**15th Annual Symposium on Medical/Health Education and Interprofessional Learning**

**Wednesday, June 11, 2014**

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Addressing a Gap: Integrating “Explanation and Planning in the Medical Interview” in the Skilled Clinician Program, Med 3

Evans, J.; Muir, J.; Communication Skills Program, Division of Medical Education

The renewed clerkship curriculum provided an opportunity to develop and implement a communication skills session that would enable clerks to learn and practice the skills of explanation, planning, and shared decision-making in the medical interview at a level commensurate with their clinical knowledge. The evidence for including such a session in the undergraduate curriculum was compelling given patient health outcomes associated with physician’s providing clear information and being willing to share decision-making and reach agreement about management plans with their patients.

The Communication Skills Program in collaboration with UGME and the LRC implemented the new session in the PIER 2 curriculum. It included a skill framing lecture, skills practice with simulated patients who provided verbal and written feedback, and a concluding skills recap/debrief. Patients introduced to clerks in PIER 1 ICE cases formed the foundation of this session. Clerks engaged these patients in discussions that focussed on explanation, planning and mutual decision making based on the management plans they identified in the ICE cases.

The majority of clerks acknowledged the value and need for communication skill development; many however, articulated that they had already mastered these skills. Learner feedback and an overall evaluation of the session highlight areas for future development and consideration. They include: strengthening the ICE case foundation for this session by enriching patient personal/social histories and incorporating management plans as part of group discussion; facilitating the transition from case discussion to application of patient management plans in simulated patient interactions by scheduling this communication session closer to ICE case tutorials.
Post-Graduate Adolescent Interviewing Skills: A Reflection of the Sustainability of Structured Formal Undergraduate Training.

Joukhadar N, Dalhousie University; Bourget G, University College Dublin; Dr. Manos S, Dalhousie University; Dr. Mann K, Dalhousie University; Dr. Blake K, Dalhousie University

Introduction: Adolescence is a time when individuals begin to assume responsibility for their own health care. Therefore, effective adolescent interviewing and communication by physicians are critical.

Purpose: To determine whether formal training in adolescent interviewing in undergraduate medical education (UME) has a sustained effect upon postgraduate adolescent interview performance.

Methods: PGY1s, including international medical graduates, were recruited. Each participant conducted an adolescent interview with a standardized adolescent patient and mother pair (SPs). The patient case focused on subjects sensitive to adolescents, specifically sexual orientation and bullying.

The SPs independently scored each resident’s interview using the 29 item Structured Communication Adolescent Guide (SCAG), comprised of four sections (Getting started, Gathering Information, Teen alone, and Wrap up), each with a Total Item and Global score. Unpaired t-tests were conducted to: 1) compare the Total Item and Global SCAG scores of the ‘no formal training’ group to the ‘formal training’ group, using the SP Daughter score and Mother score separately; and 2) determine any statistically significant differences between daughter and mother scoring.

Results: PGY1’s with previous formal training (n= 23) received significantly higher scores from SP daughters than those without formal training (n= 29) on both Total Item scores (P = 0.001) and Global scores (P = 0.001). The SP mothers’ scores were also significantly higher for those with previous formal training (Total Item: P = 0.01 and Global: P = 0.035).

Conclusion: Results suggest that structured training in adolescent interviewing in UME, involving practice and feedback, has a sustained effect on postgraduate performance.
Using Hybrid Simulation to Teach and Assess Family Communication Skills of Critical Care Fellows

Evans J.; Ferkol D.; Witter T.; Chisholm J.; Beed S.; Holmes B.; 1 Communication Skills Program, Division of Medical Education, Dalhousie University; 2 Learning Resource Center, Division of Medical Education, Faculty of Medicine, Dalhousie University; 3 Division of Critical Care Medicine, Dalhousie University

High fidelity simulation is an effective method of teaching and assessing critical care practice. In acknowledgment of the importance of effective and empathetic communication when interacting with families of critically ill patients, the Division of Critical Care Medicine, the Learning Resource Centre and Communication Skills Program, collaborated to develop a novel hybrid simulation that would not only teach and assess medical management, but communication skills as well.

The medical management component of the simulation utilized actors and a high fidelity manikin and required critical care fellows to manage a fatally injured patient. Regardless of medical interventions performed, the patient did not survive. In the communication skills component, the fellow informed the family of their loved one’s injury, poor prognosis, and eventually delivered the news of his death. The simulation moved between the bedside and a quiet room as the fellow moved between patient care and compassionate family care.

To assist fellows in preparing for the communication component of the simulation, a resource was developed that identified key tasks and related communication skills. Both components of the simulation were assessed using checklists - the communication checklist was developed specifically for the simulation. Fellows also received immediate verbal feedback from the “family” actors and an independent observer. Actors lacked medical background but their experience and training in giving feedback highlighted areas for skill development that were discussed with fellows.

This novel use of hybrid simulation to teach and assess communication skills has applicability across multiple areas of medicine with trainees at different levels of practice.
Teaching the Concept of Value Added Care through Communication Skills Training
Warren A (PGME), Muir J (DME), MacLeod H (DME), Acuna J (PGME), Ferkol D (LRC), Hicks C (PGME), I Epstein
(Department of Medicine), Dalhousie Faculty of Medicine

The healthcare system experiences significantly escalated costs due to unnecessary diagnostic and imaging tests requested by patients – tests which evidence based medicine advises are unwarranted for specific patient health problems. The goal of PGME and the Communication Skills Program has been to include this topic in the annual PGY1 Communication Skills Workshop – a 4 hour educational event which all first year residents are required to attend. We devised a plan to include specific resident training on and assessment of the skills required for communicating effectively with patients requesting unnecessary diagnostic tests. Our focus included teaching the communication skills of explanation and planning and managing patient doctor disagreement in the context of value added care. Value Added Care (VAC) incorporates patient-centered outcomes, focuses on procedures/diagnostic tests that have a high chance of positively impacting patient outcomes and avoiding those which are unnecessary which can potentially harm patients and increase health care costs. It is informed by initiatives of ABIM (American Board of Internal Medicine) and the Choosing Wisely campaign in health care delivery which is rapidly gaining momentum in the United States and Canada. Taking Value Added Care into consideration when communicating with patients has become increasingly important in our political climate which demands cost effective medical care and the best possible health outcomes for patients. This presentation will detail how we provided this training which was both an educational intervention and research project.