



# Development of a “Four-Habits”-based communication training for German General Practitioners (CoTrain)

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## Introduction

Type and quality of communication between physicians and patients have a significant impact on treatment success<sup>1-4</sup>. General practitioners occupy a central position in health care with special communication challenges<sup>5</sup>. In many nations, including Germany, the doctor-patient communication is still in need of improvement<sup>3,6</sup>. Various communication trainings based on similar approaches showed positive effects on physicians' communication skills<sup>7-10</sup>. One of these is the “Four Habits Model” that was developed in the general practice setting<sup>11,12</sup>. This training leads to an improved communication with patients by fostering the following four physician key qualifications: 1) establishing rapport with the patient, 2) eliciting the patient's perspective, 3) demonstrating empathic behavior, and 4) concluding an encounter with patient tailored information and engaging in joint decision-making<sup>12</sup>. Within a pilot-study a communication training specifically tailored on GPs and their patients should be designed and developed by passing a quality improvement process based on PDCA-cycle (Fig 2). The theoretical base for the training will be the Four Habits Model, adapted to the conditions of German primary care. The practice will follow the development for complex interventions<sup>13</sup> (Fig 1).

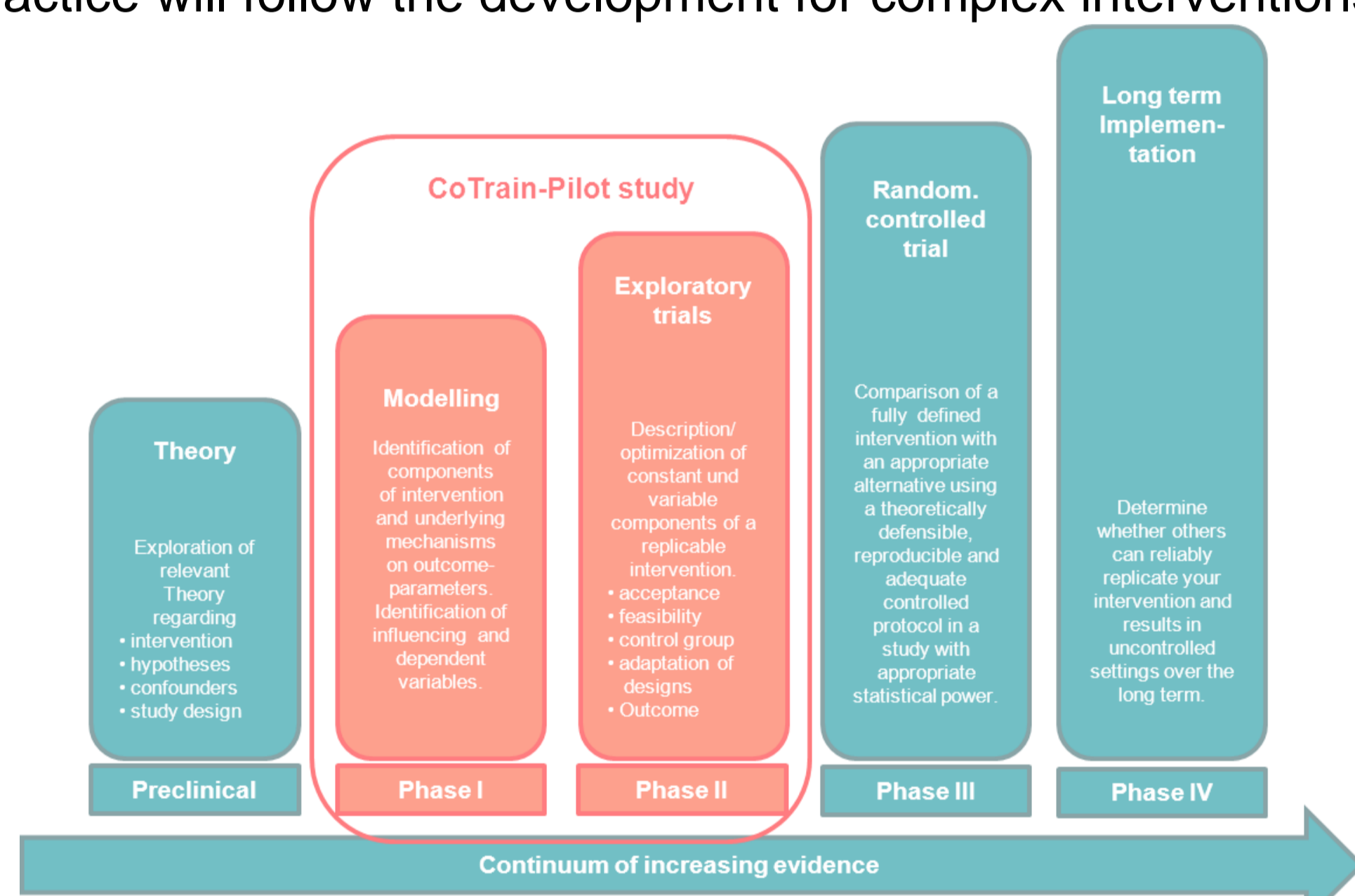


Figure 1: Sequential phases of developing randomised controlled trials of complex interventions based on Campbell et al.<sup>13</sup>

## Objective

The superior aim is to implement an effective communication training for GPs in Germany, whose contents were to be successfully implemented into daily routine. The both aims of this study are:

- 1) Development and formative evaluation of an evidence-based communication training, that is tailored to the demands of German GPs and their patients and whose effectiveness could be measured with international established instruments. This communication training should increase communication skills, patient reported outcomes and job satisfaction of general practitioners.
- 2) Examination of the feasibility of a randomized controlled (RCT) study where physician-patient-communication during the encounter will be videotaped to check for the effectivity and efficiency of that designed communication training (practical pre-test).

