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Establishment of a patient-centered communication course to address curricular gaps

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ABSTRACT

Background and purpose: Patient-centered communication (PCC) skills are critical to the practice of pharmacy. A gap analysis of the communication content of our curriculum revealed inadequate coverage of several competencies recommended by a National Association of Chain Drug Stores Foundation – National Community Pharmacy Association – Accreditation Council for Pharmacy Education joint task force report: "support patient behavior change through skills such as motivational interviewing", "demonstrate compassion and empathy for patients", and "solve adherence challenges created by low health literacy".

Educational activity and setting: A required PCC course, heavily grounded in motivational interviewing principles, was introduced into the spring of the first professional year to address the identified curricular gaps. Activities and assessments in additional semesters were added to further develop these skills and provide accountability.

Findings: The course addressed the curricular gaps and was well-received by students. Students demonstrated competency in a role-play setting including improved proficiency between role-play activities. Reflections from a community pharmacy introductory pharmacy practice experience (IPPE) demonstrate that students perceived an ability to use the skills in practice.

Discussion and summary: This course has been successfully established as an introduction to PCC concepts and skills for first professional year pharmacy students. Use of the skills during a community pharmacy IPPE illustrates that the class functions as a foundation on which to further develop these skills throughout the remaining didactic and experiential curricula.

Background and purpose

The importance of communication skill development within the pharmacy school curriculum has long been recognized.[1] There are also clear trends among colleges of pharmacy in the skills that are targeted as well as the teaching methods employed,[1] emphasizing the high level of importance placed on this skill development within the curriculum. Chief among necessary communication skills for pharmacists is the ability to communicate both effectively and compassionately with patients.

The 2013 Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes[2] include an emphasis on social-behavioral skills, with motivational interviewing and patient-centered care both mentioned specifically. Communication skills were also a key theme in the National Association of Chain Drug Stores Foundation–National Community Pharmacy Association–Accreditation Council for Pharmacy Education (ACPE) joint task force report that outlined entry-level competencies for community and health-system pharmacists.[3] For example, the ability to "support patient behavior change and self-efficacy through skills such as

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motivational interviewing" was included. The ability to address problems with medication adherence was also recognized as a necessary entry-level skill, with examples including "support and assist patient behavior change" and "proactively identify and resolve patient-specific barriers to medication adherence". Patient- and family-centered care is increasingly recognized as crucial to health care institutions, as highlighted in a 2010 Joint Commission monograph.[4] Providing students with a solid foundation in these principles is not only timely, but crucial to ensuring that the next generation of health care professionals is prepared for this shift in health care delivery.

Prior to 2007, communication skills in our professional curriculum were predominantly taught in a stand-alone lecture-based course and assessed as part of objective structured clinical examinations (OSCEs) within pharmacotherapy courses. Skills and techniques in this course were based primarily on basic communication skills without a focus on patient-centered communication (PCC). The need for a redesigned, evidence-based communications curriculum was identified through three primary methods. First, a comparison between employers of recent graduates and a class of graduating pharmacy students revealed a discrepancy of opinions regarding graduates' attainment of communication skills.[5] New graduates thought more highly of their communication skills than did the employers. Specifically, 86.7% of surveyed employers agreed that new graduates communicate effectively, compared to 100% of students ($P = 0.002$). Second, a group of faculty members met to discuss the need to revamp the delivery of the communication skills content of the curriculum. This group strongly favored a patient-centered, evidence-based approach to equip students with demonstrable skills applicable to a wide array of patient scenarios. Third, course coordinators were surveyed to assess the current coverage of relevant communication topics in the curriculum. The early draft of Standards 2016,[6] ACPE task force reports,[3,7] and the 2013 CAPE Educational Outcomes[2] were utilized to assess curricular content. Inadequate coverage was identified for the following topics: "support patient behavior change through skills such as motivational interviewing", "demonstrate compassion and empathy for patients", and "solve adherence challenges created by low health literacy". To address these first two topics, and to build on content developed in another course to address the third, the faculty group decided to develop a required PCC course that includes motivational interviewing to provide a foundation for further development and assessment of communication skills throughout the curriculum. It was designed to be an introduction to PCC concepts as well as to provide an initial opportunity to practice the skills in a role-play setting. Data from an ongoing large-scale analysis of student reflections is being analyzed to evaluate how students utilize these PCC concepts on their community Introductory Pharmacy Practice Experiences (IPPEs). The description and evaluation of this new course was determined to not be human subject research by our institutional review board.

Educational activity and setting

A new one credit-hour required didactic course, Introduction to Patient-Centered Communication, was incorporated into the spring semester of the first professional year in 2014. The course included both didactic and laboratory time. The placement in the first year allowed students to have exposure to concepts early enough to utilize the skills throughout the remainder of the curriculum. The overarching goal of this course was for students to develop the basic skills of PCC, motivational interviewing (MI), and problem-solving for treatment non-adherence. The learning objectives were as follows: (1) Describe the core principles of patient-centered care and communication, (2) Describe the core principles of motivational interviewing, (3) Describe and model a patient-centered care approach to discuss and promote treatment adherence, and (4) Demonstrate the ability to utilize motivational interviewing skills to promote treatment adherence. As the course objectives were developed, the primary focus was on helping patients work through adherence challenges. The demonstration of compassion and empathy, also identified as a gap in our curriculum, is part of being able to "model a patient-centered approach". We use the term PCC in a broad sense as including MI, adherence counseling, and the ability to work with an individual patient's health literacy level.

The MI portion of the course was designed using several resources including Berger and Villaume's[8] book, "Motivational Interviewing for Health Care Professionals: A Sensible Approach", which was also the required book for the course, as well as ComMIt teaching materials from Berger. Materials and assessment methods from the teaching materials were heavily edited and supplemented to fit the educational level of the learner and to address concepts that would complement MI. Faculty members with formal training in MI coordinated the course and facilitated the laboratory activities. Lecture topics included: patient- versus provider-centered care, MI, creating conversational flow, formulating responses, and plain language.

The course was designed to emphasize active learning, and pedagogy combined didactic lecture, active classroom learning, and laboratory time for case-based role-play in small groups (faculty-facilitated with students providing feedback to each other in addition to faculty feedback). The first half of the course focused on introduction of the core concepts of PCC and MI. These concepts were presented in lecture and active-learning formats over six contact hours. Practice questions were used throughout the didactic lectures to give students an opportunity to test their grasp of concepts, and videos were used to demonstrate the difference between provider- and patient-centered approaches. TurningPoint technology (Turning Technologies, LLC©) was used to administer the practice questions, and students received participation points for submitting answers. After these class sessions, students were given a multiple-choice exam to assess their grasp and application of the core concepts. The next six hours of classroom time was a combination of lecture and active learning focused on step-wise application of the concepts in preparation for the role-play labs. The final two hours were provided by faculty from the University of Arkansas for Medical Sciences (UAMS) Center for Health Literacy and focused on the use of plain language. It was a combination of lecture and active learning, and was designed to build upon an introduction to health literacy in another course.

For the first active learning exercise, students were presented with several patient statements and asked to work in groups of three or four to formulate an initial patient-centered response. The initial response could be a reflection of the core concern, an expression of empathy, or a reframing of the issue that the patient had presented. For example, in response to the patient statement, "I find I