2011; 33: 6–8 MEDICAL TEACHER

AMEE GUIDE

Communication skills: An essential component of medical curricula. Part I: Assessment of clinical communication: AMEE Guide No. 51[1]

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Abstract

This AMEE Guide in Medical Education is Part 1 of a two part Guide covering the issues of Communication. This Guide has been written to provide guidance for those involved in planning the assessment of clinical communication and provides guidance and information relating to the assessment of various aspects of clinical communication; its underlying theory; its practical ability to show that an individual is competent and its relationship to students' daily performance. The advantages and disadvantages of assessing specific aspects of communication are also discussed.

The Guide draws attention to the complexity of assessing the ability to communicate with patients and healthcare professionals, with issues of reliability and validity being highlighted for each aspect. Current debates within the area of clinical communication teaching are raised: when should the assessment of clinical communication occur in undergraduate medical education?; should clinical communication assessment be integrated with clinical skills assessment, or should the two be separate?; how important should the assessment of clinical communication be, and the question of possible failure of students if they are judged not competent in communication skills?

It is the aim of the authors not only to provide a useful reference for those starting to develop their assessment processes, but also provide an opportunity for review and debate amongst those who already assess clinical communication within their curricula, and a resource for those who have a general interest in medical education who wish to learn more about communication skills assessment.

Introduction

What is clinical communication?

In its broadest sense it would be any communication between health professionals or between health professionals and patients (and relatives). This communication could be written or oral, face to face, telephonic, electronic or via video transmission. The subject matter may range from a brief upper respiratory infection to terminal cancer (von Fragstein et al. 2008). However what is always true, is how it is performed is important, since effective doctor–patient communication has been linked with improvements in patient satisfaction (Williams et al. 1998), adherence to treatment regimens (DiMatteo 2004) and patient health outcomes (Stewart 1995).

Given the importance of clinical communication, is it something that doctors are good at?

Several studies show that a large proportion of complaints against doctors arise from problems or difficulties in

Practice points

- Communication skills are an essential component of health sciences undergraduate curricula.
- When considering how to assess clinical communication, it is important to determine what the elements that need to be assessed are.
- Assessment may be made easier through the use of accepted models of skills development.
- Specific areas for consideration are: resource allocation; validity, reliability and generalisability; timing of assessment activities; confidence in the chosen methods and the importance of the results obtained.
- There are a number of areas of clinical communication assessment under current debate such as its integration into standard assessment activities.
- Many of the topics within the assessment of clinical communication are currently being researched, suggesting that it is still an important growth area.

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ISSN 0142–159X print/ISSN 1466–187X online/11/010006–3 © 2011 Informa UK Ltd.
DOI: 10.3109/0142159X.2011.531170

communication (Halperin 2000; Taylor et al. 2002). Indeed, a recent paper showed that poor communication scores, on the Medical Council of Canada licensing exams, predicted future complaints to medical regulatory authorities in the following 2–12 years (Tamblyn et al. 2007). It would seem then that there are still improvements to be made in terms of the abilities of doctors to communicate effectively with their patients.

It is clear that doctors do not always communicate effectively with either other doctors or other health professionals within the multi-disciplinary team providing patient care and this can impact on patient outcomes. One study reported impacts of care-team communication on perceived quality of care, length of stay, post-operative pain and post-operative functioning in patients who had undergone an arthroplasty (joint replacement) (Gittell et al. 2000). It is not just communication with patients that requires work, but also interdisciplinary/multi-professional communication.

Based on this growing evidence, medical education governing bodies embraced clinical communication as a vital component of their various curricula. An excerpt from the General Medical Council' s (GMC) Tomorrows Doctors document, relating to undergraduate medical education in the UK (General Medical Council 2009) states that communication and consultation skills are part of 'doctor as practitioner' and competence in this area must be demonstrated.

A similar sentiment towards clinical communication is expressed in most national medical education guidelines: The Association of American Medical Colleges (1998); The Scottish Doctor (Simpson et al. 2002) and The Institute for International Medical Education (2002), with learning outcomes specifically relating to clinical communication expressed in all.

An example of a specific communication skills learning objective from the Tomorrows Doctors (General Medical Council 2009) document is that graduates should be able to:

> *'Communicate clearly, sensitively and effectively with patients, their relatives or other carers, and colleagues from the medical and other professions, by listening, sharing and responding.'*

This relatively recent change in attitude by governing bodies has had the effect that the teaching of clinical communication has gradually become a core part of medical education (Brown 2008; von Fragstein et al. 2008).

Effective and sensitive clinical communication is therefore an acknowledged learning outcome for many medical curricula. Evidence is ultimately required that suggests learning outcomes relating to clinical communication have been achieved; how can this be obtained?; what kind of evidence is required?; is it evidence of either practical skills, knowledge attainment or attitudes? Importantly, what outcome should be measured; verbal communication or written communication, or both? Assessment, both as a driver for learning (Kelly 2007) and a method of grading levels of knowledge skills or attitudes is required.

It has been acknowledged by the Department of Health (England) (2003) that public confidence in the competence of Health Professionals depends upon the robustness of the methods used to assess skills during training, but the assessment of clinical communication is not uniform amongst medical education establishments. In a survey of 24 UK medical schools (Raferty & Scowen 2006) it was found that all included summative assessment of communication skills in their undergraduate examination process. However, what was assessed and how it was assessed depended on the clinical communication curriculum within each school.

This Guide reviews what elements of clinical communication are currently being assessed at both undergraduate and postgraduate levels and discusses the advantages and disadvantages of assessing particular facets of communication. It also presents examples of some of the assessment techniques, rubrics or tools employed. There is discussion of the merits and problems associated with particular techniques and pointers as to what to focus on when planning assessment, including the reliability of methods chosen.

A large section deals with the most complex type of clinical communication assessment that of assessing communication in practice (either to determine whether a minimum level of skill competence has been achieved or whether day to day practice is of a acceptable standard). Issues relating to who should be examining practical skills, how to maintain validity and how to ensure reliability are all discussed.

This Guide also raises some of the current debates surrounding the assessment of clinical communication:

- When should assessment be carried out?
- Is it possible to assess an individual's ability to communicate reliably?
- Should communication assessment be integrated with other clinical skills assessment?
- How much weight should be given to clinical communication in summative examinations?

This Guide aims to provide examples of methods of assessment for clinical communication useful for individuals planning new assessment strategies. It should also stimulate discussion and debate amongst experts, since there are still many unanswered questions, many of which will promote research opportunities for all concerned.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

Note

1. A full version of Communication skills: An essential component of medical curricula. Part I: Assessment of clinical communication: AMEE Guide No. 51, by Laidlaw and Hart can be purchased either in hard copy or in PDF through the AMEE office (www.amee.org).

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