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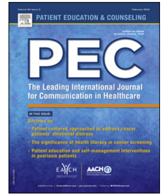

Discussion

General principles to consider when designing a clinical communication assessment program

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ABSTRACT

Objectives: Assessment of clinical communication helps teachers in healthcare education determine whether their learners have acquired sufficient skills to meet the demands of clinical practice. The aim of this paper is to give input to educators when planning how to incorporate assessment into clinical communication teaching by building on the authors' experience and current literature.
Methods: A summary of the relevant literature within healthcare education is discussed, focusing on what and where to assess, how to implement assessment and how to choose appropriate methodology.
Results: Establishing a coherent approach to teaching, training, and assessment, including assessing communication in the clinical context, is discussed. Key features of how to implement assessment are presented including: establishing a system with both formative and summative approaches, providing feedback that enhances learning and establishing a multi-source and longitudinal assessment program.
Conclusions: The implementation of a reliable, valid, credible, feasible assessment method with specific educational relevance is essential for clinical communication teaching.
Practice implications: All assessment methods have strengths and limitations. Since assessment drives learning, assessment should be aligned with the purpose of the teaching program. Combining the use of different assessment formats, multiple observations, and independent measurements in different settings is advised.

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1. Introduction

Numerous studies have shown the importance of effective clinical communication in health care. Communication is now taught in most medical and allied health professional schools [1,2]. Communication assessment enables teachers to determine whether their students are fit for later professional life and have acquired sufficient skills to be able to meet the demands of clinical reality (assessment of learning) [3]. It is also recognized that assessment is important for learners, as it drives their learning (assessment for learning) [4]. For learners, assessment helps to identify their learning needs. Moreover, assessment legitimizes the subject: if communication skills are not proportionally assessed, learners may assume that they are not as important as other topics. The content and format of assessment tools used will influence students' learning behavior, implicitly and explicitly. The way they are assessed will send out a strong message to learners about what teachers consider to be effective communication in clinical practice.

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However, many educators in the field of clinical communication struggle with implementing a feasible assessment program. Like teaching itself, assessing learners needs specific expertise, time and money, which is often not readily available among communication educators, especially in countries that are starting to implement communication training.

As members of the Teaching committee of EACH, the authors have experienced a strong need for advice among communication teachers when it comes to assessment. This discussion paper aims to give input to educators that are planning to incorporate assessment into clinical communication teaching. This paper is not a new systematic review regarding communication assessment instruments. However, it adds to the existing systematic reviews [5–7] by bringing together the authors' expertise and experiences with selected literature from the field of clinical communication teaching, medical education and assessment. Thus, we aim to identify and present important aspects that are useful to consider when starting or improving a communication assessment program. In the next paragraphs, we will discuss what to assess, how to choose the appropriate assessment level and how to construct an assessment program for clinical communication.

2. What and how to assess clinical communication?

Our core message would be: "assess what you teach and train". In our view, the content and form of assessment reflect the purpose and desired outcomes of the teaching program [8]. A successful clinical communication teaching program, therefore, is based on the application of sound theoretical principles and scientific evidence of effective communication [9]. According to Thomas et al. in their recommendations for curriculum development, educational objectives derive from these underlying theoretical principles and provide clear descriptions of the outcome expected from learners as a result of a course [10]. Educational strategies and teaching methods which support learner-centered environments have shown to be effective to encourage cumulative learning and self-reflection. "Learner-centered" implies that education is driven by learner needs. Adult learners prefer contextual learning (e.g. solving work-related problems in simulated scenarios) in small groups and building new content on prior knowledge [11,12]. Situated learning is one theory fostering these fundamental principles [13,14].

Assessment is based on the same theoretical principles and educational objectives [15]. The assessment methods mirror the instruction methods and are selected to measure students' achievements according to the educational objectives and their level of competence (Fig. 1). This process of planning an assessment program can be supported by a careful blueprinting process, in which the content of the assessment is congruent with the conceptual frameworks and educational objectives found in the curriculum [16]. For example, if the educational objective was "gather information from a patient", this could be taught with work-related problems in small groups using simulate patients. Scenarios should be based on authentic patients' cases representing a realistic range of health problems from the community. An assessment should also include authentic and relevant patients' problems, using the methodology of Objective Structured Clinical Examination (OSCE) or workplace-based assessment with real patients. Blueprinting is the process of designing the assessment program in such a way that a balance of aspects are covered, such as knowledge domains, levels of expertise, as well as various diseases, organ systems, patient characteristics, and settings of care. Blueprinting encourages sampling from across the curriculum and guarantees that assessment is seen as an integral part of the communication curriculum as a whole [17].

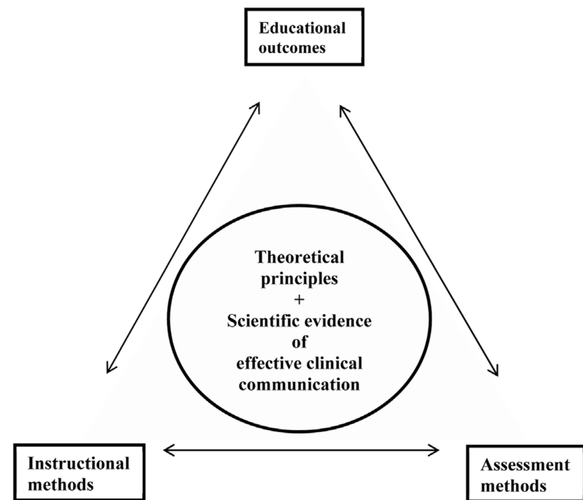

Fig. 1. Global framework on assessment of clinical communication.

2.1. Attitudes and "multidimensional constructs"

The most difficult challenge in education is assessing learners' attitudes and other "multidimensional constructs", like empathy or patient-centeredness. Using the example of clinical empathy, Stepien and Baernstein describe four dimensions: the emotive dimension, the moral dimension, the cognitive dimension, and the behavioral dimension [18]. In comparison to technical skills, like venepuncture, multidimensional constructs are much more difficult to measure.

Hemmerdinger and colleagues recommend classifying instruments measuring a construct like empathy from three different viewpoints: self-ratings (first person assessment), patient-ratings (second person assessment), and observer ratings (third person assessment) [7]. Each of these ratings may have a place in formative and summative assessment, depending on the purpose of the assessment. A typical first person assessment would be a questionnaire asking learners to estimate their own ability to communicate with other or express empathy (e.g. Jefferson Scale of Physician Empathy, JSPE) [19]. A typical second person assessment would be a questionnaire asking patients to express their satisfaction with the provider's communication or to measure the extend of empathy expressed by the provider (e.g. Consultation and relational empathy, CARE) [20]. First and second person instruments may have the potential to enhance self-reflection in communication training and in formative assessment. Third person instruments typically focus on the behavioral dimension, for example demonstration of verbal or non-verbal clinical empathy in terms of patient-centered approach. They are commonly used in OSCEs and other observation-based settings to assess behaviorally measurable skills rather than intention [21].

2.2. Assessment in context

Clinical communication is content and context bound [22]. In order to prepare learners in the healthcare professions for later professional reality effectively, learning communication should take place in contexts closely resembling clinical practice [23]. This means that teaching communication skills and their assessment needs to be integrated in the clinical context, either in clinical practice or in clinically relevant simulations [9,24]. This principle derives from socio-cultural learning theories, particularly the theory of situated learning. Learning is a function of the activity, context and culture in which it occurs [25]. Even in the early years of medical training, when students have less patient contact, it is

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