

Using Standardized Patients to Assess Hospitalist Communication Skills

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Standardized patients (SPs) have been used to assess communication skills in undergraduate medical education, but no published studies describe the use of SPs in assessing practicing physicians on their communication skills. In this study, done with 23 hospitalists at a large urban academic hospital, 3 SP scenarios, daily rounding, discharge, and interacting with a difficult patient, were created. After each encounter, each hospitalist reviewed their videotape and received feedback from their SP based on a checklist that had 3 core domains: Listen, Courtesy and Respect, and Explain. These domains correlated with the 3 questions in the Hospital Consumer Assessment of Healthcare Providers and Systems survey that relate to doctors. Hospitalists performed significantly better in the Listen domain, with a

mean percent adequate score of 90.2% (95% confidence interval [CI], 72.2%-100%; $P < 0.05$), and significantly worse in the Explain domain, with a mean percent adequate score of 65.0% (95% CI, 49.2%-83.6%; $P < 0.05$). Checklist items in the Explain domain that were most commonly not performed adequately were summarizing information at the end of the encounter, teach back, encouraging additional questions, managing team and self-up, setting expectations about length of stay, and timing of tests. After the SP encounters, hospitalists felt more confident in their communication skills. SPs can be used to assess and give feedback to hospitalists and increase confidence in several aspects of communication. *Journal of Hospital Medicine* 2017;12:562-566. © 2017 Society of Hospital Medicine

Hospitalists must create rapport and communicate large amounts of information in a short amount of time without having a prior relationship with the patient.¹ High-quality communication can improve satisfaction and compliance, while poor communication leaves patients ill prepared to transition back to the community.²⁻¹⁰

Many medical schools use standardized patients (SPs) to both train and evaluate their students' communication skills. To our knowledge, no published studies describe using SPs to assess or teach communication skills for hospitalists.

Our objective in this study was to use SPs to assess for deficits in our hospitalists' communication skills and to determine whether feedback provided by SPs could improve hospitalist confidence in and performance of optimal communication behaviors.

METHODS

Setting and Participants

The study took place at the Morchand Center at Icahn School of Medicine at Mount Sinai, an SP center that trains medical students and residents. All 23 hospitalists had

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TABLE 1. Standardized Patient Checklist Domains

Domain	Checklist Items ^a	
Courtesy and Respect	Introduces self ^{b,c,d} Manages self and team up ^{c,d} Clarifies role on the team ^{c,d}	
	Physician displays respect, genuineness, empathy, and warmth ^{b,c,d} Physician displays engagement ^d	
Explain	Sets expectations about timing, results of tests ^{c,d} Sets expectations about length of stay ^c	
	Explains diagnosis ^{b,c,d} Explains why test is needed ^c Explains new, stopped, and continued discharge medications ^b Explains warning signs and action plan at discharge ^b Stresses importance of adherence to medications ^b Discusses medication side effects ^b	
	Summarizes information at the end of the encounter ^{b,c,d} Assesses patient understanding of information discussed (teach-back) ^{b,c,d} Encourages additional questions and discussions ^{b,c,d}	
	Listen	Allows patient to tell their story ^{b,c,d} Language/verbal skills ^{b,c,d} Vocal Communication style ^{b,c,d} Does not interrupt patient ^{b,c,d}
		Appropriate body language to enhance communication ^{b,c,d} Appears unrushed ^{b,c,d}

^aThis is a list of all checklist items used for all 3 cases. Some were used in all the cases and some were used for only 1 or 2 cases.

^bUsed in the discharge case.

^cUsed in the daily rounding case.

^dUsed in the difficult patient case.

TABLE 2. Checklist for Discharge Encounter (n = 23)

Checklist Item	Domain	% Adequately
Greets patient by name in a pleasant manner	CR	100.0%
Shows empathy and seems authentic while doing so	CR	95.7%
Reviews which patient medications were stopped entirely	Explain	56.5%
Reconciles which patient medications were changed	Explain	69.6%
Reviews which patient medications were continued unchanged	Explain	82.6%
Assures patient will obtain morning dose of lasix by tomorrow	Explain	73.9%
Stresses the importance of adhering to their medications	Explain	73.9%
Discusses possible side effects of increasing lasix	Explain	69.6%
Reminds patient to eat foods low in salt content	Explain	73.9%
Explains signs of return or worsening of medical conditions and self-monitoring	Explain	60.9%
Reminds patient of follow-up appointments	Explain	65.2%
Clarifies ability to keep appointment	Explain	34.8%
Provides information about what activities the patient can resume	Explain	0.0%
Accurately summarizes all information at end of encounter	Explain	13.0%
Assesses whether the patient understands the information discussed (teach back)	Explain	8.7%
Encourages additional questions or discussion	Explain	65.2%
Makes an effort to appear unrushed	Listen	95.7%
Uses appropriate body language to enhance communication	Listen	100.0%
Vocal communication style	Listen	95.0%

NOTE: Abbreviation: CR, Courtesy and Respect.

prior experience with SPs during their training and their main clinical duties were as attendings on teaching and non-teaching services at The Mount Sinai Hospital in New York City, a large academic center. Participation in the standardized encounters was required.

