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# COMFORT<sup>TMSM</sup> communication for oncology nurses: Program overview and preliminary evaluation of a nationwide train-the-trainer course

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### ABSTRACT

**Objective:** The COMFORT Communication Course for Oncology Nurses is a train-the-trainer program funded by the National Cancer Institute (R25) that provides nationwide communication training to improve patient-centered communication in cancer care. The purpose of this article is to provide an overview of the program and present an evaluation of three courses.

**Methods:** The curriculum contains seven modules addressing palliative care communication. Pre-course survey of needs, post-course feedback, and follow-up at 6 and 12 months were used to evaluate the program.

**Results:** To date, three courses have been presented to 269 nurses from 34 states and Washington D.C. Post-course evaluations showed high satisfaction with course design, content, and faculty. At 12 months, course participants had implemented institution-wide system changes and communication skill building. On average, each nurse trained 37 other healthcare providers.

**Conclusions:** The COMFORT communication course provides the essential communication skills and tools oncology nurses need to provide quality care across the cancer continuum.

**Practice implications:** Training is needed to prepare oncology nurses with the skills to provide patient-centered communication across the cancer continuum. These skills include training others in communication and implementing process improvement. The COMFORT communication train-the-trainer model is an effective approach to meet this need.

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## 1. Introduction

The recently published American Society for Clinical Oncology/American Academy of Hospice and Palliative Medicine Guidance Statement on high quality palliative care in oncology practice identified the need for palliative care communication skills training for cancer clinicians [1]. Recommendations made in the guidance statement specifically address the need to train oncology clinicians to be able to describe the difference between palliative care and hospice to patients, enabling them to make more appropriate patient referrals. The panel recommendations emphasized the need for continuing education to teach cancer clinicians primary palliative care skills including how to engage in

'honest and compassionate communication about treatment options and their limits in advanced disease' with patients and families. These recommendations identified six specific skills:

1. Assessing patient and family understanding of illness, prognosis and goals of care at diagnosis, disease progression, and with changes in treatment plan
2. Assessing patient and family preferences regarding information and who participates in decision-making
3. Providing details about expectations for disease control and expected effects on symptoms and quality of life
4. Explaining expected length and frequency of treatment
5. Describing frequency of and rationale for disease reassessment
6. Acknowledging and addressing mistakes

Given the frequency of interaction between oncology nurses and patients and their families, it is crucial that oncology nurses

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possess strong palliative care communication skills in order to provide quality cancer care [2]. However, standards and processes for teaching and implementing communication skills into cancer care are not clearly defined [2]. Studies have demonstrated that communication theory is essential to developing a coherent framework for teaching communication skills, but a number of barriers, including limited time for training and a lack of contextualization, often interfere with the implementation of communication education for oncology nurses [3,4]. Moreover, adjustments to nurse communication curricula are needed [5] as oncology nurses need a toolkit of basic skills in order to provide tailored patient-centered communication adaptable to patient and family needs [3]. Oncology nurses need communication training that can improve the quality of patient-centered care provided to cancer patients and their families across the continuum of cancer care [6]. The goal of this paper is to provide an overview of a train-the-trainer communication program for oncology nurses funded by the National Cancer Institute and summarize evaluation for three nationwide courses.

### 1.1. Background

This project builds on a decade of research by the investigators in palliative care communication that began by summarizing the deficiencies of communication training protocols [7,8]. This research, using clinical observations of terminal prognosis meetings with dying patients, palliative care team meetings, and semi-structured interviews with palliative care team members, revealed a lack of attention to the patient's ability to understand and accept information, minimal inclusion of family members, and neglect of social, psychological, and spiritual care topics. At the time (10 years ago), communication education and training protocols were unsuitable for team-based delivery structures and had yet to include nurses. Additional research using extensive longitudinal research of patients and families, from the point of diagnosis through death and bereavement, [9] lead to the COMFORT initiative, calling for the development of a new communication curriculum aimed at outlining the basic principles of palliative care communication. COMFORT is an acronym standing for the seven basic principles of palliative care communication. Table 1 provides an overview of the curriculum by module. In early work by the investigators, COMFORT has shown to improve clinician self-efficacy, attitudes toward communication, and reduce providers' apprehension about communication [10–12]. Working with a nurse researcher, and by integrating communication theory into

clinical research, [13] the COMFORT communication curriculum was developed for nurses and has become the first theoretically-grounded and evidence-based curriculum for teaching palliative care communication. Subsequent research with the curriculum has shown improvement in nurses' attitudes, comfort levels, and perceived self-efficacy regarding palliative care conversations [14] and improvements in nurse perceived confidence initiating difficult communication topics with family caregivers [15].

## 2. Course description

### 2.1. Theoretical framework for course development

With funding from the National Cancer Institute, a two-day course was developed using the COMFORT curriculum. Three frameworks were used to guide course development: 1) Interaction Adaptation Theory; 2) Principles of Adult Learning; 3) Performance Improvement. According to Interaction Adaptation Theory (IAT), patients, families, and clinicians adapt to each other based on the types of verbal and nonverbal messages received and their own changing needs within the interaction [16,17]. IAT offers an appropriate framework for interactions that take place across the cancer trajectory by positing three conditions affecting message responses: requirements, expectations, and desires [18]. Requirements are based on the needs of the receiver in the interaction, expectations are derived from the social norms within the medical setting and based on prior experiences, and, lastly, desires are based on what the communicator would like to see in the interaction and are often associated with social and cultural norms [18]. IAT provides a framework for understanding the communication process inherent in the COMFORT curriculum [19], with the goal of teaching a multitude of communication strategies so that nurse communication style can be adapted to the needs of the patient/family.

Principles of adult learning were also used to guide the development, delivery, and dissemination of the COMFORT curriculum for cancer care. The course syllabus, approximately 350 pages, is comprised of lecture content with published peer-reviewed sources, communication tools that provide suggestions for what to say, questions to ask, and how to observe nonverbal communication, and supplemental resources for teaching and evaluation. Clinical nursing faculty and communication researchers are brought together to teach the curriculum. The same faculty were used at all three courses. Teaching methods varied among participating faculty members, including lectures with evidence-

**Table 1**  
The COMFORT™ SM Communication Curriculum.

Module	Communication Theory/Framework	Communication Skills Building
<b>Communication</b>	Narrative Medicine	Learning the patient's story Recognizing task and relationship practices
<b>Orientation &amp; Options</b>	Health Literacy Cultural Humility	Gauging health-literacy levels Understanding cultural humility
<b>Mindful Communication</b>	Mindfulness	Engaging in active listening Understanding nonverbal communication Being aware of self-care needs
<b>Family</b>	Family Communication Patterns Theory	Observing family communication patterns Recognizing caregiver communication patterns Responding to the varying needs of family caregivers
<b>Openings</b>	Relational Dialectics	Identifying pivotal points in patient/family care Finding common ground with patients/families
<b>Relating</b>	Multiple Goals Theory Problematic Integration Theory	Realizing the multiple goals for patients/families Sharing hope and exploring uncertainty
<b>Team</b>	Groupthink Theory	Developing team processes Cultivating team structures Distinguishing successful collaboration from group cohesion

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