CSI Pediatrics:
Communications Skills Instruction and self reflection using role play with simulated patients and scenarios for various levels of learners
Presenters

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None of the presenters has any conflicts of interest to disclose
Agenda

- Introductions
- Workshop goals
- History of CHP Communication Course
- Facilitator training
- Simulated patients (SPs)
- Demonstration of the method
- Practice facilitator and group roles
- Implementation: Take Home Points
Goals

- To describe and practice the Primary Teaching Method, an experiential method to teach communication skills
- To model learner-centered teaching and communication, which is necessary to teach our learners to be patient-centered

“Treat your learners the way you want them to treat the patients.”

-- Laurel Milberg, PhD
CHP Communication Course

- 1993: Need for communication skills training
- 1994: Training grant obtained
- 1995: First year of Communications Course
- Yearly since then
  - Instruction based on the Primary Teaching Method
  - Residents cohorted by level of training
  - Cases developed to address skills relevant to level

- Original course leaders:
  - Laurel Milberg, PhD
  - Bill Cohen, MD
PL-2 Resident Surveys

1. Supportively respond to parent's emotional reaction
2. Support the learner during your intervention in FCR
3. Identify parent responses to learner's presentation style
4. Recognize own emotions throughout
PL-3 Resident Surveys

- Disclose an error to family
- Attend to parent’s emotional reaction
- Express empathy
- Recognize own emotions
Facilitator Training

What are the goals and learning objectives of the course?

- **Goal**: To practice evidence-based interpersonal communication skills that will enhance one’s effectiveness and satisfaction as a physician

- **Learning Objectives**: Participation in this course will allow residents to:
  - Practice “generous listening” skills
  - Practice noticing and responding to emotion, conveying empathy
Facilitator Training

Why are these skills important?

- Effective communication skills allow us to:
  - Correctly identify and respond to patient/parent emotion
  - Establish effective and collaborative relationships with patients/parents
  - Convey empathy, which can be therapeutic in itself
  - Overcome patient/parent resistance to adherence to medical advice
  - Be “present” in clinical encounters, to connect with patients/parents
Facilitator Training

How is this course taught?

- This course is an experiential, learner-centered, skill-based, group learning process: learning by interviewing and by observing one’s peers interview a simulated patient (SP)

  I hear and I forget.

  I see and I remember.

  I do and I understand.

  --Confucius
Facilitator Training

Resident Skills:

- Practice “generous listening” skills
  - Basic facilitation skills: body language, pace, use of silence, nonverbal and verbal encouragers (e.g., nodding, “I see”), echoing, requests for elaboration (e.g., “Could you tell me more about that?”)
  - Listening without judging, fixing, rushing to agree or disagree or ask another question
  - “Ask-Tell-Ask”: Ask the patient his/her understanding of the situation, provide information, ask the patient to reiterate information to assess comprehension
Facilitator Training

- Practice noticing and responding to patient’s emotion, conveying empathy
  - **Empathy**: Understand patient’s emotion + reflect to patient that you understand
  - **NURSE** mnemonic: Residents should practice one or more of these skills:
    - **Name**: Identify the emotion and check for accuracy
    - **Understand**: Appreciate patient’s emotion
    - **Respect**: Validate patient’s response, even if different from your own
    - **Support**: Provide resources
    - **Explore**: Seek additional information
Facilitator Training

- OARS mnemonic

From Motivational Interviewing: Open ended-question, Affirmation, **Reflection**, Summarize

**Reflections: One way to convey empathy (show another you understand how they feel)**

- Simple restatement
  (e.g., To an anxious parent of child with an asthma exacerbation: “I can see that you are really worried.”)

- Add assumed meaning
  (e.g., “I wonder if you may be worried that you waited too long to bring him in.”)
Facilitator Training

Facilitator Skills: The Primary Teaching Method

- Create a safe learning environment.

Ground Rules:

- Only the learner or facilitator can call a Time Out
- Observers share comments about skills demonstrated, not criticisms
- Group experiences stay in the room
- One facilitator guides the process for each resident
- Not evaluative (no grades); be adventurous!

