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SELECTED RESEARCH AND INNOVATION ABSTRACTS

DO CHILDREN AND PARENTS HAVE DIFFERENT EXPERIENCES WITH THE SAME PEDIATRICIAN? A COMPARISON OF PARENT AND CHILD RATING OF THE DOCTORS' COMMUNICATION SKILLS

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Introduction: Physician-parent-child interactions often rely on the parent-physician conversations to make decisions about the child. In pediatric settings, the role of the child in medical conversations is important yet the opinions of the child are rarely solicited¹. This longitudinal study sought to compare parent-child rating of a doctor's communication skills and how that changed over time.

Methods: Mother-daughter pairs were recruited and trained as standardized patients to participate in two scenarios (exercise induced asthma and the onset of diabetes). The children (8–12 years-old) portrayed a 12 year-old patient. The mother and child evaluated the medical student's communication skills using a 10-item instrument adapted from the ABIM patient satisfaction instrument. Descriptive and multivariate analyses were conducted. Additionally, a communication direction analysis was done by four trained coders on 30 randomly selected videos to determine how that affected mother - child ratings of the medical student. Finally, a textual analysis of comments was done to identify issues that may affect the parent-child rating of the doctor's communication skills. A total of 406 medical students participated over three years (2006–2009).

Results: The scores were generally skewed towards favorable ratings. The children rated the medical students significantly higher than the mothers on four items: the doctor's perceived confidence ($p = .000$), being treated with respect ($p = 0.001$), not feeling judged ($p = 0.03$) and the doctor not interrupting the conversation ($p = 0.01$). The communication direction analysis indicated no significant difference in mother - child ratings although the conversation was largely directed at the child. The themes that emerged from the textual analysis were: the need to use appropriate terminology with children, the need to balance the conversation between parent and child, and the need to demonstrate confidence. Although the children rated the doctors higher than parents, the child ratings of the doctors had significantly decreased ($p < .05$) and were closer to the parent ratings by year three.

Conclusions: Although there were differences in mother - child rating of the doctor on some aspects of communication skills, there appears to be some parental influence on the child's perception over a period time.

Reference

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THE INFLUENCE OF A DIAGNOSTIC REMINDER SYSTEM ON CLINICAL REASONING DURING SIMULATED ENCOUNTERS

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Introduction: One suggested strategy to minimize diagnostic error is to integrate a diagnostic reminder system (DRS) at the point of care (1). Specifically, a DRS is an informatics tool that allows a clinician to efficiently search a medical database and use the data gathered to inform diagnostic decisions (2). Incorporating a DRS into simulated training encounters offers the potential to help students improve their diagnostic accuracy and learn how to effectively use informatics tools that will be available to them in practice. However, it is unclear if students possess the clinical judgment to use sophisticated informatics tools due to their clinical inexperience (3). This study explored the influence of Isabel PRO, a web-based DRS, on student diagnostic accuracy during simulated training encounters.

Methods: Diagnostic accuracy was assessed in 20 fourth-year medical students during four simulated case scenarios. After seeing each case, students were asked to submit a list of diagnostic hypotheses *prior* to using the Isabel PRO software (Pre-Isabel DDx). Students then were given access to Isabel PRO and asked to submit a final list of diagnostic hypotheses (Post Isabel DDx). The accuracy of Pre- and Post- Isabel DDx were independently scored and compared using paired t-testing. A follow up survey and focus group identified student perception toward the use of a DRS in educational settings.

Results: Diagnostic accuracy significantly improved in three of the four cases and for the combined four-case exercise after using Isabel PRO ($p < 0.05$). The fourth case demonstrated improvement, but it was not statistically significant. Students found the software relatively simple to learn, felt that it helped them reflect on diagnostic options that they had not originally considered, and valued the opportunity to use the software in conjunction with simulated cases.

Conclusions: Despite limited experience, students were able to effectively use a DRS to improve their diagnostic accuracy during simulated case studies. Use of a DRS within the context of a patient case appear to represent a distinct clinical skill set requiring appropriate training. Providing learners with gold standard examples of how to best use a specific informatics tool within specific clinical situations is an essential learning component. Simulated case scenarios offer an appropriate platform for introducing diagnostic support tools to learners within a clinical context.

References

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