

**A SELECTION OF TEN CURRENT READINGS (2003 AND 2004) ON
CONSULTATION SKILLS, COMMUNICATIONS AND
COUNSELLING SKILLS DEVELOPMENT
AVAILABLE AS FREE FULL-TEXT (SOME REQUIRING PAYMENT)**

Selection of readings made by A/Prof Goh Lee Gan

CONSULTATION SKILLS DEVELOPMENT

Reading 1

Sanders MR, Tully LA, Turner KM, Maher C, McAuliffe C. Training GPs in parent consultation skills. An evaluation of training for the Triple P-Positive Parenting Program. Aust Fam Physician. 2003 Sep; 32(9):763-8.

<http://www.racgp.org.au/afp/downloads/pdf/september2003/20030707sanders.pdf> (free full text)

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ABSTRACT

BACKGROUND: The Triple P-Positive Parenting Program is a behavioural family intervention program that aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills, and confidence of parents.

OBJECTIVE: This study evaluated the effect of training general practitioners in the use of the primary care version of the TPP on their consultation skills, satisfaction and confidence in conducting consultations with parents.

STUDY DESIGN: Participants were assigned to an experimental condition that involved a brief behaviorally oriented parent consultation skills training program or to a wait-list comparison group. Thirty-two GPs participated in the training. Fifteen participants attended the first workshop (intervention group) and 17 attended the second (wait-list comparison group).

RESULTS: GPs who participated in the training reported greater satisfaction with the outcomes of their parent consultations and showed significantly greater use of targeted parent consultation skills than GPs in the wait-list comparison group. Observations of GP consultation skills during simulated patient interviews with parents showed there was a significant overall improvement in their interactional skills during parent consultations. There was a high level of satisfaction with the quality of training received by the GPs.

CONCLUSION: This was a brief, cost effective program that had significant effects on participating GPs' skills, confidence and satisfaction with child consultations involving behavioral problems. Implications for public health approaches to the prevention of child psychopathology are discussed.

Reading 2

Eastgate G, Lennox NG. Primary health care for adults with intellectual disability. Aust Fam Physician. 2003 May; 32(5):330-3.

<http://www.racgp.org.au/afp/downloads/pdf/may2003/20030501eastgate.pdf> (free full text)

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ABSTRACT

BACKGROUND: In recent decades people with intellectual disability have moved from institutional care into the community and are now reliant on general practice services for their primary medical care. Their complex health needs present a considerable challenge to the general practitioner.

OBJECTIVE: This article aims to outline the common physical and psychiatric conditions found in adults with intellectual disability, and the need for a structured approach to health care in patients with limited communication skills.

DISCUSSION: Adults with intellectual disability frequently have undiagnosed health problems. In many cases these will only be identified by specific examination and testing. Health assessment tools offer a useful guide to which conditions to look out for. Early identification and treatment enhances quality of life for both people with intellectual disability and their carers.

Reading 3

Hegel MT, Dietrich AJ, Seville JL, Jordan CB. Training residents in problem-solving treatment of depression: a pilot feasibility and impact study. Fam Med. 2004 Mar; 36(3):204-8.

<http://www.stfm.org/fmhub/fm2004/March/Mark204.pdf> (Free full text)

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ABSTRACT

BACKGROUND AND OBJECTIVES: Primary care patients with depression may prefer or require a non-pharmacological treatment such as counseling. We investigated the feasibility of teaching family medicine residents an evidence-based brief counseling intervention for depression (Problem-solving Treatment of Depression for Primary Care [PST-PC]).

METHODS: Eleven residents over 3 consecutive years were provided a brief training program in PST-PC. Residents were evaluated for skill acquisition, changes in self efficacy, intentions to improve their care for depression, and post-residency integration of PST-PC into their daily practice.

RESULTS: Trainees met established criteria for competency to administer PST-PC. They improved to moderate-to-high levels of self efficacy for treating depression, including for their counseling skills, and in their intentions to improve their depression management. At up to 3 years post residency, 90% indicated they were using PST-PC, often in a modified form, and also for illnesses other than depression. They indicated they would recommend the training to new residents.

CONCLUSIONS: The PST-PC training program evaluated in this study is feasible in residency training and appears to influence practice post residency. These findings warrant continued investigation of this training program with a larger sample of residents and evaluation of outcomes with depressed patients treated with PST-PC in real-world practice settings.

