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## APPENDIX S1

### Description of Selected Teaching Strategies for Interpersonal and Communication Skills

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#### Observation and Feedback

##### Description and Use

Learners are provided repeated opportunities to practice and refine their skills while being observed, and to receive feedback on their performance. Preceptors, peers, standardized or simulated patients may observe the learner and provide feedback, often using a framework or assessment tools to guide their observations. The learner may also observe her/himself on videotape. Effective feedback promotes reflection and self-assessment. When giving feedback learners should first be given the opportunity to make a self-assessment and reflect, and to identify areas where they feel they did well and areas they want to improve.

##### Suggested References

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Westberg J, Jason H. *Fostering Reflection and Providing Feedback: Helping Others Learn from Experience*. NY: Springer, 2001.

#### Self-Assessment and Reflection – Narrative, Journaling, and Self Assessment

##### Description and Use

Narrative work (careful reading of literature and reflective writing), journaling, and self-ratings provide ways to teach self-assessment and reflection. Learners gain from opportunities to reflect on their own experience. Learning is a cycle of action and reflection, and the ability to reflect has emerged as an important physician characteristic for professional development and for learning in the clinical setting. Reflective skills are associated with the ability to develop insight into self and

learning needs, to direct one's learning and, ultimately, to ensure that the physician can practice well autonomously. Reflective writing, where learners reflect on their clinical experiences, is one method for teaching learners empathetic communication with patients. Journaling, such as asking learners to keep a learning journal, allows learners to recognize their own personal journeys through medicine and helps them to connect what they learn to everyday practice. Self-assessment questionnaires allow learners to evaluate their performance, professional behavior, achievements, and areas for improvement, yet such self-assessments may be subject to rating biases and overestimation of competence. Self-assessment questionnaires provide an evaluation of the learner's own performance, yet they are subject to rating biases. Opportunities for reflection can occur individually, or simultaneously with a group of learners.

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## **Role Modeling**

### **Description and Use**

A role model sets an example for others. Rather than teaching knowledge or concepts, the role model demonstrates qualities inherent to being a professional, ethical, caring physician. Role modeling remains a powerful teaching technique; repeated negative learning experiences may adversely impact the development of professionalism in learners. As learners develop skills in communicating with patients, respected role models can make the difference as to whether these skills are retained, enhanced or lost over time. To promote active learning, the learner can observe the preceptor during a physician-patient encounter and then critique the encounter afterwards.

### **Suggested References**

Kenny NP, Mann KV, MacLeod H. Role modeling in physicians' professional formation: reconsidering an essential but untapped educational strategy. *Acad Med* 2003;78:1203-10.

Wright SM, Kern DE, Kolodner K, Howard DM, Brancati FL. Attributes of excellent attending-physician role models. *N Eng J Med* 1998;339:1986-93.

## Role Play

### Description and Use

Role play encourages application of knowledge, allows for practicing skills, and identifies features of complex human interactions and communication as well as multiple approaches to a problem. Role play allows learners to draw on their own experience with difficult situations, and may increase the experience of empathy. Role play can be used in various ways including learning new skills and communication styles, re-playing physician-patient encounters, iterative study of interactions and the process of communication, teaching specific communication skills such as giving bad news, and other methods.

### Suggested References

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Brady D, Schultz L, Spell N, Branch WT. Iterative method for learning skills as an efficient outpatient teacher. *Am J Med Sci* 2002;323:124-129.

Martin P, Kahn J. Medical students as role-playing patients: a model for teaching personality styles in the medical setting. *Academic Psychiatry* 1995;19:101-107.

## Bedside Teaching

### Description and Use

Bedside teaching applies to any situation where the teaching occurs in the presence of the patient, including hospital and office settings, long-term care facilities, and others. Long considered an effective method to teach clinical and communication skills, the frequency of bedside teaching has decreased, possibly leading to the decline in trainees' clinical skills. The Accreditation Council for Graduate Medical Education (ACGME) and the WHO Advisory Committee on Medical Training recommend that training programs increase the frequency of bedside teaching.

### Suggested References

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Nair BR, Coughlan JL, Hensley MJ. Student and patient perspectives on bedside teaching. *Med Educ* 1997;31:341-346.

