“Double Reflection”: A Practical Approach to Teach Patient-Doctor Communication in Oncology

ANN-KRISTINE MANNHARDT,^a LUCKY OGBONNAYA,^b FRANK GIESELER^b

^aDepartment of Radiation Oncology and Radiotherapy, Charité University Hospital, Berlin, Germany; ^bUniversity Hospital of Schleswig Holstein, First Department of Medicine, Luebeck, Germany

Disclosures of potential conflicts of interest may be found at the end of this article.

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We read with great interest the study of Schildmann et al. about factors relevant to treatment decisions for advanced cancer [1]. One of the problems encountered in oncology is the declining support for therapy decisions in accordance with evidence-based guidelines in the course of a progressive-tumor disease. Schildmann et al. provide explanations for the variations in treatment of advanced cancer. This is of great help, especially for young oncologists, because the situation may be distressing for both doctors and patients. In such situations, the patient-doctor conversation is an appropriate instrument for resolving potential conflicts and misunderstandings.

Training young oncologists in patient-doctor communication may be of great importance but is not an easy task in modern hospitals and medical schools [2]. We would like to introduce an individual-focused approach to teach effective patient-doctor communication in oncology. After a simulated conversation in a standard oncological situation, the patient-actress as well as the students were asked to rate the overall quality of the conversation and the quality of specific aspects. The questions (eight items) were developed on the basis of previous publications in which the critical elements for successful communication were defined [3] (Table 1).

With reference to the judgment of the patient-actress and the median value of her ratings, students were separated into “better” and “worse” groups. This procedure allows statistical analysis to be performed and also helps determine which elements are crucial for the assessment of both groups. The results and analyses of both questionnaires were shown to the students (“double reflection”) and enabled them to correlate their own perceptions with those of their conversation partners. In this study, 47 students were included. Interestingly, 91.7% (22 of 24) of the students in the worse group assessed their conversation skills as being better than the patient-actress did. In contrast, only

Table 1. The “double reflection” questionnaire

Questions

1. Did you (or the doctor) manage to create an open and relaxed environment for the conversation?
2. Could you (or the doctor) convey the factual information, and was it understandable for you (or the patient)?
3. Did you (or the doctor) notice the patient’s deep-seated fear?
4. Were you (or was the doctor) empathetic?
5. Did you (as patient or doctor) have a positive impression of the conversation?
6. How long did the conversation last?
7. Were any decisions made?
8. Were the goals of the conversation achieved?

30.4% (7 of 23) in the better group overestimated their ratings. One of the decisive factors that influenced the ratings of both groups was the empathetic element of the conversation. Those in the worse group rated their performance regarding the third and fourth questions (Table 1) significantly higher than those in the better group. This result shows that empathy is an important aspect of patient-doctor communication.

We believe that the presented method of teaching allows for the integration of findings presented by Schildmann et al. in medical school education. The double reflection method unveils the importance of empathetic elements and will help students improve their communication skills, thus providing a basis for further discussion and teaching.

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Correspondence: Frank Gieseler, M.D., University Hospital of Schleswig Holstein, First Department of Medicine, 23538 Luebeck, Germany. Telephone: 49-172-74-35535; Fax: 49-321-21-365032; E-Mail: frank.gieseler@uksh.de Received April 8, 2013; accepted for publication July 26, 2013. ©AlphaMed Press 1083-7159/2013/\$20.00/0 <http://dx.doi.org/10.1634/theoncologist.2013-0125>