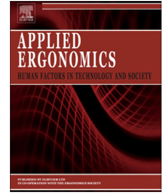
Applied Ergonomics 50 (2015) 242–250

Contents lists available at ScienceDirect

Applied Ergonomics

journal homepage: www.elsevier.com/locate/apergo



Impact of online training on delivering a difficult medical diagnosis: Acquiring communication skills

Valérie Saint-Dizier de Almeida*, Marie-France Agnoletti

Université de Lorraine, Laboratoire InterPsy, EA 4432, CLSH Nancy, BP 33-97, 54015 Nancy Cedex, France

ARTICLE INFO

Article history:
Received 28 May 2014
Accepted 31 March 2015
Available online 22 April 2015

Keywords:
Training
Assessment
Skill

ABSTRACT

This paper deals with developing and assessing the training of physicians to deliver a difficult diagnosis to patients. The training is provided by a web-based self-training package. This online training emphasizes the structural, functional and relational dimensions of interviews delivering a serious diagnosis, and a logical set of recommendations for behavior towards the patient. The content is illustrated by numerous delivery interview sequences that are described and for which commentary is provided. This online package was expected to enable physicians to acquire new skills and change their mental picture of diagnosis delivery. Here we discuss the assessment of training in managing the delivery of a serious diagnosis. The approach taken and the methods used to measure knowledge and skills are presented.

© 2015 Elsevier Ltd and The Ergonomics Society. All rights reserved.

1. Introduction

This paper deals with training to deliver a difficult medical diagnosis. The training is given through an online package designed to develop communication skills.

Having to deliver a difficult medical diagnosis to a patient is a situation that every physician will have to face sooner or later. Preparing and training to manage this type of interview is thus essential for both patients and physicians. For patients, it has been shown that a delivery correctly made has a positive effect on their commitment to the therapeutic process (Libert and Reynaert, 2009) and on their propensity to adopt an active forward-looking attitude (Baile and Aaron, 2005; Butow, 2005; Fallowfield, 2008). For physicians, being trained in managing the delivery interview helps them approach these grueling and dispiriting situations with greater equanimity (Bettery et al., 2006).

We can distinguish two forms of difficult diagnosis delivery training: classical and interactive. The first form imparts information on legislation, defense mechanisms, what should be done during the interview (managing emotion, answering questions, etc.) or should not be done (interrupting or making a judgment on the patient, etc.). The second form focuses on acquiring the communication skills needed to smoothly conduct a delivery interview. The first form has a low implementation cost (one-way communication), unlike the second form, which generally involves courses lasting several days, and requires trainers versed in role-play management and collective discussion.

Countries such as Canada have integrated such training into their academic programs. In France, though not yet compulsory, this training is offered in more and more French universities. Even so, the training proposed remains classical; cost still makes interactive training less preferred. It is obviously important to be well-informed about the determinants of the diagnosis delivery, legislation, patient reaction, and what should and should not be done, but the acquisition of communication skills is also essential. Hence there is still an unmet need to devise and develop accessible, effective training provision for conducting diagnosis delivery interviews (Ferraton-Rollin et al., 2013).

Accordingly, with the support of the French *Ligue Contre le Cancer*, we developed a training website devoted to delivering a difficult diagnosis. It has the following features: (i) it is freely accessible, being web-based, (ii) it is a self-training package and so it needs no trainers, (iii) an online training session takes at most half an hour, and so it is not costly or time consuming for the trainees, and (iv) its content is based essentially on the results of analyzing physician–patient interviews obtained by role-play. This design aims to offer training that, though non-interactive, still enables the acquisition of communication skills. Our project was prompted by the work of Cuenot et al. (2005), who show that simply observing role play situations where a difficult diagnosis is delivered gives the observers the feeling they have acquired communication skills. Although the authors did not verify whether

* Corresponding author. Tel.: +33 3 54 50 52 18; fax: +33 3 54 50 51 71.
E-mail address: valerie.saint-dizier@univ-lorraine.fr (V. Saint-Dizier de Almeida).

http://dx.doi.org/10.1016/j.apergo.2015.03.020
0003-6870/© 2015 Elsevier Ltd and The Ergonomics Society. All rights reserved.

skills were effectively acquired, we take the view, classical in interactive training, that to acquire these skills, trainees do not have to be actually involved in the situations in which they have to act. It is sufficient to induce them to take a reflective stance on the practice to be acquired, and give them the resources to do so. Hence presenting interaction sequences extracted from interviews where a difficult diagnosis is delivered, commenting on them and explaining them, should favor the acquisition of skills. Our website was designed on this basis.

To test our hypothesis, we recruited participants representative of the targeted audience, i.e. young physicians and medical interns. Before and after use of the site, the participants were interviewed and were given two exercises to do. The interviews were carried out to identify their mental picture of the difficult diagnosis delivery consultation. The exercises were designed to appraise the acquisition of a communication skill involved in the recommendation "avoid an emotional shock". The results obtained showed that our web-based package enabled trainees to acquire communication skills and to form a mental picture of the delivery interview compatible with those skills.

