



Do I Buy It? How AIDET™ Training Changes Residents' Values About Communication Skills in Doctor-Patient Interactions

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OBJECTIVES

Acquiring communication and interpersonal skills is an important part of providing patient-centered care and improving patient satisfaction. This study explores whether residents' own values about patient communication change over time.

METHODS

As part of service excellence, a three-hour communication skills training in AIDET™ (Acknowledge, Introduce, Duration, Explanation, Thank You) was delivered annually to first and second Post-Graduate Year (PGY) residents from multiple specialties. Residents were asked to self-evaluate the frequency with which they perform a set of designated communication skills during patient interactions. Audience response survey data from three consecutive years of training, 2012-2014, were analyzed to determine whether communication skills values changed over time.

The survey items represent components of the AIDET™ mnemonic, originally developed by the Studer Group¹ and utilized as a training model for its potential to improve patient satisfaction and health related-outcomes through improved physician-patient communication².

For each of 18 survey items, residents responded that they performed a given skill "Never," "Rarely," "Often," or "Always." For analysis, these responses were coded as 0, 1, 2, or 3 "points," respectively. This coding system was chosen for ease of presentation compared to a statistically-equivalent 0-30-70-100 system that would represent relative percentage frequencies for the response set. Collective responses for each item were averaged post-hoc according to the aforementioned coding system, and compared among the three training years via non-parametric ANOVA. Patterns of differences (e.g., distribution of "Always" vs. "Often" responses, etc.) were compared via Fisher-Freeman-Halton tests (see Figure 1). Results for all items for all three years are shown in Table 1.

RESULTS

Table 1. Summary of residents' self-reported ratings of their communication skills.

Item	2012		2013		2014		P
	N	mean (sd)	N	mean (sd)	N	mean (sd)	
1. Knock before entering	163	2.3 (0.9)	64	2.6 (0.6)	85	1.8 (0.9)	0.001
2. Address patient by name	163	2.6 (0.7)	69	2.7 (0.5)	93	2.7 (0.6)	1.000
3. Acknowledge other people when entering	163	2.2 (0.8)	69	2.3 (0.7)	85	2.3 (0.7)	1.000
4. Smile & make eye contact	157	2.6 (0.7)	60	2.5 (0.6)	94	2.7 (0.4)	0.362
5. Sit down	157	1.3 (0.8)	70	1.9 (0.9)	91	1.4 (0.8)	0.001
6. Introduce self	157	2.8 (0.6)	72	2.2 (0.9)	96	2.5 (0.9)	0.001
7. Mention clinical specialty	157	1.7 (1.1)	79	2.5 (0.8)	97	2.5 (0.8)	0.001
8. Mention specific role	156	2.2 (0.8)	74	2.2 (0.8)	100	2.2 (0.8)	1.000
9. "Manage up" colleagues	158	1.9 (0.8)	74	1.8 (0.7)	106	1.9 (0.7)	1.000
10. Specify expected length of stay	157	1.4 (0.9)	76	1.4 (0.8)	98	1.4 (0.7)	1.000
11. Describe what patient can expect	156	2.5 (0.6)	78	2.3 (0.7)	101	2.5 (0.5)	0.362
12. Specify expected duration of tests/procedures	154	1.8 (0.8)	78	2.0 (0.7)	102	1.9 (0.7)	1.000
13. Use clear language	155	2.4 (0.6)	79	2.3 (0.8)	99	2.4 (0.6)	1.000
14. Explain diagnoses and treatment plans	156	2.2 (0.7)	79	2.4 (0.6)	99	2.3 (0.6)	0.362
15. Request patient's permission to begin	153	2.3 (0.9)	78	2.5 (0.7)	107	2.6 (0.6)	0.010
16. Invite patient questions	155	1.8 (1.0)	80	2.3 (0.8)	103	1.9 (1.0)	0.010
17. Gracious end of interview	158	1.3 (1.0)	78	1.9 (0.9)	107	2.0 (0.9)	0.001
18. Acknowledge other people when leaving	155	2.0 (0.9)	80	1.6 (0.9)	100	2.0 (0.7)	0.010

sd: standard deviation.

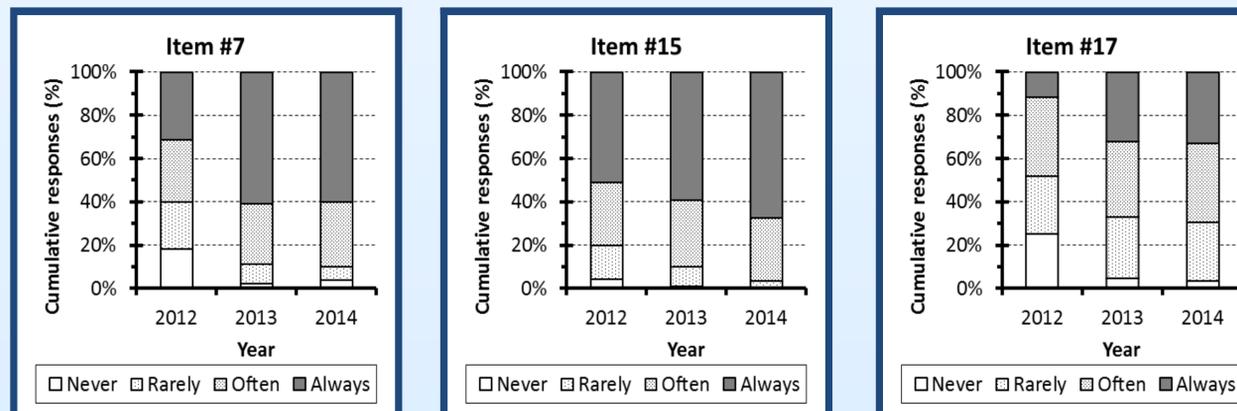
P-adj: p-value adjusted for multiple testing.

Figure 1. Self-reported ratings for 3 items on which 2012 had generally worse scores than 2013 or 2014.

Item #7: mention clinical specialty.

Item #15: request patient's permission to begin test or procedure.

Item #17: gracious ending of the interview.



DISCUSSION

Analysis of the survey data shows varied results across the three years. For a majority of survey items (11 of 18), one or two of the three years were identified as having a significantly lower overall mean score (i.e. greater distribution of Never/Rarely responses compared to Often/Always; indicated in bold in Table 1). No clear trend existed, however, to describe the results for the survey set as a whole in terms of change over time.

Not all residents responded to all items. Therefore, a selection bias may be a potential explanation for the varied data, as could the varied composition of medical specialties represented among the responding group of residents in each of the training years.

Three items in particular (7, 15, 17) showed relative improvement over the three years, with generally lower scores in 2012 than in 2013/2014 (boxed items in Table 1; Figure 1 shows response distributions by year). These items may indicate the potential impact of multi-faceted service excellence initiatives, including reinforcement of AIDET™ principles, maintained intra-departmentally throughout the institution over the three years during which these annual resident communication skills training sessions have been held.

Communication skills training using AIDET™ has been shown to positively impact residents' valuation of communication skills through comparison of pre-training vs. post-training survey data.³ These findings suggest that communication skills training and sustained reinforcement of its principles may promote a patient-centered approach to care delivery.

REFERENCES

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