“Cultural Competency: Incorporating Communication Skills Training into Health Professions Curricula”

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Objectives

1. Express the role of verbal and nonverbal communication skills in the patient encounter.
Objectives

2 Adopt new tools for teaching and assessing communication skills with health professions students.
Objectives

Devise an action plan for one strategy to promote training of culturally and linguistically competent health care professionals.
Human Interaction is:

• Created in VERBAL and NONVERBAL behaviors

• Culturally bound

• Constructed through rhythm, tempo, kinesic movements, presentation of self, use of gaze, and use of space

• A delicate and complicated behavioral coordination
Communication: Why is it important?

- Effective communication enhances:
  - patient satisfaction
  - health outcomes
  - adherence to treatment
  - job satisfaction

- Patient surveys report that patients want better communication from their health care providers (Lansky, 1998)
  - Breakdown in communication has been shown to be a factor in malpractice litigation (Beckman, 1994)
Communication skills: Why do they matter?

• Increasingly, communication is evaluated to determine a trainee’s suitability for promotion, graduation, and licensure
  – Institute of Medicine, “Improving Medical Education” Report, 2004 names communication as one of six domains
  – Many health care organizations are using patient satisfaction ratings of physician communication skills to help determine compensation

VERBAL BEHAVIORS -

“Taking and Holding the Floor”
Allows Key Figure to:
  Manage concurrent demands
  Control topic
  Control interruptions
  Ignoring topics
  Control verbal requests
NONVERBAL BEHAVIORS

Eye Gaze and Eye Contact
Head Movements
Facial Gestures
Postural Orientation
Body Lean, Body Posture, Postural Change
Interactional Space
Gestures
Hand, Affirmative
NONVERBAL BEHAVIORS ARE USED TO SIGNAL:

- Who should be involved
- The focus of attention and shifts of attention
- The frame for the activity
- The start and completion of an activity
Eye Gaze

Gaze direction provides information to co-participants about what is important.
Head Movements

• Used as a signal to encourage a speaker to continue

• Conveys understanding

• Typically used with eye gaze

• More difficult to interpret when used without eye gaze
Facial Gestures and Touch
Eye Contact and Body Posture
Postural Orientation
Postural Change
Interactional Space
Forming Interactional Space
Teaching Communication Skills
Teaching Communication skills

• Kalamazoo Consensus Statement identified seven essential communication tasks:
  – Build the doctor-patient relationship – the fundamental task
  – Open the discussion
  – Gather information
  – Understand the patient’s perspective
  – Share information
  – Reach agreement of problems and plans
  – Provide closure

  • Kalamazoo Consensus Statement, Acad Med, 2001
Teaching Communication Skills: Challenges

• Variability among institutions
  – Methods, curricular time, position, depth of materials

• Variable resources
  – staff, infrastructure, finances, time, etc
Teaching Communication Skills: Approaches

• Approaches have included:
  – Lectures
  – Workshops
  – Role-plays
  – Standardized patients
  – Videotaped encounters
  – Modeling
  – Cinemeducation
Teaching Communication Skills: Approaches

• Approaches categorized into 4 groups:
  – **Instruction**
    • didactic sessions, etc
  – **Feedback**
    • assessment/evaluation related to medical interview
  – **Modeling**
    • using a model (actor) to demonstrate the behavior
  – **Skill practice**
    • participants produce behavior of interest (included monitoring and skill refinement)

• Anderson, Pat Educ Couns, 1991
Teaching Communication Skills

• Students prefer experiential methods and use of benchmarks for learning communication skills
  • Evans et al, 1989; Rees, 2004; Losh et al, 2005, Boyle et al, 2005

• “Focusing on tasks provides a sense of purpose for learning communication skills. The task approach also preserves the individuality of [learner] by encouraging them to develop a repertoire of strategies and skills, and respond to patients in a flexible way.”
  • Makoul and Schofield, 1999
Teaching Communication Skills: Strategy

• Effective teaching methods:
  – Provide evidence of current deficiencies in communication
  – Offer evidence base for skills needed to overcome deficiencies
  – Demonstrate skills to be learned, elicit reactions
  – Provide opportunity to practice skills
  – Give constructive feedback on performance, opportunity for reflection

• Maguire et al, BMJ, 2002
Teaching Tools: Cinemeducation

- Approach: Cinemeducation
- In a small group format, residents view the movie “The Doctor” starring William Hurt and discuss issues such as the psychosocial impact of terminal illness, breaking bad news and stress in a medical marriage.

