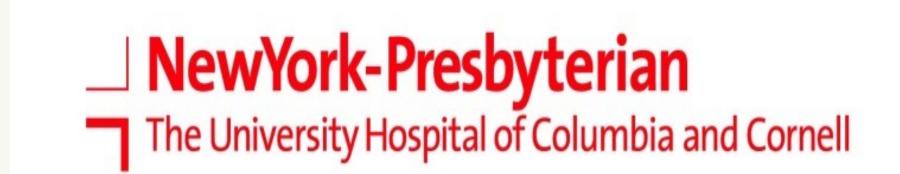# Clinical Interviewing in Primary Care Settings

Nataliya Pilipenko
Department of Medicine/Department of Psychiatry, Columbia University
Center for Family and Community Medicine
Vagelos College of Physicians and Surgeons, New York, USA

DESCRIPTION OF THE INNOVATION

Course description: Innovative Course Design
Intended Audience: Major Clinical Year, Primary Care Clerkship students, Vagelos College of Physicians and Surgeons

This training course aims to help medical students in further development of both theoretical understanding and practical skills in patient interviewing.

The course is delivered in the context of Primary Care Clerkship (PCC) while the students are working directly with primary care patients.

Students are taught to use patient-centered interviewing skills deliberately and actively with an aspirational goal of meta-cognitive skills acquisition for interview management.

The course delivers clearly defined, behaviorally anchored interviewing skills as well as metrics for learners' self-assessment in line with current, evidence-based recommendations and research literature

The course is unique as it combines several modalities of teaching and learning in a context of a blended model. Most importantly, this course aims to promote students' comfort and competence when interviewing patients in clinical, primary care settings.

PROJECT RATIONALE

Effective communication during medical visits is associated with a range of patient benefits and it is recognized as a central area of competency for physicians.[1,2]

Proficiency in communication skills is central to the medical students' development of professional identities.[3]

Working with patients in clinical settings presents physicians-in-training with a unique set of challenges that might not be possible to fully anticipate using standardized patient methodologies.

Within primary care settings, physicians need set agenda early, explain visit parameters, establish a reasonable number of concerns that can be discussed, and collaborate on a plan to deal with concerns that cannot be addressed during the visit.[4] The unstructured, 'talk about this and that'[3] approach in patient care does not achieve intended goals within the high pace demands of work environment.
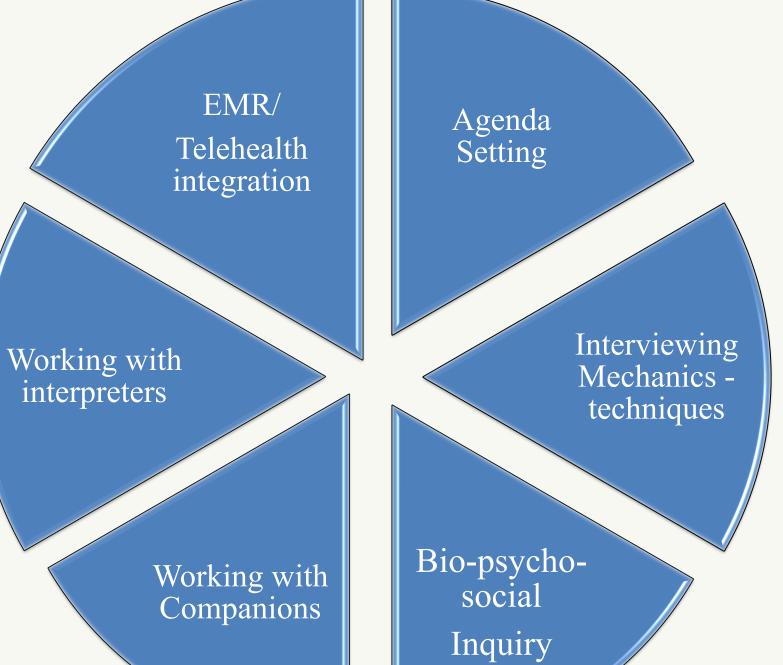
As novice learners, medical students have few relevant schemas available and need to consciously process skills.[5] Conceptual knowledge of the structure and the components of the patient care encounter are central to the development of metacognitive knowledge[5]

KEY LEARNING DOMAINS

Upon the completion of the course the students will be able to:

-   State the role of each content domain in patient care

-   Describe behavioral steps/components of each domain

-   Demonstrate use of specific techniques as outlined in each domain

-   Differentiate between domain consistent/not consistent behaviors

-   Appraise the impact of implementation of the six content domains upon their clinical care practices

