

# **Your Voice is an Instrument:**

**A novel approach to communication and interpersonal skills training in medical education**

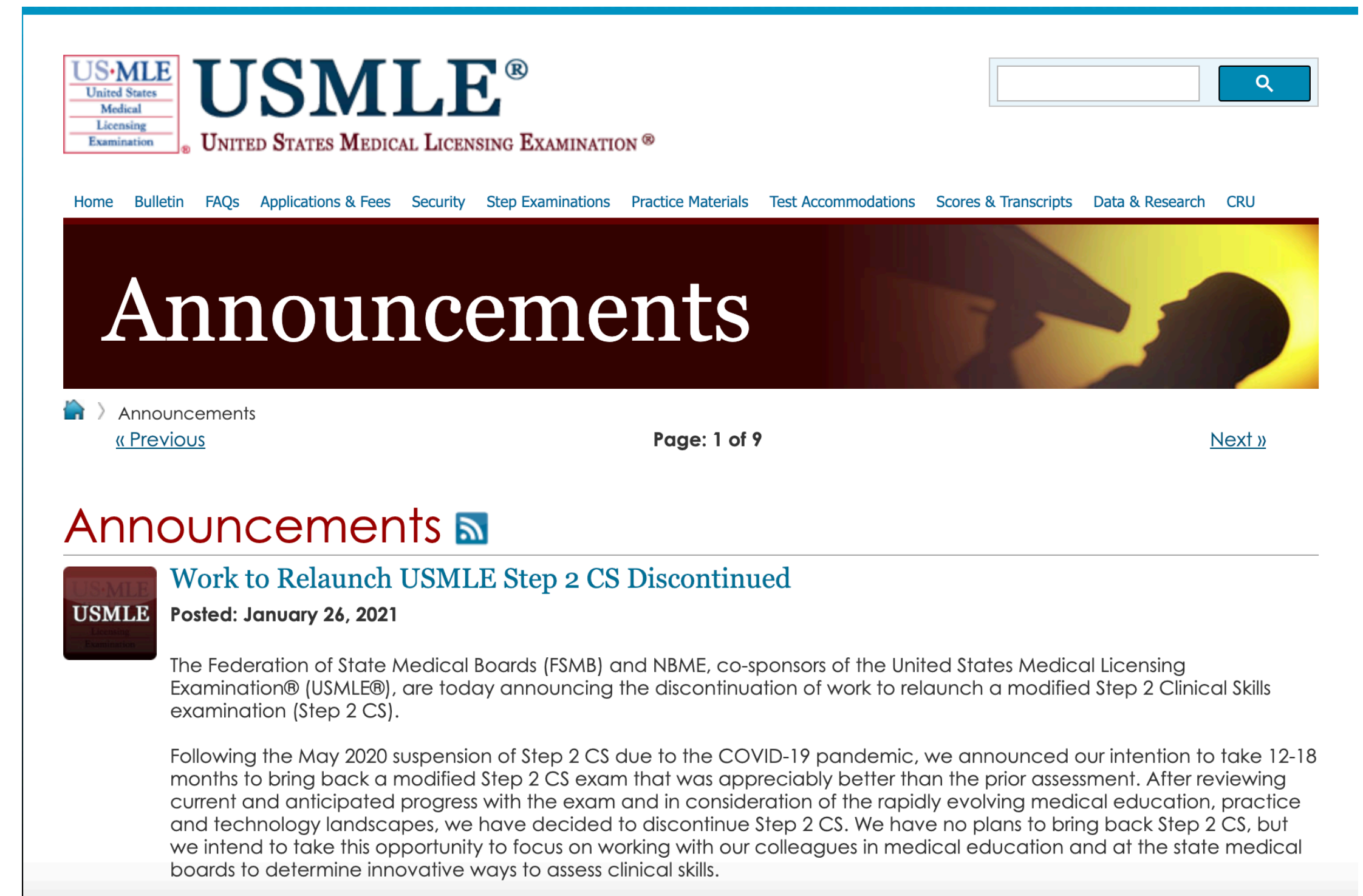
**Capstone for Impact, February 2021**

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Advisor: Jen Stojan, MD

# Where we're at:

- LCME standards for medical school education require “specific instruction within communication skills”<sup>1</sup>
- “Interpersonal and Communication Skills” are one of six ACGME core competencies for resident education<sup>2</sup>
- Best practices in physician communication are associated with **improved health outcomes**,<sup>3</sup> **increased patient satisfaction**,<sup>4</sup> and **lower risk of litigation**<sup>5</sup>
- With cancellation of Step 2 CS, the onus of communication skills education falls solely on medical school curricula



The screenshot shows the USMLE website's announcements page. At the top, there is a navigation bar with links for Home, Bulletin, FAQs, Applications & Fees, Security, Step Examinations, Practice Materials, Test Accommodations, Scores & Transcripts, Data & Research, and CRU. A search bar is located in the top right corner. The main heading is "Announcements" in a large, white font on a dark background. Below the heading, there is a breadcrumb trail: "Home > Announcements" with a "Previous" link and a "Page: 1 of 9" indicator. The featured announcement is titled "Work to Relaunch USMLE Step 2 CS Discontinued" and is dated "Posted: January 26, 2021". The text of the announcement states: "The Federation of State Medical Boards (FSMB) and NBME, co-sponsors of the United States Medical Licensing Examination® (USMLE®), are today announcing the discontinuation of work to relaunch a modified Step 2 Clinical Skills examination (Step 2 CS). Following the May 2020 suspension of Step 2 CS due to the COVID-19 pandemic, we announced our intention to take 12-18 months to bring back a modified Step 2 CS exam that was appreciably better than the prior assessment. After reviewing current and anticipated progress with the exam and in consideration of the rapidly evolving medical education, practice and technology landscapes, we have decided to discontinue Step 2 CS. We have no plans to bring back Step 2 CS, but we intend to take this opportunity to focus on working with our colleagues in medical education and at the state medical boards to determine innovative ways to assess clinical skills."

