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| A Literature Review on |
| The Clinical Utility of Teaching Medical Students Skills to Effectively Communicate with Individuals with Communication Disorders |
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It is a known theme in the literature that ineffective communication within the healthcare setting can produce adverse effects for patients.1 A newer topic in the literature is the push to include training in medical schools on effective communication with patients who have communication disorders.2-5 Physical therapy evaluation and intervention can be severely impacted by communication disorders and current curriculums can be lacking in providing comprehensive strategies for communication with these patients.2-6 Therefore, this review aims to explore the issues of ineffective patient-provider communication, propose methods of teaching students’ communication skills, and demonstrate the importance of practicing presented strategies and skills.

Effective communication is the basis for an effective provider-patient relationship.7,8 Patients rate open communication as the most important factor in the patient-physician relationship.7 Furthermore, effective communication can have a positive impact on health outcomes including better patient emotional health as indicated by lower reported depression scores by patients, and on the quality of care itself with fewer diagnostic tests and referrals, and fewer unnecessary prescriptions.7,8,9 Furthermore, communication is paramount to ensuring patient autonomy in healthcare, allowing the patient to voice their concerns and needs.8 Providers also report feeling more confident in delivering information to patients when effective communication skills are learned.11,12

When communication breakdowns occur, patient care and safety are compromised.1 With ineffective communication between patients and providers, pertinent information about the patient’s symptoms and lifestyle is not shared, which can result in delayed or incorrect diagnosis and treatment by the provider.3,12 This ultimately leads to a breakdown in the quality of healthcare provided. This effect is exacerbated when patients have speech, language, cognitive-communication, or hearing impairments that impact normal communication.2 Patients with communication disorders experience disparities in healthcare due to the difficulty of exchanging important information between the patient and provider.1,2 As a result, these patients experience a greater incidence of preventable adverse events in healthcare and report being less satisfied with their care than those without communication disorders.1,9,10 Adverse events include unplanned hospital admissions, returns to the operating rooms, adverse drug reactions, hospital-induced injury, and even death.1

Provider confidence and ability to efficiently diagnose and provide treatment is hindered when patients present with communication disorders.11,12,13 This lack of confidence likely stems from the lack of knowledge of how to effectively communicate with these patients.3 In the literature, it has been reported that physicians receive limited training on communicating with patients with disabilities, including communication disorders.11,12 Given this in addition to the lack of time often associated with healthcare visits and the heavy reliance on technology for communication in today’s healthcare world, healthcare providers are put at a disadvantage when it comes to effectively communicating with this population.11,13 Many healthcare entities, including the Joint Commission, have published calls to action for addressing the inaccessibility of healthcare environments as it relates to communication access.14,15,16

In response to this ongoing issue, communication training has been initiated in many health profession program curriculums.2-6 When addressing communication skills with patients who have communication disorders, education must be delivered with these disorders in mind.2,4 General teaching methods used, such as the commonly taught patient education strategy of teach-back, are not effective when applied to individuals with language or speech impairments.4 Furthermore, communication disorders must be thoroughly understood in order to apply taught communication strategies. For example, impaired cognitive status is often assumed to be associated with communication disorders.2 As a result, healthcare professionals often inappropriately limit patient participation in discussions related to their care, decreasing patient autonomy, and degrading the patient-provider relationship.2 Therefore, effective curriculum for addressing this issue needs to be specific and detailed including both education about communication disorders and the appropriate strategies to employ.2,4

Programs aimed at teaching medical students these communication skills have been shown to increase providers’ knowledge about communication disorders, improve provider attitudes and confidence, and increase communication skills in practice.3,4,17,18 One study that observed outcomes related to an interactive workshop for communicating with patients with communication disorders for medical students found that post-workshop students used supportive communication strategies more frequently.4 Students were also able to learn and utilize new strategies post-workshop.4 Based on these results, a similar program could be employed within physical therapy programs to produce similar outcomes in physical therapy students and prepare them for future clinical situations.

Within the limited body of studies related to this topic, there are various methods of teaching communication skills to medical students and professionals cited.2-5, 17,18,19 These include interactive workshops and seminars with patient simulations and narrative cases, video analysis, discussion, and informative written and oral presentations. 2-5, 17,18,19 Many studies also employ multi-modal teaching strategies utilizing a combination of some type of presentation of information and then active practice of that material through simulation, role-playing, or clinical rotation.2-4,19 Feedback is also a common theme of these studies, where constructive feedback was given post-practice.2-4,19 Length of the educational program or workshop is also an important variable highlighted.19 Outcome assessment for these programs are variable with most focused on patient-based outcomes, like satisfaction, and self-ratings by the professionals on confidence, knowledge, and skills.2-4,19

