



‘Students are
much better
prepared’



Start at the beginning

It is a basis, but a very important one, for doctors in training at Radboudumc. Directly out of high school in most cases, students make their first steps on the way to contact with patients.

But how to actually have a good dialogue? What techniques could be applied to find out what the situation is all about? How to steer a conversation in the right direction and how to indicate you're uncomfortable with something? **Not only doctors have to be skilled in this regard, but skills like this could be applied in other situations too.**



The gap between learning theories and putting them into practice was too large, according to **Remco Haringhuizen**, lecturer First-line medicine at Radboudumc. TrainTool proved to be perfect tool to close this gap.

Link between theory and practice

Preparation

“We offer this program to first year medical students”, says Haringhuizen. “The first six months, we focus on general communication skills. We work in groups, where students practice with each other or with training actors and simulation patients. Before starting these so-called tutorials, students have to prepare **by reading on dialogue theory**, or by watching a knowledge clip for example.”

Practice

“We noticed that students were struggling to put the things they had learned into practice, the gap between reading about it and actually doing it, saying it, was too large. When I was standing in front of the group and asked: “Who wants to start?”, everybody stared at the ceiling or looked at their shoes.”

Link

Colleague Ellemieke Rasenberg came up with the idea to use Taintool. There were already multiple programs running at Radboud University at the time. Haringhuizen and Rasenberg decided to design the complete

program for the medicine students themselves, from scenarios to recordings, rollout and coaching.

‘Suddenly everybody stares at the ceiling, or looks at their shoes.’

The set-up

TrainTool

A TrainTool program consists of multiple video role plays. In the videos, actors play out a scene. The trainee watches the video and records their reaction with, for example, a smartphone. The trainee's reaction is reviewed, in this case by a teacher. Trainees can ask for peer feedback as well.

Listening, summarizing, asking follow-up questions

Among other programs, Haringhuizen worked on a program on listening, summarizing and asking questions. He created **seven different role plays for this**. “We developed the program ourselves. We wrote the scripts together with colleagues, which was really fun. We could determine the input for the program. Because this program was made for first year students, we chose to write scripts that do not directly refer to the medical professional practice. Students do not have any experience with this.”

Haringhuizen continues: “We wrote a scene where a fellow student has trouble with the public transport card,

which the student has to summarize. They have to ask questions about the situation and underlying emotions.” In another TrainTool program, about the I-message, there is a scene in which a student has to address a roommate about dirty dishes.

Support

“We asked the Media Technique department of Radboud University to make the recordings, and we arranged for actors to play the role plays. The support of Faculty of Skills was very good. When we had questions, they were answered quickly. It does ask for some coordination. Every year, around 340 new students start, they all have to be enrolled and if something needs to be changed, it needs to be implemented in the program. This is most of the work, the rest was quite doable, the videos were recorded easily.”

What do students think?

A little bit awkward

Training with online video role plays suits one person better than the other. “It is a little bit awkward, they say”, Haringhuizen says. “Some students find it uncomfortable to record themselves. The group of students is very diverse, and **the level of communication skills differs a lot**. Some students do not need the program, while others have no clue what listening, summarizing and asking follow-up questions means. Eventually, everybody has to do the program, since it is mandatory.”

Volunteers

A lot of students mention they appreciate the opportunity to practice with the subject. 83% of trainees is satisfied with the program. “We notice the difference in the tutorials”, says Haringhuizen. “Now, students will step forward if I ask for volunteers to practice. Students are much better prepared.”



83%

**OF PARTICIPANTS IS SATISFIED
WITH THE PROGRAM**

**“I find it incredibly informative.
You can really practice with
the subject like this.”**



Innovation in learning

See improvement

Lecturers notice the improved skills as well, if students finish the program. Haringhuizen: “At the end of the trajectory, students have to show what they have learned in a conversation with a simulation patient. It is not about handling the medical complaint in the right way, but about the conversation, if it is a pleasurable and kind conversation. And they all have practiced that before.”

Worked out well

“I find it interesting to think about **how we can improve and innovate education**. Sometimes you will try a new thing and it does not work out, but this program is very successful.”



“Not only did Radboudumc manage to set up and use such a good program, it is also very nice to notice that they share their case with other universities and at congresses to contribute to innovation in medical education.”

Lian Blasse, projectmanager education at Faculty of Skills

A person with dark hair, seen from behind, looking out a window. The view outside is blurred, showing lights and structures. The text 'WANT TO KNOW MORE?' is overlaid in large white letters.

WANT TO
KNOW
MORE?



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