



A collaboration on teaching and assessing triadic consultation skills

Andy Ward ^{a,*}, Deborah Critoph ^b, Rachel Westacott ^{c,1}, Rachel Williams ^b, Nisha Dogra ^a

^a Leicester Medical School, UK

^b University of Cambridge School of Clinical Medicine, UK

^c Birmingham Medical School, UK



ARTICLE INFO

Keywords:

Triadic consultations
Clinical communication
Teaching
Assessment
Collaboration

ABSTRACT

Introduction: Teaching triadic consultation skills is becoming increasingly prevalent at medical schools but is included by few schools in summative assessments. We describe a collaboration between Leicester and Cambridge Medical Schools to share teaching practice and the development of an objective structure clinical examination (OSCE) station to assess these important skills.

Methods: We agreed on the broad components of the process skills of a triadic consultation and wrote a framework. We used the framework to develop OSCE criteria and suitable case scenarios. The triadic consultation OSCEs were used in our summative assessments at Leicester and Cambridge.

Results: Student feedback on teaching was largely positive. The OSCEs at both institutions performed effectively provided a fair and reliable test and had good face validity. Student performance was similar in both schools.

Discussion and conclusion: Our collaboration provided peer support and enabled the production of a framework for teaching and assessing triadic consultations that is likely to be generalisable to other medical schools. We were able to reach a consensus on what skills should be included in the teaching of triadic consultations and to co-design an OSCE station to effectively assess those skills.

Innovation: Collaboration between two medical schools using a constructive alignment principle allowed the efficient development of effective teaching and assessment of triadic consultations.

1. Introduction

Triadic consultation refers to the presence of a third party, such as a carer or companion, in medical encounters (Fig. 1).

This form of consultation is relatively common, occurring in over a third of routine visits to health services [1]. Laidsaar-Powell et al (2013) conducted a systematic review of triadic medical consultations. From 52 studies, results indicated that companions regularly attending consultations, were frequently perceived as helpful, and assumed a variety of roles. However, their involvement often raised challenges. Patients with increased need were more often accompanied. Some companion behaviours were felt to be more helpful (e.g. informational support) and others less helpful (e.g. dominating/demanding behaviours), and preferences for involvement varied widely [2]. In the UK, the General Medical Council states in *Outcomes for Graduates* that newly qualified doctors should be able to “communicate clearly, sensitively and effectively with patients, their relatives, carers or other advocates”, including where there is “conflict or disagreement” [3]. It is unclear from the literature how triadic consultation skills are taught and assessed in practice. Anecdotal evidence from informal

surveys and personal interaction with 25 communication skills training leads at UK medical schools found that the teaching of triadic consultation is becoming more widespread, but less than a quarter of those schools formally assess the specific skills in Objective Clinical Structured Examinations (OSCEs).

At Leicester and Cambridge medical schools, we worked collaboratively – sharing the development of teaching on triadic consultation skills. We developed marking criteria and clinical scenarios to enable triadic skills to be reliably tested in an OSCE examination. This was successfully embedded into our curricula at different time points. By collaborating, we were able to produce a teaching framework and assessment criteria that would be transferable to other institutions.

2. Methods

In 2015, the teaching of triadic consultation skills was introduced into the clinical communication skills curriculum in the penultimate year of the undergraduate medical degree at Cambridge Medical School. A specifically designed experiential learning session was developed within the child

* Corresponding author at: Leicester Medical School, University of Leicester, University Road, Leicester LE1 7RH, UK.

E-mail addresses: aw139@le.ac.uk (A. Ward), dc625@medschl.cam.ac.uk (D. Critoph), r.j.westacott@bham.ac.uk (R. Westacott), rachel.williams88@nhs.net (R. Williams), nd13@leicester.ac.uk (N. Dogra).

¹ Dr Westacott was working at Leicester Medical School at the time this work was carried out.