- Alexander, Fam Med, 2002
Teaching Tools: Small Group Discussion

- Approach: case-based seminars and discussion of assigned readings and writing projects
- Trainees given a case with specific trigger questions for discussion. Trainees write about their experiences with patients to deepen their own understanding of issues such as health disparities, medical errors, and access to care.
- Trainees discuss readings including journal articles, novels, and essays by physician writers.
- Skills assessed with a 360 evaluation from physicians, nurses, patients

- Sklar D, Acad Emer Med, 2002
Teaching Tools: Role-play/Simulated patients

- Model for medical interviewing
- Approach: standardized patients and small group format with role-play
- The specific skills addressed include:
  - Establishing rapport (Invite)
  - Active listening (Listen)
  - Summarizing the patient’s story (Summarizing)
- The learners are given feedback on their skills from the standardized patients

  - Boyle D, Acad Med, 2005
Teaching Tools: Role-play/Simulated patients

- Model for delivering bad news
- Approach: Trainees taught a mnemonic/model for informing families of a death. Trainees practice this model via role-play and with simulated patients.
- Simulated survivors provide feedback on death notification skills

Teaching Clinical Skills: Summary

• “Perhaps the most important way for an individual to learn skills and behavior is to practice them, be observed, receive helpful feedback, reflect on his or her performance, and then repeat the cycle”

  • Branch et al, 2001
Assessing Communication Skills
Assessment: What is Competence?

- Competence is “not defined solely by the presence or absence of specific behaviors but rather by the presence and timing of effective verbal and nonverbal behaviors within the context of individual interactions with patients or families”
  
  - Schrimer, 2005
Assessing Communication Skills: Challenges

• Assessing communication competence is complex

• Often requires “in-vivo” demonstration

• Is dependent on observable behaviors of the physician but also on behaviors and perceptions of patients
Assessment Methods: Formative vs. Summative Evaluation

- Formative Evaluation
  - May use checklists to assess learning needs, create learning opportunities, guide feedback and coaching

- Summative Evaluation
  - Or use tool administered in a standardized way, rated by an evaluator, with a predetermined passing score
    - Kalamazoo II Report, 2004
Assessment Methods

- Checklists
  - Most frequently used method
  - Involves an observer’s rating of trainee’s performance of several communication behaviors
  - Rater may be self, peer, faculty, or SP
  - May be live or recording of previous interaction
    - Kalamazoo II Report, 2004
Assessment Methods: cont.

• Patient Surveys
  – Patients may be the best judge of effectiveness of a HCP’s interpersonal skills

• Examinations
  – Can provide an effective means of testing knowledge about the process and content of communication tasks and conceptual basis of interpersonal relationships
    • Kalamazoo II Report, 2004
Assessment Tools: Specific Types

- Ratings of direct observation with real patients
- Ratings of simulated encounters with standardized patients
- Ratings of video and audiotape interactions
- Patient questionnaire or survey
- Examination of knowledge, perceptions, attitudes
  - Kalamazoo II Report, 2004
Sample Assessment Tools

- SEGUE Form
- Kalamazoo Essential Elements: The Communication Checklist
- Humanism Scale
- Davis Observation Guide
- Calgary-Cambridge Observation Guide
- Roter Interactional Analysis System
- Four Habits Model
- Common Ground Rating Form
- MAAS – Global Rating List for Consultation Skills of Doctors
- Brown interview Checklist (BIC)
- Rochester Communication Rating Scale
- Interpersonal Skills Rating Form
- Interpersonal and Communication Skills Checklist
- The Humanism Scale
- Physicians’ Humanistic Behaviors Questionnaire
- Parents’ Perceptions of Physicians Communicative Behavior
- Patient Perception of Patient Centeredness
- ABIM Patient Assessment
Assessment: Challenges

