Teaching Communication and Listening Skills to Medical Students Using Life Review with Older Adults

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ABSTRACT. The University of South Carolina School of Medicine introduced a seminar in 2003 to teach communication and listening skills to third year medical students. The students learned a structured communication format called “L-I-S-T-E-N” which they utilized to conduct a life review with an adult over age 65. The faculty evaluated this educational experience using transcribed audiotapes of the life reviews, reflection papers written by the students, and interviews with students and mentors about the life review session. The life review experience increased students’ understanding of how psychosocial, cultural, spiritual, and life-changing events affect health and health behaviors.
KEYWORDS. Geriatrics, communication skills, life review, senior mentor, medical education, psychosocial

INTRODUCTION

Satisfaction with a medical encounter depends largely on the level of communication (Williams, 1991) with listening often being neglected. In fact, about 20% of patient complaints come from problems in communication (Wofford et al., 2004). Patients often speak only a few seconds before being interrupted or do not elaborate on feelings as they learn that physicians want to know just the facts (Rhoades et al., 2001). Humanistic medicine requires that physicians not only gather factual information on which to base a diagnosis and provide treatment options, but also understand the patient’s personal perspective regarding the illness and its personal meaning. However, physicians and students may choose the standard medical history as a guide to the content that needs to be obtained and to the process of the interview (Kurtz et al., 2003).

Medical schools require that students learn to do a comprehensive history and physical examination, articulate the results succinctly, and write an accurate account for the medical record. So much emphasis goes into ensuring that students have the facts for making a diagnosis that students often equate taking a history to gathering and integrating only quantifiable biologically relevant data. Attitudes and behavior acquired during medical school and residency compel both students and physicians to prioritize objective data over the subjective experience and the cultivation of the patient/physician relationship (Suchman et al., 1997).

The project leaders began to explore ways to help students shift from a focus on obtaining measurable information alone to recognizing that many circumstances including past life events can affect health. The goal included promoting listening as a way to understand the elder’s life experiences, emotions, values, beliefs, and behavior. This meant including factors considered essential for effective communication and ones that promote a positive physician/patient relationship and enhance understanding of the older patient’s perspective (Kalet et al., 2004; Lang et al., 2000; Makoul, 2001). Though difficult to measure objectively, teaching communication skills can help students develop definable communication competencies (Yedidia et al., 2003). The project team searched for ways to teach listening and communication behaviors
linked by empirical studies to favorable patient outcomes (Beck, Daughtridge, & Sloane, 2002).

Also, student preferences regarding learning methods needed consideration as students prefer a small group format to lectures centered on communication skills (Lang et al., 2000). Life review appeared to be a format that would enhance communication and offer students an opportunity to understand better the concerns of older adults. Life review also provides an elder with the opportunity to grapple with unresolved issues, grieve losses, gain perspective, find meaning for one’s life, and it may promote a sense of well-being (Beechem, Anthony, & Kurtz, 1998). This report summarizes our experience with a new teaching approach aimed at encouraging listening and understanding the context of an illness or health concern through the use of a life review using the L-I-S-T-E-N format.

**THE SENIOR MENTOR PROGRAM AND THE LIFE REVIEW EXERCISE**

The life review exercise was embedded into the existing Senior Mentor Program (Thornhill, Richeson, & Roberts, 2002). Faculty members from the Division of Geriatrics recruit adults 65 years of age or older to serve as senior mentors. The Senior Mentor Program provides opportunities for students to follow a senior over a 4-year period in the home and clinical settings. The first year students meet with their senior mentors four times and complete modules that address the physiology of aging, medical history taking including a mental status assessment, and psychological issues involving growing older. In the second year, students assess the senior mentor’s diet, develop a behavioral modification plan, conduct an environmental safety check, and perform physical and medication evaluations. As the students enter their third and fourth year, they meet with their senior mentors to discuss advance directives and to accompany their mentor to a physician visit. This communication module comes during the third year psychiatry clerkship and supports the goal of the Senior Mentor Program to help students see the elderly man or woman as a person, not simply as old and ill. The Senior Mentor Program encourages students to get to know a senior and understand his/her experiences, beliefs, values, and health.

