Teaching Interpersonal Skills in Family Practice

Results of a National Survey

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The increasing recognition of the importance of a well-developed set of interpersonal skills to the competent family physician has resulted in a rapid growth in the formal teaching of interpersonal skills within family practice residencies. Of the 168 programs responding to a national survey of family practice residencies, 88 percent indicated that they have formal programs in interpersonal skills.

It is estimated that there are well over 500 family practice faculty members who have special responsibilities in teaching interpersonal skills. While most programs address the component skills of the interpersonal process (eg, demonstrating empathy, information gathering, information giving, and psychological intervention), it is of concern that only about half offer explicit training in patient education (53 percent), specific types of counseling (eg, family counseling, 55 percent), or some of the specific interpersonal skills important in team practice and practice management (eg, supervisory skills). One of the most striking findings was that 88 percent of the reporting programs use videotechnology, with 77 percent of these planning to increase their use. Although most programs evaluate their interpersonal skills training using both indirect and direct assessment methods, only 25 percent attempt to use patient outcome as a measure of teaching effectiveness.

Within the medical profession, among the general public, and in Congress[1-6] there is a growing concern that the technical competence of physicians must be complemented with competence in interpersonal communication. This concern reflects an increasing recognition of the basic rights of patients to be treated as whole persons while receiving health care, and is one of the central features of the current national emphasis on family practice programs and the providing of effective primary care.

The concern for the quality of the relationship between physicians and patients is not merely a matter of respecting the feelings, needs, and perspectives of those who are seeking help. Several recent reports have linked the interpersonal aspects of the physician-patient relationship with patient satisfaction, cooperation, and therapeutic outcome.[7-9] Professional awareness of the need for good relationships between patients and physicians has also been heightened by the growing

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numbers and cost of malpractice suits.[10]

Although interpersonal competencies are becoming increasingly recognized as important for all primary care physicians,[11,12] the need for highly developed skills in this area is being seen as especially compelling for family practice as a specialty.[13-19] Uniquely, the family physician must be able to call upon a range of skills which allows him/her to relate effectively to patients of every age, sex, and socioeconomic level and in a variety of medical and social problem areas. In addition, family physicians must have the skills to interact with other professionals and nonprofessionals in the contexts of patient advocacy, team practice, consultation and referral, personnel management, and, increasingly, student and resident teaching.

In response both to these developments and to the direct concerns of family practice educators, as evidenced in the literature on the development of the specialty of family practice, there has been rapid growth within family medicine in the number and variety of interpersonal skills teaching programs.

This rapid growth and the need for information sharing in this area were highlighted at the 1977 Spring Conference of the Society of Teachers of Family Medicine. The conference theme, "Interactions in Family Medicine," focused heavily on issues related to interpersonal skills training for residents. Also, informal sources of information available to the authors suggest that the actual growth in the teaching of interpersonal skills in family practice has been even more substantial than could be inferred from the published literature.

To determine the actual extent and characteristics of interpersonal skills instruction in family practice training programs, a study was designed focusing on the following questions:

1. To what extent are interpersonal skills being taught in family practice training programs?
2. What specific skills are taught?
3. Who does the teaching?
4. What instructional methods are used?
5. What evaluation methods are used?

The complete study included four elements: a review of the literature, a national survey, site visits to selected institutions, and informal input from selected professionals in the field. This paper reports on the methods and findings of the national survey.

Methods

Unlike most surveys which seek to gather information from members of a known population, this study involved the prior step of determining who, in fact, were members of the relevant population. Before questions could be asked of those who have the responsibility for teaching interpersonal skills in family practice programs, the potential respondents themselves had to be identified. This was accomplished by writing to the directors of the 263 approved residency training programs in family practice then in existence, explaining the study, and asking their response to two questions: (1) "Does your program teach interpersonal skills in a formal course?" and (2) "Would you please identify persons who teach such courses?" The self-reply postcard on which these questions were asked was completed and returned by 168 of the 263 family practice training programs (64 percent). Of those, 88 percent (148 programs) indicated that they taught interpersonal skills in a formal course.

Two additional phases of the survey were then pursued. The second phase sought to accomplish two purposes: to confirm that the individuals identified in Phase 1 did, in fact, have responsibility for teaching interpersonal skills, and that they would be willing to respond to a detailed questionnaire. An 88 percent response rate was obtained with this questionnaire.

