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Short Report

Enhancing clinical communication in dermatologists: results from a pilot personalized educational intervention

Running title: Enhancing clinical communication in dermatologists

Abstract (200 words)

Background Effective clinical communication is a vital component of a successful consultation.

Objectives This pilot study tested the acceptability of a personalized, communication skills training programme for dermatologists in their own practices.

Methods Fifteen dermatologists were offered the educational intervention NO.TE.S. (Non Technical Skills). Depending on the dermatologists' preferences and needs, seven to nine sessions with a scheduled 60-minute duration were performed, focusing on: patient-centered care, principles of Neurolinguistic Programming, a guide to the medical interview, principles of motivational interviewing and self-care. After the programme's completion, participants were asked to complete an 18-item evaluation questionnaire.

Results All 14 participants would suggest NO.TE.S to a colleague. According to the main themes identified, their participation led to a) re-consideration of the physician-patient relationship, b) more conscious application of the patient-centered model, c) improvement in communication skills, d) awareness of medical interview guides, e) increase in self-confidence, and f) techniques of self-care. After their training, eleven physicians (78.6%) declared improvement in patients' satisfaction, fourteen (100%) in their own satisfaction, seven (50%) in adherence to therapeutic plan and seven (50%) in treatment outcomes.

Conclusion This pilot study provides evidence that the one-to-one coaching is a feasible, convenient and well-received personalized means of enhancing clinical communication in dermatologists.

(Word count 1500)

Introduction

Patient-centered communication is a vital component of quality of patient care. It has been shown to improve patient and physician satisfaction, to enable self-management, to improve health outcomes,[1] and to reduce medical errors and litigation.[2] A number of training strategies for teaching communication skills for physicians have been developed, building upon the growing evidence that these skills can be improved via training.[3]

Despite the decades of research in the area of physician-patient communication, [4] a number of challenges remain; effective communication training should: be situation specific; allow participants to practice in meaningful clinical contexts; be offered in representative contextual settings; use context specific communication support tools; and meet the needs of the target group.[5] Although effective clinical communication is essential for all physicians, dermatologists face unique challenges. They are required to manage complex psychosocial issues associated with disfiguring skin diseases and chronic conditions, such as psoriasis, where the role of the patient-physician relationship is a key issue, upholding high standards of care within the limited amount of visits.[6,7]

Considering the above challenges, a one-to-one, personalized, communication skills training programme was developed for dermatologists, in their own practices, since - to the best of our knowledge- such an educational approach has not been previously tested. The aim of this pilot study is to test the acceptability of this tailored training programme and assess, from the dermatologists' perspective, how well the goals have been achieved.

Material and Methods

Procedure

Fifteen dermatologists were randomly selected out of the 601 dermatologists enrolled in the Medical Society of Athens and invited to participate in the educational programme "NO.TE.S. (Non Technical Skills), The Art of the Doctor Patient Relationship". The pharmaceutical representative that routinely visited the physicians informed them about the opportunity to participate to the programme. After the individual meetings with the trainer, all of them agreed to participate. The programme, which was initiated by LEO Pharma Hellas, offered no incentives to increase participation or completion. Once participants agreed to be involved, seven to nine sessions (60-minute duration) were arranged, following the pace of each trainee. The procedures followed were in accordance with the Helsinki Declaration. Out of the fifteen participants, one dropped out after five sessions, due to personal reasons.

NO.TE.S description

The sessions focused on the following topics, some of which were based on previous literature and others were informed by the physician's experience:

a. The relationship between patient-centered care and effective communication. Physician-patient communication and the benefits from a patient-centered approach were

discussed based on the literature and were supplemented with physicians' previous experience.

b. Basic principles of communication. This section aimed in familiarizing with effective questioning, active listening skills and non-verbal communication based on literature.

c. Principles of Neurolinguistic Programming (NLP). A communication model about the internal representation of experience and how people communicate.[8]

d. A guide to the medical interview. The Calgary-Cambridge guide was introduced, providing a clear structure and rationale helping to organize the flow of the consultation.[9]

*e. Principles of motivational interviewing***.** The value of strengthening patients' motivation toward a specific goal was explained, by eliciting and exploring participants' own arguments for change, utilizing the expression of empathy, support of self-efficacy and rolling with resistance instead of eliciting it.[10]

f. Self-care. The necessity for physicians to take action on their own self-care using basic relaxation techniques was discussed, as recommended by the Benson Henry Institute for Body-Mind Medicine of Massachusetts General Hospital and Harvard Medical School.[11]

Programme Assessment

A questionnaire was developed and administered at the end of the programme. The participants completed anonymously and voluntarily open-ended questions on their views about the programme and whether they have adopted these skills in their everyday

practice. Thirteen questions on a 5-point Likert scale were used in order to assess to what point participants have reached their goals.