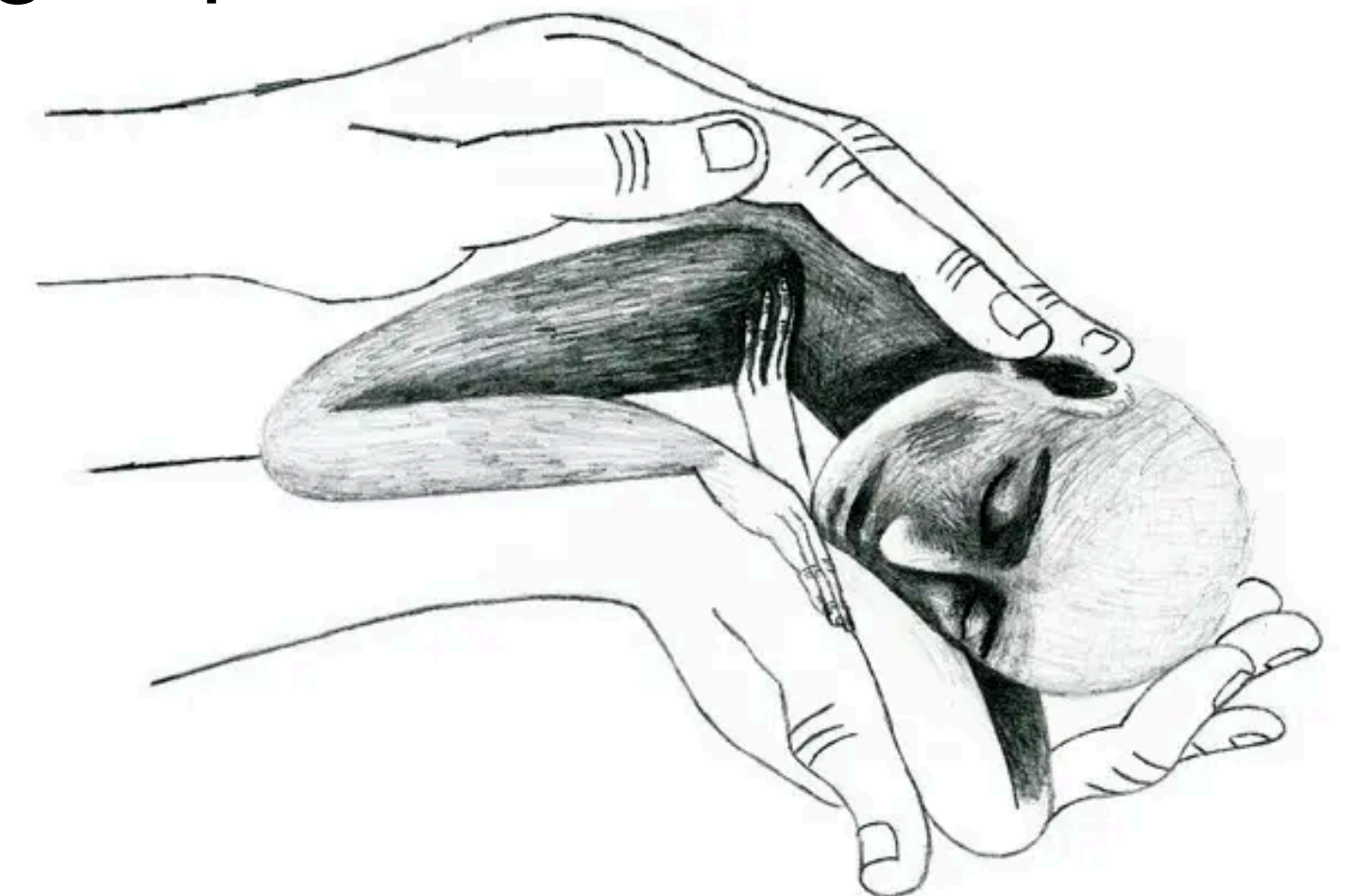
# Where we're at:

- From a 2019 review of communication skills training in a geriatrics journal:

*“In numerous observational studies, physicians and other clinicians routinely speak to patients and families using medical jargon, fail to recognize that the patient is not following, miss cues that patients are experiencing emotions that make absorbing information impossible, and subtly block patient questions and concerns.”<sup>6</sup>*

- Evidence of significant discordance between illness understanding of patient and what doctors believed they communicated<sup>7</sup>

- Physicians tend to overestimate their skill at communication<sup>8</sup>



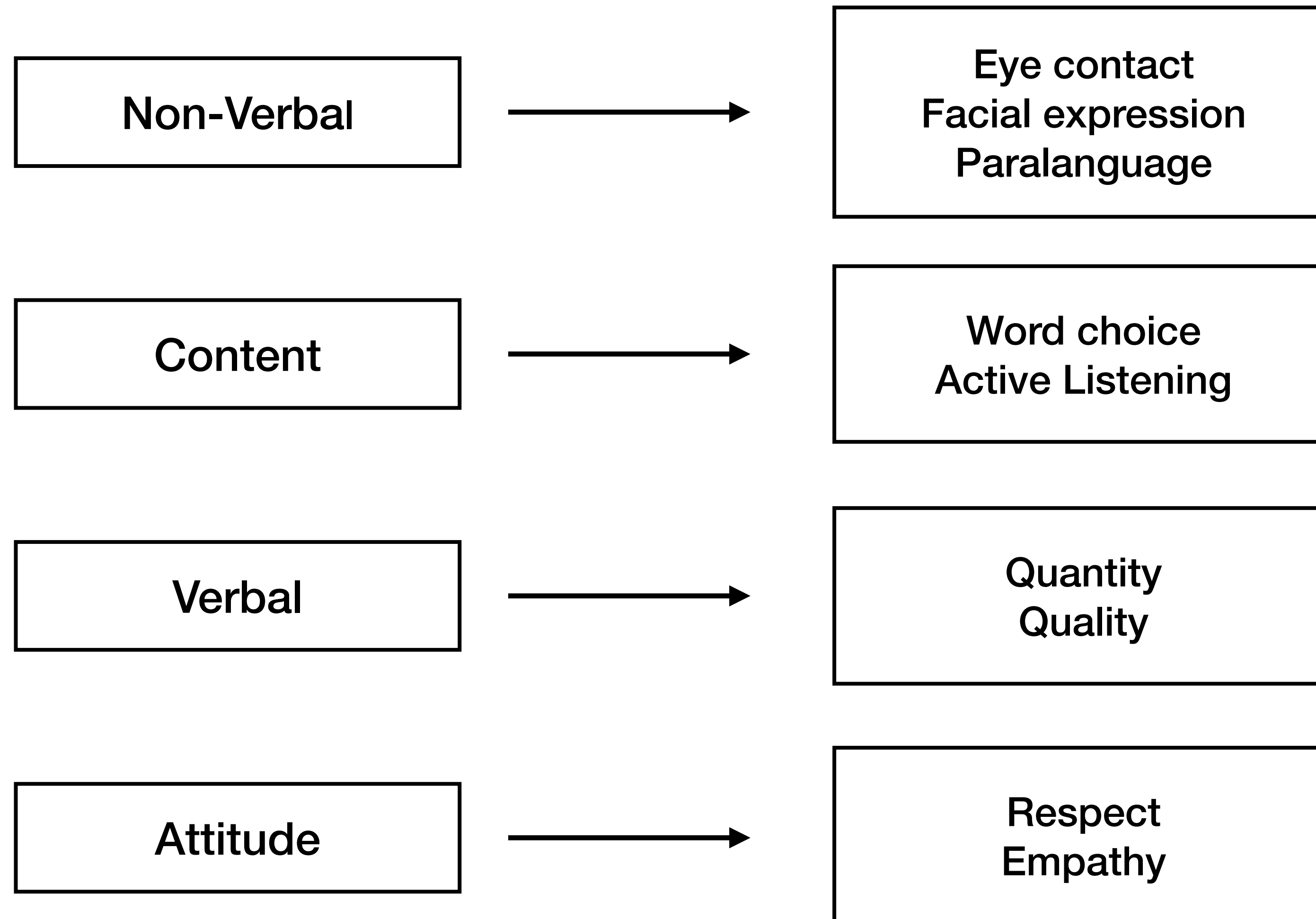
# What are interpersonal and communication skills?\*

