

# Pedagogy of Communication Skills at the Osteopathic programmes at Southern Cross University, Australia.

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# SYNOPSIS

- What are St comm skills
- Benefits of good comm skills
- Impact poor comm skills
- Effective comm skills
- Why comm so important
- How do we at SCU teach comm skills?
- How do we scaffold comm skills?
- Course structure
- How St comm skills assessed?

# What are Student (St) Communication Skills?

Effective interpersonal communication skills <sup>1- 5, 7</sup>

Includes :

- Pt communication skills
- Inter-professional comm skills
- Intra-professional comm skills
- General public too
- Oral comm skills
- Written comm skills

# Benefits of Good Communication

- ↑ Trust b/w DO & Pt <sup>12</sup>
- Help Pt disclose relevant info <sup>12</sup>
- Involve Pt in health decision making <sup>12</sup>
- Enhances Pt satisfaction <sup>12</sup>
- Leads to more realistic Pt expectations <sup>12</sup>
- Leads to more productive health outcomes <sup>12</sup>
- ↓ risk of errors & mishaps <sup>12</sup>



# Impact of Poor Communication

- ↓ confidence & trust b/w Pt & practitioner<sup>12</sup>
- Deters Pt from disclosing import info<sup>12</sup>
- Causes significant Pt distress<sup>12</sup>
- Leads to Pt not seeking further health care<sup>12</sup>
- Leads to misunderstandings<sup>12</sup>
- Leads to misinterpreting health care advice<sup>12</sup>
- Underlies most Pt complaints<sup>12</sup>
- Poor health outcomes 4 Pt<sup>12</sup>

# Effective Comm Skills

- Encourages Pt participation <sup>2, 6, 12</sup>
- Promotes Pt dialogue <sup>2, 6, 12</sup>
- Develops Pt & Practitioner rapport <sup>2, 6, 12</sup>
- Positively influences Pt behavior <sup>2, 6, 12</sup>
- Obtain Pt INFORMED CONSENT <sup>2, 6, 12</sup>
- Informs diagnostic reasoning process <sup>2, 6, 12</sup>



# Why is Comm important?

- Interpersonal communication skills are essential to clinical practice<sup>1- 5</sup>
- Comm is a CORE clinical competency.<sup>8</sup>

# Pedagogy of St comm skills SCU

- How do we teach comm skills?
- Horizontally & vertically integrated curriculum
- Instruction of:
  - Listening Techniques
  - Appropriate Questioning
  - Explaining counselling
  - Providing Pt motivation
- 5,8, 9 & 11



# How scaffold St comm Skills?

Q: How do we scaffold comm skills?

- Awareness<sup>2, 5</sup>
- Education<sup>2, 5</sup>
- Practice<sup>2, 5</sup>

# Osteopathic Course structure

- SCU is a fully Publicly funded university
- School of Health & Human Sciences
- 5 year full time programmes
  - Bachelor Clinical Sc (Human Structure & Function)
  - Master of Osteopathic Medicine (PG)
- 4 units /subjects per semester (1/2 yr)
- 8 units in 1 year



# Osteopathic Course structure

Year	Units			
One	Human Anatomy, Human Physiology	Biomechanics, Kinesiology	Psychology & Sociology, Histology & Embryology	Osteo Study 1 Osteo Study 2
Two	Pathophysiology 1, Pathophysiology 2	Neurology, Nutrition	Adv Visceral Anatomy, Biochemistry	Osteo Study 3 Osteo Study 4
Three	Clinical Study 1, Clinical Study 2	Pharmacology, Research in Health	Clinical Diagnosis 1, Clinical Diagnosis 2	Osteo Study 5 Osteo Study 6
Four	Osteo Med 1, Osteo Med 2	Osteo Clinic 1, Osteo Clinic 2	Osteo research 1, Osteo research 2	Osteo Study 7 Osteo Study 8
Five	Osteo Med 3, Osteo Med 4	Osteo Clinic 3, Osteo Clinic 4	Osteo research 3, Osteo research 4	Osteo Study 9 Osteo Study 10

