ARTICLE ORIGINAL / ORIGINAL ARTICLE

PERCEPTION OF FINAL YEAR MEDICAL STUDENTS OF THE VALUE OF AN INNOVATIVE AUDIOVISUAL PRODUCTION ON COMMUNICATING WITH PSYCHOLOGICALLY DISTRESSED PATIENTS

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Saab B, Makarem N. Perception of final year medical students of the value of an innovative audiovisual production on communicating with psychologically distressed patients. J Med Liban 2019 ; 67 (2) : 76-79.

ABSTRACT • Background : Psychological distress is common in primary care. Primary care physicians tend to miss around 50% of patients with mental health issues. Proper communication with psychologically distressed patients (PDP) decreases morbidity and mortality. The aim of this paper is to examine the acceptability of medical students to an audiovisual package on communicating with the PDP. **Methods :** The department of Family Medicine at the American University of Beirut Medical Center (AUBMC) developed two scenarios to train medical students and other health professionals on how to communicate properly with PDP. An anonymous feedback of fourth year medical students on this work was obtained using a Likert scale questionnaire as well as response to open and closed questions. **Results :** Of the eighty-nine students who attended the workshop, eighty-two completed the questionnaire (92% response rate). The majority of the students who watched this work rated highly this educational tool. Eighty-four percent of the students reported that they gained four or more ideas that can help in communicating with PDP. **Conclusions :** Eighty-four percent of last year medical students reported to have gained four or more new ideas to deal with PDP after reviewing the innovative audiovisual package. Further research to prove its efficacy in diagnosing and managing PDP is underway.

Keywords : psychological distress; depression; anxiety; communication skills; primary care; family medicine

Saab B, Makarem N. Évaluation par des étudiants en dernière année de médecine d'une production audiovisuelle innovante traitant de la communication avec des patients psychologiquement en détresse. J Med Liban 2019 ; 67 (2) : 76-79.

RÉSUMÉ • Contexte : La détresse psychologique est fréquente dans les premiers soins. Les médecins généralistes ont tendance à ne pas la discerner chez environ 50% des patients ayant des problèmes psychiatriques. Une bonne communication avec les patients en détresse psychologique (PDP) dimi-nue la morbidité et la mortalité. Le but de cet article est de tes-ter l'acceptabilité des étudiants d'une production audiovisuelle innovante avec des patients psychologiquement en détresse. **Méthodes :** Le département de médecine familiale du Centre médical de l'Université américaine de Beyrouth (AUBMC) a mis au point deux scénarios pour former les étudiants en médecine et autres professionnels de santé à la communication avec les patients en détresse psychologique. Un retour anonyme des étudiants en médecine de 4e année sur ce travail a été obtenu à l'aide d'un questionnaire à l'échelle de Likert, ainsi que des réponses à des questions ouvertes et fermées. **Résultats** : Quatre-vingt-deux des 89 étudiants ayant assisté à l'atelier ont répondu au questionnaire (taux de réponse : 92%). La majorité de ceux ayant visionné ce travail ont attribué une note élevée à cet outil d'apprentissage; 84% d'entre eux ont déclaré avoir acquis quatre idées ou plus pouvant aider à la communication avec les patients en détresse psychologique. **Conclusions**: Quatre-vingt-quatre pour cent des étudiants en dernière année de médecine ont déclaré avoir acquis au moins quatre nouvelles idées de traitement de PDP après avoir examiné cette production audiovisuelle innovante. Des recherches supplémentaires pour prouver son efficacité dans le diagnostic et la gestion des patients en détresse psychologique sont en cours.

Mots-clés : détresse psychologique; dépression; anxiété; compétences en communication; premiers soins; médecine de famille

BACKGROUND

Around 30% of medical visits to family physicians are classified as difficult encounters [1]. Mental health problems are prominent contributors to such difficulty. The WHO 2015 Global Health Observatory estimated that one in 10 people in the world suffer from a mental disorder [2].

In the US, 8.4% of 46,417 adults screened positive for depression of which only 28.7% received treatment [3]. Data from the Middle East reveals a high prevalence of psychiatric morbidity in primary health clinic attendees [4-7].

Mental health has a substantial effect on a person's health. Psychological distress contributes to the development of chronic diseases including metabolic disorders, cardiovascular disease, pulmonary disease, and gastrointestinal disorders [8-10].