\*Per LCGME

- Communication skills are defined by the performance of a specific task
  - Can be directly observed:
    - Taking a history
    - Presenting a patient
    - Documenting encounter
- Interpersonal skills are defined by the effect communication has on another person
  - Intrinsically relationship and process-oriented



# Types of Communication Errors



# Kalamazoo Consensus

Figure 1.11		Kalamazoo Essential Elements Communication Checklist				
Date: _____ Setting: _____		Done well	Needs improvement	Not done	Not applicable	
Learner: _____						
Observer: _____						
<b>Build a Relationship</b>						
Greet and shows interest in patient as a person		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses words that show care and concern throughout the interview		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses tone, pace, eye contact, and posture that show care and concern		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Open the Discussion</b>						
Allows patient to complete opening statement without interruption		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asks "Is there anything else?" to elicit full set of concerns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explains and/or negotiates an agenda for the visit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Gather Information</b>						
Begins with patient's story using open-ended questions ("Tell me about ...")		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarifies details as necessary with more specific or "yes/no" questions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Summarizes and gives patient opportunity to correct or add information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transitions effectively to additional questions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Understand the Patient's Perspective</b>						
Asks about life events, circumstances, other people that might affect health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elicits patient's beliefs, concerns, and expectations about illness and treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds explicitly to patient statements about ideas, feelings, and values		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Share Information</b>						
Assesses patient's understanding of problem and desire for more information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explains using words that are easy for patient to understand		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Checks for mutual understanding of diagnostic and/or treatment plans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asks whether patient has any questions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Figure 1.11		Kalamazoo Essential Elements Communication Checklist (cont.)				
		Done well	Needs improvement	Not done	Not applicable	
<b>Reach Agreement (if new/changed plan)</b>						
Includes patient in choices and decisions to the extent s/he desires		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asks about patient's ability to follow diagnostic and/or treatment plans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identifies additional resources as appropriate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Provide Closure</b>						
Asks whether the patient has questions, concerns, or other issues		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Summarizes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarifies follow-up or contact arrangements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acknowledges patient and closes interview		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Comments:</b>						
_____						
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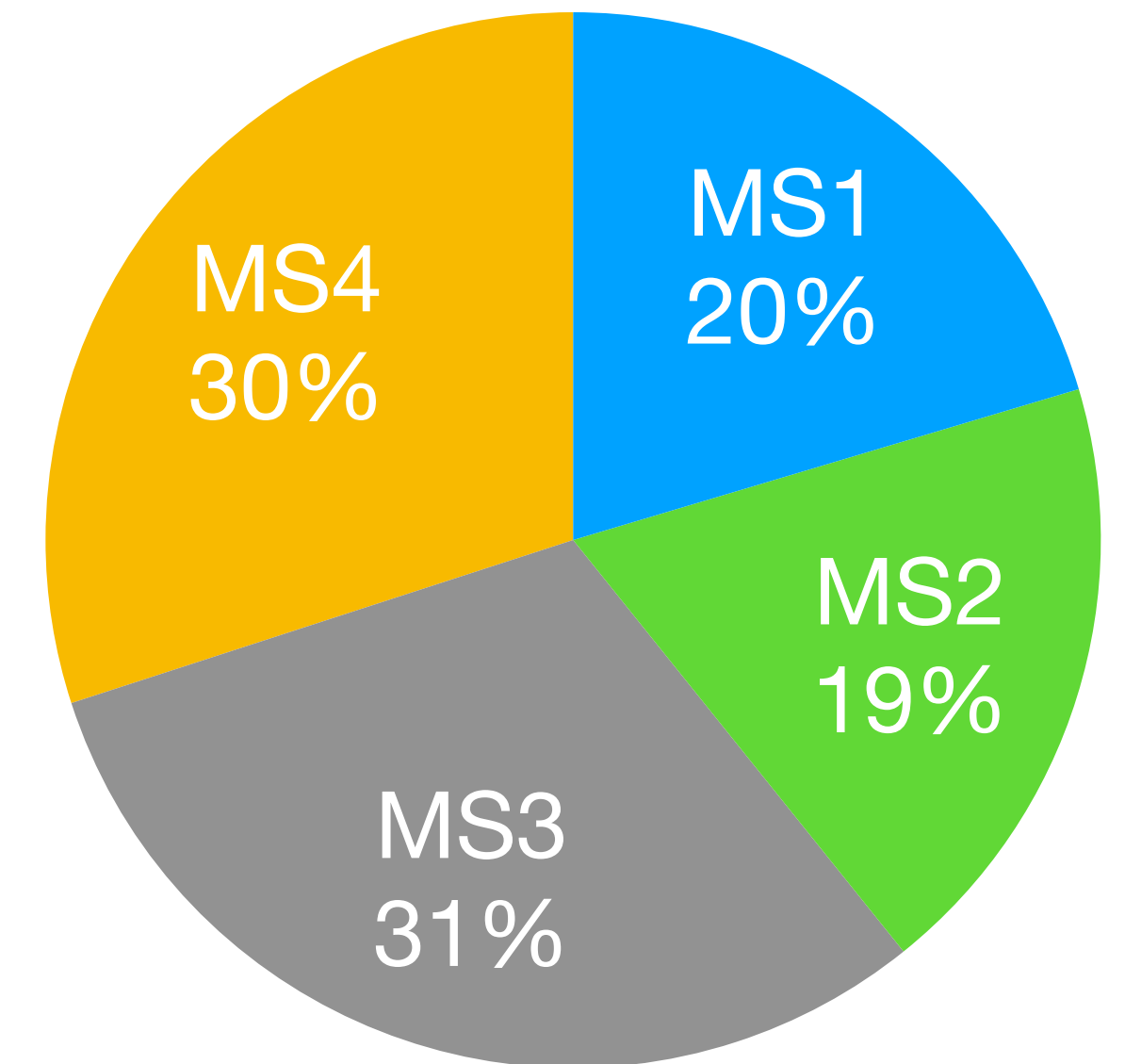
Source: © Bayer-Fetzer Group on Physician-Patient Communication in Medical Education, May 2001. Reference: The Bayer-Fetzer Conference on Physician-Patient Communication in Medical Education. Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement. Academic Medicine 2001; 76:390-393. Used with permission.