# Osteopathic Course structure

- Where taught in curriculum?
- Which units?
- All Osteopathic Studies units (Osteopathic practical classes) from year 1 to year 5
- Clinical skill assessment class yr 3
- Units in **BOLD**

# Osteopathic Course structure

Year	Units			
One	Human Anatomy, Human Physiology	Biomechanics, Kinesiology	Psychology & Sociology, Histology & Embryology	<b>Osteo Study 1</b> <b>Osteo Study 2</b>
Two	Pathophysiology 1, Pathophysiology 2	<b>Neurology,</b> Nutrition	<b>Adv Visceral Anatomy,</b> Biochemistry	<b>Osteo Study 3</b> <b>Osteo Study 4</b>
Three	<b>Clinical Study 1,</b> <b>Clinical Study 2</b>	Pharmacology, Research in Health	<b>Clinical Diagnosis 1,</b> <b>Clinical Diagnosis 2</b>	<b>Osteo Study 5</b> <b>Osteo Study 6</b>
Four	<b>Osteo Med 1,</b> <b>Osteo Med 2</b>	<b>Osteo Clinic 1,</b> <b>Osteo Clinic 2</b>	<b>Osteo research 1,</b> <b>Osteo research 2</b>	<b>Osteo Study 7</b> <b>Osteo Study 8</b>
Five	<b>Osteo Med 3,</b> <b>Osteo Med 4</b>	<b>Osteo Clinic 3,</b> <b>Osteo Clinic 4</b>	<b>Osteo research 3,</b> <b>Osteo research 4</b>	<b>Osteo Study 9</b> <b>Osteo Study 10</b>

# Assessment of St comm skills

- Horizontally & vertically integrated curriculum
- How comm is assessed?
- Ax items
- Ax Criteria
- When Ax items
- Reinforced in Clinical placements



# Assessment of St comm skills

Unit of Study	Year	Assessment Item	Assessor
Osteo Studies	1-5	Osteo prac skills (Tx)	Viva voce
Adva Visceral Anatomy	2	Class present	Peer review
Clinical Study 1	3	Role Play Assignment	Peer review
Clinical Study 2	3	Critique student	Video record
Clinical Study 2	3	OSCE Hurdle	To examiners
Osteo Medicine 1 -4	4 & 5	Clin Case Presentatn	To class
Osteo clinic	4 & 5	Grand Rounds	To class
Osteo clinic	4 & 5	Pt present to CE	In clinical placement CE
Osteo clinic	4 & 5	Record of Progress	In clinical placement CE
Osteo clinic	4 & 5	Mini CEX	In clinical placement CE
Osteo clinic	4 & 5	CR Viva Voce	To examiners
Osteo research	4 & 5	Class presentation	To class
Osteo research	4 & 5	Submit research paper	To examiners

# Assessment of St comm skills

- **Osteo Prac Skills** - once semester
- Viva Voce Prac Examination (End of Semester)
- Student practitioner performs techniques on a pretend Pt
- All years (Class Based)
- Marking Criteria below

STUDENT NAME: .....

DATE: 25 / Mar / 2015

## HLT10481 OS 1: Prac Exam Marking Criteria Sheet 2015

**PROFESSIONALISM: Personal presentation; attitude, appropriate attire, hair, hygiene and consent.**

Criteria	No attempt or unsatisfactory	Applied yet unsatisfactory	Pass	Good	Excellent	<b>S/U</b>
<b>Comments:</b>						

### QUESTION 1

Mark	0 - 1	2	3	4	5	
Criteria	No attempt or unsatisfactory	Applied yet unsatisfactory	Pass	Good	Excellent	<b>/20</b>
<b>Confident, effective &amp; efficient</b>						
<b>Safe Patient handling</b>						
<b>Practitioner</b>						
<b>Anatomical Knowledge</b>						
<b>Comments:</b>						

**Comments:**

**Key to Criteria**

**Confident, effective and efficient execution of technique:** Correct technique and contact points, good use of levers, approached situation with confidence

**Safe Patient handling:** Provided instructions to patient – i.e. clearly explained and demonstrated steps where necessary, appropriate use of language, positive professional attitude, appropriate draping and safety considerations

**Practitioner:** Safe use of own body positions and levers, adjusted bench height as needed.

**Anatomical Knowledge:** Appropriate understanding and explanation of relevant detailed information on anatomy and physiology.

