

Education research on Difficult Conversations on Neurology

Anusha KJ

Department of Basic and Applied Sciences, Dayananda Sagar University, Bengaluru, Karnataka, India

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Short Communication

To characterize features of specific medical student exposure to difficult conversations during a neurology core clerkship. This was a cross-sectional current nested mixed mechanism study, and all students rotating through a required neurology clerkship were enrolled. Data collection included an electronic communication tracker and end of clerkship rolls, and some facilitated groups. Students were asked to log exposure to patient clinician conversations about new problems, poor prognosis, prognostic uncertainty, terminal diagnosis, and end-of-life care. A total of 154 students were enrolled and 282 conversations were tracked. Most of the students were observed at least 1 difficult conversation, and conversations about poor prognosis, new disability, and prognostic uncertainty were most commonly logged. At clerkship end, most of the students desired additional training in communication skills. Exposure to one of the redefined conversation types did not improve students perceived to lead difficult conversations in the future. Students noticed that the educational value of observation of a difficult conversation could be optimized with a pre conversation planning and post conversation debriefing. Difficult conversations are common in neurology, and represent a important opportunity to provide communication skills training. Future curricula should consider ways to clear these existing opportunities to enhance communication skills training. Enhanced communication has been observed as an effective strategy to improve patient safety and care quality measures. Although communication and interpersonal skills development is a central point of medical education and is heavily represented in entrustable professional activities expected of graduating medical students, few studies have evaluated how some medical students gain communication skills on the wards.

At the end of medical school, students should be prepared to communicate complex and difficult information to patients and families. As results suggest that the neurology clerkship offers valuable opportunities for students to learn these skills through direct observation of complex patient–clinician communication, and that clinical communication skills training would be introduced by medical students.

The American Academy of Neurology recently outlined a framework for communication skills in medical school curricula. As further steps, medical educators in neurology should consider building on communication skills training models in other disciplines to create definite curricula that address the issues that commonly arise in neurology. Particular target areas might include communication of neurologic prognosis and prognostic uncertainty, facilitation of shared decision-making, and interprofessional team communication. Colliding with educators throughout the medical school curriculum, in both clinical and preclinical years, can ensure students receive ongoing, longitudinal communication skills instructions. Medical students in their final year tracked significantly more conversations than those in their second and third years, which may suggest that more experienced medical students are more likely to be included in, or out, difficult conversations. Efforts should be made to ensure students have opportunities to observe complex communication encounters skills throughout their clinical training.

References

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***Correspondence to:**

Anusha KJ

Masters in Biotechnology

Department of Basic and Applied Sciences

Dayananda Sagar University, Bengaluru,

Karnataka, India

E-mail: anushakj28@gmail.com