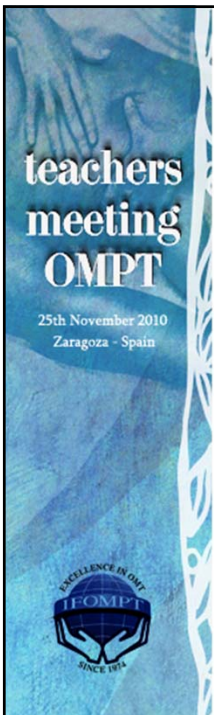



Introducing Communication Skills Training in OMPT in South Africa:

Beverley Bolton
*BSc (Phys) Witwatersrand University
MSc Med (Pain Management) University of Sydney*




First steps of the journey

- Needed to know where we wanted to go and how best to convince our learners that it was necessary
 - **WHY** teach communication skills?
 - **WHAT** needs to be taught?
 - **HOW** to teach it?




Why teach communication?

- The evidence for benefit is now so large and compelling that it is becoming impossible to ignore
- IFOMPT Educational Standards document identifies communication as being a core clinical competency
- It is not only the **content** of interventions that determines effectiveness but also the **psychosocial context** in which they occur




Evidence of benefit

- Studies over the last 25 years have shown that communication skills training:
 - Improves health outcomes
 - Increases adherence
 - Increases patient satisfaction
 - Decreases malpractice suits
 - Decreases clinician burnout




Evidence

- Aspergren (1999) quality grading and review of 180 studies– overwhelming support for the idea that com skills can be taught and learned
- Medical students who learned key interviewing skills were diagnostically more efficient and effective (Evans et al, 1991)
- Trained students got nearly 3x as much relevant and accurate information (Rutter & Maguire, 1976)
- They were more clinically proficient but took no longer



But there are challenges

- There is a problem in getting students to clinical competency in communication skills
- The skills are often seen as difficult to integrate with other clinical skills
- It seems that they need to be taught with the same rigour as we would teach any other technique



Designing a communication skills curriculum in OMPT

- What components did we need to include?
- How could we introduce them in a way that would be effective and acceptable to learners and teachers?


4 components were identified as being necessary

Conceptual Model

Teaching Package

Clinical Integration


Facilitator Training



The Calgary–Cambridge Guide

- Became our map
- Scrupulously evidence-based and has been adopted in many countries round the world (all but one of the UK medical schools use it)
- It is a skills-based curriculum within a clear overall structure

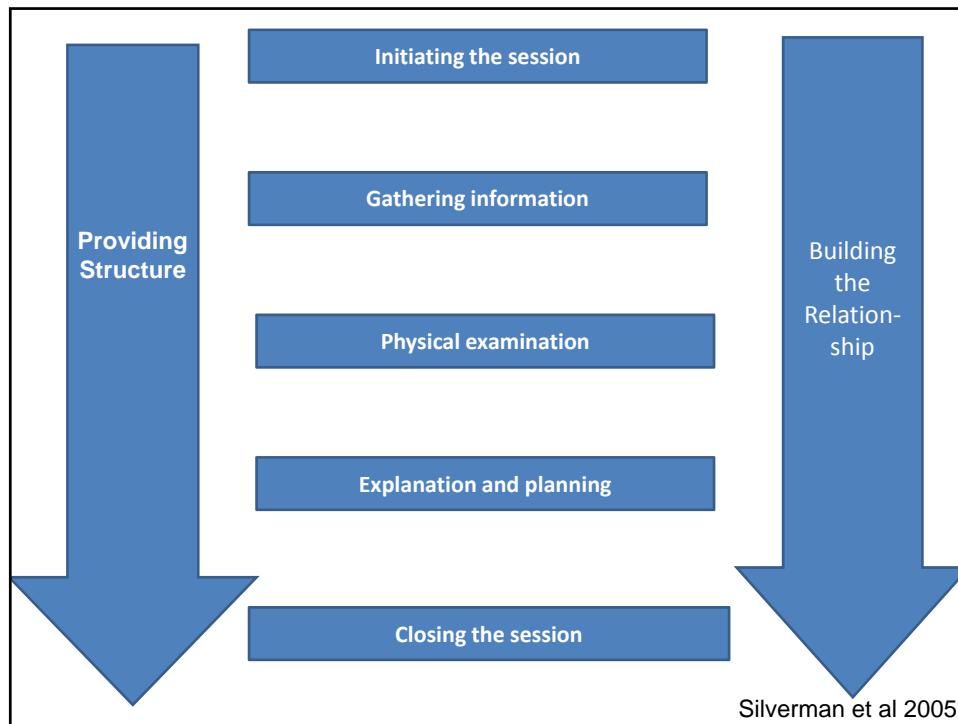
Kurtz and Silverman 1996; Kurtz et al 1998; Silverman et al, 1998



