Patient Education and Counseling 95 (2014) 83–90

Contents lists available at ScienceDirect

Patient Education and Counseling

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

Medical Education

Effectiveness of the 'availability, current issues and anticipation' (ACA) training programme for general practice trainees on communication with palliative care patients: A controlled trial

Willemjan Slort [a,*], Annette H. Blankenstein [a], Bart P.M. Schweitzer [a], Luc Deliens [b,c], Henriëtte E. van der Horst [a]

[a] Department of General Practice & Elderly Care Medicine, EMGO+ Institute for Health and Care Research, VU University Medical Center, Amsterdam, The Netherlands
[b] Department of Public and Occupational Health, EMGO+ Institute for Health and Care Research, VU University Medical Center, Amsterdam, The Netherlands
[c] End-of-Life Care Research Group, Vrije Universiteit Brussel & Ghent University, Brussels, Belgium

ARTICLE INFO

Article history:
Received 13 June 2013
Received in revised form 27 November 2013
Accepted 10 December 2013

Keywords:
Communication
General practice vocational training
Family practice
Palliative care
Controlled clinical trial
Education

ABSTRACT

Objective: This study aimed to evaluate the effectiveness of a new palliative care 'availability, current issues and anticipation' (ACA) training programme to improve communication skills of general practice trainees (GPTs).
Methods: In a controlled trial among third-year GPTs, we videotaped one 20-min consultation between each GPT and a simulated palliative care patient at baseline and at six months follow-up. We measured the number of issues discussed and the quality of communication skills and analysed between-group differences using linear mixed models and logistic regression.
Results: Fifty-four GPTs were assigned to the intervention and 64 to the control group. We found no effect of the programme on the number of issues discussed or on the quality of GPT communicative behaviour. GPTs infrequently addressed 'spiritual/existential issues' and 'unfinished business'. In a selection of the consultations, simulated patients brought up more issues than the GPTs did.
Conclusion: The ACA training programme was not effective in the way it was carried out and evaluated in this trial.
Practice implications: The ACA programme should focus on the issues that scored low in this trial. Future research on GPT–patient communication in palliative care should consider using real patients in a series of consultations to evaluate effectiveness.

1. Introduction

Because general practitioners (GPs) play a central role in providing palliative care in many countries, their vocational general practice training should equip them to provide high quality palliative care. All eight vocational GP training institutes in the Netherlands provide educational palliative care programmes, but the content differs considerably between institutes [1]. Some institutes focus on medical aspects, others chiefly on communication. A survey among UK GP registrars showed that only half had received training in palliative care communication skills [2].

Effective doctor–patient communication is widely accepted as an essential requirement for providing high-quality care [3]. Furthermore, communicating with palliative care patients is considered more difficult than communicating with patients with less serious conditions [4]. Several studies have demonstrated effectiveness of basic communication skills training programmes in improving oncologists' or oncology nurses' communication with oncology patients, including those receiving palliative care [5,6]. Although GPs are usually well trained in doctor–patient communication, this does not always cover training in communication with palliative care patients [2]. We did not identify any studies reporting effects of training general practice trainees (GPTs) in communicating with palliative care patients [7].

To fill this gap, we designed a training programme for GPTs in communication with palliative care patients based on recent studies [5,7–9]. Our review and qualitative study yielded 19 relevant items, which we divided into three categories: *availability* of the GPT to the patient, *current issues* that the GPT should discuss with the patient and *anticipation* of various scenarios by the GPT (ACA) [7,9]. This ACA training programme appeared to be applicable to both GPTs and GPs (see Box 1 and Box 2) [10]. This paper reports on a controlled clinical trial which evaluated the

* Corresponding author at: Postbus 7057, 1007 MB Amsterdam, The Netherlands. Tel.: +31 653 17 04 17; fax: +31 20 444 8361.
E-mail addresses: w.slort@vumc.nl, slortentan@planet.nl (W. Slort).

