Constructing communication skills through preparation, experience, reflection and feedback

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Abstract

The skill of communication is one of the foundation stones of medical practice and profoundly influences patient-care and health outcomes. The importance of teaching, assessing, and learning communication skills in undergraduate medical education is supported by the literature, as is continually addressing these skills in continuing medical education practice. The following article explores the innovative nature of a communication skills examination and feedback from medical students early in their clinical training in relation to a communication skills examination process. This process comprises a learning cycle of preparation, experience, self-appraisal, and examiner feedback. A total of 125 students provided feedback on this examination process by responding to four items related to this communication skills examination. The evaluation statistics showed that students responded favourably to the usefulness of the examination showing that all four domains are integral to the examination process. This communication skills examination process with its learning activities is effective on several levels as it provides a summative grade that can be used as a measure for competency and it creates a significant impact on learning.

Innovation

The competency measures used to assess these communication skills were adapted from the Calgary-Cambridge guide to consultation.14 This assessment was developed to attend to the unique and diverse cultural environment of healthcare that students are likely to be exposed to. In New Zealand, the 2006 census statistics suggest 77% of the population were classified as European, 15% Mori, 10% Asian, 7% Pacific Islands peoples and 1% Middle Eastern, Latin American, and African implying a diverse patient pool.15 This innovative exam process was developed to assess students’ competencies when working with patients in accordance with the New Zealand healthcare context. This revised communication skills examination was designed to be patient-centred by evaluating a student’s understanding of the patient’s problem, through clarifying medical detail and attending to relevant background factors.

The competency measures have several assessment phases that include: initiating the session, gathering information, providing structure, building relationship, explanation and planning, and closing the session.14 To develop a contextually specific patient-centred focus, the first author decided to refine this system to entail a preparation session of two hours in which patient-centred interviewing skills were revised and experiential role plays are conducted in small groups. Subsequent to this, the examination process involved interviewing a simulated patient (a highly trained professional actor) which was videotaped. The video recording was given immediately to the student who then reviewed their performance and completed an appraisal of their skills using an assessment grid which included reporting what they had done well and what they needed to work on. The examiners then reviewed the interview and the student appraisal with the marking emphasis being on the student’s insight into their performance. The examiners offered written feedback which was then given back to the students.

When making decisions about the accuracy of an assessment three aspects need to be taken into account.16 The first to consider is the evaluation of the performance under scrutiny so that conclusions about whether the performance is competent or not can be made. Second is to consider whether the assessment can be used in other settings or with other groups or its generalisability. And finally, it is useful to ascertain whether the assessment can predict future performance or extrapolation.

We were also very cognisant of the patient-centred approach, and drew from the work of Dalen and colleagues,17 who suggested that communication skills encompass the areas of the doctor-patient relationship, the transfer of relevant verbal information, and the methods used to negotiate a solution to the presenting problem. Consequently, our assessment was based around these skills. A further point of consideration is the focus of context-specific patient care. The notion of doctor-centredness versus patient-centredness has been well researched and some evidence suggests that students can be influenced by medical environments that promote a more doctor-centred approach to communication.18 In this commu-

Medical Programme at the School of Medicine, University of Auckland has been committed to teaching communication skills for over 20 years and this present examination process was a reinvigoration of the communication skills examination developed by Grant.5,11

One of the problems with the measure of communication skills acquisition is psychometric robustness.12 Wass and colleagues proposed that the skills and attitudes towards communication skills could be assessed using the objective structured clinical examination (OSCE) format. However, the OSCE has problems associated with case-specificity and generalisability across clinical settings, and there is evidence to suggest that the OSCE is not favoured by students.13 One of the catch cries of medical education is that assessment drives learning.12 Hence, it is imperative that medical educators consider the effectiveness of assessments not only in terms of evaluation but also with respect to context, information transfer and impact on learning.

Introduction

The skill of communication is crucial to establishing quality medical practice and patient-centred health care.12 The teaching and assessment of these skills is vital when introducing medical students to the learning communication skills,16 and the importance of refining and developing communications skills is likely to be a continuing medical education practice.14 The area is the innovation presented in this paper addresses the development of a comprehensive, context specific and effective communication skills examination. The evaluation statistics showed that students responded favourably to the usefulness of the examination showing that all four domains are integral to the examination process. This communication skills examination process with its learning activities is effective on several levels as it provides a summative grade that can be used as a measure for competency and it creates a significant impact on learning.

Conflict of interests: the authors report no potential conflict of interests.

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Table 1. Medians, means, standard deviations and skewness (and standard error) of evaluation measures for each of the competency items.

<table>
<thead>
<tr>
<th>Evaluation measures</th>
<th>N</th>
<th>Median</th>
<th>Mean</th>
<th>SD</th>
<th>Skewness</th>
<th>SE of skewness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>125</td>
<td>5.00</td>
<td>4.70</td>
<td>1.39</td>
<td>-0.59</td>
<td>0.22</td>
</tr>
<tr>
<td>Examination</td>
<td>125</td>
<td>5.00</td>
<td>4.34</td>
<td>1.59</td>
<td>-0.35</td>
<td>0.22</td>
</tr>
<tr>
<td>Reflection</td>
<td>125</td>
<td>5.00</td>
<td>4.67</td>
<td>1.51</td>
<td>-0.68</td>
<td>0.22</td>
</tr>
<tr>
<td>Feedback</td>
<td>108*</td>
<td>4.00</td>
<td>4.43</td>
<td>1.58</td>
<td>-0.53</td>
<td>0.22</td>
</tr>
</tbody>
</table>

*17 students had not yet received feedback on their examination. SD, standard deviation; SE, standard error.

References