Basic Framework of the C–C Guide

- 2 diagrams that visually and conceptually improve the way com skills teaching is introduced
- Identifies 5 sequential **tasks** of the consultation
- Also identifies 2 themes/threads that run continuously throughout the consultation

Kurtz and Silverman 1996; Kurtz et al 1998; Silverman et al, 1998

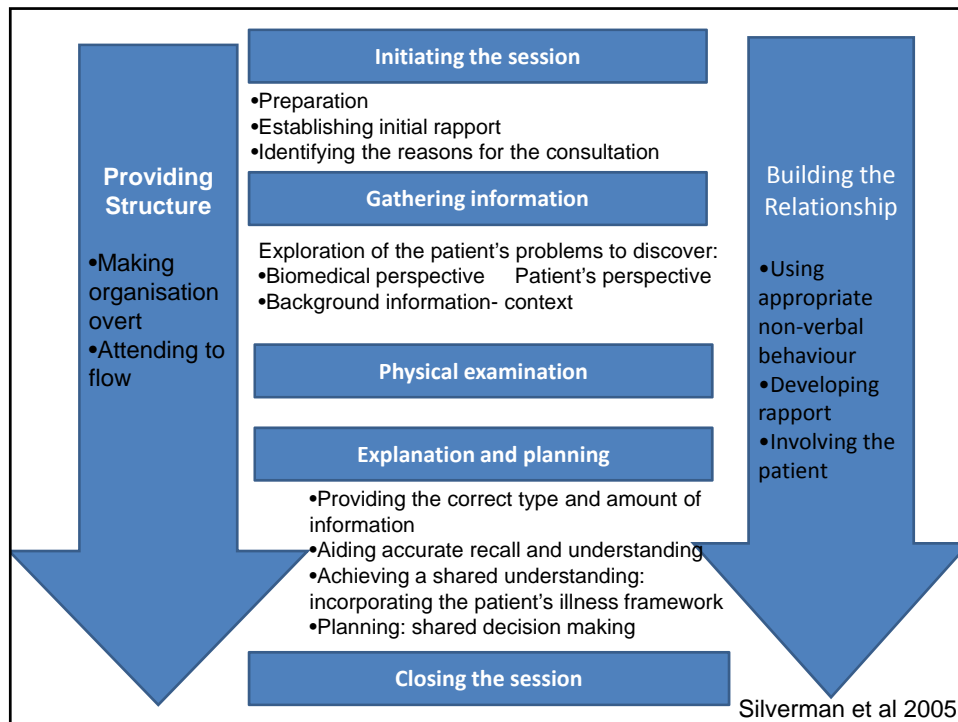


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FOMPT
SINCE 1914

Expanded framework

- Identifies the **objectives** to be achieved within each of the tasks
- The guide then spells out specific evidence- based **skills** needed to accomplish each objective



Advantages of a structure

- Helps learners order the skills they learn
- Assists conceptualising from learners
- Helps facilitators take an outcomes-based approach to their teaching.
 - Where are you in the interview?
 - What are you trying to achieve?
 - How could you get there?

So we had a model, now what did the teachers need to use it?

