

Orit Shalomson, PhD Student, Daniel Hardoff, MD, Amitai Ziv, MD.

Communication with adolescents regarding female health issues: A comparison between gynecologists and family practitioners in a simulated-patient based setting.

The Israel Center for Medical Simulation (**MSR**), Chaim Sheba Medical Center, Tel Hashomer, Israel.

Background: Simulated-patient (SP) based programs are recognized as an effective educational modality for bridging the gap between theoretical learning and clinical practice. The Israel Center for Medical Simulation (MSR) offers gynecologists and general practitioners the opportunity to enhance their communication skills with adolescent patients.

Objective: To compare communication patterns of gynecologists and family practitioners during SP based encounters with adolescent patients presenting with female health issues.

Participants: Two groups – 11 board-certified gynecologists (G) and 12 board-certified family practitioners (FP).

Setting: A one-day SP-based workshop for each group. In each workshop, 8 scenarios of female adolescents presenting with female health problems were conducted, videotaped, and discussed with an adolescent medicine pediatrician specializing in teaching communication skills with adolescents.

Scenarios: Anemia due to dysfunctional uterine bleeding; dyspareunia; emergency contraception; secondary amenorrhea due to pregnancy; physical abuse; first pelvic examination; primary amenorrhea due to eating disorder; explaining pubertal development to a pre-menarcheal adolescent with mental retardation.

Analysis: Video-recorded scenarios were coded by 2 professional coders, using the Roter Interaction Analysis System (RIAS) – one of the most widely used quantitative systems to analyze provider-patient interaction. With this system, each statement was coded into 40 RIAS categories which were assigned to broader groupings, reflecting the main functions of the medical interview: gathering data, patient education and counseling, building a relationship with the patient, and activating and partnering with the patient.

Results: The average number of utterances per interview was 163 for the FP and 104 for the G. The average number of utterances expressed by the SP per interview was 105 and 61 with the FP and with the G respectively. FP used 60% more questions than the G for gathering data, using 2.4 times more open-ended questions and 1.2 times more closed-ended questions. Utterances reflecting patient education and counseling were used in similar frequencies by both FP and G. Utterances expressing building a relationship with the patient and activating and partnering with the patient were used 1.5 and 2.9 more times by FP than by G respectively. Inter-rater reliability was above 0.8 based on Pearson correlation coefficients.

Conclusions: In a simulated-patient based setting, family practitioners seemed to better communicate with female adolescent patients than gynecologists, as reflected by their gathering information, building relationships, and activating and partnering with the patients, as well as by allowing more opportunities for the patients to express themselves. Similar findings in larger numbers of both groups may indicate a need for training programs for gynecologists that will improve their communication skills with adolescent patients.