Initial Report

Last Modified: 03/06/2016

1. Name

Text Response
Matthew Pesko

2. Affiliation

#	Answer	Bar	Response	%
1	Faculty		0	0%
2	Fellow		0	0%
3	Graduate Student		0	0%
4	Medical Student		0	0%
5	Postdoctoral Scholar		0	0%
6	Resident		1	100%
	Total		1	

3. Department

Text Response
Psychiatry

4. Title

Text Response
Resident

5. Email

Text Response
mpesko@stanford.edu

6. Phone Number

Text Response
608-320-6984

7. Please attach a brief CV or NIH biosketch to accompany your application

File Upload	File Type	File Size
Matt Pesko Education CV.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	22KB

8. Clinical Educator (CE) Faculty must request and obtain a CE Faculty PI waiver through their RPM, instructions are online at http://med.stanford.edu/rmg/piwaiver.html#clinician

This question was not answered by the respondent.

9. Grant Type

#	Answer	Bar	Response	%
1	Teaching and Mentoring Innovation Grant: Examples are curricular innovations, mentoring innovations, development of new courses, improvements to an existing course, new approaches to assessment, and/or evaluation of new pedagogical methodologies. This must include an evaluation of the project.	▬▬▬▬▬▬▬	1	100%
2	Educational Scholarship: Examples are study of different approaches to teaching such as a flipped classroom and/or online course, new content development for specific topics (i.e., End of Life Care from the patient perspective and user perspective, or new content development for specific audiences - teaching of small groups, teaching at local universities and/or schools, and teaching of undergraduates in the School of Medicine sponsored summer programs. This must include an evaluation of the project and an outline of a planned scholarly work product in medical or graduate education (e.g., presentation, poster, publication).		0	0%
	Total		1	

10. Grant Amount Requested Two categories of funding will be considered. Up to 1/3 of the funding request is allowed for compensation and the remainder must be requested for non-compensation expenses.Note, continued funding beyond August 31, 2016 may be considered upon submission of a progress report and proposal with budget in the subsequent funding cycle.

#	Answer	Bar	Response	%
1	Large Grants: Grants are up to $20,000 that must be expended by August 31, 2016		0	0%
2	Small Grants: Grants up to $10,000 that must be expended by August 31, 2016		1	100%
	Total		1	

11. Uploaded grant proposals must include all sections below and should not exceed 2 pages (optional)

This question was not answered by the respondent.

12. Project Description

Text Response

Online modules and mini-workshops for Stanford pre-clinical and psychiatry clerkship students regarding effective communication skills for challenging patient encounters.

13. Rationale

Text Response

During the early years of clinical training including medical school and residency, many residents feel that they are ill-equipped to communicate effectively during "difficult" patient interactions.(1) While much easier to communicate with patients and families while they are calm, cooperative, and happy with their medical care received, communicating effectively with hostile, angry, demanding, provocative, offended, anxious, panicking, hopeless, discouraged, and other variety of patients in a high-affect state (often referred to as "difficult") can be extremely hard to master. Clinicians oftentimes become defensive, rushed, or possibly even act against our own values and ethics secondary to our immediate "limbic" reactions during these times. Physician guilt and burnout, and disrepute for the Stanford Hospital network are likely downstream consequences. While one article suggests this does not necessarily lead to poorer quality of care,(2) another documents worsening symptoms incurred by the patient over time.(3) This is especially applicable to trainees during early years (medical school, residency and fellowship) as they will more frequently encounter these situations as compared to attending-level physicians (more evening, on-call, inpatient, non-full team rounding encounters). Evidence also suggests that "difficult" patient interactions are caused in part by perception of the clinician of the interactions, which in turn is influenced by experience and practice in these situations.(3) Psychiatrists have a particular need to develop these skills as individuals with serious mental illness will often present in a way described above. Therefore, one of the project goals would be to include mini-workshops to improve communication skills for students when they are completing their psychiatry core rotation. However, data suggest that communication abilities do not differ significantly for students based on suspected choice of residency.(4) Improved communication will likely assist all medical students with patient encounters (and, of course, personal life).(5) Therefore, this may be a potential area of interest for students not particularly interested in psychiatry to benefit from the training offered by the discipline's clinicians. (1) Peters S, Young K, and McCracken C. 2011. What do medical trainees think is so difficult about communicating with patients? Patient Education and Counseling, 85. (2) An PG, Baler Manwell L, Williams ES, et al. 2013. Does a higher frequency of difficult patient encounters lead to lower quality of care? The Journal of Family Practice, 62(1). (3) Hinchey SA and Jackson JL. 2011. A cohort study studying difficult patient encounters in a walk-in primary care clinic, predictors and outcomes. Journal of General Internal Medicine, 26(6). (4) Ping Tsao CI, Simpson D, and Treat R. 2015 Medical student communication skills and specialty choice. Academic Psychiatry 39(3). (5) Shapiro SM, Lancee WJ, and Richards-Bentley CM 2009. Evaluation of a communication skills program for first-year medical students at the University of Toronto. BMC Medical Education, 9(11).

