

Using a video fragment rating system to give efficient feedback on communication skills

A.J.E. Smith, DDS, MPH

Dept. of Public and Individual Oral Health, Center for Dentistry and Oral Hygiene, University Medical Center, Groningen, The Netherlands

Introduction

Once students acquire basic communication skills, the best way to give feedback is to observe them during real-life encounters with their patients. Teachers working in a clinical setting, however, mostly focus on the more dental technical aspects of patient care and do not have time or expertise to observe students' communication skills for any length of time, as they have to supervise up to six other student-patient interactions. Several years ago, therefore, we started requiring that Master-level students videotape at least two patient encounters in which communication was the major focus (taking a patient history, discussing a treatment plan, motivational interviewing, etc.). Instructors teaching communication skills would then review the videotapes and provide feedback. This, however, proved to be a very costly and time-consuming process, as they had to watch the entire interview and, in case of insufficient skills, discuss it with the student. Also students would often send the video without reviewing it themselves and sometimes DVDs would get lost. In 2013, therefore, we introduced a Video Fragment Rating system, developed by the University Medical Centre Groningen (UMCG) Department of Surgery.

Methods

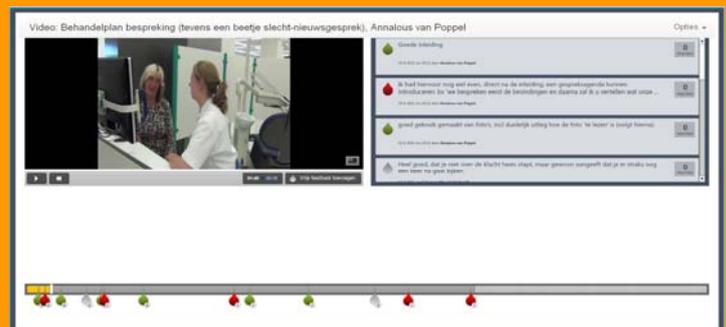
Students upload a video into the VFR program and then review their patient encounter. The VFR program allows students to stop the video and, on the timeline below, insert comments. They are required to mark at least two fragments in which they think they use their skills well (and why) and two that they feel could be improved (with suggestions on how). After reflecting on their skills, they invite a student-teacher, trained and calibrated in giving feedback, to rate the relevance of the chosen fragments and reflection, and to insert additional comments. Observation criteria were developed for each specific topic of conversation (taking a patient history, discussing a treatment plan, dealing with an anxious patient, relaying bad news and motivational interviewing), and rubrics are used to rate students' skills. Those students they feel need additional tips on how to improve their skills are referred on to a communication skills teacher. A survey was conducted to evaluate the VFR program. Master-level students in year 1, 2 and 3 were asked on a 5-point scale if they agreed or disagreed with a number of statements and to give an overall rating of the program.

Aim

To evaluate if Video Fragment Rating (VFR) can be used efficiently by student reviewers to give useful feedback on communication skills.

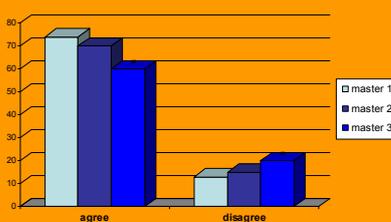
Results

- No more lost DVDs, guaranteeing patient privacy.
- Student-teachers reduced costs, increasing feedback opportunities from 2 to 4.
- Master students rated the program a 7 out of 10.
- Reviewing their recordings made students more aware of how they communicated.
- Reflecting on the patient interview helped students improve their skills.
- Student reviewers' feedback was used during next patient encounters.
- Problems: finding suitable patients within deadlines and time before receiving feedback.

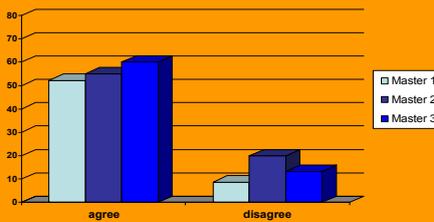


Patient history-taking	Good (Grade 8-10)	Passing (Grade 6-7)	Failing (Grade 4-5)	Poor (Grade 1-3)
Student ensures a quiet and trusting environment in which the conversation takes place.	a. Patient chart available b. Chair in upright position c. No distracting environmental factors d. Position towards patient 45 degrees e. Position at eye-level	Uses factors a-e occasionally during conversation.	Does not use some of the factors a-e.	All factors a-e are lacking. Student is rude to patient.
Student uses an agenda and structures the conversation.	a. Explains purpose and course of the meeting b. Introduces new subjects c. Conversation is fluent d. Limits digression of conversation topics e. Structures conversation by means of paraphrasing, reflecting, summarizing and asking relevant questions	Uses factors a-e occasionally during conversation.	Does not use some of the factors a-e. Chaotic conversation	All factors a-e are lacking

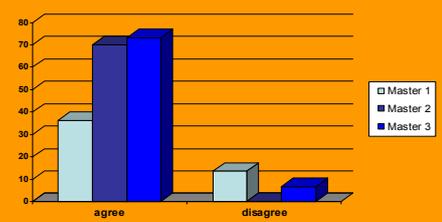
Reviewing my interview made me more aware of my communication skills.



Reflecting on my conversation skills helped me improve.



I was able to use feedback from student reviewers in successive patient encounters.



Conclusion

The VFR program stimulates students to reflect on their skills and it provides students with feedback they feel is useful in future patient encounters. The employment of student-reviewers, once trained and calibrated, is an efficient way of reducing costs and results in more feedback opportunities for students.

