

Journal Watch

Efficacy of Communication Skills Training for Giving Bad News and Discussing Transitions to Palliative Care

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Reference: Source: Anthony L. Back; Robert M. Arnold; Walter F. Baile; Kelly A. Fryer-Edwards; Stewart C. Alexander; Gwyn E. Barley; Ted A. Gooley; James A. Tulsky
Arch Intern Med. 2007;167:453-460.

Abstract

Background

Few studies have assessed the efficacy of communication skills training for postgraduate physician trainees at the level of behaviors. We designed a residential communication skills workshop (Oncotalk) for medical oncology fellows. The intervention design built on existing successful models by teaching specific communication tasks linked to the patient's trajectory of illness. This study evaluated the efficacy of Oncotalk in changing observable communication behaviors.

Methods

Oncotalk was a 4-day residential workshop emphasizing skills practice in small groups. This preintervention and postintervention cohort study involved 115 medical oncology fellows from 62 different institutions during a 3-year study. The primary outcomes were observable participant communication skills measured during standardized patient encounters before and after the workshop in giving bad news and discussing transitions to palliative care. The standardized patient encounters were audiorecorded and assessed by blinded coders using a validated coding system. Before-after comparisons were made using each participant as his or her own control.

Results

Compared with preworkshop standardized patient encounters, postworkshop encounters showed that participants acquired a mean of 5.4 bad news skills ($P < .001$) and a mean of 4.4 transitions skills ($P < .001$). Most changes in individual skills were substantial; for example, in the bad news encounter, 16% of participants used the word "cancer" when giving bad news before the workshop, and 54% used it after the workshop ($P < .001$). Also in the bad news encounter, blinded coders were able to identify whether a standardized patient encounter occurred before or after the workshop in 91% of the audiorecordings.

Conclusion

Oncotalk represents a successful teaching model for improving communication skills for postgraduate medical trainees.

Study Strength

- Coders blinded to whether and audiofile was made before or after the retreat
- High Kappa: only those codes with a kappa statistic greater than 0.60 were included in the final analysis
- Participants diverse in program location, ethnicity, previous training, and represented a balance of oncology programs across the country
- Oncotalk curriculum methods and materials have been published and other studies demonstrate similar efficacious skills acquisition
- "The content-based coding has high face validity for clinicians, directly measures skills taught in the curriculum, and achieved extremely high reliability"

Study Weakness

- Before-after cohort design: thus not a controlled study. (Though "other controlled studies have clearly shown that communications skills do not improve in control arms")
- Standardized patients rather than real patients
- Cognitive maps have not been validated in patient outcome studies
- Coding system focused on verbal skills
- Selection bias

Context

Structured patient simulation curriculums appear to provide a useful adjunct to didactic skills training for medical trainees to acquire the unique communications skills needed in end-of-life scenarios. In practice, Oncotalk and similar interactive workshops are most useful for competency assessment and examination purposes; and its value may be able to be extrapolated to real-life clinical encounters.