And the OSCEr goes to ……: Using Student-Created Videos to Teach End-of-Life Communication Skills

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Disclosures

• None
Objectives

• Describe an effective and innovative way to actively engage students in learning end-of-life communication skills.

• Describe a method to foster reflection in medical students while learning end-of-life communication skills.

• Discuss a method to encourage second year students to participate in the process of peer feedback while learning end-of-life communications skills.
Primary Clinical Skills History of Use of Student-created Videos

• **First-year student experience (inaugural class)**
  – *Use of DocCom videos to teach communication and medical interviewing skills*
    • Feedback from students

• **Opportunity to engage students in the teaching and learning process**

• **Small group experience**
  – *2 students assigned each week to complete a brief, recorded standardized patient encounter*
    • Advanced medical interviewing skills
    • Motivational interviewing skills
Reasons for this Small Group Project

1. To provide opportunities to apply the knowledge and skills learned in the ACOM curriculum prior to a Hospice experience scheduled in the 2nd year

2. Current literature highlights:
   - Lack of formal training programs in undergraduate medical education
   - Importance of teaching end-of-life communication skills
3. End-of-life communication skills are core competencies for medical students

- NBOME
- EPA’s
- ACGME milestones
Why is being an active and engaged learner important?

- Learners retain approximately:
  - 90% of what they learn when they teach someone else/use immediately
  - 75% of what they learn when they practice what they learned
  - 50% of what they learn when engaged in a group discussion
  - 30% of what they learn when they see a demonstration
  - 20% of what they learn from audio-visual
  - 10% of what they learn when they’ve learned from reading
  - 5% of what they learn when they’ve learned from lecture.

Adapted from Edgar Dale’s Cone of Experience
OSCEr Small Group Project

• Opportunity to showcase the knowledge and skills acquired in their professional development
  – Patient-centered communication
  – Engaging patients in difficult conversations
  – Professionalism

• Focus was on difficult conversations i.e. end-of-life conversations
  – Each group was assigned two specific objectives from one of the DocCom modules used in the course
    • Communicating in Specific Situations

• Created a 6-8 minute role play and recorded it in a simulated clinical environment
  – Every student in the group was an active participant either in front of the camera or behind the scenes
  – Reflective journaling
• **Students and faculty viewed videos together**
  
  – *Faculty graded and ranked the videos according to:*
    
    • How well the assigned objectives were demonstrated
    • How well students adhered to professionalism standards
    • Overall educational value to teaching the course content
  
  – *Students provide peer feedback through anonymous surveys at the end of each video*
    
    • Survey results were compiled and posted for review
And the OSCEr goes to...

Assigned objectives

1. Demonstrate the ability to suggest interventions and limits that are consistent with your patient’s goals at the end of life in an outpatient setting.

2. Describe palliative care and hospice services to patients and families and assist them in deciding to accept referrals in an outpatient setting.

The scenario

A 28-year-old female with end stage breast cancer presents with her husband to her PCP for a follow-up appointment to discuss her options after multiple unsuccessful treatments with chemotherapy and radiation
Erin’s Choice
Excerpts from the Small Group’s Reflective Journal

• Our PCS group had the opportunity to **bond and work together in ways we had never experienced before**.

• Everyone approached the project with excitement and **encouragement towards one another**, making the project that much easier to complete.

• Needless to say, we all **became better colleagues and friends** throughout the entire process of creating our video.
Peer Feedback on Assigned Objectives

I believe that this small group’s video will help me apply the knowledge and skills described in the assigned objective.

1. Demonstrate the ability to suggest interventions and limits that are consistent with your patient’s goals at the end of life in an outpatient setting.

2. Describe palliative care and hospice services to patients and families and assist them in deciding to accept referrals in an outpatient setting.
• The most important thing that I learned from this small group’s video is:
  – “How to describe palliative and hospice care without confusing the patient”
  – “How to align a patient’s goals with hospice and palliative care”
  – “The way that hospice and palliative care is presented makes all the difference”
  – “That the physician must show support”
  – “Touch is a powerful thing”
  – “To make sure to listen to your patient’s wishes”
Student Feedback: End of Course Report

• What was the major area of strength for this course (Primary Clinical Skills)?
  – “I loved the DocCom group assignment.”
  – “I loved the PCS video project. It was very beneficial and I loved participating in this project. It was very memorable and a ton of fun.”
  – “Group collaboration through the group project.”
  – “The group assignment was a great idea. It allowed everyone to work together.”
How are these patient-centered skills translating into the third year?

• What are the student’s particular strengths?
  – Doctor
    • “excellent rapport with patients, professionalism, and empathy” (Internal Medicine I)
    • “excellent with patients and family and it was evident that they liked and respected her” (Internal Medicine II)
  – Patient
    • “empathy” (Pediatrics)
    • “communication and social skills” (Internal Medicine II)
  – Spouse
    • “exhibited genuine empathy in his interactions with the patients and a genuine concern for their wellbeing.” (Behavioral Medicine)
    • “a true interest in the well-being of his patients and an ability to compassionately interact with patients and their families” (Internal Medicine I)
Future Directions

• Include other advanced interviewing skills
  – Year two of project (academic year 2015-2016)
    ▪ Added additional advanced interviewing skill “Responding to Strong Emotions”
  – Communicating with patients about tobacco, alcohol, and substance use

• Create a library of student videos for use throughout the entire 4 year curriculum
  – 28 student-created videos to date

• Analyze the value of the patient-centered curriculum in the third and fourth years
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