# **Communication Skills Education: Needs Assessment**

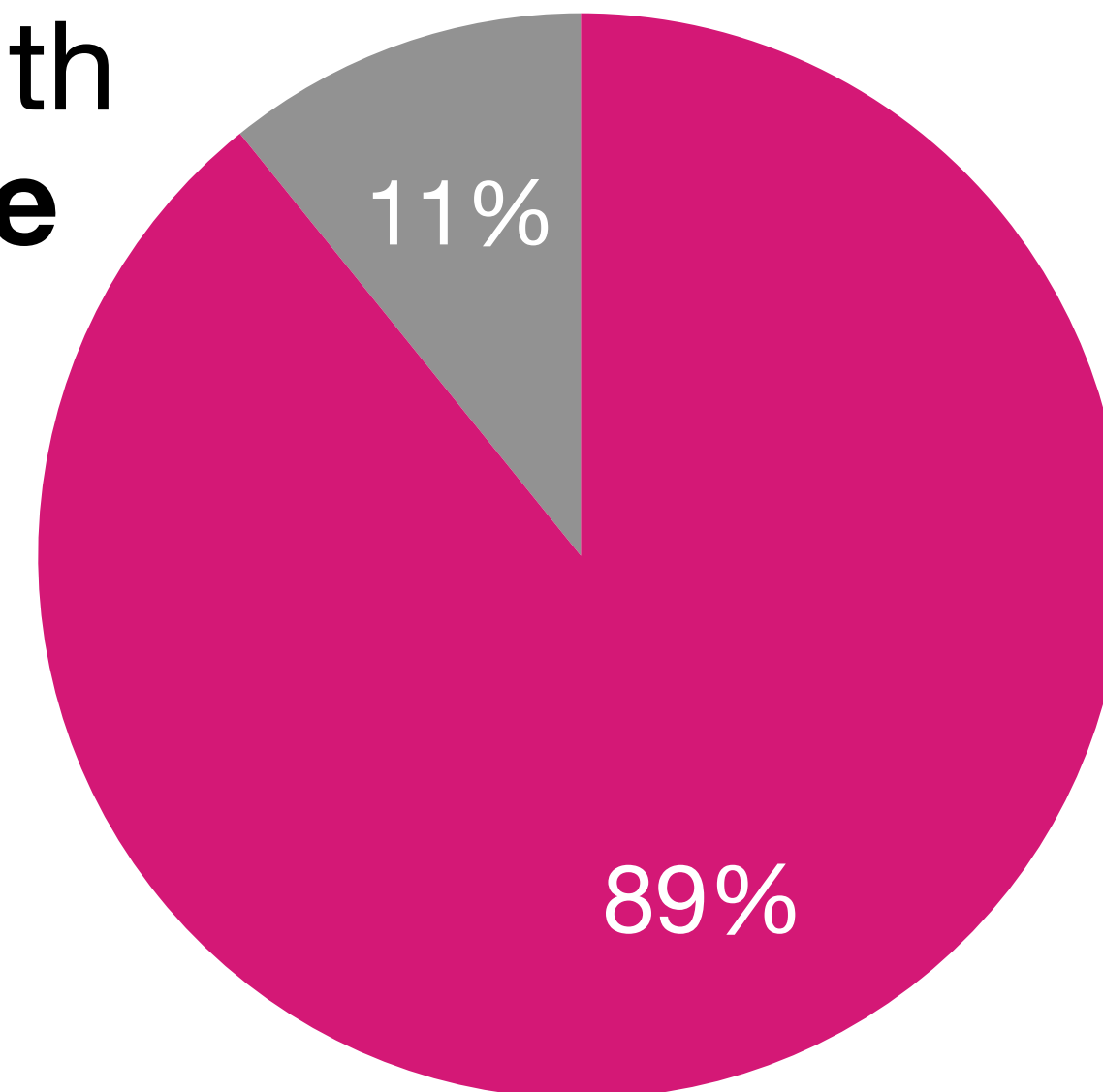
# Communication Skills Education Needs Assessment

- Survey conducted at the **University of Michigan Medical School** in February 2020
- Distributed to all active students (720) with 260 responding for **36.1% response rate**

