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“A Multi-Modal Educational Intervention to Improve Resident Physician Communication in the ED”

Effective physician communication skills in the doctor-patient relationship benefit both the patient and clinician. We propose a novel, multi-modal curriculum to teach and assess communication skills in emergency medicine (EM) residents and the goal of our proposed project is to study the effects of this. The specific aims of this study are 1) to study whether a patient-centric, multi-modal curriculum for EM residents with direct patient feedback improves scores on the Communication Assessment Tool (CAT), a validated, patient-centered assessment instrument on physician communication and 2) to determine if a patient centric multi-modal curriculum with direct patient feedback is rated as a favorable educational innovation by EM residents.

Our proposed curriculum to teach and assess communication skills consists of two parts: an asynchronous video module on communication skills and direct patient feedback using the CAT questionnaire. Trained research assistants will administer the CAT questionnaire and solicit free response feedback to discharged patients seen by an EM resident throughout the course of the study period. Residents will be randomized to either the early-intervention group or the control group. Those in the early-intervention group will be given the educational video module early on in the study period and will receive feedback on their patients' CAT questionnaire responses at regular time points during the study period during brief meetings with the study investigators. Residents in the control group will not receive early feedback or the video module and instead will receive the curriculum at the end of the study period. All residents will be asked to complete a post study survey regarding the utility of the curriculum.

We will compare CAT scores between groups using mixed models analysis over the course of the study period. Qualitative analysis will also be performed to compare the free response comments from patients between groups. Descriptive statistics will be used to analyze resident survey responses. We predict that residents who receive the multi-modal curriculum early will have higher CAT scores and rate the curriculum more favorably compared to those in the control group.