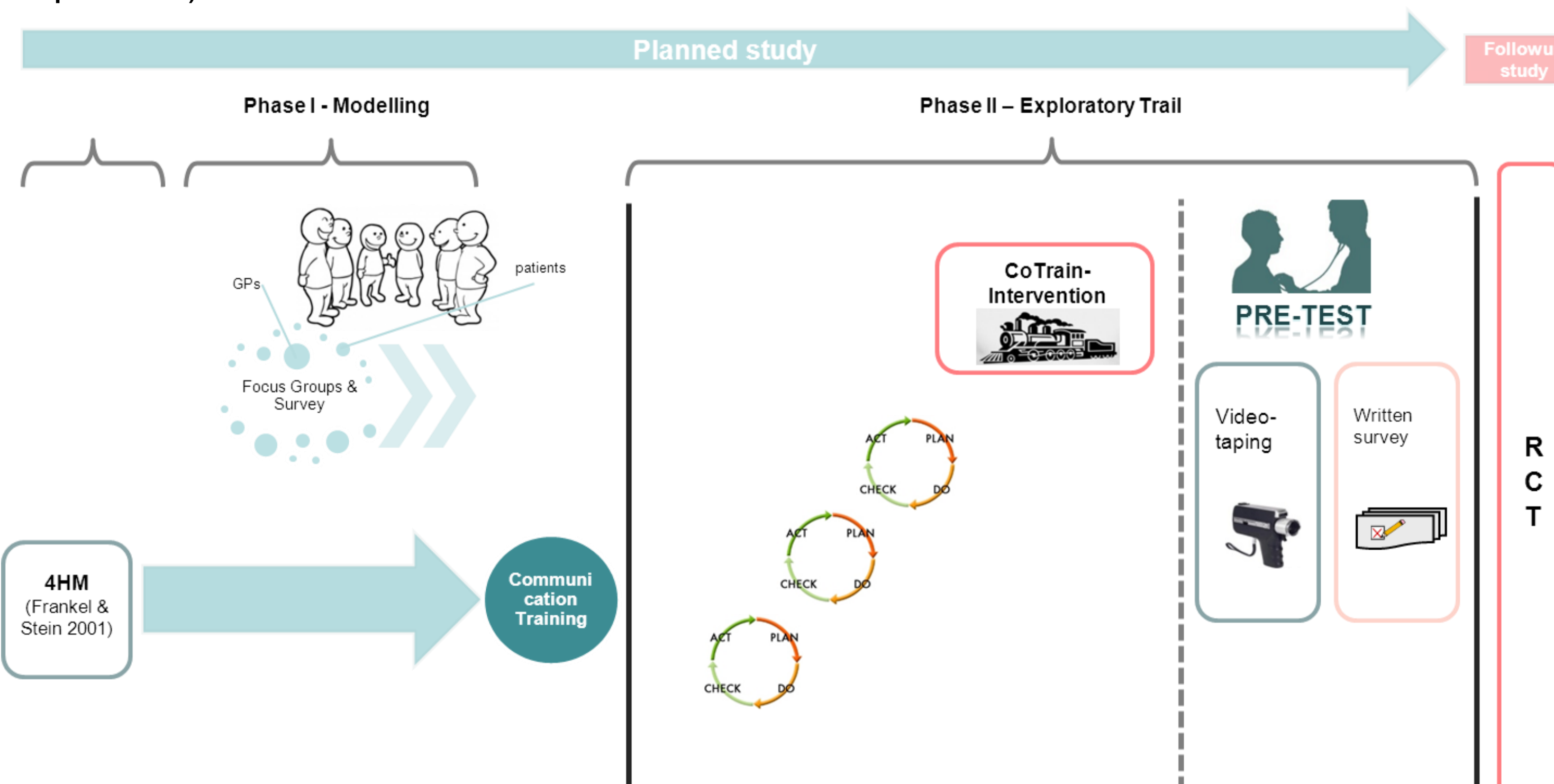


Figure 2: Course of the pilot study

## Methods

1) To meet the special needs of general practitioners and their patients concerning communication, both groups will be incorporated into the development and evaluation. 6 focus group discussions with GPs and patients, respectively will be conducted. Additionally one mixed focus group discussion, interviews with communication trainers, patients' mandatories, scientific or practical experts will be performed. A written survey of a representative sample of GPs should provide information i.e. on readiness to participate on a RCT or a communication training. Within a content analyses the material from the qualitative investigations will be transferred into categories. All results shall be incorporated into a customized communication training. The first draft of the training will be devised within a interdisciplinary workgroup. 3 parallel trainings with GPs (50 % focus group participants/50 % new participants) will be carried out in the CareResearchLab Cologne monitored by an expert group of patients. In a triple subsequent feedback process with small groups of GPs this training will be conducted, evaluated, and refined (Fig 3).  
2) Subsequently the feasibility of a video evaluation should be tested, by which the designed training should be checked for its effectiveness. The focus group discussions include questions on willingness to participate on a RCT and to be recorded by video during consultations. Additionally, in three general practices the patient inclusion, the data collection and the videotaping shall be pretested.

