Does Video-Assisted self-evaluation improve patient-physician interaction?

Leonidas Panagiotakopoulos, MBBS
Department of Pediatrics, School of Medicine

Abstract

In this study we will evaluate the effect that self-observation has on the quality and effectiveness of providers’ teaching. 6 Pediatric Endocrine Fellows that are seeing patients in the outpatient setting will be recorded and that video will be shown to them later on as a means of feedback. The study will span 12 patient visits: there will be 6 topics repeated twice. The first 6 patient sessions will be recorded, each on a different ‘bread and butter’ topic for each Fellow. They will be shown to and reviewed by the Fellow right before the same patient visit topic for the 7th-12th patient visit. Fellows will be asked to score themselves in verbal and non-verbal communication, interpersonal interaction and professionalism. In parallel, patients and their families will score the visit experience too with regards to the teaching provided by their doctor: This assessment will occur after each visit.

Study Protocol

|------------------|------------------|------------------|------------------|------------------|---------------------------------------------|

- **Fellow recruitment**
- Patient identification and scheduling **

September 2019 – June 2020

- All equipment will be kept locked in the clinic office.
- Video permanently deleted as soon as it is reviewed by Trainee and PI

Subject recruitment

- Location: Pediatric Endocrinology at CAP, 3rd floor
- Population to be studied: Physician Fellows and patients’ families of our clinic (see below)

- Specific inclusion criteria:
  - Physicians (n=6):
    - PGY4, PGY5, PGY6 Pediatric Endocrinology Fellows enrolling after July 1st 2019
  - NEW endocrinology patients’ parents (n=72) in the above clinic with the following referral reasons:
    - 1) virilization (i.e. body odor, pubic hair, armpit hair)
    - 2) early puberty
    - 3) acquired low thyroid function
    - 4) high thyroid function
    - 5) short stature
    - 6) late puberty

- Specific exclusion criteria: parents of patients that do not have English as not their first language

Background & Purpose

Medical school curriculums are universally expected to provide long hours of vigorous training on all aspects of physician functions, apart from one of the most commonly used tools in everyday patient-physician interaction: body language and non-verbal communication. Furthermore, the higher one gets in the training ladder, these skills are assumed rather than taught, and, past residency, one stops receiving feedback on their non-verbal interactions with patients unless something egregious has happened.

Non-verbal communication is essential for effective, empathetic interpersonal communication, as is expected between patients and physicians, and it comprises a large portion of forming a positive or a negative opinion. To-date studies have shown that non-verbal communication correlates with patient satisfaction and physician trustworthiness, but there has not been much literature to show how it can be used to improve one’s performance in the medical field. Such literature does exist in other professions. Albeit equally important for physicians too, it is not part of routine training and assessment past the very early stages of medical school. With this study we aim to acquire data from physicians in latter stages of their training (PGY4 and above) that can be applied to graduate medical education settings of all levels.

Aim: Assess the effect of video-based self-evaluation of non-verbal communication has on patient-to-physician interactions in the outpatient pediatric endocrinology office

Assessment tools

By parents right after each visit

By physician before repeat visit

By PI after each visit