How does your school address teaching a standardized approach to patient encounters?	Briefly describe any innovative effective program that your school uses to teach patient communication to medical students	What School do you represent?	Please list contact information below	What would you change or improve about this program?	Do you feel that this program effectively improves your communication skills?	How does your school incorporate cultural sensitivity into these patient communication training sessions?
More than one of the above	Interviewing patients in small groups, then progressing to individual patient interviews with a preceptor available for feedback	University of South Carolina	Mark. Cairns@uscmed. sc.edu	Instead of simply lecturing on the topic, bring in standard patients to be interviewed by an experienced physician in front of the class	I think these methods have been effective in improving communication	
More than one of the above	We have a series of lectures and small groups including examples and role plays for things such as breaking bad news, and communicating effectively with overly sad or angry patients. These role-play situations are followed by feedback sessions from facutly and students who watch the encounters either live or on video.	Iowa	jared-jackson@uiowa. edu	As painful as roleplay situations are for students, having more of them for things like dealing with angry patients, etc would be helpful. There is nothing like having someone actually sreaming at you to learn how you should respond!	Yes because it gives an opportunity for practice and feedback.	
More than one of the above	Weekly practice with standardized patients going over the physical exam and emphasizing communication with these patients. We also have a week long internship with primary care providers that enables us to practice these skills.	Brody School of Medicine at East Carolina University	pymentoc10@stude	More interactions with real patients.	Working with standardized patients is effective, but working with real patients more often could offer better practice.	
More than one of the above	Patient as Teacher Sessions where patients come in and describe their illnesses in addition to their experiences dealing with it. It is usually preceded with a forward from faculty describing the illness in biomedical terms (usually relating to what we are currently learning).	SUNY Downstate		I wish there were more of them.	It improves our communication skills in that it helps us relate to our patients more when we are treating them.	
More than one of the above	We have several didactic sessions that focus on patient communication in the firsts year, some that are specific to certain populations like LGBT. We have standardized patients that give feedback on our communication during each encounter. We have also had panels of patients that have given feedback on how their communication with their doctors either enhanced or hindered their care. We also have small group sessions (team-based learning) to discuss ethical issues, delivering bad news, etc.	Univ of Central FL COM	Sarina Amin, MS3 - smamin88@gmail. com	Nothing - I think they have done a great job emphasizing that patient communication is the key to fostering a strong doctor-patient relationship.	Yes - we are constantly being evaluated for our skills in the Clinical Skills Simulation Center, so we can constantly improve.	
More than one of the above	Starting early in the first year of medical school students are exposed to patients. First there are lectures on patient communication and picking up on non-verbal cues from patients, then students have sessions for a few weeks with standardized patients. After those are completed, students go into the hospital and interact with real patients with their clinical preceptors. Additionally we are taught observation skills at the art museum. The goal of these sessions is to emphasize the importance of details in observation and being able to communicate those details effectively.	Yale School of Medicine		I would have more of these practice sessions, especially with real patients in the hospital because once a week never seems like enough. There are time constraints in the schedule so this may not be possible.	Yes	

