



Online Student Self-Reflection and Faculty Feedback of Standardized Patient Interviews Targeting Communication Skills

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Study Objectives

- Develop and pilot an online system to give formative feedback on communication skills to first year medical students
- Determine whether student reflection and faculty feedback on four key communication skills will improve overall communication skills
- Measure how closely student self-reflection, faculty evaluation, and standardized patient evaluation align



Research Question

Will students who view their own standardized patient encounter, complete a self-reflection and receive online faculty feedback improve their communication skills in a post-intervention OSCE compared to students who don't receive the intervention?



Hypothesis

- Self-reflection and written faculty feedback, by virtue of critical self-review will improve communication skills.
- Communication skills will be reinforced more effectively by selecting four key skills from a widely used, validated tool.
- Online student and faculty assessments will allow for timely, behavior specific feedback.



Four Habits Framework for Teaching Communication Skills

Habit	Skills
Invest in the beginning	<ul style="list-style-type: none">• Establish rapport with the patient• Elicit the patient's concerns• Plan the visit with the patient
Elicit the Patient's Perspective	<ul style="list-style-type: none">• Ask for the patient's ideas• Elicit specific interest• Explore the impact on the patient's life
Demonstrate Empathy	<ul style="list-style-type: none">• Be open to the patient's emotions• Make an empathic statement• Convey empathy nonverbally
Invest in the End	<ul style="list-style-type: none">• Deliver diagnostic information• Provide education• Ask for additional questions• Involve the patient in making decisions• Complete the visit

Krupat, E., Frankel, R., Stein, T., Irish, J., *The Four Habits Coding Scheme: validation of an instrument to assess clinicians' communication behavior*. Patient Education & Counseling, 2006. 62(1):38-45.

Rider, E., Nawotniak, R., Smith, G., *A Practical Guide to Teaching and Assessing the ACGME Core Competencies*. HCPPro, Inc. Publishers, 2007.



Methods

- Developed online student and faculty surveys of 4 key communication skills
- 5-point Likert scale with descriptors and open-ended questions
- SPs completed entire history and communication and interpersonal skills checklist plus 4 key skills



Self-reflection

View the recording of your OSCE experience.

In each of the categories, rate your behavior on the scale, using the descriptors as guidance. The categories are *four out of many possible items characterizing communication skills*.

Please write 2 - 3 sentences in the boxes provided to reflect on your OSCE experience.

1) **Greeting the Patient**
(How well did I start the interview?)

1	2	3	4	5
The patient might have interpreted my greeting as being impersonal (or non-existent).	The patient might have interpreted my greeting as one that acknowledges the patient, but without great warmth or personalization.			The patient might have interpreted my greeting as personal and warm (e.g. asked how patient likes to be addressed, used patient's name).

1 2 3 4 5

2) **Gaining the Patient's Perspective**
(How well did I explore the impact on the patient's life?)

1	2	3	4	5
The patient might have interpreted my behavior as showing no interest in how his/her problem affected his/her lifestyle.	The patient might have interpreted my behavior as having some interest about how his/her problem affected his/her lifestyle.			The patient might have interpreted my behavior as showing great interest in how his/her problem affected his/her lifestyle (e.g. work, family, daily activities).

1 2 3 4 5



Self-reflection

- 3) *Reflect on your experience in eliciting the patient's perspective of the problem or exploring the impact of the problem on the patient's life. (i.e. What questions did you ask to assess the patient's point of view? What questions might you ask next time to understand the patient's concerns about the problem?) **

4)

Empathy with Patient (How well did my verbal and non-verbal behavior show interest?)				
1	2	3	4	5
The patient may have interpreted my verbal and non-verbal behavior as displaying a lack of interest and/or concern (little or no eye contact, body orientation inappropriate, bored voice, lack of empathic statements).	The patient may have interpreted my verbal and non-verbal behavior as showing neither great interest nor disinterest (or behaviors over the course of visit were inconsistent).		The patient may have interpreted my verbal and non-verbal behavior as displaying great interest, concern and connection (empathic statements, eye contact, tone of voice) throughout the visit.	