Respondents by Class Year  
n=260



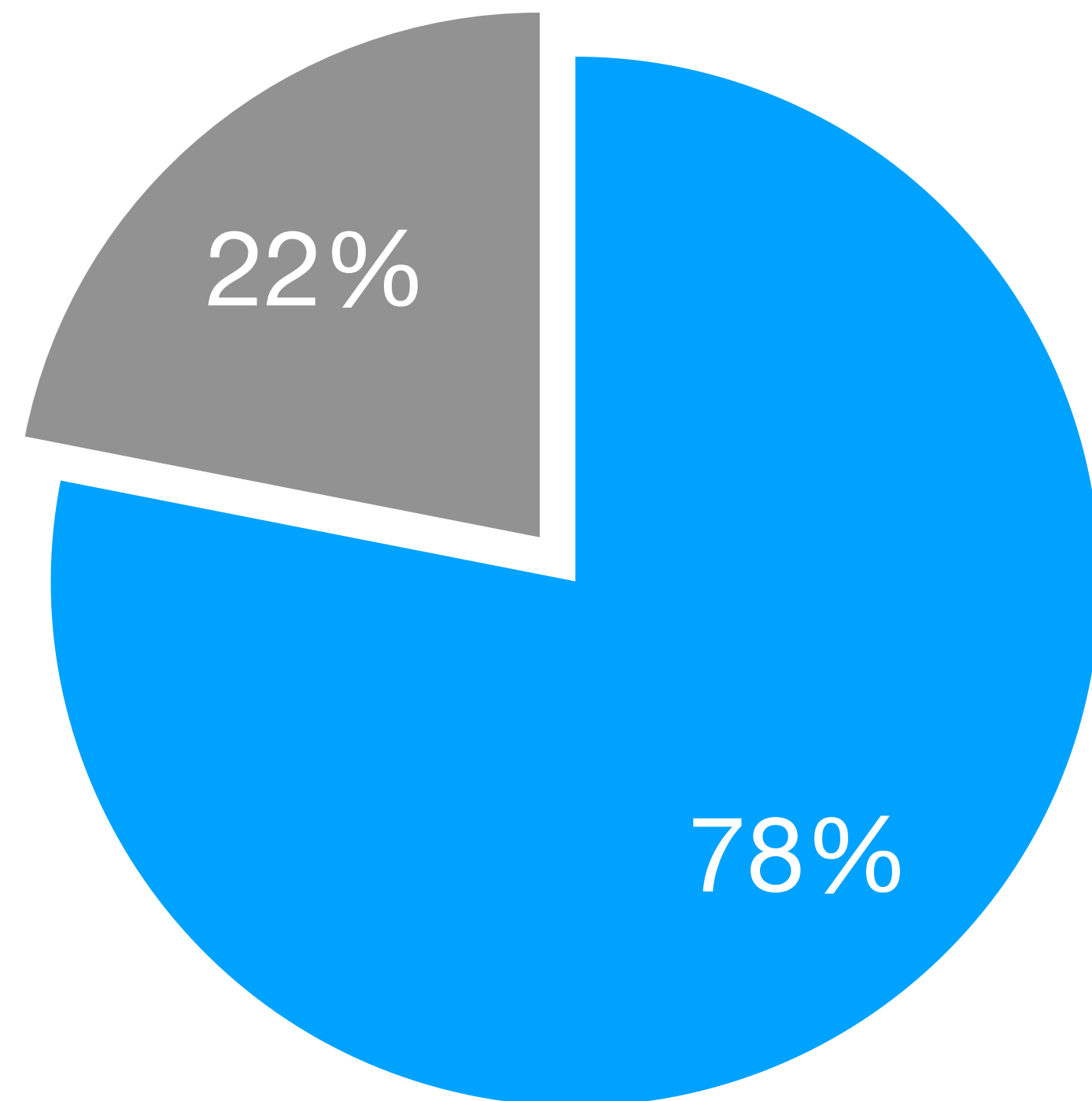
● Agree    ● Disagree



Should medical school offer communication skills education?

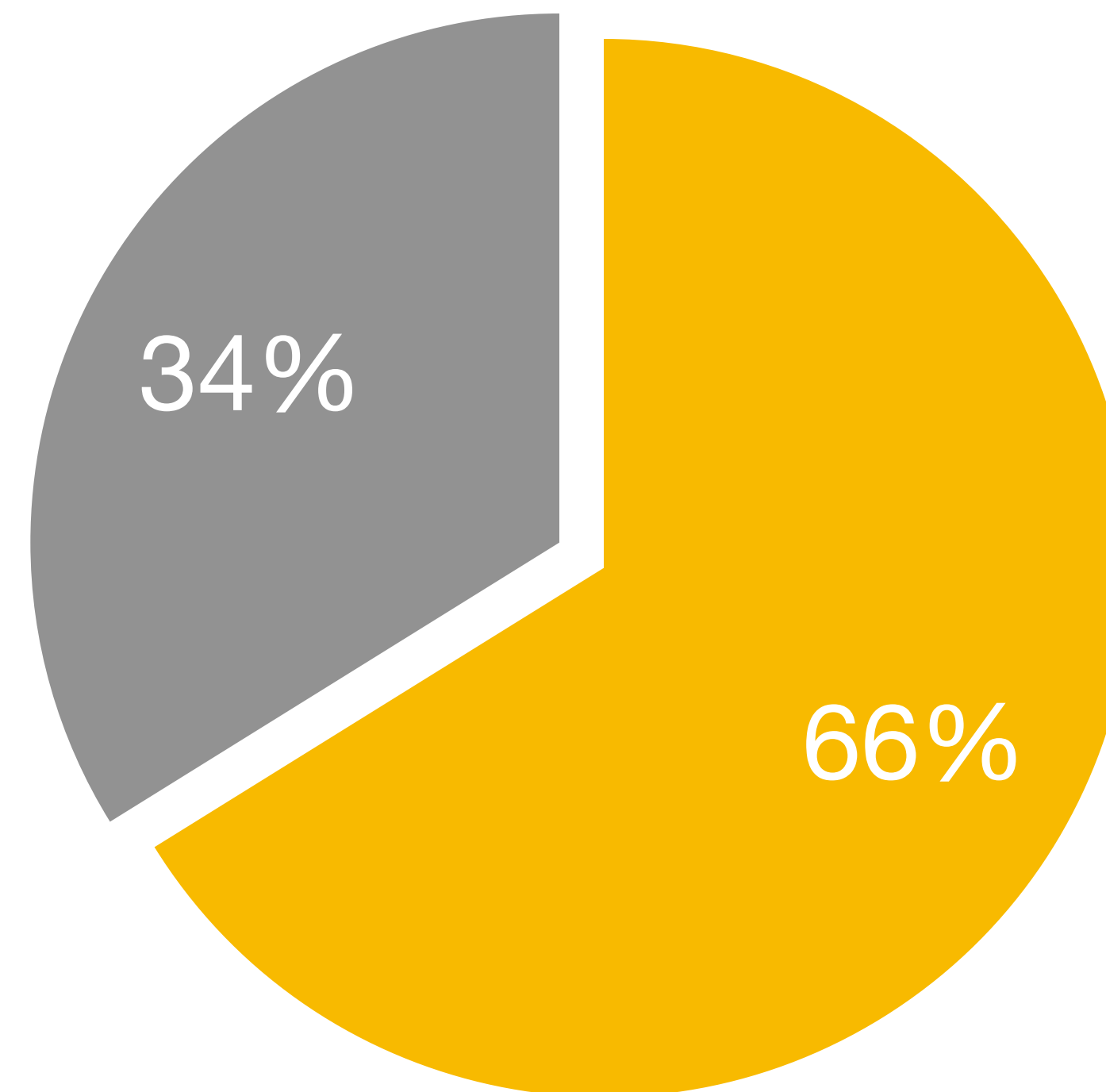


- Reported some training
- Reported no training



**Respondents reporting any communication skills training including medical school**  
n=260

- Reported training in medical school
- Reported no training in medical school



**Respondents reporting communication skills training in medical school**  
n=260

# What have you found to be *most effective* in past communication skills education?

“(1) learning principles of how different settings have different expectations on how to communicate effectively and congruently with expectations, (2) practicing with skits/role-play”

**“For me communication relies on intuitive understanding of another persons emotional and thoughtful response. Expectation and perspective management is key, and I feel that I have learned this best through genuine experience. Self or other reflection after the fact is helpful to intentionally improve, but the situations must be real.”**

Interactive sessions with immediate and direct feedback

Active learning environments where you are able to test the techniques you are being taught.

