

“Health Literacy” & Clear Communication: Assessing Students’ Clinical Skills Using Standardized Patients

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THE HEALTH & LITERACY CURRICULUM AT OHSU SCHOOL OF MEDICINE

- A required 1-hour “Health Literacy” large group didactic session, followed by 1-hour small group workshop during 2nd-year Principles of Clinical Medicine course
 - Workshop focus: delivering plain language, practicing a “teach-back” technique
 - Written exam at end of year includes questions about health and literacy
- A required “health literacy” Clinical Performance Exam (CPX) during 4th-yr med school, and 2nd-yr Physician Assistant (PA) Program



OHSU CLINICAL ASSESSMENT AND LEARNING CENTER

- A 12-exam room “clinic”
- Used for training, testing, and evaluation of clinical skills
- Uses standardized patients and human simulators
- Uses a web-based digitally recorded and archived system
- Provides on-line scoring/assessment and ability to run reports on group performance



CLINICAL PERFORMANCE EXAMS (CPXs)

- A variation on the Observed Structured Clinical Examination (OSCE)
- 6 cases, including 1 “health literacy” case



STANDARDIZED PATIENTS (SPs)

- Lay individuals trained to simulate patients in a realistic consistent manner
- SPs learn the details of a case, including history of present illness, past medical history, medications, social history, and family history. They simulate the physical signs of the case
- SPs play the scripted role of a patient, and are interviewed and examined by students



STANDARDIZED PATIENTS (SPs) CONT.

- SPs are used to assess students' ability to:
 - Take a history
 - Perform a physical exam
 - Communicate with the patient
 - Determine a differential diagnosis
 - Develop a treatment plan
- SPs receive 8 hours of training per case, including work with an SP trainer



THE CASE OF CAROL JOHNSON:

OVERVIEW

- 55 y.o. woman with newly diagnosed diabetes seen in clinic for follow-up
- Primary task: 20% history taking, 80% communication
- Evaluative objectives:
 - History taking
 1. Elicit symptoms of mid-day hypoglycemia
 2. Elicit symptoms of neuropathy
 3. Elicit patients's understanding of self-care
 4. Elicit low literacy/health literacy issues
 - Communication
 1. Assess patient's understanding of self-care tasks
 2. Inquire in normalizing/respectful way regarding "health literacy"
 3. Adapt educational approach to patient's needs
 4. Encourage patient to ask questions and acknowledge difficulties
 5. Demonstrate empathy



THE CASE OF CAROL JOHNSON: STANDARDIZED PATIENT INSTRUCTIONS

- Character background
 - Did not finish HS; poor reading skills
 - Recently diagnosed diabetes
 - Received prescription for two meds at last visit, both to “take 1 pill by mouth twice daily”
 - Prescribed a glucometer at last visit
 - History of present illness, past medical history, Meds, Social History, and Family History
- Affect and behavior outlined, including response to different interviewing styles (e.g., only open up if student is empathetic)
- “Critical case information”
 - Taking all 4 pills in AM, causing symptoms of hypoglycemia
 - Did not pick up the glucometer
 - If by the end, the communication issue is not discovered, give the prompt: “I need to tell you why the diabetes has been hard for me. I have trouble reading”



THE CASE OF CAROL JOHNSON:

STUDENT INSTRUCTIONS

- 15 minutes for the case
- Clinical info from previous visit available
- Chief complaint: tremors, sweats, dizziness before lunch
- Vital signs: normal
- “You are asked to do the following tasks:”
 - Take brief history of present illness
 - Explore patient’s understanding of the treatment plan
 - Counsel patient on appropriate monitoring and treatment of diabetes using a “teach back” technique
 1. Give info in ways she can understand
 2. Ask if she has questions
 3. Ask what she has understood you to say
 4. Correct misperceptions and check for questions
 - Give info that will maximize understanding and adherence
- No physical exam required



VIDEO



07-09-2008 Wed 11:49:14



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SCORING THE CPX

- The SP completes a 24-item checklist of tasks related to key aspects of the case, including history gathering, interpersonal communication skills, and information-sharing
- Students complete a post-exam check list based on the format from the USMLE Step II CS exam:
 1. What aspects of the history are most relevant to this case? Name three
 2. What would you include in your differential diagnosis? Name three items
 3. What would you include in your management plan? List three
- Faculty review provided for any low-performing students



