

Proposed Curriculum Draft Communications in the College of Medicine

Communications is recognized by physicians, patients, scholars, and accreditation agencies as a crucial part of a medical school curriculum. Professional groups such as the Association of American Medical Colleges (AAMC) and the Accreditation Council for Graduate Medical Education (ACGME) have called for improved training in medical communications skills. There are very few medical programs, however, that have implemented a strategic communications curriculum. The University of Illinois at Urbana-Champaign College of Medicine (UIUC COM) has addressed communications issues from M1-M4 in a variety of settings; in 2004 Dr. Sari Aronson conducted a thorough review of the UIUC COM outlining where communications training occurred in the curriculum.

The purpose of this draft report is to identify particular communications areas that remain uncovered in the curriculum and to suggest settings in which these topics may be addressed. Thus, this report seeks to 1) identify helpful literature on implementing communications curricula in medical schools 2) find models of medical schools that have implemented communications curricula and 3) contrast these models with our own curriculum, identify topics that are not currently addressed at the UIUC College of Medicine, and suggest places in the curriculum to address these topics.

LITERATURE ON COMMUNICATIONS CURRICULUM

The literature on teaching communications in medical schools is quite vast. It is not the intention here to provide an exhaustive literature review. Instead, a small number of review articles and case studies were identified as launching points from which to consider future directions for the UIUC COM communications curriculum. The following articles are included in Section 1:

Aspegren, K. (1999). BEME Guide No. 2: Teaching and learning communications skills in medicine—a review with quality grading of articles. *Medical Teacher* 21 (6): 563-570.

Laidlow, T.S., MacLeod, H., Kaufman, D.M., Langille, D.B., and Sargeant, J. (2002). Implementing a communication skills programme in medical school: needs assessment and programme change. *Medical Education* 36: 115-124.

Kalet, A., Pugnaire, M.P., Cole-Kelly, K., Janicik, R., Ferrara, E., Schwartz, M.D., Lipkin, M., and Lazare, A. (2004). Teaching communication in clinical clerkships: Models from the Macy Initiative in Health Communications. *Academic Medicine* 79 (6): 511-520.

Yedidia, M.J., Gillespie, C.C., Kachur, E., Schwartz, M.D., Ockene, J., Chepaitis, A.E., Snyder, C.W., Lazare, A., Lipkin, M. (2003). Effect of communications training on medical student performance. *JAMA* 290 (9): 1157-1165.

Several useful points emerge in this literature on teaching communications in medical schools:

- Most schools concentrate communications skills training in the preclinical years (Kalet et al., 2004).
- Studies show that communications training in the clinical years is more effective than in preclinical courses. Additionally, limited reinforcement in the clinical years correlates with a progressive decline in medical students' communications skills (Kalet et al., 2004; Aspegren, 1999).
- There are a variety of approaches to incorporating clinical skills training into the clinical years curriculum. These include:
 - the intraclerkship model (within a single clerkship)
 - the interclerkship model (with a day devoted between clerkships to topics not otherwise covered—such as the UIUC ACP forum)
 - the integrated model (across and/of between clerkships) (Kalet et al., 2004).
- Faculty involvement and training is also crucial in implementing a communications curriculum (Kalet et al., 2004).
- Individualized approaches to curriculum development, grounded in similar communications training goals but tailored to specific medical school faculty and student needs, are productive (Kalet et al., 2004).
- Experiential teaching methods (in which the student first does the interview him/herself and then receives feedback from the instructor) yield better results than instructional methods (in which a student is first shown how to interview via a lecture or demo and then repeats) (Aspegren, 1999).
- There are a variety of different experiential teaching methods used to teach communications skills describe in the literature (Aspegren, 1999).
- The literature outlines various rating methods for assessing students communications skills—such as course evaluation, written reports, testing, self-rating scales, video-taped interviews rated by observers, OSCE exams, patient evaluation (Aspegren, 1999).
- While medical students' interviewing skills often improve during preclinical training, interpersonal skills lag behind (Aspegren, 1999).
- In a study comparing doctors vs. social scientists as communications teachers, social scientists ranked significantly higher. Doctors, nonetheless, can also be effective teachers of communications skills (Quirk and Letendre, 1986, as cited in Aspegren, 1999).