**Examiner:** RB

**Total Mark** ...../20



# Assessment of St comm skills

- **Role Play Assignment** - once
- Student practitioner interviews pretend Pt
- Student Peer reviews
- Provides written feedback to student.
- Required of all 3<sup>rd</sup> year Students (Class Based)
- Marking Criteria below

# HLT10119 Clinical Studies 2, Role Play Assignment

## Observer Evaluation & Feedback Form:

Student Practitioner: \_\_\_\_\_ Patient: \_\_\_\_\_

Student Observer: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Communication Skills:</b>	<b>Never or rarely</b>	<b>Sometimes</b>	<b>Frequently</b>			
Establishes rapport, empathy	1	2	3			
Engages eye contact	1	2	3			
Asks open ended questions	1	2	3			
Uses reflective, clarification	1	2	3			
<b>Case history taking skills</b>	<b>Poor</b>	<b>Weak</b>	<b>Adequate</b>	<b>Good</b>	<b>Excellent</b>	
Asks 'seven attributes of a symptom'	1	2	3	4	5	
Asks all SR questions	1	2	3	4	5	
Seeks Pt consent	1	2	3	4	5	
<b>Technical procedures:</b>	<b>Poor</b>	<b>Weak</b>	<b>Adequate</b>	<b>Good</b>	<b>Excellent</b>	
Prepares all equipment & materials	1	2	3	4	5	
Physical Examination thorough	1	2	3	4	5	
Physical examination flowing	1	2	3	4	5	
Demonstrates professionalism; comfort, privacy, consent	1	2	3	4	5	

### Observer feedback Instructions:

Please provide the student practitioner with the

Demonstrates professionalism; comfort, privacy, consent	1	2	3	4	5
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**Observer feedback Instructions:** Please provide the student practitioner with the opportunity for reflection and feedback using the following structure:

**Ask Student Practitioner Q:** How did you feel during the case taking interview?

**Q:** Name two aspects of the interview which worked well.

**Ask Patient Q:** Can you identify two communication skills that the student practitioner used that were effective?

**Observer feedback:** Observer gave specific feedback on two skills observed that worked well.

**Ask Student Practitioner: Q:** Can you identify two aspects of the interview that you would do differently if you could repeat the interview.

**Ask Patient: Q:** Can you identify two communication skills that the student practitioner could have used to improve the interview?

**Observer feedback:**

- Provides feedback on two skills that the student practitioner could have used to improve the interview.
- Observer summarises the feedback on the things that worked well and the things to improve.
- Practitioner receives this summary as written feedback from observer and Patient (below).

**Written Summary of Feedback:**

# Assessment of St comm skills

- **Video Role Play Task** - once
- Students record Role Play of pretend Pt
- Academic reviews & marks video
- Provides written feedback to student
- Inspects case history form too
- Required of all 3<sup>rd</sup> year Students (Class Based)
- Marking Criteria below