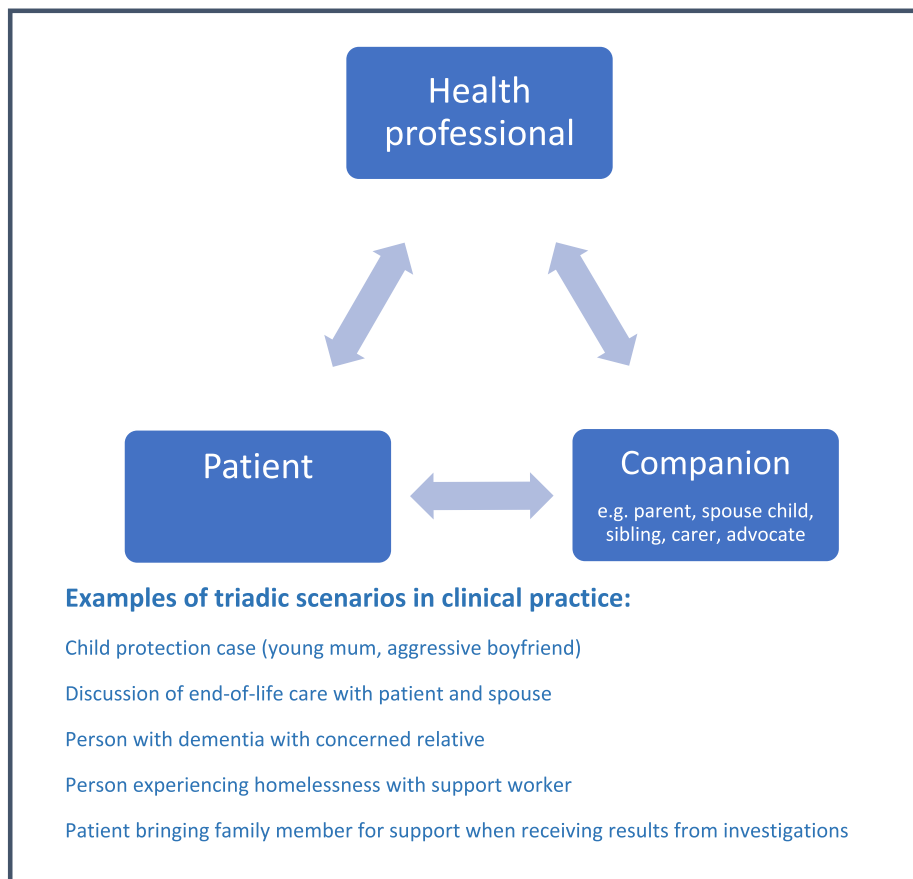


Fig. 1. Examples of triadic scenarios.

health block to enable students to explore and practice the skills required to navigate triadic consultations – a common scenario when communicating with children and their carers. At this stage of the Cambridge curriculum, students have completed a full year of clinical medicine and will likely have been exposed to triadic consultations in clinical contexts. Students have also received one year of clinical communication skills development in experiential small group sessions.

At Leicester Medical School, triadic consultations were introduced to the curriculum in 2016 as part of communication skills and diversity teaching in the first year of the medical degree. The triadic scenario was created to enable the students to “demonstrate a patient and person-centred approach to interactions based on attitudes of respectful curiosity and empathy” [4].

Later in 2016, members of our respective communication skills and assessment teams met to share information about our triadic teaching sessions. As a result of this meeting, a further triadic teaching session was introduced into the second year of the course in Leicester using resources shared by Cambridge and utilising a simulated patient scenario (Table 1). At this stage of the Leicester curriculum, students have not started their clinical attachments and these sessions represent their only opportunity to engage in triadic consultation practice. The sessions sit within the context of a module that teaches many aspects of general clinical communication.

Following this, a development team was formed to co-design and implement an OSCE station assessing triadic consultation skills, that could be used in both institutions. This was even though teaching on triadic consultation occurred at different time points and within different blocks in each respective curriculum.

Using a constructive alignment principle as described by Biggs [5] (Fig. 2), we agreed on the broad components of the process of a triadic consultation and a framework of learning outcomes (Table 2).