Data analysis

We analysed quantitatively the 13 questions on the extent to which participants had reached their goals. Continuous variables were summarized with means, standard deviations, minimum and maximum range. Categorical variables were presented with frequencies and the corresponding percentages.

We then analysed qualitatively the open-ended questions using thematic content analysis. [12] Analysis began with open coding, and after comparing and contrasting the data, the open codes were refined into major themes, which provided a coding frame for analysis. Ideas and categories were generated after performing line-by-line analysis and were tested and further explored in subsequent answers until saturation was reached. The final themes were agreed upon after two researchers (ZT and NP) reached consensus. Researchers from different disciplinary backgrounds performed the coding in order to improve study validity. Quotes are presented in support of the identified themes (Tables 2, 3 and 4).

Results

Dermatologists' characteristics

Out of the 14 physicians who completed the programme, 10 (71.4%) were female, while the mean professional experience was 10.9 years (±6.6, ranging from 2 to 20 years).

Assessment of the programme

Thirteen (92.9%) participants declared no previous education on communication skills. All 14 of them (100%) would suggest NO.TE.S to a colleague, while 13 (92.9%) expressed interest in getting involved in future communication skills training. Their assessments on to what point their initial goals where reached are presented in Table 1. After their training, 11 physicians (78.6%) declared improvement in patients' satisfaction, 14 (100%) in their own satisfaction, seven (50%) in adherence to therapeutic plan and seven (50%) in treatment outcomes.

What did the participants believe they earned from NO.TE.S?

All 14 physicians declared that their participation was a very positive experience. The main topics revealed included: a) re-consideration of the physician-patient relationship, b) more conscious application of the patient-centered model, c) improvement in communication skills, d) awareness of medical interview guides, e) increase in self-confidence, and f) techniques of self-care. Quotes in support of each theme are presented in Table 2.

Assessment of the participants views on the one-to-one approach used in NO.TE.S

The participants recognized a number of advantages from the one-to-one sessions. They outlined that the sessions were: a) tailored to their personalized needs, b) offered in a "safe environment", suitable for learning, with the advantage of the familiarity with the setting, c) convenient and secured time economy, and d) provided the opportunity for a more personalized contact with the trainer. Although they all declared they were satisfied with the one-to-one training, some of them suggested that it could be better as an initial step for beginners, mentioning advantages that group sessions could have in more advanced sessions, like group motivation, learning from colleagues' paradigms (either positive or negative) and opinion exchange with colleagues. Supporting quotes are presented in Table 3.

Did you adopt any changes in your everyday clinical practice after NO.TE.S?

All physicians declared that they have adopted elements they have learnt in their daily routine. The main themes identified were: a) improvement in medical history taking, b) enhancement in handling «difficult» patients, c) more conscious use of non-verbal communication, d) investigation of the illness experience «through patients' eyes», and finally e) use of relaxation techniques for self-care purposes routinely (Table 4).

Discussion

Our pilot study revealed that the trained dermatologists were overall satisfied with the programme and provided very positive feedback regarding its goals and content. They believed they have improved their communication skills in general and, more specifically, they felt they were more effective in listening to the patient and using more consciously non-verbal communication.

On the possible benefits, all dermatologists felt the programme increased their job satisfaction and also improved patients' satisfaction, both findings in line with previous studies.[13-15] The qualitative analysis showed that the programme enabled participants to reconsider the physician-patient relationship and apply more consciously the patient-centered model. The programme was praised by the participants for being tailored to their needs, being convenient in terms of time and place; all these characteristics being mentioned in previous literature as key factors in the success of a training programme.[16] In addition, one of the strongest advantages of the programme was the personalised contact with the trainer and her expert skills. The role of the trainer, which has received less attention in the literature, is catalyst and this finding highlights the importance that the training person has in the success of a programme.

The main strength of NO.TE.S is that it is the first attempt to provide one-to-one training on clinical communication to dermatologists internationally and also the first in specialists in Greece, a country where previous studies have highlighted the need for improved curricula in medical schools[17] and more training on communication skills for physicians.[18] However, our study is not without limitations. The assessment of NO.TE.S was only based on the dermatologists' experience and not on its impact on patients, including clinical indicators. This remains a challenge for further exploration. In addition,

the assessment happened shortly after the programme's completion and the long-term impact of NO.TE.S has not been assessed. However, this remains a challenge of most studies of this kind and suggests more research should be done towards this direction.

Conclusion

This pilot study provides evidence that the one-to-one communication skills training tested in NO.TE.S, could be an effective, convenient, personalized means of enhancing communication skills in continuing education programmes dermatologists, leading to more patient-centered medical encounters.

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