

Communication skills training in Denmark

Experiences and future plans

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Evidence-based CST and maintenance

RCT study in 2006

Training of 19 doctors and 11 nurses



Effectiveness Studie 2007-2010

*Department of Orthopaedic including
181 HCPs (3133 patients)*



Mandatory CST at Lillebaelt Hospital

- *Training of 90 communication teachers*
- *3-day course for clinicians in all 15 departments*
- *Training of 2315 staff with patient contact*



**Mandatory CST at all 4
hospitals in the region**



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Mandatory CST at Lillebaelt Hospital

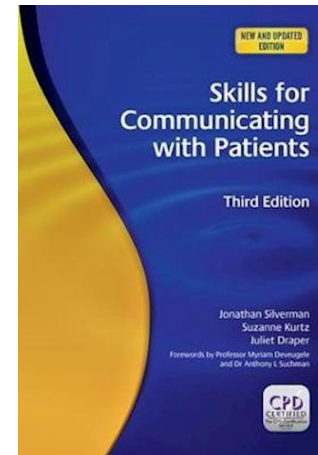
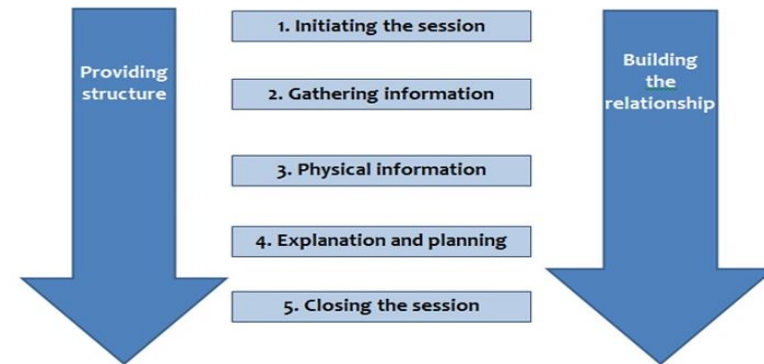
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**Mandatory CST at all 4
hospitals in the region**

The Calgary Cambrigde Guide:

a generic framework for communication in the clinical encounter



Silvermann,J, Kurtz S, Draper J CRC Press 2013. 3 Edition



Ammentorp J, Bassett B, Dinesen J. Lau Marianne. Munksgård. 2023
2. Edition

Evidence-based CST and maintenance

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**Mandatory CST at all 4
hospitals in the region**

Blended Learning version CST

- *5 digital modules*
- *In- class training*

CST in video consultation

- *4 digital modules*
- *Simulation training*
- *Implementation at the hospital*

Further development and maintenance

- *Implementation tools*
- *New modules*

The program includes



Train the trainer courses:

Basic course 2+1 days

Teacher training 5 days

Communication training for HCP

Basic course 2+1 days

	2011												2012											
Department(hospital)	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Neurological (Vejle)																								
Anaesthesiological (Vejle)																								
Emergency (Kolding)																								
Vaskular Surgery (Kolding)																								
Emergency (Vejle)																								
Anaesthesiological (Kolding)																								
Therapy (Kolding)																								
Therapy (Vejle)																								
Orthopaedic (Vejle)																								

	2013												2014											
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Anaesthesiological (Vejle), continued																								
Anaesthesiological (Kolding), continued																								
Therapy (Kolding), continued																								
Therapy (Vejle), continued																								
Orthopaedic (Vejle), continued																								
Cardiology, Vejle																								
Surgical (Kolding)																								
Urological (Fredericia)																								
Spine Centre (Middelfart)																								
Medical (Vejle)																								
Medical (Fredericia)																								
Ophthalmology (Vejle)																								
Otolaryngology (Vejle)																								
Obstetrics and Gynecology (Kolding)																								
Medical (Fredericia)																								