- Describe unique features of working with SPs: Time Out, Rewind, SP Feedback
- Before interviewing begins, read the case and discuss briefly the content needed for the case
Facilitator Training

- Facilitate the learning process: Direct the flow of the learning experience; be a Traffic Cop, not teacher/expert. “Be a guide on the side, not a sage on the stage.”

- Monitor the time to allow all residents to participate “Everyone will have a chance to practice.”

- Call “Time Out for time” as soon as enough data, even if residents don’t “get stuck”, to allow for self-reflection, peer observation and SP feedback. Watch for SP disconnect.

- If the group learning process gets off track, remind them of the goals and learning objectives.

- At the end, ask the group: “What did we learn today? What skills will you take with you?”
Simulated Patients

What’s in a Name?

**Standardized**
Portrays facts
Testing
Content-focused:
- Information gathering
Did you ask the question?
“You don’t smoke, do you?”
“Yes.”

**Simulated**
Portrays facts and emotion
Training
Process-focused:
- Interpersonal skills
How did you ask the question?
“Uhhhh . . . no.”
Simulated Patient Skills

- **Be Prepared**: memorize case, fill the backstory with cogent details and emotions; know goal of the day and attendant skill set; dress in character
- **Act**: be “in the moment” as often as necessary; control information flow, drop hints/clues
- **React**: connect or disconnect based on skillful or unskillful behaviors
- **Decode or Feedback**: relate how you feel to the learner identifying their specific behavior that evoked that feeling
- **Devices or Rituals**: Time-Outs, Neutral, Rewind, Pick-Up or Piggy-Back, Feedback in Time-Out
Demonstration of the Primary Teaching Method
Practice using the Primary Teaching Method
Case Scenario 1

- You are doing admission exams on your nursery rotation. You notice one of the babies has features consistent with Down Syndrome: upslanted palpebral fissures, extra nuchal skin, clinodactyly, single palmar crease, flat profile, and hypotonia.

- Perinatal Hx: Mother is 38 yo G4 P0→1 with 3 prior miscarriages. Baby is FT, 3240 gm, Apgars 7 and 9. The nurse tells you the family declined amniocentesis because they were worried about fetal loss, and that she noticed the mother now seems “worried”.

- You go to talk to the mother, Mrs. Theresa Sestak, about her baby, Molly.
Resident Goals

- Practice empathy by recognizing and responding to the parent’s emotion
- Respect the parent’s emotion by not trying to “fix” the emotion

“Don’t just do something, sit there!”

-- Bill Cohen
# Quick Guide to Facilitating the Primary Teaching Method

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-Write down learner’s question (”We’ll come back to that soon.”)  
-Model asking about feelings  
-Resist the temptation to give your feedback or teaching points here |
| 2     | Learner | “Could we ask the group about the skills that they noticed?” | -Model asking permission |
| 3     | Group   | (If Learner agrees) “Could you tell Learner what skills s/he demonstrated?” | -Guide Group members to speak directly to learner, not to facilitator  
-Ask Group to describe observed skills (no suggestions, no criticisms)  
-You can add skills you noticed at the end |
| 4     | Learner | “Let’s go back to your question. Do you have ideas? Would you like to ask the group for suggestions?” | -Learner-centered |
| 5     | Group   | (If Learner wants group input) “Do you have suggestions for how Learner could proceed?” | -If necessary, redirect discussion to focus on the goal and learning objectives of the course  
-Offfer suggestions only if Learner and Group are missing the mark |
| 6     | Learner | “Based on the group’s suggestions and your own ideas, what would you like to try now?” | -Learner-centered  
-Helps SP and Group know what to watch for in second part of Learner’s interview |
| 7     | Learner | “How did that part go?” “What did you notice in yourself? In the patient?” | -Promoting attending to one’s own feelings (mindfulness) and to patient’s cues |
| 8     | Learner | “What part of the interview are you most curious about?” | -Help Learner frame specific question to SP (e.g., “How did you feel when I said _____?”) |

