A Milestone System for Training and Assessment of Humanism

Susan Franks PhD,1,2 April Wiechmann, PhD1,3
University of North Texas Health Science Center
1Texas College of Osteopathic Medicine, 2Department of Family Medicine, 3Department of Geriatrics

BACKGROUND

One of the hallmark features of an osteopathic approach to patient care is the recognition of the integral role that the patient brings to the healing process. Fundamental principles of this humanistic approach are open communication, mutual respect, emotional connection, and an emphasis on collaboration, dignity, empathy, and trust within the relationship between the clinician and patient. A culture has been established in medical education in which the humanistic qualities of communication are an accepted part of a physician’s training. However, there is little consensus on how humanistic practices can be taught or measured.

At TCOM we approached the teaching of humanism through the development of interpersonal and communication skills, which are a common thread through the EPA’s. Applicable EPA’s include EPA1 (Gather a history and perform a physical examination, EPA6 (Provide an oral presentation), EPA11 (Obtain informed consent), and EPA12 (Perform general procedures of a physician).

Thus, the purpose of this work was to develop and define a milestone system of humanistic skill development for use in medical education. In conceptualizing the skills of interpersonal interactions and communication skills as observable behaviors that form the basis of a humanistic approach, we set out to adapt these to a milestone system reflective of a developmental trajectory from novice to advanced beginner.

OBJECTIVES

Objective 1: To operationally identify and define interpersonal and communication skills that form the key features of a humanistic approach.

Objective 2: To develop and validate a humanistic skills milestone system for training and assessment.

METHODS

We conceptualized humanism as (1) an approach to patient care that can be exemplified through specific observable behaviors and (2) a skill set that can be acquired through a developmental, milestone-based approach.

Step 1. Define constructs of Humanism. We looked to The National Board of Osteopathic Medical Examiners which lists core constructs of humanism in the patient encounter: Listening, Eliciting Information, Giving Information, Respect, Empathy, and Professionalism.

Step 2. Operationally define core constructs. The authors defined an initial set of operational definitions for observable behaviors for each core construct and separated them into developmental milestones. The draft 1 version was reviewed and refined based on consensus by a panel of medical educators comprised of psychologists and physicians. Teaching faculty were trained in its use to insure inter-rater reliability.

Step 3. Implement and Analyze Version 1. It was implemented for 1 semester with 2 separate cohorts (2014 to 2015) and data was analyzed with a mixed model design, demonstrating adequate reliability, concurrent validity, and its efficacy for facilitating humanistic skill development.

Step 4. Revise and Refine. Feedback was gathered from teaching faculty to further refine version 1 and to reduce item content and clarify terms to improve inter-rater reliability.

Step 5. Implement and Analyze Version 2. It was implemented for 2 semesters (Fall 2016 and Spring 2017). Data were analyzed in a repeated measures design to validate its efficacy in facilitating and assessing humanistic skill development.

CONCLUSIONS

- The constructs of humanism can be operationally defined within a milestone based framework.
- The TCOM Humanism Milestone Development Scale appears to be a reliable and valid tool to facilitate the development and assessment of humanistic skills in the standardized patient encounter.
- Future studies are warranted to further examine internal and external reliability and validity.

RESULTS

Progression of humanism skills from Fall to Spring semester. Repeated measures t-test.

Histograms of Humanism Milestone Level performance from Fall Interview 1 to Spring Interview 4

Fall and Spring semester OSCE humanism performance. Repeated measures t-test.

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Author contacts: Susan.Franks@unthsc.edu
April.Wiechmann@unthsc.edu