Short communication

Pilot study of a condensed communication skills workshop for gynecologic oncology fellows

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ARTICLE INFO

Keywords:
Communication
Gynecologic oncology fellows
Palliative care
Graduate medical education

ABSTRACT

In gynecologic oncology (GO) fellowship, devoting sufficient time to learning communication skills can be challenging due to required time and logistics. A two day workshop was previously piloted at a single institution with GOs and found to be beneficial. We sought to implement that curriculum in a condensed form. We conducted two four-hour sessions with 4 GO fellows at a single institution over 4 months. Sessions consisted of a didactic in communication skills led by faculty with VitalTalk™ training, followed by application with a simulated patient. Cases were developed and previously used in a two-day workshop at another institution. Fellows were surveyed prior to both sessions and after the second session. Perceived confidence was assessed on a Likert scale (1 to 5). An improvement was defined by an increase of ≥1 in Likert score. All fellows reported that the educational quality of the sessions was “excellent,” that the time in between sessions was “just right,” allowing them to apply skills learned in the first session prior to the second. After both sessions, at least three of the four fellows reported an improvement in confidence in nearly 50% (10/21) of the communication topics assessed. GO fellows perceived improvements in communication skills with condensed half-day training seminars.

1. Introduction

Communications skills for gynecologic oncologists (GO) are crucial given that providers perform surgery, provide longitudinal cancer care, and counsel patients at the end of life. A recent survey of GO fellowship program directors found that PD prioritized communication topics as the most important palliative care skills for fellows to learn during fellowship, and > 60% of programs reported explicit teaching on specific communication skills (Lefkowits et al., 2014). In a separate survey of current and recently graduated GO fellows, the majority noted never having received feedback on discussing goals of care (Eskander et al., 2014).

Numerous means of teaching communication skills have been studied. VitalTalk™ is an evidence-based strategy to teach communications skills to clinicians that has been used successfully in oncology and critical care (Arnold et al., 2015; Back et al., 2007). Recently, Lefkowits et al. demonstrated that 20 GO providers found a workshop in VitalTalk-based communication skills training to be of high quality and to deliver practice-changing education (Lefkowits et al., 2019). In GO fellowship however, devoting sufficient time to learn communication skills can be challenging due to the appropriately required time and logistics. Our objective was to implement and evaluate the effectiveness of a previously piloted and newly condensed communication workshop in a cohort of GO fellows.

2. Methods

Institutional Review Board approval was obtained for this study. We conducted two four-hour sessions with 4 GO fellows at a single institution over 4 months. There was approximately 10 weeks in between

\textsuperscript{⁎} This work was presented as a poster at the 2019 annual meeting of the American Professors in Gynecology and Obstetrics (APGO)/Council for Resident Education Obstetrics and Gynecology (CREOG) in New Orleans, LA.

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https://doi.org/10.1016/j.gore.2019.100492

Received 8 July 2019; Received in revised form 23 August 2019; Accepted 26 August 2019

Available online 30 August 2019

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the two workshops; this was done intentionally to allow the fellows the
time to practice the skills learned in the first session. The GO fellowship
at this program does not include a dedicated rotation in palliative care.
The workshops were condensed from a consecutive two-day workshop
at Magee Women’s Hospital developed by (Lefkowits et al., 2019) which
was modeled on the National Cancer Institute VitalTalk program
(Available from URL: www.vitaltalk.org [accessed May 9, 2019,
2019]). Sessions consisted of a didactic in communications skills led by
faculty with VitalTalk training, including a focus on strategies in deli-
vering serious news and responding to emotions with empathy, as well
as eliciting values and addressing goals of care. The VitalTalk trainer is
not a gynecologic oncologist, and is an appointed faculty at our in-
titution. This was followed by application with simulated patients;
during these small group sessions, simulations included deliberate skills
practice with close supervision and immediate facilitator feedback. A
GO faculty member was present for the didactic session, but was not
present for the patient simulations.
In an effort to condense the sessions to allow for completion in four
hours, the group had two cases with simulated patients, instead of three
cases as used by (Lefkowits et al., 2019). In addition, we did not include
cases from the fellows’ own practice.
Fellows were surveyed prior to both sessions, and after the second
session. Perceived confidence was assessed on a Likert scale (1 to 5). An
improvement was defined by an increase of ≥1 in Likert score.

3. Results

Of the four fellows who participated in these workshops, two were
on clinical rotations, and two were participating in research. Two of the
four fellows reported never having had explicit training on responding
to emotions or delivering serious news; three fellows had never had
training on eliciting patient values. All fellows agreed that the interval
of time between the two workshops was “just right,” and that the in-
terval of time between the two workshops allowed for application of the
skills learned in the first seminar. All four of the fellows strongly agreed
on the value of the sessions; the statements surveyed are listed in
Table 1.

All fellows reported that the educational quality of the sessions was
“excellent” and that such training should be repeated. All fellows re-
ported that the time in between the sessions was “just right,” and that i
allowed them to apply skills learned in the first session prior to the
second session. After both sessions, all fellows noted an improvement in
confidence in at least one of the communication topics assessed. At least
three of the four fellows reported an improvement in confidence in
nearly 50% (10/21) of the communication topics assessed (Table 2).

Following the sessions, two fellows (50%) reported a lower con-
fidence score in the area of “using self-care techniques to prevent
burnout and compassion fatigue,” both respondents had reduction in
confidence by one level. The confidence of the other two fellows in this
area did not change following the sessions. Both of the fellows who
reported this were on clinical rotations; the fellows on research did not
have a change in their self-reported level of confidence in this area.
There were no other areas in which more than one fellow reported a
reduction in confidence.

4. Discussion

We found that our condensed communication skills workshop, de-
signed specifically for the specialty of GO, was found to be acceptable
and valuable to a cohort of GO fellows. All of the fellows noted im-
proved confidence in at least one communication skill. In addition, the
fellows all strongly agreed on the importance of training in commu-
nication skills. This is consistent with prior studies of communication
skills training (Lefkowits et al., 2019; Back et al., 2003).

We found that in the areas in which three out of the four fellows
reported an improvement in confidence, this was often due to im-
provement reported by both fellows on research rotations, and one of
the fellows on clinical rotations. Given that the fellows seldom have
opportunity to practice such communication skills in hospital or clinic
during their research years, it may be that this intervention was more
significant for these two individuals who did not have as much GO
clinical exposure in which to frame the training.

An incidental finding of the surveys pertained to 50% of the fellows
noting a lower confidence score in “using self-care techniques to pre-
vent burnout and compassion fatigue” following the two sessions. This
may be due simply to self-report response bias, and it was the only area
in which more than one fellow reported decreased confidence.
Although the topics of burnout and compassion fatigue were not ex-
plitly addressed during the communication training, the need for
awareness of one’s own emotions were highlighted. This may have led
fellows to reflect on the demands of their specialty and occupation,
leading to increased anxiety and/or compassion fatigue (Hlubocky
et al., 2016). Although this is a subtle finding of a small study, it may be
that education on resilience (Back et al., 2016) would be an appropriate
adjunct to communication skills training.

The strengths of this pilot study include its use of a national re-
cognized curriculum in communication skills that has been applied
successfully in GO (Lefkowits et al., 2019). The limitations of the study
include the application at a single institution. In addition, 50% of the
fellows were on research rotations, during which they have sig-
nificantly fewer clinical experiences; this may have led to an under-
or overestimation of the impact of their experience. Although the surveys
were anonymous, the small number of participants may have limited
the perception of anonymity. The inclusion of a GO faculty member in a
portion of the session may have led to survey response bias.

An additional limitation was the use of self-assessment as the pri-
mary outcome. We did not objectively measure the workshops’ impact
on the fellows’ skills, as has been done in similar communication skills
training (Back et al., 2007). However, in an assessment of GO fellows
learning skills pertaining to breaking bad news, self-reported scores
were found to accurately predict objective assessment of skill (O’Meara
et al., 2014).

Although this educational program did not require significant re-
sources, its implementation does entail participation of faculty with
communication skills training, and the compensation and preparation
of simulated patients. Our condensed curriculum adds feasibility to the
potential for regionally or nationally centralized workshops on com-
munication skills training for GO fellows.

Acknowledgements

The Division of Gynecologic Oncology at the University of
Washington, for their financial support of this curriculum.
Table 2
Areas in which 75% of GO fellows reported an improvement in confidence.

| Area                                           | Number of fellows reporting an improvement in confidence (≥1 increase) in Likert score of perceived confidence (n = 4) |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                | Research fellows (n = 2) | Clinical fellows (n = 2)                                                                                      |
| Name the key steps of delivering serious news  | 2                                                                      | 2                                                                                                             |
| Bring up advanced care planning                | 1                                                                      | 2                                                                                                             |
| Elicit a patient’s goals of care from a patient or family member | 2                                                                      | 1                                                                                                             |
| Lead a family conference                       | 1                                                                      | 2                                                                                                             |
| Manage conflict that arises during a family meeting | 2                                                                      | 1                                                                                                             |
| Describe comfort-focused care                   | 1                                                                      | 2                                                                                                             |
| Respond to patients or family members who have not accepted the seriousness of the patient’s illness | 2                                                                      | 1                                                                                                             |
| Discuss religious or spiritual issues with a patient or family member | 2                                                                      | 1                                                                                                             |
| Counsel a patient or family member about what to expect in the dying process | 2                                                                      | 1                                                                                                             |
| Teach and mentor learners about how to facilitate delivering serious news | 2                                                                      | 1                                                                                                             |

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