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Innovation in Education

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

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Abstract:

Background: While many medical schools emphasize communication skills training for students, training in patient-centered communication for housestaff has received less attention. Furthermore, few studies have examined the impact of such training for housestaff on patient experience survey results.

Aim: To assess whether a novel initiative for housestaff that teaches patient-centered strategies for opening medical interviews via role-playing exercises is well-received and improves patient experiences in resident clinics and inpatient wards.

Methods: We conducted a prospective pre-post intervention study within the Yale Departments of Neurology, Neurosurgery, and Urology. From February – April 2014, housestaff each participated in a two-hour educational session centered on 5 strategic steps to open a patient-centered interview. The session combined didactic lecture and instructional video with small-group sessions to practice skills via role-playing exercises, using department-specific cases. Housestaff were surveyed after each session regarding their perception of the program. Before (January-February 2014) and after (June-July 2014) the educational intervention period, responses to patient-doctor communication questions from patient experience surveys (CG-CAHPS in outpatient resident clinic and HCAHPS from inpatient wards) were collected. The chi-square test was used to compare dichotomized responses (top-box items) and examine pre- and post-intervention differences.

Results: Forty-four of 45 residents (97.8%) participated. A majority (70.5%) of residents reported an increased perception of the value of the 5-step interview strategy immediately after participating. There were no significant differences on patient responses to outpatient survey items between the pre- and post-intervention period, including questions about whether the resident listened carefully (pre-intervention “Yes” responses = 93.7%, 50th national percentile; post = 90.9%, 25th percentile; $p = 0.27$) and whether the resident showed respect (pre = 92.1%, < 25% percentile; post = 96.0%, 60th percentile; $p = 0.16$). Similarly, there were no significant differences on patient responses to inpatient survey items.

Conclusions: Residents strongly supported a promising interdepartmental educational program to draw attention to a 5-step strategy for opening patient-centered medical interviews. The inability to demonstrate improved patient experience before and after the intervention may be in part due to the short timeframes for both the one-time intervention (i.e., a single two-hour session for each resident) and the patient experience assessment (i.e., data collected for only two months pre- and post-intervention). Implementing recurring training, conducting observed real-life patient encounters with one-on-one feedback, and extending the duration of patient experience data collection may all help uncover evidence of patient experience improvement during future project iterations.

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