TRAINING DOMAINS (TDs)

EMR/ Telehealth integration · Agenda Setting · Interviewing Mechanics - techniques · Bio-psycho-social Inquiry · Working with Companions · Working with interpreters

COURSE SPECIFICS

Asynchronous learning - Online component - CANVAS:

Students complete 6 brief online training modules outlining each of the course domains. Each module includes:
(1) Instructor-led video describing each domain and its role in patient care, as well as relevant scientific literature/background support.
(2) Bibliography of resources for independent study, for those students wishing to get further knowledge/understanding of each module.
(3) A list of behaviorally anchored goals (BAG) for patient care

Lecture Series:

Students participate 2 instructor-led lectures which review/elaborate on asynchronous modules.

During each lecture, students view series of short video vignettes illustrating focal behaviors (not) performed. Learners identify and rate target behaviors using BAG.

Video Recording and Review/Feedback:

Students complete two real patient video recording bi-weekly for a total of four recorded sessions throughout the course' duration. This strategy allows the learner and faculty to objectively evaluate performed behaviors and make suggestions and comments supported by specific, behaviorally anchored examples.

Feedback delivered using the ADAPT (Ask-Discuss-Ask-Plan Together) model,[6] which aims to ameliorate learners' stress while providing clear structure, and promoting the development of relationship with the learner.

LEARNING OUTCOMES ASSESSMENT

Student Learning Outcomes – Asynchronous Learning: Self evaluation of knowledge /skills /perceived competence pertaining to each of the TDs pre/post to each online training via Qualtrics platform.
Student Experience of Learning feedback: Feedback about the course for quality improvement is collected via in-person meetings at the end of the training. Students' course satisfaction ratings are collected via Qualtrics platform
Instructor Experience:
Faculty of the Farrell CFCM asked to provide feedback about students' patient interviewing skills. Faculty perceptions about the students' abilities to perform patient interviewing (in line with course contents) and any observed changes over time will be assessed. Qualtrics platform will be utilized to collect feedback.
PI will create a brief record reflecting on the reported strengths and areas of improvement for the course. These reflections will be used to facilitate future course re-design.

COURSE SPECIFICS/PROGRESS TO DATE

Course implementation began in January 2022.

Students' and faculty feedback is being collected.

Asynchronous components and lecture series can be made available to all students in PCC training, either in person or via teleconferencing.

ACKNOWLEDGEMENTS

Author would like to acknowledge the support and important contributions of:
- Centers for Teaching and Learning – Jason Guzman and Abie Sidell
- Dr. Nancy Chang, Dr. Daniela Diaz, Dr. Julie Berenyi, Dr. Rebecca Leeds, Dr. Urmi Desai
- Faculty and staff of the Farrell Center for Family and Community Medicine

REFERENCES

[1] Shirazi M, Labaf A, Monjazebi F, Jalili M, Mirzazadeh M, Ponzer S, Masiello I.Assessing medical students' communication skills by the use of standardized patients: emphasizing standardized patients' quality assurance. *Academic Psychiatry, 38*(3):354-60. doi: 10.1007/s40596-014-0066-2.
[2] Zick, A., Granieri, M., & Makoul, G. (2007). First-year medical students' assessment of their own communication skills: a video-based, open-ended approach. *Patient Education and Counseling, 68*(2), 161–6.
[3] Vågan, A.(2009). Medical students' perceptions of identity in communication skills training: a qualitative study. *Medical Education, 43*(3), 254-9. doi:10.1111/j.1365-2923.2008.03278.x.
[4] Kowalski, C.P., McQuillan, D.B., Chawla, N., Lyles, C., Altschuler, A., Uratsu, C.S., Bayliss, E.A., Heisler, M., & Grant, R.W. (2018). 'The hand on the doorknob': Visit agenda setting by complex patients and their primary care physicians. *Journal of the American Board of Family Medicine, 31*(1), 29-37. doi: 10.3122/jabfm.2018.01.170167.
[5] Wiliam, D. (n.d.) *Activating students as owners of their own learning: Metacognition in the classroom*. LearningSciences. Retrieved from www.dylanwiliamcenter.com
[6] University of Washington Medicine. Johnston, S., Pauwels, J., Patton, K., Fainstad, T., & McClintock, A.H. (n.d). *ADAPT feedback*. Retrieved from https://education.uwmedicine.org/pages/adapt-feedback/