Patient Education and Counseling 81 (2010) 259–266

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Medical Education

Communication and social competencies in medical education in German-speaking countries: The Basel Consensus Statement. Results of a Delphi Survey

Claudia Kiessling [a,*], Anja Dieterich [b], Götz Fabry [c], Henrike Hölzer [d], Wolf Langewitz [e], Isabel Mühlinghaus [d], Susanne Pruskil [f], Simone Scheffer [d], Sebastian Schubert [g]

On behalf of the Committee "Communication and Social Competencies" of the Association for Medical Education (Gesellschaft für Medizinische Ausbildung, GMA) and the Basel workshop participants

[a] Medical Faculty of the University of Basel, Switzerland
[b] Social Science Research Center Berlin, Germany
[c] Medical Psychology, Medical School of the University Freiburg, Germany
[d] Reformstudiengang, Charite-Universitätsmedizin Berlin,Germany
[e] Psychosomatic, University Hospital Basel, Switzerland
[f] General Medicine, Charite-Universitätsmedizin Berlin, Germany
[g] Medical Faculty of the University Witten, Witten, Germany

ARTICLE INFO

Article history:
Received 3 June 2009
Received in revised form 2 December 2009
Accepted 30 January 2010

Keywords:
Communication skills
Social competencies
Outcomes
Objectives
Medical education
Consensus methods
Delphi Survey

ABSTRACT

Objective: To propose a comprehensive set of competencies and educational objectives for communication and social competencies in undergraduate medical education and to support the nationwide implementation of these issues in all medical schools.
Methods: Thirty experts from different medical and psychosocial disciplines participated in a 2-day workshop using the Nominal Group Technique (NGT) to develop an initial set of educational objectives. These were refined, structured, and rated according to their importance by means of a two-step Delphi Survey involving additional experts in medical education.
Results: The initial workshop resulted in 188 educational objectives assigned to 26 different topics. After the Delphi Survey, 131 objectives remained, assigned to 19 different topics. Some objectives that could be assigned to more than one topic were subsumed under a new more general category.
Conclusion: The described consensus process proved successful as one method to develop a set of educational objectives.
Practical implications: The Basel consensus statement can be used to orientate curriculum reform and development in medical education.

1. Introduction

1.1. Background

The importance of teaching and assessing communication skills in undergraduate medical education has been recognised in many countries around the world. In recent years, further inter- and intrapersonal skills – teamwork, personal and professional development, or dealing with uncertainty – have also been identified as core competencies for medical school graduates [1–4]. Medical schools in German-speaking countries have just started to integrate these competencies in the regular curriculum. If taught and assessed, the content and amount varies widely. Few schools have defined outcomes and educational objectives for this area. The authors therefore identified a need to provide a set of competencies and educational objectives to support the implementation of communication and social competencies in all medical schools as a core component of medical education.

A competency-based approach to improve medical education has gained acceptance in recent years. The Bologna Process has broadened the definition of educational goals from declarative knowledge to the definition of competencies [5]. Knowledge and competencies have to be strictly defined in order to be able to compare and mutually accept degrees from different academic

* Corresponding author at: Dean's Office for Student Affairs, Medical Faculty of the University of Basel, Klingelbergstrasse 61, CH 4031 Basel, Switzerland. Tel.: +41 61 265 7611; fax: +41 61 265 7667.
E-mail address: claudia.kiessling@unibas.ch (C. Kiessling).

0738-3991/$ – see front matter © 2010 Elsevier Ireland Ltd. All rights reserved.
doi:10.1016/j.pec.2010.01.017

institutions in Europe. A prerequisite for a European qualification framework for medical education is the definition of national frameworks such as the Dutch Blueprint or the Swiss Catalogue of Learning objectives [6].

An interesting starting point for a European perspective is the recently published "Tuning Project (Medicine)" [7]. This project began in 2000 as an initiative funded by the European Commission to develop common core learning outcomes/competencies for degree programmes in Europe.

Another source for innovation are the students. The German and the European student boards have defined core curricula for medical education which are promising drafts for further discussions [8,9]. There are already some medical schools in Germany and Austria which have defined their qualification frameworks (e.g. Hamburg, Berlin) by either using educational objectives or competencies but none of them could be considered as a national or even international guideline.

These publications refer to the complete undergraduate medical programme. Expert groups and associations have also defined more detailed core curricula and consensus statements for specific parts of medical education. In the field of communication skills, the most recognised publications are the Toronto Consensus Statement [10] and the Kalamazoo Consensus Statement I [11]. These statements define good practice for the doctor–patient encounter and are the most helpful for planning and running communication skills trainings, assessments, and evaluations. At the moment, there is no comparable statement in German-speaking countries.