This framework was used to develop clinical case scenarios that would assess these learning outcomes as 10-minute OSCE stations. Whilst the

learning outcomes assessed at our schools were the same, the marking criteria were varied to allow incorporation into our differing institutional assessment structures. The agreed premise for each OSCE scenario is that there is a misunderstanding between the “patient” and their companion’s views on the patient’s motivations relating to engagement in healthcare. The student’s task is to identify this difference in perspective using a patient-centred approach, whilst also ensuring that the companion is included in the discussion to the extent that the patient wants their support. We piloted the OSCE station and marking criteria before using them in a formal exam. We co-developed training materials for tutors, simulated patients and examiners to ensure consistency in teaching and assessment. Decision-making is not covered in the triadic teaching sessions in Leicester and Cambridge, so was not included in the scenarios or marking criteria developed for the OSCE. As the focus of this work is on the specific skills for triadic consultations, generic skills such as closing the consultation were also not included.

The OSCEs took place within a few weeks of each other at the end of the second year in Leicester and the fifth year in Cambridge. We each observed the performance of the station at our sister site as well as delivering the OSCE station in our home institution. Standard quality review of the OSCE station took place as per each school’s normal practice for summative assessments. External examiners attended both OSCEs, observed the triadic stations and provided feedback to the assessment panels at both institutions. This information was subsequently provided to the development team.

3. Results

3.1. Teaching

Student feedback was collected through routine module feedback via online anonymous surveys, with a response rate of approximately 60% at

Table 1
Simulated patient scenario used in Leicester.

Simulated patient briefing notes for triadic teaching session.		
George Stevens, 71 year old recently diagnosed with aortic stenosis following episode of syncope. Attending the GP surgery with his daughter to discuss treatment options.		
	Patient	Son/Daughter
Temperament	You are initially somewhat dismissive of the diagnosis of aortic stenosis and feel like you are wasting everyone's time. It can't be that serious as you are normally well.	You are frustrated with your father/mother. You have noticed the shortness of breath on exertion and been telling them something is wrong for a while, but feel they have been ignoring you
Patient's framework <i>Ideas and thoughts</i> What did you think might have caused your problem?	You think that the shortness of breath is just a sign of your age and that the collapse was due to overdoing it and rushing around too much. You are sceptical of the diagnosis of aortic stenosis as you feel well most of the time. You have not looked into what it might mean.	You are worried that you should have persuaded your father/mother to seek medical attention sooner and that failure to do so caused his/her collapse and will have made his/her condition worse. You have <i>Googled</i> aortic stenosis and read that it could cause sudden death if left untreated.
<i>Concerns</i> What are you concerned about?	You don't like the sound of heart surgery and are worried you wouldn't survive it.	You are worried that your father/mother won't accept the treatment that they need
<i>Expectations</i> What are you hoping for?	You are hoping that the doctor will reassure you and tell you that your problem can be managed with tablets.	You want the doctor to explain to your father/mother the potential seriousness of the condition and make sure they go to their hospital appointment.
<i>Feelings</i> How are you feeling about it all?	You felt embarrassed about the collapse and wouldn't want that to happen again, but you feel healthy at the moment and just want to carry on as you are. You worry about becoming a burden on your son/daughter but won't consider moving to Leeds.	You are worried that something more serious will happen and living so far away makes it difficult to keep an eye on your father/mother. You feel responsible for him/her
<i>Effect on life</i> What effect is this having on your life?	Your collapse has made you nervous about going out in public places and you have not been out since you got out of hospital.	You are worried how you will support your father if his condition deteriorates owing to your other commitments
Questions to ask	What is the diagnosis and why do they think you have it? What would happen if I did nothing?	Should I have made him/her come to the doctor sooner? Could it have prevented this situation? Would it be better to get dad/mum to move to Leeds?

both institutions. Review of the free-text comments provided by students showed that the teaching sessions were positively received. Specifically, Leicester students described it as relevant to their future practice and that the timing of the session (early in their training) was appropriate. The Cambridge feedback showed that the students appreciated the opportunity to reflect on complex situations in a safe space and the chance to consider the differing needs of multiple people in the consultation. Areas for improvement mainly focussed on student requests for more time to practice triadic scenarios and receive feedback.