Ramani S. Twelve tips to improve bedside teaching. *Med Teach* 2003;25:112-5.

## Microteaching

### Description and Use

Microteaching provides opportunities for teachers to develop competence in teaching skills through microteaching sessions. In small groups, participants practice short teaching sessions and receive feedback from other participants who have been taught during the microteaching exercise. Performance is often videotaped, and learners can view their videotapes with a facilitator, preceptor, or other small group participants. Microteaching can be used to teach communication skills and to help learners develop insight and self-awareness. Videotaped encounters can be reviewed, stopped at key points, and discussed by the learner and preceptor, or learner and small group members. Preceptors can ask: "What were you thinking here?" "What might you say next?" Microteaching provides supervision and constructive feedback, and is applicable to trainees and faculty at all levels.

### Suggested References

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Lang EV, Sood A, Anderson B, Kettenmann E, Armstrong E. Interpersonal and communication skills training for radiology trainees using a rotating peer supervision model (microteaching). *Academic Radiology* 2005;12:901-908.

## Microskills

### Description and Use

The microskills model, also called "the one-minute preceptor", provides a framework for building teacher-learner interactions and provides the teacher with a system for efficient and effective teaching around a single patient encounter. The microskills of clinical teaching include: get a commitment, probe for supporting evidence, teach general rules, reinforce what was done right, and correct mistakes. The model provides learners with the opportunity to reflect on their encounter with a patient as it unfolds, formulate conceptualizations and generalizations from the experience, and test these in new situations. Microskills necessary for professional performance must be taught and learned. Communication skills (e.g., building a relationship, understanding the patient's perspective, shared decision-making, and others) are comprised of microskills such as developing rapport, using open-ended questions, listening, facilitating the patient's response, and others.

### Suggested References

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Silverman J, Kurtz S, Draper J: *Skills for Communicating with Patients, 2<sup>nd</sup> edition*. Oxford, UK: Radcliffe Medical Press, 2005.

### **Balint Group**

#### **Description and Use**

In the Balint group members listen to the presenting physician's story and discuss a case, focusing on the doctor-patient relationship. Balint groups help physicians reflect on their style of relating to patients and gain a deeper understanding of patients and their needs, and of feelings aroused in them by the patient. Balint groups help learners become receptive to the psychological needs of patients and facilitate understanding and management of difficult cases.

#### **Suggested References**

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### **Web-Based Learning**

#### **Description and Use**

Web based learning may provide a useful adjunct for clinical teaching, but does not replace more traditional methods. Some studies show learners provided with web-based learning, in addition to traditional methods, perform better regarding communication skills. Further evaluation of web-based learning is needed to evaluate its educational contribution to teaching interpersonal and communication skills.

#### **Suggested References**

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hype? A review of the evaluation literature. *Acad Med* 2002;77:S86-S93.

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### **Group OSCE**

#### **Description and Use**

Introduced in 1972, the Objective Structured Clinical Examination (OSCE) is a standardized way of teaching and assessing clinical competencies, including communication skills with patients and family members. Formats vary, and candidates rotate through a series of "stations". Teaching OSCEs can be developed from existing OSCE materials to provide direct observation and feedback to learners on their communication and other clinical skills. Use of OSCEs for teaching and formative assessment provides the opportunity for learners to gain insights into their strengths and weaknesses in communicating and interacting with patients. In a group OSCE, a small group of learners rotates through a series of OSCE stations as a group, and group feedback and evaluation are provided. Participants learn via self-reflection, feedback, and from interaction and collaboration with peers.

#### **Suggested References**

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### **360-Degree Team-on-Team Reflection**

#### **Description and Use**

The ability to work in interdisciplinary teams and to communicate well with one's colleagues is increasingly a prerequisite for medical positions. 360-degree feedback provides performance data and feedback from multiple sources, including superiors, peers, interdisciplinary team members, patients and their families. The application of 360-degree feedback/reflection to teams allows for group self-reflection on team processes and communication, innovation, and learning the skills conducive to collaborative practice. It stimulates team development and reinforces the connection between individual skills and performance and team results.

### **Suggested References**

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