



# Baylor University Medical Center Proceedings

The peer-reviewed journal of Baylor Scott & White Health

ISSN: 0899-8280 (Print) 1525-3252 (Online) Journal homepage: <https://www.tandfonline.com/loi/ubmc20>

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To cite this article: Jonathan Kopel, Daniel Hier & Paul Thomas (2019) Communication simulation training in medical education, Baylor University Medical Center Proceedings, 32:2, 306-307, DOI: [10.1080/08998280.2018.1560840](https://doi.org/10.1080/08998280.2018.1560840)

To link to this article: <https://doi.org/10.1080/08998280.2018.1560840>



Published online: 13 Mar 2019.



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# Communication simulation training in medical education

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**KEYWORDS** Communication; medical education; simulation

Within the physician-patient relationship, physicians acquire personal details about their patients through open communication and respect of patient autonomy. Without this therapeutic alliance, patient confidence and compliance with treatment goals would be impossible to maintain.<sup>1</sup> Studies examining physician-patient communication showed improved patient satisfaction and treatment outcomes among physicians trained to align their personality and communication styles with patients' preferred methods for acquiring and processing information relating to their diagnosis and treatment.<sup>2,3</sup> As Gillian Clack summarized, "Some individuals prefer being given the straightforward facts in a clear, concise, and practical manner, others prefer factual information in a caring manner, others prefer having the overall picture delivered in a personalized manner, and others prefer the discussion of logical options by a competent practitioner."<sup>4</sup>

In recent years, the importance of improving physician-patient communication has been addressed in the medical literature.<sup>5</sup> For example, a study at the University of Chicago Hospital's Department of General Internal Medicine found a positive correlation between patient satisfaction and rating of the attending physicians' communication behaviors.<sup>3</sup> However, an understanding of personality influences on communication and patient outcomes is excluded in most medical curricula.

In most circumstances, physicians overestimate their communications skills and rely on communication techniques learned during medical school.<sup>6,7</sup> Specifically, a survey among orthopedic surgeons found that only 21% of patients were satisfied with their surgeon's communication, whereas 75% of orthopedic surgeons believed that they communicated effectively with their patients.<sup>8</sup> In general, "Basic communication skills in isolation are insufficient to create and sustain a successful therapeutic doctor-patient relationship,

which consists of shared perceptions and feelings regarding the nature of the problem, goals of treatment, and psychosocial support. Appropriate communication integrates both patient- and doctor-centered approaches."<sup>9</sup> Therefore, a greater focus on fostering physician-patient communication is needed in the modern medical curriculum and residency training.

A growing number of medical programs have adopted simulated exercises to assess the cognition, professionalism, and communication of applicants, medical students, and residents.<sup>10–13</sup> Traditionally, medical schools have relied on interviews and academic performance to assess an applicant's communication skills, motivation, integrity, and maturity.<sup>13</sup> However, interviews are limited in their scope and representation of a student's or medical professional's cognitive and psychological response to stressful and challenging clinical scenarios.<sup>13</sup> In response, medical schools are screening applicants using individual behavioral simulations, group tasks, interviews, and questionnaires.<sup>13</sup> For example, the Tel-Aviv University Sackler School of Medicine's simulated interview process provided "challenging encounters between the candidate and a standardized patient, where the candidate roleplayed an interlocutor in a medical or non-medical context that did not require prior medical expertise, such as in a situation involving an angry 'patient' whom the candidate was required to calm down."<sup>13</sup>

Overall, the changes in the admissions process convey the importance of interpersonal skills and further research to implement simulations throughout medical training.<sup>13</sup> Beyond medical school admissions, simulated exercises may assess medical students and residents in their ability to adjust their communication style based on a patient's personality.<sup>13</sup> Furthermore, clinical simulations would provide medical professionals greater awareness of their limitations in communicating and coping with stressful clinical scenarios.<sup>10</sup>

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Received November 20, 2018; Accepted December 17, 2018.

In summary, communication simulations may provide future physicians with improved communication skills and the ability to empathize with their future patients.

## ACKNOWLEDGMENTS

I thank Dr. Kenneth Nugent at Texas Tech University Health Sciences Center for his advice and support in writing this article.

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1. Kopel J. Physician personality and patient confidence. *The Chronicles*. 2018;6(26):30. doi:10.12746/swrccc.v6i26.502.
2. Pollak KI, Alexander SC, Tulsy JA, et al. Physician empathy and listening: associations with patient satisfaction and autonomy. *J Am Board Fam Med*. 2011;24(6):665–672. doi:10.3122/jabfm.2011.06.110025.
3. Clever SL, Jin L, Levinson W, Meltzer DO. Does doctor-patient communication affect patient satisfaction with hospital care? Results of an analysis with a novel instrumental variable. *Health Serv Res*. 2008;43(5p1):1505–1519. doi:10.1111/j.1475-6773.2008.00849.x.
4. Clack GB, Allen J, Cooper D, Head JO. Personality differences between doctors and their patients: implications for the teaching of communication skills. *Med Educ*. 2004;38(2):177–186. doi:10.1111/j.1365-2923.2004.01752.x.
5. Francis V, Korsch BM, Morris MJ. Gaps in doctor-patient communication. Patients' response to medical advice. *N Engl J Med*. 1969;280(10):535–540. doi:10.1056/NEJM196903062801004.
6. Duffy FD, Gordon GH, Whelan G, et al. Participants in the American Academy on Physician and Patient's Conference on Education and Evaluation of Competence in Communication and Interpersonal Skills. Assessing competence in communication and interpersonal skills: the Kalamazoo II report. *Acad Med*. 2004;79(6):495–507. doi:10.1097/00001888-200406000-00002.
7. Stewart MA. Effective physician-patient communication and health outcomes: a review. *CMAJ*. 1995;152(9):1423–1433.
8. Tongue JR, Epps HR, Forese LL. Communication skills for patient centered care: research-based, easily learned techniques for medical interviews that benefit orthopaedic surgeons and their patients. *J Bone Joint Surg Am*. 2005;87(3):652–658. doi:10.2106/00004623-200503000-00027.
9. Ha JF, Longnecker N. Doctor-patient communication: a review. *Ochsner J*. 2010;10(1):38–43.
10. Rutkowska A. Perception of teaching and learning using medical simulation methods related to primary psychological counseling and prevention—a multicultural focus group study. *Medscieduc*. 2018;28(1):133–144. doi:10.1007/s40670-017-0521-2.
11. Cocciantè AG, Nguyen MN, Marane CF, et al. Simulation testing for selection of critical care medicine trainees. A pilot feasibility study. *Ann Am Thorac Soc*. 2016;13(4):529–535. doi:10.1513/AnnalsATS.201601-012OC.
12. Satish U, Streufert S. Value of a cognitive simulation in medicine: towards optimizing decision making performance of healthcare personnel. *Qual Saf Health Care*. 2002;11(2):163–167. doi:10.1136/qhc.11.2.163.
13. Ziv A, Rubin O, Moshinsky A, et al. MOR: a simulation-based assessment centre for evaluating the personal and interpersonal qualities of medical school candidates. *Med Educ*. 2008;42(10):991–998. doi:10.1111/j.1365-2923.2008.03161.x.