Original Article

A Proof-of-Principle Communication Skills Workshop among Medical Trainees in Jodhpur

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ABSTRACT

Introduction: Patient-Centered Care is a clinical practice concept that uses communication skills to strengthen the patient-provider relationship to optimize patient safety, outcomes, and satisfaction with health care. In India, there are no standard medical education curricula to teach patient-centered care skills. The Patient First Skills Program, hosted by the Asian Centre for Medical Education, Research, and Innovation, conducted a workshop to introduce and demonstrate patient-centered care principles among medical trainees in Jodhpur.

Methods: The Patient First leadership facilitated a 3-hour, voluntary, free-of-cost workshop with oversight by Jodhpur-based senior academic faculty and practicing clinicians. Using small group discussions, role play, and faculty-guided peer reflection and feedback, the workshop enabled trainees to practice specific communication skills which would improve their diagnostic capability as well as the patient's experience. Workshop evaluation included pre- and post-workshop administration of the internationally-validated Patient-Provider Orientation Scale (PPOS), which measures the respondent's doctor-centric versus patient-centric orientation by assessing agreement with a set of eighteen statements.

Results: Ten medical undergraduate and house-staff trainees participated and uniformly rated the workshop highly on clarity and usefulness for future clinical practice. The PPOS demonstrated a shift from doctor-centric or neutral orientation, pre-workshop, to a more patient-centric orientation post-workshop.

Conclusion: The Patient First program demonstrated high approval and acceptability among participants, and feasibility to be adapted and integrated with existing medical education programs in India. Future programs will include new modules and topics of training, and continuing use of the PPOS findings to guide the adaptation and definition of Patient-Centered Care training in the Indian context.

INTRODUCTION

Health care in India has rapidly expanded and evolved into a complex system of providers/practitioners, facilities, payment mechanisms, diagnostic approaches, and management options. As a result, patients and their families frequently face less-than-positive health care experiences. Beyond being medical trainees and/or practitioners, we ourselves are patients in the Indian health care system, or accompany family or friends in their times of ill health. The quality of health care communication, diagnosis, and/or care may fall short of expectations or, at worst, lead to medical errors or unacceptable outcomes.

"Patient-centered care" is a clinical practice concept that has grown from concerns for patient safety,

quality of care, and satisfaction with health care.[1,2,3] Characteristics of patient-centered care include contextualizing the diagnosis according to the patient's life and environment, recognizing the patient's priorities and needs when making a plan of care, and learning from patients and families.[2,4,5] From a clinical practice point of view, patient-centered care includes creating a trusting and positive relationship between doctor and patient, thinking of patient health as more than just curing disease but also as preventing illness and sustaining wellness, and sharing decisions and considerations for health and illness care with the patient and family.[6]

Outcomes attributed to patient-centered care are still in the early stages of evaluation, but do include greater medication adherence in chronic conditions, and a tendency toward more positive health behavior and practices by patients.[2,7] From both a clinical and ethical perspective, it makes sense that the patient's perspective should be considered in the approach to the patient's health and care.

To date, there are no standardized competency frameworks or curricula guiding Indian medical education to include patient-centered care. Patient First is an initiative to empower medical trainees with patient-centered care skills for clinical excellence, with a special focus on the Indian health care and medical education system. The Jodhpur-based Asian Centre for Medical Education, Research, and Innovation (ACMERI) hosted Patient First to demonstrate its methods with local medical trainees, providers, and academic faculty.

In this brief report, the preliminary findings from a Patient First demonstration workshop attended by medical trainees in Jodhpur, Rajasthan in April 2016 are described. Findings from this workshop experience and future workshops will help to inform development of Patient First programs and the teaching of patient centered care, so that it is adapted to meet the needs of the Indian medical education and health care system.

The stated primary objectives of the workshop were as follows:

a. To introduce young doctors and medical students in Jodhpur to the concept and principles of Patient-Centered Care.
b. To explore what it means to understand the "whole patient", beyond the diagnosis.
c. To learn and practice communication skills for patient centered care.
d. To introduce young doctors and medical students in Jodhpur to the concept and principles of Patient-Centered Care.
e. To explore what it means to understand the "whole patient", beyond the diagnosis.
f. To learn and practice communication skills for patient centered care.

METHODS

As part of an ACMERI-hosted workshop on patient communication skills in April 2016, local medical trainees, including medical students and house-staff, were invited to attend the Patient First workshop. Participation was entirely voluntary and free of cost, and conducted outside of trainees' classroom/duty hours.

The 3-hour, highly participatory and interactive workshop was designed to accommodate a group of 10-12 participants. The Patient First Director and co-Director formally facilitated the workshop, with oversight and participation by five local academic faculty and ACMERI leadership, all of whom are among the senior practicing clinicians in Jodhpur. The content of the workshop included three defined modules regarding

- recounting both positive and negative personal experiences as patients,
- role-playing specific communication styles that demonstrate patient-centered care, and
- discussing the importance of team work in patient-centered care.