The principal objectives for the life review exercise were for the student to be able to use open-ended questions and demonstrate integrative reasoning skills after talking with an older adult. To evaluate this expe-
rience students reflected and wrote about how life experiences affected values, beliefs, and health behaviors. Interviews assessed senior mentors and medical students’ satisfaction with communication resulting from use of the “L-I-S-T-E-N” format and life review.

**METHODS AND DESCRIPTION OF THE BRIEF CLINICAL LIFE REVIEW PROJECT**

On each psychiatry student rotation, a seminar involving 8-12 students began with the faculty seminar leader presenting a 15-minute slide presentation, which summarized clinical uses of life review, introduced the “branching question” (Birren & Deutchman, 1991), and talked about the L-I-S-T-E-N format: Learn from open-ended questions; Integrate often using a diagram or visual; Summarize for accuracy and completeness; Talk about omissions and meaning; Empathize by validating (emotions); and, Negotiate recommendations.

The branching question could be phrased as follows: “Your life, like a tree or river, has had branching points. Tell me about your life. What events, experiences, or circumstances have most affected your life—have been the branching points that shaped your life?” In addition, the students used two follow-up questions stated in a similar format. “What health-related events caused your life to branch or take another course?” and “What stresses have caused branching points or life-altering courses for you?” The final question, “What successes or happy times have caused branching points?” allowed the interviewee to reflect on positive, empowering events. Seminar leaders prompted students to use “encourager” phrases to promote life reflection and reminiscence.

The students received instructions to use the branching question and then offer only encouragers or empathic responses. They were told not to redirect the speaker or ask any other questions. Next, students split into pairs and spent 12 minutes either as the interviewer or as the speaker. Using this role-play format, the speaker then became the interviewer for another 12 minutes so both students could practice how to ask the questions and experience what it was like to tell about the “branching points” in his or own life.

The instructor notified the students when half of the 12 minutes had passed so the interviewer could integrate what had been said using a tree outline with branching points that depicted significant life events. After summarizing the life events that occurred at the branching points, the students continued the “L-I-S-T-E-N” format and the interviewer and
speaker talked about omissions, additions, and misunderstandings. This also gave the interviewer a chance to empathize with the speaker and provided time for the speaker to deliberate with the listener about what life factors could represent the roots of the tree—what gave the speaker’s life meaning. In a medical interview, negotiating treatment would come next. Finally, the seminar concluded with a 10-minute group discussion about what it was like to be the speaker and how it was to be the interviewer.

Before the students met with their mentors, each senior mentor received a letter about the life review assignment. Each was asked whether he/she would consent to having an audiotape made of his/her life review for educational purposes. Thirty-seven of the 46 mentors voluntarily returned a signed consent form agreeing to have the interview audio taped. Most students interviewed their mentor in the mentor’s home. After listening to the mentor’s life review, the students created a diagram of their mentor’s life and reviewed the diagram with their mentor. Table 1 and Figure 1 show sample diagrams developed from an interview with a 91-year-old male. The student checked for understanding not only to validate his/her understanding, but also, to give the mentor time to think of omissions and corrections. Most interviews lasted 30-50 minutes.

**EVALUATION METHODS**

Forty-three student reflection papers provided data for analysis of the students’ subjective experience. Two authors interviewed 10 students and 22 senior mentors about the life review experience. Transcriptions of 19 audiotapes provided additional data regarding the interview.

