

# Improvement of Physicians' Patient-Centeredness: An Empirical Evidence of the Benefits of a Communication Skills Training Program

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## ABSTRACT

**Objectives.** No study has yet assessed the benefits of a communication skills training program on patient-centeredness. The purpose of this study is to assess the association between patients' characteristics and physicians' communication skills before and after a communication skills training program.

**Methods.** Correlations between physicians' communication skills and patients' characteristics were categorized as absent or present: the number of present correlations indicates the level of patient-centeredness. Communication skills were assessed during a consultation before and after a communication skills training program. Consultations were audio-recorded and transcribed. Communication skills were rated according to the Cancer Research Campaign Workshop Evaluation Manual. Patients' characteristics (sociodemographic, physical and psychological) were measured before and after the training program.

**Results.** Sixty-three physicians were included. Before training, physicians' communication skills were associated with one patients' sociodemographic characteristic and with one psychological characteristic. After training, physicians' communication skills were associated with none of the patients' sociodemographic characteristics and with four psychological characteristics.

**Conclusions.** This study highlights that physicians' patient-centeredness may be improved through a communication skills training program. After training, physicians are more centered on patients' psychological characteristics and not on patients' sociodemographic characteristics anymore. This study underlines the need to design communication skills training which may further improve patient-centeredness.

## INTRODUCTION

A universally accepted definition of patient-centeredness does not exist. Patient-centeredness can be defined as physicians' behaviors which enable patients' verbal expression about their perspectives on illness and treatment and health-related behaviors, their symptoms, concerns, ideas and expectations (Smith & Hoppe, 1991).

This implies:

- On the one hand, that physicians use facilitating behaviors, i.e. behaviors that aim to elucidate patients' perspective on illness and treatment (Maguire et al., 1996; Maguire et al., 1996);
- On the other hand, that physicians avoid inhibiting or blocking behaviors, i.e. behaviors that restrain patients from expressing their view (Zandbelt et al., 2005).

Most important for the focus of our study, patient-centeredness also implies to adapt communication skills to patients' characteristics. Although communication skills training programs have shown their benefits in terms of changes in physicians' learning and transfer of patient-centered skills (Fallowfield et al., 2002), little is known about physicians' abilities to adapt the use of those skills to patients' characteristics following communication skills training program.

## OBJECTIVES

To assess the association between patients' characteristics and physicians' communication skills before and after a communication skills training program.

- First, we tested the hypothesis that before a communication skills training program, physicians adapt their communication skills mainly to patients' general characteristics (sociodemographic) and are thus not really patient-centered;
- Second, we tested the hypothesis that after a communication skills training program, physicians adapt their communication skills to patients' specific characteristics (psychological and physical) and are more patient-centered.

## METHODS

### Subjects

Eligibility criteria: Physicians had to be specialists; to be working with cancer patients (part time or full time).

### Study design and assessment procedure

- Communication skills were assessed during a consultation before and after a communication skills training program.
- Consultations were audio-recorded and transcribed.
- Communication skills were rated according to the Cancer Research Campaign Workshop Evaluation Manual (Booth et al., 1991).

### Training Program

- Plenary theoretical session (2 hours)
  - Enlarged Group
  - Approach communication strategies
  - Management of emotional distress
- Role play sessions (17 hours)
  - Small groups (5-6 participants)
  - Topics pre-defined and situations experienced
  - Immediate feedback of the trainer
  - Clinical case discussions

### Questionnaires

- Sociodemographic Questionnaire
- Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983)
- State-Trait Anxiety Inventory (STAI) (Spielberg, 1983)
- Multidimensional Health Locus of Control scale (MHLC) (Wallston & Wallston, 1982)
- Ways of Coping Checklist (WCC) (Vitaliano et al., 1985)
- Quality of Life Systemic Inventory (QLSI) (Duquette et al., 1994)

## STATISTICAL ANALYSES

Descriptive analysis and correlations were conducted.

## RESULTS

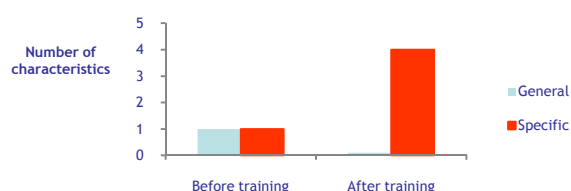


Figure 1. Physicians' adaptation of their use of communication skills to patients' characteristics.

Table 1. Associations between physicians' communication skills and patients' characteristics before and after training (n=63).

Communication Skills	Before training		After training	
	General	Specific	General	Specific
Assessment	None	None	None	Global QoL QLSI ( $r = .29$ ; $p = .02$ )
Information	None	None	None	Internal LOC MHLC ( $r = .25$ ; $p = .05$ ) Emotion-focused Coping WCC ( $r = -.28$ ; $p = .03$ )
Support	Age ( $r = -.26$ ; $p = .04$ )	Problem-focused Coping WCC ( $r = .25$ ; $p = .05$ )	None	External LOC MHLC ( $r = -.27$ ; $p = .04$ )

## DISCUSSION

**Before the training program**, physicians communication skills' use is only associated with one general characteristic that is age. Physicians adapt only modestly their communication skills to patients.

**After the 19-hour training program**, physicians are more centered on specific characteristics such as psychological and physical characteristics and they are not centered on patients' sociodemographic characteristics anymore. They seem to communicate with patients based on specific and less observable characteristics and to focus less on general and observable characteristics. Physicians seem to be more patient-centered.

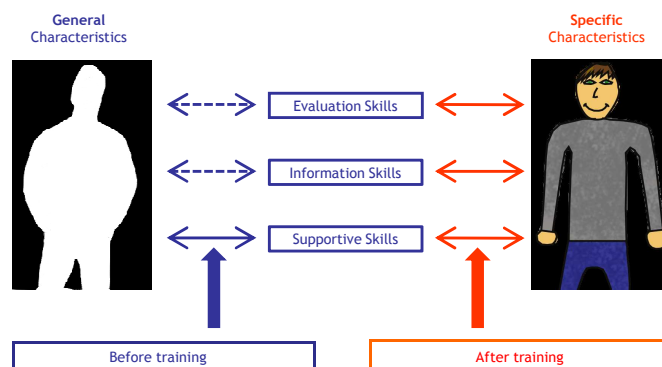


Figure 2. Associations between physicians' communication skills and patients' characteristics before and after training.

Physicians' patient-centeredness may thus be improved through a communication skills training program both in terms of learning of patient-centered communication skills and in terms of adaptation of those skills to patients' characteristics.

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