

Commentary

Communication skills training in oncology: A position paper

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See page 900 for the Organizing Committee and list of participants*

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The needs of cancer patients and their relatives

Patients and their relatives want oncologists and oncology nurses who are not only medical and technical experts but who are able to communicate professionally with them as well [1]. Most patients want accurate information about diagnosis, prognosis, treatments, side effects, and quality of life issues – something professionals do not always provide [2, 3]. Patients appreciate health professionals who give this information in an empathic way and who acknowledge their concerns. Distressed patients expect their oncologist to be a major professional source for emotional support [4].

Empirical data concerning the status quo

The limited communication skills of doctors in general and oncologists in particular are well documented. Time and experience have little or no effect on the improvement of these skills [5].

Effective skills training

Effective communication skills can be taught, and when taught well, the positive effects are maintained over time. The effect of such training has been documented for doctors in general [5, 6] as well as for oncologists and oncology nurses in particular [7–10]. Essential for the success are cognitive (e.g., theoretical information), experiential (e.g., case-history discussions), behavioral (e.g., role-playing exercises) and supportive (e.g., stressor identification) training techniques [11]. Follow-up sessions are necessary to guarantee lasting effects in communication behavior.

The needs of oncologists and oncology nurses

Most oncologists and oncology nurses consider communication skills as essential for their daily work. However, some are skeptical that communication skills can be taught effectively. They either believe that these skills reflect personality and genuine talent, and therefore can not be improved, or they believe that improvement comes with time and experience [7].

Most professionals had no formal training in communication skills. Contrary to their skepticism regarding training, oncologists consider the lack of sufficient training in communication skills as a major contributing factor for their stress, lack of job satisfaction, and burn-out [12].

Recommendations

- (a) Basic communication skills training should be an integral part of the education of all future doctors and nurses.
- (b) Nurses and doctors specializing in oncology should have a specific communication skills training as an integral part of their professional educational curriculum. The aim of this training should be to improve the communication with patients and among health care professionals.
- (c) There should be a constant attempt to evaluate the efficacy of this training to insure and enhance the quality of training.
- (d) The attempt to improve the psychosocial dimension of care in oncology should not be restricted to communication skills training. Detection and therapy of psychosocial distress in patients and their families should be included. Expanding the psychosocial dimension of oncology means also to acknowledge the importance of the emotional equilibrium and mental health of the care givers themselves.
- (e) Given that comprehensive care for all patients in

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daily oncology practice is one of the key issues of National Cancer Leagues, the Cancer Leagues should become principle promoters of communication skills training programs, in cooperation with the professional associations of oncologists and oncology nurses.

Open questions

Although clinical skills training has been demonstrated to be effective, a whole range of open questions remains to be answered in the future, e.g.:

- Under what circumstances a ‘top-down approach’ (e.g., training of senior oncologists only) is more appropriate than a ‘bottom-up approach’ to combat skepticism in health care professionals about the usefulness of such a training?
- What are the relative merits of single vs. multi-disciplinary training?
- How to integrate more insight-oriented approaches such as Balint groups, etc.?
- What is the minimal time requirement for a training to induce changes in communication behavior?
- How many follow-up sessions are necessary to insure the effects of the training?
- What are the best methods and end-points to measure outcome of skills training?

* Appendix

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