

# **Advanced Communication**

**An education programme for consultants and other  
senior health professionals in Scotland**

**3 YEAR REPORT**

**February 2008**

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## **Introduction**

*Talking Matters* (Scottish Executive Health Department 2003) highlighted the need to develop communication education programmes for senior health professionals, particularly consultants; the majority of whom have not had an opportunity to receive specific training. The GMC, the UK Royal Colleges, the British Medical Association and the National Institute for Clinical Excellence have all produced policy documents that identify advanced communication training as an important aspect of continuing professional development for health professionals. The Picker Programme in the Lothian continues to demonstrate the importance patients and families attach to good communication and an individualised, patient-centred approach. In addition, it is evident that senior doctors who have responsibility for medical training and clinical management require enhanced communication skills to address issues such as poor performance and complex healthcare team dynamics.

In 2003, NHS Lothian and SCAN funded a two year initiative to develop an education programme designed specifically for senior health professionals in SE Scotland, particularly consultants. Using an action research approach, we worked with senior medical staff to set up a programme tailored to their education needs based on well-established experiential teaching and learning methods.

We clearly demonstrated that consultants from a wide range of specialties are interested in attending learner-centred, non-residential advanced communication courses. The courses were very highly rated. Most saw this as an opportunity to enhance their existing approaches. The 2-day course provided excellent, cost-effective continuing professional development, and the interactive teaching methods were perceived to be useful and enjoyable. Initial concerns about relevance to clinical practice and participation in role play proved to be unfounded. The educational outcomes were comparable to the improvements shown in the two largest UK studies of postgraduate clinical communication education for doctors and were sustained after 6 months. Senior medical managers welcomed access to a programme catering for doctors identified at appraisal as likely to benefit from enhanced training.

We now report on the progress of the Advanced Communication Education Programme since the first development phase ended in April 2005.

## SE Scotland Communication Education Programme (2005-8)

We have continued to run courses using the same 2-day, non-residential format with one or two groups of 6-8 participants. Most courses have been for senior doctors, but we have also tried to offer training opportunities to senior non-medical staff and worked with the SE Scotland Deanery to set up an annual 2-day course for specialty registrars, and a half day workshop for Foundation Year 2 doctors.

**Table 1: Courses**

Year	Venue	Course type	Participants
Aug 2005	WGH	2-day for senior doctors	Consultants (5) Associate specialist (1)
Oct 2005	WGH	2-day for senior oncology nurses, Edinburgh Cancer Centre	Clinical nurse specialists (5) Senior charge nurse (1)
Feb 2006	WGH	3-day tutor training linked to 2-day registrar course	Consultant tutors (4) Senior nurse tutors (3) Clinical psychologist (1)
Feb 2006	WGH	2-day for specialty registrars	Registrars (6)
May 2006	WGH	2-day for senior non-medical staff, Edinburgh Cancer Centre	Oncology ward nurses (4) Clinical nurse specialist (1) Radiographer (3) Physiotherapist (1)
Feb 2007	RIE	Workshop for Foundation Year 2 doctors	FY2 doctors (26)
June 2007	Lister	2-day for specialty registrars	Registrars (7) Consultants from Singapore (2) General practitioner (1) Staff grade (1)
August 2007	WGH	2-day for senior doctors	Consultants (8) Consultants from Singapore (2) Consultants from Portugal (2) Associate specialists (2) Clinical nurse specialist tutor (1)
Nov 2007	WGH	2-day for senior doctors	Consultants (5) Senior staff grade (1) Specialist registrar tutor (1)
<b>Total</b>		Consultants / senior doctors Tutors Registrars FY2 doctors Senior non-medical staff	24/ 6 10 13 26 15

WGH – Medical education centre, Western General Hospital

RIE – Royal Infirmary of Edinburgh postgraduate centre

Lister – SE Scotland postgraduate education centre

**Table 2: Course Participants**

<b>Specialty</b>	<b>Grade</b>	<b>Base (if not NHS Lothian)</b>
Medicine	Consultant (7) Associate specialist (1) Registrar (6) [GI x2, haematology, rehab medicine x3, A&E, diabetes, respiratory medicine, genetics, neonatology, complementary medicine, haemophilia]	Glasgow (3) Fife (1)
Anaesthetics	Consultant (3) Registrar (2)	
Psychiatry	Consultant (1) Associate specialist (2) Staff grade (1) Registrar (1)	Dundee (3) Perth (1)
Palliative medicine	Consultant (2) Registrar (2) Staff grade (1)	Inverness (1) Fife (1)
Geriatrics (MOE)	Consultant (2) Registrar (1)	
Surgery	Consultant (2) [orthopaedics, cancer]	
Oncology	Consultant (1)	
Paediatrics	Registrar (1)	
General practice	Senior partner (1)	Glasgow
Overseas	Consultant (6) [anaesthetics, MOE, palliative medicine, surgery, paediatrics]	Singapore (4) Portugal (2)

The participants rate their self-efficacy in a range of domains before and after the course and are asked about their view of the educational value. Participants rated the courses as excellent and would recommend them to a colleague. Several participants have attended following a recommendation made at appraisal or from a colleague. The growing numbers of participants attending from outside SE Scotland have indicated that the NHS Lothian/ SCAN programme is unique.

### **Tutor Training**

One of our main objectives in the second phase of the project was to recruit and train tutors. Facilitation at the required level for the senior doctors' courses demands

a high level of expertise and tutors need a staged training programme. After attending a course as a participant, we provide new tutors with theoretical and practical coaching in the educational methods and approaches used. They then start to facilitate courses working in a pair with a more experienced tutor. Training a new tutor therefore takes at least 6 days of tutor training/ supervision. To maintain their level of expertise we require senior tutors to teach a minimum of 2 full courses per year. We now have three NHS Lothian consultants trained as senior tutors and a fourth tutor who will complete her training in 2008. A number of other course participants have developed their interest in clinical communication education and contribute to workshops more junior doctors, and medical undergraduates.

### **Advanced Communication Education Course Development: 2008-9**

During 2007 we were approached by the West of Scotland Cancer Network and asked to start a programme including tutor training in Glasgow. The first course will run in February 2008. Two groups of participants from overseas attended in 2007 and in April 2008 we will be running a tutor training programme linked to a two day course in Tan Tok Seng Teaching Hospital, Singapore.

<b>Location</b>	<b>Duration</b>	<b>Date</b>	<b>Participants</b>
Glasgow	2 days	6/7 Feb 08	Consultants/ senior doctors (8)
Edinburgh – RIE	3 hours	20 Feb	FY2 doctors (30)
Singapore	3 days	7-10 April 08	Consultant tutors (4) Senior doctors (12)
Edinburgh – Lister	2 days	12/13 May 08	Registrars/ staff grade doctors (8)
Edinburgh – WGH	2 days	3-4 Sept 2008	Consultants/ senior doctors (14)
Edinburgh	2 days (3 days for tutors)	Nov 08	Consultant tutors (6) Training course for registrars (14)
Edinburgh – RIE	3 hours	Nov 08	FY2 doctors (30)
Edinburgh – Lister	2 days	May 09 June 09	Registrars/ staff grade doctors (16) General practitioners (7-14)
Edinburgh – WGH	2 days	2-3 Sept 2009	Consultants/ senior doctors (14)

## **Summary**

The SE Scotland Advanced Communication Education programme has continued to develop successfully and is now attracting interest from across Scotland and

overseas. To make further progress, the programme requires senior management support to address the following challenges:

- Job planning rightly prioritises clinical work and targets but the two lead facilitators for the programme and the small group of senior tutors require designated time allocated to this advanced educational role in their job plans if they are to continue to meet the growing demands for this training in Scotland.
- Senior management support in recommending the course via the appraisal system has already been important and this needs to continue.
- The third phase of the programme will require an expansion of tutor training and development of more courses for senior non-medical staff.
- This type of training is intensive in staff and tutor time so should focus on senior staff members who are likely to transfer their enhanced skills to other levels of staff development.
- Having demonstrated the need for an advanced education programme and designed a model that is educationally robust and acceptable to participants, we need to undertake a further formal evaluation that includes the perspectives of patients and colleagues. We propose a pre-course post-course design using a number of rating scales and need to secure research funding to progress this.

#### **Action Points**

- 1. Job plans of tutors to include time allocated to delivering advanced communication courses**
- 2. Courses to be promoted via local and national appraisal systems**
- 3. Courses to target senior doctors/ clinical managers and senior nursing staff/ allied health professionals**
- 4. Tutor training programme to be supported via study leave, appraisal systems and job planning**
- 5. Funding to be obtained for a further evaluation of outcomes on clinical practice**

## Appendix 1

# *Enhancing Clinical Communication:*

An education programme for consultants in SE Scotland

### Facilitators

Dr Kirsty Boyd, Consultant in Palliative Medicine, Royal Infirmary of Edinburgh

Dr Belinda Hacking, Consultant Clinical Psychologist, Edinburgh Cancer Centre.

### Aims

Government, NHS management and professional bodies recognise the importance of high quality clinical communication. It should be part of continuing professional development. Most consultants have not been trained, and courses have focused on cancer clinicians. We aimed to develop and evaluate a non-residential education programme for NHS consultants from a wide range of specialties that addressed their key communication issues.

### Project outline/ methods

We used a validated, experiential approach to teaching and learning clinical communication delivered in a local education centre over 2 days, with one follow-up day. Role play, interactive demonstrations, and a review of participants' own interviews allowed us to integrate theory with clinical practice. The intervention was evaluated in a participatory action research framework using rating scales and questionnaires, combined with taped group discussions and individual interviews.

### Key results

A total of 25 senior doctors from across SE Scotland attended the four courses, and a further 15 consultants were interviewed to gain a broad range of perspectives. Many different specialties were represented. Most participants saw the courses as an opportunity for professional development that could enhance existing approaches. Some responded to expectations that they attend such education programmes. Concerns included competing time pressures, anxiety about performance in role play, and doubts about relevance to consultants.

Giving complex information in difficult circumstances, handling emotions such as anger, denial and distress, being part of an "information chain", and communicating with poorly performing trainees or colleagues were perceived to be the most challenging areas. Communication may be adversely affected because consultants are frequently working under pressure of time and increasing expectations, and are striving to compensate for a progressive reduction in continuity of care. They have few opportunities for peer review or reflection on aspects of their practice other than numeric patient outcomes.

The courses provided excellent continuing professional development and were considered highly relevant to clinical practice. Role play proved to be enjoyable and effective. Use of professional role players may enhance course delivery, but should not be used exclusively as participants

appreciated experiencing the patient role. Skilled facilitators are essential. Many valued a consultant only group, although some suggested that offering protected time for multidisciplinary teams to receive clinical communication education as a group would be a good alternative model.

"Role play was the most demanding and time consuming aspect of the course, but definitely the most worthwhile." Consultant 14 (Course 4)

"Before it was the number of patients that have to be seen in the next two hours, but I have found it much more enjoyable because I am thinking about what the other person is trying to get out of it rather than just giving information." Consultant 3 (Course 1)

"This should definitely be part of consultant continuing professional development; I am using it in practical situations." Consultant 12 (Course 2)

Statistically significant improvements in participants' assessment of their communication in 13 out of 14 key domains (use time effectively, assess patient's knowledge, elicit patient's main concerns, elicit patient's feelings, summarise patient's concerns, respond to information needs, handle anger/ distress/ denial/ collusion, manage demanding relatives, interview poorly performing colleagues or trainees) were apparent six months after the courses. There was clear evidence of increased satisfaction with their ability to communicate in practice among participants.

### Conclusions

We have developed a cost effective, non-residential education programme, in partnership with senior clinicians from a wide range of specialties, which has been highly successful and acceptable.

### Implications for NHS Scotland

Clinical communication education programmes, using proven experiential approaches, need to be available across Scotland for consultants, junior doctors and other health professionals. Commitment from senior NHS managers, support from NHS Education Scotland and senior clinicians, a robust organisational structure bringing local initiatives together, and trained facilitators in each region will be required. Improved clinical performance assessment methods linked to appraisal, and better ways of including patient perspectives are also needed.

### Further information:

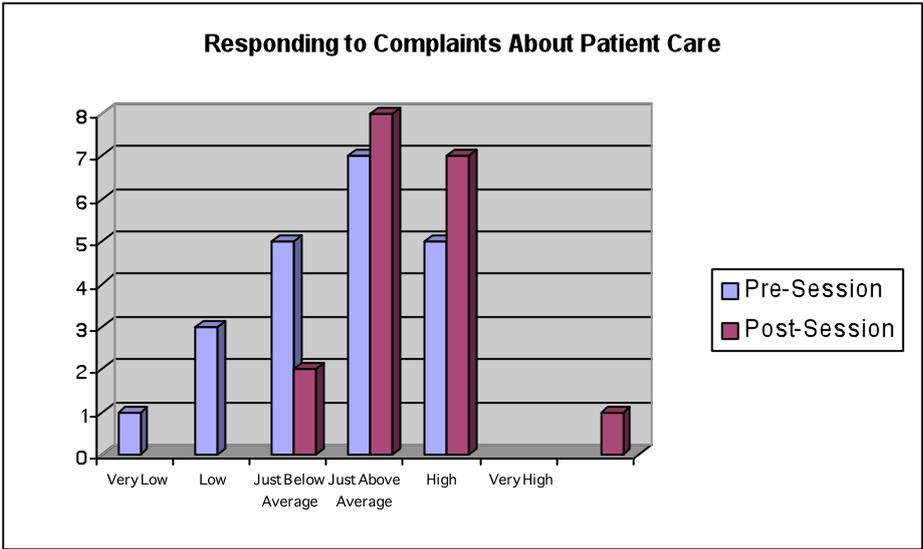
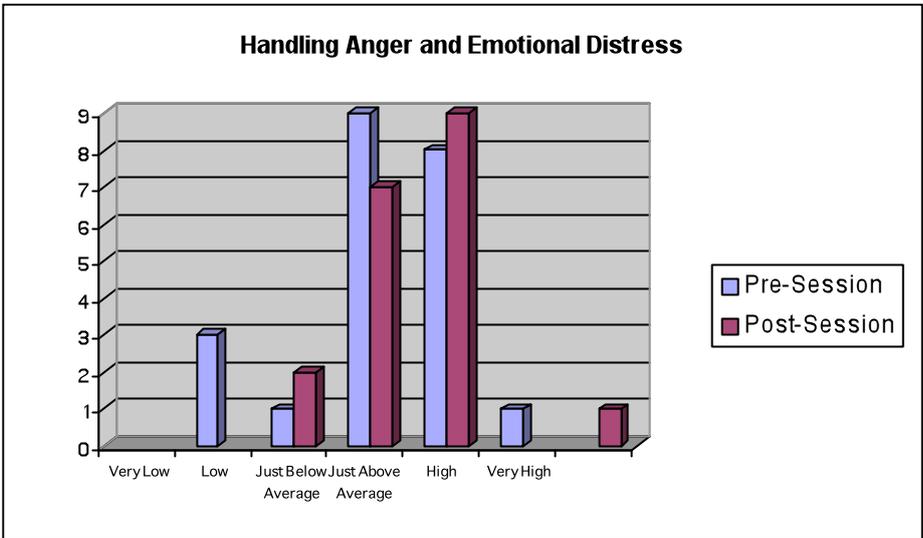
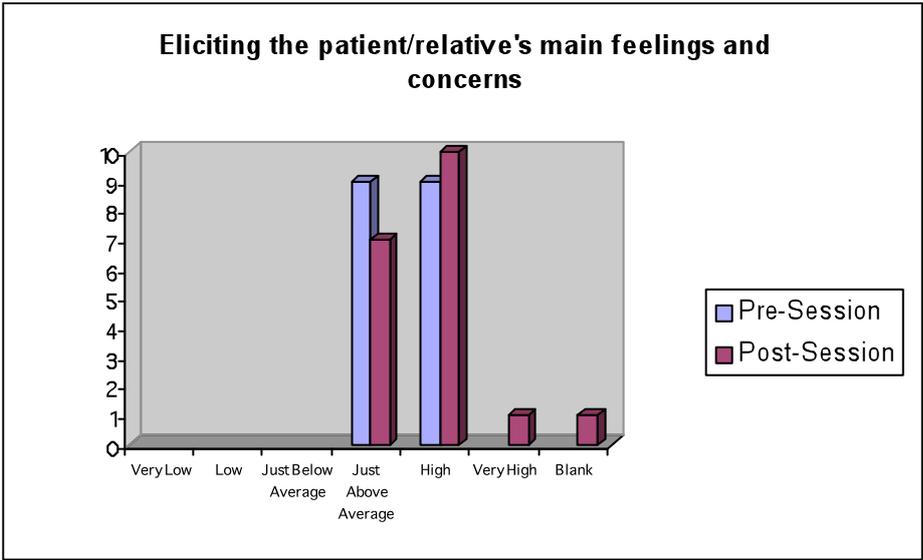
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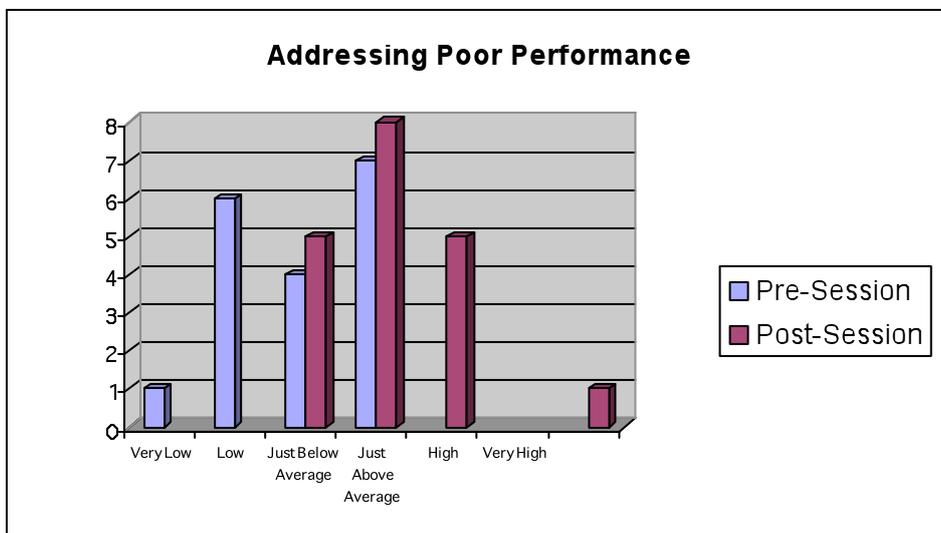