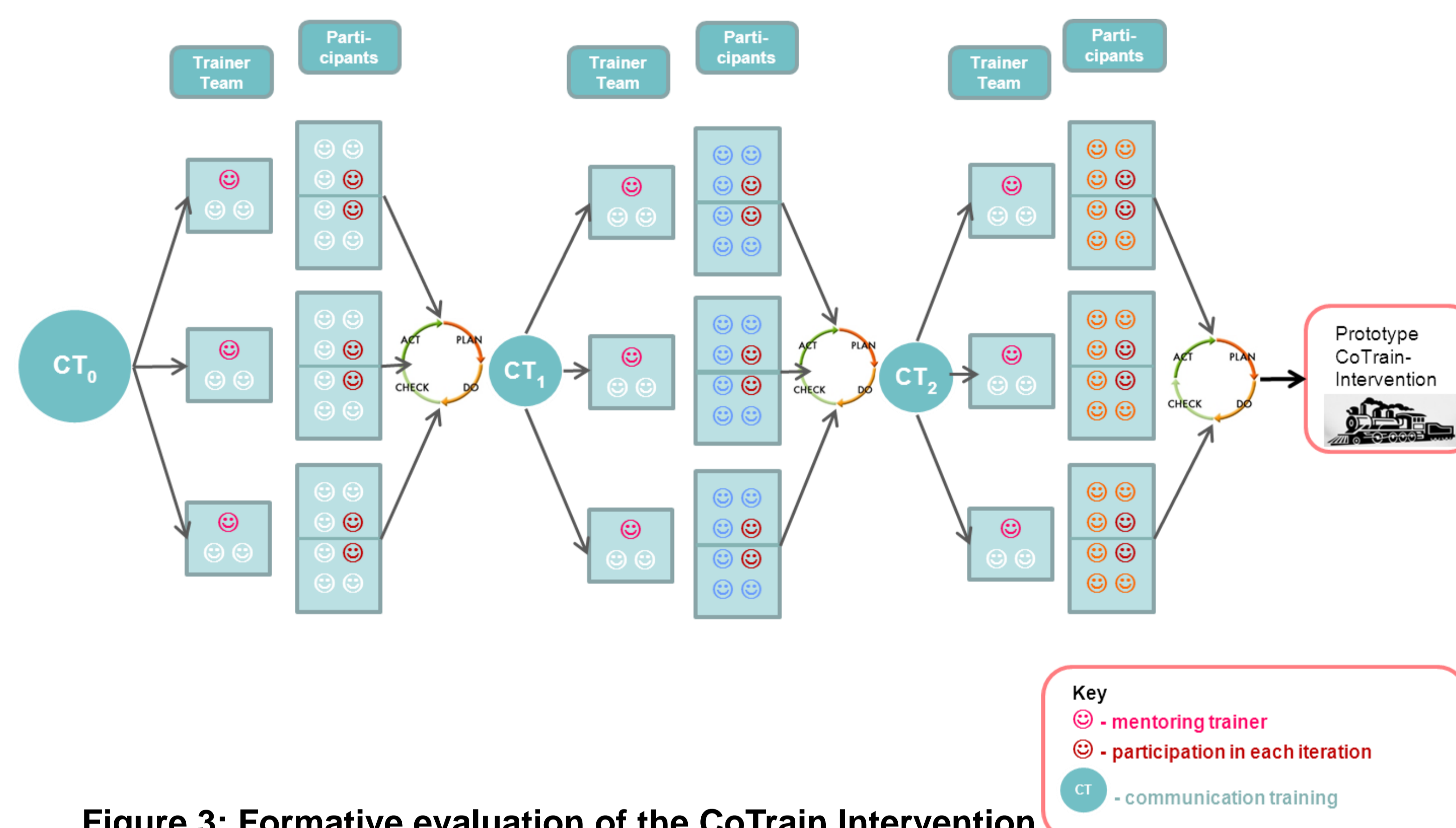


Figure 3: Formative evaluation of the CoTrain Intervention

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Keywords: General Practice, Communication Training, Four Habits.

## Literature

1. Beck RS, Daughtridge R, Sloane PD. Physician-patient communication in the primary care office: a systematic review. *J Am Board Fam Pract* 2002;15:25-38.
2. Di Blasi Z, Harkness E, Ernst E, Georgiou A, Kleijnen J. Influence of context effects on health outcomes: A systematic review. *The Lancet* 2001;357:757-62.
3. Lehmann C, Koch U, Mehnert A. Die Bedeutung der Arzt-Patient-Kommunikation für die psychische Belastung und die Inanspruchnahme von Unterstützungsangeboten bei Krebspatienten: Ein Literaturüberblick über den gegenwärtigen Forschungsstand unter besonderer Berücksichtigung patientenseitiger Präferenzen. *Psychotherapie, Psychosomatik, Medizinische Psychologie* 2009;59:e3-e27.
4. Maguire P, Pitceathly C. Key communication skills and how to acquire them. *British Medical Journal* 2002;325:697-700.
5. Bundesärztekammer. Tätigkeitsbericht 2011 der Bundesärztekammer. In: *Ärztekammern*) BAdd, ed. Köln: Deutscher Ärzte-Verlag GmbH; 2012.
6. Coulter A, Jenkinson C. European patients' views on the responsiveness of health systems and healthcare providers. *Eur J Public Health* 2005;15:355-60.
7. Fallowfield L, Jenkins V, Farewell V, Saul J, Duffy A, Eves R. Efficacy of a Cancer Research UK communication skills training model for oncologists: a randomised controlled trial. *Lancet* 2002;359:650-6.
8. Finset A, Ekeberg O, Eide H, Aspergren K. Long term benefits of communication skills training for cancer doctors. *Psycho-Oncology* 2003;12:686-93.
9. Jenkins V, Fallowfield L. Can communication skills training alter physicians' beliefs and behavior in clinics? *J Clin Oncol* 2002;20:765-9.
10. Yoo MS, Chae SM. Effects of peer review on communication skills and learning motivation among nursing students. *J Nurs Educ* 2011;50:230-3.
11. Frankel R, Stein T. The four habits of highly effective clinicians: a practical guide.; 1996.
12. Stein T, Frankel RM, Krupat E. Enhancing clinician communication skills in a large healthcare organization: a longitudinal case study. *Patient Educ Couns* 2005;58:4-12.
13. Campbell M, Fitzpatrick R, Haines A, et al. Framework for design and evaluation of complex interventions to improve health. *BMJ* 2000;321:694-6.