**What Students Thought About the Life Review**

Both the reflection papers and follow-up interviews documented that the students viewed the life review as a positive experience. For example, one student said that his mentor was in a “building phase of life.” Another student wrote, “You are part of everything and everyone you come in contact with.” One student observed that his mentor’s loss of two spouses and an illness caused depression. This comment verified the hypothesis that this exercise demonstrates to students how life experiences affect perspectives and health. Another student summarized the experience by saying that he could not “assume what is important to me
TABLE 1. Sample Senior Mentor Life Line

<table>
<thead>
<tr>
<th>91-year-old male</th>
<th>6/11/02</th>
<th>30 minutes</th>
</tr>
</thead>
</table>

**Questions:**

1. Your life, like a tree or river, has had branching points. Would you tell me about your life? What events, experiences or circumstances have most affected your life–have been branching points that shaped your life?

2. What health related events caused your life to branch or to take another course?

3. What stresses caused branching points or life altering courses for you?

4. What successes or happy times caused branching points?

**Encouragers:**

1. Tell me more.

2. Where did that lead?

3. How did that affect or influence you?

4. What meaning does that have for you?

<table>
<thead>
<tr>
<th>Events</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised on farm</td>
<td>Diabetes Age 40 +/-</td>
</tr>
<tr>
<td>Went to college</td>
<td></td>
</tr>
<tr>
<td>Good marriage</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stresses</th>
<th>Successes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money for college</td>
<td>Marriage</td>
</tr>
<tr>
<td>Illness and death of wife</td>
<td>Financial security</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Roots</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country boy with an education</td>
<td>Good marriage and education</td>
</tr>
<tr>
<td>and good marriage</td>
<td>provided basis for a good life</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strength</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked hard</td>
<td>Not afraid of death</td>
</tr>
<tr>
<td>Ingenuity</td>
<td></td>
</tr>
<tr>
<td>Determination</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early life</th>
<th>Farm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised in country</td>
<td>Dirt road; once chased by a bull; walked several miles to school</td>
</tr>
<tr>
<td>Work and ingenuity</td>
<td>Drove school bus–his horse attached to a buggy; Devised a special fishing lure</td>
</tr>
<tr>
<td>8th grade</td>
<td>Meet girl from Tallahassee–both graduated from college &amp; began teaching at same time</td>
</tr>
</tbody>
</table>
Education and business: Went to college rather than into cattle business as others recommended.

Marriage: Married 56 years; Wife died—Alzheimer's. Had to put her in nursing home at end. Didn't want to do this??

Dad gave $25 for college: Check wasn't good.

Early work (college) - 4 jobs at a time: Jerked soda, Sold suits, Dry cleaning delivery?

Government job: Good job—financial security.

Age 40: DX Diabetes, Pills initially, now insulin.

Age 91: Stays with daughter.

**FIGURE 1. Branching Diagram 91-year-old male**
is [important] to her [senior mentor].” The student understood that life values differ. However, most interviews showed that the mentors and students often shared common values, such as the importance of family and relationships.

Students learned about the interview process. One student noticed that having a third person present at the interview changed the interview dynamics. For example, one senior mentor depended on her husband to answer questions about her life. This interaction between spouses helped the student better understand their relationship even if the dialogue interfered with getting the mentor’s own perspective. Thus, most students learned more than facts from the interview.

Circumstances and individual preferences affected the students’ reactions to the branching question. Most found the branching question facilitated getting new and different information. Still, some students and mentors had trouble with the symbolism or open-endedness of the branching question. Several students relayed their belief that the tree analogy helped their mentor extract the meaning of their life. One thought that the diagram helped provide a “goal” and another that the diagram helped to pull the life review together.

Several students felt frustrated by not getting “specific” or “elaborate” answers to the branching question. After reading the transcribed interviews, it became apparent that most of the time when this happened the students had added leading questions and not fully listened to the mentor’s life story. Many wanted to get facts about the mentor’s age when a particular event happened and this led them to interject close-ended questions. However, many students intuitively or by remembering seminar instructions used encouragers when the mentor stopped speaking rather than redirecting the conversation with close-ended questions. Most mentors explored turning or decision points in their life without prompting. In spite of participating in the seminar and receiving written instructions on the goals and objectives of the life review exercise, some students sought data and facts and did not understand that this life review focused on life perspective, values, and meaning rather than on data or facts.