*

1 2 3 4



Self-reflection

5)

Visit Completion (Did I ask for additional questions?)				
1	2	3	4	5
At the end of the visit, I forgot to ask if the patient had additional questions (or forgot to address questions from the patient).		At the end of the visit, I allowed additional questions from the patient, but didn't encourage question-asking nor respond in much detail.		At the end of the visit, I openly encouraged and asked for additional questions (and responded to them in at least some detail).

*

1 2 3 4 5

- 6) *Reflect on your standardized patient interaction. What went well? What areas could use improvement? If you had to do this again, what would you have changed? How do you feel this exercise will impact your ambulatory care experience?* *

- 7) *Watching the video of my interaction with the standardized patient was helpful.* *

Strongly Agree Agree Neutral Disagree Strongly Disagree



Faculty Evaluation of Students

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OSCE First Yr Student Evaluation by Faculty - DEMO (Spring 2008)

Course Information

Course Name: **IMSD-517-11 AC - AMBULATORY CARE I**
Department: **Family Medicine**
Course Director: **Dr. Yumi Jarris**

Note: Questions marked with * must be answered.

OSCE - First Year
DEMO, Mary



Student Evaluation (by Faculty) (DEMO, Mary)

1) **Greeting the Patient (Creates Rapport Quickly)**

1	2	3	4	5
Patient was greeted in a cursory, impersonal (or non-existent) manner.		Patient was acknowledged and greeted, but without great warmth and personalization.		Patient was greeted in a manner that was personal and warm (e.g. student asked patient how liked to be addressed, used patient's name).

*

1 2 3 4 5



Faculty Evaluation of Students

*

1 2 3 4 5

2) Please provide comments and suggestions on *starting the interview*. *

3)

Patient's Perspective (Explored Impact on Patient's Life)

1

2

3

4

5

Student made no attempt to determine/showed no interest in how patient's problem affected his/her lifestyle.

Student attempted to determine briefly/showed only some interest in how patient's problem affected his/her lifestyle.

Student attempted to determine in detail/showed great interest in how problem affected patient's lifestyle (work, family, daily activities).

*

1 2 3 4 5

4) Please provide comments and suggestions on *gaining the patient's perspective*. *



Faculty Evaluation of Students

5) **Empathy with Patient (Verbal and Non-verbal Behavior)**

1	2	3	4	5
Student's verbal and non-verbal behavior displayed a lack of interest and/or concern and/or lack of connection with patient (e.g. little or no eye contact, bored voice, lack of empathic statements).		Student's verbal and non-verbal behavior showed neither great interest nor disinterest, or behaviors over the course of visit were inconsistent.		Student displayed verbal and non-verbal behaviors that expressed great interest, concern and connection (e.g. eye contact, tone of voice, used empathic statements) throughout the visit.

*
 1 2 3 4 5

6) Please provide comments and suggestions on *demonstrating empathy*. *

7) **Visit Completion (Asks for Additional Questions)**

1	2	3	4	5
Student did not solicit additional questions from patient or forgot to address questions from the patient.		Student allowed for additional questions from patient, but did not encourage question-asking nor respond in much detail.		Student openly encouraged and asked for additional questions from patient and responded in at least some detail.

*
 1 2 3 4 5



Faculty Evaluation of Students

8) Please provide comments and suggestions on *completing the visit*. *

9) Optional: Please provide additional comments on any area of the student's performance.