Bofoed P-E. Pat Educ Couns. 2011

Recruitment course 2+1 days

Train the trainers course 2+3 days

Communication skills training 2+1 days



The effect of a 3 day CST course

- ❖ Increases the healthcare staff's self-efficacy in relation to handling the communicative tasks

Ammentorp J et al.
2009; Ammentorp J & Kofoed PE. 2010;
Nørgaard B et al 2012, 2013; Wolderslund M et al 2021

- ❖ Improve patients' experiences of communication and of care and treatment

Ammentorp J et al 2007 & 2009; Ammentorp J & Kofoed PE. 2010
Ammentorp J, Laulund L, Kofoed PE. 2011; Nørgaard B et al 2012
Iversen E 2021

Greeted me in a way that made me feel comfortable

Treated me with respect

Showed interest in my thoughts about my health

Understood my main concerns regarding my health

Was attentive (looked at me and listened with interest)

Let me speak without interrupting

Gave me the amount of information I wanted

Used words that I could understand

Asked to make sure I understood everything

Encouraged me to ask questions

Involved in decisions to the extent I wanted to

Discussed what should happen next and any plans for follow-up

Showed care and interest

Spent enough time on me

The effect of a 3 day CST course

Based on audio recordings before and after course participation

❖ The conversations became more patient-centred, in particular the HCP improved their skills with regard to:

- listening to the patients
- investigate patients' understanding' and
- negotiate a shared agenda and plan

❖ Time spend on the conversations was the same

Communication Skills Training: A Means to Promote Time-Efficient Patient-Centered Communication in Clinical Practice

Else Dalsgaard Iversen, MD, PhD,^{1,2,3} Maiken Wolderslund, PhD, MHSc,^{1,2} Poul-Erik Kofoed, MD, PhD,⁴ Pål Gulbrandsen, MD, PhD,^{5,6} Helle Poulsen, MHSc,⁷ Søren Cold, MD, PhD,⁸ Jette Ammentorp, PhD, MHSc^{1,2}

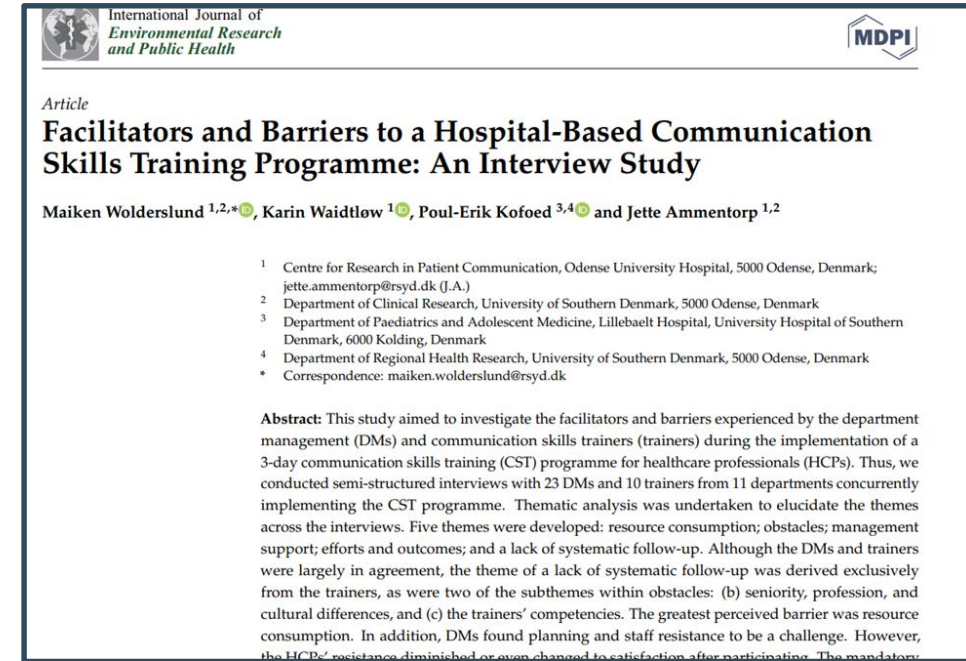
¹Health Services Research Unit, Lillebaelt Hospital, University Hospital of Southern Denmark, Vejle, Denmark; ²Institute for Regional Health Research, University of Southern Denmark, Odense, Denmark; ³Odense Patient data Explorative Network (OPEN), Odense University Hospital, Odense, Denmark; ⁴Department of Paediatrics and Adolescent Medicine, Lillebaelt Hospital, University Hospital of Southern Denmark, Vejle, Denmark; ⁵Institute of Clinical Medicine, Campus Ahus, University of Oslo, Oslo, Norway; ⁶Health Services Research Unit, Akershus University Hospital, Lørenskog, Norway; ⁷Department of Gastrointestinal Surgery, Lillebaelt Hospital, University Hospital of Southern Denmark, Vejle, Denmark; ⁸Department of Oncology, Odense University Hospital, Odense, Denmark

