

relationship into the computer-accompanied medical visit. The facilitators have developed and tested a literature – informed model and an instructional module to enhance physicians EHR related skills. The model and module are currently implemented and evaluated in an experimental design study.

Objectives

As a result of the session participants will know the skills- based model that helps clinicians, residents, and students improve physician–patient communication while using the EHR. Participants will improve their EHR related communication skills. Participants will be able to assess the utility of the model and module for their respective settings.

Session format/activities

The session will start by introduction of the facilitator and participants, followed by a brief statement of participants' background and expectations of the session (15 min). Subsequently, triads will practice a short patient interview using personal computers, debrief and share with the large group (15 minutes). Fifteen minutes didactic will follow delineating the model and skills, including a short demo video (15 minutes). Subsequently the triads will practice an additional encounter, and debrief (15 minutes). Finally, the experiences will be shared in the large group (15 minutes), a discussion will follow (10 minutes) and a brief session evaluation administered (5 minutes).

Number of participants limited to 30

Participants are required to bring laptops with them, if possible with their usual institutional EHR uploaded or accessible. Mock EHR (for those unable to bring their own) and scenarios for practice will be available. They will be invited to read the paper that will be provided to them prior to the workshop:

Duke P, Frankel R, Reis S. A Skills-based Approach for Integrating the Electronic Health Record and Patient-centered Care into the Medical Visit. *Teach Learn Med.* 2013;25(4):358-65. doi: 10.1080/10401334.2013.827981.

051: Moral mindfulness in shared decision making: integrated reflection and communication skills training for health professionals

Tuesday, 30 September 2014: 10:00 - 11:30; Room: Elicium D407

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Rationale

The physician-patient relationship can be characterized as a meeting between two different cultures. While patients are becoming increasingly well-informed, they still rely on their doctor for counsel, also in shared decision-making (SDM).

The fourth principle of relationship-centered care (RCC) states that RCC has a moral foundation¹, involving a specific responsibility for the health professional. To do justice to the patient and to prevent distortions in the communication, professionals need to be morally objective, i.e. continuously aware of their own values².

This workshop introduces an approach of moral mindfulness training that combines reflection and skilled communication for professionals, focusing on self-awareness starting at the beginning ('Choice Talk') and continuing ('Option Talk') to the end ('Decision Talk') of the deliberation process of SDM³.

Objectives

At the end of this workshop participants:

- can identify morally sensitive variants of SDM requiring the monitoring of one's own values
- have explored some of their own precarious values possibly distorting communication
- can discern beneficial from detrimental ways of addressing one's own values in SDM
- have practiced with some communication skills, e.g. 'agenda setting' and 'signposting' in relation to one's own role as health professional
- have experienced some ways of teaching moral mindfulness skills in SDM

Session format/activities

- Setting the scene: familiarizing with concepts of SDM, RCC, reflection-on/in-action, objectivity and self-awareness
- Setting the agenda: Providing a concise as well as concrete explanation about the exact choice(s) involved in SDM: plenary exercise about a clinical case
- Identifying one's own precarious values in clinical practice: exercise in dyads
- Signposting: Role awareness and role switching between expert and counselor: exercise in triads
- Image-based reflection: using creative ways of feedback in a roleplay-oriented teaching setting

References

1. Beach, MC, Inui T & Relationship-Centered Care Research Network. Relationship-centered Care. A constructive Reframing. *Journal of General Internal Medicine.* 2006;21:53-8
2. Rider EA. Advanced Communication Strategies for Relationship-Centered Care. *Pediatric Annals,* 2011;40:9,447-453
3. Elwyn G et al. Shared Decision Making: A Model for Clinical Practice. *Journal of General Internal Medicine,* 2012;27(10):1361-7

05K: "Now, let's assess communication skills!" – How to integrate assessment into your communication skills curriculum

Tuesday, 30 September 2014: 10:00 - 11:30; Room: Elicium D408

Presenters details: Marc Van Nuland, Belgium; Claudia Kiessling, Germany; Geurt Essers, The Netherlands; Zoi Tsimtsiou, Greece; Katarzyna Jankowa, Poland; Rute F. Meneses, Portugal; Ragnar Joakimsen, Norway. All are members of the tEACH assessment subcommittee.

Rationale

Communication skills training has become increasingly integrated into the education of health care professionals (e.g. physicians, nurses, physiotherapists, pharmacists, etc.). In addition to teaching communication skills, there are important reasons to assess the extent to which students and vocational trainees have acquired these skills. Research evidence supports the need to integrate assessment longitudinally within the whole curriculum. The purpose of this workshop is to explore the factors that must be taken into consideration in order to effectively integrate assessment of communication skills within health professional curricula.

Objectives

After this session participants will be (more) able to:

- 1) Evaluate their communication curriculum according to the pyramid of maturity of communication curricula (Silverman, 2009) and clarify the objectives and the outline of their teaching;
- 2) Reflect on the integration of assessments into their communication curricula
- 3) Consider opportunities for improvement to achieve an integrated longitudinal communication curriculum
- 4) Clarify important notions related to assessment like 'blueprinting', 'formative versus summative assessment', 'valid and reliable assessment instruments', 'context specificity', 'patient feedback', 'standard setting', 'overall assessment plan', etc.

Session format/activities

The workshop starts with clarifying the workshop objectives and participants' expectations. Then, participants are asked to evaluate in pairs where their curriculum would be in the pyramid of maturity of communication curricula and to discuss the relevance of assessment in their curriculum. For each of the steps in the pyramid the role of assessment can be clarified, making curriculum development goals more evident. Then small groups are formed according to the steps in the pyramid. Participants will discuss why they put themselves there, what their teaching looks like, and what and how they assess. In a next step they are asked to make an inventory of the most important issues and bottlenecks concerning the integration of assessments into communication curricula. Further small group discussions will look at what each needs to proceed to the next step in the pyramid, which are their priorities and which are their realistic goals taking participants' specific context into regard. In a final plenary session ideas and solutions will be shared and synthesized into take-home messages.