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Formative assessment of oncology trainees' communication with cancer patients about internet information

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Abstract

Objective—Cancer patients and their caregivers often turn to the internet for information and support following a cancer diagnosis. Research shows a need for improvement in doctors' communication with patients about internet information. The purpose of this formative assessment was to evaluate oncology trainees' skills in talking about internet information with cancer patients.

Methods—Thirty-nine oncology trainees were evaluated in a baseline standardized patient assessment as part of their participation in the Comskil Training Program. As part of the assessment, standardized patients were instructed to raise the topic of internet information they had read. Transcriptions of the video-recorded assessments were coded for patient statements and trainee responses.

Results—Fifty-six percent of trainees used a probe to get more information before addressing the content of the internet search, while 18% addressed it immediately. Eighteen percent of trainees warned the patient about using the internet, and 8% warned and also encouraged internet use. Thirteen percent of trainees praised the patient for seeking out information on the internet.

Significance of Results—This formative assessment indicated that the majority of trainees addressed the content of the internet search, while a minority addressed the internet as a tool and praised patients' efforts. Research in this area should examine the effectiveness of educational interventions for trainees to improve discussions about internet information.

Keywords

Doctor-patient communication; internet; cancer communication

Introduction

When faced with cancer, individuals and their family members often turn to the internet for information and support. The number of cancer patients or caregivers who have reported using the internet to search for cancer information ranges from 29% to 60% (Basch, Thaler, Shi, Yakren, & Schrag, 2004; Fogel, Albert, Schnabel, Ditkoff, & Neugut, 2002; Metz et al., 2003; Monnier, Laken, & Carter, 2002; Ranson et al., 2003), while clinical oncologists have estimated that about 30% of their patients utilize the internet to search for cancer

information (Helft, Hlubocky, & Daugherty, 2003). This internet use can potentially affect doctor-patient communication, as internet information has leveled the power imbalance in the doctor-patient relationship, to some extent (Bylund, Sabee, Imes, & Sanford, 2007; Makoul, 1998). When interacting with patients who have read and wish to discuss information from the internet, oncologists have various reactions. Some believe that internet information can lead to unnecessary discussions and conflict (Broom, 2005), while some find that internet discussions prolong consultations (Helft et al., 2003). Others report positive outcomes, including learning about appropriate clinical trials and a strengthened doctor-patient relationship (Helft et al., 2003).

Patients report greater levels of satisfaction and reduced concern when a provider their efforts in actively searching for information.(Bylund, Gueguen, et al., 2007). Research on cancer patients shows that satisfaction is higher if the provider takes the information seriously (Bylund, Gueguen, D'Agostino, Li, & Sonet, 2010); research on the general population shows this to be true even if the provider disagrees with the information (Bylund, Gueguen, et al., 2007).

Given the prevalence of cancer patients' and caregivers' internet searches, it is possible that focused communication training about internet discussions with patients is warranted for oncology graduate trainees. The ability to successfully have these conversations is clearly tied to the Accreditation Council for Graduate Medical Education competency of Interpersonal Communication. Our communication skills training program for graduate medical trainees in oncology (Bylund et al., 2011) currently does not teach how to discuss internet information explicitly. Thus, the purpose of this formative assessment was to evaluate oncology trainees' skills in talking about internet information with cancer patients.

Method

Participants

Thirty-nine trainees at Memorial Sloan-Kettering Cancer Center (MSKCC) participated in this formative assessment during the academic years of 2008-2009 and 2009-2010 as part of their enrollment in the Comskil Training Program, a cancer communication skills curriculum at MSKCC (Bylund et al., 2011). Twenty-eight of the trainees were male, 11 were female. Thirty-one trainees were fellows from surgical specialties, four of the trainees were medical oncology fellows, three trainees were radiation oncology residents, and one trainee was a pediatric nurse practitioner. As part of the program, trainees complete pre- and post-training standardized patient assessments (SPAs). These are 12-minute interactions with standardized patients (SPs) designed to assess the trainee's use of the core communication skills taught in our curriculum.

Procedures

For the purposes of the formative assessment of communication about the internet, the SPs were instructed to make a statement relating to their use of the internet to look up information about their cancer. For this analysis, we only included SPAs wherein the SP followed these instructions.