The third-phase questionnaire was rather detailed and required 30 to 45 minutes to complete. It consisted of 17 major items (eg, skills taught, evaluation methods and teaching methods used, uses of videotechnology, student types taught, time parameters of the program). Each major item included several sub-items. For example, 37 specific skills were listed as possible content for interpersonal skills courses/programs. In addition to asking the respondents to select applicable items from listed options, all items provided space for respondents to add "other" categories. Also, when appropriate, quantification was solicited (eg, the number of faculty/learner contact hours).

Impressively, usable responses to the Phase 3 questionnaire were received from 81 percent of the 114 family practice programs that were identified as candidates for the detailed questionnaires on the basis of responses to the Phase 2 questionnaire.

Table 1. Interpersonal Skills Taught

Skills	% Programs Teaching Skills
A. Interpersonal Process Skills	**94%**
Listening	87
Observing	86
Responding	88
Initiating-Questioning-Challenging	80
Self-awareness	82
Self-assessment	67
B. Information Gathering Skills/Interviewing	**87%**
History taking (medical content)	52
History taking (psychosocial content)	80
Interpersonal skills for physical examination	51
C. Information Giving/Counseling Skills	**77%**
Information giving (sharing diagnostic findings)	65
Advice giving (explicit action recommendations)	64
One-to-one patient education (eg, self-care instructions)	53
D. Psychological Intervention Skills	**89%**
Demonstrating empathy	75
Providing psychological support	74
Responding to patient feelings or helping a patient deal with his/her feelings	82
E. Team Membership Skills	**44%**
Group problem solving	27
Case management (responsibility sharing)	35
Group interaction	33
F. Supervisory Skills	**61%**
Providing feedback	52
Supervision contracting (eg, establishing a contract or set of supervision objectives)	28
"Interpersonal process recall"	32
G. Special Application Areas	**84%**
Working with the difficult patient	69
Crisis intervention	48
Death and dying counseling	47
Suicide prevention	34
Presurgical counseling	18
Sexual counseling	48
Family counseling (eg, third party processes)	55
Self-care for health care professionals (eg, self-awareness/personal growth)	38

Table 2. Types of Teachers in Interpersonal Skills Programs Based in Family Practice Training Programs

Types	Response %	Number of Teachers	
		Mean	Median
1. Academic physician clinician (eg, internist, psychiatrist, other MDs)	69	3	2
2. Academic nonphysician clinician (eg, psychiatric social worker, clinical psychologist)	59	2	1
3. Academic nonphysician behavioral scientist (eg, medical sociologist, anthropologist)	16	2	1
4. Instructional media staff member	12	1	1
5. Resident physician as teacher	8	7	2
6. Community health care professional	6	3	1
7. Trained nonprofessional aide	3	2	2
8. Student as teacher	1	6	6

The design of the questionnaires themselves followed conventional procedures. Guided by the survey goals, a pool of items was written, reviewed, and edited by staff, advisors, and consultants. Draft instruments were developed, field tested, and revised.

Results

The major findings of this survey are summarized according to the five questions which were the focus of the study.

To What Extent Are Interpersonal Skills Being Taught in Family Practice Programs?

There is considerable activity in the teaching of interpersonal skills. The most significant findings are:

1. At least 53 percent of all 263 residency programs surveyed (88 percent of all programs returning Phase 1) have specific curriculum segments or courses in interpersonal skills.

2. In returns from 130 of the more than 350 family practice residency programs now existing, 311 faculty members who teach interpersonal skills were identified, yielding an average of three per program. From these data, it can be assumed that there are probably well over 500 family practice faculty specifically involved in the teaching of interpersonal skills.

3. Among those residency programs responding to the indepth questionnaire in Phase 3, over half (58 percent) claimed to have two or more distinct interpersonal skills courses or programs.

What Skills Are Taught?

