



Medical education

What parents want from emails with their pediatrician: Implications for teaching communication skills

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ABSTRACT

Objective: Physician–patient email communication is increasing but trainees receive no education on this communication medium. Research eliciting patient preferences about email communication could inform training. Investigators elicited parents' perspectives on physician–parent email communication and compared parent and faculty assessments of medical students' emails.

Methods: This mixed methods study explored physician–parent email communication in 5 parent focus groups using qualitative analyses to identify themes. Differences between faculty and parent assessment scores for students' email responses were calculated using univariate general linear modeling.

Results: Themes that emerged were: (1) Building the Relationship, (2) Clarity of Communication and (3) Expectations. Parents criticized student's statements as condescending. The sum of assessment scores by parents and faculty were moderately correlated ($r(44) = .407, P < .01$), but parents gave students lower scores on "acknowledges validity/expresses empathy" ($P = .01$) and higher scores on "provides next steps" ($P < .01$) and "identifies issues" ($P < .01$).

Conclusion: Parents place value on students' abilities to communicate clearly and convey respect and empathy in email. Parent and faculty perspectives on email communication are similar but not the same.

Practice implications: Differences between parental and faculty assessments of medical students' emails supports the need for the involvement of patients and families in email communication curriculum development.

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1. Introduction

Electronic mail (email) communication between physicians and patients is on the rise [1–3]. Recent studies report 20–74% of physicians use email with their patients [4–9]. Seventy-four percent of parents expressed interest in emailing their child's physician and 80–84% felt physicians should email with parents [10–12]. Numerous studies have confirmed the importance of clear physician–patient communication in healthcare outcomes [13–15]. Tools to teach and assess physicians' communication skills have been developed but these involve face-to-face

communication skills [16–19]. While accreditation bodies for both undergraduate and graduate medical education emphasize that communication skills must be taught and assessed [20,21], there is little evidence of email communication skills being taught across the continuum of learning, and little is known about what patients and their families desire in emails from their physicians.

Patients and families represent an important stakeholder in curricular reform [22–24]. The Accreditation Council for Graduate Medical Education recommends drawing on patients and families as an important source for assessing communication and patient care competencies [25]. Prior research found differences between patient and faculty descriptions of ideal physician attributes [26]. Parents may have a different perspective from health professionals [27] and active collaboration with parents and families may enhance communication skills education [28]. Consequently, we hypothesized that faculty perspectives on what parents want communicated to them and how they want it communicated via

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email may not necessarily correspond to parental needs and preferences. We found no prior articles investigating the use of patients or patients' parents in assessing medical students' or physicians' email communication skills.

This study sought to explore parental attitudes and behaviors regarding ideal physician–parent email communication and to see if differences existed between parent and faculty assessments of student responses to a simulated email using mixed qualitative and quantitative methods.

2. Methods

Our study builds on our previously described email communication educational intervention in our pediatric clerkship assessing third year medical students' knowledge, communication and professionalism via responses to simulated email [29]. This curriculum utilized simulated parent emails in which parents expressed concern about their children's medical care. Simulated email cases were developed by expert members of the pediatric faculty who were actively involved in medical student education. Assessment rubrics identifying both assessment criteria and operational definitions of scale points were also developed. During the pediatric clerkship, students responded to one email early in the clerkship, acting as an intern caring for the child. Students then participated in an educational session on email communication facilitated by an experienced pediatric faculty member in which they responded to an email message from a parent. Two weeks later, the students responded to a second email. Faculty assessed the second email responses using the assessment rubric (Table 1). Our current study drew on our database of students' email responses and associated faculty assessments. We randomly selected student responses that represented a range of performance.

Parent participants were solicited from three sources: our children's hospital's family-run organization for family centered care, an internet portal connecting volunteers with research

studies, and an urban clinic. Providers were asked to give fliers to parents at the urban clinic. However, no parents from the urban clinic chose to participate. Participants gave verbal informed consent and received a gift certificate for participating. The University of Michigan Medical School IRB designated this project as exempt.

Our study used a mixed (qualitative and quantitative) study methodology.

2.1. Qualitative methods

To explore what parents desire in email communication with physicians, two moderators conducted five focus group sessions using a semi-structured interview protocol. Participants were asked to share stories of their own email experiences with physicians in order to identify specific attitudes and behaviors they had experienced. Parents were then asked what they desired in ideal physician–patient email content and communication style.

Participants were asked to read students' email responses and write their reactions, and then complete a structured assessment of the emails using an assessment rubric (Table 1). Participants were given the simulated parental email and were informed that the responses were written by students. After participants assessed email responses, the discussion resumed to explore what parents thought about the students' responses and additional reflections on desirable traits in physician–patient email.

The audiotaped sessions lasted between 90 and 120 min and were transcribed by an independent transcriptionist. Transcripts were compared to field notes and proofread by one of the authors (JS) using audiotape to assure accuracy.

Using the constant comparative method [30], each sentence of the transcripts was read by three investigators (JS, JC, CW) independently and independent codes were assigned. The researchers discussed the data, codes, and themes until they reached consensus. The transcriptions were coded using NVivo 8

Table 1
Parent grading rubric for medical student email response.

(Front page)			
Please comment on your initial reactions to this email.			
If you were going to give this student feedback, what would you say?			
What "grade" would you give this email?			
(Back page)			
Circle either "Done well", "Needs Improvement", or "Not Done".			
The email to the patient			
1.	Restates the parent's concern Done well	Needs Improvement	Not Done
2.	Acknowledges the validity of the parent's concern/expresses empathy Done well	Needs Improvement	Not Done
3.	Provides an appropriate next step for addressing the parent's concern Done well	Needs Improvement	Not Done
4.	Minimizes or explains medical jargon Done well	Needs Improvement	Not Done
5.	Correctly identifies the underlying medical issue and reason for the initial decision Done well	Needs Improvement	Not Done
6.	Summarizes the benefits and risks of the alternative the parent is requesting vs. what was recommended Done well	Needs Improvement	Not Done
7.	Sites credible source of info Done well	Needs Improvement	Not Done
8.	Appropriately involve attending physician Done well	Needs Improvement	Not Done
9.	Demonstrates respect for parent Done well	Needs Improvement	Not Done

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