



# Evaluation of a Self-Directed Learning Module for Patient-Centered Communication Skills



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## Background

The UVA FM residency has 24 residents. FM residents complete a required Behavioral Medicine rotation in PGY-2, and we offer an elective rotation for 4<sup>th</sup> year medical students in Integrated Behavioral Health.



We identified a need to develop a formal component to teach patient-centered communication (PCC) skills; one that required very little faculty time and could be easily adapted by other programs.

## Purpose

Assess the learning module (from the perspective of the learners) for overall effectiveness, the value of time spent, and in achieving five specific learning objectives:

1. Increase knowledge of specific PCC behaviors.
2. Expose learner to different models for effective PCC.
3. Increase vocabulary to describe PCC behaviors.
4. Enhance ability to identify the presence of PCC behaviors.
5. Increase ability to self-reflect and self-monitor own communication behavior.

## Methods

### Participants:

9 Medical Students (MS4)

11 Family Medicine Residents (PGY2)

### Learning module components:

1. Complete three orienting reflection questions.
2. Complete a 35-minute publicly available online training module (Mauksch).



3. Complete two clinic observations:

- Complete a Patient Centered Observation Form (PCOF) while observing two provider-patient encounters.
  - Give each observed provider brief feedback of something admired.
  - Complete three reflection questions after each observation (six total).
4. Complete two summarizing reflection questions at end of module.

### Evaluation:

Survey consisting of 11 Likert-scale questions.

## Results

■ Overall, the learning module was judged to be “Good” as an effective learning experience (mean score of 3.0 on 4-point scale from Poor to Excellent).

■ Mean ratings for achieving all 5 specific learning objectives ranged from 4.0 to 4.2 on 5-point scale (Poor to Excellent).

■ The amount of time required to complete this learning module as compared to the benefit received was rated as “just right” by 80% of the learners.

■ No significant differences in ratings between residents and medical students, but trends in ratings and comments suggested that medical students found the online training more useful than the observations; the opposite was true for the residents.

### What did you like best about the learning module?

“I really like the online videos as a means of becoming more familiar with the elements of effective doctor-patient communication.” MS4

“Written explanation was most helpful as it gave many examples I may not have thought of on my own.” MS4

“The online examples were most useful because one could immediately compare and contrast effective PCOF behaviors.” MS4

“...observing peers and their communication skills.” PGY2

“...having a rubric guide my observations of one of my colleague's clinic encounters was the most helpful part.” PGY2

“Step-wise approach. Standardized examples of poor and good patient-centered communication with subsequent opportunity for real-world application.” PGY2

### Are you planning to change anything in your clinical practice?

“Use more open-ended questions.” MS4

“I will ask patients more about their cultural and personal barriers to behavior change.” MS4

“I will try to use teach-back more often.” MS4

“I will try to focus more on the patient and less on the documentation.” MS4

“Be more mindful of EMR usage and employ better strategies to involve the patient.” PGY2

“Improve my upfront collaborative agenda setting.” PGY2

“My introduction and personalizing the AVS.” PGY2

## Future Changes

- For residents, move the online component from PGY2 to Intern Orientation.
- For medical students, emphasize that not every communication behavior is expected in every patient encounter.
- Add a reflection question on the potential impact of omitted communication behaviors.

## References

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