# Discussing psychosocial distress with cancer patients.

Evaluation of an online communication training for medical staff in oncology



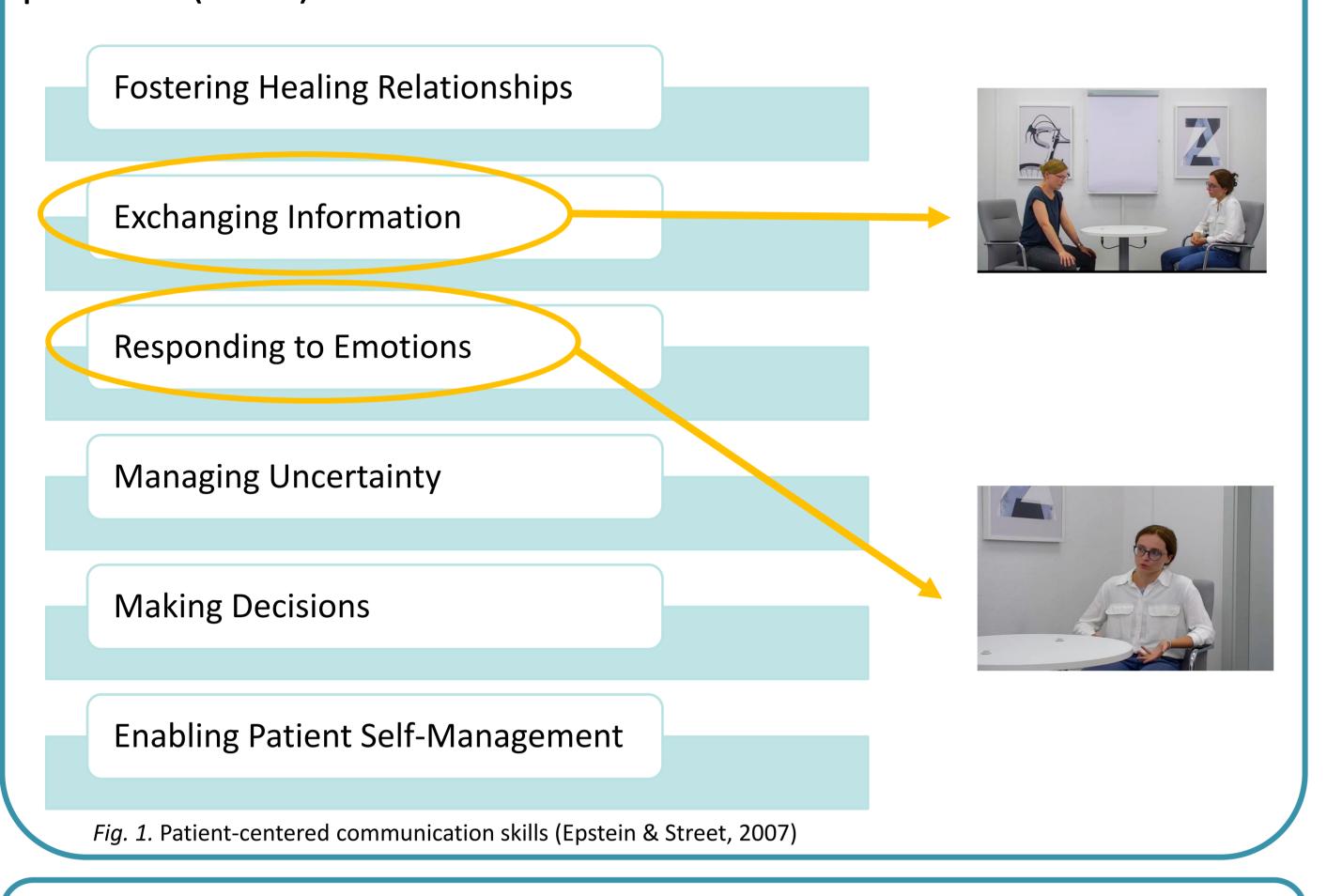
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# Background

Despite the high prevalence of psychosocial distress in cancer patients, medical staff sometimes report difficulty addressing distress adequately. Therefore, we have developed an online training focusing on patient-centered communication skills. The training includes model videos and questions from deliberate practice to enhance learning. The training was developed in a participatory research team including medical staff (n = 6) and patients (n = 5).



# **Study Goals**

- (1) Provide medical staff with evaluated, easily accessible, and time-efficient training materials.
- (2) Investigate if reading information about psychosocial stress, model learning (via videos) and deliberate practice questions improve knowledge about psychosocial distress and communication skills efficiently.

#### **Online RCT**

Preliminary sample:
doctors, nurses,
psychologists,
social workers and
medical students

#### **Training**

- 60 minutes over 2 days
- 30 min on depression,
  30 min on anxiety
- Intervention Groups:
  Text and video vs.
  Text only on
  psychosocial distress and
  communication skills

# **Testing**

- Open questions following short video vignettes
- MC questions

In the current study, we investigated the short-term (T1) training effect on knowledge and communication skills.

