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# A Description of the Use of a Communications Skills Global Rating Scale Based on the Essential Elements of Communication Kalamazoo Consensus Statement

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# ESSENTIAL ELEMENTS OF COMMUNICATION

## GLOBAL RATING SCALE

### The Essential Elements of Communication (EEC) Global Rating Scale

#### University of New Mexico School of Medicine

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P Barnett MD, MPH, T T Anderson MD

#### Objectives

- Provide specific behavioral communication skills objectives for student learning
- Measure communication skills using behavioral anchors
- Track skill development over time
- Provide performance feedback to students
- Develop instrument applicable in multiple settings
- Generate 4 year performance standards profile

#### Scoring Method: Global Rating Scale

When compared to checklists:

- Better measure of complex tasks
- Reliability similar
- Better able to discriminate increasing clinical experience
- Better construct validity
- Better concurrent validity

#### Communication Skills Consensus Statement

Kalamazoo Communication Consensus Conference – 1999 included representatives of:

- 5 major communication skills educational models
- AAMC, ABIM, ACGME, ACME, AMA, CanMEDS 2000, ECFMG, Macy Health Communication Initiative, NBME, several medical specialties
- Resulted in broad based representation endorsing a common vocabulary
- 7 essential elements

#### UNM School of Medicine Global Rating Scale Adoption

- Initial 5 element behaviorally anchored global rating scale developed in 1997
- Reorganized around 7 essential elements in 2002; implemented across curriculum

#### References

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Regehr G, Freeman R, Robb A, Mishra N, Heisay R. OSCE performance evaluations made by standardized patients: comparing checklists and global rating scores. Acad Med 1999;74:S135-137.  
Hodges B, Regehr G, McNaughton N, Tiberius R, Hanson M. OSCE checklists do not capture increasing levels of expertise. Acad Med 1999;74:1129-1134.

**OPEN THE DISCUSSION**

1	2	3	4
<b>Introduction</b> • Does not call you by name or mispronounce your name • Does not acknowledge your first name • Does not use your name • Does not use your name • Does not use your name	<b>Opening</b> • Does not use your name • Does not use your name • Does not use your name • Does not use your name • Does not use your name	<b>Listening</b> • Does not use your name • Does not use your name • Does not use your name • Does not use your name • Does not use your name	<b>Agenda Setting</b> • Does not use your name • Does not use your name • Does not use your name • Does not use your name • Does not use your name

**Open the Discussion**

- Introduction
- Patient Opening
- Agenda Setting

**GATHER INFORMATION**

1	2	3	4
<b>History</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Questions</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Organization and Transitions</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Physical Examination</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions

**Gather Information**

- History
- Organization & Transitions
- Physical Examinations
- Personal Privacy

**SHARE INFORMATION**

1	2	3	4
<b>Vocabulary</b> • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology	<b>Patient Understanding of Illness</b> • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology	<b>Clinician Explanation of Information Quality &amp; Format</b> • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology	<b>Information Quality and Format</b> • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology • Does not use medical terminology

**Share Information**

- Vocabulary
- Patient Understanding of Illness
- Clinician Explanation of Information Quality & Format

**BUILD THE RELATIONSHIP**

1	2	3	4
<b>Listening</b> • Does not listen to you • Does not listen to you • Does not listen to you • Does not listen to you • Does not listen to you	<b>Empathy and Attitude</b> • Does not listen to you • Does not listen to you • Does not listen to you • Does not listen to you • Does not listen to you	<b>Nonverbal Behavior</b> • Does not listen to you • Does not listen to you • Does not listen to you • Does not listen to you • Does not listen to you	<b>Build a Relationship</b> • Does not listen to you • Does not listen to you • Does not listen to you • Does not listen to you • Does not listen to you

**Build a Relationship**

- Listening
- Empathy and Attitude
- Nonverbal Behavior

**UNDERSTANDING PATIENT'S PERSPECTIVE**

1	2	3	4
<b>Patient Concerns</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Patient Beliefs &amp; Preferences</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Patient's Expression of Feelings</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Specific Circumstances</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions

**Understand the Patient's Perspective**

- Patient Concerns
- Patient Beliefs & Preferences
- Patient's Expression of Feelings
- Specific Circumstances

**REACH AGREEMENT**

1	2	3	4
<b>Treatment Planning</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Treatment Plan Implementation</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Reach Agreement</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Provide Closure</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions

**Reach Agreement**

- Treatment Planning
- Treatment Plan Implementation
- Reach Agreement
- Provide Closure

**PROVIDE CLOSURE**

1	2	3	4
<b>Conclusion</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Conclusion</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Conclusion</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions	<b>Conclusion</b> • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions • Does not ask you any questions

**Provide Closure**

- Conclusion

### Essential Elements of Communication Global Rating Scale Scoring Sheet

	1	2	3	4	Comments:
1. <b>Open the Discussion</b> Introduction Patient Opening Agenda Setting	0	0	0	0	Comments:
2. <b>Build a Relationship</b> Listening Empathy and Attitude Nonverbal Behavior	0	0	0	0	Comments:
3. <b>Gather Information</b> History Questions Organization and Transitions Physical Examination Personal Privacy	0	0	0	0	Comments:
4. <b>Understand the Patient's Perspective</b> Patient's Concerns Patient's Beliefs and Preferences Patient's Expression of Feelings Specific Circumstances	0	0	0	0	Comments:
5. <b>Share Information</b> Vocabulary Patient Understanding of Illness Clinician Explanation Information Quality and Format	0	0	0	0	Comments:
6. <b>Reach Agreement</b> Treatment Planning Treatment Plan Implementation	0	0	0	0	Comments:
7. <b>Provide Closure</b> Conclusion	0	0	0	0	Comments:

#### EEC-GRS Applications

##### Teaching

- Common language and framework for all communication skills teaching across undergrad and graduate medical curriculum
- Foundation of communication skills instruction in first year clinical skills course
- Reemphasized periodically in clinical skills curriculum
- Available on Web CT
- Used on all formative (learning) examinations

##### Assessment

- Assessment and teaching framework coincide
- Faculty set consensus based, developmentally appropriate, minimally acceptable performance standards
- Standard validity is reviewed post exam
- Standardized patients appreciate opportunity to systematically score communication quality with global rating scale
- Same instrument used for all examinations

##### Feedback

- Formative and summative communication skills feedback based on EEC-GRS
- Faculty and standardized patients are trained using behaviorally anchored video clips prior to giving verbal or written feedback
- Standardized patients receive general and case specific training before providing feedback
- Instructing faculty in use of EEC-GRS resulted in
  - ♦ Faculty self-reflection
  - ♦ Faculty development in communication skills

