

A Pilot Interactive Clinical Communication Course for New Residents in Hospital Authority

2025 Hospital Authority Convention

Oral Presentation

Dr Tse Po Ki Teresa , Department of Neurosurgery, PMH

Objectives



To equip KWC residents with essential and practical clinical communication skills when facing patients and their relatives



Enhance interprofessional communication, collaboration and teamwork



Improve patient-centered health outcomes



Foster a supportive and caring environment in hospital

Gap analysis – focus group meetings

Please circle 3-4 of the aspects from each category that you would like our doctors to improve on and provide relevant examples.

4 Focus groups

- CONs/ ACs
- Nurses and allied health
- PRO
- New Residents

A. Communication with patients and relatives

- i. Normal communication (e.g. Greetings, introduce oneself to patients)
- ii. Break bad news
- iii. Open disclosure (e.g. disclose complications)
- iv. Informed consent
- v. Confidentiality
- vi. How to deal with challenging patients and relatives

B. Interprofessional Communications

- i. verbal communication during emergency situation (e.g. urgent consults, call seniors)
- ii. Senior round/ grand round cases presentation
- iii. communications with other healthcare professionals e.g. nurses, allied health
- iv. Written notes in CMS or progress notes
- v. SOPC consultation notes
- vi. Discharge summary/ handover notes
- vii. Interdepartmental consultation
- viii. Interdepartmental referral
- ix. Medical report

Areas that need most improvement

Common
communication
techniques and
importance

e.g. Greetings, gesture,
tone

DNACPR

Documentations e.g.
Discharge summary/
CMS notes/
consultation

Handling unrealistic
expectations and
challenging patients
and relatives

Course Design

Pilot class in Jan 2025

A half-day face-to-face workshop

- Official release
- Nomination by COS
- 22 participants divided into 5 groups
- Comprehensive approaches
 - Public speakers
 - Lectures
 - Real case video sharing
 - Interactive approaches
 - Role plays
 - Group discussions
 - Debriefing
 - Games
 - Post training survey



Interactive approaches

- Role plays
- Group discussions
- Games

- Real case video sharing
 - Practical insights
 - Real world applications
 - Facilitate understanding of complex concepts
- Lectures
 - Structured knowledge
 - Foundation for discussion





Guest speakers & Sharing

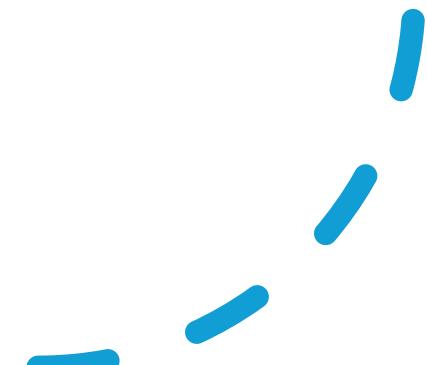
- Expert Insights
- Inspire participants
- Foster networking opportunities



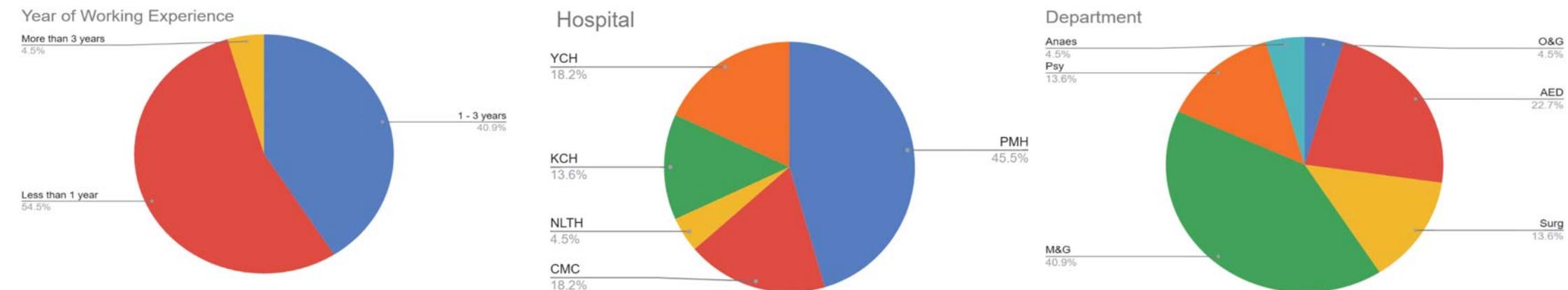
And having fun!



