

## Assessment and Feedback of Communication Skills

### What is this assessment tool?

The Communication Checklist has been designed after a consensus meeting of some of the world's principal authorities on the essential communication elements that make up a successful doctor-patient interaction<sup>1</sup>. Whilst there are a large number of tools available to assess communication skills, the following model, which was designed to be used by medical supervisors and faculty, was found to be self-explanatory, have good inter-observer reliability and be a reasonably efficient way of providing feedback on trainee's communication skills<sup>2</sup>. Development of the original tool was supported by the Bayer Institute for Health Care Communication and The Fetzer Institute. The attached tool is the Kalamazoo Essential Elements Communication Checklist (adapted)<sup>3</sup>.

### When to use this tool.

This tool is designed to provide assistance in providing feedback to any trainee who may benefit from improving their communication skills. This may be in the context of a borderline end of term assessment or from mid-term feedback, where communication skills have been found to be an area of concern. The decision whether it is appropriate to perform a formal assessment of communication skills can be made by the training supervisor or the chair of the regional Training and Accreditation Committee. After discussing the mid or end of term feedback with the trainee, the training supervisor should then recommend a formal assessment of communication skills using the following tool.

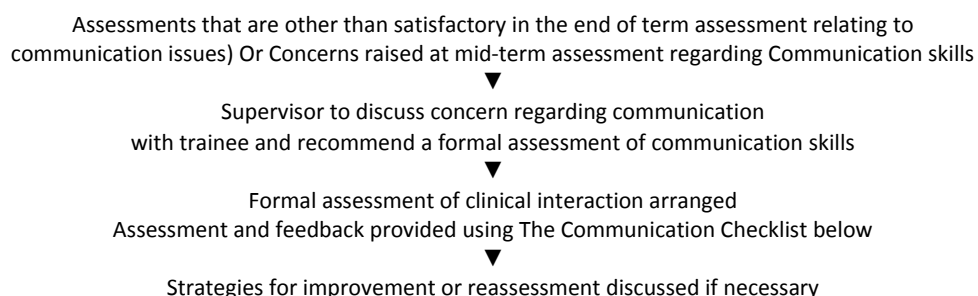
### Who should use this tool?

The tool is designed to be used by training supervisors and the assessment should be done by a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. If the training supervisor is unable to conduct the assessment, it can be done by another nominated Fellow of the college.

### How to use this tool.

The assessment of communication skills requires the training supervisor to directly observe a doctor-patient interaction. It is ideally suited to an outpatient scenario, but can be used during an in-patient interaction. The training supervisor and trainee should arrange a time to meet and observe the clinical interaction. During the interaction the supervisor should complete the assessment on the following sheet, making notes where appropriate. After the clinical interaction the supervisor should provide feedback to the trainee based on the elements assessed, outlining both the positive aspects and areas for improvement. The supervisor should discuss whether any further training or support is required for the trainee, or whether further assessment is required after the implementation of any proposed improvements. If no further assessment is required, the trainee returns to the normal three and six month assessments. A copy of the form should be retained in the trainee's and supervisor's records. It need not be returned to College House.

### Summary of Assessment process



1. The Bayer-Fetzer Group on Physician-Patient Communication in Medical Education. Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement. Academic Medicine 2001; 76:390-393.
2. Schirmer J. Assessing Communication Competence: A Review of Current Tools. Family Medicine 2005;37(3):184-92
3. Rider EA. Competency I: Interpersonal and Communication Skills. In: Rider EA, Nawotniak RH, Smith GD. A Practical Guide for Teaching and Assessing the ACGME Core Competencies. Marblehead, MA: HCPro, Inc., 2007, pp. 1-84.

# RANZCOG Assessment of Communication Skills

## Kalamazoo Essential Elements Communication Checklist (adapted)

Trainee name:	Supervisor name:
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(please print)

Category	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
(Please tick the appropriate box.)					
<b>A. Builds a Relationship</b> (includes the following): <ul style="list-style-type: none"> <li>Greets and shows interest in patient as a person</li> <li>Uses words that show care and concern throughout the interview</li> <li>Uses tone, pace, eye contact, and posture that show care and concern</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Opens the discussion</b> (includes the following): <ul style="list-style-type: none"> <li>Allows patient to complete opening statement without interruption</li> <li>Asks <i>'Is there anything else?'</i> to elicit full set of concerns</li> <li>Explains and/or negotiates an agenda for the visit</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Gathers Information</b> (includes the following): <ul style="list-style-type: none"> <li>Begins with patient's story using open-ended questions (eg <i>'tell me about...'</i>)</li> <li>Clarifies details as necessary with more specific or 'yes/no' questions</li> <li>Summarizes and gives patient opportunity to correct or add information</li> <li>Transitions effectively to additional questions</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Understands the Patient's Perspective</b> (includes the following): <ul style="list-style-type: none"> <li>Asks about life events, circumstances, other people that might affect health</li> <li>Elicits patient's beliefs, concerns, and expectations about illness and treatment</li> <li>Responds explicitly to patient's statements about ideas and feelings</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Shares information</b> (includes the following): <ul style="list-style-type: none"> <li>Assesses patient's understanding of problem and desire for more information</li> <li>Explains using words that patient can understand</li> <li>Asks if patient has any questions</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Reaches agreement</b> (if new/changed plan) (includes the following): <ul style="list-style-type: none"> <li>Includes patient in choices and decisions to the extent s/he desires</li> <li>Checks for mutual understanding of diagnostic and/or treatment plans</li> <li>Asks about patients ability to follow diagnostic and/or treatment plans</li> <li>Identifies additional resources as appropriate.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. Provides closure</b> (includes the following): <ul style="list-style-type: none"> <li>Asks if patient has questions, concerns or other issues</li> <li>Summarises</li> <li>Clarifies follow-up or contact arrangements</li> <li>Acknowledges patient and closes interview</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Adapted from Essential Elements: The Communication Checklist, ©Bayer-Fetzer Group on Physician-Patient Communication in Medical Education, May 2001, and from: The Bayer-Fetzer Group on Physician-Patient Communication in Medical Education. Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement. Academic Medicine 2001; 76:390-393.

<b>Trainee name:</b>	<b>Supervisor name:</b>
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(please print)

### Summary of feedback

**State what was done well during the consultation observed:**

**State what areas could be improved upon:**

**State whether any additional strategies should be implemented:**  
(eg further training in communication, language or speech)

**Does the trainee need any further assessment of their communication skills?**

☐

Yes, areas for improvement identified.  
Further assessment advised.

Date for further assessment:        /        /20

☐

Satisfactory.  
No further assessment advised.

Return to normal mid and end of term assessment.

### Sign-off

**I have discussed the content of this assessment with my supervisor.**

**I have discussed the content of this assessment with the trainee.**

Trainee's name:

Supervisors name:

Trainee's signature:

Supervisors signature:

Date:

Date:

A copy of this form should be retained in the trainee's and supervisor's records. It need not be returned to College House.