• New domains of assessment
  – No validated method of assessing teamwork
  – Many communication rating scales, little evidence that one is better than another
• Standardization
  – Individual schools often make own decisions about assessment, so it may be difficult to compare students
• Impact on learning
  – Unintended consequences (i.e. cramming for an exam vs. reflective learning)
• Assessment and Future Performance
  – Hard to document correlation

  • Epstein, NEJM, 2007
How to Assess: Recommendations

- Multiple methods, environments, contexts
- Organize into repeated, ongoing, contextual and developmental programs
- Include directly observed behavior
- Use experts to test expert judgment
- Use pass-fail standards that reflect appropriate developmental levels
- Provide timely feedback and monitoring

- Epstein, NEJM, 2007
How to choose a tool?

• Tools available at http://www.acgme.org/outcome/assess/IandC_Index.asp
  – External validity, feasibility, psychometric characteristics listed on website
• Rating of tools available from Schrimer et al, Fam Med, 2005
How to choose a tool?

• Kalamazoo II Consensus Recommendations:
  – A multi-method approach
  – Using faculty instrument to assess communication skills
  – Patient survey to assess interpersonal skills
  – For summative evaluation, choose instrument with strong reliability and validity measures
  – Choose assessment criteria that are developmentally appropriate
    • Schrimer, 2005
A Case Study:
Development of an Ethnogeriatric OSCE
Case Study: Context

- Incorporating cross-cultural curricula into undergraduate and graduate medical education has been proposed as a strategy to increase provider awareness and knowledge of cross-cultural issues in the medical encounter

  - Betancourt, 2003
Case Study: Literature Review

- In one review, Loudon identified 17 educational programs for medical students on cultural diversity
  - 6 programs used simulated patients
  - 2 programs used videotaped modeling
  - Others were lecture or didactic session, role play, panel, case presentation, small group sessions
  - Only half of the programs were required
  - Only 1 program included student assessment

- Loudon, 1999
Case Study: Literature Review

• Few publications exist on instructional initiatives to enhance medical students knowledge of cultural diversity
• Review by Loudon highlighted need for programs in multicultural education as part of medical core curriculum and as training for medical educators
Case Study: Assessing Learner Needs

- Formal needs assessment performed by Deans at the medical school identified need for enhanced curricula in geriatrics and cultural competency
- Informal needs assessment performed in conjunction with Family Medicine Residency Program Director revealed no formal training in ethnogeriatrics
Case Study: Outline Goals/Objectives

• To practice conducting a culturally competent interview with an older patient with a focus on incorporating communication skills
Case Study: Why Choose an OSCE?

- Objective Structured Clinical Examination (OSCE) is a practical tool to both prepare students for working with diverse populations and to assess their performance in cross-cultural medical interviewing.
Case Study: Establishing OSCE Goals

- The goal of this case is to evaluate medical students, residents, and fellows in taking a focused history on a patient with hyperlipidemia who has issues with trusting Western medicine
Case Study: Establishing OSCE Objectives

- Students will be evaluated by their ability to:
  - Elicit a cultural, social, and medical history, including a patient’s health beliefs and model of their illness
  - Use negotiating and problem-solving skills in shared decision-making with a patient
  - Assess and enhance patient adherence based on the patient’s explanatory model
  - Recognize and manage the impact of bias, class, and power on the clinical encounter
  - Demonstrate respect for the patient’s cultural and health beliefs
  - Acknowledge their own biases and the potential impact they have on the quality of health care
Case Study: Teaching the ETHNIC mnemonic

- **E: Explanation**
  - (How do you explain your illness?)
- **T: Treatment**
  - (What treatments have you tried?)
- **H: Healers**
  - (Who else have you sought help from for this…?)
- **N: Negotiate**
  - (mutually acceptable options)
- **I: Intervention**
  - (agreed on)
- **C: Collaboration**
  - (with patient, family and healers)

