

# Consultation skills training for hospital doctors: an evaluation of a pilot workshop for ophthalmology

**Good quality doctor–patient communication is fundamental in the modern health-care era. This pilot study describes the design and evaluates the outcome of a consultation skills workshop for hospital doctors that incorporates participants’ real video consultations.**

## Introduction

The importance of good quality communication skills and the role of such training in undergraduate and postgraduate training are increasingly being recognized. Both the General Medical Council (GMC) documents, *Tomorrow’s Doctor* (GMC, 2003) and *The New Doctor* (GMC, 2005), which relate to the standards of medical education for the medical student and the preregistration house officer respectively, highlight the importance of communication skills and a patient-centred approach.

UK medical schools now incorporate communication skills training into their curricula. General practice was also quick to respond, and pioneered training as well as assessment of communication skills. The Academy of Royal Colleges has recommended the incorporation of communication skills training into the foundation programme as part of the governments Modernising Medical Careers agenda (The Foundation Programme Committee of the Academy of Medical Royal Colleges, in co-operation with Modernising Medical Careers in the Department of Health, 2005).

The authors formulated a pilot consultation skills workshop, using participants’ own actual consultations, and evaluated its feasibility as a method for delivering consultation skills teaching to hospital trainees. The study used actual video consultations to teach hospital junior doctors consultation skills in a style adapted from the primary-care setting.

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## Methods

### The preparation

A consultation skills workshop for ophthalmology senior house officers (SHOs) training in Worcestershire was held in the local education centre. Before the workshop, participants were asked to video record a sample of their daily clinical consultations. Consent was obtained from all patients before entering the consultation room (Figure 1).

The workshop was tailored to be simple, time efficient, and interactive. The workshop ran for a half-day session and was facilitated by a consultant ophthalmologist and a regional GP trainer.

### The workshop

The session was divided into two parts. The first consisted of didactic lectures discussing the value of communication skills training, and various consultation models: Scott and Davis (1979), Byrne and Long (1976), Neighbour (1987) and Pendleton et al (1984), and the adaptation of these models into the hospital setting. During the second half, the group watched participants’ video consultations. This was followed by group appraisal of the performance in a relaxed and constructive atmosphere, strictly adhering to Pendleton’s rules (Table 1).

Figure 1. Sample consent form.

We would like to video-record your consultation with the doctor today  
 This is for educational purposes. The recording will be studied by the doctors in this department and will then be erased  
 If you are happy for your consultation to be recorded you need do nothing  
 If you would prefer not to be recorded then please tell the doctor at the beginning of your consultation  
 Thank you  
 From Bevington (2002)

The workshop ended with a short debrief from the tutors. Participants each completed pre- and post-workshop questionnaires measuring their previous experience with consultation skills theory and training, their perceptions concerning such workshops and their subjective experience of the afternoon.

## Results

The four SHOs were all male, between 26 and 32 years of age and all with less than 2 years experience in ophthalmology.

### Pre-workshop questionnaire

Three participants had previous experience of communication skills teaching, all at undergraduate level. Only one participant was familiar with models of consultation. Two participants admitted to some anxiety towards being videotaped, but all four felt there would be some benefit from the workshop.

### Post-workshop questionnaire

All SHOs felt they had gained benefits from the afternoon. The mean rating of the workshop was 8.25 out of a possible 10 (mode=8). All participants felt the workshop explored areas in communication that they had not thought about before, and felt that they would make some changes to their practice from what they had learned.

Considering the importance for hospital ophthalmology, all participants believed that such a workshop was relevant to their work. Three of the four SHOs agreed that current

Table 1. Pendleton’s rules for feedback	
What went well (doctor)	From Pendleton et al (1984)
What went well (observer)	
What could have gone better (doctor)	
What could have gone better (observer)	

consultation skills training for hospital doctors is inadequate. Following feedback, all SHOs felt more relaxed regarding videotaping their consultations. All would recommend such a workshop to their colleagues.

## Discussion

### Why bother with communication skills?

Hospital health-care has begun its evolution towards consumerism. It is vital that hospital doctors working in the NHS respond to this change by adopting a patient-centred approach, which can only be accomplished by training consultation skills. Studies have shown poor communication to be a main influencing factor in their decision to take legal action (Vincent et al, 1994). This was reinforced by the recommendations from the Bristol inquiry (Coulter, 2002).

On an individual level, training in consultation skills through analysis of SHOs own techniques can provide vital insight into performance in the clinic, along with professional confidence and satisfaction. Evidence from communication skills workshops in various hospital specialities, such as neurology (Smith et al, 2002), rheumatology (Cooper and Hassell, 2002) and ophthalmology (Vegni and Moja, 2004), demonstrate a consistently positive experience from the participants.

### Does training make a difference?

A review article of communication skills training for health professionals working with cancer patients concluded that such training programmes were effective in improving the use of focussed and open questions and the expression of empathy in attendees (Fellowes et al, 2004). Similar specialized training programmes designed for medical students has shown that trained students were more efficient in extracting relevant information from the patients history (Evans et al, 1996). Comparable improvements are also evident in training doctors at consultant level (Vegni and Moja, 2004).

### Why use a ‘workshop’?

Evidence-based analysis on methods of delivering continuing education for health professionals found that combined didactic and interactive workshops can result in statistically significant changes in professional practice when compared to didactic sessions alone (Thompson O’Brien et al, 2001).

### Why video?

The use of video in the training and assessment of communication skills has been pioneered by general practice. Currently it is used as the cornerstone in the Royal College of General Practitioners membership examination and has been proven to be reliable for this purpose (Tate et al, 1999). The authors incorporated actual, rather than simulated video consultations, as it was felt that it added a realistic and relevant flavour to the workshop, as long as patient informed consent and confidentiality was respected. This method had the added benefit of keeping a low-cost base for the workshop.

Video taping of consultations are an understandable source of participant anxiety. Viewing the videos in a controlled environment and using Pendleton’s rules of feedback (Table 1) lowered initial levels of anxiety. By the end of the workshop participants felt more relaxed about videoing consultations and perceived videos and feedback to be the most valuable component of the workshop. The authors recommend breaking larger workshops up into smaller groups of four to five so that all participants are able to show their videos and listen to the feedback.

## Conclusions

Consultation skills are becoming more relevant to all aspects of medicine, be it primary or secondary care. Implementing consultation skills training workshop for junior hospital doctors is simple to set up, and both agreeable and enjoyable for all participants. The use of actual video consultation in the workshop helped to make the workshop more dynamic and valuable.

Further research with larger, mixed sample groups would be needed to corroborate the authors findings and to measure the long-term objective efficacy of the training on the doctors’ consultation practices. **BJHM**

Conflict of interest: none.

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## KEY POINTS

- Consultation skills training is an essential part of today’s hospital doctors training curriculum.
- A consultation skills workshop is simple to set up.
- Trainees found the workshop to be acceptable, enjoyable and beneficial.
- The ‘actual video consultations style’ used in GPs training and evaluation is both relevant and valued by hospital trainees.
- Pendleton’s rules provided a safe and constructive framework for trainees to receive feedback.