Introducing Communication Skills Training in OMPT in South Africa:

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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


Basic Framework of the C–C Guide

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

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

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

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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
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|                  | • Feedback  
|                  | • Opportunity to experiment |
| Facilitator Training |                          |

**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
- Calgary-Cambridge Guide

## Teaching Package
- 5 Didactic Presentations on CD
- Embedded video clips

## Clinical Integration
- Video observation
- Feedback
- Opportunity to experiment

## Facilitator Training
- 1 day training course for clinical facilitators

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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 • Calgary-Cambridge Guide

Teaching Package • 5 Didactic Presentations on CD
• Embedded video clips

Clinical Integration • Video observation
• Feedback
• Opportunity to experiment

Facilitator Training • E-learning programme on website
• 1 Day experiential workshop

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

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