14. Pilot Data

Text Response

None

15. How the project supports/promotes diversity

Text Response

Aspiring physicians will have improved communication skills specifically tailored for emotionally-challenging patient encounters which will reduce their reliance on implicit associations, stereotypes, and defensive rebuttals.

16. Methods of Design

Text Response

Students will learn using a flipped-classroom method to first learn basic communication concepts using online modules. Specific skills learned will be related to: understanding context of the patient encounter, regulating climate of discussion, active listening, alliance building, conveying empathy and respect, finding truth in patient comments, delivering "I feel" statements, building confidence to admit shortcomings, allowing patients to disagree, probing for feelings, assessing motivation and resistance, respecting boundaries, challenging distorted thoughts, and giving and receiving communication feedback. The modules will be scripted by psychiatry residents and interested medical students with input and eventual performed delivery by experts on communication within the division of psychiatry. Initial feedback to the primary applicant regarding collaboration has been positive from co-residents in psychiatry as well as medical students in various stages of training. The primary applicant along with one paid medical student will complete all aspects of the technical completion of the modules. Modules will be short, around 5 minutes, to maximize one to two points of learning and maintain student interest. Acted patient scenarios will be included within each module to allow the students to see the concepts in action. They will be published online on a Stanford-based platform such as Lagunita Ed-X. An example of a module would include renowned communication expert and Stanford Psychiatry adjunct professor Dr. David Burns presenting (1) brief initial pointers on a concept such as finding truth in what the patient is saying, (2) a filmed interaction with him and an acted patient in a 1-2 minute scenario in which he is utilizing this skill, and (3) debriefing and review of the pointers. The second part of the project will involve mini-workshops using a "speed-dating" style of interaction between interested students and resident/faculty panels. For example, a row of communication "experts" would play the role of patients in different high-affect states, prompting a communication response from the preclinical or clerkship student in a one-on-one interaction. Feedback and repeated trials would then be facilitated. This would take not more than five minutes per station allowing students to quickly rotate through various patient encounters. Students could focus honing their responses as a clinician, rather than having to switch off with peers as is often the case in classroom-based role playing exercises.(6) The whole workshop would last less than thirty minutes, maximizing student interest and promoting efficient retention of learning. We would focus efforts on providing the workshops during the start of student's month-long core psychiatry clerkship rotations (i.e. orientation morning or evening after several days of wards work). We will also investigate offering the workshops during the following times: (1) pre-clinical students' lunches at the beginning of the academic year or in combination with a psychiatry interest group event, (2) as part of the first/second year Practice of Medicine course, (3) incorporated as part of the Reflections, Research, and Advances in Patient Care days built into the rotating clinical students' schedule. The first two options would be desirable as they would allow these concepts to be introduced to a wider audience of medical students and earlier in their training. Lastly, at the end of the student's psychiatry clerkship rotation (i.e. during last day of Thursday afternoon didactics), half-hour sessions with only 1-2 teachers would be employed to review communication principles ("revaccination" teaching tool) as well as to allow students the opportunity to bring forward difficult real-life interactions to promote their and the group's learning as well as student wellness from supportive feedback and the reflective group process. (6) Lane C and Rollnick S. 2007. The use of simulated patients and role-play in communication skills training: A review of the literature to August 2005. Patient Education and Counseling, 67.

17. Timeline and Implementation Plan

Text Response

May: (month of devoted scholarly concentration time for primary applicant) Complete literature review on utility of targeted communication skills modules/workshops as pertains to medical student education. Assemble final work-group of interested medical students, residents, and faculty. Investigate opportunities for evaluation/research to embed within the project. Develop script for online modules. Obtain expert opinion regarding scripts. Film and edit modules. Communicate with psychiatry and medical school personnel regarding location for online modules as well as best times for mini-workshops during the following academic year. Investigate copyright/privacy issues as pertains to content of communication materials. June-August: Upload online modules to accessible Stanford medical student platform. Finalize survey instruments. Finalize mini-workshop scripts. Conduct at least one practice mini-workshop panel to solidify organization, timing, and ways to deliver effective feedback. September-December: Conduct monthly mini-workshops with panels of resident/faculty "communication mentors" at pre-determined times/locations (focusing on psychiatry core rotations but investigating other times/locations as above). Complete "revaccination" seminars during psychiatry clerkships. Collect, process, and interpret pre- and post-survey data. Investigate opportunities for internal/external publication or presentation.