# **Preregistration**

https://doi.org/10.17605/OSF.IO/8V9WE

Study link



#### Text and Text only Video T1 PRE Demographics Experience in communication trainings 2 video situation tests (e.g. anxiety) and deliberate practice 5 MC-Questions (anxiety) \*Self-efficacy (SE-12), attitudes scale Text and video Text only (20min text, 10min video) (30min) T1 POST 2 video situation tests (anxiety) and deliberate practice 5 MC-Questions (anxiety) Self-efficacy (SE-12), attitudes scale Randomised training sequence +1 day T2 PRE 2 video situation tests (depression) and deliberate practice 5 MC-Questions (depression) \*Self-efficacy (SE-12), attitudes scale Text only Text and video (30min) (20min text, 10min video T2 POST

2 video situation tests (depression) and

T3: Follow-up (+1 week)

Free Access to training

materials

deliberate practice

•5 MC-Questions (depression)

\*2 video situation tests (anxiety and depression) and deliberate practice

Fig. 2. CG: Control Group; EG: Experimental Group; MC: Multiple Choice.

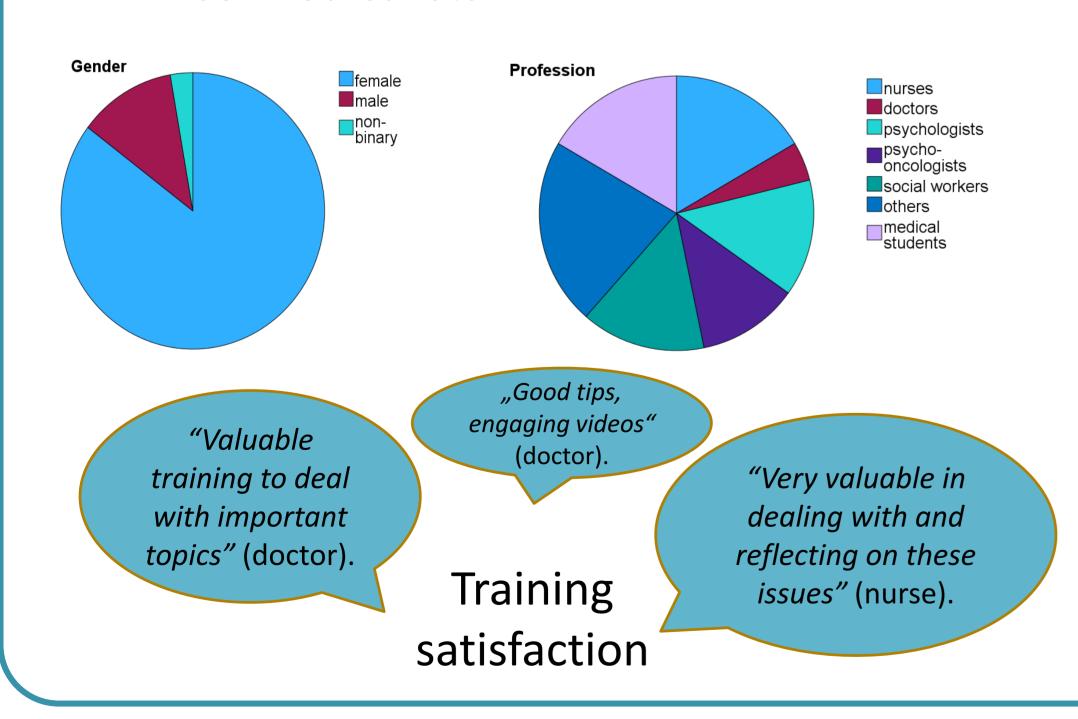
\*Self-efficacy (SE-12), attitudes scale

Methods

# Results

# (1) Preliminary sample

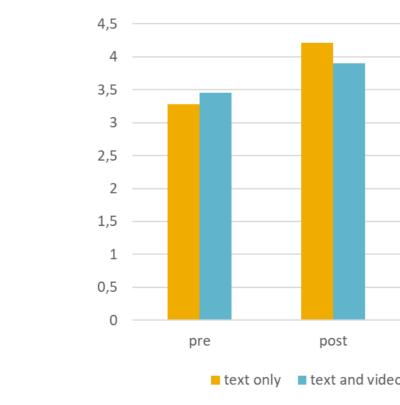
• n = 109 medical staff



# (2) Knowledge

Pre-post difference of correct MC answers given at T1:

- Text and video group (M = 0.45; SD = 1.58)
- Text only group (M = 0.93; SD = 1.24)



• t(107) = 1,78; p = .079

# (3) Communication Skills

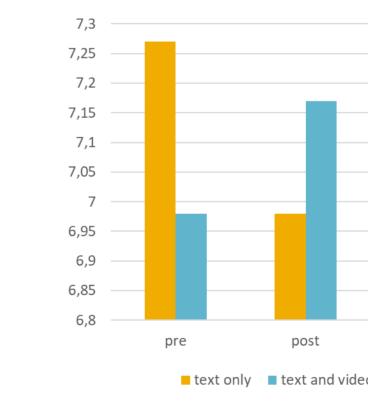
10 MC-Questions (anxiety and depression)

Experience with training in previous week

\*Self-efficacy (SE-12), attitudes scale

Pre-post difference of correct communication strategies at T1:

- Text and video group (M = -0.29; SD = 2.05)
- Text only group (M = 0.19; SD = 2.08)



• t(107) = 1,23; p = .222

# Discussion

The communication training for medical staff in oncology is still evaluated in an ongoing RCT. In the preliminary sample, there was **no significant** increase of knowledge in the text and video group in comparison to the text-only group for the first part of the training. Descriptively, knowledge was **learned better by the information** provided in texts, and **skills were learned better by giving additional video examples**.

Due to the current composition of the sample, ceiling effects regarding knowledge and communication skills became apparent. In addition to the self-indication of communication skills used, future studies could investigate the actual skills that practitioners use in real interactions.

# References

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