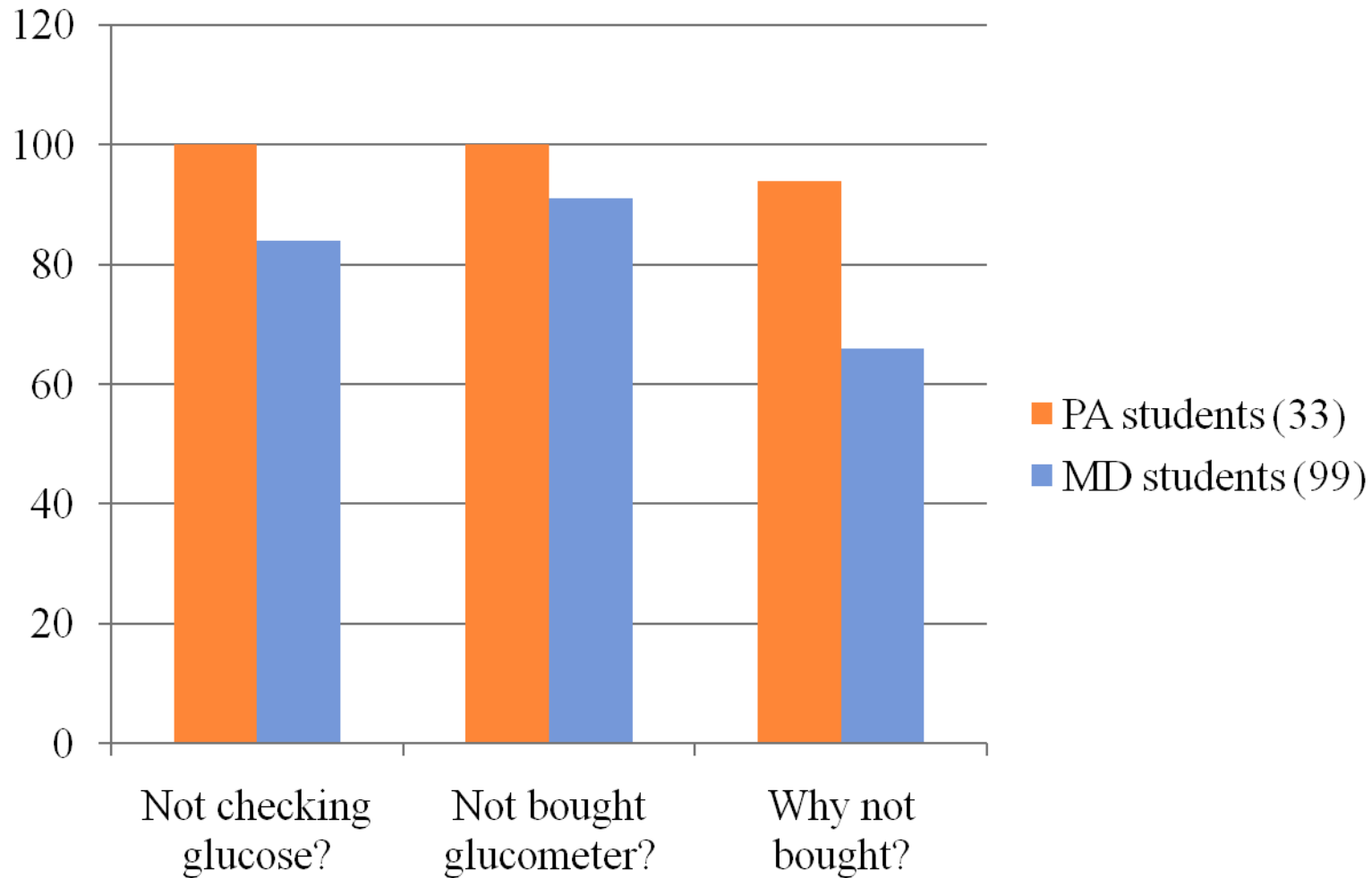
EXPERIENCE WITH THE “HEALTH LITERACY” CPX

- Used in 2007, and 2008
- An estimated 280-300 medical students and physician assistant (PA) students have seen the Carol Johnson case
- Current scenario includes a complaint of numbness in the feet, which turns out to distract students from the communication issues of the case