**Learner goes back in to continue interview**

**Note:** Can skip Steps 4-7 if Learner was very skilled and you and h/she have no concerns.
Learner volunteers and interviews

- Learner gets “stuck” and calls a time out
  - OR
  - Facilitator times out Learner “for time”

Debrief the Learner

- Have the group notice what Learner did skillfully
- Ask Learner about ideas on how to proceed or become “unstuck”

Learner figures out issue on his/her own

Learner asks for feedback from the group and/or SP

Learner makes a plan on how to get back on track

Learner times in and interviews again

Facilitator times Learner out for time (after a success)

Get Feedback from SP

Take Home points?
Case Scenario 2

- While on your nursery rotation, the nurse tells you she thinks one of the babies may have Down Syndrome. She tells you that the mother has also noticed this and seems “distressed”.

- Perinatal Hx: Mother is 40yo, G3 P2→3. 14 yo and 11 yo sons at home. Normal prenatal screening. Baby is FT, 3240 gm, Apgars 7 and 9.

- PE: upslanted palpebral fissures, extra nuchal skin, clinodactyly, single palmar crease, flat profile, and hypotonia. You believe there is a high likelihood the baby has Down Syndrome.

- You go talk to the mother, Mrs. Dixie Thompkins, about her daughter, Katie.
Resident Goals

- Practice empathy by recognizing and responding to the parent’s emotion
- Respect the parent’s emotion by not trying to “fix” the emotion
## Quick Guide to Facilitating the Primary Teaching Method

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**Learner goes back in to continue interview**

**Note:** Can skip Steps 4-7 if Learner was very skillful and you and h/she have no concerns.

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Evelyn Reis, MD, September 2011
Case Scenario 3

- While on your nursery rotation, the nurse tells you she thinks one of the babies may have Down Syndrome. The mother has also noticed this and seems “upset”.

- Perinatal Hx: Mother is 33yo, G2 P1→2. Healthy 4 yo at home. Normal prenatal screening. Baby is FT, 3240 gm, Apgars 7 and 9.

- PE: upslanted palpebral fissures, extra nuchal skin, clinodactyly, single palmar crease, flat profile, and hypotonia. You believe there is a high likelihood of DS.

- You go talk to the mother, Mrs. Tracey Taylor, about her daughter, Margot. As you enter room, you hear the mother on the phone saying, “Tell Dr. Smith I don’t understand, he told me all the tests were normal! I never would have had this baby had I known!”
Resident Goals

- Practice empathy by recognizing and responding to the parent’s emotion
- Respect the parent’s emotion by not trying to “fix” the emotion
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Implementation

- **Identify stakeholders:** PDs, Dept chair, chief residents
- **Obtain support from stakeholders**
  - Protected time for faculty and residents
  - Financial support for space and SP funding
- **Recruit facilitators**
  - Identify key teaching faculty within each division, including behavioral health and social work
- **Identify Simulated Patients**
  - Standardized patients from local medical schools may be trained for the role of simulated patients
  - Local actors
- **Hold facilitator training sessions**
- **Select case scenarios**
Resources

- Demetria Marsh
  Marsh Professional Simulators
  demetria@marshsimulators.com
  www.marshsimulators.com
  www.youtube.com/watch?v=YDpYbcidljk
  (Marsh Professional Simulators Demonstration.mov)

- Evelyn Reis, MD (evelyn.reis@chp.edu)

- Sylvia Choi, MD (sylvia.choi@chp.edu)
Selected References


Milberg LC, Reis EC, Marsh D, Choi S, Hofkosh D. The Primary Teaching Method: An experiential approach to teaching medical interviewing and clinical communication skills (submitted for publication)

Choi S, Reis EC, Marsh D, Milberg LC, Hofkosh D. Using the Primary Teaching Method to teach advanced communication skills during pediatric residency (submitted for publication)
Evaluation

We welcome your feedback!

Please complete the online evaluation:

www.appd.org/amsurvey/