Conceptual Model

- Calgary-Cambridge Guide

Teaching Package

Clinical Integration

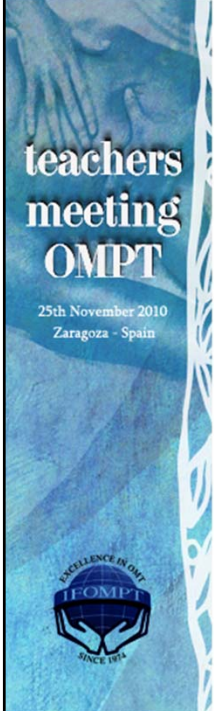
Facilitator Training

15



Challenges for teachers

- The communication skills training needed to be introduced in many centres at the same time
- The teaching material needed to be developed and packaged in a way so that it could be taught by teachers unfamiliar with teaching communication skills




Teaching Package

- A series of 5 didactic lectures was developed around the Calgary-Cambridge guide and the communication skills that would help to achieve an effective and accurate consultation
- Video clips were filmed illustrating the various communication skills


| | |
|----------------------|--|
| Conceptual Model | <ul style="list-style-type: none"> • Calgary-Cambridge Guide |
| Teaching Package | <ul style="list-style-type: none"> • 5 Didactic Presentations on CD • Embedded video clips |
| Clinical Integration | |
| Facilitator Training | |

18



But it is essential to integrate into the clinical arena

- If not, learners think that communication skills are just about 'being nice' to patient
- Need to realise that they improve the accuracy, effectiveness and supportiveness of the clinical consultation
- The skills are used to gather the necessary information for good clinical reasoning and hypothesis generation




Factors necessary to change behaviour

- Observation
 - Videotaping of the assessment (not physical exam)
- Well-intentioned, detailed and descriptive feedback
 - ALOBA and SET-GO methods
- Repeated practice and rehearsal of skills
 - Experiment with facilitator in role of patient

| | |
|----------------------|--|
| Conceptual Model | <ul style="list-style-type: none"> • Calgary-Cambridge Guide |
| Teaching Package | <ul style="list-style-type: none"> • 5 Didactic Presentations on CD • Embedded video clips |
| Clinical Integration | <ul style="list-style-type: none"> • Video observation • Feedback • Opportunity to experiment |
| Facilitator Training | |

21



Facilitator training

- Initially the facilitators and teachers were introduced to the teaching material in a 1 day course
- This was then augmented with some additional short workshops


| | |
|----------------------|--|
| Conceptual Model | <ul style="list-style-type: none"> • Calgary-Cambridge Guide |
| Teaching Package | <ul style="list-style-type: none"> • 5 Didactic Presentations on CD • Embedded video clips |
| Clinical Integration | <ul style="list-style-type: none"> • Video observation • Feedback • Opportunity to experiment |
| Facilitator Training | <ul style="list-style-type: none"> • 1 day training course for clinical facilitators |

23

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Expanded facilitator training

- It was found that the clinical facilitators needed more support and training
- To meet that need an online e-learning programme was developed in conjunction with
- a 1 day experiential training workshop where feedback and facilitation skills could be practiced


| | |
|----------------------|--|
| Conceptual Model | <ul style="list-style-type: none"> • Calgary-Cambridge Guide |
| Teaching Package | <ul style="list-style-type: none"> • 5 Didactic Presentations on CD • Embedded video clips |
| Clinical Integration | <ul style="list-style-type: none"> • Video observation • Feedback • Opportunity to experiment |
| Facilitator Training | <ul style="list-style-type: none"> • E-learning programme on website • 1 Day experiential workshop |

25



Plans for the future

- Facilitator training needs to continue to develop
- Expand the website
- Look at introducing communication into undergraduate training through to post-graduate and continuing education- aim for a communication 'golden thread' throughout physiotherapy training



Acknowledgements

My thanks to the South African OMPTG for sponsoring and supporting this project.

Without the flexibility and enthusiasm of the teachers to change practice this initiative would not have been possible.