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More than one of the above	we do weekly didactic communication classes as M1s one unique session we do is called "difficult topics" you choose from a list of difficult encounters (telling a patient they're going to die, telling a patient you are going to keep them at the hospital involuntarily, having a patient make sexual advances, etc) we do brief research, a small presentation to our group about how to best handle the situation then conduct the patient interview/discussion with a standardized patient who plays the role.	Northwestern University	Kelly Walker kwalker@fsm.northwestern.edu	I think its great, especially the personal feedback from the group preceptor	It helps alleviate anxiety about difficult topics as well as gives you a solid foundation on how to address them	
More than one of the above	Monthly sessions involving clinicians coming in and talking to us on different patient situations. For example, we have had lectures and standardized patient encounters dealing with how to approach end of life issues, effective communication of medical information, patient safety, "awkward" situations, and noncompliant patients.	Southern Illinois University School of Medicine	tselby@siumed.edu	They tend to be fairly long (4-5 hours). Sometimes they become redundant after about 2 hours, and I wish they would cut the length on most of them. This seems to be the general opinion of the class, but the doctoring committee beleives that they last an appropriate amount of time and is unwilling to change the length based on the opinion of second year med students.	Yes. It gives us hands on experience to work with, and gives us clinicians' perspectives on the issue and how they deal with it.	
More than one of the above	We start clinical interviewing the first week of school and work with standardized patients from the get go. We have two half-afternoons of lecture a week and begin going out to outpatient clinics after Christmas Break. We continue to work with standardized patients weekly throughout our first two years of medical school.	Rochester	bradley_hunter@ur	When you have a lecture on a topic (alcoholism, abuse, etc) and then have an SP session, you likely know the problem before you get started, which can make it difficult to make it more like a real life encounter. It is best if students have an idea of possible problems, but are unaware of what kinds of standardized patients that they will be seeing.	Yes.	
More than one of the above	videotaped encounters with standardized patients with feedback from upperclassmen, the clinical skills theme leader, other clinicians, and the standardized patient. We also get to see the video for some encounters. We also have mock patient interviews on our third year orientation week where different types of clinicians help give us pointers after seeing how we do with different standardized or real patient cases. Finally, we interview patients in front of the class in several of our classes so that we learn both patient evaluation and techniques for improving communication.	albany medical college	saukeya@gmail.com	Have more than just a handful be focused on patient communication only, without also having us worry about trying to interview the patient to diagnose or treat or counsel them. Sometimes our concern about getting the information and getting all of the points for the clinical aspect keeps us from exploring different communication methods.	Yes.	
Through standardized patients	We start practicing H&Ps on patients in the hospital starting as first years. Every few months (throughout the first three years) we have SP exams.	Wash U	davlantese@wusm.		Sure	

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More than one of the above	Interprofessional experiences in association with the College of Pharmacy. Standardized patients are utilized in a history and physical exam encounter. Second year medical students and third year pharmacy students conduct the interview in teams and fill out pertinent hospital forms for admission. Interviews are recorded for later student assessment. In a follow up visit with the same patient, students are given the opportunity to manage a patient discharge scenario with the same team.	University of Kentucky	sam.carmichael@uky.edu		Yes	
Through standardized patients	Occasionally real patients are brought in to share their experiences with the 1st and 2nd year classes. For example, my class heard from patients with Parkinson's, sickle cell, neurofibromatosis, etc in my first year. It was incorporated as an optional lunchtime "lecture" but most students chose to attend.	University of Tennessee	eenglis4@uthsc.edu	Small group scenarios would be nice as it's easier to ask questions and get a dialogue going but that is limited by the number of patients who are willing to participate.	Yes. Very helpful to hear a patient's perspective on their disease and treatment to better communicate with him/her.	
Through standardized patients	we have several lectures designed to introduce students to the art of patient communication. The lectures teach from Bates Guide of Physical Examination. We also have lectures on cultural competency and specific areas of the patient encounter, like eliciting a social and sexual history and breaking bad news. We are introduced to the standard patient interview in our first year and given opportunities to interview and present patients during clinical encounters once per month. We are tested with OSCE's once in our first year and once in our second year, both of which use standardized patients. At the end of third year, we are given an OSCE consisting of six patient encounters designed to mimic the Step 2 CS.	texas Tech University School of Medicine			Yes	We have lectures on cultural competency in our first and second years of school