Recently, communication and social competencies have been seen in a broader context. Teamwork, collaboration with other health professionals, communication with relatives, personal and professional growth have become more and more important—but are not yet mentioned within existing communication guidelines.

1.2. Purpose of the project

The aim of the project was to reach an expert consensus for German-speaking countries, defining which communication skills and social competencies medical graduates should have achieved at the end of their studies. The guideline called "Basel Consensus Statement" was developed by an interdisciplinary group of experts from different medical schools in Germany, Austria, and Switzerland. It aims to support teachers and planners in improving and evaluating educational programmes in the field of communication skills and social competencies, to strengthen the position of teachers and planners in their schools and to stress the significance of communication and social competencies in medical education. Furthermore, it aims to provide a basis for the development of an interdisciplinary longitudinal curriculum from the first to the last year of studies. It also provides a blueprint for reliable and valid assessment methods, and aims to stimulate projects in the field of medical education research.

2. Methods

The existing publications about the above mentioned consensus statements scarcely describe the methods on how consensus was achieved. The BEME movement (Best Evidence in Medical Education [12]) demands proof of evidence and transparency of methodological approaches for projects in the field of medical education. Therefore, we decided to describe and discuss the consensus forming methods of the projects in more detail.

In the literature, a variety of methods have been described of how formal consensus decision making can be achieved [13–15]. Clinical guideline development has been a particular field of application of consensus methods [15–18]. The best-known methods are the Delphi Method or Technique [19–25], and the Nominal Group Technique (NGT) [26,27]. Other methods are consensus development conferences or panels, staticised groups, social judgment analysis, structured discussions, Glaser's State-of-the-Art Approach, and of course informal consensus forming [13,15]. However, a combination of methods and a systematic literature review is also recommended [17,18].

The aim of consensus methods is to determine the extent to which experts or others agree about a given issue. They provide participants with a structured environment for problem solving, and seek to overcome disadvantages of informal consensus forming, e.g. dominance of individuals. Typical features of consensus methods are avoidance of dominance, iteration, controlled feedback, and statistical group response [14]. For the consensus forming process in this project, the Nominal Group Technique and a modified Delphi Survey were used, due to the fact that they are well researched and their application is feasible.

2.1. Basel workshop and Nominal Group Technique

In September 2006, the authors organised a workshop in Basel (Switzerland) to develop the first draft of the Basel Consensus Statement. Thirty-four experts were invited, 30 persons participated in the workshop (14 men, 16 women). When selecting the experts, attention was given to different status groups (professors, assistants, students) and to a broad variety of different medical disciplines and medical schools (see Appendix A). An expert was defined as somebody who possesses relevant knowledge and experience, and whose opinion is accepted by other persons in the field (demonstrated by relevant journal publications, published books, presentations at conferences, etc.). The number of experts followed the recommendations [13].

The preparation of the workshop included a literature search. Based on the literature, including the existing consensus statements, basic preconditions were set by the project leaders, namely the authors. The intention was to describe a minimal standard of competencies every graduate should have achieved at the end of their studies. It was not intended to describe an ideal graduate. The objectives should describe observable behaviour and be phrased according to Bloom's taxonomies of educational objectives [28–30]. A hierarchical system from general competencies to concrete educational objectives was developed to define the framework for the workshop (see Graph 1). All participants were asked to read a set of articles, including the existing consensus statements.

The participating experts were assigned to one of five parallel groups (Level 3), developing topics and educational objectives (Levels 4 and 5) using the NGT. NGT is a structured format to gather information from experts about a given issue. It consists of a series of group working phases, including brainstorming, discussion, and rankings. The group meeting is facilitated and structured as follows: participants write down their views and ideas about the topic. Each participant contributes one idea to the facilitator who records it on a flip chart (round robin). Afterwards, a group discussion clarifies and evaluates each idea. Following this discussion, ideas are ranked and discussed again [14]. In 2 days, 26 topics and 188 educational objectives were defined. It was an iterative process between small group and plenary discussion. After the workshop, all educational objectives were harmonised, e.g. sentence structure and use of verbs. To pursue the consensus forming process, a two-step Delphi Survey was conducted subsequently.

2.2. Delphi Survey

The Delphi Method, which originated in 1948, attempts to obtain expert opinion in a systematic manner while the experts