

Learning communication skills: the contribution of simulation workshops with simulated patients and debriefing

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Introduction

The "communication" skill is part of the competence framework of the Master of Specialization in General Medicine at ULiège. During the first year, the teaching devices in communication have two main objectives: to structure the consultation and to seek the patient's perspective[1]. Simulation workshops will complete the pedagogical offer.

Description

The simulated interview workshops with a simulated patient[2] are part of a continuous and progressive communication learning process. After a small group "theory" workshop, the 100 students participate in two simulation workshops: patient perspective seeking in an acute problem and motivational interviewing in the follow-up of a chronic disease. At the end of this first year, each student participates in a test involving Medical Simulated Interviews (MSI) for formative and certificative (Objective Structured Clinical Examination) purposes[3,4,5] with the use of a weighted grid with targeted communication skills.

The physician-teachers and the simulated patients are volunteers. They have been trained on the content and modality of the simulation by the course director and by a Canadian professor expert in the field of health simulation.

In each workshop, the students are in pairs: they play one scenario and observe the another one, using an observation grid. A debriefing is then led by a physician-teacher. The feelings and observations of each person are discussed: student, simulated patient, physician-teacher, in order to identify areas to improve. The Simulated Patient is trained to give feedback and this feedback is an added value for the Assistant's learning. In this device students experience several learning modalities: action in a scenario, familiarization with the criteria of good communication using a grid, multi-source feedback.

Discussion

These workshops organization is the starting point of a coherent longitudinal communication curriculum in the training of future general practitioners in Liège. Significant resources were deployed to recruit and train simulated patients and tutors, but also to create scenarios that promote learning of the targeted skills. The team received a pedagogical support grant (CUEF-ULiège).

The program is being evaluated for regulatory purposes up to Kirkpatrick Level 2[6]. This evaluation shows that the students have learned a great deal about communication (importance of seeking the patient's perspective, etc.) through those modalities (direct feedback from simulated patients and the teacher, etc.).

The device uses actually simulated patients in the MSI, whereas before patients situation were played by the teachers. So the credibility and authenticity of the scenarios have been improved. Standardization of the examination has been increased.

Simulated patients need specific competencies to play their part in the educational process and they should be recruited and trained accordingly. The system will later aim at verifying what has been learned in a real clinical situation (Kirkpatrick level 3). It is indeed planned, in the long term, to organize the supervision of students in clinical activity by direct or recorded and deferred observation.

References

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