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More than one of the above	Our curriculum uses a variety of ways to address patient communication. In our first semester, we have a weekly course (Clinical Foundations of Medicine [CFM]) which teaches students effective aspects of communication (empathy, validation, respect, cultural awareness, interviewing techniques for special populations--peds, family, etc.), history-taking, and the physical exam. Students begin by practicing on each other, move to standardized patients, then move to real patients. It is taught in groups of 5 students by our faculty advisors; sessions last 3 hours, one day a week. One very helpful tool that we used in preparation for these sessions were modules on Doc.com (through Drexel, I believe), as well as video-taped interviews our faculty had prepared ahead of time. In the second semester, we begin our first clerkship (ambulatory clerkship lasting one year). Each student is paired with a faculty preceptor and spends one afternoon a week in the preceptor's practice. At this point in the semester (I'm an MSI), most of us are conducting a good portion of each patient visit on our own (patient history, physical exam, and some counseling). The preceptor provides feedback for our communication skills, professionalism, and interviewing/physical exam techniques. This clerkship lasts from January of year 1 through December of year 2. In addition to this clerkship (beginning in January of year 1), about once a month, our faculty advisor (instructor from CFM in first paragraph) meets with the same group of 5 students from to cover special topics in clinical practice. Thus far, we have had one session focusing on each of the following: constructing a differential diagnosis, motivational counseling, delivering bad news, and pain management. These sessions will continue through February of year 2, when we transition to the wards. Definitely happy to provide more info if you'd like to contact me.	Johns Hopkins	sara.fuhrhop@gmail.com	I'm honestly very pleased with the way this program has trained me. I would change a few minor details regarding the delivery of some of the course materials (logistical concerns more than anything), but in regard to patient communication, the programs we use seem spot-on. Most students agree that this patient-centered clinical training is one of the strongest components of our curriculum.	Absolutely. We focus each session on a specific aspect of communication, and we work our way up to using these skills with actual patients. The organization is great, because it pushes us to try new things, while also giving us adequate preparation to try these things.	

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						Goodness, not sure how I overlooked this last one. One of our CFM sessions is devoted to this (the first semester course I alluded to in my first submission of the survey), and in this session, the faculty basically emphasize the importance of not making assumptions. In our small groups of 5 students, we have a long chat with our faculty advisor about assumptions physicians might make with regard to religion, culture, ethnicity, sexual orientation, etc. Then a few different standardized patients come in (each is a case that might lead students to make incorrect/culturally incompetent assumptions), and students practice several rounds of history-taking. These SP encounters are done with the entire group of 5 students plus faculty advisor present, so discussion ensues after each student interviews a SP

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More than one of the above	Overlooked the last section...see previous response to this section.	Johns Hopkins	sara.fuhrhop@gmail.com			interviews a SP. I'd be happy to send you the materials from these sessions...let me know if you're interested.
Through standardized patients	One of the standardize patient sets we practice with in the second year is an angry patient, a patient where you have to break bad news (breast cancer is what they used for our class), and a patient which you need to use a medical translator. There is an online module before the patient set that runs over the basic do's and don't of each situation.	Univ of Arkansas	jccampbell@uams.edu		Definitely, especially the angry standardized patient. Although its seems silly at first, its kinda hard not to kinda take it personally when you walk into a room and a standardized patient starts yelling at you. It helps to prepare the second years for the fact that not all of our patients are going to be happy with us and gives them the opportunity to practice working through that situation in a controlled setting.	We actually have a lecture on cultural sensitivity and common cultural practices in addition to a standardized patient in which we use a translator.

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More than one of the above	Our Introduction to Clinical Medicine course, which spans both first and second years, teaches patient communication (primarily in the first year) through lectures and small group sessions. The small group sessions have a different focus each week, with topics ranging from religious and social competencies to caring for patients with drug addictions to assessing a psychiatric patient. These use a variety of volunteer patients from surrounding clinics and standardized patients.	Albert Einstein COM	howard.michelle.a@gmail.com		Yes, the program gives us a chance to think about and practice communicating with a variety of patients with different needs.	Because our school is in the Bronx, which is a very diverse area, our school places emphasis on learning to be culturally competent to best address our patients' needs. We have special sessions on learning to communicate with patients who use herbal/traditional medicine, have different religious beliefs, and speak different languages. This last session addresses the challenges of having family members as translators, having hospital staff as translators, and using translation services (e.g. telephone translating services).
More than one of the above	-required physical diagnosis course with graded interviews -required OSCEs at the end of each rotation	Utah	k.steenerson@utah.edu		-not necessarily, it is too formulaic and seems unrealistic compared to what is encountered on the wards and in the clinics	-required cultural sensitivity course that consists of three 3 hours sessions

