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1-1-2009

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Published version. *Medical Encounter*, Vol. 23 (2009): 64. Publisher URL:

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Stephanie Christopher was affiliated with the Center for Patient Care and Outcomes Research, Medical College of Wisconsin at the time of publication.

The Brief Standardized Communication Assessment: A Patient Simulation Method Feasible for Population-Scale Use in Communication Quality Assurance

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Introduction:

Standardized patient (SP) encounters enable assessment of communication competence, but for population-scale use SP methods are limited by cost and logistics. During an effort to develop tools for Communication Quality Assurance, this project evaluated the "Brief Standardized Communication Assessment" (BSCA). The BSCA streamlines patient instructions, uses audiotape instead of videotape, and looks for a competence ceiling via the Hawthorne effect and phrases like "is there anything else I should know?" BSCA patients are coached to avoid improvisation and unscripted questions or emotion. BSCA patients may seem artificial, but they require less training, are less expensive, and are more standardized across clinicians than usual-method SP encounters.

Method:

Two comparison analyses were done. In Study 1, 75 residents were taped in random order with one BSCA encounter and one usual-method SP encounter. In Study 2, 87 community pediatricians and family physicians were taped in BSCA encounters, half in person and half over the telephone. Tapes were transcribed and parsed into "statements" (individual units of meaning, each with one subject and one predicate). Transcripts were analyzed for duration, word count, and Flesch-Kincaid readability, and via explicit criteria abstraction for content messages, jargon usage, and assessment of understanding.

Results:

As shown in the Table, average text complexity was lesser for the residents' in-person BSCA than the usual-practice SP encounter, and lesser for the community physicians' telephone BSCA than the in-person BSCA.

In both studies, no significant difference was noted in readability or communication quality indicator scores (number of key content messages, timing of messages, jargon words, jargon explanations, or assessments of understanding).

Discussion:

In these two comparisons, the BSCA performed as designed, streamlining assessment without apparent sampling difference in clinicians' communication style. Further comparison may be indicated, but for some population-scale projects the BSCA may have greater utility than usual-method SP encounters.