  - Kobylarz, J Am Geriatr Soc, 2002
Case Study: The OSCE Scenario

- **Instructions to the Standardized Patients**
- **Patient Name:** Mr./Mrs. Jackson
- **Setting:** Office visit
- **Scenario:**
  Mr./Mrs. Jackson is a 65 year-old patient who is in the office for a follow-up visit after being diagnosed with hyperlipidemia (high cholesterol) six months ago. At the last visit about 3 months ago, he/she was told by the physician to start taking Lipitor, a statin, to reduce his/her cholesterol levels. He/she has not been taking the new medication because he/she heard that it causes “bad” side effects like muscle pain and maybe even death. Instead, he/she started to take Red Yeast Rice, a remedy that he/she heard about from his/her friends at the local senior center to lower cholesterol. His/her daughter is concerned that he/she is not taking the medication the doctor prescribed and made him/her come back to see the doctor to discuss this in more detail.

- **Opening Line:** “My cholesterol is high.”
Case Study: Video of Sample SP Encounter
## Case Study: Standardized Patient Checklist

### History

<table>
<thead>
<tr>
<th>The student asked:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any problems taking your medication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. If you have any concerns about taking the medication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How do you Explain your illness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. What Treatments have you tried.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If you have seen any other Health care providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. About diet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. About exercise.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Communication:

<table>
<thead>
<tr>
<th>The student: asked</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Introduced him/herself to me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Assesses willingness to try Lipitor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Discusses possible side effects of treatment options.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Negotiates options of using red yeast rice or Lipitor.</td>
<td></td>
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<tr>
<td>13. Sought agreement with me about Intervention.</td>
<td></td>
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</tr>
</tbody>
</table>
Case Study: Video of SP Feedback
Case Study: Implementing the tool

- Pilot project implemented with 24 trainees (medical students, residents, fellows)
- Adapted by Clinical Skills team for end of third year OSCE
  - Administered to 250 medical students
Case Study: Dissemination

• Dissemination - local
  – Undergraduate Medical Education @Jefferson
    • End of Year OSCE
    • End of Clerkship SP scenario
  – Graduate Medical Education
    • Incorporate into formal FM resident evaluation
Case Study: Dissemination

• National
  • Post to EPaD GEC website
  • Post to POGOE or MedEd portal
  • Submit scholarly articles, presentations
Case Study: Next Steps

- Modify scenario for use by other Health Professions
- Meet with Health Professions faculty/Clinical Skills Team
- Incorporate into curricula
- Research/evaluation
Developing an Action Plan
Action Plan: Checklist

• Has a needs assessment been conducted?
• What communicative behaviors are going to be the target of the intervention?
• Is there clear theoretical rational for the strategies chosen to effect the desired outcomes?
• Is there an explicit scheme for planned intervention?
  • Anderson et al, 1991
Action Plan: Checklist, cont.

- Are the resources required to conduct the intervention available?
- Is there support from the staff that will be involved in the program?
- Is there a plan for evaluation?
- In preparing reports and publications, are the sample characteristics, methods, and statistical analyses described thoroughly?
  - Anderson et al, 1991
Discussion
Online Resources

- [www.omhrc.gov/clas](http://www.omhrc.gov/clas) (National Standards on Culturally and Linguistically Appropriate Services in Health Care)
- [www.aamc.org/meded/edres/cime/vol1no5.pdf](http://www.aamc.org/meded/edres/cime/vol1no5.pdf) (Teaching and Learning of Cultural Competence in Medical School)
- [www.stanford.edu/ethnoger](http://www.stanford.edu/ethnoger) (Stanford’s Core Curriculum in Ethnogeriatrics)
- [www.hrsa.gov/culturalcompetence/curriculumguide.htm](http://www.hrsa.gov/culturalcompetence/curriculumguide.htm) (Cultural Competence Resources for Health Care Providers)
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