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Through standardized patients	A series of standardized patients with attendings working as the instructors. Occurs typically once weekly throughout half of the first semester, with a few sessions in the second semester.	Oklahoma	Ryan-Huey@ouhsc.edu	It mostly focuses on history-taking and identifying a primary emotion. While important, it seems taking a history is an easier task than building rapport and communicating a plan. It's difficult to teach students about a plan when they don't know how to formulate one, however.	Yes.	N/A
Through standardized patients	very extensive standardized patient program plus a longitudinal in-hospital experience requirement beginning in first year.	Eastern Virginia Medical School	Ryan Barnette	n/a	yes.	class room component attempts to approach cultural issues.
Through small group sessions (discussion based)	We work through cases, get student and faculty feedback, and get time to practice interviewing patients in the hospital each week.	UWSOM	mduyzend@uw.edu	I would have even more feedback.	Yes.	Cases include cross-cultural issues.
More than one of the above	There is a Neurology session where patients with certain disorders are brought into our mock exam rooms. Small gruops of students go around to each room wtih attendings and learn about the disorder and the exam signs with the patietns.	University of Minnesota	kenneth.dodd@gmail.com 612.716.7085		Yes, selected students are asked to interview the patients and elicit exam findings under the guidance of an attending.	They don't, unfortunately.

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More than one of the above	Our approach teaches us patient interaction through lecture, small group, standardized patient meetings, and interviewing patients in the hospital starting during the first month of our first year curriculum. We also are encouraged to get extra exposure to working with patients through our free clinic or other volunteer programs. I think starting early is very important. If you wait to learn all of the medicine before you learn to talk to people, you wind up learning bad skills before the good ones. It is easy once you hit third or fourth year to use the language that is reinforced by talking with professors and attendings, while you are probably most understandable to a patient as a first year student. We also do a variety of things in lecture that prepare us to talk to patients, from lessons on patient literacy to watching a short film called "Rolling" regarding the needs of individuals in wheel chairs. We also had the opportunity to have lunch and a discussion with the director of the film. Knowing that you are just a little bit more informed about the medical and social needs of a group I feel make you more comfortable communicating with them.	Washington University in St. Louis	klemischr@wusm.wustl.edu	I like the program as is.	Yes.	We have cultural sensitivity lectures with our entire class as well as breakout small groups with individuals from the community. We also have lunch talks offered to our entire class that are put on by the various student groups that have informed us of the varied healthcare issues facing African Americans, the disabled, Hispanics, GLBT individuals, and other groups. I think that this combination of having official and student led initiatives works very well.

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More than one of the above	Our communication skills sessions are taught in three parts. The first part is a brief (15-20 minutes) didactic session that occurs once every two weeks. During this session a lecturer leads a group discussion over the material students were to have read for the day's session. The second part is a small group exercise with standardized patients that last for 1.5 hours. In these sessions, groups of 4 students, monitored by 2 facilitators, practice the skills they immediately learned about in the didactic session on standardized patients. Each student has 15 minutes to perform the skills learned, and then receive feedback from the three other group members and the two facilitators. The third part occurs during the next week when students are in an outpatient clinic with their longitudinal clinic preceptor. In this setting, they practice the communication skills they learned the previous week. The following week the process starts again with new skills. One example would be that students read about how to perform smoking cessation sessions. This would begin with a 20 minute discussion of the primary literature that was to be read. Then the student would practice with a standardized patient in getting him/her to quit smoking. The following week in clinic the student would ask all the patients he/she sees about their tobacco use, and if needed counsels them on quitting.	Cleveland Clinic Lerner College of Medicine of Case Western Reserve University	londond@ccf.org	The only concern with this setup is the small groups lead to a relative lack of standardization from group to group regarding how to best handle the various communication scenarios. At times this can be a bit frustrating. Overall, though, I believe this is a very successful approach to teaching this material.	This program is quite effective as for each skill learned you will receive feedback from 6 different people in a variety of settings. The variety of opinions is also helpful as each person has his/her own style.	We are consistently taught to not use medical jargon. These sessions do not consistently include information regarding cultural diversity. There is one session dedicated to this topic in the second year.
More than one of the above	We use a combination of didactic lecture, interactive lectures, videos, standardized patients, and preceptorship. Something I really like is that many times, we will have an SP come into class and our professor will show us how she would interview and do that exam (this is video recorded and projected onto our big screens in class to facilitate seeing the interactions). We also have extra sessions that are optional if a student feels they need additional help. We are also instructed to incorporate what we are doing in class with preceptorship as well for additional practice.	University of Central Florida		N/A	Yes, I feel like we have a lot of practice in interviewing, formative and graded.	We use a variety of diverse SPs and incorporate it into our community preceptor, where we can see a wide range of patients. We also have specific sessions in our psychosocial issues course, including LGBT, difficult patients, etc.