The workshop was delivered using several methods. These included small group facilitated discussion, role plays conducted by the trainees, with peer and facilitator observation, reflection, and feedback, and a large-group discussion about a case of medical

error committed in a hospital setting. Through the small group discussions and role plays, the facilitators and faculty emphasized peer-to-peer interaction, close observation of verbal and non-verbal communication, and constructive reflection and feedback. The overall emphasis was on real-time, active critical thinking about how to approach the cases/scenarios, emphasizing a communication skills perspective. Finally, the workshop emphasized the importance of patient-centered communication skills to make an efficient and accurate diagnosis and care plan, the hallmarks of clinical excellence in practice.

Evaluation of the workshop was twofold: (i) To determine if there was measurable change in the trainees' propensity for patient-centered care, the Patient-Practitioner Orientation Scale (PPOS) survey was administered, both pre- and immediately post-workshop. The PPOS is a validated instrument wherein respondents express agreement with a set of 18 statements on a 6-point Likertscale[8]. These statements assess and score respondents' inclinations toward patient-centricity versus doctor-centricity, in two main domain areas: Sharing (of information related to the patient's findings) and Caring (for feelings and perceptions of the patient's experience). This instrument has been validated internationally including in South Asian settings[9]. (ii) To assess trainee acceptability and receptiveness to this type of workshop in the future, a post-workshop feedback questionnaire was administered, assessing self-perceived understanding of the concepts, clarity of the presentations/facilitators, impact on future clinical practice, and willingness to attend similar workshops in the future.

From these evaluation tools, general descriptive analyses were conducted. For each of the statements under each PPOS domain of Caring and Sharing, the mean score for agreement with each statement, and for the domain overall, was calculated. The lower the score, the more doctor-centric and the higher the score, the more patient-centric the assessed attitude. The findings were not subject to statistical testing at this time, as the workshop was an introductory demonstration with a small group of trainees, for proof of concept that the workshop could meet the intended goals for delivery and evaluation.

RESULTS

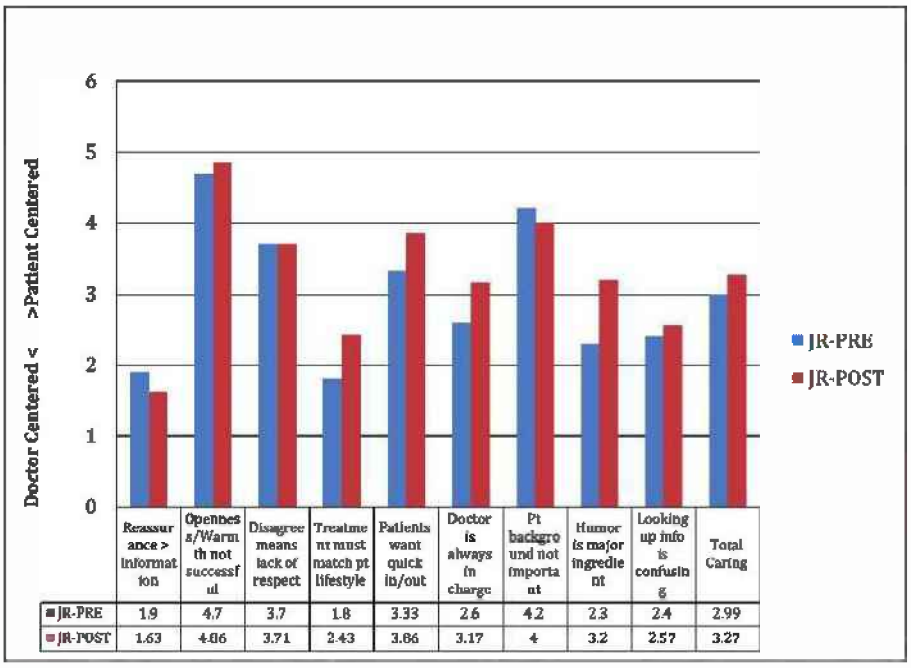
In the first workshop, 10 medical trainees registered and attended the full duration of the session. Overall, in a qualitative sense, the facilitators and senior faculty observers noted that the participants were highly engaged and fully participated in the discussions and role-play scenarios.

The PPOS was scored pre- and post- workshop, with domain-specific scores reported in the figures. Figure 1 lists and reports the mean pre- and post-workshop scores for the domain areas related to Caring. From Pre- to Post-workshop, the overall mean score increased 9.3% shifting from a neutral to a slightly more patient-centered attitude. In all statements, the responses tended to become more patient-centric, with the exception of the two statements: 1) that disagreement is a sign of disrespect, for which the respondents did not change their orientation, and 2) regarding importance of the patient's background to a case, for which the respondents felt more of a doctor-centric attitude (that in fact, the patient's background was important for the case to be resolved).

Figure 2 summarizes the findings related to statements in the domain area of Sharing. The overall mean score post-workshop increased 29.6%, shifting from a doctor-centric range to a patient-centric range. The respondents remained more doctor- centric post-workshop with regard to two statements, namely that 1) patients ask too many questions, and 2) patients should be equals in care decisions.

