



Interprofessional Faculty Development for Patient-Centered Communication Skills in Health Sciences

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Faculty Development in Interprofessional education in Health Sciences Communication Skills Team

Medical School

Project Lead – Monica Lypson
Faculty – Joseph House
Administrative Director – Paula Ross
Evaluation and Data Analysis – Joel Purkiss
SPI Content Expert – Stacie Buckler

Dental School

Faculty – Carol Murdoch-Kinch
Faculty – Mark Fitzgerald
Faculty – Marita Inglehart
SPI Content Expert – Margaret Liu

School of Pharmacy

Faculty – Jeffrey Tingen
Faculty – Jolene Bostwick



Project Aims

1. Train faculty to educate learners about patient-centered communication.
2. Standardize patient-centered communication skills assessment across the health professions.
3. Initiate an interdisciplinary discourse and develop a patient-centered teaching strategy.
4. Develop an IPE standardized patient case.



Faculty Development Topics

60-minute sessions developed by Med. School staff and Faculty around 4 topics:

1. **Understanding Patient-Centered Communication Skills**
(Presenter – Lypson, 1 session)
2. **Training Standardized Patient Instructors (SPI) to utilize a Checklist**
(Presenter – Buckler, 1 session)
3. **Establishing and Measuring Checklist Validity and Reliability**
(Presenter – Purkiss, 2 sessions)
4. **Development of a Standardized Patient Case and Assessment Tool in the Health Sciences**
(Presenter – Lypson, 5 sessions)



1) Understanding Patient-Centered Communication Skills

1 session provided:

- Overview of communications skills in health sciences
- Overview of the areas of focus for IPE Faculty Development
- Pre and Post test on future topics



Interprofessional Education (IPE)

Why is patient communication so important...

It is essential for quality patient care



SAN ANTONIO BUSINESS JOURNAL
THE ESSENTIAL BUSINESS TOOL

Friday, July 30, 2008

Improving communication skills can transform your workplace

San Antonio Business Journal - by *Paul A. Patis*

Sticks and stones may break my bones, but words can never hurt me. You learned it as a child, but more than likely, as an adult, you realized differently. Words are powerful. They can motivate and heal. They can change assumptions. They can tear down and build up. Yet we take them for granted.

When was the last time you really thought about what came out of your mouth and the impact it would have? The fact remains, however, when used responsibly and intentionally, words can revolutionize the workplace. So the question becomes: how do you use words to make a difference?

There is a myth that the best communication is spontaneous. In reality, the best dialogue is set by some ground rules. Start with your own assumptions. Surveys show that most business leaders believe they are good communicators, but most of their staff disagree. Set a ground rule that you will think more from your employees' frame of reference in crafting your communication.

In addition, establish companywide agreements as to when and how employees will handle communication. Be clear about how you will communicate with employees and when your communication style might be different and why. For example, routine communications may take place in once-a-week staff meetings in a give-and-take way with a lot of employee input. In a crisis situation, however, communication may be much more top-down and direct.

For more informal dialogue, an open door policy may well end up being more disruptive than productive. Come to a consensus as to how interruptions are to be handled. All staff should feel comfortable expressing that they are not available at all times. It may be because they are

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Effects of perceived patient attributes on dentist communication behavior

Spec Care Dentist 21(1): 21-26, 2001

ABSTRACT
The current study was designed to assess the relationship between dentists' communication behavior and their perception of patient attributes such as likeability, manageability, and prognosis. Six AEGID residents were videotaped, and their verbal and nonverbal communication behavior was analyzed in the manner described. Each resident was administered a 20-item questionnaire to determine his/her perception of patient attributes. For overall

INTRODUCTION
Although most health care education stresses that patients should be treated in a facilitative and professional manner regardless of patient attributes, little has been documented to demonstrate to what extent this is achieved. The medical literature suggests that perceived patient attributes can affect physician communication behavior.¹⁻³ There are no published studies, however, relating dentists' perceptions of patient attributes with their communication behavior. The dental literature has described dentists' perceptions of patients^{4,5} and the dentist-patient interaction by means of direct video or audiotape analysis.^{6,10,11} Verheij¹¹ has suggested that the quality of the dentist-patient relationship has a direct effect

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ELSEVIER

RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

Review Article

A meta-narrative review of recorded patient-pharmacist interactions: Exploring biomedical or patient-centered communication?

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2013, 35: 396-401

Evidence-based competencies for improving communication skills in graduate medical education: A review with suggestions for implementation

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Abstract
Communicating with patients is arguably the most common and important activity in medical practice, but this activity receives relatively little emphasis in graduate medical education. We propose 12 evidence-based communication competencies that

Topic 1

Understanding Patient-Centered Communication Skills

Using a scale of 1 (strongly disagree) to 5 (strongly agree), participants evaluated the sessions as follows:

Item	Mean
The goals of the module were clear.	4.66
The presentation was effective in helping me to think about patient-centered communications skills.	5.00
The presentation stimulated me to think about the role of patient-centered communication skills in interprofessional education.	5.00
I have a basic understanding of patient-centered communication skills after today.	4.33
The moderator was open to different viewpoints and helped everyone to speak.	4.83
I understand my role in developing patient-centered content materials of the students	4.16
I am able to identify key issues in patient-centered communication skills.	5.00

2) Training Standardized Patient Instructors (SPI) to Utilize a Checklist

1 session provided an:

- Overview of the process for hiring SPI's
- Overview of the process of training SPI's to assess performance using a checklist
- Demonstration of communication skills online training module

Topic 2

Training Standardized Patient Instructors (SPI) to Utilize a Checklist

Highlighted the Use of the Tools Available on the University of Michigan Medical School Standardized Patient Website

