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Communication skills training for health care professionals. What is it all about?

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program incorporated documentation and billing exercises as part of an abbreviated 2-case OSCE and noted instances of under-coding, over-coding and even insurance fraud (Franzese 2008). We developed a formative geriatrics fellowship OSCE to teach principles of documentation, coding, and billing and to inform curricular improvement.

The OSCE blueprint included geriatric syndromes, end-of-life care, geriatric practice sites and varying patient complexity (robust, frail and dying). Fellows encountered six 30 minute scenarios, followed by 15 minutes to complete documentation, coding and billing. Performance checklists (history, exam and management skills) were completed by standardized patients and geriatrics faculty to provide individualized feedback.

Afterwards, fellows participated in a didactic session that modeled application of compliance principles to the six cases. Fellows received sample documentation for each case – including audit forms using Medicare guidelines highlighting key elements of the history, physical exam and medical decision making that determined billing. Fellows compared these samples with their documentation, coding and billing submissions.

Blueprinting the examination using key competencies, care locations and patient complexity guided creation of a highly-relevant examination. We identified deficits in attaining relevant history (alcohol abuse in elders) and exam findings (pressure ulcers) that affected documentation. Most fellows lacked understanding of basic compliance concepts that practicing geriatricians encounter – supplying rich opportunities for individual and program improvement. This experience highlighted the value of using the OSCE to teach documentation, billing and coding principles which support fellows' transition from learners to independent practitioners.

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Gender inequality in academic medicine in Japan

Dear Sir

According to the latest Japanese Ministry of Health survey, women comprise 18.9% of all physicians and 35.9% of physicians under 30 years old in Japan. Despite increasing number of women physicians, women in leadership positions remain a rarity in Japanese academic medicine. Some countries systematically gather and publish data on faculty ranks and promotions by gender in academic medicine. However, no comparable data exists in Japan. I reviewed the faculty rosters of all 80 Japanese medical schools and found that women constituted only 2.6% of all full-time professors and only two out of 80 deans (2.5%). Of 103 women full-time professors, 49 (48%) had positions in the departments of basic medical sciences. There were only few women professors in the surgical field (one each in neurosurgery, plastic surgery, breast surgery, otolaryngology and obstetrics and gynecology). For 51 public medical schools and 29 private medical schools, the percentages of women full-time professors were 2.2% and 3.1%, respectively. There were no women in full-time professors in approximately one third of medical schools. The scarcity of women in the leadership positions is also evidenced by another survey evaluating the number of women in Japanese academic societies: women comprised only 6.8% of all councilors of Japanese medical societies; 55 out of 100 societies did not have any women in director position (Tomizawa et al. 2012). In surgical societies, women constituted only 1% of councilors. A common argument to justify the paucity of women in leadership positions is that fewer women have been in the field long enough to have achieved leadership positions (the so-called "pipeline" argument) but the proportion of women in leadership positions is substantially lower than expected from the physician gender ratio in the current leadership generation.

Japan lags behind other countries in gender equality. In a report by World Economy Forum (Hausmann et al. 2012), Japan ranks 101th out of 135 countries in gender equality, mainly due to the underrepresentation of women in economic and political participations. My finding suggests that significant gender inequality is also present in academic medicine. Measures are needed to benchmark the representation of women and to promote gender equality in academic medicine in Japan.

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Communication skills training for health care professionals. What is it all about?

Dear Sir

Very few articles clearly report the basic strategies for empathic communication and Communication Skills Training (CST) in medical education. A successful communication is

mainly the use of verbal and non-verbal skills to improve the patient well-being through an empathic approach. Although CST does not automatically generate the anticipated outcomes (van den Eertwegh et al., 2013), it remains the pivotal factor for the excellence in health care professions (Rotthoff et al., 2011). In this study, a grounded theory approach examined the transcripts of experts in communication interacting with real patients. This generated the codes and categories of empathic communication: *Listening*: understanding and active attention to patients' emotions and concerns; *Learning*: unveiling patients' feelings by using open questions ("What you are feeling is . . ."); *Predicting*: making a mental map of forthcoming interpersonal scenarios ("If I say this, then what happens to this patient?"); *Checking*: clarifying with patients if the practitioner's hypotheses on what they are feeling are correct ("If I understood, what you're saying is . . ."); *Reframing*: verifying the patient's understanding and modifying the own communication accordingly; *Metaphorising*: using simple metaphors to explain complex medical information (e.g., "Your heart is like a pump"); *Counselling*: moving patients to a desired course of actions ("About some exercise?"); *Recapping*: summarising what was told and understood ("Let's do a recap!"). These steps can also be cyclic. Besides, role-playing with virtual patients and observers, during CST, helps learners become self-reflective 'during' the on going communications with patients ("How would others evaluate my communication now?"). However, what cannot be taught during CTS is a 'correct' style of communication. Style is 'a way of using language' (Oxford Dictionary Online: http://oxforddictionaries.com), it affects empathy in communication, and it is influenced by the practitioner's personality, values, leadership style and philosophy of well-being and caring.

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Enhancing medical student team working with NASA

Dear Sir

The GMC's Good Medical Practice (www.gmc-uk.org) emphasizes the importance of Working in Teams, advising doctors to

(a) respect the skills and contributions of your colleagues
(b) communicate effectively with colleagues within and outside the team
(c) make sure that your patients and colleagues understand your role and responsibilities in the team, and who is responsible for each aspect of patient care
(d) participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies
(e) support colleagues who have problems with performance, conduct or health.

As a medical undergraduate little emphasis is placed on acquiring such skills, making it difficult to be fully competent when facing the transition to a real life doctor. NASA's Moon Landing exercise is an approach to enhance team building, which could easily be transferred to the medical field (Insight).

The exercise centres on being a member of a space crew scheduled to rendezvous with a mother ship. However due to mechanical difficulties, you are forced to land 200 miles away from the rendezvous point. Candidates are allocated to teams of 4 and are provided with 15 items which they can use to reach the mother ship. Each item is scored accordingly as to its value by NASA.

The list of items, with most valued items being scored lower, is as follows: box of matches; food concentrate; 50 feet of nylon rope; parachute silk; two 0.45 caliber pistols; one case of dehydrated milk; two 100-pound tanks of oxygen; stellar map; self-inflating life raft; magnetic compass; five gallons of water; signal flares; first aid kit containing injection needles; solar powered FM receiver; portable heating unit.

NASA advocates that the overall score can be used to assess whether individuals are working effectively in teams with the lower scoring teams surviving and the higher scoring teams remaining lifeless on the surface of the moon.

Team working is of course a lifelong skill in medicine gained from experience in the field, but exposure to its essence from early on can surely spark momentum in enhancing professionalism and more importantly patient safety.

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Websites

http://www.gmc-uk.org/guidance/good_medical_practice/working_with_colleagues_working_in_teams.asp

http://insight.typepad.co.uk/insight/2009/02/moon-landing-a-team-building-game.html