# HLT10119 Clinical Studies 2

## Marking Sheet for Video Role Play Task

Student: \_\_\_\_\_

Criteria	Satisfied requirements	NOT satisfied requirements
Demonstrates verbal therapeutic communication skills	Uses empathy, open questions, reflective listening skills, regularly, as appropriate	Does not use (or rarely uses) empathy, open questions, or reflective listening skills
Demonstrates non-verbal therapeutic communication skills	Makes regular eye contact with Pt, uses encouraging gestures	Does not make regular eye contact with Pt, does not use encouraging gestures
Asks case history questions thoroughly and in appropriate sequence	Asks '7 attributes of a symptom' and uses systems review, PMH, PSH, FMH guidelines	Does not ask '7 attributes of a symptom' or use systems review, PMH, PSH, FMH guidelines
Applies physical examination techniques accurately & efficiently	Applied technique effectively and in an efficient sequence	Does not apply techniques effectively nor in an efficient sequence
Demo professionalism and application of <u>ethico-legal</u> principles	Adheres to clinical dress code, is well prepared, and ensures Pt privacy, comfort, safety and consent	No adherence to clinical dress code, poor preparation, does not ensure Pt privacy, comfort, safety or consent
Records case history effectively	Accurate, legible, succinct & thorough recording of case history	Inaccurate, illegible, lengthy and/or incomplete recording of case history

Comments:

# Assessment of St comm skills

- **Grand Rounds** - weekly
- Each Student presents a real Pt case to all the 4 & 5<sup>th</sup> year students.
- Open discussion forum guided by academics.
- Class Based
- Required of all 4<sup>th</sup> & 5<sup>th</sup> year Students

# Assessment of St comm skills

- Pt presentations to CE - regular
- Clinical Educator (CE)
- Clinical Placement
- Clinical duties
- Required of all 4<sup>th</sup> & 5<sup>th</sup> year Students
- ie 53 yoa Female PC CLBP c radiation to Lt LE, onset d/t NAR etc...

# Assessment of St comm skills

- **Viva Voce** end of semester
- Clinical senerio
- Clinical reasoning
- Required of all 4<sup>th</sup> & 5<sup>th</sup> year Students
- Marking Criteria below as per Mini CEX too



# Assessment of St comm skills

- **Mini CEX** - thru out semester
- Apical clin Ax
- Four Stages
- Clinical Educator
- Clinical Placement - Clinical duties
- Required of all 4<sup>th</sup> & 5<sup>th</sup> year Students
- Marking Criteria below

## Osteopathic Clinical Reasoning Viva Assessment

Attribute/descriptor	Question(s)	1	2	3	4	5
<b>Analysis</b> Demonstrates interpretation of case information	Q1 How have you interpreted the information given to you so far?	Poor or no attempt to interpret information from case	Limited interpretation of case information	Interprets case information to reveal important patterns, differences & similarities	Thorough interpretation of case information	Comprehensively interprets information
	Q2 Can you integrate this information to give it more meaning?	Poor or no attempt to synthesise relevant information from case	Limited synthesis in use of case information Not able to reveal important patterns, differences and similarities	Synthesises case information to reveal important patterns, differences and similarities	Thorough synthesis of case information to reveal important patterns, differences and similarities	Comprehensively synthesises information. Is able to reveal subtle patterns, differences and similarities
<b>Heuristics</b> Makes connections between cues in the case, including the patients context in the additional information	Q1 What are the primary cues in the additional case information?	Unable to identify major cues	Identifies a limited number of cues	Identifies main cues relevant to the case	Identifies majority of cues relevant to the case	Identifies all cues relevant to the case
	Q2 Are there any connections between them?	Unable to make connections	Is able to make limited connection between cues	Connects main cues relevant to the case	Connects the majority of cues relevant to the case	Connects all cues relevant to the case
<b>Inference</b> Uses knowledge to generate ideas about differentials, examination and treatment. Discriminates and distinguishes relevant from irrelevant information, recognises inconsistencies, filters information appropriately and identifies gaps in cues collected. Includes consideration of red flags and most likely diagnoses	Q1 Please outline the most important elements of this case and provide some differential diagnoses (DD's)	<b>FAIL</b> Includes irrelevant DD's, omits 'red flags'	<b>FAIL</b> Includes a limited range of relevant DD's Omits major 'red flags'	Discriminates and distinguishes relevant from irrelevant information. Includes major 'red flags' and most likely diagnoses	Includes a range of relevant DD's and 'red flags' using appropriate information	Offers an extensive range of relevant DD's and 'red flags'  Recognises and addresses gaps in information
	Q2 Upon what knowledge are you basing your ideas about differentials, examination and treatment?	Poor application of knowledge, with use of irrelevant literature	Limited application of knowledge, with limited use of relevant literature	Appropriate application of knowledge and use of literature	Thorough application of knowledge and appropriate literature	Comprehensive application of knowledge and appropriate literature
<b>Information processing</b> Differentials, examination and treatment strategy are organised in a cohesive manner	Q1 Please summarise the case so far; including your thoughts on differentials, examination and treatment strategies	Poor or no attempt at organising and processing information for case diagnosis and management strategies	Limited processing and organisation of information for case diagnosis and management strategies	Information about all aspects of the case are organised in a cohesive manner	Thorough organisation and processing of all aspects of case information	Comprehensively organises and processes information on all aspects of the case. Case information is summarised in a cohesive manner