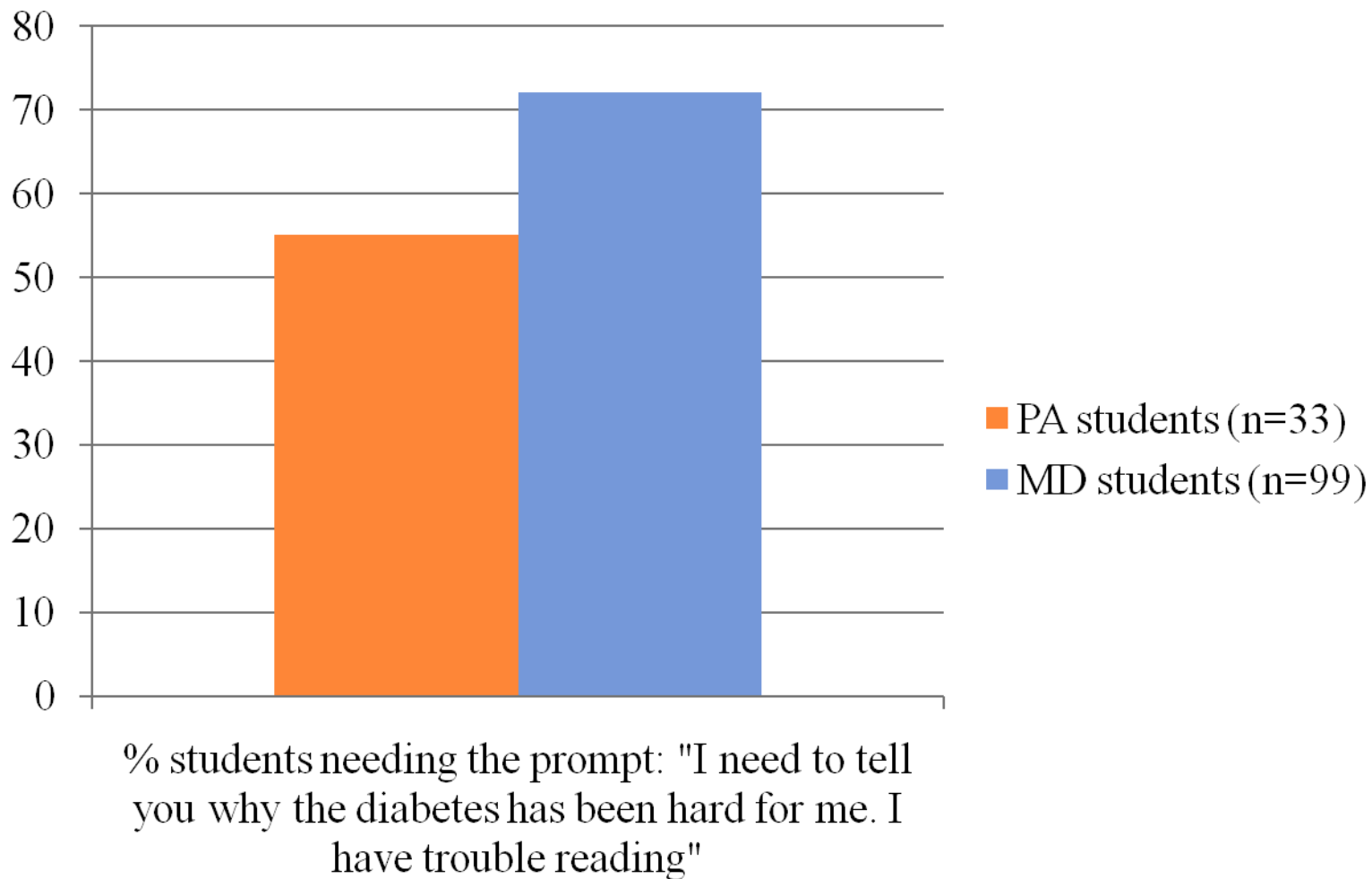


PERFORMANCE ON THE CPX:

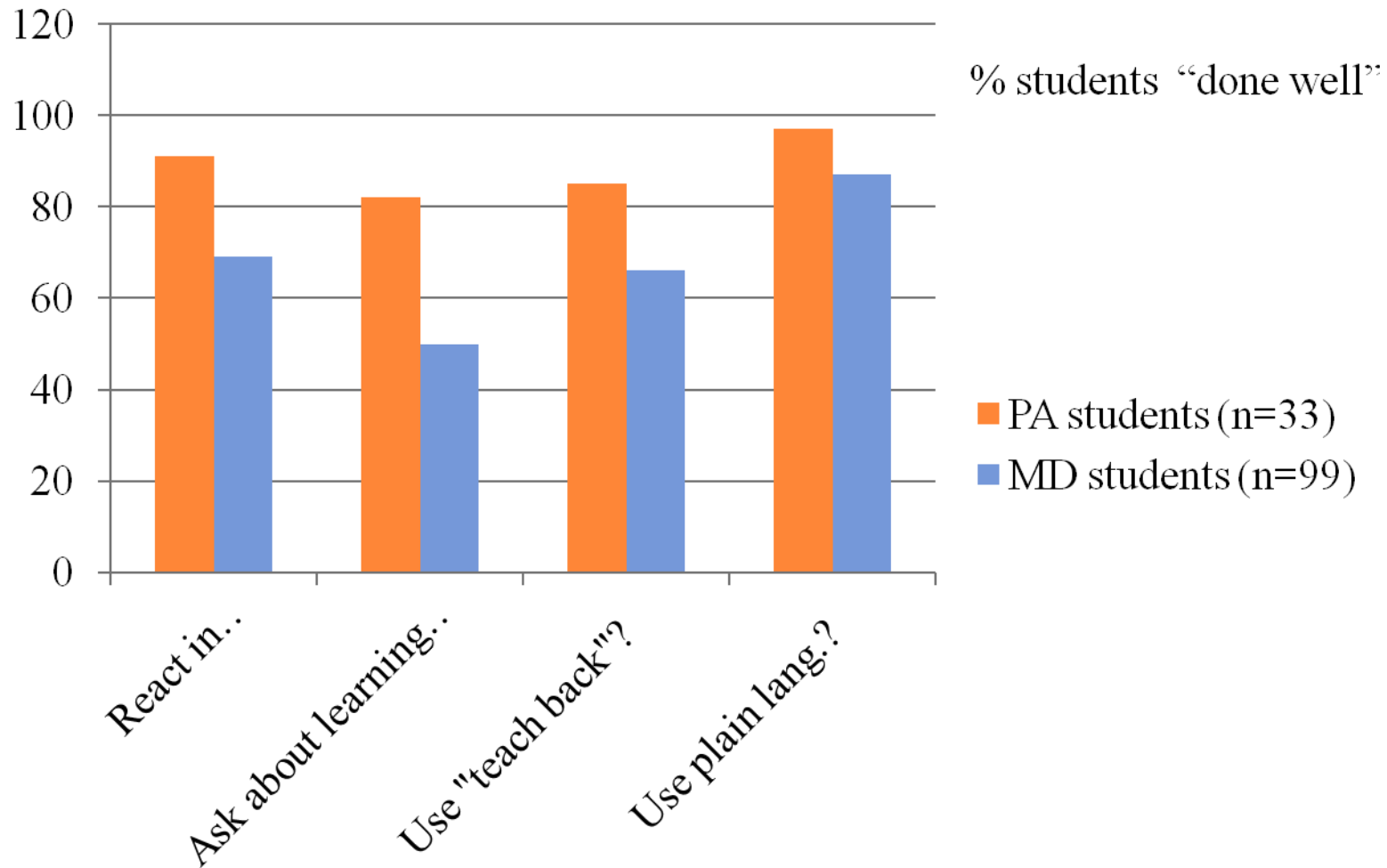
DID THE STUDENT DETERMINE...(% “DONE WELL”)



PERFORMANCE CONT.



PERFORMANCE ON THE CPX: DID THE STUDENT...(% “DONE WELL”)



DISCUSSION



FROM THE LITERATURE:

STANDARDIZED PATIENTS (SPs)

- A common element in health literacy curricula (Howley, 2004; Harper, et al., 2007; Kripalani, et al. 2006; Plomer, et al., 2001; Manning & Kripalani, 2007)
- Refined techniques for developing and implementing a limited-literacy SP scenario have been recently described in detail (Manning & Kripalani, 2007)



FROM THE LITERATURE:

OSCEs

- Touted by many as the competency assessment method of choice
- Widely used in US medical schools – 94/126 in 2004
- Are flexible: utilize SPs, check-lists, observer ratings, written tests, etc
- Can provide formative and summative evaluation
- 2 hours of testing time needed to achieve reliability coefficients above 0.7 for communication skills
- “It is...difficult to make conclusive statements about the validity of the OSCE method”
- Costly, and time- and energy-intensive

(Turner & Dankoski, 2008)



OPINION

- Standardized patients offer perhaps the single best hope for measuring and assessing students' communication competencies vis-à-vis “health literacy”



DISCUSSION:

WHERE DO WE GO FROM HERE?

1. “Health literacy” is a complex, vaguely defined, difficult to measure construct, defined in patient-centered terms
2. “Clear health communication” is a provider-centered corollary to “health literacy”, and is perhaps even less-well defined or studied.
3. Clear health communication involves the ability to use “plain language”, and assess a patient’s understanding in an affirming empathic manner, among other things
4. To provide learners with formative and summative evaluations in clear health communication, we need to more clearly define the construct. What exactly is “clear communication”? Can we define core competencies (Participants..., 2001)?
5. A functional definition of clear communication will facilitate the development, refinement, and validation of assessment tools, for determining competency among students in the health professions





Thank you

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