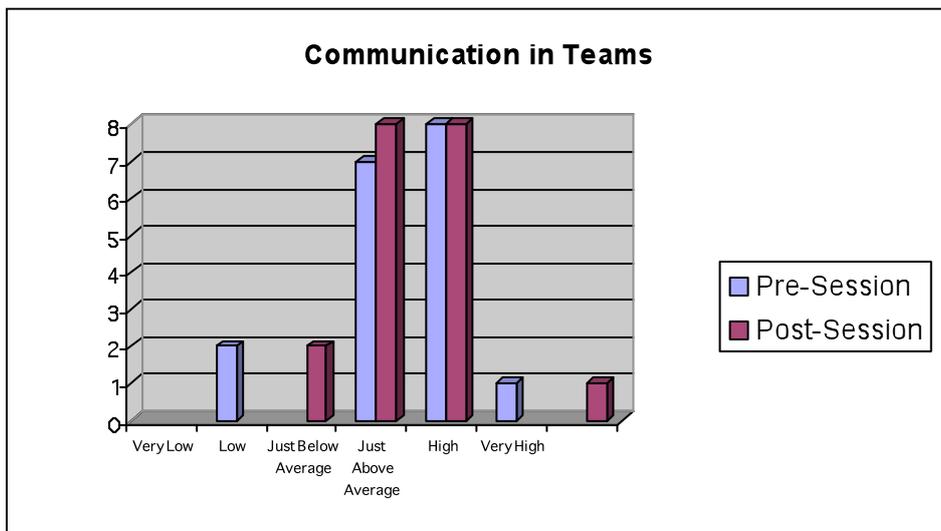
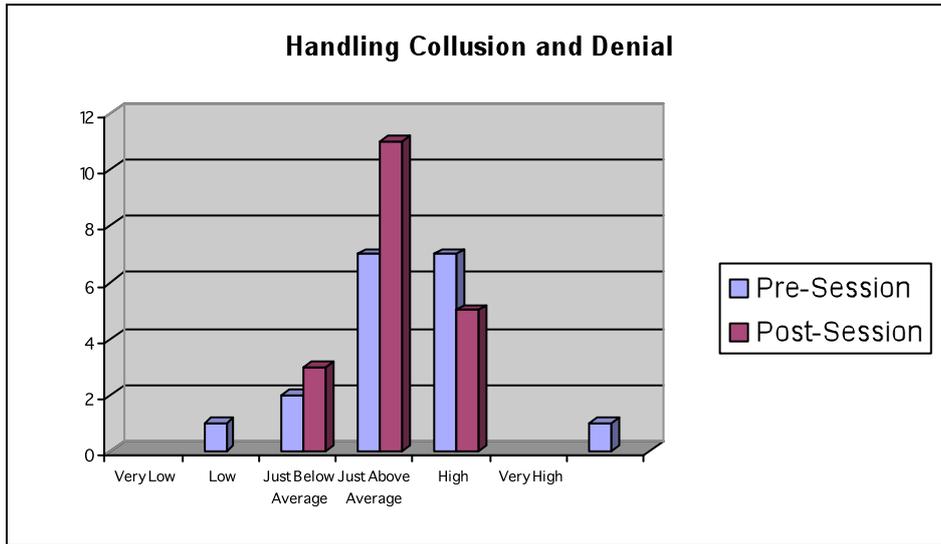
October 2005

## Appendix 2

### Confidence Ratings Pre & Post Course August & November 2007



## Appendix 2 continued



**Would you recommend this course to a colleague? Yes 100%**