- Studies have shown that male students have a more difficult time learning communications skills than women (Aspegren, 1999).

SAMPLES OF MEDICAL SCHOOL COMMUNICATIONS CURRICULA

There are a few examples of medical school communications curricula in the literature. Dalhousie University Medical School in Halifax, Canada, for example, outlines its approach to curriculum redevelopment in Laidlaw et al., 2002. This narrative is useful in terms of how one school took steps to redesign its curriculum, from needs assessment to program evaluation. In this report, I focus on the Macy Initiative sponsored communications curricula at NYU, Case University, and the University of Massachusetts because the initiative had the funds to put a lot of thought and strategy into conducting research and designing its programs and it allowed for a certain flexibility in the three medical schools organized around common communications skill sets. See section “Sample Curricula” for materials (as well as Kalet et al.)

COMPARING THE UIUC COM CURRICULUM WITH THE LITERATURE

The Macy Institute project identified numerous core competency skills under three headings: communication with the patient, communication about the patient, and communication about medicine and science. (See List 1 in Kalet et al.). These provide a useful starting point for evaluating the strengths and weaknesses in our own curriculum.

1. Communicating with the patient:

In the UIUC COM curriculum, core competencies relating to doctor-patient communication are primarily covered in the M1 year through the behavioral science course and the M2 year through the HxPxDx course. Additionally in this course, students receive detailed feedback from faculty on their performance in taped interviews.¹ Students are also able to interview a psychiatric patient with faculty feedback at the VA in the M2 psychiatry course. A half-day experiential workshop on difficult patient-physician situations enables students to work in a variety of scenarios (for example language barriers, angry patients, working with patient’s families, communicating difficult news) with faculty and peer feedback. In addition, the M4 medicine and society course has numerous readings devoted to the topic (See Aronson, 2004). The Macy project has a useful model identifying best practices for the doctor patient encounter (See Figure 1 in Kalet et al.), and our current curriculum incorporates training in many of these practices.

Though skills learned in the pre-clinical years are reinforced “on the job” in clerkships, there are few formal activities directed at improving doctor-patient communications skills

¹ The author took HxPxDx during the 2005-2006 academic year and is therefore not aware of how much the course’s curriculum has changed with new course leadership. These observations must be shared for commentary with the current course director and/or TA.

in the clerkships. Notable exceptions include the surgery clerkship, which currently has an OSCE that enables students to practice clinical skills (though this is used as an exam and students do not receive feedback on their performance). Additionally, the psychiatry clerkship has an OSCE to help students prepare for the clinical skills exam that provides feedback from faculty on communications as well as clinical skills.

There are numerous “special situations” identified in the literature that relate to doctor-patient communications. Many of these are already incorporated into our curriculum, though there are also some that our curriculum does not address. The following is a list of special situations identified in the literature, and (to the author’s knowledge) a list of where some of them are already addressed in our curriculum:

- Sexual health/history and gay/lesbian health—addressed briefly by Dr. Robbins in HxPx Dx.
- Chronic pain
- Addiction/Alcoholism—lecture with Dr. Moberg and additional lectures in M2. Frequently discussed in M2 tutorials at the VA site
- Race and medicine (aka “cultural competence”)—there is currently a lecture in the Ob/Gyn clerkship on this topic by Dr. Packard. Also addressed in medicine and society and in Global Health ACP.
- End-of-life care –addressed in optional palliative care rotation at the VA
- Patient education
- Bad news-- addressed in optional palliative care rotation at the VA
- Informed consent
- Ethics—addressed in medicine and society clerkship
- Reproductive choice
- Genetic counseling –there is a pathology lecture that briefly touches on this topic
- Family violence—there is a lecture on this topic in the OB/gyn clerkship
- Adolescent history
- Dementia
- Difficult patients (hostile, seductive, angry, depressed)—covered in the difficult doctor-patient situations exercise during M2
- Nutrition—numerous lectures in IM that do not explicitly address patient education
- Medical mistakes
- Using a medical interpreter—addressed in global health ACP
- Email communication with patients

NYU, Case Western Reserve, and the University of Massachusetts have created curricula that address some of these “special situations” and there are sample curricula as to where these topics have been addressed (See figure 2).