Most students believed that their senior mentor liked having the tape. The mentors verified this. A couple of students said that taping made the mentor nervous and may have negatively affected the interview process, particularly in the beginning. However, most students advocated using the tape as their senior mentor valued the opportunity to have a tangible copy of the interview. Students recognized that early life events, some stressful and some not, shaped the mentor’s life.
More than one student found that health-related events such as a stroke or a loved one’s illness greatly influenced the rest of the mentor’s life. The transcribed interviews revealed that some students had difficulty knowing how to respond when their mentor revealed emotion associated with a death, failure, or loss. Several asked questions when they apparently did not know how to offer an empathic response.

**SENIOR MENTOR REACTION TO THE LIFE REVIEW**

Twenty-two mentors, 15 women and seven men, provided interviews (20 face-to-face and two by telephone) regarding their perceptions of the life review experience. One mentor commented that he enjoyed the life review assignment more than any other senior mentor assignment. Another mentor commented that the interview was “too personal.” When asked to discuss this further, the mentor said that he had never told anyone some of the things he had discussed during the life review and felt uncomfortable afterwards for revealing so much. One mentor said that it was difficult to think of things to say when the open-ended branching question was used. This, however, contrasted with the feelings of most mentors who gave descriptors of the life review session as “great,” “brought back memories,” “liked telling war stories,” and “was icing on the cake.” A mentor said that the life review gave him an opportunity to talk about the regrets in his life. Another perceived the interview as an opportunity to understand “what made you do what you did in your life.”

One mentor thought the purpose of the life review interview was for the student to “see the ‘old and sick’ as people.” Another said that she thought her student came to know her as a person. Another mentor believed that the life review exercise let him explain and share with the student what it had been like to care for a chronically ill spouse. Several mentors reported thinking about the life review after their student(s) left and remembered things to add.

During the interview with faculty, many mentors did not remember the diagram nor did they remember exactly what they had said; still, they reported enjoying the experience. Most mentors thought the process was a positive experience for their students. One mentor said it was the life review session that pulled the senior mentor experience together for her student, and that this assignment made the whole Senior Mentor Program make sense. Another commented that it was good for the students to learn the “art of listening” and explore the background of older
persons. More than one expressed the view that the experience helped the student learn that senior citizens are people and that old people “feel too.” One mentor took the opportunity to give the student communication pointers. Another commented that the session was great from a “compassion” standpoint. However, one mentor thought that the life review was really “busy” work for the student, and that the purpose of the life review was unclear both to him and the students.

When asked to summarize their thoughts about the life review session, the mentors said things such as “physicians need to listen” and this exercise supported that process. Another believed the students had learned to see her as a person and she felt that was a worthy objective for the life review exercise. Several spoke about wanting the student to understand how hard some aspects of aging can be. Specifically, one mentor complained about the loss of independence associated with not being able to drive. Another wanted to educate the student on the stress associated with caring for a spouse with dementia.

When asked what else would improve the life review experience, mentors commented that it should be made plain to the students that the exercise was to learn about how a person’s life and character were formed rather than to gather medical information. One mentor said that the students need to learn the value of “treating the whole person” and this required knowing the person’s background.

Likewise, students and mentors reacted differently to the use of the summary diagram. The diagram was of no value to the mentor who was blind. Although students in general thought the branching question and diagram helped in summarizing the life review, many senior mentors did not remember the diagram. However, several said the diagram specifically provided a goal and a way to summarize effectively the life review.

**STUDENT SUGGESTIONS FOR IMPROVING THE BRIEF CLINICAL LIFE REVIEW ASSIGNMENT**

Students had differing views when asked when the seminar and life review exercise should occur in the curriculum. Some students thought the life review should be done prior to the fourth year as it duplicated earlier assignments. One student commented that the assignment overlapped the first year senior mentor assignment “to get to know the senior mentor.” However, one student was adamant that the life review session made the whole Senior Mentor Program come together and made the
Senior Mentor Program worth the time invested. Several wanted the session left in the last year. Opinion on the timing of the exercise definitely was more debated than was its value.

