Differences in Assessments of Residents' Communication Skills between Online and Face-to-Face Simulated Patient Encounters

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INTRODUCTION

- Clinical communication skills and clinician empathy impact patient outcomes.

- It is unclear whether telehealth requires different communication skills than face-to-face encounters.

- Two types of empathy that impact clinical communication:
  Empathic Concern (EC): automatic feeling others' feelings
  Perspective-Taking (PT): effortful understanding others' situations

- Wayne State University Office of Graduate Medical Education runs an Objective Structured Clinical Examination (OSCE) in the Kado Clinical Skills Center to assess residents' communication skills.

- Due to the COVID-19 pandemic, the OSCE was conducted as telehealth encounters.

- **Hypothesis 1: Standardized Patients (SPs) ratings of residents' Telehealth OSCE performance differs from face-to-face performance as measured by the Kalamazoo Essential Elements of Communication Checklist (KEECC-A) scale.**

- **Hypothesis 2: Residents' empathy is less impactful in telehealth encounters than in face-to-face encounters.**

METHODS

Participants:
- 261 Residents in 7 programs from 2016 through 2020
- Residents complete OSCE in first and second year of program
  PGY1 for Transitional Year
  PGY1&2 for Family Medicine, Internal Medicine, Urology
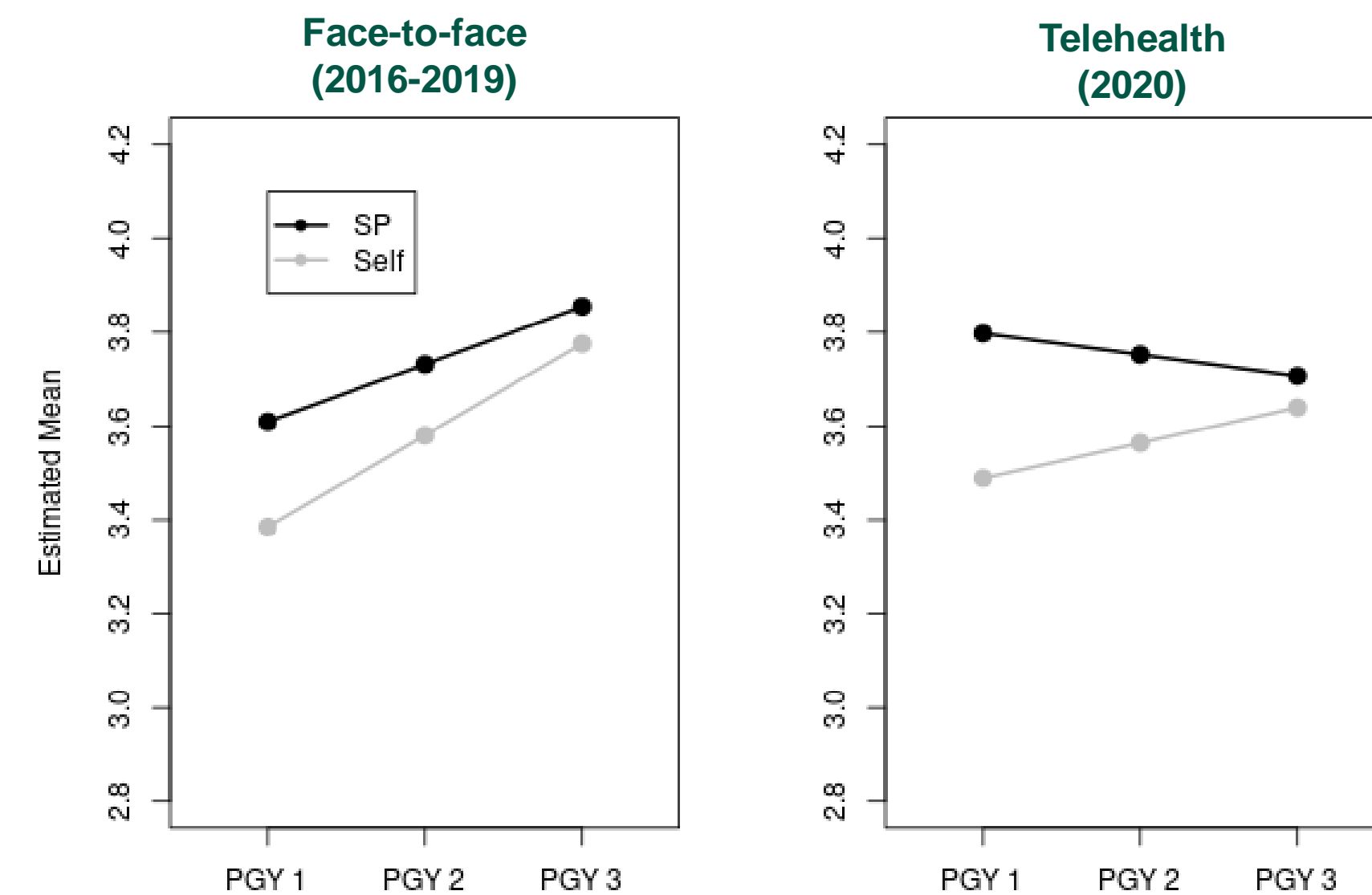 PGY2&3 for Anesthesiology, Dermatology, Otolaryngology