Attribute/descriptor	Question(s)	1	2	3	4	5
<b>Logic</b> Provides sound reasoning for differentials, examination and treatment strategy. Including strategies to rule DD's in and out.	Q1 Give your reasoning for choice of differentials?	Unable to provide sound reasoning for choice of DD's	Limited use of reasoning for choice of DD's	The student provides sound reasoning for choices of DD's	Provides thorough reasoning for choice of DD's	Comprehensive use of advanced reasoning skills for determining DD's
	Q2 What examination and investigation strategies will you use to rule in/out DD's?	No clear strategy for ruling in/out DD's	Limited use of strategy for ruling in/out DD's	Strategies used to rule in/out DD's	Clear logical strategy used to rule in/out DD's	Comprehensive and clearly logical use of strategies
	Q3 Can you now tell me your working diagnosis and the rationale for your treatment strategy?	Illogical working diagnosis and unsound rationale	Limited use of logic in working diagnosis and rationale	Sensible working diagnosis and sound rationale	Thorough and logical working diagnosis and rationale	Comprehensive logic used and rationale given
<b>Cognition</b> Thinks 'aloud' about choices in relation to differentials, examination and treatment strategy. Ability to adapt to emerging information after feedback.	Q1 Can you tell me about alternative diagnostic or treatment choices if what you have planned doesn't work?	Poor or no attempt to reason alternative options in relation to case	Limited ability to reason aloud alternative options and problem solving strategies in relation to case	Reasons aloud through problem solving strategies in relation to DD's, examination and treatment	Reasons aloud problem solving strategies in relation to all aspects of case	Comprehensively talks through alternatives and problem solving approaches
	Q2 What would you do if the case was male/female, older/younger, more acute/chronic?	Is not able to articulate alternative options	Limited skills in articulating alternative options	Illustrates ability to articulate reasonable alternative options	Thoroughly demonstrates ability to articulate their reasoning and decision(s) in accordance with new information	Comprehensively demonstrates flexibility in reasoning, with ability to adjust DD's and treatment plans according to new information
<b>Meta-cognition</b> Demonstrates the ability to reflect on their reasoning process, including with regards to osteopathic principles (body as a unit, structure and function inter-related, self healing capacity)	Q1 What are your thoughts about how your handling of this case could have been improved?	Poor or no attempt at reflection of the strengths and weaknesses in their reasoning process	Limited ability for reflection of the strengths and weaknesses in their reasoning process	Student is able to reflect of the strengths and weaknesses in their reasoning process	Demonstrates thorough reflection of the strengths and weaknesses in their reasoning process	Comprehensively reflects on the strengths and weaknesses in their reasoning process
	Q2 How did the osteopathic principles influence your reasoning in this case?	Poor or no attempt at reflection on how osteopathic principles have influenced their reasoning process	Limited ability for reflection on how osteopathic principles have influenced their reasoning process	Student is able to reflect on how osteopathic principles have influenced their reasoning process	Demonstrates thorough reflection on how osteopathic principles have influenced their reasoning process	Comprehensively reflects on how osteopathic principles have influenced their reasoning process

# Synopsis

- Horizontally & vertically integrated curriculum
- Variety of Ax items
- Reinforced in Clinical placements

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# The End