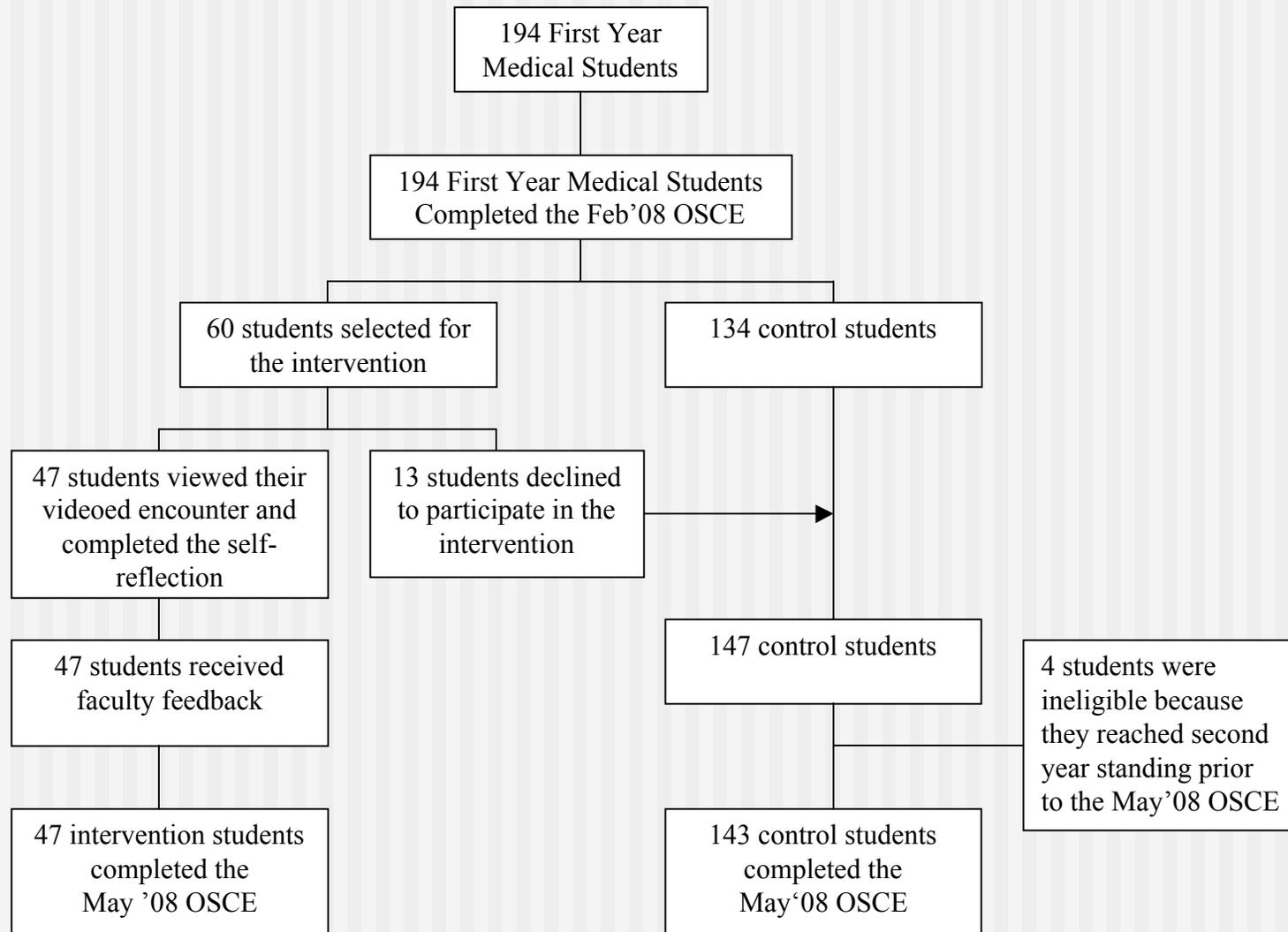
Thank you for taking the time to evaluate the students.

Please be sure that you have evaluated ALL of the students you wish to before you click "Submit". You cannot access this survey again once you have submitted this form.

