Training Housestaff to Open Interviews with Patient-Centered Strategies: Housestaff Perception and Effects on Patient Experience

OBJECTIVES

- To assess whether a novel educational initiative for housestaff that teaches patient-centered strategies for opening medical interviews via role-playing exercises:
  - (1) is well-received, and
  - (2) improves the patient experience in resident clinics and inpatient wards.

BACKGROUND

- While many medical schools emphasize communication skills training for students, training in patient-centered communication for busy house staff has received less attention.
- Few studies have examined the impact of such interventions for housestaff on patient experience survey results.

METHODS

- Collaborative, prospective pre-post intervention study within Yale Departments of Neurology, Neurosurgery, and Urology.
- From January-April 2014, housestaff each participated in a 2-hour educational session centered on 5 strategic steps to open a patient-centered interview (Fig 1)
- Each session combined didactic lecture and instructional video with small-group sessions to practice skills via role-playing exercises, using department-specific cases (Fig 2)
- Housestaff were surveyed after each session regarding their perception of the program.
- Both before (January-February 2014) and after (June-July 2014) the educational intervention period, responses to patient-doctor communication questions from the following patient experience surveys were collected, from the 3 departments:
  - CG-CAHPS in outpatient resident clinics
  - HCAHPS from inpatient wards
- Chi-square test used to compare top-box responses to outpatient survey items between the pre- and post-intervention period.

RESULTS

- Forty-four of 45 possible residents (97.8%) participated in the program.
- A majority (70.5%) of respondents indicated on the given to the resident playing the “doctor”:
  - To assess whether a novel educational initiative for housestaff that teaches patient-centered strategies for opening medical interviews via role-playing exercises:
  - Housestaff were surveyed after each session
  - Chi-square test used to compare top-box responses to outpatient survey items between the pre- and post-intervention period.

LIMITATIONS

- No control group in pre-post design
- Short timeframe
- One-time educational intervention
- Patient data only collected for two months pre- and post-intervention
- Ceiling effect with regards to high pre-intervention patient experience scores in outpatient clinics
- However, national percentile data do show room for improvement

CONCLUSIONS AND FUTURE DIRECTIONS

Residents strongly supported an interdepartmental, role-playing educational program highlighting a 5-step strategy for opening patient-centered interviews. The inability to demonstrate improved patient experience due to the program may be related to limitations noted above. Implementing recurring training, conducting observed real-life patient encounters with one-on-one feedback, and extending the duration of patient experience data collection may help uncover evidence of patient experience improvement during future project iterations.

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