Purpose	We hypothesized that health care providers would behave in a more patient-centered manner after the implementation of communication skills training, without causing the consultation to last longer.
Methods	This study was part of the large-scale implementation of a communication skills training program called "Clear-Cut Communication With Patients" at Lillebaelt Hospital in Denmark. Audio recordings from real-life consultations were collected in a pre-post design, with health care providers' participation in communication skills training as the intervention. The training was based on the Calgary-Cambridge Guide, and audio recordings were rated using the Observation Scheme-12.
Results	Health care providers improved their communication behavior in favor of being more patient-centered. Results were tested using a mixed-effect model and showed significant differences between pre- and postintervention assessments, with a coefficient of 1.3 (95% CI: 0.35–2.3; P=0.01) for the overall score. The consultations did not last longer after the training.
Conclusions	Health care providers improved their communication in patient consultations after the implementation of a large-scale patient-centered communication skills training program based on the Calgary-Cambridge

Facilitators and barriers to the 3-day course

Based on interviews with Department Managers (DM) and trainers (HCP)

- ❖ The greatest perceived barrier was resource consumption
- ❖ DMs experienced that planning and staff resistance was a challenge
- ❖ HCPs' resistance declined or even changed to satisfaction after participating.
- ❖ Explicit communication about planning and allocation of resources is crucial



Wolderslund M, Waidtløw K, Kofoed PE, Ammentorp J. Int J Environ Res Public Health. 2023 Mar 9;20(6):4834. doi: 10.3390/ijerph20064834.

Experiences from Australia, Austria, Ireland og Danmark



Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Upscaling communication skills training – lessons learned from international initiatives

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ABSTRACT

Objective: To collect experiences and to identify the main facilitators and barriers for the implementation process of large scale communication training programs.

Methods: Using a multiple case study design, data was collected from leaders of the individual programs in Australia, Ireland, Austria and Denmark. The RE-AIM framework was used to evaluate the components: Reach, Effectiveness, Adoption, Implementation, and Maintenance of the programs.

Results: The programs, all based on the Calgary-Cambridge Guide, succeeded in reaching the intended target groups corresponding to between 446 and 3000 healthcare workers. New courses are planned and so far the outcome of the intervention has been investigated in two countries. The fact that implementation, including educating trainers, relies on a few individuals was identified as the main challenge.

Conclusion: Large scale communication training programs based on the Calgary-Cambridge Guide can be implemented and adopted in multiple different healthcare settings across a national health system culture. The importance of standardized trainer education and adaption of the programs to clinical practice was highlighted.

Practice Implications: In order to address the sustainability of the programs and to allow the intervention to scale up, it is important to prioritise and allocate resources at the political and organizational level.