A systematic review performed in 2011 helped summarize effective training strategies for teaching communication skills to physicians.19 While limiting the studies to only those with physicians, this review still revealed some important conclusions about communication training. First, the review concluded that training should be multi-modal, with some component of active learning included.19 The most effective training programs were those with role-play, feedback, and small-group discussion.19 Specifically, simulating patient situations, practicing utilizing the strategies presented, and then receiving feedback on performance were the most effective teaching strategies.19 Studies that only included oral and written components, like presentations and handouts, found that they were ineffective when utilized in isolation.19 Practice is important for improving communication skills in learners.19 Other conclusions about effective training programs were that they should be learner-centered, skills-focused, and last at least one whole day.19

There are several frameworks mentioned in the literature used to teach medical students and professionals effective communication skills with patients who have communication disorders.2 These include the FRAME training program.2,3 A 2019 interventional study observed the effects of the FRAME training program on 26 second-year medical students at the University of Washington.3 These students all had very limited experience working with patients with communication issues, with no participants reporting interacting with more than 5 patients with communication disorders.3 The outcome assessments used in the study were a knowledge test, self-efficacy score, and a graded demonstration of skills.3 The results of the study revealed significant positive changes in the student’s knowledge of communication disorders, self-efficacy ratings, and their ability to employ strategies in a patient interview with someone portraying aphasia and dysarthria.3 Furthermore, student’s perceptions of the program were positive, indicating that this filled in knowledge gaps of their curriculum.3 Results of this study imply that the FRAME training program may be an appropriate, effective, and feasible method of teaching communication strategies to medical students, including physical therapy students.3

The FRAME training program is an educational program developed by speech-language pathologists and a physiatrist to increase medical students’ knowledge of communication disorders and provide practical strategies for communication.2,3 The actual training program itself is multi-modal with lectures, video exercises, group discussions, and role-playing clinical scenarios.3 However, there is also a FRAME mnemonic device used as a strategy to help students be effective in their conversations with patients who have communication disorders.2,3 The FRAME mnemonic stands for “Familiarize, Reduce Rate, Assist with Message Construction, Mix Communication Modalities, and Engage the Patient”.2,3 This mnemonic may be applied to any communication disorder and can act as a overall framework for how to approach these communication situations in a clinical setting.2,3 Furthermore, specific strategies based off each letter of the mnemonic device can be introduced to provide context and examples. A table example of this is included at the end of this review.2,3

Another component of the FRAME training program is practice.2 Medical students practice the presented communication strategies by role-playing conversations with speech-language pathology students.2 The SLP students portray patients with aphasia and dysarthria and because of their clinical knowledge in communication disorders, their cases and portrayals are consistent with real-life clinical situations.2 Then the SLP students also provide feedback and further guidance to the medical students about the conversation and their use of the strategies.2 As mentioned above, interactive learning strategies are best, and practice is essential to integrate these strategies into clinical practice.2,3,19 The FRAME training program is likely effective due to its component of practice, especially when lead by students with extensive knowledge and training in speech, language, and communication disorders.2

Practice has also been included within communication training programs by including people with aphasia as educators.5 It makes sense that people with aphasia have experience and expertise about their disorder that would be helpful to a communication training program. In one program with nursing assistant students, people with aphasia helped lead presentations about their first-hand experiences communicating with healthcare professionals and then provided insight into how best to communicate with patients with aphasia.5 97.2% of the participants in the program said that the better understood aphasia and its impact on the individual after participation in the program.5 People with aphasia being included likely brings a “realness” to the presentation and training program that programs without these individuals lack. Also, some students reported feeling a level of personal gratification from the training and the unique expertise that the individuals with aphasia brought to the program.5 Exposure, education, and practice with individuals with aphasia and other communication disorders can likely lead to increased understanding of these disorders and how to apply communication strategies in healthcare practice.5

Based on my search of the literature, communication disorders present a challenge for healthcare professionals in providing patient-centered, quality care by interfering with patient-provider communication.1,7,8 Medical students receive limited training on communication and often these educational experiences assume that the patient will have intact communication abilities.2-5 Therefore, there is a gap in knowledge for how to best communicate with patients with speech, language, cognitive, or hearing impairments. One way to address this issue is to include communicating training programs within healthcare educational programs that focus on providing knowledge about these disorders and give strategies to incorporate them into work.2-5,9,17,18 The most effective training programs are learner-centered, multi-modal, interactive, and include a component of practice or application of learned material.19 An example of an effective training program that encompasses all of these attributes is the FRAME training program.2,3 FRAME provides a basic framework for implementing similar communication programs within educational programs, like physical therapy programs.2,3

Of note, the literature in this area is limited, especially regarding its application on physical therapy practice and physical therapy education. I was only able to find one article that directly mentioned including physical therapy students in communication disorder training.12 This article helps to highlight the need for physical therapists to receive thorough communication disorder training.12 Future research in this area should include a more in-depth analysis of how communication disorders can impact the physical therapy evaluation and treatment processes and may also include effective communication strategies for performing physical and functional tests and measures. Other future research may focus on the effectiveness of a specific training program so that healthcare professionals may receive the same level of comprehensive, effective communication training.3 Streamlining this process could potentially improve healthcare accessibility for patients with communication disorders. This could also ensure that the training is able to produce significant change in providers’ knowledge and skills. Long-term follow-up may also be an important factor to explore in this research to see how students are able to maintain and incorporate this knowledge into their future practice.3

