USING STANDARDIZED COLLEAGUES TO DEVELOP INTERPROFESSIONAL COMMUNICATION SKILLS

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Purpose

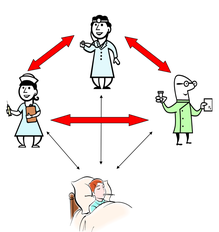
Interprofessional communication is a critical element to patient care. This study compared two methods of teaching pharmacy students how to communicate with physicians in challenging scenarios: standardized colleagues (adaptation of standardized patients) and video triggers/group discussions.

Background/Objectives

The **standardized patient teaching strategy** was adapted to depict colleague-with-colleague communication challenges in the scenarios that were developed. This new methodology, **standardized colleagues**, trains health professionals to portray a particular professional role, attitude, and communication style in a teaching situation with a student and to consistently respond/give feedback on student behaviors.

Objectives

- Design scenarios representing authentic interprofessional challenges to facilitate the development of communication skills by pharmacy students
- Pilot test scenarios with pharmacy students, with the role of the physician played by a trained standardized colleague, to determine clarity/utility for instruction; refine scenario scripts based on pilot experience
- Evaluate effectiveness of the standardized colleague teaching strategy to facilitate the development of interprofessional communication skills.



Methods

Five standardized colleague cases were developed that represented major breakdowns in communication as identified by Silence Kills (Maxfield, Grenny, McMillan, Patterson, & Switzler, 2005). The topics covered were mistakes, poor teamwork, micromanagement, disrespect, and broken rules.

In spring 2010, 57 second-year pharmacy students were randomized to interact with standardized colleagues, portraying particular professional roles, attitudes, and communication styles. Standardized colleagues were either medical faculty or standardized patients with healthcare training or background. These standardized colleagues provided feedback on demonstrated behaviors impacting communication effectiveness.

Forty-seven students viewed videos demonstrating interprofessional interactions and participated in facilitated discussions of the demonstrated skills.

A self-evaluation of comfort and confidence in communication skills adapted from a validated instrument was administered at baseline, three months, and six months. Students completed an evaluation of the perceived helpfulness of the activity.

Data from students with scores on all three time points were used in the analysis (n=92) using paired samples t-tests. An independent samples t-test was performed to determine differences in mean scores for the activities.

Results

- Repeated measures ANOVA demonstrated an increase in comfort and confidence over time ($F = 42.508$, $p < .001$)
- Significant difference between baseline ($\bar{X} = 8.51$) and three-months ($\bar{X} = 10.46$) ($t = 7.615$, $p<.001$), and between baseline and six-months ($\bar{X} = 10.65$) ($t = 8.958$, $p < .001$)
- Independent samples t-test revealed a significant difference in helpfulness/ confidence/comfort between the standardized colleagues and video methods ($t = 2.396$, $p = .019$).

Sample Student Feedback

- *"Actual practice is much more helpful than lecture because you experience the nerves and need to work through it. And then you know you can do it in the future because you were able to do it today."*
- *"These situations were very realistic and we will have to know how to handle them."*

Conclusions

- Using standardized colleagues can enhance students' comfort and confidence in communicating effectively in challenging situations.
- Although the cases were written to be mainly about communication skills, we think it is valuable to have SPs with healthcare background or training if not healthcare professionals themselves portraying the cases.
- We are in the process of submitting the cases to MedEdPortal.
- We realize that general terms like "comfort" and "confidence" are not sufficient in today's educational world; we are developing an instrument to validate the findings by applying it to videotapes of students. Objectively identifying common barriers will assist with curricular development.

References

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