Teaching Residents to “Teach-Back”: Does a Structured Curriculum including Simulation Improve Pediatric Resident Communication Skills?

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BACKGROUND

• Health literacy awareness and improved communication have been shown to affect1,2,3:
  • Patient outcomes
  • Patient satisfaction
  • Hospital re-admission rates
  • Rates of medical errors
  • The ACGME requires programs to teach and assess communication skills in our residents4.

PROJECT QUESTION

• Does a multi-modal educational intervention including simulation for pediatric residents improve:
  • Communication skills
  • Use of “teach-back”
  • Awareness of context of care

EDUCATIONAL INTERVENTION

Structured Simulation Session – child with asthma, a complex psychosocial history and mom with low health literacy

Individual Feedback to Residents

Large Group Didactic Session- reflection on simulation session with discussion of context of care, health literacy and “teach-back”

Structured Simulation Session – child with asthma, a complex psychosocial history and mom with low health literacy

ASSESSMENT METHODS

• Videos of simulation sessions scored using evaluator checklist modified from validated tools5
  • Scored by 2 MDs (RS, MB) and a Social Work Manager (SK)
  • Transcripts of simulation session scored using:
    • FOG6: Measures the readability of English writing and estimates the years of education needed to understand a text.
    • SMOG7: Measures the reading grade that a person must have reached if he/she is to understand fully the text that is being read.
  • Language Ease8: Measures the difficulty or ease of a piece of reading material. Higher scores indicate reading/language ease

RESULTS: CONTEXT OF CARE AND “TEACH-BACK”

RESULTS: LANGUAGE ANALYSIS

Grade Level

Initial Simulation Session

Follow-up Simulation Session

P-value

FOG

8.35

7.82

0.067

SMOG

8.24

7.52

<0.001

Initial Follow-up

Syntax

Language Ease

82.0

84.1

0.024

REFERENCES


5. Alonzo Schwartz, PhD; Saul J. Weiner, MD; Ilene B. Harris, PhD; Amy Binns-Calvey, BA. An Educational Intervention for Contextualizing Knowledge and Communication Skills using Four Different Evaluation tools. Medical Education 40: 630-636 (2006)


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NEXT STEPS

• Assessment of asthma follow-up visit in continuity clinic using modified evaluator checklist and same cohort of residents
  • Longitudinal comparison for the cohort
  • Comparison to PL-3 residents who did not receive intervention
  • Assess the efficacy of a lower cost intervention
  • Repeat the study with a new cohort of residents using continuity clinic observation instead of simulation

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