Reading 4

Blashki G, Hickie IB, Davenport TA. Providing psychological treatments in general practice: how will it work? Med J Aust. 2003 Jul 7; 179(1):23-5.

http://www.mja.com.au/public/issues/179_01_070703/bla10086_fm.html (free full text)

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ABSTRACT

Provision of “Focussed Psychological Strategies” by general practitioners is one component of the recent Better Outcomes in Mental Health Care (BOiMHC) initiative. The BOiMHC initiative requires GPs to undertake minimum training requirements before they may provide services under the new Medicare Benefits Schedule item number. We argue that GPs need further training and ongoing clinical interaction with mental health specialists (beyond the minimum training requirements) for refinement of psychological skills. Research focusing on GP training and how GPs interact with specialist services in the provision of psychological treatments is urgently required.

COMMUNICATION SKILLS DEVELOPMENT

Reading 5

Wright EB, Holcombe C, Salmon P. Doctors' communication of trust, care, and respect in breast cancer: qualitative study. BMJ. 2004 Apr 10; 328(7444):864. Epub 2004 Mar 30.

<http://bmj.bmjournals.com/cgi/reprint/328/7444/864> (free full text)

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ABSTRACT

OBJECTIVE: To determine how patients with breast cancer want their doctors to communicate with them.

DESIGN: Qualitative study.

SETTING: Breast unit and patients' homes.

PARTICIPANTS: 39 women with breast cancer.

MAIN OUTCOME MEASURE: Patients' reports of doctors' characteristics or behaviour that they valued or deprecated.

RESULTS: Patients were not primarily concerned with doctors' communication skills. Instead they emphasised doctors' enduring characteristics. Specifically, they valued doctors whom they believed were technically expert, had formed individual relationships with them, and respected them. They therefore valued forms of communication that are currently not emphasised in training and research and did not intrinsically value others that are currently thought important, including provision of information and choice.

CONCLUSIONS: Women with breast cancer seek to regard their doctors as attachment figures who will care for them. They seek communication that does not compromise this view and that enhances confidence that they are cared for. Testing and elaborating our analysis will help to focus communication research and teaching on what patients need rather than on what professionals think they need.

Reading 6

Chessman AW, Blue AV, Gilbert GE, Carey M, Mainous AG 3rd. Assessing students' communication and interpersonal skills across evaluation settings. Fam Med. 2003 Oct; 35(9):643-8.

<http://www.stfm.org/fmhub/fm2003/October/Chessman.pdf> (free full text)

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ABSTRACT

BACKGROUND AND OBJECTIVES: Medical students' interpersonal and communication skills are a fundamental dimension of their clinical competence and will be measured on the anticipated US Medical Licensure Examination (USMLE) standardized patient (SP) exam. We compared students' performance on measures of SP satisfaction on a third-year family medicine Objective Structured Clinical Examination (OSCE) with measures of SP satisfaction on a fourth-year Clinical Practice Examination (CPX).

METHODS: A total of 127 students completed both the clerkship OSCE and a CPX. The CPX was a pilot of the National Board of Medical Examiners Standardized Patient Exam. To assess students' interpersonal skills, both exams used modified versions of the American Board of Internal Medicine Patient Satisfaction Questionnaire. Students' scores were standardized, and correlations were calculated. A logistic regression model examined the ability of the OSCE to predict poor performance on the CPX.

RESULTS: The correlation between the OSCE and CPX patient satisfaction scores was .08. There was no significant predictive ability of the OSCE for poor performance on the CPX.

CONCLUSIONS: Our study calls into question the ability of a routine end-of-clerkship OSCE to identify students' interpersonal skills abilities on fourth-year clinical performance exams and potentially that component of the anticipated USMLE SP exam.

Reading 7

Moral RR, Rodriguez Salvador JJ, de Torres LP, Prados Castillejo JA; COMCORD Research Group. Effectiveness of a clinical interviewing training program for family practice residents: a randomized controlled trial. Fam Med. 2003 Jul-Aug; 35(7):489-95.

<http://www.stfm.org/fmhub/fm2003/jul03/moral.pdf> (free full text)

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ABSTRACT

BACKGROUND AND OBJECTIVES: This study evaluated the effectiveness of a clinical interviewing training program for third-year family practice trainees and determined which other factors influence residents' training in clinical communication.

METHODS: This was a randomized, multicenter, educational trial involving 193 third-year family practice residents from eight centers in Spain. Centers were randomly assigned to two groups, one of which would undertake a communication skills training program and one of which would not. The program was resident centered, based on residents' practice experience, and provided structured feedback. The main outcome measures were residents' consultation behavior with six standardized patient encounters (three before and three after the training) as measured with the GATHA-RES rating scale by an observer blinded to group assignment of the residents. **Results:** The intervention group trainees displayed marginally better communication skills at the start of the study than those in the control group. At the end of the study, trainees who had received the training program did not show better communication skills than those who had not received the training program. Factors related to the training center environment, having a teacher trained in clinical interviewing, younger age, and a longer interview duration correlated with better communication skills.