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More than one of the above	We have "Physical Diagnosis" and "Patient Communication" workshops starting week two of school, and proceeding weekly for 10 weeks, before becoming a once a month schedule. The topics for these sessions pertain to the body system which we are currently studying (ie. abdominal exam for GI). The physical diagnosis portions first have a short didactic session in a lecture hall with approximately 30-40 students, then we split up into groups of 3-4 and go into actual clinic rooms with a fourth year medical student preceptor to practice the physical exam portion for that session. Finally, after reviewing with the fourth year, we then go to a different clinic room in pairs to meet with a standardized patient to practice "for real", after which we receive immediate feedback from the patient, then we go to our fourth year preceptor to "present" our patient. While one student is doing the physical examination, the other student is in the room doing peer evaluation, then they switch. The patient communications portions are videotaped interactions with a standardized patient in a clinic room where peer students are also standing behind a one-way mirror evaluating the student. These sessions do not involve any physical exam items, but rather seek to improve student-patient interactions on things like smoking cessation, diabetes counseling, and amniocentesis counseling. Finally, at the end of each Block of classes, we have a "mock OSCE" where we meet with a standardized patient in a clinic room and integrate things we have practiced in both the physical diagnosis and communications workshops while being videotaped and evaluated by a fourth year medical student. One other program our school operates is a "Community Preceptorship in Clinical Practice" (CPCP). This links a first year medical student one-on-one with a practicing physician in the community, where the student is expected to implement their learned physical diagnosis and communication skills with real patients. Sessions are typically once a week for 3-5hrs, for eleven weeks and are with doctors in family practice, emergency medicine, geriatrics, obstetrics, or rheumatology. This is real-life practice where the student builds a rapport with their physician and learns how to present and practice independently.	Case Western Reserve University School of Medicine	crs134@case.edu	I would personally like more time with the fourth year students, and the administration did say that they are working on this, it is just scheduling conflicts that are currently the issue with increasing the amount of time.	Working in small groups with a fourth year student is very helpful for learning various tips and tricks to the physical exam items, as well as their actual context within a real clinic. The simultaneous evaluations from the patient and peer medical student provide different aspects of the exam, useful for improvement. The "mock OSCE" helps to integrate all of the skills we have learned and get immediate feedback from a fourth year student. We also view ourselves on video and give self-evaluations. This really brings together everything that we have learned for the patient interactions into one session.	

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Through standardized patients	none.	University of Tennessee Health Science Center		I firmly believe that effective patient communication strategies should be crucial in medical school education. As a matter of fact, I wish we were taught counseling and motivational interviewing as part of our curriculum.	Standardized patients certainly help. However, I do not think our communication skills are refined enough to truly be helpful.	Cultural sensitivity is built into our standardized patients (i.e. addressing sexual history, drug history, etc).
More than one of the above	We have standardized patient sessions dedicated explicitly to patient communication. This is beneficial because it allows us as students to focus on the verbal patient encounter as its own entity, equally important to the physical exam. Prior to each session, we split into groups of four first-year students with a fourth-year preceptor who can guide us through the best way of doing things before we see our standardized patients individually. We then incorporate our communications workshop skills in conjunction with our physical exam skills at the end of each block of classes.	Case Western Reserve University School of Medicine	crs134@case.edu	I would like a little longer time with the fourth year students during the pre-patient prep sessions as the fourth-years often have lots of useful information, but they may be cut short due to time constraints.	I think that this program is useful because patient communication is an important part of medicine that could be otherwise overlooked. By having explicit "communications workshops", it draws focus to the pertinent questions that we should be asking, how to ask them, and in an order that feels most comfortable for us. I have grown much more comfortable giving diagnostic news and targeted counseling through our program.	These topics are often built into the communications activities.