3.2. Assessment

In the first year after development, we delivered the OSCE station as part of a 10-station exam in Leicester to 230 students over four days and as part of a 6-station exam in Cambridge to 190 students over three days.

No complaints were raised by students about the content or conduct of the triadic stations in debriefing sessions.

Review of the performance of the OSCE station carried out in both centres as part of standard quality assurance processes showed that the station performed well and contributed to the reliability of both assessments. Pass marks for the station were set using the borderline regression method and were similar in both our institutions [6].

External examiners at both our institutions commented that the clinical scenario was realistic and that it appeared to be discriminatory having observed several students undertake the station. The focus on student/patient/carer interactions without examiner questions was commended for authenticity. External examiners noted in their feedback that the dynamic between patient and companion was not uniform between the different exam circuits in Leicester. This feedback led to amendments in the training programme for simulated patients in the triadic station for OSCEs in later

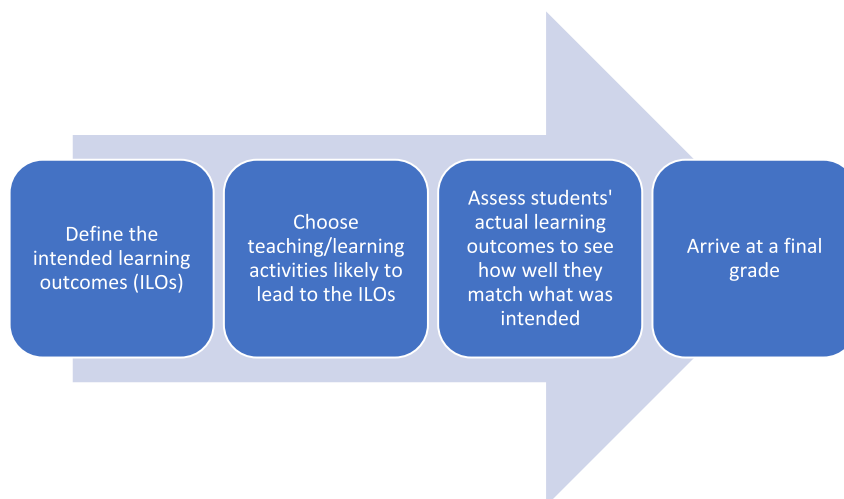


Fig. 2. The four major steps of constructive alignment (Biggs, 2003).

Table 2

The broad components of the process of a triadic consultation, which were used as the learning outcomes. Components specific to triadic consultations in **bold**.

Opening the consultation
<ul style="list-style-type: none"> • Introduces himself • Involves both parties from the outset and establishes the relationships at the start • Makes it explicit that both parties will have an opportunity to speak • Checks that the patient is comfortable for the companion to be there and offers the patient the opportunity to be seen alone • Sets out the purpose for the discussion
Consultation skills
<ul style="list-style-type: none"> • Uses clear and simple language, avoiding jargon • Allows the patient and companion time to speak with no interruptions, giving both parties room to express their views • Establishes the agenda of both parties • Encourages discussion with appropriate use of verbal & non-verbal communication skills • Picks up on verbal and non-verbal cues of both patient and companion • Remains friendly but professional (adopts friendly, professional behaviour and demeanour relevant to the circumstances of the individual patient, companion and consultation).
Patient Centredness
<ul style="list-style-type: none"> • Engages the patient – making it explicit that the prime duty of care is to the patient not the companion • Considers social & psychological factors • Deals appropriately with any conflict between the patient and companion – managing professional role appropriately but prioritising duty of care to the patient • Demonstrates compassion • Makes explanations pitched at an appropriate level or phrased appropriately for both / each party

academic years. External examiners subsequently commented that these amendments had successfully resolved this issue.

4. Discussion and conclusion

4.1. Discussion

Given the frequency of triadic consultations in healthcare, it is essential to develop a method for teaching and assessing the skills required. Inconsistency when developing the scenarios required for teaching triadic consultations and the absence of validated marking schemes were challenges raised by attendees at a communication skills workshop at an international conference and in discussion with members of the UK Council of Clinical Communication [7,8].