<http://www.med.umich.edu/lrc/spp/>

- Standardized Patient Hiring
<http://www.med.umich.edu/lrc/spp/job.html>
- Faculty Resources
<http://www.med.umich.edu/lrc/spp/faculty.html>



Session 2

Training Standardized Patient Instructors (SPI) to Utilize a Checklist

Using a scale of 1 (strongly disagree) to 5 (strongly agree), participants evaluated the sessions as follows:

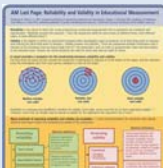
Item	Mean
The goals of the module were clear.	5.00
The presentation was effective in helping me to think about training Standardized Patient Instructors (SPIs)	5.00
The presentation stimulated me to think about the process of training SPIs	5.00
The exercises stimulated improvement of my ability to critically and thoughtfully approach the subject matter.	4.50
The moderator was open to different viewpoints and helped everyone to speak.	5.00
I have ideas to think about research projects in health education	5.00
I am able to identify key issues in the standardization of SPIs	4.50



3) Establishing Checklist Validity and Reliability

2 Sessions covered the following:

- Informal and formal definitions of reliability and validity
- Commonly-evaluated types of reliability and validity evidence
- Internal consistency reliability evidence
- Criterion validity evidence
- How reliability and validity are related



Sessions 3-4

Establishing Checklist Validity and Reliability

Using a scale of 1 (strongly disagree) to 5 (strongly agree), participants evaluated the sessions as follows:

Item	Mean
The goals of the module were clear.	4.88
The presentation was effective in helping me to understand how to evaluate the quality of assessment	4.70
The exercises stimulated improvement of my ability to critically and thoughtfully approach the subject matter.	4.80
The moderator was open to different viewpoints and helped everyone to speak.	4.80
I have a basic understanding of tools and techniques used for evaluating assessments after today	4.77



4) Development of a Standardized Patient Case and Assessment

5 sessions focused on establishing the following for the SP case:

- Target audience for case
- Required previous knowledge for the learner
- Intended learning outcomes
- Proposed topics to be covered in case
- Type of SP case (e.g., formative or summative)



Pre/Post Test Results

Pre and Post test of knowledge of faculty /staff participants
% correct answers to multiple choice questions

Item	Pre-Test N=7	Post-Test N=8
Able to identify components of patient-centered communication skills.	100%	100%
Able to identify underlying principles of patient-centered communication skills.	100%	100%
Able to identify core elements of training Standardized Patient Instructors (SPI).	57%	75%
Able to identify the intention of competency based education.	0%	0%
Able to identify methods for standard setting.	0%	25%
Able to identify best approach for standard setting in SPI exercises .	57%	25%
Able to identify the definition of "Foundation knowledge".	71%	75%

If faculty and staff have difficult time understanding these concepts...how are we going to get them to apply them to students?



Outcomes

1. Trained faculty to educate learners about patient-centered communication.
2. Standardized patient-centered communication skills assessment across the health professions.
3. Initiated an interdisciplinary discourse and develop a patient-centered teaching strategy.
4. Developed an IPE standardized patient case.



Conclusions

- Working as an interprofessional team was fun and fulfilling
- More work is needed in the area of faculty development
- Funding to continue activities such as these is key
 - [‘U-M launches Center for Interprofessional Education for future health professionals’](#)
- IPE faculty development is about relationship building



The Developed IPE Case



Checklist

- 3 Domains
 - Clinical Skills
 - Patient Communication Skills
 - Interprofessional Skills



The Developed SP Case

- SP Check List

Clinical Skills	Done	Needs Improvement	Not Done
1. Student asked about accurate medications			
2. Student asked about any known allergies			
3. Student discussed drug interactions.			
4. Student discussed complications.			



The Developed SP Case

- SP Check List

Communications Skills Items	Done	Needs Improvement	Not Done
5. Opening introduction to clarify role, verify patient.			
6. Elicited spectrum of shared concerns.			
7. Non-verbal facilitation skills.			
8. Empathized and acknowledged patient cues.			
9. Patient's perspective.			
10. Motivation for change/Verbal facilitation/Praising			
11. Elicited patient's narrative.			



The Developed SP Case

• SP Check List

Communications Skills Items	Done	Needs Improvement	Not Done
12. Pace/Organization/Transition Statements			
13. Questioning skills: Types of questions			
14. Patient's education and understanding and validation.			
15. Avoid jargon.			
16. Verification of patient info/Patient's education and understanding.			
17. Summarizing/Achieve shared action plan.			



The Developed SP Case

• SP Check List

Interprofessional Skills	Done	Needs Improvement	Not Done
18. Respectful Communication.			
19. Collaborative Relationship.			
20. Information sharing.			



The Developed SP Case

• Pilot test of case

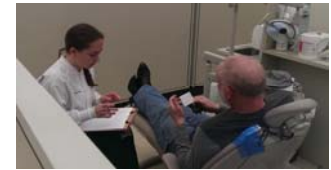
- 1.5 hour SP Case
- 15 students: 5 each from dentistry, medicine and pharmacy
- Students surveyed after experience regarding their perceptions of the experience



The Developed SP Case

• Scenario: Dental Student with new patient (portrayed by SP)

- Identifies patient chief concern
- Reviews history
- Identifies need for consults with medicine and pharmacy



The Developed SP Case

• Scenario (cont)

- Dental Student meets with Pharmacy and Medical Students (observed by SP)
 - Presents patient's case
 - Discusses case with team
 - Team develops plan
- Dental Student presents plan to patient (portrayed by SP)



The Developed SP Case: Outcomes

- ALL students believed the session:
 - Enhanced their ability to engage in interprofessional communication
 - Increased their desire to work together and get to know more about each other
 - Increased their learning through participation with students from other health professions
- Strongly recommended development of additional IPE learning opportunities

