Simulated Patients Program: Assessment of roleplay and feedback in psychiatry

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Background

One major goal of the Simulated Patients (SP) Program at the Medical University of Vienna is a well-established training of roleplay and feedback for students. Only an optimal and authentic roleplay as well as an adequate feedback make an increase in the students’ communication skills possible, especially in the field of psychiatric exploration.

The aim of this study is to examine the quality of the SPs’ roleplay and feedback for the students regarding four psychiatric diseases (anxiety, depression/suicidal tendency, somatic and borderline disorder).

Method

529 students in human medicine (♀: 45% und ♂: 55%; age: 23 years) and 29 teachers (♀: 79% und ♂: 21%; range of age: 26 - 64 years) were interviewed during a psychiatric exploration course (8th semester) by a questionnaire. 21 SP were observed (♀: 68% and ♂: 32%; range of age: 50 - 75 years).

The assessment tool measures the quality of the SPs’ roleplay and the SPs’ feedback for students (Cronbach α; SPs’ roleplay: 72, SPs’ feedback: 71), items see table 1. Statistical analysis: descriptive statistics, mixed-design models.

Results

The 14 questions on the quality of the SPs’ competences regarding the roleplay of psychiatric disorders and the feedback for students were assessed in the median with “strongly agree” (9 items, best possible evaluation) and “moderately agree” (5 items).

Overall the SP in the median were rated “very good”. SPs’ roleplay of the clinical picture “depression/suicidal tendency” was rated worse than the other disease pictures; the effects were small: “anxiety disorder” vs. “depression/suicidal tendencies” (adjusted p = .0096, Cohen’s d = .202); “somatoform disorder” vs. “depression/suicidal tendencies” (adjusted p = .012, Cohen’s d = .225), boxplots see figure 1.

Discussion & conclusion

The extensive training of roleplay and feedback for students could be seen as a quality assurance of the SPs’ competences in roleplaying of psychiatric disorders and giving adequate feedback.

That the role of depression, which is characterized by apathy and withdrawal behaviours, was assessed the worst, may be due to the fact that these symptoms make medical communication difficult in principle.

Further studies should investigate the SPs’ roleplay of psychiatric disorders more in detail. Therefore it could makes sense to use alternative methods (e.g. qualitative interviews) and to question also the actors.

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Simulated Patients Program at Medical University of Vienna: Assessment of role-play and feedback in psychiatry

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Background: One major goal of the Simulated Patients Program at the Medical University of Vienna is a well-established training of roleplay and feedback for students. Only an optimal and authentic roleplay as well as an adequate feedback make an increase in the students’ communication skills possible, especially in the field of psychiatric exploration. The aim of this study is to examine the quality of the SP role-play and feedback for the students regarding four psychiatric diseases (anxiety, depression/suicidal tendency, somatic and borderline disorder).

Method: 529 students in human medicine and 29 teachers were interviewed during a psychiatric exploration course (8th semester) by a questionnaire. The assessment tool measures the quality of the roleplay and the feedback of the SP. The items of the questionnaire are adapted items from two inventories developed in the Netherlands (Nijmegen Evaluation of Simulated Patient and Maastricht Assessment of Simulated Patient).

Results: The 14 questions on the quality of the actor’s competences regarding the role-play of psychiatric disorders and the feedback for students were assessed in the median with ”completely agree” (9 items, best possible evaluation) and ”moderately agree” (5 items). Overall the actors in the median were rated ”very good”. The actors’ roleplay of the clinical picture ”depression/suicidal tendency” was rated worse than the other disease pictures.

Discussion: The extensive training of roleplay and feedback for students could be seen as a quality assurance of the actors’ competences in roleplaying of psychiatric disorders and giving adequate feedback. That the role of depression, which is characterized by apathy and withdrawal behaviours, was assessed the worst, may be due to the fact that these symptoms make medical communication difficult in principle. However, further studies should be performed to figure out the reason why the played psychiatric disorder ”depression/suicidal tendencies” was evaluated worse.

References: