

Training in communication of oncology clinicians: a position paper based on the third consensus meeting among European experts in 2018

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Abstract

Background: Since there is sound evidence that communication skills training (CST) programs modify communication behavior of oncology clinicians, they have been widely implemented over the last decades. However, more recently, certain aspects of this training have been criticized.

Methods: Based on this background, a call to re-launch a discussion about the future of CST led to the third European consensus meeting on communication in cancer care, organized by the Swiss Cancer League. During this meeting, which brought together European experts in the field of clinical communication and training of communication in the oncology setting, oncology clinicians, representatives of the European Society of Medical Oncology (ESMO) and a member of the European Oncology Nursing Society (EONS), the recommendations of the second European consensus meeting were updated and expanded.

Results: The expanded recommendations recall the guiding principles of communication in cancer care, underline the important role of clinician's self-awareness, and of relational and contextual factors in clinical communication, and provide direction for the further development of communication training.

Conclusion: This third European consensus meeting defines key elements for the development of a next generation of communication training for oncology clinicians.

Key words: next generation communication training, clinical communication, communication training, communication skills training, oncology

Introduction

The so-called Communication Skills Training (CST) programs for oncology clinicians (physicians and nurses), developed since the nineties [1-3], are increasingly implemented worldwide [4-6] and have been declared, in some countries, mandatory for physicians specializing in medical oncology and hematology [7]. Their effectiveness in modifying communication behavior of participants has been proven, provided certain conditions, especially regarding course duration, trainers' competence, training contents and pedagogical tools (e.g., experiential learning with role-play sessions or video-feedback) are met [5,8,9]. Moreover, training achieves high levels of participant satisfaction, even where it has become mandatory [10]. Nevertheless, benefits for cancer patients have not been consistently demonstrated [11,12].

The call for a third consensus meeting

While the development and implementation of CST programs represent without doubt a breakthrough in the improvement of clinician-patient communication in the oncology setting, criticism has recently been voiced with regard to the following aspects of the training [13-15]:

— lack of a theoretical framework to anchor CST programs;

- conceptualization of clinical communication as a set of skills;
- risk of standardization of communication behavior;
- focus on the technical to the detriment of relational aspects of communication (e.g., attachment processes, transference, collusion [16]);
- proliferation of CST programs focusing on very specific situations, such as enrollment in clinical trials, transition to palliative care, addressing sexuality or cultural differences, which neglects the generic aspects of communication, and is not compatible with the time constraints of clinicians;
- little room provided for enhancing learners' awareness of clinician-related and context-related elements of communication;
- heterogeneity and lack of clinical relevance of the often “decontextualized” outcome measures evaluating CST programs.

Despite the valid criticism, current CST programs have distinct pedagogical strengths, in particular experiential learning methods to promote self-awareness and the identification of relational aspects of communication [6,14]. In addition, trainees vary with regard to their abilities to improve their competences, and the acquisition of skills may already be useful for participants who experience important communication difficulties.

In view of these observations, a call for a third European consensus meeting was launched [14], with the aim to evaluate their implication for future training in communication of oncology clinicians. The Swiss Cancer League again responded favorably to this call and financially supported the organization of the meeting.

Prior position papers and recommendations

The first European expert consensus meeting on CST for oncology clinicians was held in Ascona (Switzerland) in 1998 and aimed to ensure minimal quality requirements of these newly developed

programs [17]. The second, held in Kappel (Switzerland) in 2009, then detailed recommendations for specific aspects of CST programs [18], of which the most relevant elements are summarized below:

- Setting, objectives and participants: CST is required at all levels of professional education; an at least 3-day basic course should be mandatory in postgraduate medical education, and provided for small mono- or multidisciplinary groups of 4-6 participants per facilitator; supervision or booster sessions are a promising add-on.
- Content and pedagogic tools: learner-centered courses addressing specific goals, such as relationship building, emotion handling and discussing complex information, may be achieved via role-play and videos with patients and actors, allowing structured and constructive feedback.
- Organization: trainers should be health professionals with credibility and experience in the oncology setting, having passed accredited train-the-trainer courses, and possessing key competences such as expertise with group dynamics, self-awareness, responding appropriately to learner's contributions and reactions, and handling of conflicts. CST programs should be endorsed by professional societies, places of work, and patient organizations, and should receive enduring funding to achieve sustainability.
- Outcome: validated measures, evaluating objective or subjective outcomes on a long-term basis, must be linked to training objectives.

The 2018 position paper and recommendations

Aims of the third European expert meeting on communication training in oncology

The third European consensus meeting on training in communication in oncology brought together experts of diverse backgrounds – trainers of CST programs for oncology clinicians, researchers from psychology and the social sciences, oncology clinicians having participated in a CST program, representatives of the European Society of Medical Oncology (ESMO) and a member of the European Oncology Nursing Society (EONS) (see the list of authors/participants and their affiliations) – with the aim to evaluate the need for modifications or expansion of the existing recommendations.

The new recommendations build on the existing recommendations of the second European expert meeting on CST in oncology, but introduce a shift of perspective on clinical communication and training of communication in cancer care. They aim to reflect the complexity of clinical communication and to consider all relevant aspects, including the role of the clinician and of his/her environment, which influence the communication process with the patient and his/her significant others.

The current context of the oncology setting: impact on communication

The introduction of personalized (precision) medicine has allowed great therapeutic progress in oncology, but at the same time raised uncertainty and complex communication issues. On the other hand, clinicians are increasingly facing time and performance pressures which, together with standardization of care, carry the risk of disregarding the singularity of the patient and of leading to *depersonalized* care. The need to integrate the best of scientific knowledge with respectful responsiveness to individual patients thus generates important tensions and communication challenges for health professionals. Therefore, health care policy and institutions are called upon to take action to restore a climate that facilitates the communication between clinicians and patients.

Guiding principles for communication and training

The goal of training in clinical communication is to support oncology clinicians in being competent and feeling confident to master difficult communicative tasks, which enable them to respond to the needs of patients and their significant others and so to improve their experiences of care.

In order to achieve this goal, future communication training should promote:

- Oncology clinicians' awareness of their lived experience related to their *inner* (e.g., own feelings, attitudes or experiences) and *outer world* (e.g., institutional constraints or society's dominant discourse on cancer and survivorship), which shape clinical communication and the encounter with the cancer patient.

- Clinicians' appreciation of relational aspects of communication, such as interpersonal dynamics or clinician's defensive stances, which impact communication and mutual psychological adjustment.
- Recognition that understanding of the individual patient psychological state and associated vulnerabilities should guide communication with him/her and his/her significant others.

Objectives for training programs: the role of skills, relationship building and self-reflection

Skills

Skills are the most familiar part of communication training in oncology. However, the limitations of a narrow focus on skills should be emphasized in training. For example, to identify and respect a patient's or a significant other's need for more (or less) talk about subjective feelings, and more (or less) information, is not simply a matter of having skills in empathy or information-giving, but needs judgement and interpretation of the situation. Therefore, training should also enable trainees to judiciously apply the acquired skills by taking into account the patient's clinical and personal context.

Relationship and reflection

A key objective of training is to enable trainees to become aware of how they establish relationships with their patients, their significant others and team members. Since relationship building is an interactive process, trainees must learn to reflect on themselves and their communication behavior.

Pedagogic methods

Interactive and experiential methods, such as role-play or video feedback, allow trainees to reflect on themselves, their communication behavior and the way they establish relationships. Trainees should thus be provided with the possibility to consolidate these competences, to continuously enhance self-awareness and to recognize a need for help, by means of long-term follow-up sessions, for example consisting of individual or group supervisions, Balint groups, telephone support, etc.

Evaluation of training and research

Evaluation of training should go beyond simple assessment of the performance of acquired 'skills', since adequate deployment of skills depends on the clinical context and the specific moment in the consultation. Besides clinicians' satisfaction with training, self-perception of improvement and measuring the performance of specific skills, evaluation should address the whole communication process, and include patient outcomes and experiences of the clinician-patient relationship.

Implementation

- Services need to ensure sufficient staffing and adequate operation that allow clinicians to practice in a context that favors communication and gives room to patients' voice
- Training should be mandatory for nurses and physicians
- Administration, chiefs-of-staff and nursing directors should be involved and called upon to facilitate participation in training
- Training should be included in the work time and financed by the institutions
- Participation of patient organizations in the development of training has already been recommended in the past, but has not been realized
- Communication training programs and train-the-trainer courses should be accredited, based on the recommendations of the second and third consensus meeting, by ESMO.

Statement by Bettina Ryll, Melanoma Patient Network Europe: Training in communication of oncology clinicians is a topic of high relevance, and we need to invest more time into understanding the context in which communication takes place. I welcome this initiative and the opportunity to provide feedback, and I am looking forward to collaborate with advocacy groups for the development, the progress, and the implementation of future training.

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