

# Bucksbaum Institute for Clinical Excellence 2012 Pilot Grant Final Report

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## Communication Skills Training Program for Oncology Trainees: Small Group Skills Practice

### Introduction/Background

Effective communication is crucial to a successful physician-patient encounter. Empirical research has revealed that communication between oncologists and patients needs to be improved. Cancer patients report unmet communication needs for information about disease extent, prognosis, and treatment options. In their communication with patients, physicians tend to focus on technical aspects of treatment and cognitive information, and they often omit key communication tasks such as eliciting patient's perception about cancer diagnosis, tailoring information to meet patient's needs, and discussing treatment options so patient understands their implications. When doctors do provide information, they often do so in an inflexible way and may ignore what individual patients want to know. As a result of these poor communication skills, oncologists do not detect patient distress during the encounter and do not address patients' concerns.

Communications skills training (CST) is a vehicle to learn and solidify skills that improve clinician-patient interactions, professionalism, and excellent care. Good communication skills among physicians has been associated with improved patient understanding, decreased patient anxiety, higher patient satisfaction, and improved patient outcomes. Several comprehensive reviews unequivocally demonstrate that communication skills can be taught, and models of communication training have resulted in specific measurable improvements in physicians and trainees communication performance. **Thus communication is not an innate talent, but a learned series of skills.**

Cancer patients of physicians that have undergone CST report increased understanding of their diagnosis, less depression, and increased control over health decisions compared to patients of untrained physicians.<sup>4,5</sup> However, only 5% of practicing oncologists have received formal training and education in basic communication tasks and most fellowship programs do not have a formal curriculum for teaching communication skills.<sup>6</sup>

The Accreditation Council for Graduate Medical Education now requires competency in communication skills for residents and fellows. This requirement presents a challenge to training programs; communication content must be integrated with biomedical content, and the teaching needs to include skills practice and feedback.

In 2010, a communication skills training initiative was developed for University of Chicago's Hematology-Oncology fellows. The goals of this curriculum were to: 1) educate trainees regarding the body of research about effective communication strategies, 2) present cognitive roadmaps of communication skills for difficult communication tasks in cancer patients, and 3) demonstrate and practice communication skills in interactive workshops. The teaching methods include some didactic lectures, but the primary focus has been workshop-based sessions for senior fellows to allow for role-play with faculty, modeling, and discussion, about difficult conversations experienced during their clinical experience. To date, the emphasis of the program has been primarily cognitive input and modeling.

### Methods

The Bucksbaum Institute's pilot grant program provides an opportunity to build upon the success of the hematology-oncology fellowship's CST program by developing the next necessary step in communication skills acquisition for trainees: experiential role-play. This pilot proposes the

development of experiential role-play with a standardized patient. The initiative would be comprised of two separate small-group practice sessions with a standardized patient for hematology-oncology trainees. These small group practice sessions, modeled after Objective Structured Clinical Examinations, will provide a formative assessment of the trainees' communication skills after completing the didactic and workshop based communication skills curriculum presently in place.

We will partner with Pritzker's Clinical Performance Center (CPC), which has extensive experience in training of medical students, residents, and physicians at the University of Chicago. The CPC would offer a controlled, supportive, and evaluative environment for teaching and assessing communication. Scripts for actors to portray cancer patients at various stages of their illness will be developed. These scripts and learning objectives will focus on oncology specific content that will be of interest to the trainee: 1) breaking bad news, 2) disclosure of prognostic information, 3) managing transition to palliative care/advanced care planning, and 4) responding to requests for futile therapy. Additionally, one of the scenarios (ie transitioning to palliative care) will incorporate communication skills for conducting a family meeting.

Specific communication tasks and skills, such as use of empathetic statements, assessing patient's perception, and checking in with patients understanding, will be highlighted in the standardized patient encounters; these skills have been reviewed and modeled in the aforementioned lectures and workshops. The CPC will provide and train the standardized patient, in collaboration with the oncology faculty. As opposed to larger workshops and lectures that presently include between 15-18 fellows, the small group practice sessions would include 3 learners, a faculty facilitator, and standardized patient and will be modeled similar to the published Oncotalk workshop.

During the session, each group will work through several modules, with fellow having the opportunity to role play a scenario with a standardized patient. These encounters facilitate learner transition to care of real patients. Standardized patients are a flexible educational tool, as the encounter can "freeze" to discuss an issue or, if a teachable moment appears, use a technique called "time out and time in." The standardized patients also can be directed to play the case differently, with more anger or resistance for example, so the learning experience can be optimized based on the level of expertise of the learner. The standardized patients are also trained to provide feedback on the learner's professional manner, attitude, and interpersonal skills. Feedback and suggestions will also be provided by the faculty preceptor. Additionally, the sessions will be recorded to allow for learner self review and assessment.

### **Results: Outcomes, Metrics, and Deliverables**

Progress to date:

- Educational initiative was submitted and reviewed by Clinical Performance Center's Steering Council
- Augmented facilitator skills by attending seminar sponsored by Memorial Sloan Kettering Cancer Center COMSKILL group, as well as training workshop at AAMC Annual Fall meeting
- Attended Clinical Performance Center Faculty Development Workshop
- Standardized Patient Cases and script have been drafted
- Self Assessment Questionnaire for trainees has been drafted

Future progress:

- Finalize patient cases and complete standard patient training (March- April 2013)
- Elicit feedback on self-assessment tool from prior fellows and finalize form (March 2013)
- Conduct Objective Structured Clinical Examination for fellows (May, June, July 2013)

- Data collection and tabulation of self-assessments at baseline, post-OSCE, and 6 mos later. The success of the pilot will be measured through learner self-reporting with a self assessment tool for communication skills.
- Present results at internal education seminar, for example University of Chicago's RIME conference
- Disseminate curriculum at locoregional or national meeting and/or publication via MedEdPortal or scholarly journal

### **Discussion**

The opportunity to participate in the proposed Objective Structured Clinical Examinations with standardized patients will further the communication skills acquisition of hematology-oncology trainees. The proposed training will directly improve the quality of medical care by improving the doctor-patient relationship and promoting collaborative medicine between the fellows and their patients. If successful, our CST curriculum could be adopted and utilized by other graduate medical education training programs at University of Chicago and elsewhere.