ASSESSMENT OF DOCTOR-PATIENT COMMUNICATION: STUDENTS, STANDARDIZED PATIENT AND FACULTY PERSPECTIVES

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BACKGROUND

- **Centennial Awards Program for Latin America**
- Consortium Universidad Nacional Autónoma de México (UNAM), Universidad Autónoma de San Luis Potosí (UASLP), and Tecnológico de Monterrey
OSCE (OBJECTIVE STANDARDIZED CLINICAL EXAMINATION)

- Proposed originally by Harden in 1975, has been widely applied for assessing clinical competence (Web et al., 2012).
- Simulates clinical encounter with a standardize patient whose trained on a clinical situation (Harden, Stevenson, Wilson Downie y Wilson, 1975).

**Objective Structured Clinical Examination (OSCE) has been considered the gold standard for assessing interpersonal clinical skills, including communication.**
ASSESSMENT COMPONENTS OF OSCE

- Clinical Case
- Assessment tool
- Station
- Results
RESEARCH STUDY

- 12 Clinical Cases
- Communication Assessment
- 9 Stations Consultation/ICU
- Results per competence

- 9 Standardized Patient
- 20 Student
- 18 Faculty Members

18 Stations per competence
A 5-level Likert scale was applied, in which 1 stands for total disagreement and 5 for total agreement.

The instrument was based on Mexican Association of Colleges and Schools of Medicine [AMFEM by its acronym in Spanish] and CanMeds competence frameworks for communication skills.
ASSESSMENT MODEL OF COMMUNICATION COMPETENCE

- Doctor-patient relationship
- Human communication
- Verbal
- No-verbal
- Writing
- Know
- Know how
- Show how
- Gathering information
- Accurate information
- Communication with other professionals
- Understanding
- Do

- Communication model with various components and relationships.
The study explored the perceptions of students, standardized patients and faculty, regarding OSCE’s effectiveness for education and assessment of communication skills.

11 items were designed to analyze:

- Communication skills education
- Communication assessment
- Non-verbal communication
- Written communication
Communication skills education

- Do you think the OSCE can create a climate of respect, commitment, trust and empathy?
- Do you think the OSCE is a tool to assess fully integrated and competitive communication with the patient?
- Do you think the stations allow the evaluation of non-verbal communication?
SUMMARY OF RESULTS

- The instrument was validated in its internal structure with a Cronbach’s alpha of 0.660.
- Four factors were derived using principal component analysis, Varimax rotation was applied to obtain more clarity in the structure.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Students</th>
<th>Standardized patients</th>
<th>Faculty</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills education</td>
<td>4.29</td>
<td>4.29</td>
<td>3.96</td>
<td>4.29</td>
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<tr>
<td>Communication assessment</td>
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<td>4.66</td>
<td>3.97</td>
<td>4.28</td>
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<tr>
<td>Non-verbal communication</td>
<td>4.12</td>
<td>4.03</td>
<td>3.5</td>
<td>3.58</td>
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<tr>
<td>Written communication</td>
<td>2.61</td>
<td>3.33</td>
<td>2.83</td>
<td>3.58</td>
</tr>
</tbody>
</table>
In general OSCE was considered by participants as an educational strategy for doctor-patient communication.

It was also considered as a valid tool for the assessment of this competency.

Participant considered that it is no easy to assess non-verbal communication through OSCE examination.
The study provided valuable information for curriculum and instructional design regarding communication skills.

The complexity of interpersonal competences requires a profound reflection about who should be the expert for debriefing students on their performance on this competence.
It is possible to intensify training of standardized patients to homologate perceptions with faculty members.

Nevertheless, real patients will not have this training and will always judge this skill.
THANK YOU

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