Table 1 presents the frequency with which various interpersonal skills are taught. Overall, most programs address the component skills of (a) interpersonal process, (b) information gathering, (c) information giving/counseling, (d) and psychological intervention. The most frequently emphasized skill under "Information Gathering" is that of taking the psychosocial history. It is interesting that although three fourths of the programs include some explicit training in information giv-

ing/counseling skills, only slightly more than half (53 percent) teach patient education or any of the specific counseling skills listed under "Special Applications Areas," (eg, family counseling, 55 percent). Also, only about half of the interpersonal skills programs specifically address interpersonal skills listed under "Team Membership Skills" and "Supervisory Skills."

Who Does the Teaching?

As indicated in Table 2, academic physician clinicians, mostly family physicians and psychiatrists, teach in 69 percent of the interpersonal skills programs based in family practice residency training programs. However, academic nonphysician clinicians, most prominently psychologists and social workers, run a close second, teaching in 59 percent of the interpersonal skills programs. Nonclinician behavioral scientists teach in 16 percent of the programs and, interestingly, almost as many programs (12 percent) use instructional media staff as teaching resource personnel.

What Teaching Methods Are Used?

On the Phase 2 questionnaire, teachers of interpersonal skills were asked to indicate which teaching methods they use. Table 3 indicates that live lectures and readings are the primary methods used for didactic presentations. However, over one third of the teachers also use films or videotaped lectures for this purpose. For demonstration purposes, most use videotapes or live demonstrations. Finally, for skill practice and feedback, videotape and live observations are the predominant teaching method.

Respondents were also asked to indicate the types of materials used in their program. These results are summarized in Table 4. It is interesting to note that while 43 percent offer students a course outline or syllabus, less than one third of the programs have written behavioral performance objectives. Also, less than 15 percent offer any self-instructional materials (written or video) to the learner.

Respondents were questioned in detail on their use of videotechnology. Most of these data will be reported elsewhere, but two important findings which should be mentioned here are:

1. Of the family practice residency programs which indicated that they teach interpersonal skills, 88 percent also reported that they use videotechnology.

2. Of these interpersonal skills programs, 77 percent have plans to increase the use of videotechnology, while less than one percent plan to decrease or discontinue its use.

Table 3. Teaching Methods (From Phase 2 Questionnaire)

Teaching Method Used	% Teachers Using Method
For Didactic Presentation	
Films of lectures	27
Videotapes of lectures	33
Live lectures	81
Readings	63
For Demonstrations	
Films	50
Videotapes	84
Live (simulated)	72
Live (real patients)	69
For Skill Practice/Feedback	
Live observation	62
Two-way mirror	40
Audiotape	31
Videotape	78

What Evaluation Methods Are Used?

Table 5 indicates the most commonly used evaluation methods for family practice residency programs teaching interpersonal skills. It is clear that self-report is the primary method of evaluation used. Eighty-one percent of the programs use some type of indirect assessment, and 72 percent use some type of direct assessment. Only eight percent of the programs reported that they used no form of evaluation.

Table 4 shows that of the types of materials used for evaluation purposes, only 13 percent of the programs have prepared self-evaluation materials for learners and only about 20 percent claim to use skill evaluation checklists or scales.

Additional Findings

The respondents to the survey were asked to indicate, from a list of activities important in de-

Table 4. Teaching Evaluation Materials Currently Being Used in Interpersonal Skills Programs

Materials Used	% Programs Using Materials
1. Videotapes or films that present select subject matter	58
2. Written course outline/syllabus	43
3. Stimulus tapes (trigger tapes, that stimulate group discussion)	34
4. Written behavioral performance objectives	32
5. Checklists or handouts for students	21
6. Skill evaluation checklists/scales for teachers	21
7. Self-evaluation materials for students	13
8. Written self-instructional materials for students	12
9. Written instructor aides for each set of objectives	11
10. Video self-instructional materials for students	9
11. Written study guides (workbooks) for students that contain practice examples	9
12. Training manuals for instructing persons how to teach the course	8
13. Skill evaluation instructional manuals for teachers	7
14. Other	3

veloping, implementing, and evaluating interpersonal skills teaching, those activities which were well developed in their program and which might serve as models or guides for others. Only in the area of the use of videotechnology did more than ten percent of the programs consider themselves developed to this point. In particular, they regarded themselves strong in the use of playback techniques for teaching self-awareness (20 percent) and for assessing learning performance (15 percent).