Unfortunately, mental disorders in primary care still go unrecognized. Delay in diagnosis leads to significant morbidity, mortality, and higher service utilization [11]. The challenges that primary care physicians face in identifying and dealing with psychologically distressed patients (PDP) are many. Patients with mental health

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problems presenting to primary care physicians are less likely to have severe symptoms compared to those going directly to psychiatrists. Usually these are patients with no known previous psychiatric history and what makes their diagnosis more elusive is that they usually present with physical symptoms [12]. Furthermore, during the medical encounter, the primary care physician has to focus on several issues like acute medical complaints, managing known medical problems, prevention, as well as checking patient compliance to medical care; all of which are done within a limited time frame [13,14].

The aim of this paper is to examine the acceptability of medical students regarding an audiovisual package on communicating with the PDP.

METHODS

Setting and students

The American University of Beirut (AUB) is a privately funded institution. Students spend four years in the medical school after obtaining a bachelor degree and before enrolling in a specialty program.

Six to eight 4th year medical students rotate each block (4 weeks) in the Department of Family Medicine (DFM). During this block the students attend a session on communicating with the PDP.

The information was gathered between June 2014 and May 2015. This workshop is facilitated by the same family physician.

Description of the audiovisual material

The video material (intervention tool) was ready in June 2015. The scenarios depict two different common mental health problems witnessed in primary care. The script was reviewed by a psychologist, a psychiatrist and two patients. The actors included one medical student, two family medicine residents, as well as a standardized patient at the DFM.

The scenarios were recorded in Arabic with English subtitles and are paused at several points allowing the audience to comment. Each scenario is followed by a commentary that is presented by one family physician. The commentaries highlight communication skills pertinent to interviewing a PDP (Table I). The total duration of the recorded material is 23 minutes and 34 seconds.

The first case describes an elderly patient with the chief complaint of weight loss and who had lost his wife few months ago. The patient is reluctantly brought in by his daughter to see a primary care physician. By failing to adopt the bio-psycho-social model and missing non-verbal clues, the physician misses the diagnosis of depression and ends up ordering unnecessary and costly blood tests and imaging studies.

The second scenario describes a university student who is presenting with shortcoming in his academic performance due to anxiety complicated by depression.

The physician in this case succeeded in establishing a good rapport with the patient and was able to explore the patient's perspectives and beliefs (patient-centered approach). Unlike the physician in the first scenario, the physician in this clip adopted the bio-psycho-social model, which along with a detailed history and physical exam, led to the correct diagnosis without ordering unnecessary tests. The physician properly addressed emotions by naming the feeling, showing understanding and respect, as well as supporting and empathizing with the patient. The physician explained the body-mind relation using a visual aid to demonstrate the cause of the symptoms and to improve compliance to prescribed medications. Furthermore, the physician set realistic goals for the treatment plan and was sensitive to the patient's financial capabilities when addressing medications.

The project was financed by a restricted fund for the Communication Skills Working Group at the AUB. The scenarios, which are based on real encounters, were put by the editor of this work and were coedited by another family physician. (Link for script: http://staff.aub.edu.lb/~webcomm/psychdistressedp.pdf)

Students' evaluation

By the end of each session, the students were asked to fill an anonymous questionnaire to be handed back to an honest broker.

The survey consisted of five items on a 5-point Likert scale ranging from poor (1) to excellent (5). The items elicited students' awareness of the importance of communication skills in medicine as well as their opinions on the video quality, the idea of using audiovisual material in teaching communication skills for the PDP, the facilitator's role, and the overall course evaluation. Students were asked to indicate the number of useful new ideas they have received from the workshop and the effect of the session on their performance in communicating with PDP. Students were also invited to write their

TABLE I

SPECIFIC SKILLS IN COMMUNICATING WITH THE PSYCHOLOGICALLY DISTRESSED PATIENT

Adopt a bio-psycho-social approach
Use of the BATHE technique (background, affect, trouble, handling of problem, empathize)
Address emotions
Explore coping mechanisms
Set realistic goals/expectations
Explain body-mind relation using visual aid

TABLE II

SURVEY RESPONSES TO THE LIKERT SCALE QUESTIONNAIRE (NUMBER 82)

	Mean	Median	Mode	Standard Deviation
Awareness of importance of communication skills in medicine	4.7	5	5	0.50
Video quality	4.5	5	5	0.63
Video scenarios as a teaching tool	4.7	5	5	0.57
Facilitator's role	4.7	5	5	0.51
Overall course evaluation	4.7	5	5	0.52

Poor = 1-2 **Good** = 3-4 **Excellent** = 5

comments on what they liked most and least about the workshop and whether they think the workshop needs to be developed further, and if yes, then how.

