me realize the importance of seeing symptoms from the patient’s perspective and not trying to put words in the patient’s mouth”

#212/216 comments were positive.
- #3 comments on repetition of slides. (see below: requests for expansion of various sections)
- #19/#216 found sexual history positive/helpful; no negative comments
  - #14 request more videos on sexual history and/or other sensitive topics
- #30 comments on expanding on Fab 4 and Mag 7 due to confusion about terms such as quality/intensity, etc. All comments on use of these 3 tools were positive.
  “I could use some help learning how to records the information without having to disrupt the interview and without having to repeat questions.”
#7 requests for more information, videos on use of open and closed ended questions, including when to transition

Positive comments on use of questions within the module and on use of quiz questions to reinforce learning. #2 positive comments on use of “statistics”. IMPROVEMENT/TECHNICAL:

#43/#215 comments on technical problems for Rapport Module; dropped to #10/#216 for Information Management

“some slides were blank”
“unless the module is in slide show format, it is smaller . . . “
“couldn’t play video on silence, slide 19 and video of pharmacist using ubiquity on slide 58 had no sound”
“when we copy and paste the information for our quizzes, because of the black background, does not download well. Some of the slides wouldn’t open, like the Fab 4”

Comment for discussion:

Pattern of the following comments from students:

“get clear information from the patient”
“get a patient to open up”
“get information out of patients”
“get more information from the patient”
“extract necessary information

Active Listening - 2010 Forrest Lang

Found valuable

- 85% POSITIVE/10% WITH MINOR SUGGESTIONS FOR IMPROVEMENT/5% WITH CRITICICMS. I really liked how the module gave several suggestions for uncovering underlying emotional issues instead of just listing one solution.
- The research support of the techniques was good.
- I liked the end video. I was able to see everything that the module talked about.
- I liked how the clips were shown where the first one was the clue was missed and the next clip was the same interview where the clue was questioned.
Recommendations for improvements

- Areas for improvement would include having a video responding to more nonverbal clues.
- Make the powerpoint a little shorter, possibly weed out some of the not so necessary information.
- I understand that there are only 6 psychology students in the entire class, but sometimes it would be helpful to have some more examples that aren't mostly medical.
- Ineffective: I believe the examples could have explained thoroughly without the need for quite so many videos.
- The videos were effective at helping me understand active listening. It would have been beneficial if there had been more examples than what was provided.
- [Probably 50 EXPLICITELY SAID THEY LIKEED THE NUMBER OF VIDEOS – 10 WANTED MORE, 10 WANTED LESS]
- Effective: longer videos
- Area of improvement: abbreviations that I don't understand
- There were very good examples in this module, and the videos helped. I would have liked a shorter more direct module better. [~ DOZEN RECOMMENDATIONS FOR SHORTER]
- Make it more "pharmacist friendly" if possible

Technical-Digital

- However, a number of the slides towards the beginning were off kilter in such a manner that they could not be read.
- The bright blue and yellow are really getting to me.
- Video links don't work for Mac computers so I'm not sure if I'm watching the right ones.
- On one example video (the beginning video about leg swelling) the video starts by talking about a man ('he" is taking captopril, etc) but then shows a
woman in the video. The typed words at the beginning of the video should be changed to match the actual scenario.

- Improvements - The sound quality of the Arthritis video wasn't too good. There is a lot of background noise and static.
- I had trouble with the sound on the video with the 55yo patient with rheumatoid arthritis because there was a lot of static/echo in the playback.
- Some of the clips don't allow enough time to read text that is added in particular the text at the end of verbal and non-verbal "feeling" clues on slide 37.

“Feelings” and “Family” Modules  Michael R. Floyd, Ed.D.

Feelings Module: Most CSHP student evaluations were positive. Although there were the usual and contradicting comments about module length, most students agreed with Goldilocks’ assessment of Baby Bear’s porridge. Many students commented positively about the utility of the acronym mnemonics. Many wanted more videos. One suggested greater incorporation of module content within the videos themselves, labeling and commenting on the interactions therein. Another suggested patients be presented full face toward the camera, “...as if they were actually speaking to us.” Several suggested additional background information and examples regarding suicide, anxiety and depression. As in years past, several students asked for more examples of doing things “right,” especially when dealing with angry, violent patients. The greatest number of negative comments involved the technological aspects of the module. Some of these are cited below.

1. “My biggest complaint about this class would be the tech issues I have had issues from the cd, issues with getting the clips to play, issues with the link located on d2l, but going back and forth I have been able to find everything (with the help from the gal in the computer lab on main campus) it just hasn’t been smooth.”
2. A single complaint about compatibility with Mac.
3. Several complaints about blurry, poor video quality.
4. Sound problems – the video on “not considering transference” produced no sound
5. Names on videos on the quiz did not match up to the video names on the module. Question 21 is the file name “suicide.wmv,” not “ICU Patient after Suicide Attempt.” Question 2 is titles “10AM.wmv,” not “It’s 10:00 A.M.” Also, the sound on “30Minutes3.wmv” doesn’t seem to be working.

6. “Slide 5 format was hard to read.”

7. “I wish I could flip back and forth between PowerPoint and the videos.”

Family Module: Almost universally, students like this module, observing they expected to use these skills frequently with family members in their various practice sites. Cited as being particularly positive were the summary slide and the video quiz at the end of the module as well as the variety of clinical examples. Technical suggestions included 1) correcting the length of the video quiz (4, not 6 minutes); 2) the use of subtitles with the translator example; and 3) the link to the article on slide 14 is not set to bring up a new window. Suggestions for development included: 1) an example of a family member in a pharmacy being instructed on how to give medications to a patient having questionable capacity or motivation to adhere to the prescription; 2) a situation involving more than two family members; 3) more examples and content for correctly addressing HIPAA issues and issues involving minors.

Closing the Interview Module Review
CSHP 2010
Rick Hess
Effective – Overall, very good feedback on the module and the overwhelming majority of comments were positive. Summary of most comments are below:

1. Short module and to the point (only 31 slides)
2. Videos effective, though many requests for more (see improvements)
   a. Good feedback on ask-tell-ask
   b. Good feedback on checking for patient’s understanding. They like to see multiple examples of good/bad techniques.

Improvements
1. More video examples (most common “complaint”). Below are potential examples. Some, but not all, examples provided by student comments.
   a. Include examples for each content area
      i. No examples of summarizing the problem
   b. Giving dx, explanations, medication counseling
      i. No examples of how to use decision aid
ii. No examples of incorporating PPI into the closing the interview

c. Including the patient in the healthcare plan
   i. No example on asking patient preferences

d. Checking for patient’s understanding
   i. Provide example of a clinician assessing patient understanding of the plan using the recommended techniques

e. Checking acceptability of the plan
   i. No examples provided. Good place for effective/ineffective examples

f. Assessing barriers to adherence
   i. No examples provided. Good place to show effective/ineffective examples using a variety of patient/situational barriers

g. Clarifying responsibilities of patient and clinician
   i. No examples provided, but example quotes are a good substitute

2. Include all quiz questions at the end. Apparently, only the last question was displayed on the slide. The students were surprised to see more questions that they didn’t know in advance to prepare for.

3. Few comments about links to videos not working and slide content being jumbled (browser issues?)

**Common Ground Module – Forrest Lang**

**PROS**

- 90% very complementary
- Really liked all the diverse videos and scenarios! Super good
- I like the use of PRIDE and ABCDEF
- Probably the most useful module, seems like these situations are very common
- appreciated the slides that included the list and the pneumonic
- The video with the quiz was really helpful on how to talk to a patient about quitting smoking.
- I like PRIDE more than the 5 A's.
- The quiz was actually the best learning example in this module. It allowed me to see how you can lead someone to quit smoking.
CONS

- Length
  - A little too lengthy
- Technical
  - the video on the quiz was so hard to hear even with the volume up all of the way. A little too lengthy
  - One thing I would change is that you wouldn't have to exit the communication cd on D2l every time you finish watching a video and then having to reopen it to complete reading the slides.
  - HORRIBLE sound on videos. I could barely hear even though i had the sound turned all the way up

RECOMMENDATIONS

- The advice in this module will be very helpful when I become a health care provider. For improvement, I would like to see some scenarios of how to compromise with parents of young children on issues such as dieting.
- Helpful to have more videos that show in words what method the interviewer is using.
- There could have been more elaboration on the five A's method.
- The most effective for me were the angry patients looking for meds. There could be more "Irritated" patients in all the modules for us to learn how to work with them more also. [there have been suggestions for patients signing out AMA.]
- The only thing I would do to improve this module is maybe have an example interview with a person who drinks too much alcohol. [Attn. Mike Floyd and Jack Woodside]
- I thought that this module was helpful. It would be more facilitating if the "active listening" module was linked to this module instead of just mentioned.
- Maybe broaden the information past just smoking.
- Because a change in diet is such a touchy subject for many people, I would have liked more of a direct focus on handling that issue, especially considering the obesity epidemic in our region.
- Please define "ambivalence" earlier in the module.
Breaking Bad News 2010

Liked-
- Cancer patient’s interviews
  - The real patient interviews on how each felt taking bad news were fantastic. The SP’s are good substitutes but seeing the emotions of real patients and how they liked/disliked the physician's handling of the situation was irreplaceable
  - A total of 48 spontaneous comment about the value of the cancer patients

Suggestions:
- There was many "not to do" instead provide more to do.
- improved by showing an example from beginning to end of how to completely go through all 5 stages of breaking the bad news.
- Example of response to “Am I going to die?”
- Too long
  - some of the slides were loaded down with information and videos and it was difficult to take it all in.
  - I like the videos; however this module is very long due to so many videos.
  - I like the videos...although more would be nice The videos were great!
  - There may be a few too many videos, but I would rather have too many than too few.
  - This module did seem longer than the others but I don't think any of the real patients should be edited out of it.
  - I thought some of the slides were repetitive; this presentation could be condensed and still cover the topic of breaking bad news.
- Relevance to my discipline:
  - As a pharmacy student, I am not sure if it is relevant to my future. I found it interesting, but I am not sure that I will be in the position to break this kind of bad news as a pharmacist.
  - ~3-4 additional comments