



CanMEDS Best Practices Submission Form
The Royal College of Physicians and Surgeons of Canada
 774 Echo Drive, Ottawa, ON, Canada, K1S 5N8
 T: 613- 730-8177 F: 613- 730-3707
<http://rcpsc.medical.org> • canmeds@rcpsc.edu

AUTHOR CONTACT INFORMATION

Name: Dr. Paula Ravitz		Phone (h): (416) 535-8501
Address: University of Toronto - CAMH 250 College		Phone (b): (416) 488-8654
City: Toronto		Fax: (416) 586-8654
Province: ON	Postal Code: M5T 1R8	Email: paula_ravitz@camh.net

CATEGORY

- Curriculum** — a design for education around the CanMEDS competencies.
- Teaching Tool** — a submission that will assist the teaching the specific CanMEDS competencies.
- Assessment Tool** — a submission that will assist in the assessment/evaluation of the CanMEDS competencies.

TYPE OF TOOL

- ITER Manual or Module OSCE Rotation specific objectives Workshops Facilitated Discussions
- FITER Group exercise Rotation Portfolios & Logbooks Website **Other:** *Simulated Encounters*

CanMEDS ROLES

- Medical Expert **Communicator** Collaborator Manager Health Advocate Scholar Professional General

TITLE Limit of 100 characters

COACHING COMMUNICATION USING SIMULATED ENCOUNTERS (CCSE): AN EDUCATIONAL RESEARCH STUDY WITH MEDICAL RESIDENTS.

AUTHOR(S)

1) P. Ravitz	4) B. Maunder	7) J. Wong
2) W. Lancee	5) M. Leszcz	8)
3) A. Peterkin	6) N. McNaughton	9)

PRIMARY INSTITUTIONAL AFFILIATION

Name: Mount Sinai Hospital	Web site
-----------------------------------	-----------------

ABSTRACT Limit of 500 words

Communication problems in medical practice are common. They arise from factors related to both physicians' communication competence and the difficulties that patients present. "Difficulty" is conceptualized as an emergent quality that arises out of the interaction of illness symptoms, context, patient's response style, and the physician's role and skills. This project aims to train physicians to understand this interaction and to better manage clinically difficult situations. The objective of this study is to determine the impact of a brief, intensive, manualized medical education research intervention on medical residents. The intervention is designed 1) to train physicians to better manage clinically difficult situations, 2) to improve therapeutic communication skills and 3) to enhance the development the CanMEDS physician role as communicator. The intervention uses 1-on-1 coaching by experienced psychotherapy supervisors on videotaped encounters between trainee-subjects and actors who simulate 'difficult' patients. Outcomes measured include empathy, communication skills, interviewing competence and therapeutic alliance.

Sixty-five videotaped simulated encounters between the same set of five standardized patients and 13 trainee/subjects were conducted. 1-on-1 coaching was provided that integrated viewing of the videotaped interviews for four of each set of five sessions per trainee/subject. Residents in the study valued the process highly and found all aspects of the model, including assessment burden and video recording, acceptable. There was a significant pre-post improvement in interviewing competence (p<0.001). There were no significant changes in measures of empathy, alliance or communication skills. The results justify further investigation of this mode of training to improve physician and patient outcomes in situations of difficult communication.

REFERENCES

- 1) Binder J, Strupp H, Bongar B, Lee S, Messer S, Peake T. Recommendations for improving psychotherapy training based on experiences with manual-guided training and research: Epilogue. *Psychotherapy* 1993; 30: 599-600.
- 2) Gallop R, Lancee W, Shugar G. Residents' and Nurses' Perceptions of Difficult-to-Treat Short Stay Patients. *Hospital and Community Psychiatry* 1993; 44(4): 352-357.
- 3) Premi J. (1991) An assessment of 15 years experience in using videotape review in a family practice residency. *Academic Medicine* 1991; 66: 56-57

Thank you for your submission. We will be contacting you shortly.