The first part of this paper sets out the existing provision of training for diagnosis delivery with the corresponding evaluation processes. The second part describes the design of the web-based package and its evaluation.

2. Background

2.1. Training for difficult diagnosis delivery

There are two training formats: classical and interactive, described below.

2.1.1. Classical training

This training takes the form of one-way communication based on books (Pouchain et al., 1996; Buckman, 2001; Tate, 2005; Iandolo, 2006). This training provides resources to build a mental picture of a diagnosis delivery interview. Generally, the content of the delivery curriculum is organized around four key themes: (i) legal framework, (ii) patients' and physicians' defense mechanisms, (iii) the complexity of the delivery task and (iv) recommendations in conducting this activity with regard to recommendations for behaviors to exhibit and to avoid.

The first theme presents relevant legislation in the public health code and the code of medical ethics and jurisprudence. The physician is legally required to obtain the patient's free informed consent before performing any medical act (Law of 8 November 1955). This condition of consent is paired with an obligation to provide information that is simple, basic, intelligible and sincere (Law of 21 February 1961). The physician must ensure that the recommendations are well understood so the patient can make well-informed decisions (article 37 of the Law of 28 June 1979) and must manage the patient's emotional response (recommendation of the French National Authority for Health (2008)).

The second theme presents the defense mechanisms in play during the diagnosis delivery, and makes reference to the studies carried out by Ruszniewski (2004), who distinguishes patients' defense mechanisms (denial, regression, isolation, transfer, and aggressive projection) from those of physicians (lies, false reassurance, forward flight, rationalization, dodging, trivialization, and projective identification).

The third theme stresses that in communication, we can give only recommendations for appropriate behaviors. No single formula is conceivable owing to the multiple factors involved in each delivery process: age, culture, personal factors, education, etc. (Schofield et al., 2003; Siminoff et al., 2006; Thorne et al., 2010). These factors influence not only patients' desires and needs, but also those of the professionals with whom the patients will interact (Feldman-Stewart et al., 2005). Given the diversity of patients and their points of view (Schofield et al., 2001; Edvardsson et al., 2006; Hoff et al., 2007) together with the complexity of interpersonal communication in general, it is not possible to devise a formula that can be applied to every specific case (Feldman-Stewart et al., 2005; Parker et al., 2005).

The fourth theme tackles recommendations for behaviors to exhibit and to avoid produced by the health sector professionals, based on their "opinion" (Thorne et al., 2010), e.g. listen to patients, answer their questions, avoid emotional shocks, manage emotions, say nothing that is untrue, do not evaluate, make judgment on or reprimand the patient, etc.

2.1.2. Interactive training

This type of training can also draw on information in the classical resources, but its specific feature is that it focuses on acquiring the communication skills necessary for properly conducting difficult diagnosis delivery interviews. This acquisition is based on intensive training programs that generally take up several half-days. Interactive teaching methods, and in particular role-play and the focus group (collective discussion around a delivery interview, usually filmed) are used. The role play method differs depending on the specific program.

In the Canadian program for delivery training, called "Better Physician–Patient Communication for Better Patient Outcomes" (supported by Health Canada, the British Columbia College of Family Physicians and the Royal College of Physicians and Surgeons of Canada, whose toolbox can be accessed at http://publications.gc.ca/collections/collection_2012/sc-hc/H39-509-1999-fra.pdf), each of the participants involved in the role-play acts in turn as a patient and as a physician meant to behave as appropriately as possible. Each role-play is commented on afterward. The aim is to determine whether the methods used are well-adapted or need to be revised.

In the Australian program named "Communication Skills Training" steered by Butow's group (Butow et al., 2008), all the participants take part in the role-play, where they act as the physician; in these role plays, the patient is systematically played by a professional actor. The role plays are filmed and constitute a resource for individualized training.

In the training implemented by the Swiss researchers (Cuenot et al., 2005), the role play is used as a support for collective discussion. More specifically, in this scheme only some of the participants are asked to role-play, while the others observe. The role-plays are then discussed collectively. These discussions include watching a video of interviews and commenting on each others' performance (Mollo and Falzon, 2004).

2.2. Assessing training programs

Diagnosis delivery training programs have been assessed when the training approach used appeared original or innovative.

This was the case for instance of the Australian team led by Butow, which developed training programs for the acquisition of communication skills in the field of oncology diagnosis delivery (Butow et al., 2008), and more recently in that of genetic counseling (Dunlop et al., 2011).

In the 2008 assessment approach, various criteria emerged:

1. Trainee satisfaction was measured using a Likert scale questionnaire.
2. The acquisition and transfer of the targeted communication skills was assessed through the implementation of role-plays (simulating situations conducive to the deployment of the

Download English Version:

https://daneshyari.com/en/article/549254

Download Persian Version:

https://daneshyari.com/article/549254

Daneshyari.com