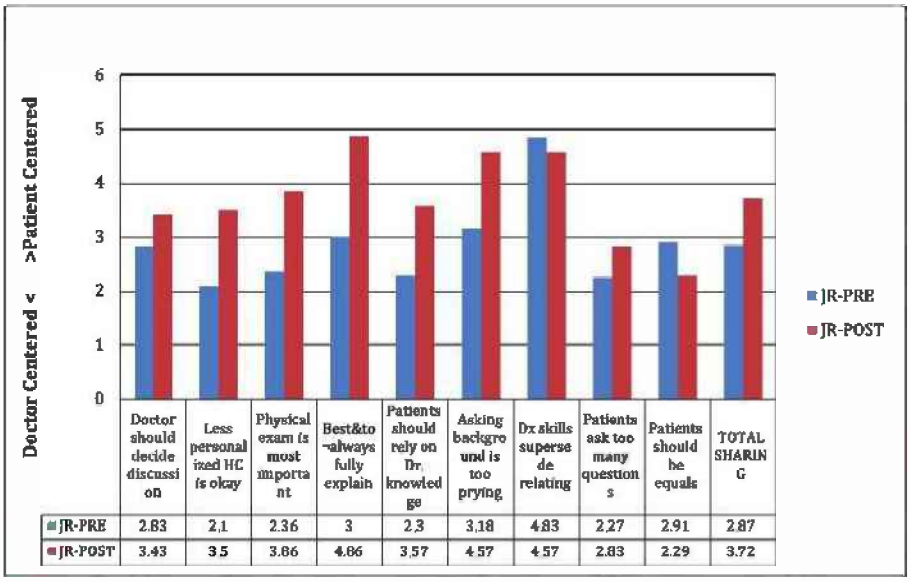
DISCUSSION

In summary, the first Patient First communication skills workshop in Jodhpur successfully delivered a highly interactive and engaging session to raise awareness of and demonstrate the skills used to practice patient-centered care. The content was well-received and feedback questionnaires gave uniformly highly positive ratings. Post-workshop, the participants requested additional sessions and



	Reassurance > information	Openness/Warmth not successful	Disagree means lack of respect	Treatment must match pt lifestyle	Patients want quick in/out	Doctor is always in charge	Pt background not important	Humor is major ingredient	Looking up info is confusing	Total Caring
JR-PRE	1.9	4.7	3.7	1.8	3.33	2.6	4.2	2.3	2.4	2.99
JR-POST	1.63	4.86	3.71	2.43	3.86	3.17	4	3.2	2.57	3.27

Figure 1: Pre- and Post- workshop findings related to statements in the PPOS domain area of Caring. On the 6-point scale, lower scores tended toward doctor-centricity, 3 was a neutral score, and higher scores tended toward patient-centricity.



	Doctor should decide discussion	Less personalized HC is okay	Physical exam is most important	Best&to-always fully explain	Patients should rely on Dr. knowledge	Asking background is too prying	Dx skills supersede relating	Patients ask too many questions	Patients should be equals	TOTAL SHARING
JR-PRE	2.83	2.1	2.36	3	2.3	3.18	4.83	2.27	2.91	2.87
JR-POST	3.43	3.5	3.86	4.86	3.57	4.57	4.57	2.83	2.29	3.72

Figure 2: Pre- and Post- workshop findings related to statements in the PPOS domain area of Sharing.

suggested additional topics that could be addressed in future workshops, including how to practice better communication in high-volume patient care settings.

As discussed in the Introduction, there is no standard definition for patient-centered care in the Indian setting. One learning from the Patient First workshop discussions and the PPOS findings, was that patient-centered care in an Indian clinical setting may differ from Western or other cultural settings. This has been similarly suggested in Nepal, including comparatively less emphasis on equality in the patient-doctor relationship, and adapting if and how much clinical information is shared entirely with patients and their families.[10] In the future workshops, the Patient First program goal is to collaborate with trainees and local faculty to further adapt and define the framework for patient-centered care and education in the Indian setting.

The workshop did require highly-skilled facilitation to both keep the participants engaged and participating actively throughout, and to openly and patiently, but nevertheless critically and honestly assess the performances in role play scenarios and suggest specific and actionable adjustments in how to communicate with patients and teams. In future iterations, the Patient First program goal is to train and impart these facilitation skills to future trainers and facilitators for the program in additional settings. Beyond additional groups of trainees, faculty members with an active interest to integrate patient-centered care into their medical education curricula would be the ideal next group with whom to share the Patient First methods.

CONCLUSION

The Patient First program demonstrated high approval and acceptability among participants, and feasibility to be adapted and integrated with existing medical education programs in India this type of program delivered a highly interactive and engaging session to raise awareness of and demonstrate the skills used to practice patient-centered care Future programs will include new modules and topics of training, and impart these facilitation skills to future trainers and facilitators for the program in additional settings.

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