Close Preview



Methods





Results

Class Means Pre and Post Intervention Standardized Patient Scores

	Pre- Intervention (mean \pm SD)	Post- Intervention (mean \pm SD)	Difference	Paired t-test (p- value)
4 Key Comm. Skills	74.8 (\pm 13.9)	74.7 (\pm 14.2)	- 0.1	0.98
Standard Communications Checklist	67.4 (\pm 12.1)	66.8 (\pm 12.2)	- 0.6	0.70

All variables reported are percentages



Results

Comparison of SP Checklist Scores For Four Key Communication Skills Between Control and Intervention Groups

	Intervention Group Mean, (SD)	Control Group Mean, (SD)
Pre-Intervention		
Rapport Building	4.02 (0.73)	3.94 (0.70)
Patient Perspective	3.93 (0.84)	3.79 (1.01)
Empathy	3.74 (0.82)	3.78 (0.96)
Invest in the End	3.53 (1.18)	3.37 (1.17)
Overall Mean Score %	76.17 (13.16)	74.39 (14.20)
Post-Intervention		
Rapport Building	3.87 (0.71)	3.81 (0.84)
Patient Perspective	3.81 (0.95)	3.60 (0.92)
Empathy	3.66 (0.87)	3.73 (0.88)
Invest in the End	3.77 (0.87)	3.74 (1.06)
Overall Mean Score %	75.53 (14.04)	74.41 (14.30)

None of the p values were significant



Results

Comparisons Among Mean Scores Of 4 Key Communication Skills

	Standardized Patient Evaluation	Student Self- Reflection	Faculty Evaluation
	Mean (SD)	Mean (SD)	Mean (SD)
Rapport Building	3.9 (0.76)	3.6 (0.68)	4.0 (0.76)
Patient Perspective	3.8 (0.95)	4.2 (0.64)	3.9 (1.00)
Empathy	3.7 (0.85)	3.7 (0.52)	3.8 (0.89)
Invest in the End	3.4 (1.20)	3.2 (1.61)	3.8 (1.17)
Overall	14.9 (2.80)	14.6 (2.27)	15.5 (2.80)

Highlighted values are significant at $p < 0.05$

Rapport building: SP vs Student ($p < 0.001$), Faculty vs Student ($p < 0.001$)

Invest in the End: SP vs Faculty ($p < 0.017$), Student vs Faculty ($p = 0.001$)



Qualitative Comments From Survey

Student Comments

Faculty Comments

“I was using my clipboard to stall for questions to ask next. I wasn’t writing anything significant on it -- could’ve done without it.”

“You jumped from the HPI to the PMH and back several times. This makes the flow of questions less smooth. It is fine to use a ‘cheat sheet’ and occasionally look down at it. The questions you asked, however, came out very naturally which is important.”



Qualitative Comments From Survey

Student Comments

“The summary was very sloppy and inaccurate, although the patient correcting me was good in that it filled in what I (shouldn’t have) missed. I really need to be a more active listener. This is a big weakness of mine. I found myself asking for information the patient had already given. The patient said many times he had taken Motrin, yet when I summarized the visit I said Aleve/aspirin.”

Faculty Comments

“It was excellent that you summarized to check understanding. The patient clarified that the pain was sharp initially, but now nagging and that the medication was Motrin, not Aleve or aspirin. This is important in getting an accurate history.”



Results

- No significant difference in communications checklist or 4 key skills scores from standardized patients between intervention and control students in either the pre or post intervention OSCEs
- Student were more critical of their performance on 5-point Likert scale compared to faculty and standardized patients; significant in rapport building and interview completion
- No significant difference in mean overall scores between standardized patients and faculty



Discussion

- No difference in pre/post score
 - required class in interviewing skills prior to pre-intervention OSCE;
 - no structured reinforcement of skills 2nd semester
 - small sample size; semi-random sampling
 - pre and post tests only 3 months apart

- Students more critical of own performance
 - limited frame of reference compared to SPs and faculty



Conclusions

- Students reacted positively to the intervention, with most agreeing that watching the video of their patient encounter was helpful
- The online system provided students with timely, behavior-specific written feedback. Although “portable”, the process for faculty was still time-intensive
- The online surveys allowed us to collect valuable student comments to perform a qualitative analysis (in process)
- Future studies could include:
 - OSCE at the beginning of the first year prior to training in communication skills; skills reinforced throughout curriculum
 - Analysis of reflection as a learning approach: does reflection improve skills? Is there a correlation between the depth of reflection and improvement of skills



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