

Chapter 5.22

Doctors Using Patient Feedback to Establish Professional Learning Goals: Results from a Communication Skill Development Program

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ABSTRACT

There is growing interest in the way that communication between doctors and patients affects important aspects of patient care and health outcomes. However, there is not much research on quantifying the effect of specific training programmes in communication skills for doctors. The aim of this chapter is to describe a research project that addresses this issue by first asking patients to provide feedback to doctors on their

interpersonal skills. A set of training objectives is then discussed with individual doctors based on patient feedback. A training programme is subsequently undertaken by doctors, who are re-assessed by patients to determine the effectiveness of the feedback and training. The results indicate significant improvement on re-measurement. The chapter discusses the reasons for this improvement and the implications for providing personalised interpersonal skills training programs that target those skills that have been specifically identified by patients.

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INTRODUCTION

Increasing importance is being placed on the ability of doctors to communicate effectively with patients. For instance, the Accrediting Council for Graduate Medical Education (ACGME, 2007) stipulates that ‘Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals’. The ACGME (n.d.) also provides an educational resource on advancing education in interpersonal and communication skills, where various methods are introduced and discussed for teaching interpersonal skills, including cinemeducation (the use of video clips using actors (Alexander, 2002)) and invite-listen-summarize (ILS) model role play in small group format (Boyle, Dwinnell & Platt, 2005) to teach and assess patient centred communication.

The growing importance of ensuring effective communication between doctors and patients is documented by Rowland-Morin and Carroll (1990), who provide a comprehensive review of how research in ‘bedside manners’ during the 1970s has now evolved into an important area of research concerning the content of medical training programs. In addition to this recognition that doctor-patient communication can affect health and clinical outcomes (e.g. Kaplan et al, 1989; Stewart, 1996; Epstein et al, 1993), there is also recognition that good doctor-patient communication can help offset the threat of malpractice suits (Levinson et al, 1997). In other words, there is growing evidence that poor communication skills are correlated with patient dissatisfaction and that clinical outcomes can depend to some extent on doctors’ interpersonal skills (Trumble et al, 2006).

BACKGROUND

Training modules in communication and interpersonal skill building are now prevalent in medical

education programmes. Such modules typically involve senior colleagues observing student doctor interaction with standard patients and providing feedback to help student doctors improve their interviewing techniques (e.g. Roth et al, 2002). Performance-based training can also be used involving evaluation of clinical performance.

Patient feedback (outcomes-based research using patient questionnaires) has received little attention as a potentially effective educational tool in the training of medical practitioners. Research shows that discussing one’s results of patient feedback with a more experienced colleague has a significantly positive impact on future performance (Cope et al, 1986; Blurton and Mazzaferri, 1985; Greco et al, 2001). Whilst there is some evidence that the use of patient feedback can stimulate change for doctors-in-training, there is little evidence that the same can be said of fully qualified and practising doctors as opposed to doctors going through medical education (Greco et al, 1998).

With regard to outcomes-based research, a number of tools have been developed to measure patient experience of interaction with doctors. For instance, Trumble et al (2006) used 10 questions modelled on the ‘Art of Medicine Survey’ (Webster, 1989):

- How well did the doctor listen to your concerns and questions?
- How respectful was the doctor?
- How well did the doctor understand your problem?
- How accepting was the doctor of you and your problem?
- How well did the doctor explain to you what he or she was doing?
- How well did the doctor use words that are easy to understand?
- How well did the doctor cover what you expected of them?
- Did the doctor spend enough time with you?

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