ASSESSING OF COMMUNICATION SKILLS ACROSS THE MEDICAL EDUCATION CURRICULUM

Joshua Davis, MD

IEHR

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DISCLOSURES

Doximity

• AMERICAN BOARD OF MEDICAL SPECIALTIES

AMERICAN ACADEMY OF FAMILY PHYSICIANS

OBJECTIVES

IDENTIFY KEY CHARACTERISTICS OF A COMMUNICATION EVALUATION TOOL
 TAILORED TO A PHYSICIAN'S PRACTICE

• DISCUSS THE IMPORTANCE OF ASSESSING COMMUNICATION IN HEALTH CARE TRAINEES

• IDENTIFY AT LEAST 1 EXAMPLE OF A COMMUNICATION EVALUATION TOOL RELATED TO YOUR PRACTICE AREA



With Patients

Interprofessional

TYPES OF COMMUNICATION IN HEALTHCARE

Intraprofessional

Academic

Why do we communicate in healthcare settings?

- To engage patients and families
 - Patient-centered care
 - Information sharing
- To work together
 - Code, crisis situations
 - Sharing work (e.g. bathing a patient)
- To leverage expertise
 - Consultations (e.g. wound care, medical subspecialties)
- To provide support
 - Debriefing
 - Reality testing
- To facilitate transitions
 - Shift-to-shift handoffs
 - Transitions of care across settings



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Inter-provider

Signout

IPASS

Shift Report

Communication SBAR

Handoff

Shift to Shift

Handover

Questions from a curious clinician



- "Don't you all talk to each other?"
- "How do attending physicians handoff to each other, anyway?"
- "How should attending physicians handoff to each other?"

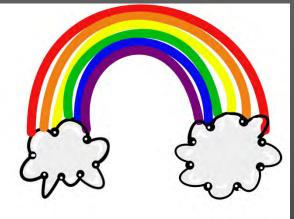
Consider

 What are the aspects of a "good" or "quality" communication?



Why is interprovider communication important?









The Joint Commission, Comprehensive Accreditation Manual for Hospitals, NPSG 2E rationale statement, 2007 Association of American Medical Colleges. https://www.aamc.org/initiatives/coreepas/

Accreditation Council for Graduate Medical Education. http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements American Nurse's Association.

http://www.nursingworld.org/MainMenuCategories/The Practice of Professional Nursing/NursingStandards/ANA Principles/Principles-of-Collaborative-Relationships.pdf

Sentinel event data: root causes by event type. Chicago: The Joint Commission, March 19, 2014.

Baggs JG, Schmitt MH, Mushlin AI, et al. Association between nurse-physician collaboration and patient outcomes in three intensive care units. Crit Care Med. 1999;27:1991–1998.

Sexton J. Error, stress, and teamwork in medicine and aviation: Cross sectional surveys. Br Med J 2002; 320: 745-749.

Starmer AJ, Spector ND, Srivastiva R, et al. Changes in Medical Errors after Implementation of a Handoff Program. NEJM. 2014;371(19);1803-1812. Pincus JD. Communication satisfaction, job satisfaction, and job performance. Human Commun Res. 1986;12:395-419.

12. Larrabee JH, Janney MA, Ostrow CL, Withrow ML, Hobbs GR, Burant C. Predicting registered nurse job satisfaction and intent to leave. J Nurs Adm. 2003;33:271-283.

6 W's of assessing handoff communication

Why:

- Demonstrate compliance with regulations
- Improve performance through feedback
- Evaluate trainees

What:

Handoff type

Who

Where:

In situ Simulation OSCE

When

Before hire Annual evaluation

How:

Pre-existing tool Home-grown tool What type of communication is the focus?

Transition of care

Handoff types

> Duty relief (breaks)

Shift-to-shift

Lane-Fall *et al*. Addressing the Mandate for Handoff Education, Anesthesiology (2014)

Feedback and Assessment Tools for Handoffs: A Systematic Review

Joshua Davis, BA Catherine Roach, BS Cater Elliott, BS Matthew Mardis, BS Ellen M. Justice, MLIS, AHIP Lee Ann Riesenberg, PhD, RN, CMQ

ABSTRACT

Background Resident handoff communication skills are essential components of medical education training. There are no previous systematic reviews of feedback and evaluation tools for physician handoffs.

Objective We performed a systematic review of articles focused on inpatient handoff feedback or assessment tools.

