

Standardized Patient Simulation to Develop Communication Skills in Difficult Conversations

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Abstract

Background: Navigating difficult conversations is an expectation of Pediatric practitioners upon completion of graduate medical education (GME). Often however, clinical experience during residency does not, on its own, adequately prepare residents to confidently engage patients and families in difficult conversations. In addition, even when ample clinical opportunity is present, feedback regarding success and opportunities for improvement from colleagues and, in particular, families and patients on how a resident managed a difficult conversation may not be readily available.

Research Question: We sought to evaluate if a simulated patient (SP) workshop involving difficult conversations would improve resident comfort with difficult conversation scenarios while educating pediatric residents on specific communication tools, tenets from culturally effective healthcare and inter-professional team work in a peer-focused environment.

Methodology: Residents were divided into peer groups of four. These groups rotated through two SP stations. Each station consisted of one faculty supervisor and one SP trained on enacting two distinct difficult conversation scenarios. These scenarios included disclosure of LGBTQ status, discussion of an exam concerning for physical abuse, delivering the diagnosis of ambiguous genitalia in a newborn and introduction of palliative care services. Peers within the group and the group faculty facilitator observed an individual resident's interaction with the SP caregiver. At the completion of each scenario, faculty provided formative, on-the-spot, feedback, and aided in peer observer led debriefing in addition to direct feedback from the SP. Faculty also provided education regarding specific skills or resources relevant to each case scenario and each resident's specific performance. Residents completed a survey focusing on self-efficacy surrounding the skills targeted by the SP workshop both prior to the start of and following completion of the workshop. The post-workshop survey also included questions regarding workshop design, SP contributions to the residents' overall training in GME and overall SP workshop satisfaction. Unpaired t test performed to compare pre- versus post-workshop surveys.

Results: Pre- versus post survey responses showed statistically significant increases ($p > 0.05$) in comfort and confidence in engaging families for all cases except LGBTQ case. Resident self-reported perception of the workshop showed overall positive value of peer, faculty and SP interactions.

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Discussion/Conclusions: A workshop utilizing role-playing with SP's and subsequent peer, SP and faculty feedback can instill greater confidence and better equip our trainees to address a variety of difficult topics and conversations. Case style revisions or additional content education may be necessary for case topics less familiar to resident such as LGBTQ.

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Standardized Patient Simulation to Develop Communication Skills in Difficult Conversations

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Background

Results

Navigating difficult conversations is an expectation of Pediatric practitioners upon completion of graduate medical education (GME). Often, however, clinical experience during residency does not, on its own, adequately prepare residents to confidently engage patients and families in difficult conversations. In addition, even when ample clinical opportunity is present, feedback regarding success and opportunities for improvement from colleagues and, in particular, families and patients on how a resident managed a difficult conversation may not be readily available.

Objectives

Pre and Post Workshop Data

- To evaluate if a simulated patient (SP) workshop involving difficult conversations improves resident comfort with difficult conversation scenarios including:
 - disclosure of LGBTQ status
 - discussion of an exam concerning for physical abuse
 - delivering the diagnosis of ambiguous genitalia in a newborn
 - introduction of palliative care services
- To provide pediatric residents with opportunities to provide feedback on their own performance and that of their peers with regards to communication skills and styles employed in difficult conversations
- To educate pediatric residents on specific communication tools, tenets from culturally effective healthcare and inter-professional team work in a low stakes, peer-focused environment

Methods

Workshop Structure Feedback

Figure 1. Diagram of resident groups and SP stations. Triangles represent residents who rotated through 2 SP stations in groups of 4. Each SP portrayed two distinct cases. Each group participated in a total of 4 difficult conversation scenarios between the 2 stations.

- Scenarios presented included disclosure of LGBTQ status, discussion of an exam concerning for physical abuse, delivering the diagnosis of ambiguous genitalia in a newborn, and introduction of palliative care services
 - SPs were provided with past medical history, social history, and direction on interviewer statements that may trigger certain emotions such as anger or sadness
 - Residents were provided a brief history by the faculty facilitator prior to the start of each SP interaction
- At the completion of each scenario, faculty aided in peer observer led feedback and debriefing in addition to facilitating SP formative feedback. Faculty also provided education regarding specific skills or resources relevant to each case scenario and each resident's specific performance
- Residents completed a pre and post-workshop survey focusing on self-efficacy surrounding the skills targeted by each scenario
 - Post-workshop surveys also included questions regarding workshop design, SP contributions to the residents' overall training in GME and overall SP workshop satisfaction
 - Unpaired t test was performed to compare pre- versus post-workshop survey results

Conclusions

References

- A workshop utilizing role-playing with SP's and subsequent peer, SP and faculty feedback can instill greater confidence and better equip trainees to address a variety of difficult topics and conversations
- Resident comfort improved with exposure, education, and feedback during the SP sessions, however we did not see a statistically significant improvement in comfort with disclosure of LGBTQ status
 - Case style revisions or additional content education may be necessary for case topics less familiar to residents such as LGBTQ
 - Education on local resources, increased didactic sessions on care of the LGBTQ population may be opportunities for improvement
- Peer feedback was well received and offered multiple perspectives on cases encountered throughout clinical training
- Continuing research is needed to delineate if self reported improvements in comfort in discussion of difficult conversations improves patient communication as noted by experts or in clinical practice

Figure 2. Pre- versus post survey responses in 4-point Likert scale for each scenario to assess self-efficacy related to corresponding topics. All showed statistically significant differences pre versus post except for LGBTQ scenario which showed no differences.

| Scenario | Pre-Workshop | Post-Workshop | p-value |
|---|--------------|---------------|---------|
| Abuse scenario | ~2.5 | ~3.5 | p<0.01 |
| Contacting DCFs | ~2.5 | ~3.5 | p=0.02 |
| Discussing sexual orientation | ~2.5 | ~2.5 | p=0.65 |
| Offering support when disclosing sexual orientation | ~2.5 | ~2.5 | p=0.10 |
| Support systems available to LGBTQ | ~2.5 | ~2.5 | p=0.88 |
| DNR/DNI scenario | ~2.5 | ~3.5 | p<0.01 |
| Empowering family to make end of life decisions | ~2.5 | ~3.5 | p<0.01 |
| Supporting family through patient death | ~2.5 | ~3.5 | p=0.02 |
| Ambiguous Genitalia scenario | ~2.5 | ~2.5 | p<0.01 |
| Discussing concern for ambiguous genitalia | ~2.5 | ~2.5 | p=0.03 |
| Allowing family to express frustration | ~2.5 | ~2.5 | p=0.03 |

Figure 3. Resident self-reported perception of the workshop in 4-point Likert scale showed overall positive value of peer, faculty, and SP interactions

| Feedback Item | Score |
|---|-------|
| Facilitator encouraged peer feedback, good discussion | 3.69 |
| Received valuable feedback from peers | 3.62 |
| Format allows valuable practice | 3.65 |

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