

# Using Technology to Enhance the Pedagogy Of Interpersonal Communication in Medicine

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## Innovation Identified

Interpersonal and other discipline-grounded Communication curriculum, enhanced with technology for instructional delivery and practice application, incorporated into UME modules and field-based experiences, carried into residency training that supports portable, learner-initiated, independent educational activities.

Socioeconomic factors that interfere with technology enhancing communication with underserved populations along the South Texas-Mexican border identified and interrogated.

A comprehensive portfolio of substantive formative feedback on a broad-spectrum of practice-oriented interviewing activities individualized to and for each medical student.

Exploring mobile communication and related ed tech products, including varied learning environments (e.g., virtual, full online, hybrid, blended), to expand project parameters.

## Need/Gap Addressed

Ample evidence indicates that a more positive relationship grounded in effective interpersonal communication between physician and patient results in lower health care costs, greater physician and patient satisfaction, better healthcare and improved patient participation.

Our medical students have collaborated in community outreach activities that provide no-cost medical services to underserved populations, for example, supervised flu shots in *colonias* (unincorporated neighborhoods) along the South Texas-Mexico border and other community-focused interprofessional projects currently under consideration.

Students have documented these experiences with ethnographic-type observation field notes on mobile devices and reflected on them with narratives posted for online discussion.

Student-generated grant project artifacts will be curated in student portfolios, useful for mentoring incoming students and residents new to our region.

## Stakeholder Input

**Student** feedback from end-of-week module evaluations have been consistently positive; a special emphasis on interviewing skills was integrated seamlessly into Foundations for Success (4-week orientation) and Clinical Skills. Involved faculty have been complimentary.

Supportive **faculty** collaboration has resulted in Communication being formally added as an essential component to a new longitudinal third and fourth-year clinical education curriculum currently being finalized.

**Highly receptive participants at conferences** where we have presented our project protocols and findings reinforce how critical teaching Communication skills in a structured and formalized approach is to preparing students and residents for competent and empathetic medical practice.

**AMA ACE** continues to be enthusiastic about how we are implementing and will continue to explore methods of using technology to facilitate and enhance communication in underserved populations, especially those in *colonias*.

## Resources Needed and Potential Barriers

- Funding for dedicated faculty and staff time
- Funding for educational technology research, purchase, training (faculty/staff) and implementation
- Constant changes to curriculum focus, content, and structure, including a reconsideration of our School's direct, longitudinal community involvement, especially in *colonias*, what was a key component of our original grant project and proposed activities
- Concentrated efforts to cultivate School culture development/change
- Anticipated transition from School's interim to permanent Dean in the coming months
- Distributed campus, with limited administrative and Leadership support at satellite site
- UTRGV SACS accreditation probation
- Preparations for School's LCME provisional accreditation site visit with already over-extended human resources
- State hiring freeze of public employees, in progress
- Request for legislative waiver for essential faculty hires, in progress
- Time for changes/redirection to take effect

## Timeline Proposed

Due to the unique nature of both the context of our project and the project itself, an accurate time estimate for implementation in another setting is difficult to provide.

A variety of factors have characterized and affected our project. We are:

- A new school of medicine
- Part of a new university, formed from two legacy institutions
- Dispersed across a large geographic area
- Located in a region with significant socioeconomic, political and cultural issues and challenges.

A minimum of one year is a conservative estimate.

## Institutional Contact

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