Coding

The second author transcribed the internet related segments of the 39 video recordings of SPAs. The research team developed a brief coding manual to evaluate both the patient's statement and the doctor's response. Each interaction about the internet information was coded once for the patient statement and three times for the doctor statement. First, we coded for whether the patient's cue was general or specific. Then, the trainees' responses were coded (1) for content; (2) for how the trainee addressed the internet as a tool for patient research; and (3) for whether or not the trainee praised the patient. Each set of codes was mutually exclusive. The codes are listed with examples in Table 1. The SPAs were coded by two coders, with inter-rater reliabilities of $\kappa=.54$ for the patient statement; .87 for content, .75 for internet as tool, and 1.00 for praise. Any discrepancies in the coding were resolved by the research team.

Data Analysis

We assessed for frequency of strategy use using simple descriptive statistics. We also analyzed whether there were differences between male and female trainees on frequency usage.

Results

Table 1 demonstrates the frequencies in use of skills. The majority of the SPs used a general statement (87%) rather than a specific question (13%). Fifty-six percent of trainees used a probe to get more information before addressing the content of the internet search, 18% answered immediately without probing, and 26% never addressed the content of the internet cue. Eighteen percent of trainees warned the patient about the internet, while an additional 8% warned and encouraged the use of the internet. The majority of trainees (74%) neither warned nor encouraged. Finally, 13% of trainees praised the patients for their use of the internet, while 87% of trainees did not. There were no significant differences in strategy use by trainee gender, although there was a trend for female trainees to be less likely to ignore the cue ($p=.10$).

Discussion

The data from this formative study indicate that responses to patient statements about internet information have the potential to have multiple layers. Clinicians may respond to the content of what the patient was investigating on the internet; they may respond to the act of the patient seeking information; and/or they may respond to the tool that the patient used to seek information.

In this formative assessment, we found that the trainees generally seem to be comfortable discussing the content of what the patient was investigating on the internet; the majority probed for further information before addressing the internet information, and others addressed it immediately. All of the trainees who did not address the content of the information had an SP that used an indirect rather than a direct question. This may help to explain the lack of a response as research on doctor-patient communication reports that

doctors may not always reply to these kinds of indirect statements (Levinson, Gorawara-Bhat, & Lamb, 2000).

Only about one quarter of the trainees gave the patient advice about the internet – 18% warned the patient, while 8% warned but also advised them to use it. Research indicates that patients want guidance from their doctors on where to go for credible internet information (Diaz, Sciamanna, Evangelou, Stamp, & Ferguson, 2005). Trainees can be encouraged to endorse the use of the internet and to be open for questions patients may have.

Finally, just 13% of trainees praised the patient for seeking out information on the internet. Earlier work has shown that praising (or validating) patients for their internet use leads to greater patient satisfaction (Bylund, Gueguen, et al., 2007). Teaching trainees to make a simple statement such as, “I’m glad to see you’ve been taking an active interest in seeking out health information” before discussing the information has the potential to make a real difference for patients.

The literature indicates that there is room for improvement in healthcare internet discussions. The formative assessment reported on here demonstrates that this need also exists at the trainee level. We propose that it would be easy to integrate training on best practices about internet communication to graduate medical trainees through ongoing communication training and informal feedback. Although trainees may already be skilled at responding to the content in the internet websites, they could be encouraged to praise patients' efforts and encourage interested patients to go to appropriate websites.

Limitations of this study include a small sample size, and the variability of the SPs statements. Future work could examine educational interventions with trainees to improve their communication with patients about internet information, examining the effects of such on trainee behavior and patients' perceptions.

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Table 1
Codes for patients' cues and doctors' replies

	Example	% Using Strategy
Patient internet cue		
General	"I did some research on the internet, and it was all very overwhelming."	87%
Specific	"I was doing some research on the internet about alternative therapies. Do you know anything about those?"	13%
Doctor reply -- content		
Probes before answering	"What alternatives did you read about?"	56%
Answers immediately	"Alternative therapy has not been proven by clinical studies, so I would not recommend it as a primary treatment."	18%
Does not address content of cue		26%
Doctor reply -- internet as health information tool		
Encourages use of the internet (only)	"The internet can be a great source of information."	0%
Warns against the use of the internet (only)	"Well, there is a lot of information on the internet, and not all of it is true."	18%
Both encourages and warns	"The internet is a source of information, both good and bad, and it can be very helpful if you make sure the websites are reliable."	8%
Does not encourage or warn		74%
Doctor reply -- praise patient efforts		
Praises patient efforts	"I think it is great that you are taking such an active role in doing this research; it's excellent."	13%
Does not praise patient efforts		87%