CONCLUSIONS: The trial program did not appear to improve the global communication skills of trainees. This study highlights the importance of the trainee's teachers, the residency program environment, and earlier exposure to training in planning future programs to improve residents' communication skills.

PMID: 12861460 [PubMed - indexed for MEDLINE]

Reading 8

Barrier PA, Li JT, Jensen NM. Two words to improve physician-patient communication: what else? Mayo Clin Proc. 2003 Feb; 78(2):211-4.

<http://www.mayo.edu/proceedings/2003/feb/7802crc.pdf> (free full text)

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ABSTRACT

The medical interview is the physician's initial and perhaps most important diagnostic procedure, but physicians vary in their abilities and skills in physician-patient communication. Information gathering, relationship building, and patient education are the 3 essential functions of the medical interview. A physician-centered interview using a biomedical model can impede disclosure of problems and concerns. A patient-centered approach can facilitate patient disclosure of problems and enhance physician-patient communication. This, in turn, can improve health outcomes, patient compliance, and patient satisfaction and may decrease malpractice claims. Physicians can improve their communication skills through continuing education and practice.

PMID: 12583531 [PubMed - indexed for MEDLINE]

Reading 9

Chan CS, Wun YT, Cheung A, Dickinson JA, Chan KW, Lee HC, Yung YM.

Communication skill of general practitioners: any room for improvement? How much can it be improved? Med Educ. 2003 Jun; 37(6):514-26.

<http://www.blackwell-synergy.com/> (payment for full text is required)

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ABSTRACT

OBJECTIVE: To measure any changes in the communication skills of primary care physicians before and after a part-time Diploma course in Family Medicine. **SUBJECTS:** 79 Hong Kong Chinese doctors (46 of whom were local graduates, with an average of 7 years in general practice).

METHODS: Over the 10-month course in 2000-01, participants had 11 2.5-hour lecture/demonstrations in communication skills, 2 sessions of role play practice in groups of 20, self-analysis of a videotaped interview and skills evaluation. A before-after design measured scores in videotaped simulated patient interviews (rated by a research assistant using a structured observation guide, after standardisation by a psychologist) and scores in Objective Structured Clinical Examinations (OSCE) (rated by experienced family physician examiners with standardised checklists).

RESULTS: There were wide variations in baseline skills, with scores ranging between 24-78 (out of 100) for video and 18-68 for OSCE, which were related to prior training and inversely associated with years after graduation. Significant improvements occurred in both video (from 53 to 61) and OSCE (from 46 to 56) post-course ($P < 0.001$). The group in the lowest quartile improved from 36 to 54 for video and from 29 to 48 for OSCE, while those in the second lowest quartile improved from 50 to 61 for video and from 44 to 56 for OSCE ($F = 12.2$, $P < 0.001$). Doctors who graduated more than 20 years ago made as much improvement as more recent graduates.

CONCLUSIONS: Communication skills can be effectively taught to, and improved among experienced Chinese doctors by a combination of large-class teaching and medium-sized group practice with feedback, and without intensive individual supervision.

DEVELOPING COUNSELLING SKILLS

Reading 10

Poirier MK, Clark MM, Cerhan JH, Pruthi S, Geda YE, Dale LC. Teaching motivational interviewing to first-year medical students to improve counseling skills in health behavior change. Mayo Clin Proc. 2004 Mar; 79(3):327-31.

<http://www.mayo.edu/proceedings/2004/mar/7903a4.pdf> (free full text)

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ABSTRACT

OBJECTIVE: To examine the effectiveness of motivational interviewing training on improving medical students' knowledge of and confidence in their ability to counsel patients regarding health behavior change.

SUBJECTS AND METHODS: In the spring of 2002, 42 first-year medical students participated in a counseling course on health behavior change. Three small groups focused on learning and practicing motivational interviewing techniques using brief lectures, interactive class activities, student role-plays, and simulated patients. Students completed an identical precourse and postcourse questionnaire that measured their confidence and knowledge regarding counseling skills in health behavior change.

RESULTS: The medical students reported improved confidence in their understanding of motivational interviewing after participation in the course (very confident, 77%) compared with before the course (very confident, 2%). Each of the 8 confidence items were compared before and after the course using a signed rank test. All comparisons indicated a significant improvement ($P < .001$) in confidence. Regarding knowledge-based questions, students showed significant improvement; 31% of students answered all the questions correctly before the course, and 56% answered all the questions correctly after the course ($P = .004$).

CONCLUSION: These results show that teaching motivational interviewing techniques to first-year medical students can enhance student confidence in and knowledge of providing counseling to patients regarding health behavior change.
