Maastricht University

Towards skilled doctor-patient communication

VALORISATION

Valorisation is defined as 'The process of value creation from knowledge, by making it applicable and available for economic or societal utilization, and by translating it in the form of new business, products, services, or processes'. While the previous chapters of this dissertation have addressed the scientific value of our findings, this valorisation chapter describes their societal value. The findings will be discussed with regards to the following aspects: their societal relevance, the target groups from whom they are relevant, potential resulting products and activities, implementation strategies and innovativeness.

SOCIETAL RELEVANCE

Adequately training future doctors in effective doctor-patient communication has a large societal impact. Effective communication is essential for good health care (1, 2). Its positive effects on patient satisfaction (3-5), doctors' work–related satisfaction (6), health status (3, 7), adherence (8), and the doctor-patient relationship (9) have been well demonstrated. Furthermore, effective communication has shown to reduce health care costs and malpractice claims (10). Effective communication becomes increasingly important for doctors due to the aging population with chronic conditions and multi-morbidity. Moreover, the societal shift from doctor-centred and disease-centred care to patient-centred care demands more attention for patients' ideas, concerns, expectations and goals. Studies have demonstrated that there is still much room for improvement when it comes to patient-centred communication (6, 11-13). Very recently, Dutch media and politicians have stressed the importance of improving communication as a result of a study performed by the Dutch patient federation, showing that four out of ten patients feel that they have not made a valuable contribution to the conversation with their doctor (14). These findings have initiated a national campaign ('Samen Beslissen') to increase awareness among doctors and patients about the importance of involving the personal context of the patient in medical decision making. This campaign also stresses the importance of training doctors in patient-centred communication.

Our research explored doctor-patient communication in the General Practice (GP) setting. Given the key values of patient-centeredness, patient-participation, the holistic approach and long-term relationship-building in family medicine, communication is considered a core competence of GPs (15). Given its importance, a lot of effort has been put in communication skills training, yet growth in

communication competence throughout the GP specialty training has shown to be insufficient given the pre-set educational goals (16). Trainees report difficulties with applying the skills learned during training in their actual practice (17). Research among experienced doctors also shows that the use of the widely advocated patient-centred communication skills, e.g. exploring the patients' ideas concerns and expectations, is limited (6, 11-13). It is crucial that communication training is developed that both aligns to daily practice, but also transforms practice. The 'skilled communication approach' takes a more holistic view, creates space for the learners' flexibility and creativity and takes the uniqueness of consultations into account. This approach, seems to be a promising alternative to training students in generic communication skills (18).

This research project has resulted in some valuable insights for the development of skilled communication training. First, we have identified a range of communication strategies that can be integrated in goal-directed, context specific communication training. The rich description of these strategies, including their underlying mechanisms, can help (future) doctors in communicating with their patients in a tailored manner. Moreover, we have obtained an understanding of how learners can be supported in becoming skilled communicators, which has resulted in several concrete recommendations for the design of communication training at the institution and at the clinical workplace. We believe that implementing these recommendations may enhance transfer from the training to practice. The clarification provided on how communication skills turn into skilled communication, including the importance of repeated reflection and experimentation, authentic examples, safety of learning and role modelling, may have considerable impact on postgraduate training. If communication is representative of other complex skills such as collaboration, professionalism or social responsibility, then the ramifications are massive. With our current insight learners may be supported in communicating with their patients in a skilled manner, i.e. adjusted to the context and to the goals that the doctors and patients have, and therefore could possibly contribute to better patient-centred care and patient outcomes.

TARGET GROUPS, PRODUCTS AND IMPLEMENTATION

The findings of this project are relevant for several target groups and result in various products and activities. As described above, we have obtained relevant insights for the development of skilled communication training and formulated several concrete

recommendations. Some of these recommendations have already been translated into actual training products. Based on our findings, a goal-directed training on 'effective reassurance' has been developed, piloted, evaluated, refined and implemented in the GP vocational training in Maastricht. The content of the training was based on the experiences of patients and doctors (chapters 4 and 5), and the didactic format was informed by the identified communication learning process and supporting factors (chapter 6). Moreover, the training has been adjusted for the GP vocational training in Rotterdam, including a larger focus on reassuring patients with medically unexplained symptoms. The lessons learned from the evaluation of the pilot training in Maastricht are informative for the design for the whole communication curriculum. As described in the discussion of this dissertation (chapter 7), some elements of the identified learning process (chapter 6) that were integrated in the training seemed to help trainees in obtaining and internalizing new communication strategies, and to use them in a tailored manner. These elements include: devoting multiple training sessions to one communication theme, illustrating strategies by making use of concrete, authentic examples, facilitating reflection of the effect of new strategies and strengthening the didactic and role model function of the clinical supervisor by training the supervisors as well. Integrating these elements into the entire communication curriculum needs to be done in close collaboration with local stakeholders such as the curriculum coordinator, trainers, trainees and clinical supervisors. To ensure dissemination to the relevant stakeholders of all the GP specialty training institutes, the findings will be presented at work conferences organized by the national GP working group on doctor-patient communication, as well as on the national and local staff days of the GP specialty training centres. For effective implementation, it is necessary to integrate the recommendations as much as possible in the national communication curriculum, the national educational plan of the Dutch GP specialty training and the Entrustable Professional Activities (EPA's).

