



Patient-Centered Communication Curriculum: A Pilot Study in Hawaii



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Objective

1. Develop/implement a patient-centered communication skills curriculum (PCC) at the University of Hawaii Internal Medicine Residency Program (UHIMRP)
2. Reduce communication challenges faced by international medical graduates (IMG)

Background

1. PCC operationalizes the biopsychosocial model of medicine which is associated with better patient experiences and outcomes
2. UHIMRP lacked a formal PCC curriculum while admitting a large % of IMGs who may face communication challenges while training abroad

Design and Results

See Right Side

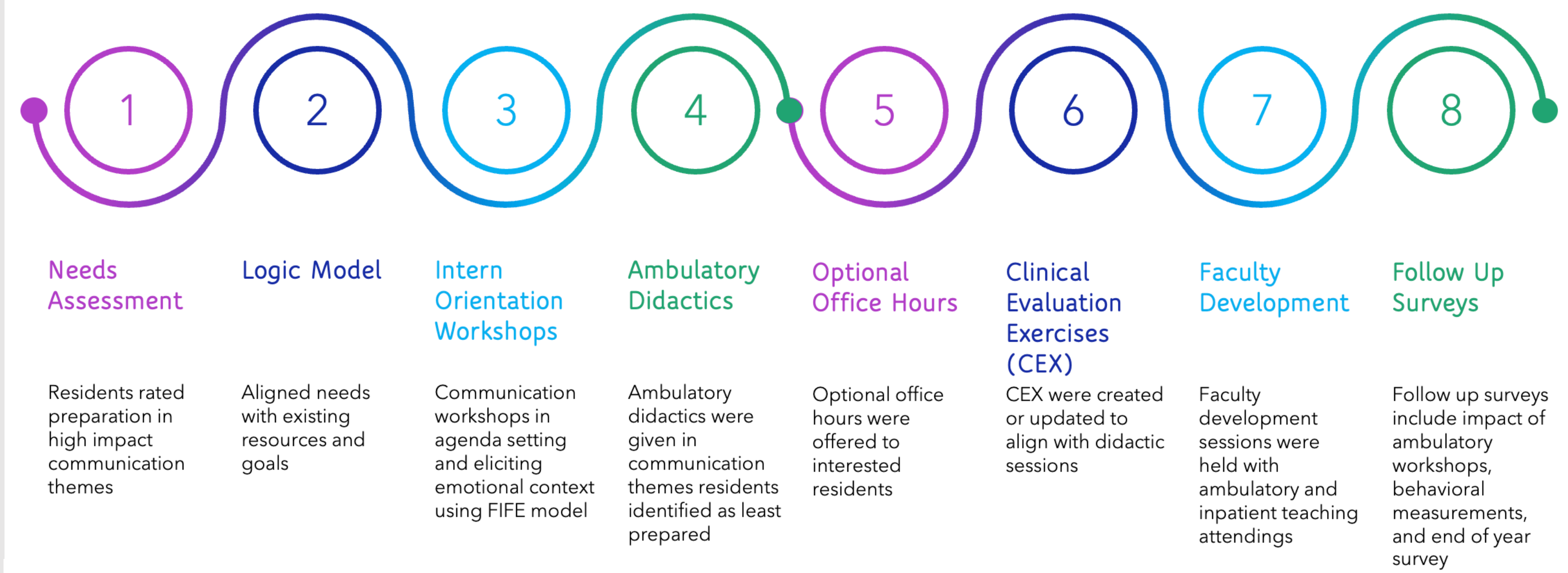
Conclusions and Future Direction

1. Significant gaps in communication skills training were identified
2. Observed differences in preparedness between IMGs and non-IMGs may be attributable to PCC teaching during pre-residency education, as opposed to cultural barriers or English proficiency.
3. Direct observation data via CEX, behavioral change assessment by faculty survey, and end of year survey is underway
4. Benefits of pairing communication training with biomedical skills by topic experts could be an area of more research

References

1. Weston WW, Brown JB, Stewart MA. Patient-centered interviewing part I: understanding patients' experiences. *Can Fam Physician*. 1989;35:147-151.
2. Zulla R, Baerlocher MO, Verma S. International medical graduates (IMGs) needs assessment study: comparison between current IMG trainees and program directors. *BMC Med Educ*. 2008;8(1):42. doi:10.1186/1472-6920-8-42
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Design and Results



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| <p>Intern Orientation Communication Workshops</p> <ul style="list-style-type: none"> • Agenda setting was offered to all interns (N=19) • Eliciting emotional context was offered to all IMG interns (N=10) | <p>Optional Office Hours</p> <ul style="list-style-type: none"> • Identified demand for agenda setting practice, rapport building idioms, and counseling around socially sensitive topics | <p>Faculty Development</p> <ul style="list-style-type: none"> • Made novel video demos for sessions • Sessions were held with ambulatory and inpatient teaching attendings • Received sessions on pain, addiction, and agenda setting didactics and its associated CEX |
| <p>Ambulatory Didactics</p> <ul style="list-style-type: none"> • Flipped classroom didactics incorporating role playing • Pairing of communication training with biomedical training by topic experts (ie MAT, STI) • Didactics included chronic pain, substance use, sexual history, and difficult encounters | <p>Clinical Evaluation Exercises</p> <ul style="list-style-type: none"> • New agenda setting CEX • New substance use CEX • Update of existing pain CEX to encourage BPS approach • Updated access to CEX by providing QR codes from paper forms | |

Key Findings from Needs Assessment

- 61/75 total residents responded, which includes 22 IMGs (38%)
- Residents were least prepared for sexual history, chronic pain, and substance use
- IMGs had lower preparedness in sexual concerns (p=0.023), substance use (p=0.049), eliciting emotional context (p=0.012), and non-adherence to treatment (p=0.024)
- Perceived barriers included lower median communication training hours (p=0.002) and lack of exposure (p=0.146)
- Neither English Proficiency nor Cultural Barriers were statistically significant barriers

Ambulatory Didactic Impact