**“Concrete, specific examples of ways to improve communication with less structured, more open-ended time for practice.”**

“Mindfulness techniques, particularly when thinking about what biases/feelings/reactions we're bringing to the table when talking to people”



# Themes Identified, *most effective*

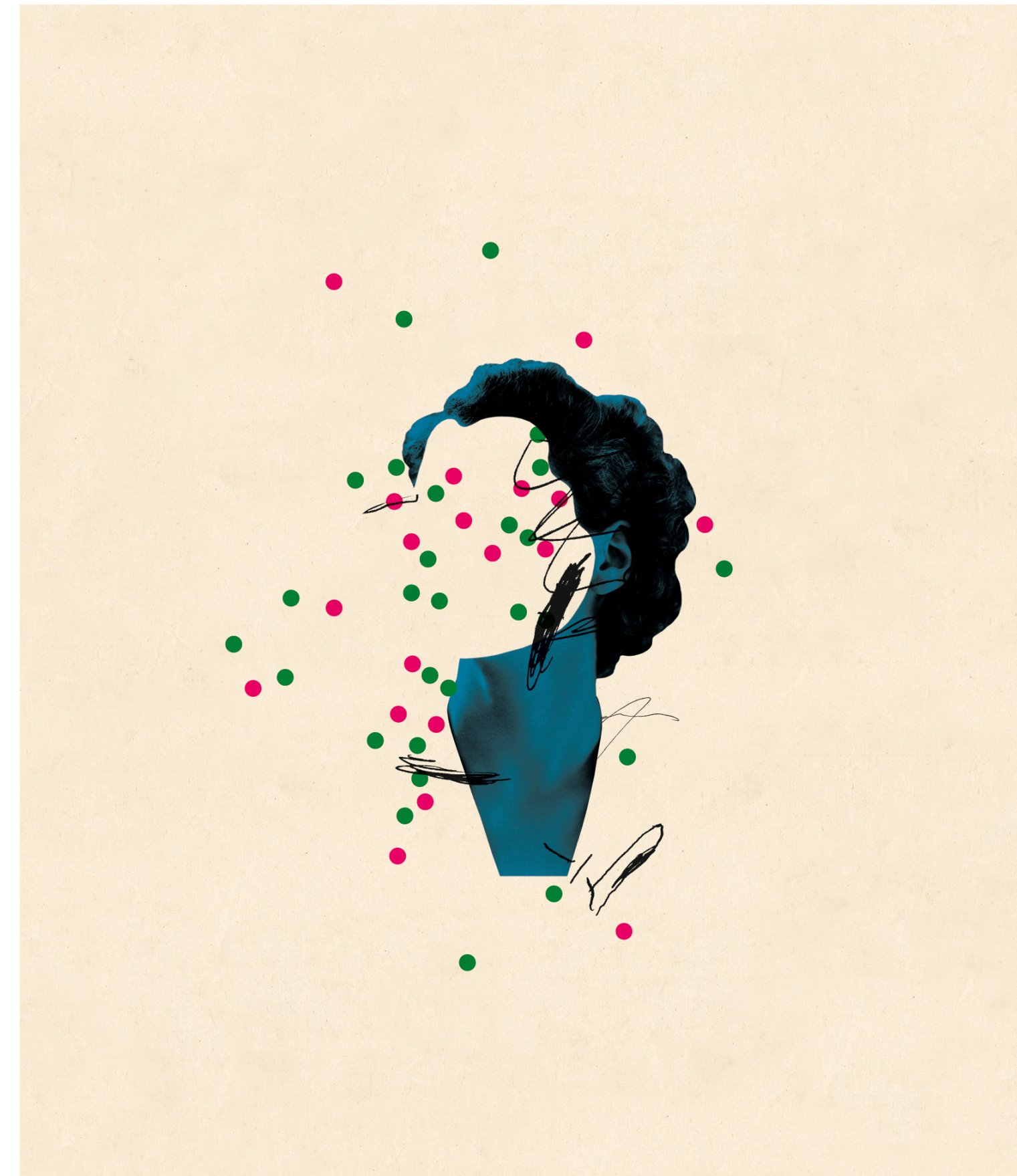
Candid, immediate feedback

Interactive group work

Genuine interaction

Concrete, specific instruction

Opportunity for self-reflection





# What have you found to be *least effective* in past communication skills education?

“Lack of genuine interaction, practicing on peers feels too artificial”

**“Empathy and communication cannot be boiled down to quick phrases that check the box for the test. Practicing true meaningful communication is extremely important”**

“Vague descriptions of skills”

“just being thrown into it, like rounding during clerkships”

“When you're told to get into small groups and practice, it assumes you already know what to say but that clearly is not true if you are attending a session to develop those skills”



# What have you found to be *least effective* in past communication skills education?

“Lack of specific outlet for self and peer-feedback”

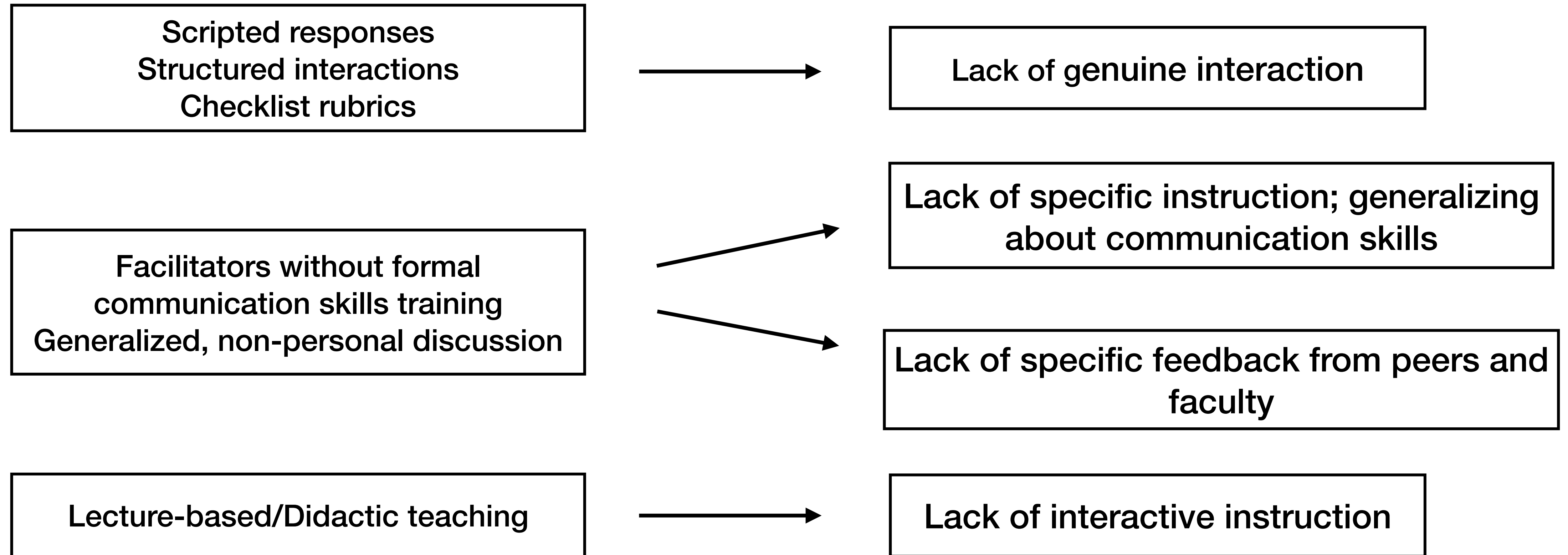
**“Most workshops in large groups aren’t personalized enough, like the doctoring sessions that are surface level and not tailored to you. Often feedback from doctoring is also less critical than myself - so a lot of my communication teaching is self led.”**