Discussion

That over 88 percent of residency training programs returning the Phase 1 survey have explicit programs which teach interpersonal skills (59 percent have more than one) attests to the perceived importance of this training by most family practice educators. Over 500 such educators are now involved in this teaching, representing a significant interdisciplinary interest group within academic family medicine; and in a recent survey of behavioral science teaching in family practice training programs, topics related to interpersonal skills training were ranked among the highest in priority.[19]

Probably the most difficult problem faced in developing the detailed questionnaire for this study was in defining "interpersonal skills." The topics in Table 1 seemed to cover most of what is being taught in this area. The authors suspect, however, that the figures reflecting the number of respondents indicating they teach many of the skills listed

Table 5. Most Frequently Used Evaluation Methods

Evaluation Method		% Programs Using Method
Indirect Assessment		**81**
Self-report (eg, student satisfaction)		64
Multiple choice examination		12
Attendance		15
Patient Management Problems		32
Direct Assessment (Staff Observation)		**72**
Global ratings	Videotaped	42
	Live	39
Quantified behavioral indices	Videotaped	23
	Live	16
Criterion referenced indices	Videotaped	12
	Live	15
Outcome Indices		**33**
Statement of patient satisfaction		24
Behavior indices (eg, patient compliance, adherance)		10

are probably somewhat inflated; when responding to a prepared list of options there is a natural tendency to be overinclusive. From the authors' own direct observations, it is likely for example, that such skills as "responding" and "demonstrating empathy" are taught less frequently than respondents indicated. If the authors are correct in assuming that there is some general, if unquantifiable, level of inflation of the estimates in Table 1, some of the relatively low percentages are especially significant. For example, only about half of the interpersonal skills programs claim explicitly to teach either patient education or any specific counseling skill (family counseling, counseling for death and dying, sexual counseling, presurgical counseling). Also, only about half of the programs claim to address skills important to effective team practice, consultation, and practice management. Even ignoring the inflation factor, the minimal attention to these areas should be a source of concern.

Some of the most striking findings from this survey are found in the data on teaching and evaluation methods. The importance and perceived value of videotechnology in the teaching and evaluation of interpersonal skills was attested to by the surprising finding that 88 percent of interpersonal skills teaching programs are using video methods. Also, less than one percent of those presently using these methods plan to decrease their use, while 77 percent plan to increase their use of video.

It is possible that the popularity of video methods is due more to the novelty of this medium than to a commitment to educational quality. By contrast, only one third of the programs have specific behavioral performance objectives, only around 15 percent use self-instructional or self-assessment materials, and only two percent feel their ability to evaluate the effectiveness of their program is worthy of emulation. While video techniques have much to offer, further research is

indicated to establish the real value and optimal uses of video methods in teaching interpersonal skills.

While almost everyone would be likely to agree that the goal of interpersonal skills training is improved patient care, few programs actually try to measure the results at this level. Only about one fourth of the programs use global statements of patient satisfaction, the most common of the patient outcome indices. Encouragingly, ten percent of programs are attempting to use more sophisticated patient outcome criteria (eg, patient compliance/adherence) to measure the effectiveness of interpersonal skills teaching.

Conclusions

Because of its mandate to train physicians in highly developed and varied interpersonal skills, family practice has a unique opportunity to assume the challenge of leadership in developing specific training in this area. The findings of this report seem to indicate that family practice residency programs are accepting this challenge, especially in the application of videotechnology. What might seem to be a relatively low level of perceived activity in some aspects of program development, implementation, and evaluation can be accounted for in large measure by the fact that three fourths of these interpersonal skills teaching programs are less than two years old.

Much research remains to be done before the value of various teaching and evaluation methods in this area can be established. Even more importantly, the relationship between interpersonal skills teaching and patient health outcomes must be more clearly demonstrated. These are ripe and valid areas for research within the discipline of family medicine.

As family medicine finds itself pushing at these frontiers, there is a compelling need for sharing of information and resources, for faculty development efforts, and for cooperative research. It is hoped that this study, and the project of which it is a part, will serve as further stimulus for these important efforts.*

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*Data from this study can be found in greater detail in the two volume Resource Document, "Teaching Interpersonal Skills to Health Professionals." Contact Dr. Michael Weisberg, NMAC, 1600 Clifton Road, NE, Atlanta, Ga 30333.

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