

Remediation workshop for medical students in patient–doctor interaction skills

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Context and setting The increasing use of standardised patient (SP) assessments in clinical skills has resulted in educators identifying medical students with important communication skills deficiencies. We participate in a consortium of 8 schools that collaboratively develops an annual high-stakes comprehensive clinical performance examination (CPX) at the end of the core clerkships. Standardised patients rate students in 2 major domains: history taking and physical examination, and patient–doctor interaction (PDI) skills, using a validated instrument. **Why the idea was necessary** Students whose PDI skills are judged to be significantly lacking often feel embarrassed and defensive. There are no accounts of successful remediation workshops for these situations in the medical education literature. We theorised that using a learner-centred approach and appreciative inquiry techniques might effectively help these students.

What was done After each CPX, students who score 2 standard deviations below the mean in PDI must undergo a remediation process and pass a retest. To diagnose specific communication problems, a faculty member reviewed selected portions of each student's videotaped CPX to create an individualised learning prescription. Students also reviewed their videotapes with a faculty member in order to further characterise specific learning issues. Finally, students attended 1, 3-hour evening workshop devoted to improving their PDI skills.

The workshop began with up-front acknowledgement that students may feel awkward about or resistant to attending a remediation session outside regular school hours. Faculty shifted blame from individual students to a system that allowed progress through clerkships without adequate feedback about PDI skills. The overt goals of the session concentrated instead on students' strengths and ideals for performance. After a 20-minute review of relationship-building skills, 1 faculty member worked closely with 2 students to re-examine learning plans, construct SP-based role-play exercises to address individual learning needs, and give appreciative and constructive feedback. Each student pair encountered 2 different SP cases, on which 2 different faculty members provided feedback. Students rated the effectiveness of the workshop in an online survey.

Evaluation of results and impact In the 2007 PDI remediation session, students ($n = 12$) rated the

didactic portion of the workshop at 4.26 (using a 5-point scale where 1 = poor, 5 = excellent) and the workshop overall at 4.50. Students frequently mentioned that they wished more such exercises could be instituted throughout medical school, and that they felt optimistic that they could continue to develop the nascent skills they practised during these sessions. Since the start of the programme, all students who attended remedial PDI sessions have passed a subsequent retest and the US Medical Licensing Examination clinical skills examination.

Rather than reinforcing negative feelings about themselves or the examination, our skills-based process supported students through this difficult period using a learner-centred, appreciative approach. We succeeded in overcoming nearly all cases of defensiveness by acknowledging students' emotions, encouraging them to reflect and focus on their strengths, emphasising students' own learning plans, and supportively facilitating role-play exercises. Students' subjective evaluation of the workshop was particularly high, given our requirement that they attend the session because of their poor CPX performance. Further steps are needed to identify students earlier in the curriculum and to determine the overall efficacy of this remediation workshop intervention in enhancing students' skills with actual patients.

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Improving medical student communication skills through improvisational theatre

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Context and setting Developing strong communication skills is integral to becoming an effective health provider. In recent years good doctor–patient communication has been linked to improved patient satisfaction, better patient care and a decrease in malpractice lawsuits. Having recognised its importance, medical schools have strived to teach students not only the science of medicine, but also the art of communication. Unfortunately, creating methods for teaching communication skills that are effective and enjoyed by most students can be challenging.

Why the idea was necessary Our medical school teaches experiential communication skills to Year 1

and 2 students in the setting of patient interviews and standardised patient experiences with on-the-spot feedback. These methods, however, are imperfect. Real patient interviews can end up too focused on clinical matters. Standardised patient interviews are costly, often artificial, and typically performed under high-stress testing situations. The feedback given in these circumstances runs the risk of being overly specific to the observed interaction and peer feedback is often limited by the amount of student investment in the exercise. We sought to teach communication skills in an interactive environment with effective feedback driven by a concrete framework for discussing personal interactions.

What was done Two students taught 10 1-hour sessions for Year 1 medical students with 3 themes: portraying ourselves; perception of others, and interpersonal interactions. The elective focused on exercises derived from improvisational theatre (improv). Practising improv teaches quick thinking, a valuable skill in the practice of medicine. Students actively participated in weekly improv exercises that coached specific skill sets: portraying varied social status; improving and directing attention; telling stories, and working as a team. The exercises themselves were not related to clinical scenarios. Instead, the tenets and vocabulary drawn from improv provided a structure for applying lessons learned in the communication exercises to the doctor–patient relationship. Each session included ample time for students to comment on what they saw and experienced in their ‘performances’, as well as how they could utilise their new skills in the clinical realm. A subset of sessions were led by improv experts as well as doctors who provided personal experience and clinical scenarios in which the students engaged in more traditional role play.

Evaluation of results and impact End-of-course evaluations ($n = 18$) using a 5-point scale produced the following positive responses: that the course improved communication skills (mean 4.12); that it increased confidence in patient interactions (mean 4.01), and that it was worth repeating (mean 4.55). All participants responded that the course was enjoyable (mean 4.69). One student commented that improv storytelling ‘helped with active listening and appreciating other people’s train of thought’. In a debriefing session, groups of students worked together to summarise the lessons of the course through improv exercises, stating that the course taught them ‘to listen and be more human’. By providing participants with a practical and fun approach to communication – as well as the vocabulary to discuss their interactions – the course created a more effective environment than traditional approaches

to delving into the nuances of the doctor–patient interaction.

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Teaching communication skills specific to paediatrics in 40 minutes

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Context and setting Good communication skills are inherent to good medical practice and need to be learned as early as possible in training so that they can be optimised and integrated. Although much communication between doctors and their patients occurs in a dyad, there are certain situations in which communication occurs in a triad, such as in paediatrics, where the doctor, the patient and the patient’s carer(s) must all be included. Triadic communication is significantly different from dyadic communication and hence requires a different set of skills.

Why the idea was necessary A medical school blue-printing exercise identified that although student doctors were taught generic communication skills throughout their training, they received no formal training in the triadic consultation necessary for many specialties, including paediatrics and adult incapacity. Forty minutes were set aside to address this curricular gap. We wanted to make the most of this extremely short session so we devised an innovative approach and evaluated its effectiveness.

What was done We identified a senior member of the paediatrics faculty with exemplary communication skills and, with his and his patients’ agreement, videotaped some of his consultations with real out-patients. From the recordings we produced a DVD showing 12 short clips illustrating important triadic consultation skills.

The teaching session starts with a short introduction to communication skills, including sections on structuring the consultation and common pitfalls in communication. Students then watch the DVD, after which they discuss the skills they have seen demonstrated, considering ways in which they could incorporate these practically.

After the session, students complete an evaluation form. They are asked to identify what they learned,