“Feedback that is very general, feedback that offers only criticism of one particular instance where I did something less than ideal, and then latches onto that one instan[ce].”

“people feeling the need to only give positive feedback, and facilitators who did not know the sorts of feedback was even valuable”

“Workshops that were entirely lecture based with no opportunity to practice”

# Themes Identified, *least effective*



# Vocal Technique: Curriculum

# Objectives

- Develop an awareness of the physical components of voice including breath, posture, pace, volume, and intonation
- Teach and practice techniques that use physical components of voice to improve communication and interpersonal skills
- Use performance to exercise and reinforce communication skills
- Improve communication skills via realtime, specific feedback from peers
- Investigate how communication can foster honesty and empathy



# Curriculum

## Session 1

2.5 hours

- Introduction of components of voice through powerpoint
- Warm-ups that isolate components of voice
- Introduction of monologue and presentation with peer feedback
- Discussion and reflection on pre-reading, session
- Assignment of “homework”: Note and record five instances where use of voice contributed to their efficacy as communicator

## Session 2

2.5 hours

- Warm-ups that isolate components of voice
- Introduction of monologue and presentation with peer feedback
- Discussion and reflection on homework and pre-reading
- Presentation of monologue with feedback

## Session 3

2.5 hours

- Warm-ups that isolate components of voice
- Introduction of monologue and presentation with peer feedback
- Discussion and reflection on homework and pre-reading
- Presentation of monologue with feedback



More Accessible

## Component

Breath

Posture

Pace

Volume

Intonation

## Physical Practice

Belly breathing

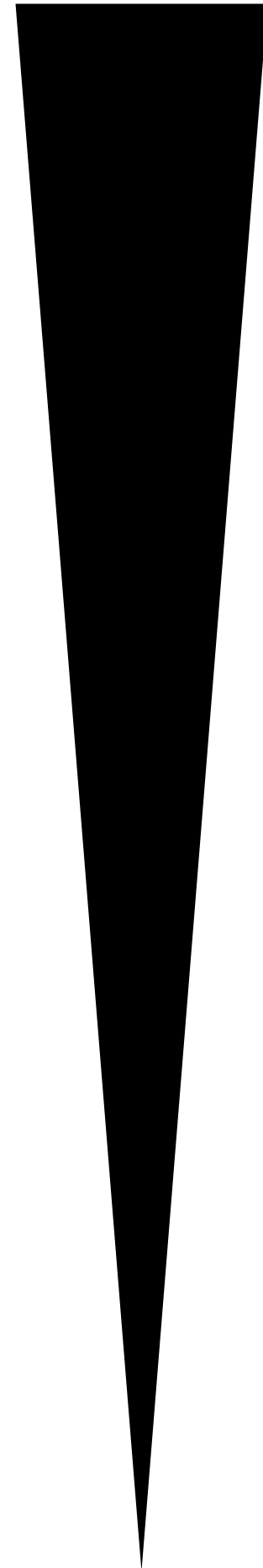
Shoulders relaxed, feet planted, chest open

Slow down, room for silence

Loud does not mean effective

Upward inflection

Less Accessible



I'm like a student and this is the final exam and I don't know what to put down because I don't understand the question and I'm running out of time.

Susie says that I need to begin aggressive pain management if I am going to stand it. "It": such a little word. In this case, I think "it" signifies "being alive."

They have to do something. I'm in terrible pain. Say it, Vivian. It hurts like hell. It really does.

***Wit*, Margaret Edson**

# What are interpersonal and communication skills?\*

\*Per LCGME

- Communication skills are defined by the performance of a specific task

- Can be directly observed:

- Taking a history

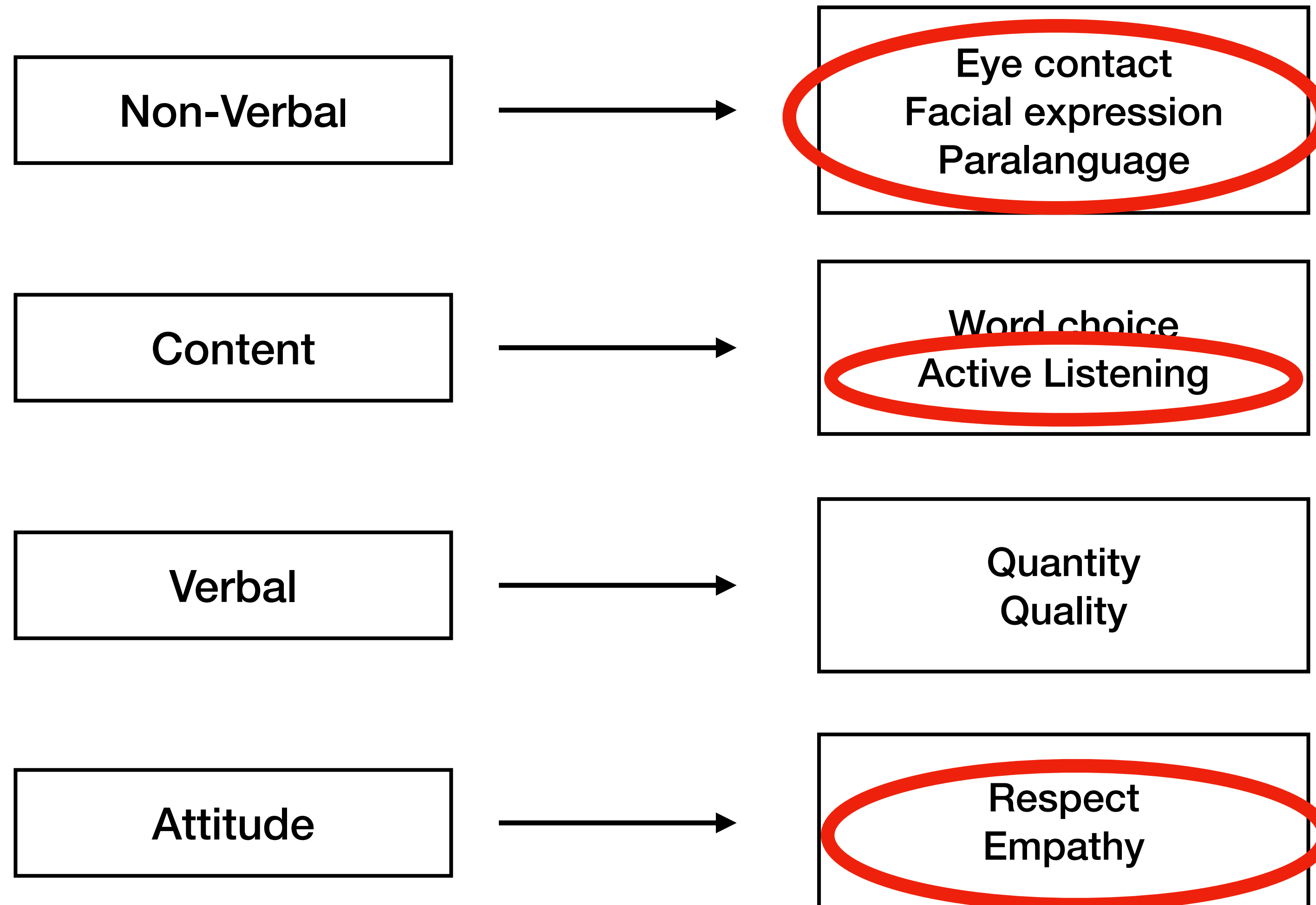
- Presenting a patient

- Documenting encounter

- Interpersonal skills are defined by the effect communication has on another person

- Intrinsically relationship and process-oriented

# Types of Communication Errors





# Conclusions:

- Novel approach based in theater may offer effective communication and interpersonal skills education
- May be most effective as adjunct to other communication skills training given interpersonal skills focus
- Evaluation using mixed methodology important to establish efficacy of curriculum
- Facilitator comfort with novel material may be barrier to reproducing workshop





# **Vocal Technique: Appendix**



# Needs Assessment survey

How confident are you in your communication skills? \*

1 2 3 4 5 6 7 8 9 10

Not at all           Very much so

Have you had communication skills education in the past? \*

None

Professional

Medical School

Undergrad

Other graduate school

Other...

If offered in medical school, how effective was communication skills education for you (optional)?

1 2 3 4 5 6 7 8 9 10

Not at all           Very much so

Should medical school offer some type of communication skills curriculum?

Agree

Disagree

What have you found to be most effective in past communication skills workshops (optional)?

Long answer text

What have you found to be least effective in past communication skills workshops (optional)?

Long answer text

When would a communication skills workshop be most effective within medical school? \*

Pre-clinical

Clinical

What professional context would you find a communication skills workshop helpful? \*

Patient presentations

Breaking bad news

Communicating with patients

Residency interviewing

Admitting medical error

Conference presentations

Other...

Would you consider participating in a communication skills workshop? \*

Yes

No

Maybe

## VOCAL TECHNIQUE WORKSHOP, Feb 2021

### **Breathing** (parasympathetic response)

- belly breathing
- your Parachute - Take a moment and breath

### **Posture** (this is your space to fill)

- open chest
- shoulders back
- feet shoulder-width apart
- watch for tension and let it go (shoulders, neck, face)

### **Pace**

- slow down

### **Inflection**

- upward inflection to communicate openness, vulnerability, questioning
- downward inflection to communicate finality, certainty, assurance (be careful)

### **Volume**

- loud does not mean effective
- projection does not mean loud

### *GENERAL TIPS*

Be aware of dissipating energy - there is strength and resolve in stillness

- Cut the fidgeting, pacing, etc.

Send your energy to a single point

Don't push - you and your message are enough

## **Vocal Technique “cheat sheet”**

## Wit Monologue

*Some useful background:*

*This play centers around a middle-aged woman who has been diagnosed with terminal breast cancer. Her name is "Vivian" – \*so she addresses herself in the last line.\* Susie is her only friend and the nurse who is attending to her while she's undergoing chemo.*

*Vivian is a professor of literature and extremely academic-minded. She phrases her struggle and disease within academic language and essentially hides from her pain and isolation in this way. This monologue is the moment in which she finally lets go (of the academic language, of trying to describe and analyze her situation, etc) and is honest with herself.*

(just memorize what is bolded)

I'm scared. Oh, God. I want... I want... No. I want to hide. I just want to curl up into a little ball. *(She dives under the covers. Scene change. Vivian wakes. She is tense, agitated, fearful. Slowly, she calms down and addresses the audience.)* I want to tell you how it feels. I want to explain it, to use my words. It's as if... I can't... There aren't...

**I'm like a student and this is the final exam and I don't know what to put down because I don't understand the question and I'm running out of time.**

**Susie says that I need to begin aggressive pain management if I am going to stand it. "It": such a little word. In this case, I think "it" signifies "being alive."**

**They have to do something. I'm in terrible pain. Say it, Vivian. It hurts like hell. It really does.**

**Wit monologue with background**

**Vocal Technique Course Evaluation**

I found value in this workshop.

Not at all helpful 1 2 3 4 5 6 7 8 9 10 Extremely helpful

I plan to incorporate what I learned into my life.

Not at all helpful 1 2 3 4 5 6 7 8 9 10 Extremely helpful

The presenter was engaged, passionate, and knowledgeable.

Not at all helpful 1 2 3 4 5 6 7 8 9 10 Extremely helpful

I would attend more workshops like this.

Not at all helpful 1 2 3 4 5 6 7 8 9 10 Extremely helpful

Overall rating of the workshop.

Not at all helpful 1 2 3 4 5 6 7 8 9 10 Extremely helpful

Please share (as much or as little) about your experience with the voice class touching on any or all of the following:

Why you signed up/kept on coming? What you got out of the class? Do you feel your communication skills have improved? Do you think this will be helpful in life/on the wards? What else would you have liked from the class/how could it have been improved?

**Questionnaire used to evaluate course efficacy**

# References

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