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Most important factors for successful implementation



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Translating knowledge into practice for communication skills training for health care professionals

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ABSTRACT

Despite the evidence that person-centred communication underpins all that we do in our interactions with patients, caregivers and team members, the knowledge about the implementation of systematic communication skills training is still in its infancy. This position paper describes some of the main contextual facilitators for translating knowledge about communication skills training for health care professionals (HCP) and recommends ways to guide practical implementation. Based on the literature that has been published over the last two decades, it seems evident that communication skills training programs should be underpinned by clinician self-reflection, be experiential, and focused on behaviour change and implementation of new skills into practice. The programs should be delivered by trainers possessing an understanding of communication micro skills, the skills and confidence to observe interactions, and coach learners through the rehearsal of alternative approaches. Communication skills programs should be flexible to adapt to individual learners, local needs, and circumstances. Interventions should not be limited to the empowerment of individual HCP but should be a part of the organisational quality assurance framework, e.g., by including communication skills in clinical audits.

Implementation science frameworks may provide tools to align programs to the context and to address the determinants important for a sustained implementation process. Programs need to be embedded as 'core business', otherwise the culture change will be elusive and sustainability under threat if they are only dependent on provisional funding.



Thanks for your attention!



Ekstra

- Måske Mennesket i Sundhedsvæsenet slide

Initiatives:

To sustain

Blended Learning version CST

- *5 digital modules*
- *In- class training*

Program for CST in video consultation

- *4 digital modules*
- *Simulation training*
- *Implementation at the hospital*

New curriculum at Medical School

- *Based on the same curriculum and textbook as the postgraduate training*

To expand

Four new modules of 3 hours each

Purpose: Strengthening HP's communicative, relational and reflexive skills



Compassion

Training of the mental, verbal and non-verbal skills that can contribute to creating more presence



Stigmatization

Training in communicating in a way that does not perpetuate stigma.



Ethical decision making

Investigate how ethical values can come into conflict and be difficult to balance in the clinical practice



Responsiveness and understanding

Investigate how narrative methods can create greater responsiveness



Training in video consultation

- based on Blended Learning

Online training



5 digital modules with explainer films:

- Introduction
- Preparing the video consultation
- Important communication skills
- Physical examination
- Consultation with relatives and/or other participants

In-class training



- 3 hours training
- Groups of 4 health professionals
- Case-based training with simulated patients

Clear cut communication ➡ The good conversation

Mandatory CST: 2011-2016

Target group: HP and managers at a regional university hospital in Denmark

Mandatory CST: 2021- 2027

Target group: HP and managers at 4 hospitals and app. 12.000 HP

Duration and Structure: 2 + 1 day based on 'train the trainer' model

Focus: Core communication skills for gathering information, building relationships and sharing information.



The number reached:

Trainers: 90 Health professionals: 2315

The number reached by the end of 2023

Instructors: 20

Trainers: 122 Health professionals: 1021

Unique aspect of the Danish program

The program is based on:

RCT study in 2006

Department of Pediatric including: 19 doctors and 11 nurses

Effectiveness studies:

2007-2010: Department of Orthopaedic including 181 HCPs (+3133 patients)

2011-2016: Lillebaelt Hospital including 2315 HCPs

Qualitative studies of barriers and facilitators



❖ Increases the healthcare staff's self-efficacy concerning handling the communicative tasks

Ammentorp et.al. 2009 Ammentorp & Kofoed PE. 2010
Nørgaard B et al 2012, 2013; Wolderslund M et al 2021

❖ Improve patients' experiences of communication and care and treatment

Ammentorp J et al 2007 & 2009; Ammentorp J & Kofoed PE. 2010
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Iversen E et al 2021

❖ Time spend on the conversations was the same

Iversen E, et al. J Patient Cent Res Rev. 2021

❖ HCPs' resistance diminished or even changed to satisfaction after the training

Wolderslund et al 2023

A new curriculum at medical school

More focus on

- Patient-centred communication and **relationship building**
- **Vulnerability** as a condition in all communication
- How to give each other **feed-back**
- Body language and **non-verbal** communication

Integration of digital learning methods

- Explainer film
- Reflection videos
- Simulation games
- Exercises/tests (digital)
- Exercises for clinical practice (printable)