RESULTS



Results - Background Information



- 22 residents
- Various departments among KWC
- <3 years of working experience



Raw Data

Results

Please rate the following (5 = Satisfactory; 1= Unsatisfactory):	Average Score
a. The course as a whole	4.64
b. The trainers' presentation skills	4.77
c. The trainers' knowledge on the topic	4.77
d. The training materials (e.g. PPT, video clips, discussion topics, etc.)	4.73
e. The venue setup/ environment	4.64



Raw Data

Results

Please indicate your level of agreement with the following statements (5 = Strongly Agree; 1 = Strongly Disagree):	Average Score
a. The course is clearly and logically organized	4.73
b. The course is useful to my work	4.64
c. The course can enhance my clinical communication skills	4.41
d. I would apply the skills learnt from the course in my daily work	4.68
e. I would like to explore more about better clinical communication after the course	4.59
f. I would recommend this course to my colleagues	4.55

Conclusion

The implementation of a targeted clinical communication course for new residents

- Effectively enhances their communication capabilities
- Improved patient interactions, interprofessional communication and clinical outcomes
- High quality care

Future plans for propagation



Comprehensiveness

Online modules
Observers
Train-the-trainers



KWC

Second pilot class in May 2025
Compulsory for all new residents
enrolled from July 2025

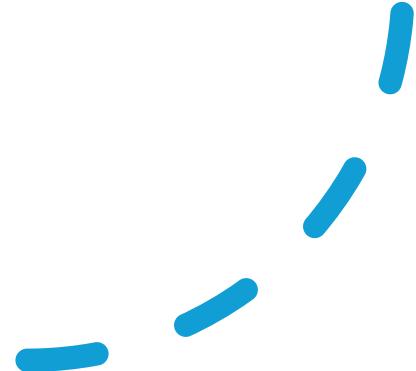


Service-Wide Applicability and Expansion across HK

Enhance patient care on a citywide scale
Same foundational skills
Unified approach

References

- Bernieri, F. J., Gillis, J. S., Davis, J. M., & Grahe, J. E. (1996). Dyad rapport and the accuracy of its judgment across situations: a lens model analysis. *Journal of Personality and Social Psychology*, 71(1), 110.
- Hojat, M., Mangione, S., Nasca, T. J., Cohen, M. J., Gonnella, J. S., Erdmann, J. B., ... & Magee, M. (2001). The Jefferson Scale of Physician Empathy: development and preliminary psychometric data. *Educational and psychological measurement*, 61(2), 349-365.
- Krupat, E., Frankel, R., Stein, T., & Irish, J. (2006). The Four Habits Coding Scheme: validation of an instrument to assess clinicians' communication behavior. *Patient education and counseling*, 62(1), 38-45.
- Mercer, S. W., McConnachie, A., Maxwell, M., Heaney, D., & Watt, G. C. (2005). Relevance and practical use of the Consultation and Relational Empathy (CARE) Measure in general practice. *Family practice*, 22(3), 328-334.



Special Thanks

Mentor: Dr Law Chun Bong (KWC, CCE)

Council Members

Dr Tse Po Ki Teresa (PMH, NS, AC)

Dr Ivy Wong (PMH, M&G, AC)

Dr Natalie Leung (PMH, SD, Q&S)

Dr Lisa Lau (KCH, PSY, AC)

Dr. Choi Yu Fai (PYNEH, A&E, CON)

KWC Q&S Team

Focus Group Members for Curriculum Building

