
Teaching Communication Skills in the Context of Clinical Care

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

- Kaplan et al 1989, Stewart 1995, Stewart et al 2000, Jackson 2005, Silverman et 2005, Haskard Zolnierok and DiMatteo 2009.
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Clinical communication teaching: The current state

The Good News

- A core competency, required by accrediting bodies
 - Worldwide, many medical schools now have significant communication skills curriculum
 - Much less in GME and CME
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Clinical 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 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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The Problem

- **What is happening during clinical training in the workplace that contributes to disintegration of learner communication skills (CS) and attitudes?**
- **Discuss briefly with someone near you**



Main premise

Disintegration of
communication skills and attitudes
results from

Dis – integration

(meaning “lack of integration”)
of formal communication teaching
with

Clinical workplace learning

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

- Heaven 2006, Hook 2007, Brown 2010, Bombeke 2012



Learning in the Clinical Workplace

- Substantial literature examining learner perspectives on CS learning in the workplace
- Iowa: Interview-based studies of **what and how students learn** about communication during clinical rotations
 - 2009-2010: 107 final year students.
 - 2013: 55 final year students.
 - 2016: 34 3rd year students

Learning in the Clinical 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

Would your learners (students, residents, etc) say the same things?

Learning in the clinical workplace

When do you teach about clinician-patient communication when supervising learners in clinical settings (clinic, inpatient, etc)?

Discuss briefly with someone near you



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
-

Role modeling

Premise:

- Teachers are always being watched!
 - Often main strategy teachers and students identify
 - Implicit rather than explicit
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- Cote 2000, Bombeke 2010, Egnew 2011, Rosenbaum 2012



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?”*

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

- Additional thoughts?



Role Modeling communication: Strategies for maximizing learning

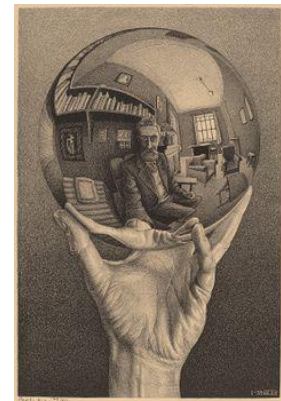
However...:

- 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 in the Clinical Workplace: Conducting interviews themselves

- Learning through “trial and error”
- Limited ability to self-assess

Eva and Regehr 2006



Staffing: Responding to learner case presentations

- Main clinical teaching opportunity
 - Little research attention
-
- Rosenbaum 2012, Cali 1999, Lundberg 2014



Staffing

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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Staffing

- 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?”*
-

Staffing

Learner needs in clinical communication

- **What are common communication challenges** learners have in interacting with patients while taking histories and/or giving information?
 - **Think about how you know about these challenges?**
-

Staffing

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
-

Responding to learner presentations

Iowa Studies:

Analysis of learner case presentations

- Outpatient medicine clerkship:
 - 34 students/ 40 faculty / 63 patient encounters
- Postgraduate Family Medicine clinic
 - 14 residents/ 10 faculty / 22 patients encounters
- **Key finding:** Learners can provide cues to communication issues in their case presentations

Responding to learner presentations

Cue in staffing:

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



Discuss with others:

What do you think was happening in the room between learner and patient?

What communication issues might the learner have and how could you address them?

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

Responding to learner presentations

A few other explicit cue examples:



- *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*
- *I had trouble getting him to open up about his diet*
- *He doesn't really seem concerned*

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 she concerned about?*
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Responding to learner presentations

Additional thoughts?



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

Direct observation and feedback

Observation can give clearer picture of learner communication strengths and challenges



Learners desire more observation and feedback



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...”*”

Observation and feedback

TIME: Observation can save time by allowing clinical teacher to:

- ❑ Diagnose patient while observing
 - ❑ Enter info in EMR
 - ❑ Gather additional information from patient and role model
 - ❑ Potentially skip staffing
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Observation and feedback

Problems	Solutions
TIME	<ul style="list-style-type: none">• Brief observations• Video
Learning Discomfort	<ul style="list-style-type: none">• Disconnect from formal summative assessment
Usefulness of feedback	<ul style="list-style-type: none">• Behaviorally specific, supportive

Observation and feedback

Feedback Tips

- **Ask** the learner their point of view and what would help them
 - **Tell** the learner what you observed and its outcome
 - **Ask** the learner how you can help them and what they will do next time
-

Observation and feedback

Additional thoughts?

Opportunities for 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

Opportunities for CS teaching: Combining approaches

Patient Education

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

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

Opportunities for CS teaching:

- Additional approaches and thoughts?

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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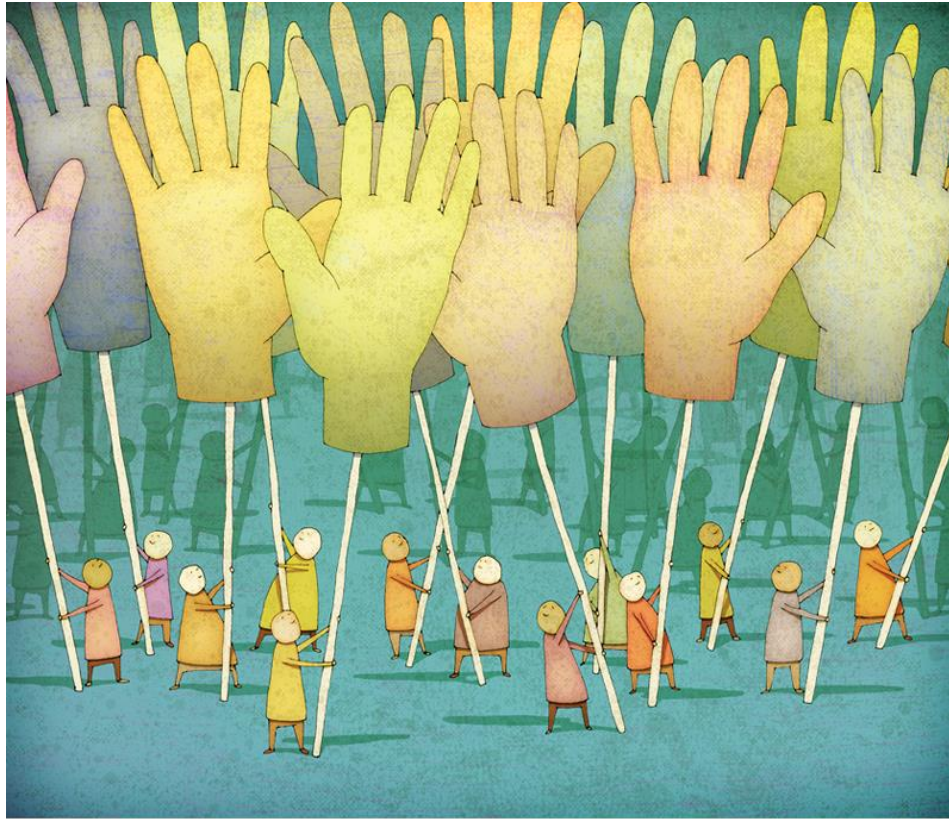
Take home points

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

Questions/discussion



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