The Implementation and Initial Evaluation of a Physician Communications Skills Training Module to Enhance Transition to Survivorship in Lymphoma

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Introduction: Cancer survivors are commonly left with overwhelming feelings of uncertainty, worry and a lack of understanding of how to maintain their lives post cancer. Such anxiety can be attributed to the current lack of a structured standard of care during this “survivorship” period (Coleman and Shigamesa, 2007). For this study we have introduced an additional post-treatment physician-patient consultation strictly for purposes of survivorship transition. A physician focused Communication Skills Training (CST) module was developed to prepare physicians for this new consult. The module integrates an evidence-based standardized care plan document with standard Comskil Training practices.

Methods: Thirteen medical oncologists specializing in lymphoma treatment from Memorial Sloan-Kettering Cancer Center and the H. Lee Moffitt cancer Center (Tampa, Florida) participated in a five-hour survivorship CST workshop. The training included a didactic session, exemplary videos of the skills and tasks taught and an approximate two hour role-playing session. Physicians also participated in two 15-minute standardized patient assessments (one pre-training and one post-training). The effectiveness of the training was measured using a retrospective pre-post course evaluation. The participating physicians also rated various aspects of the module using the pre-post course evaluation.

Results: Using a paired t-test, the pre-post course evaluation methodology showed a significant increase in physicians’ confidence when discussing their patient’s transition to survivorship (t = -2.739, p < 0.05). In addition, 92% of the physicians found that each of the three elements of the module training process (didactic, exemplary videos and role-play) aided their learning somewhat or a lot, with 100% of physicians agreeing or strongly agreeing that the exemplary videos and role-play aided in their learning process. One hundred percent of physicians agreed or strongly agreed that they will use their newly acquired skills during future consultation. Lastly, 85% of physicians reported that the skills learned from the module will improve their patient care.

Conclusions: This study demonstrates the success of a survivorship communications skills training module for increasing the self-efficacy and confidence of physicians as they aid patients during their transition into their survivorship period. Through the utilization of a novel survivorship care-plan document and a Comskil-modeled survivorship training module, this new standard of care has the potential to increase the survivorship rate and overall well-being and quality of life in patients newly free of cancer. Future work will examine the effect of this new survivorship consult on patient outcomes.