Medical schools in the UK and elsewhere have a history of collaboration in creating written assessment items. However, most medical schools work in isolation on clinical examinations. A frequently cited and legitimate issue has been the variance in the approach to clinical examinations at different institutions [9].

In the UK, whilst there are no plans for the Medical Licensing Assessment to require identical clinical assessment items, many institutions will likely need to develop new materials to fit the key performance indicators for the General Medical Council to approve its Clinical and Practical Skills Assessment (CPSA) [10]. Collaboration can improve both the overall quality but also improve the efficiency of effort, leading to more efficient use of time and resources [11].

4.2. Innovation

By working together, we were able to successfully address some of the challenges of developing teaching and assessment of triadic consultations. Both institutions were able to incorporate the triadic consultation station into summative assessments. This collaboration demonstrated it was possible to assess the same scenario and learning outcomes at different stages of the educational process. Our collaboration provided peer support to co-design teaching and an assessment for triadic communication skills through

sharing resources and experience. It also enabled the production of a framework that can be used for teaching and assessing triadic consultations. Collaboration was not without its problems as meetings had to be scheduled to fit into the team's busy timetables – a task that was more challenging across institutions. The use of remote conferencing technologies helped to resolve these issues.

4.3. Conclusion

Triadic consultations are a common and potentially complex form of interaction between patients, companions and health-care professionals. Students need to understand the impact of the involvement of a third-party in a consultation and to develop the specific skills required to navigate all agendas successfully for the benefit of patients. Through sharing our experience of collaboration and constructive alignment, we hope to encourage more institutions to introduce this under-represented teaching and assessment to enhance patient-centred care.

Sources of support

none

Ethical approval

The University of Leicester Ethics Committee has approved the use of paraphrased feedback comments in this article.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

The authors wish to acknowledge the contribution made to this work by members of the UK Council for Clinical Communication and attendees at their workshop: "The teaching and assessment of triadic communication skills" at the International Conference on Communication in Healthcare in 2018.

References

- [1] Wolff JL, Roter DL. Hidden in plain sight: medical visit companions as a resource for vulnerable older adults. 2008;168(13):1409–15.
- [2] Laidsaar-Powell RC, Butow PN, Bu S, Charles C, Gafni A, Lam WW, et al. Physician-patient-companion communication and decision-making: a systematic review of triadic medical consultations. *Patient Educ Couns*. 2013;91(1):3–13.
- [3] General Medical Council. Outcomes for Graduates. Available: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates>; 2018. [2019, 22nd March].
- [4] Dogra N, Bhatti F, Ertubey C, Kelly M, Rowlands A, Singh D, et al. Teaching diversity to medical undergraduates: curriculum development, delivery and assessment. *AMEE GUIDE No. 103*, 38(4); 2016. p. 323–37.
- [5] Biggs J. *Aligning Teaching for Constructing Learning*. 1(4)Higher Education Academy; 2003.
- [6] Wilkinson TJ, Newble DI, Frampton CM. Standard setting in an objective structured clinical examination: use of global ratings of borderline performance to determine the passing score. 2001;35(11):1043–9.
- [7] Ward A, Critoph D, Westcott R, Williams R, Dogra N. The teaching and assessment of triadic communication skills. *International Conference on Communication in Healthcare*; 2018 4th September.
- [8] UK Council for Clinical Communication [Internet]. [cited 2021 Feb 2]. Available from: <https://www.ukccc.org.uk/>.
- [9] Devine OP, Harborne AC, McManus IC. Assessment at UK medical schools varies substantially in volume, type and intensity and correlates with postgraduate attainment. 2015;15(1):1–13.
- [10] General Medical Council. Medical Licensing Assessment [Internet]. [cited 2019]. Available from: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/medical-licensing-assessment>.
- [11] Maloney S, Moss A, Keating J, Kotsanas G, Morgan P. Sharing teaching and learning resources: perceptions of a university's faculty members. 2013;47(8):811–9.