Giving effective feedback to improve trainee communication skills

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Background: Communication skill is one of core competencies of family physicians. At Prince of Songkla University, Family Medicine trainees were assigned to video record one of their consultations once a month. Video reviews by their colleagues and trainers were conducted every 2 weeks. There was no structure of giving feedback.

Summary of Work: In 2012, Pendleton’s rules were adopted as a feedback model. Start with letting trainee give background to video record of their consultations. Then, ask trainee what she/he did well. Followed by discussion from observers about what went well. Then, ask trainee what went less well and how it could be improved. Finally, observers discuss what went less well and how it could be improved. A focus group of trainees and a focus group of trainers were conducted a study to explore effectiveness of giving feedback.

Summary of Results: There was opportunity for residents to do self-assessment. Both verbal and non-verbal issues were discussed. Moreover, feedback dialogue will help lead to things that need to be improved from trainees. On the other hand, it was difficult for both trainer and trainee to differentiate between what went well and what things need to be improved. Structured feedback was time consuming.

Discussion and Conclusions: Using Pendleton’s rules in trainee feedback will allow trainees to realize on their ability to communicate with patients and help them improve their overall communication skill.

Take-home messages: Pendleton’s rules is an effective feedback tool to improve trainee communication skills.

The Audio-COT (Consultation Observation Tool) – a friend or foe? Assessment of GP trainers’ interest in and use of this clinical assessment tool

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Background: The use of telephone triage and consultations in healthcare has increased in recent years, requiring GP trainees to not only develop face-to-face communication skills, but those using the telephone. It can be challenging for trainers to find ways to teach and assess these skills in an authentic way. This project piloted and evaluated an audio-COT (consultation observation tool) which aimed to increase trainers’ ability and confidence in using this assessment tool with trainees.

Summary of Work: Trainers completed a pre-session questionnaire to ascertain their awareness of the audio-COT, its perceived relevance for GP training and confidence in teaching telephone consultations skills. Trainers then attended a facilitated session, which included sharing telephone consultation teaching experience, guidance on useful clinical models to use, potential equipment to support learning and tips to facilitate trainee engagement. Examples of audio-COTs were assessed and scores discussed within the group, to consolidate learning and facilitate assessment benchmarking. After the session trainers provided feedback and information about their subsequent use of audio-COTs.

Summary of Results: This work is in progress. Early analysis indicates increased awareness of and willingness to use the audio-COT following the session; trainers seem more prepared and confident in facilitating trainee learning and assessment of telephone consultations.

Discussion and Conclusions: The use of audio-COTs allows trainers an additional supervised learning episode to formally assess and develop the clinical competence of trainees’ telephone consultation skills.
ABSTRACT BOOK

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