Scenario and Checklist Development

We developed 3 SP encounters around common hospitalist-patient interactions: daily rounding, discharge, and interacting with a difficult patient. In order to assess communication skills, we developed a checklist with 3 core domains: Courtesy and Respect, Listen, and Explain. Each domain corresponded to 1 of 3 questions on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey that pertained to doctor's communication skills: (1) How often did doctors treat you with courtesy and respect? (2) How often did doctors listen carefully to you? (3) How often did doctors explain things in a way you could understand? We then developed checklist items that corresponded to essential communication skills within each of the 3 domains. These communication skills were based on best practices and published literature.

Discharge Encounter (Table 2): Patient admitted the night before with abdominal pain by another hospitalist. The checklist was based on AIDET®, an effective communication skills training protocol that our hospitalist group had been trained on.¹¹

Daily Rounding Encounter (Table 3): Patient being discharged after an admission for congestive heart failure. The checklist was developed from the Society of Hospital Medicine discharge toolkit.¹²

Difficult Patient Encounter (Table 4): A patient and his daughter who were unhappy because of a previously missed lung mass that was now found to be cancer. Our checklist was based on characteristics of therapeutic bedside manner.¹³

The checklist items were each scored using a 3-point scale of adequate, partial, or inadequate performance. A description of checklist items within each of the 3 domains is listed in Table 1. A postintervention survey was filled out by all hospitalists after the 3 encounters.

Simulated Encounters

All 3 encounters occurred on the same day and each one lasted 1 hour (20 minutes for the encounter, 10 minutes for

TABLE 3. Checklist for Daily Rounding Encounter (n = 23)

Checklist Item	Domain	% Adequately
Greets patient by name in a pleasant manner	CR	87.0%
Introduces self	CR	91.3%
Manages self up	CR	52.2%
Manages team up	CR	13.0%
Clarifies their role on team	CR	43.5%
Give a way to be contacted	CR	34.8%
Acknowledges patients feelings, discomforts, and concerns and expresses empathy	CR	65.2%
Apologizes to patient for delay in testing and explains why it is occurring	Explain	47.8%
Sets expectations about timing of CT scan and results of CT scan	Explain	13.0%
Sets expectations about length of stay in the hospital	Explain	21.7%
Reviews clinical information supporting the diagnosis	Explain	78.3%
Explains how the tests planned will change management	Explain	100.0%
Explains why nasogastric tube helps the patient	Explain	87.0%
Summarizes information at end of encounter	Explain	34.8%
Assesses whether the patient understands the information discussed (teach back)	Explain	30.4%
Encourages additional comments or discussion	Explain	21.7%
Does not interrupt patient	Listen	95.7%
Vocal communication style	Listen	75.0%
Uses appropriate body language to make patient feel there is ample time to discuss their medical problems and their concerns	Listen	95.7%
Uses appropriate body language to enhance communication	Listen	95.7%

NOTE: Abbreviations: CR, Courtesy and Respect; CT, computed tomography.

a posttest survey, and 30 minutes of feedback from the SP). For each case, a task list was given to the hospitalist before walking into the room (Appendix 1). During the feedback session, the SP gave the hospitalist feedback using the case checklist items. They then watched a video of the encounter and the SP further emphasized areas for improvement.

SP Training

SP training consisted of three 3-hour training sessions, which included review of the case, script, guidance on scoring the checklist items, role plays with attending hospitalists, and feedback training. Each SP was assigned to only 1 case. Seven of the 24 encounters for each SP were reviewed independently by 2 investigators who created a final score for each checklist item which was compared to the SP's checklist item score. The kappa (k) statistic was used to evaluate inter-observer reliability using the SAS system software (SAS Institute Inc.).

Analysis

The percent of hospitalists who performed each checklist item adequately within in each of the 3 domains (Courtesy

and Respect, Listen, and Explain) was calculated. To compare the 3 domains, *t* tests were used.

We calculated the percent that our hospitalist group received on the 3 HCAHPS doctor's questions 1 year prior to our SP exercise and 1 year after the SP exercise.

