SCAN
SE Scotland Cancer Network

NHS Lothian

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 specialities, 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.

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