Statistics

The data was analyzed by an honest broker using simple descriptive statistics.

RESULTS

The workshop lasted 60 minutes. Of the 97 students who were supposed to attend the workshop nine were absent or excused. Eighty-two students (93%) completed the questionnaire form of which 34 were females, 45 males, and 3 unspecified.

The feedback given by students on the Likert scale questionnaire is summarized in Table II. Eighty-four percent of the students acknowledged having received 4 or more useful new ideas from the session. The students had 15 and 4 different positive and negative comments, respectively. The response of students to what they liked most and least about the workshop is shown in Table III.

The majority of the students who commented on whether the workshop can be developed further indicated that "*it is good as it is*". Suggestions for improvement included adding more diverse scenarios, to have students write scenarios, and to publish the material on AUBMC website and YouTube.

Sixty-five students (79%) thought that the session will greatly improve their performance while communicating with a psychologically distressed patient. Only one student thought that the session will not be of any help.

DISCUSSION

This audiovisual material is unique as it addresses communication with the PDP, a common and important problem encountered in primary care. To the best of the authors' knowledge, such a work is the first of its kind to be reported.

Customized video clips were chosen over short scripts from traditional movies mainly to highlight as many communication skills concepts as possible within a limited time. This study builds on previous literature that suggests that medical students can learn by watching appropriate targeted video clips [15-18]. Students in small groups reported to have acquired several useful ideas that may be implemented in their practice. Patki and Puscas reported that review of realistic videos by residents in otolaryngology allows them to improve their communication skills [19]. In another study on nurses communicating with difficult patients, use of audiovisual material was believed to improve the confidence of the nurses in dealing with breaking bad news and dealing with patients with aggressive behavior [16].

Obviously, reflection on a video clip cannot replace an actual interaction with a patient. Objective structured

TABLE III

STUDENTS' RESPONSE TO WHAT THEY LIKED MOST AND LEAST ABOUT THE WORKSHOP

Liked Most
The video and comparison between two different scenarios.
It is really good.
The video gave new ideas and information to apply.
Realistic, helps in future patient encounters.
The topic and the discussion.
Interactive, videos are more effective in learning.
The videos were light and music was nice.
Facilitator makes it interesting.
Real-life, common scenarios.
Clear comparison between a good approach and a bad approach.
The comprehensive nature & style of introducing sensitive questions.
Actors performed well.
Open discussions - Ideas contributed by group.
Concise and useful.
Clear objectives.
Liked Least
Long scenarios.
Some repeat of the lecture in Med I and Med II.
Sound quality could be better.
Many pauses to comment.

clinical exam stations, however, that come closest to mimicking a real patient-doctor encounter, are prepared at a higher cost and require time investment from multiple faculty members, factors that are bypassed in the video clips presented here. Nevertheless, medical students watching this work are expected to adopt a bio-psychosocial approach and communicate better with psychologically distressed patients resulting in better detection and management of mental problems.

There were contradictory remarks by the students. Some thought the video was concise and requested a longer session with more diverse scenarios while others thought the session was long. This is natural considering the different interest of such a group in future specialization. One expects students interested in non-clinical specialties to have lower interest in communication skills.

During the session, some basic communication skills were highlighted. These skills were taught to medical students in their first medical year. Few students thought that this should not be repeated. We thought that reiterating basic skills is important to raise and build upon while teaching new skills.

The pauses were crucial to allow for interactive discussions that were appreciated by many students and discouraged by one. The interest in the work is reflected by the fact that the time for discussion was longer than the audiovisual material displayed.

As of the next academic year, the authors will request to have an hour and a half for this activity to allow time for more hands on. Future work is needed to examine the impact of this intervention on the students' skills. Preparation of the proposal for this task is underway.

CONCLUSIONS

The workshop was well accepted by last year medical students. Eighty-four percent reported to have gained four or more new ideas to deal with PDP after reviewing the audiovisual package. Seventy-nine percent of these students stated that their interviewing skills with PDP will improve. Further research to prove its efficacy in diagnosing and managing PDP is underway.

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