Measures:
- KEECC-A: Kalamazoo Essential Elements of Communication Checklist. The mean rating of the 7-item instrument, 5-point scale
- IRI-EC and IRI-PT: Interpersonal Reactivity Index subscales for Empathic Concern and Perspective-Taking (collected only in 2020)
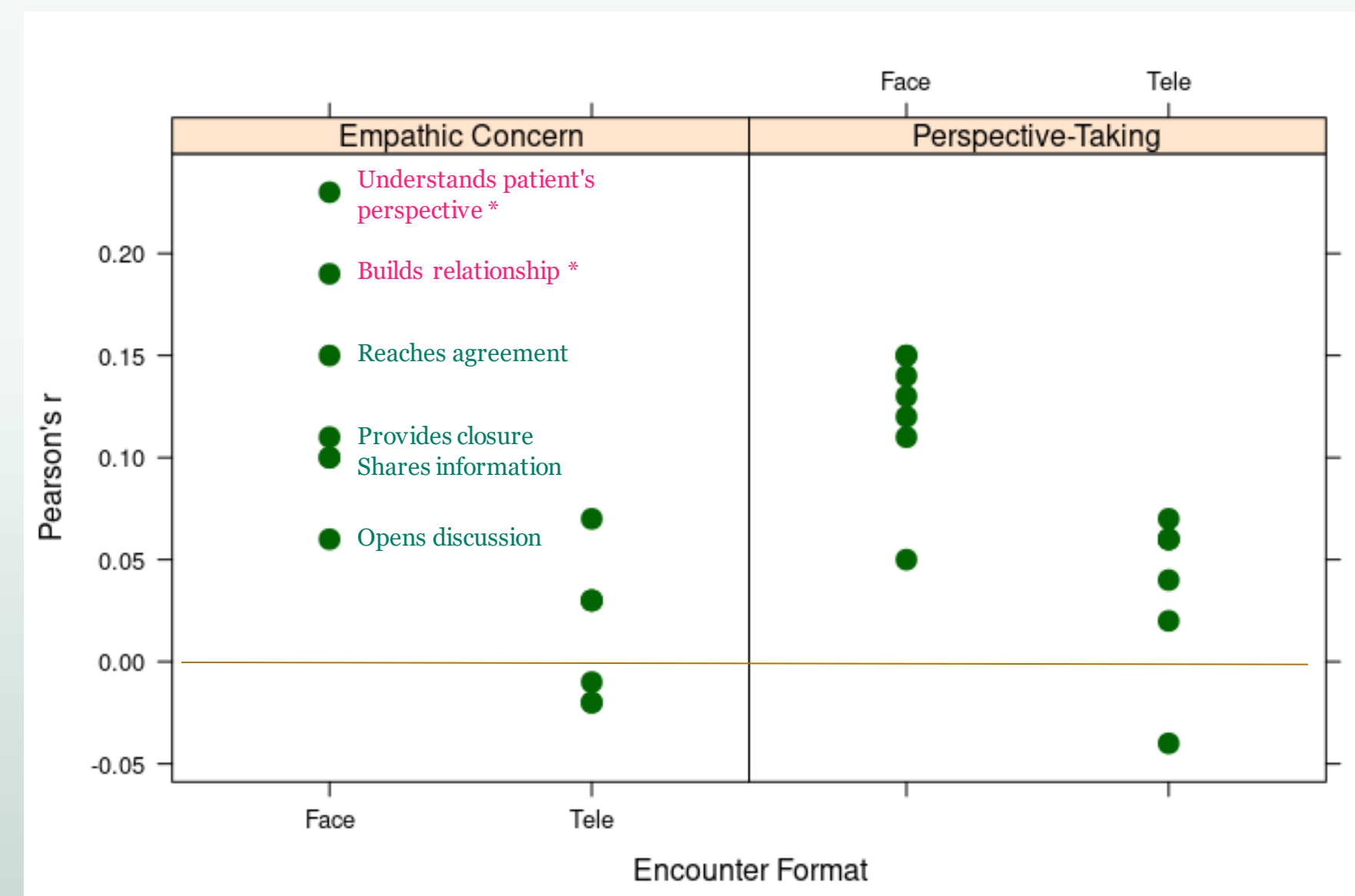
Procedure:
- Residents conduct 10-minute encounters with 4 SPs
- Each year, 4 cases from a library of 8 cases focusing on cultural competence, difficult patient, shared decision-making
- After each encounter SPs rate residents while residents self-rate
- 2016-2019, face-to-face encounters; 2020 telehealth encounters
- Telehealth encounters conducted in Microsoft Teams.

FIGURES

- In face-to-face encounters, SPs rate new residents (PGY1) lower than experienced residents (PGY2+3)
- In telehealth encounters, SPs rate them the same
- Residents' self-ratings rise with PGY for both face-to-face and telehealth encounters

- Empathy scores collected in 2020 correlated with residents' previous year (PGY1 in 2019) SP ratings
- Empathy scores did not correlate with PGY1 2020 SP ratings
- Correlations were highest for "Builds relationship" and "Understands patient's perspective" items on the KEECC-A

RESULTS

- SP ratings of residents' communication skills indicated they were able to measure improvement with clinical experience when rating face-to-face encounters, but not telehealth encounters.

- Residents' self-ratings indicated they were able to measure improvement in both encounter formats.

- Resident empathy scores, especially Empathic Concern (emotional resonance with others' feelings) correlated with SP ratings in face-to-face encounters but not telehealth encounters.

- Empathy correlated most strongly with "Builds relationship" and "Understands patient's perspective" items on the KEECC-A

- Correlations compared PGY1 in 2019 (face-to-face) to PGY1 in 2020 (telehealth) even though empathy scores were collected one year after face-to-face OSCE performance

CONCLUSION

- Because telehealth is more prevalent during and possibly after the COVID-19 pandemic, it is crucial to understand how clinical communication is impacted by the telehealth format.
- Clinical communication in telehealth setting may require different skills or assessment tools than face-to-face encounters.
- Clinicians with high empathy skills may need to learn other tools for building relationships with patients in telehealth encounters.
- Medical education research must investigate how telehealth communication differs and promote training and assessment tools to accommodate the differences.