0738-3991/$ – see front matter © 2014 Elsevier Ireland Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.pec.2013.12.012

Box 1. The eight steps of the ACA (availability, current issues, anticipation) training programme for general practice trainees (GPTs)

Step 1 *Videotaped GPT–patient interview* with a trained actor simulating a patient in an advanced stage of lung (role A) or colon (role B) cancer, according to detailed scripts; immediately after the interview the participant receives general feedback on communication style from the actor (30 min).
Step 2 *Instructions on the ACA checklist*, using oral presentations and written information (ACA booklet) (30 min).
Step 3 *Oral feedback according to the ACA checklist* on GPT performance during the videotaped GP–patient interview in step 1 from their peers and facilitators in small groups (60 min).
Step 4 *Studying* the ACA checklist, *discussing* this material with peers in small groups, and *trying out* newly acquired skills in the practice of their vocational GP trainer to identify problem areas from their own experience (60 min).
Step 5 *Formulating learning goals* based on the previous steps (30 min).
Step 6 *Role-play exercises* tailored to the GPT's individual learning goals: GPTs performed role-play with other participants in the course, which enabled them to experience the patient perspective (60 min).
Step 7 A *second videotaped interview* with an actor simulating a patient (30 min).
Step 8 Using the second videotaped interview and the ACA checklist as tools for *self-assessment* of their communication skills formulate new learning goals and start a new learning cycle (60 min).
The estimated total duration of all steps in the ACA training programme is 6 h.

Box 2. The ACA (availability, current issues, anticipation) checklist.

Availability (of the GPT for the patient):
1. Taking time
2. Allowing any subject to be discussed
3. Active listening
4. Facilitating behaviour (e.g. empathic, respectful, attentive, occasionally also phoning or visiting the patient spontaneously)
5. Shared decision-making with regard to diagnosis and treatment plan
6. Accessibility (e.g. phone numbers)

Current issues (that should be raised by the GPT):
1. Diagnosis
2. Prognosis
3. Patient's physical complaints and worries
4. Patient's psychosocial complaints and worries
5. Patient's spiritual/existential complaints and worries
6. Wishes for the present and the coming days
7. Unfinished business, bringing life to a close
8. Discussing treatment and care options (concerning 1–7)

Anticipating (various scenarios):
1. Offering follow-up appointments
2. Possible complications
3. Wishes for the coming weeks/months (personal wishes as well as preferences with regard to medical decisions)
4. The actual process of dying (final hours/days)
5. End-of-life decisions

effectiveness of the ACA training programme on GPT–patient communication in palliative care. Although health care professional–patient communication aims to impact health outcomes [11,12], we deemed a trial using outcomes reported by real palliative care patients of GPTs unfeasible. Moreover, such patient-reported outcomes in this study would be strongly affected by the performance of the patients' own GP (being the GP vocational trainer of the GPT). Therefore, we decided only to measure outcomes at the level of GPT behaviour, using trained actors to simulate patients with advanced stage cancer. We hypothesized that GPTs exposed to the training programme would discuss more current and anticipated issues, become more skilled in their communication and gain more knowledge about medical aspects of palliative care compared with control GPTs.

2. Methods

2.1. Setting and participants

This controlled trial was conducted during the first six months of the third year of the GP vocational training programme at two Dutch GP vocational training institutes. In their final year GPTs work for 3–4 days per week in the practice of their GP trainer and one day per week they attend training programmes at the institute. Each training group consists of approximately 10 trainees, facilitated by two teachers (a GP and a behavioural scientist). All GPTs enrolled in 11 groups that started between June 2007 and July 2008 (six groups at the University Medical Centre in Utrecht and five at the VU University Medical Centre in Amsterdam) were invited to take part in the study. To avoid imbalance between intervention and control groups at the participating institutes, we assigned groups at each institute to the intervention or control condition alternately. GPTs enrolled in three groups in Utrecht and two in Amsterdam were assigned to the intervention condition in which the ACA training programme was integrated into the vocational training scheme. GPTs who enrolled in six other groups (three in Utrecht and three in Amsterdam) were assigned to the control condition without the ACA programme. Both intervention and control GPTs had received doctor–patient communication training during the first year of their curriculum. As their training and experience in palliative care may vary, this was measured at baseline (see Table 1).

2.2. Intervention

The ACA training programme consists of eight steps (see Box 1) and is supported by the ACA checklist (see Box 2) [10]. Steps 1 and 2 took place on the first day. Within two months all participants received individual feedback on their videotaped simulated consultation (step 3). During the following months they had to complete step 4 in order to formulate their personal learning goals (step 5). Three to four months after the start, the GPTs participated in role-play exercises that were tailored to their learning goals (step 6). Finally, six months after the start a second consultation with an actor simulating a patient was videotaped (step 7) to allow participants to assess their communication skills against the ACA checklist (step 8).

To promote implementation of the ACA programme in the GP vocational training scheme, it was conducted by the regular teachers in the vocational GP training institutes, who had received detailed instructions about the training programme from the first author (WS) [13].

2.3. Sample size

For calculating sample size, we used the outcome measure 'number of issues discussed by the GPT' and considered a difference of 0.5 standard deviation (which corresponded with one extra issue