18. Anticipated work product

Text Response

At least five online modules. Scripts for mini-workshops and at least six workshops completed. Quantitative data pre- and post-intervention as described below.

19. Evaluation Plan

Text Response

Pre- and post-test online surveys/assessments will be used to measure students' level of comfort with having difficult patient encounters. Standardized instruments for measurement of perceived abilities in communication as well as effectiveness of teaching components of the project will be investigated during the implementation of the project and will be incorporated into the assessments. While possibly more difficult, we will investigate whether we could use Stanford student standardized patient data (OSCE) to determine if there is a difference in empathy/alliance scores in students who participated in project vs those who did not.

20. Dissemination of Results

Text Response

During initiation of project, we will investigate whether this could be considered a QI project for within the medical school or if it would constitute human subjects research, in which case IRB approval would likely be applied for. Poster and/or powerpoint presentations will be prepared for potential dissemination at a Stanford research event or national medical school teaching conference (AAMC).

21. Anticipated impact of project on education and/or mentoring

Text Response

Mentorship opportunities will be possible for students interested in learning these skills more intensively and/or

interested in psychiatry through one-on-one interactions provided through creation of the modules and participation in the mini-workshops.

22. Specific Educational Aims

Text Response

Students will have increased familiarity with concepts related to sound communication, especially during emotionally challenging encounters. They will have skills within a communication toolbox that will give them a structured, yet flexible approach to respond effectively in these situations. They will have practiced many scenarios in person, so will have the opportunity to "fail quickly" many times prior to actual patient encounters during clinical rotations. The example encounters will likely naturally produce a small level of stress in the students, facilitating long-term memory acquisition.

23. Budget request upload (must include tables above)

File Upload	File Type	File Size
Matthew Pesko TMA grant budget.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	14KB

24. Compensation request

Default - Line item 1				
Description of request	**Compensation/Salary and Benefits Amount**	**%FTE (if applicable)**	**Cost per 100% FTE-salary and benefits (if applicable)**	**Total Cost**
-	-	-	-	-

Default - Line item 2				
Description of request	**Compensation/Salary and Benefits Amount**	**%FTE (if applicable)**	**Cost per 100% FTE-salary and benefits (if applicable)**	**Total Cost**
-	-	-	-	-

Default - Line item 3				
Description of request	**Compensation/Salary and Benefits Amount**	**%FTE (if applicable)**	**Cost per 100% FTE-salary and benefits (if applicable)**	**Total Cost**
-	-	-	-	-

Default - Line item 4				
Description of request	**Compensation/Salary and Benefits Amount**	**%FTE (if applicable)**	**Cost per 100% FTE-salary and benefits (if applicable)**	**Total Cost**
-	-	-	-	-

Default - Line item 5				
Description of request	**Compensation/Salary and Benefits Amount**	**%FTE (if applicable)**	**Cost per 100% FTE-salary and benefits (if applicable)**	**Total Cost**
-	-	-	-	-

Default - Line item 6				
Description of request	**Compensation/Salary and Benefits Amount**	**%FTE (if applicable)**	**Cost per 100% FTE-salary and benefits (if applicable)**	**Total Cost**
-	-	-	-	-

25. Non-Compensation

Default - Line item 1				
Description of request	**Item**	**Quantity of item**	**Cost per item**	**Total Cost**
-	-	-	-	-

Default - Line item 2				
Description of request	**Item**	**Quantity of item**	**Cost per item**	**Total Cost**
-	-	-	-	-

Default - Line item 3				
Description of request	**Item**	**Quantity of item**	**Cost per item**	**Total Cost**
-	-	-	-	-

Default - Line item 4				
Description of request	**Item**	**Quantity of item**	**Cost per item**	**Total Cost**
-	-	-	-	-

Default - Line item 5				
Description of request	**Item**	**Quantity of item**	**Cost per item**	**Total Cost**
-	-	-	-	-

Default - Line item 6				
Description of request	**Item**	**Quantity of item**	**Cost per item**	**Total Cost**
-	-	-	-	-

26. Budget justification (Narrative description of item as applicable)

This question was not answered by the respondent.

27. IV. APPROVAL AND LETTER OF SUPPORT Each applicant must provide a letter of support. For clinical trainees, the letter of support must be from his/her training and/or advising director. For basic science trainees, the letter of support must be from his/her faculty mentor. For faculty, the letter of support must be from his/her department chair. For graduate and medical students, the letter of support must be from his/her Advising Dean and/or faculty mentor.

File Upload	File Type	File Size
Pesko_Matt_TMA LOR_2016.pdf	application/pdf	1.1MB