

Improving dermatologists' communication skills through a simulation-based workshop: a pilot for continuing medical education

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Importance of physician-patient communication

- Improved quality of care
- Improved physiologic, emotional health, compliance
- Patient satisfaction
- Reimbursement

Practice gap: Many practicing physicians feel they have inadequate training in communication.

Solution: An objective structured clinical examination (OSCE) for practicing dermatologists to exercise and improve communication skills.



"Hands-On: The Standardized Patient"

- 2016 AAD winter meeting
- "Clinic" with standardized patients (SP)
- 4 patient encounters: 20 minutes each
 - The Difficult Patient (agenda-setting)
 - Medication Management (medication counseling)
 - Breaking Bad News
 - Total Body Skin Exam (unmet expectations)



"Hands-On: The Standardized Patient"





Feedback from SP

Checklist

Karina/ Clay Thompson STANDARDIZED PATIENT CHECKLIST

SP: Clinician: HISTORY The clinician: 1. asked me about my other medical conditions. YES NO COUNSELING 2. informed me that I had melanoma. YES NO 3. informed me that melanoma is a potentially-fatal condition. YES NO 4. recommended additional surgery (aka wide local excision) with margins to fully remove the melanoma. YES NO 5. discussed the role of sentinel lymph node mapping. YES NO 6. relayed that there is no role for chemotherapy or systemic medications for my particular case of melanoma. YES NO 7. discussed the role of additional specialists in my treatment plan. YES NO 8. clearly described a plan for future treatment YES NO

Master interview rating scale (MIRS)

Example: Organization

5	Questions in the body of the interview follow a logical order to the patient.
4	
3	The interviewer seems to follow a series of topics or agenda items; however, there are a few minor disjointed questions.
2	
1	The interviewer asks questions that seem disjointed and unorganized.



Results: Assessment of Workshop

- 107 workshop participants.
- Evaluation: How successful was this workshop in meeting the following learning objectives? Score 1 to 5 (most successful)

Table 1: Participant scoring of the three learning objectives

Learning Objectives	Range of Scores	Average
1. Describe personal reflection after the encounter and identify areas for individual improvement.	4.40 - 4.80	4.53
2. Practice communication skills in a realistic simulated clinical scenario.	4.30 - 5.0	4.57
3. Receive feedback on communication.	4.14 - 4.90	4.52

Results: Participant Performance

Table 2: Standardized patient scoring of the providers based on the MIRS.

MIRS question	Range of Scores	Average
1. Opening/Intro	4.17-4.90	4.57
2. Narrative Thread	3.56-4.38	3.77
3. Non-Verbal Facilitation	4.61-4.97	4.78
4. Pacing	4.53-4.71	4.65
5. Summarization and Verification	2.83-3.52	3.12
6. Encouraging Questions	3.33-5.00	4.36
7. Avoiding Use of Jargon	4.32-4.81	4.58
8. Empathy	3.28-4.15	3.9
9. Achieve a Shared Plan	4.13-4.79	4.55
10. Patient Education and Understanding	3.37-4.29	3.83



Conclusions & Future Directions

- Workshop was successful in meeting learning objectives and filling communication practice gap
 - Expand and adapt this curriculum based on needs assessment
 - i.e., communication on interprofessional teams and with low health literacy patients
- Implementing communication OSCE in residency programs
 - A national opportunity for both coaching and assessment?
- Additional case development: procedural and teaching skills
- Consider strategies to address the barriers





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Q&A