Methods The authors conducted a systematic review of English-language literature published from January 1, 2008, to May 13, 2015 on handoff feedback or assessment tools used in undergraduate or graduate medical education. All articles were reviewed by 2 independent abstractors. Included articles were assessed using a quality scoring system.

Results A total of 26 articles with 32 tools met inclusion criteria, including 3 focused on feedback, 8 on assessment, and 15 on both feedback and assessment. All tools were used in an inpatient setting. Feedback and/or assessment improved the content or organization measures of handoff, while process and professionalism measures were less reliably improved. The Handoff Clinical Evaluation Exercise or a similar tool was used most frequently. Of included studies, 23% (6 of 26) were validity evidence studies, and 31% (8 of 26) of articles included a tool with behavioral anchors. A total of 35% (9 of 26) of studies used simulation or standardized patient encounters.

Conclusions A number of feedback and assessment tools for physician handoffs in several specialties have been studied. Limited research has been done on the studied tools. These tools may assist medical educators in assessing trainees' handoff skills.

Who will do the assessing

Faculty development

Trained observers

Quality control/assurance



Patients

Where should you measure?

In situ

- Least costly
- Most difficult to implement

Simulation

- In situ vs. high-fidelity
- Not as "real"
- Enables standardized scenarios

OSCE

- Most time/training intensive
- Cost for assessors and standardized patients
- Location

OSCE: Observed Structured Clinical Evaluation



How can you assess?

Content

- Process
 - Interpersonal skills

Outcomes

Feedback and Assessment Tools for Handoffs: A Systematic Review

Mini-CEX (Clinical Evaluation Exercise)

SBAR framework

- 32 Handoff Evaluation Tools for physicians
 - 12 IM
 - 4 Pediatrics

Bringing it Back Around

- MCQ Exam?
- Oral Boards?

- Patient Surveys?
- Peer Surveys?
- 360° Feedback?





Resources for finding communication tools

- Joint Commission
 - For handoffs: Targeted Solutions Tool
- Institute for Healthcare Communication
 - Strong focus on clinician-patient communication
- Literature review

"Part Two"



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COMMUNICATION WITH PATIENTS

History Taking Phone Calls Communication

Giving Results Shared Decision Making

Discussing Electronic Treatment Options Delivering Bad News

Why is communication with patients important?









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Fino E, Chessa MA, Starace M, Piraccini BM, Mazzetti M. Soothing with one's words: Positive doctor-patient communication modulates post-surgery pain and quality of physical activity in patients undergoing nail surgery. J Eur Acad Dermatol Venereol. 2022 Aug 22. doi: 10.1111/jdv.18544. Epub ahead of print. PMID: 35993152.

Davis J. Outcomes Associated with Patient Experience Measures In: Patient Satisfaction: Determinants, Psychological Implications and Impact on Quality of

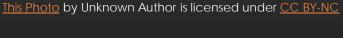


Assessing communication skills during OSCE: need for integrated psychometric approaches

Giovanni Piumatti^{1,2,3*}, Bernard Cerutti³ and Noëlle Junod Perron^{3,4}



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Assessing patient-centred communication in teaching: a systematic review of instruments

Marianne Brouwers, Die Ellemieke Rasenberg, Chris van Weel, Roland Laan & Evelyn van Weel-Baumgarten

MEDICAL EDUCATION

Teaching and Assessing Communication Skills in Medical Undergraduate Training

*Jyoti Nath Modi, *Anshu, Jugesh Chhatwal, \$Piyush Gupta and Tejinder Singh

From Departments of Pediatrics, Christian Medical College, Ludhiana, Punjab; *Obstetrics & Gynecology, People's College of Medical Sciences and Research Centre, Bhopal; *Pathology, Mahatma Gandhi Institute of Medical Sciences, Sevagram; and \$Pediatrics, University College of Medical Sciences, New Delhi; India.

Correspondence to: Dr Tejinder Singh, Program Director, CMCL-FAIMER Regional Institute, Christian Medical College, Ludhiana 141 008, India. cmcl.faimer@gmail.com

SUMMARY

COMMUNICATION IN HEALTHCARE TAKES MANY FORMS

 Communication is a key aspect of Healthcare and thus Medical Training

Communication is a skill that can be Taught, learned, and assessed

 ASSESSMENT OF COMMUNICATION SKILLS MUST BE WELL PLANNED AND TAILORED TO THE TYPE OF COMMUNICATION AND LEVEL OF TRAINING

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