Assessing Entering Child and Adolescent Psychiatry Residents’ Clinical Competency in Interpersonal Communication Skills: Use of the Standardized Patient

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BACKGROUND

Standardized patients (SPs) have been used widely for over two decades to assess clinical skills of medical students (Barrows, 2003; Norcini & Boulet, 2003), but little has been described in postgraduate medical education.

The U.S. Accreditation Council for Graduate Medical Education (ACGME) established core competencies for all residents in Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice (ACGME, 1999). Graduating residents must demonstrate minimum competency in each of these six general competencies.

In the United States, child and adolescent psychiatry (CAP) training begins roughly 4 to 5 years following medical school graduation. Trainees entering CAP may have had minimal experience with children, adolescents, and their families, as the main portal is from a general psychiatry training program. With only 2 years of residency training, time is precious and the entering trainee may arrive with minimal communication skills for working with children, adolescents, and their families.

PURPOSE AND HYPOTHESIS

A baseline assessment of the entering child and adolescent psychiatry resident’s interpersonal communication skills will allow early identification of strengths and deficits.

It is hypothesized that beginning CAP residents will perform better with adult patients than with children, adolescents, or parent/child dyads.

Use of standardized patients in U.S. postgraduate medical education of child and adolescent psychiatry residents may be a tool to certify competency in the ACGME core of Interpersonal and Communication Skills.

MATERIALS AND METHODS

A single case was piloted with a trainee and a trained SP to evaluate case content and utility of the SP/Patient Satisfaction Feedback Form.

Four one-hour “SP” cases were developed to evaluate trainee clinician/patient relationship, conduct of the interview, written communication (progress note), ability to receive feedback from trained SPs, and self-reflection. The four first cases were designed to assess the trainee’s ability to: 1) work with a parent/child dyad in a “typical” medication clinic scenario; 2) evaluate an externalizing, acting out adolescent; 3) evaluate a teenager with occult abuse and 4) obtain history for all cases and all trainees. For the “Unruly Teen” case, students were prompted when the trainee introduced themselves in 15/16 encounters. At the end of the encounter the SP’s completed the SP/Patient Satisfaction Form and self-reflection tools aided in identifying individual goals and for all cases and all trainees. The training director met with each trainee to review the results.

Four trainees completed a 4-station SP examination in July, 2007. Three of the trainees were first year CAP residents and the fourth trainee was a second year resident.

The SP/Patient Satisfaction Form and self-reflection tools aided in identifying individual goals for training; e.g., discomfort with depressed adolescent females, strengths in communicating with children, addressing confidentiality in treatment, etc.

Likert Scores were averaged for each category across all cases and trainees. (Table 1) After setting an arbitrary cut-off of < 3 for areas needing improvement and > 3.5 for areas of strength, subcategories were further evaluated. (Table 2 & 3)

The data was then analyzed for specific cases. The data was then analyzed for specific cases. The data was then analyzed for specific cases. The data was then analyzed for specific cases. The data was then analyzed for specific cases.

The Greeting section revealed that the trainee introduced himself/herself in 15/16 encounters, but only asked how the SP wanted to be addressed in 3/16 encounters (all three were in the Parent/Child case). By case, the greatest overall SP Satisfaction score was the “Defiant Child” case (the case with the parent only) > “ADHD” case > “Occult Abuse” > “Unruly Teen”. Question 4 in “Closing” is “I would be willing to return to this doctor for future care.” In the “Defiant Child” and “ADHD” cases, all trainees scored 3 or greater. In “Occult Abuse” cases, 2/3 trainees scored 3 and 1/3 scored <3 for the “Unruly Teen” case.

RESULTS

CONCLUSIONS

Hearing an SP evaluation of entering CAP residents appears to be a valuable tool to assess baseline interpersonal communication skills. Each trainee personally endorsed the experience as positive and realistic, and greatly valued the feedback they received from the trained SPs.

In reviewing the results of the individual cases, our hypothesis that the trainees would demonstrate greater skills with the adult cases was born out. The greatest SP Satisfaction Scores were from the “Defiant Child” case where only the parent was seen. The lowest scores were with the adolescent female cases which validated our lore of the challenges of engaging with the adolescent. But one could also argue that the teens were “harder graders” than the adults.

In “ADHD” and “Defiant Child” cases, all trainees scored 3 or greater. In “Occult Abuse” cases, 2/3 trainees scored 3 and 1/3 scored <3 for the “Unruly Teen” case.

Having an SP evaluation of entering CAP residents appears to be a valuable tool to assess baseline interpersonal communication skills. Each trainee personally endorsed the experience as positive and realistic, and greatly valued the feedback they received from the trained SPs.

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Use of the SP may become a tool for assessing the core competencies of Communication and Interpersonal Skills required by the ACGME.

REFERENCES


Acreditation Council for Graduate Medical Education. The General Competencies. Approved by the ACGME February 1999.