The results will not only be informative for the GP vocational training, but also for other postgraduate medical specialties, as well as for undergraduate communication training. For the latter, our results may be of value for educators involved in improving transfer from pre-clinical to the clinical medical training. During their pre-clinical years, medical students receive continuous communication training, while such type of support is largely absent during their clinical rotations. This is odd, as this is the period that students have to transfer what they have learned to practice. According to

the learning process described in chapter 6, actual mastery of new skills and strategies requires learners to repeatedly experiment with these during patient encounters and reflect on their outcome. This requires students to receive structural support in improving their communication from communication trainers and their clinical supervisors. Our insights may be a starting point in understanding how to realize a better transition from undergraduate to postgraduate curricula. The themes that were explored in this dissertation, i.e, information gathering and reassurance, are also very relevant for medical students and build well upon the basic skills that they have learned during their first years of medical training. Hence, our findings may therefore provide some first directions for the content of communication training for medical students in their clinical years.

In addition to educational target groups, the research findings are also directly informative for practicing clinicians. During our research we noticed that many experienced doctors are still motivated to improve their communication. For example, GPs who participated in the focus groups on how to communicate with talkative patients (chapter 3), highly enjoyed sharing their experiences and learning new strategies from peers that they could implement in their own practice. An important motivation for doctors to share their expertise regarding reassuring patients (chapter 5) was that they were able to watch their own videotaped consultations and that they received verbal and written feedback on their communication skills. Chapters' three to five provide clinicians with useful communication strategies that they could experiment with during their own consultations. Clinicians could learn about these strategies in training programmes. Doctors involved in supervising trainees can be quite easily reached via the vocational training centres, e.g. GP supervisors have monthly release days during which they receive training. Clinicians who are not involved in teaching can be reached by offering accredited refresher courses. To further disseminate our findings, it is important to publish them in national medical journals which have a large and broad readership of clinicians. We have already done this for the findings of chapter 3, which have been published in the 'Nederlands Tijdschrift voor Geneeskunde' (Dutch Journal of Medicine) (19), and will do the same for the other chapters as well.

INNOVATIVENESS

Our study findings will inform the development of a new approach in communication training that will move away from generic behavioural communication guidelines and checklists, towards training that creates space for the learners' flexibility and authenticity and does justice to the complexity of daily practice (14). Supporting (future) doctors in communicating with their patients in a tailored manner will contribute to good medical care that fits the personal context of the patient.

REFERENCES

1. Street RL, Jr., Makoul G, Arora NK, Epstein RM. How does communication heal? Pathways linking clinician-patient communication to health outcomes. Patient Educ Couns. 2009;74(3):295-301.
2. Makoul G. The SEGUE Framework for teaching and assessing communication skills. Patient Educ Couns. 2001;45:23-34.
3. Stewart M, Brown JB, Donner A, McWhinney IR, Oates J, Weston WW, et al. The impact of patient-centered care on outcomes. J Fam Pract. 2000;49(9):796-804.
4. Bertakis KD, Roter D, Putnam SM. The relationship of physician medical interview style to patient satisfaction. J Fam Pract. 1991;32(2):175-81.
5. Kinnersley P, Stott N, Peters TJ, Harvey I. The patient-centredness of consultations and outcome in primary care. Br J Gen Pract. 1999;49:711-6.
6. Silverman J, Kurtz S, Draper J. Skills for communicating with patients. Second ed. Oxford: Radcliffe Publishing; 2005. 58-105 p.
7. Stewart MA. Effective physician-patient communication and health outcomes: a review. CMAJ. 1995;152(9):1423-33.
8. Zolnierek KB, Dimatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. Med Care. 2009;47(8):826-34.
9. Bensing JM, Deveugele M, Moretti F, Fletcher I, Vliet LV, Bogaert MV, et al. Patient Education and Counseling How to make the medical consultation more successful from a patient ' s perspective ? Tips for doctors and patients from lay people in the United Kingdom , Italy , Belgium and the Netherlands. Patient Educ Couns. 2011;84:287-93.
10. Huntington B, Kuhn N. Communication gaffes: a root cause of malpractice claims. Proceedings (Baylor University Medical Center). 2003;16(2):157-61; discussion 61.
11. Marvel MK, Epstein RM, Flowers K, Beckman HB. Soliciting the Patient's Agenda: Have We Improved? JAMA. 1999;281:283-7.
12. Levinson W, Gorawara-Bhat R, Lamb J. A study of patient clues and physician responses in primary care and surgical settings. JAMA. 2000;284(8):1021-7.
13. Rhoades DR, McFarland KF, Finch WH, Johnson aO. Speaking and interruptions during primary care office visits. Fam Med. 2001;33:528-32.
14. Nederland P. Patiënten en artsen starten campagne over samen beslissen in het ziekenhuis 2016 [Available from: https://www.patientenfederatie.nl/nieuws/patienten-en-artsen-starten-campagne-over-samen-beslissen-in-het-ziekenhuis.
15. Genootschap LHVNH. Toekomstvisie Huisartsenzorg 2022. Utrecht 2012.
16. Kramer AWM, Düsman H, Tan LHC, Jansen JJM, Grol RPTM, van der Vleuten CPM. Acquisition of communication skills in postgraduate training for general practice. Med Educ. 2004;38:158-67.
17. van den Eertwegh V, van Dalen J, van Dulmen S, van der Vleuten C, Scherpbier A. Residents' perceived barriers to communication skills learning: Comparing two medical working contexts in postgraduate training. Patient Educ Couns. 2014.

18. Salmon P, Young B. Creativity in clinical communication: from communication skills to skilled communication. Med Educ. 2011;45:217-26.
19. Giroldi E, Veldhuijzen W, Bareman F, Bueving H, van der Weijden T, van der Vleuten C, et al. [Effective communication with talkative patients: 10 tips]. Ned Tijdschr Geneeskd. 2016;160:D184

.