RESULTS

Twenty-three hospitalists completed all 3 encounters. For the 3 domains (Courtesy and Respect, Listen, and Explain), hospitalists performed significantly better in the Listen domain compared to the other 2 domains, with a mean percent adequate score of 90.2 % (95% confidence interval [CI], 72.2%-100%; $P < 0.05$), and significantly worse in the Explain domain compared to the other 2 domains, with a mean percent adequate score of 65.0% (95% CI, 49.2%-83.6%; $P < 0.05$). The mean percent adequate score for the Courtesy and Respect domain was 81.6% (95% CI, 56%-100%). This was significantly higher than the Explain domain and significantly lower than the Listen domain.

Posttest survey results showed that hospitalists had an increased level of confidence in their bedside manner, patient satisfaction skills, and high-quality discharge discussion skills.

TABLE 4. Checklist for Difficult Patient Encounter (n = 23)

Family Member Checklist Items	Domain	% Adequately
Greets family member by name in a pleasant manner	CR	69.6%
Introduces self	CR	100.0%
Manages self up	CR	47.8%
Clarifies their role on team	CR	69.6%
Respect	CR	78.3%
Genuineness	CR	87.0%
Empathy and warmth	CR	52.2%
Engagement	CR	65.2%
Immediacy (made caring statements)	CR	82.6%
Explains the nature of the delay in diagnosis	Explain	69.6%
Allows family member to tell her story and express her feelings	Listen	87.0%
Elicits all of family member's concerns	Listen	87.0%
Language/verbal skills	Listen	87.0%
Vocal communication style	Listen	91.3%
Patient Checklist Item		
Greets patient by name in a pleasant manner	CR	95.7%
Introduces self	CR	100.0%
Manages self up	CR	69.6%
Clarifies their role on team	CR	65.2%
Respect	CR	82.6%
Genuineness	CR	91.3%
Empathy and warmth	CR	69.6%
Engagement	CR	82.6%
Concreteness	CR	78.3%
Immediacy (made caring statements)	CR	87.0%
Compromise	CR	69.6%
Medication adherence	Explain	43.5%
Explains rationale for staying in the hospital	Explain	87.0%
Explains rationale for CT scan	Explain	91.3%
Summarizes information at end of encounter	Explain	65.2%
Encourages additional questions or discussion	Explain	39.1%
Allows patient to tell their story	Listen	100.0%
Language/verbal skills	Listen	100.0%
Vocal communication style	Listen	91.3%

NOTE: Abbreviations: CR, Courtesy and Respect; CT, computed tomography.

Inter-Rater Reliability

Inter-rater reliability for the discharge encounter, the daily rounding encounter, and the difficult patient encounter were 0.74 (95% CI, 0.64-0.84), 0.73 (95% CI, 0.63-0.82), and 0.73 (95% CI, 0.63-0.83), respectively.

HCAHPS

Four hundred sixteen HCAHPS surveys were returned in the year prior to our SP exercise, and the percent of patients who answered always to the questions on Courtesy and Respect, Listen, and Explain were 80.4%, 74.2 %, and 69.4 %, respectively. In the year after our SP exercise, 492 surveys were returned, and there was no significant change in HCAHP scores for the group (80.9% for Courtesy and Respect, 70.2% for the Listen question, and 70.5% for Explain).

DISCUSSION

We have shown that SPs can be used to assess deficits in hospitalist communication skills and provide feedback that can improve hospitalist confidence in performing optimal communication behaviors. We have also shown that hospitalists perceive the exercise as beneficial in improving their communication skills and perceive them as similar to their real patient encounters.

The Explain domain was significantly worse than the Courtesy and Respect and Listen domains for our hospitalists. Analysis of the checklist items within the Explain domain found that the items within this domain that were most problematic for hospitalists were summarizing information at the end of the encounter, using teach-back (a communication confirmation method where a healthcare provider asks a patient to repeat what was said to confirm understanding), encouraging additional questions by using open-ended statements (What questions do you have?) instead of close ended statements (Do you have any questions?), managing team and self-up, setting expectations on length of stay, and timing of tests. This correlated with our patient satisfaction HCAHPS data, which showed that patients consistently rated our hospitalists' ability to explain things in a way they could understand lowest among the 3 questions. HCAHPS scores did not change after our SP exercise, and this lack of improvement may indicate that meaningful improvement in communication skills requires longitudinal interventions and real-time feedback rather than a single exercise, as was shown in a recent study looking at daily patient satisfaction score feedback given to internal medicine residents.¹⁴

Our study had several limitations. First, hospitalists knew

they were being videotaped and observed, which may have altered their behaviors and may not reflect our hospitalists' actual behaviors with patients. Furthermore, we did not examine whether the feedback given was incorporated into our hospitalists' daily patient communications and whether this impacted our patients care other than examining HCAHPS scores.

CONCLUSION

SPs can be used to identify deficiencies in communication skills and provide specific guidance that improves hospitalist confidence in their communication skills.

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