A group-based standardized patient training in behavioral health/communication skills was received favorably by pediatric residents and may be a promising option for resident training programs.


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Introduction:
• Training experiences in behavioral health/communication skills are considered inadequate by pediatric residents.
• Curriculum development is essential to improve experiences in this area and to prepare residents to meet the behavioral health needs of children and families.

Methodology:
• PGY-1 pediatric, combined internal medicine/pediatric, and preliminary pediatric residents were invited to participate.
• Trainings occurred during intern orientation (n =11) and intern retreat (n=16).
• Three scenarios (divided into two trainings) were developed by training staff. Both trainings involved the use of a standardized patient (SP), role plays/practice, an interdisciplinary team, and a group learning procedure.
  • Training One ("Working with a Challenging Patient") involved a didactic portion (lecture on communication/motivational interviewing skills) and an active learning portion (role plays of "good" and "poor" use of skills by content experts with SP + practice with peers).
  • Training Two ("Breaking Bad News") involved a brief discussion on communicating bad news + small group (8) practice of skills with SP (across 2 scenarios) with faculty/peer feedback.
  • A 10-item measure was administered post-trainings to examine resident perceptions and learner outcomes.

Conclusions/Future Directions:
• The trainings were generally received favorably by residents.
• There were relatively lower scores on confidence in applying skills post-trainings.
• Open-ended responses indicated that residents liked the group format, although they did request even smaller groups and individualized feedback.
• The project was relatively feasible to implement with advanced preparation. A strength was having several experts involved (e.g., PICU physician, psychologists, etc.).
• Programs may consider implementation of group-based SP trainings, although further research is needed to empirically evaluate this method of instruction.

Table 1. Survey items, descriptive statistics, and open-ended responses across trainings.

<table>
<thead>
<tr>
<th>Survey items</th>
<th>Working with a Challenging Patient</th>
<th>Breaking Bad News</th>
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<tbody>
<tr>
<td>1. My experience with the standardized patient was beneficial to my training in delivering behavioral health care.</td>
<td>5.30 (.82)</td>
<td>5.44 (1.26)</td>
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<tr>
<td>2. I would attend another standardized patient training in the future.</td>
<td>5.27 (.79)</td>
<td>5.33 (1.25)</td>
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<tr>
<td>3. The content of the standardized patient training was relevant to my work as a clinician.</td>
<td>5.30 (.81)</td>
<td>5.56 (1.26)</td>
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<tr>
<td>4. I had sufficient opportunity to actively participate in the learning experience.</td>
<td>5.10 (.94)</td>
<td>5.63 (.5)</td>
</tr>
<tr>
<td>5. I intend to apply what I learned in this training to actual patient encounters.</td>
<td>5.64 (.67)</td>
<td>5.81 (.40)</td>
</tr>
<tr>
<td>6. I am confident in my ability to utilize appropriate communication skills with patients.</td>
<td>5.18 (.75)</td>
<td>4.88 (.62)</td>
</tr>
<tr>
<td>7. The scenarios presented in the training were realistic patient encounters.</td>
<td>5.36 (.67)</td>
<td>5.56 (.51)</td>
</tr>
</tbody>
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| 8. What did you like most about the standardized patient training? | Containing Two Encounters, Nonjudgmental, Focus on Techniques, Interactive, Relevant to Clinical Work | Relevant to Clinical Work, Cooperative Approach, Feedback from Others, Incremental Steps |
| 9. What aspects of this training experience could be improved? | More Role Play Time, Redundant Information, None | Smaller Group Setting, Give Preparation for Scenarios, More Time, More Frequent Trainings, Individual Feedback/Time |
| 10. What other standardized patient cases would you find helpful for your education? | Death, Bad News, Communication with Different Age Ranges, Anti-Vaccination Parents | Chronic Cases, Teens, Difficult Patients, Abuse, Upset Patients, Patients who Withdrew Care |

Results:

1. My experience with the standardized patient was beneficial to my training in delivering behavioral health care.
2. I would attend another standardized patient training in the future.
3. The content of the standardized patient training was relevant to my work as a clinician.
4. I had sufficient opportunity to actively participate in the learning experience.
5. I intend to apply what I learned in this training to actual patient encounters.
6. I am confident in my ability to utilize appropriate communication skills with patients.
7. The scenarios presented in the training were realistic patient encounters.

Open-ended themes/responses

- Containing Two Encounters, Nonjudgmental, Focus on Techniques, Interactive, Relevant to Clinical Work
- Relevant to Clinical Work, Cooperative Approach, Feedback from Others, Incremental Steps
- Smaller Group Setting, Give Preparation for Scenarios, More Time, More Frequent Trainings, Individual Feedback/Time
- Chronic Cases, Teens, Difficult Patients, Abuse, Upset Patients, Patients who Withdrew Care