# Talking about quality of life - the development of a communication training programme for oncologists

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## BACKGROUND

In a previous study[1], cancer patients completed QoL questionnaires and the results were fed back to oncologists before the consultation in order to promote a discussion of patient well-being. This resulted in improved doctor-patient communication and patient QoL scores, but the underlying mechanisms linking the use of patient-reported QoL data in clinical practice to patient outcomes were unclear. It was acknowledged that further understanding of the mediating effects of this intervention was needed, along with the impact of these data on communication and medical decision-making. A training program will be developed, informed by a detailed analysis of the use of patient-reported QoL data in clinical practice

## METHOD

Conversational analysis was conducted on 22 audio-recordings of consultations from a previous study1. Consultations were selected from the intervention group, whereby patients completed EORTC QLQC30 and Hospital Anxiety and Depression questionnaires and the results were fed back to the oncologist. Analysis was carried out on consultations where oncologists explicitly referred to the QoL data.

## RESULTS

From the conversational analysis, it was found that:

❖The most common action performed when referring to the QoL data was IDENTIFYING the patient's problems, and confirming or disconfirming the existence of a problem.

Doctor: Um, you've filled in your little forms. There's lots of things here that you've mentioned that you are having problems with. Can I just run through a few of them?

Patient: Yes

Doctor: You mentioned the tiredness. I presume that's your chemotherapy, is that right?

Patient: Yes, yeah

❖Referring to the QoL data was sometimes integrated into the routine consultation, but quite often was used as an 'add on' and referred to after they had already discussed the side effects of chemotherapy and made a decision about its continuation.

Doctor: Any questions [about the treatment decision] from your point of view?

Patient: Can I still do my work?

Doctor: It depends on how the chemo affects you. If you are OK with it, there's no reason why you shouldn't continue to work? Now, these quality-of-life scores from the computer show you're a bit breathless?

Patient: Mmm.

Doctor: Your appetite is not good?

Patient: No, it's not.

❖Patients participated most in the consultation when oncologists referred to the QoL data to enable patients to explain the problem further.

Doctor: Most of these things that you have filled in for us, you're scoring above where we'd want you to be, in terms of problems.

Patient: Yeah.

Doctor: You seem to have a broad range of problems judging by this.

Patient: Yeah, yeah.

Doctor: If you had to say which is the worst of your problems, which would you say?

Patient: Well, I feel er, I'm not myself and it's getting me down.

Doctor: Is it?

Patient: Yeah, tired. All I want to do is lay down.

## Use of QoL data and patient management

Several systematic reviews have highlighted that while the feedback of QoL data increases the extent to which QoL issues are discussed in the consultation, it does not influence patient management. This study explored how those issues are discussed and what is done about them. Thus we were able to provide some possible explanations for why discussion of QoL issues in the consultation does not necessarily lead to treatment being offered or changed.

**No influence on patient management if:**

The problem highlighted in the QoL questionnaire is not caused by the cancer or it's treatment

The problem is not affecting the patient's life

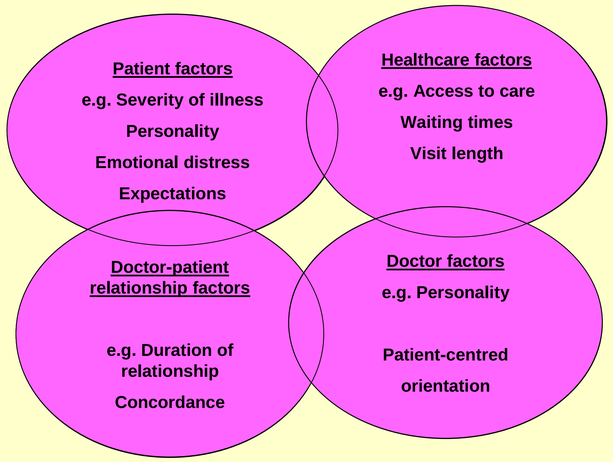
The problem is seen by the doctor to be an inevitable side-effect of chemotherapy and has limited treatment options – e.g. fatigue

***Summary***

***Conversation analysis was a useful tool to understand what doctors 'did' with the QoL information during the consultation, and these findings will be used to inform the development of a communication training program***

## TRAINING PROGRAMME

We aim to develop a doctor training programme that will facilitate practitioners interpreting and responding to the issues raised by patients completing the QoL instrument. The development of the oncologist training program will be guided the theoretical frameworks of 'patient-centred communication'[2] and shared decision-making. Patient centred communication covers a wide array of behaviours and attributes (see below):




The training program will be delivered using a 'learner-centred' approach: an important part of which includes peer group discussion and feedback. In order to achieve this, we will use findings from the conversation analysis to develop scenarios and create a training DVD of simulated consultations, whereby salient aspects can be focused on and discussed by participants. We will assess the efficacy of this training programme using observational measures of the doctor-patient interaction that can be explicitly linked to patient well-being.

## CONCLUSIONS

The training programme should help oncologists to:

- ❖ integrate patient-reported QoL data into their routine consultation
- ❖ use QoL data to ask about specific problems
- ❖ use QoL data to orient the patient to a discussion about symptoms and provide structure to the consultation
- ❖ explore patients' feelings and expectations
- ❖ negotiate treatment decisions with patients
- ❖ address and respond to more complex issues (such as emotional functioning)
- ❖ refer patients for more specialist treatment (e.g. clinical psychology)

## References

1 Velikova et al (2004). Measuring quality of life in routine oncology practice improves communication and patient well-being: a randomised controlled trial. *Journal of Clinical Oncology:***22**;714-724.

2 Epstein et al (2005). Measuring patient-centred communication in patient-physician consultations: theoretical and practical issues. *Social Science and Medicine*, 61;1515-1528.

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