Although students were free to do the assignment anytime during the third or fourth year, many waited until the week before the assignment was due to complete it. One student commented that having the seminar closer to the time of the interview would have been helpful. Although most students did not have suggestions regarding different or better ways to teach brief clinical life review, one student thought the seminar role-play was beneficial and should be continued. Another student wanted to use a timeline in addition to the tree diagram. Transcripts of the actual interviews revealed that students wanted time and dates for events, and this often pushed them to ask close-ended, leading questions. Therefore, one student mentioned that the seminar should stress the use of open-ended questions as his partner had not followed the recommended format and had consistently pressed for details and factual information.

**CHALLENGES AND CHANGES**

Most students intuitively or by following seminar instructions asked open-ended questions about the mentor’s life and found that their senior mentor enjoyed reminiscing. In the process, the students learned facts about their mentor’s health that they had not discovered from a full medical history and from having known their mentor for more than three years. However, some students continued to try to elicit just facts when the assignment was specifically constructed to encourage listening and centering on the patient’s perspective and experiences. A few students focused so much on obtaining what they deemed as relevant information that they began asking leading questions rather than letting their senior mentor tell their own story in their own way.

Thus, future seminars will include a discussion about the difference between a medical history and a life review, with emphasis on listening rather than on data collection. Specific written instructions will reiterate the need to use only open-ended questions, encouragers, and empathic statements. In addition, the seminar leader will relate to the students that life review is not about gathering facts, but rather about understanding how experiences shape perspectives, beliefs, values, feelings, and behavior.
HOW OTHER SCHOOLS COULD USE
BRIEF CLINICAL LIFE REVIEW

Other schools can use this exercise to emphasize how difficult listening really is and how the need to obtain answers to a specific question can shift the interview focus from the speaker’s perspective to the professional’s need to obtain quantifiable information. Incorporating a statement in each written or verbally presented history about the elder’s perceptions or emotional reaction to an illness could become an accepted and routine part of the standard medical history. For example, each history could contain a statement such as “Mr./Ms____ main concern about his or her (include chief symptom or illness here) is . . . ” This would shift the focus from just factual disease data gathering to focusing on the patient’s perceptions and the meaning of the illness.

Others suggest the use of standardized patients in teaching and evaluating communication skills (Sloane et al., 2004), and this could provide another way to evaluate how often students use open-ended questions and seek the patient’s perspective about their illness. Although some tools already exist to teach communication (Kurtz & Silverman, 1996), innovative methods and new instruments need to be developed to measure teaching methods aimed at improving communication skills (Duffy et al., 2004; Egener & Cole-Kelly, 2004).

The life review exercise enables students to gain experience interviewing older adults, and demonstrates how difficult it is to listen and not interrupt even if with well-meaning questions. The inclusion of brief psychosocial discussions helps students understand the patient’s world and behaviors and offers opportunities for students to understand the concerns and perspectives of older adults, essential components of compassionate medical care. This exercise could be used in any medical school clerkship rotation, not just on psychiatry. The branching question, utilized in the brief clinical life review, would be valuable in talking with a patient near the end of life, as it provides an opportunity for a dying patient to understand the meaning of his or her life.

CONCLUSION

Life review is helpful in understanding the whole person and is especially useful for understanding older adults. Physicians and other professionals can employ or modify the L-I-S-T-E-N method to gather information, gain understanding, and offer insights regarding the mean-
ing of a life event or illness. Including health-related issues in the life review may provide students with information useful in developing therapeutic recommendations and patients with insights into the meaning of their life. Students who participate in this experience learn how psycho-social, cultural, spiritual, and life-changing events affect health and health behaviors.

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