References:

1. Bartlett G., Blais R., Tamblyn R., Clermont R. J., & MacGibbon B. (2008). Impact of patient communication problems on the risk of preventable adverse events in acute care settings. *Canadian Medical Association Journal*, 178(12), 1555–1562.
2. Burns M., Baylor C., Morris M., McNalley T., & Yorkston K. M. (2012). Training healthcare providers in patient–provider communication: What medical education and speech-language pathology can learn from one another. *Aphasiology*, 26(5), 673–688.
3. Baylor C, Burns M, McDonough K, Mach H, Yorkston K. Teaching Medical Students Skills for Effective Communication With Patients Who Have Communication Disorders. *Am J Speech Lang Pathol*. 2019;28(1):155-164. doi:10.1044/2018\_AJSLP-18-0130
4. Forsgren E, Hartelius L, Saldert C. Improving medical students' knowledge and skill in communicating with people with acquired communication disorders. *Int J Speech Lang Pathol*. 2017;19(6):541-550. doi:10.1080/17549507.2016.1216602
5. Welsh JD, Szabo GB. Teaching nursing assistant students about aphasia and communication. *Semin Speech Lang*. 2011;32(3):243-255. doi:10.1055/s-0031-1286178
6. Novaes FPSS, Alves JGB, Grosseman S. Communication in healthcare: experience of students and professionals from teaching- learning to practice in health. *Int J Med Educ*. 2023;14:23-35. Published 2023 Mar 30. doi:10.5116/ijme.6412.f49b
7. Riedl D, Schüßler G. The Influence of Doctor-Patient Communication on Health Outcomes: A Systematic Review. *Z Psychosom Med Psychother*. 2017;63(2):131-150. doi:10.13109/zptm.2017.63.2.131
8. O'Halloran R, Hickson L, Worrall L. Environmental factors that influence communication between people with communication disability and their healthcare providers in hospital: a review of the literature within the International Classification of Functioning, Disability and Health (ICF) framework. *Int J Lang Commun Disord*. 2008;43(6):601-632. doi:10.1080/13682820701861832
9. Fujimori, M., Shirai, Y., Asai, M., Kubota, K., Katsumata, N., Uchitomi, Y. (2014): Effect of communication skills training program for oncologists based on patient preferences for communication when receiving bad news: a randomized controlled trial. J Clin Oncol 32(20), 2166–2172.
10. Cals, J. W., Butler, C. C., Hopstaken, R. M., Hood, K., Dinant, G. J. (2009): Effect of point of care testing for C reactive protein and training in communication skills on antibiotic use in lower respiratory tract infections: cluster randomised trial. Bmj 338, b1374
11. Agaronnik N, Campbell EG, Ressalam J, Iezzoni LI. Communicating with Patients with Disability: Perspectives of Practicing Physicians. *J Gen Intern Med*. 2019;34(7):1139-1145. doi:10.1007/s11606-019-04911-0
12. Rathiram V, Neilson LO, Syed Kassim A, Mokone WT, Green CC. Communication experiences of healthcare students whilst managing adults with communication disorders. *S Afr J Commun Disord*. 2022;69(1):e1-e9. Published 2022 May 31. doi:10.4102/sajcd.v69i1.870
13. Burns M., Baylor C., Dudgeon B. J., Starks H., & Yorkston K. (2015). Asking the stakeholders: Perspectives of individuals with aphasia, their family caregivers, and physicians regarding communication during medical interactions. *American Journal of Speech-Language Pathology*, 24, 341–357.
14. Joint Commission. (2010). *Advancing effective communication, cultural competence, and patient-and family-centered care: A roadmap for hospitals*. Retrieved from http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf
15. Kagan A., & LeBlanc K. (2002). Motivating for infrastructure change: Toward a communicatively accessible, participation-based stroke care system for all those affected by aphasia. *Journal of Communication Disorders*, 35, 153–169.
16. Patak L., Wilson-Stronks A., Costello J., Kleinpell R. M., Henneman E. A., Person C., & Happ M. B. (2009). Improving patient–provider communication: A call to action. *Journal of Nursing Administration*, 39(9), 372–376.
17. Eriksson K., Forsgren E., Hartelius L., & Saldert C. (2016). Communication partner training of enrolled nurses working in nursing homes with people with communication disorders caused by stroke or Parkinson's disease. *Disability and Rehabilitation*, 38(12), 1187–1203.
18. Legg C., Young L., & Bryer A. (2005). Training sixth-year medical students in obtaining case history information from adults with aphasia. *Aphasiology*, 19(6), 559–575.
19. Berkhof M, van Rijssen HJ, Schellart AJ, Anema JR, van der Beek AJ. Effective training strategies for teaching communication skills to physicians: an overview of systematic reviews. *Patient Educ Couns*. 2011;84(2):152-162. doi:10.1016/j.pec.2010.06.010