Recommendations:

There are two easily identifiable potential areas for improvement:

1) The reinforcement of patient-physician training skills in the clinical years through a variety of potential methods, including an ACP day devoted to the subject or the education of clinical faculty about where key communications topics could be incorporated into their current lectures.

2) The inclusion of numerous special scenarios with respect to the doctor-patient relationship that are underrepresented in our curriculum, such as:

- Sexual health/history and gay/lesbian health
- Chronic pain
- Race/ethnicity/culture and medicine
- End-of-life care/breaking bad news
- Informed consent
- Reproductive choice
- Adolescent history
- Medical mistakes
- Working with elderly patients.

2. Communications about the patient

Oral Communications

In the UIUC COM current curriculum, the IHD course in the M1 year enables students to begin presenting information about patients and disease to their peers and faculty. Additionally, students in the M2 tutorials course communicate orally about their patients to students and attendings, and are evaluated on their presentations. In spite of this early preparation, however, a new skill set is required to present a patient with brevity and accuracy on the wards. This is picked up informally in our current curriculum.

Recommendations:

1) It may be useful to introduce students more formally to the skills required to succinctly present patients to attendings and their team in a clerkship setting. This could either be incorporated into some of the later tutorials sessions, or it could be addressed at a peer-mentor meeting.

2) Students are informally exposed to various other scenarios requiring oral communications about patients in clerkships—such as morbidity and mortality conferences, court testimony, and telephone requests. It may be useful to discuss these other forums at some point in the curriculum.

Written Communication

Students have ample opportunity in the clinical tutorials to get feedback on their written H and P skills. Additionally, students are graded on their H and P's in the Internal

Medicine clerkship and in the Ob/Gyn clerkship. Students are additionally given an introduction to deposition taking in an ACP course during their clerkship years.

Recommendations:

- 1) Writing SOAP notes is picked up in the clinical rotations without formal time devoted to acquiring this skill. It is addressed initially in HxPxDx, but perhaps could be discussed again in the clerkships.
- 2) Proper email conduct is not addressed in the curriculum and may be a useful addition

Team Communication

A central part of the medical student experience involves learning how to work effectively with teams. While students gain abundant experience working on teams during their clerkship years, the communication skills useful to facilitating this process are not formally in the curriculum.

Recommendations:

- 1) The Macy Communications skills identify a number of areas that could be addressed in our curriculum—such as negotiating differences in treatment options, negotiating turf issues, consultations, referrals, and disagreeing with a superior. Potential arenas for inclusion include an ACP format or a peer mentor meeting.

3. Communications about science and medicine

As the majority of the UIUC COM students are in the joint MD/PhD program, many already have experience with giving lectures, presenting at conferences, presenting posters, producing scholarly papers, etc. Dr. Ron Brewer is currently working on a scholarly activity requirement that will serve both as an introduction to this skill set for traditional medical students and also provide an opportunity to practice more clinically focused public communications skills for MD/PhD students. Students are also encouraged to submit posters and/or oral presentations at the annual College of Medicine Research Day, though this is not a mandatory activity.

Recommendations:

- 1) It may be useful to introduce students to skills useful in speaking to the media and the public about health and science. Numerous faculty members have experience with this—perhaps this would be an interesting component for an ACP course.
- 2) Given the pharmaceutical industry's vast advertising budgets for targeting doctors and medical students, it may be useful to explicitly address in the curriculum the many ethical issues identified in the literature about this topic. Sometimes this is addressed in the M4

Medicine and Society course, but since students have much exposure to pharmaceutical advertising during their clerkships it may be helpful to address this issue earlier.

3) If the COM encourages students to participate in conferences or to publish case studies, it may be useful to have an introductory lecture on how to make a poster, submit a paper or case-study, proper citation, etc.