Rationale

- The AAMC has called for an increased focus on communication skills (1999), emphasizing the need to teach medical students how to:
  - Interact with patients in a productive, efficient manner
  - Understand patient needs with respect to their social context
  - Treat patients with compassion and empathy
- CHM has been a leader in teaching the patient-physician relationship (PPR) and imparting interactional skills
  - The current curriculum consists of:
    - Interactional skills (Block I Fall) – an 8 week course focused on teaching Patient-centered Interviewing through a combination of didactics and small group practice sessions
    - Introduction to the Patient-physician relationship (IPPR, Block I Fall) – a 7 week course on major issues in medical practice from the physician and patient perspectives
    - Topics within Ethics (e.g., disclosure), Clinical Skills (e.g., breaking bad news), and Medical Humanities (Block II)

Though the current program is among the most thorough approaches to communication and relationship-building in medical education, there is always room for improvement. Specifically, the following issues deserve attention:

- Extensive overlap between IPPR and Ethics, which assign many of the same articles/textbook readings
- Redundant small group experiences
- Lack of a true “refresher” or extension of the communication/PPR curriculum in Block II
- Poor integration of medical communication research
- Little student-driven, independent learning/thinking

The current proposal addresses these issues by reorganizing/redesigning relevant Block I coursework and integrating a student-driven, research-oriented communication/relationship skills component into Block II.

Sequence Objectives

- Produce exceptionally skilled, compassionate physicians who represent the values of the MSU CHM and the medical profession
- Encourage students to take an evidence-based approach to all aspects of medical practice, including patient-physician interaction
- Prepare students to integrate biomedical knowledge, clinical ethics, and psychosocial awareness into their clinical experiences

Sequence Objectives

### Description of Sequence

#### Introduction to the Physician-Patient Interaction

- Block I Fall, 15 weeks of weekly 2 hr small groups and 1 hr lectures
- Weekly assignments of 1 textbook reading (Gwyn 2002, Smith 2002), 1 research article, and 1 reflection-style reading
- Small group sessions:
  - Each student is expected to come to small group with 3 questions from the readings (1 from each assignment) to discuss as a group
  - The first hour of every meeting is focused on the readings, drawing connections between theory, research, and practice
  - The second hour is dedicated to scenario-based interviewing practice and preceptor demonstration
- Lecture format and topics:
  - Lectures alternate between skill sessions and “experience” sessions
  - 4 skill sessions (SS) focus on Ch 1-4 of the Smith text, subsequent sessions (5-8) discuss patient education, decision-making, and care coordination/health resources, and sensitive issues (error disclosure, breaking bad news, cultural concerns)
  - 7 experience sessions (ES) coordinate with the skills lecture to follow (e.g., ES 1 relates to SS 2). For half of each ES, a physician presents a relevant story from his or her practice. The other half is a patient presentation of his/her experiences.
- Assessment is based on 6 simulated interviews, small group participation, a mid-term essay and a final reflective project
- Student must meet passing criteria in all areas (including a passing grade on 4/6 to interviews) to pass the course. Failing a single component results in a CP that may be remediated.

#### Clinical extensions

- Bring skills and perspective into practice
- Provide opportunities to contribute to PPR research
- Be a model and resource for others

### Discussion

Overall, the proposed sequence in communication/relationship skills provides a comprehensive introduction to the skills needed for patient-physician interaction and the major issues in the field of medical communication and PPR research.

These courses build on current offerings to bring the communication/relationship skills curriculum into line with MSU CHM’s Guiding Principles and further address the issues raised in the AAMC’s call for training in communication.

### Resources

- Teaching materials and faculty training courses are available through the American Association for Communication in Healthcare
- Additional resources can be found on the Society for Medical Anthropology website and as a part of the Doc.com PPR course

### References


### Goals and outputs of each step in the communication/PPR sequence

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<th>Block I goals</th>
<th>Block II goals</th>
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<td>- Develop independent thinking and research skills</td>
<td>- Bring skills and perspective into practice</td>
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<td>- Build foundational skills</td>
<td>- Integrate clinical knowledge</td>
<td>- Provide opportunities to contribute to PPR research</td>
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<td>- Provide patient and physician perspective</td>
<td>- Refresh awareness of key issues</td>
<td>- Be a model and resource for others</td>
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Engaging the Patient-physician Relationship: A Two-course sequence in communication and relationship skills