

## Correspondence and Short Communications

*Comments on published articles, short communications of a preliminary nature, case reports, technical notes and the like are accepted under this heading. The articles should be short and concise and contain a minimum of figures, tables and references.*

### IMPROVING AWARENESS OF THE PSYCHOSOCIAL NEEDS OF THE PATIENT—A TRAINING COURSE FOR EXPERIENCED CANCER DOCTORS

There is substantial evidence of psychic morbidity among cancer patients (1–4). Much of this morbidity is a reaction to the overwhelming stress induced by the awareness of cancer disease (5, 6). The morbidity can, however, be reduced by psychosocial intervention (7) where the doctor-patient relationship plays an important role (8). A prerequisite is that those who care for cancer patients have some knowledge of the psychological stress reactions and are trained in dealing with it. Today, elementary “medical psychology” and psychosocial skills are taught at most medical schools, but the majority of doctors who are responsible for the treatment of cancer patients have not had such training either as students or later in their professional life. In order to redress this lack of knowledge and training, the Nordic Cancer Union decided in 1992 to sponsor the development of a short but efficient training course for cancer doctors at the consultant level.

*Aim of the course.* The aim of the course was to effect a change of doctors' attitudes as well as conduct. On completion of the course the participants were expected to have increased their psychological knowledge and to have improved their skills in identifying and dealing with difficult situations involving cancer patients.

*Description of the course.* The course covered a period of five months. Participants were divided into groups comprising six doctors and one teacher/tutor, all of whom resided within commuting distance of one another in order to make it possible to meet at the end of a working day.

The course began with three seminars, each lasting three hours and conducted at two-week intervals. They were teacher-led and structured around interviewing skills, psychological crisis reactions and psychological defence mechanisms. Before each seminar, material for self-studies was distributed. Educational videotapes, prepared beforehand, were used to illustrate the various subjects.

The seminars were followed by a boarding course lasting three days when all the groups and their teachers met. The teachers/tutors continued to work with their own group. This made it possible for the teachers to meet at the end of each day. A special supervisor provided the teachers/tutors with daily feedback on their group work and on the group process. Role-play in the small groups was used as described by Maguire & Faulkner (9), complemented with a list of lecture themes.

Each small group began by deciding on their areas of interest. The most common were: How to convey ominous or upsetting information; how to deal with denial; how to set limits on demands from patients; how to deal with incurable patients; how to cope with aggression and anxiety. Other important topics were: Contact with the patient's family and how to collaborate with disagreeing colleagues. Problems with feelings of one's own inadequacy, lack of time to do a proper job and “alternative medicine” were also on the agenda. These topics were then worked through in the role-play. Cognitive and emotional issues were also dealt with.

The course ended with three teacher/tutor-led seminars at intervals of at least two weeks. Each participant was requested to videotape a consultation with one of his or her own patients and these were then presented to the group for discussion. Two tapes were presented at each of the concluding seminars.

*Participants.* The 33 senior cancer doctors (11 females and 22 males) from the Nordic countries who participated included 16 oncologists, 10 surgeons, two specialists of internal medicine, two gynaecologists, one urologist, one ear-nose-throat specialist and one paediatrician. Before the start of the course the participants were asked about their motives for participation as well as about the most common difficulties they encountered in dealing with cancer patients. In general, the main reason for participation was to learn more about psychology and interviewing skills. Importance was also attached to personal development. The most common difficulties in dealing with cancer patients were: Conveying bad news, dealing with own feelings of burn-out, communicating effectively with patients and encountering patient emotions, in that order.

*Teachers.* The teachers were doctors with some psychological training and experience. Most of them were cancer doctors. Two were psychiatrists and one was a psychologist. Their teaching experience varied. Therefore, before the start of the course they were instructed by Dr Peter Maguire of the Cancer Research Campaign Psychological Unit, Manchester, England, at a two-day training course. During the boarding part of the course, they were tutored by a psychologist who also acted as course evaluator.

*Course evaluation.* It was considered important to evaluate the effect of the course as objectively as possible. Since there were 33 pupils, direct observation would be cumbersome and costly. Instead, two objective tests and two questionnaires were used. These instruments were administered before and after the course. One of the tests was the Doctor-Patient scale (D-P scale) as described by deMonchy et al. 1988 (10) which measures attitudes in the patient-doctor relationship. The other was a test of empathic capacity described by Holm 1991 (11). Differences were statistically analysed by t-test. For technical reasons, not all pupils completed the tests. Also, the pupil answers to the questionnaires before and after the course were categorized and summarized.

*Results.* There was a highly significant increase in empathic capacity after the course ( $p \leq 0.001$ ). The mean score of the pre-course empathy test was 9.5 (SD 3.70) and that of the post-course test 11.3 (SD 2.88). Twenty-nine doctors took part in the test.

Twenty-two doctors participated in the D-P scale test. The mean score of the pre-course scale was 3.63 (SD 0.27) and that of the post-course scale 3.68 (SD 0.32). All the participants had high scores before the course, which indicates that their attitude was patient/problem-oriented rather than doctor/illness-oriented. There was no significant change in their attitudes towards the patient-doctor relationship after the course.

*Evaluation by the participants.* Evaluating the course as a whole, all participants were satisfied with the pedagogic design. The group work was described as open and supportive. All but two said that, after the course, they felt more secure with patients with emotional problems. Half of them stated that they had become more aware of what happens in their interaction with patients. Six said that they were now more aware of their own emotional reactions when working with cancer patients. After the first three seminars, one-third of the participants stated that they allowed their patients to talk more and that they listened more attentively.

All participants regarded the boarding part of the course as essential. To be undisturbed for three whole days for group work was much appreciated. There was great satisfaction with the interaction among members of one's own group and the respective

teacher/tutor. However, there was little contact with the members and teachers of the other groups.

All but three participants said that the role-play gave them knowledge and skills which they could use in their daily work. The two areas most frequently mentioned were interviewing skills and how to deal with emotionally charged situations.

All the participants, with the exception of three, considered that the three concluding seminars gave them a further and deeper insight into interviewing skills and the psychological reactions of the patients. Increased knowledge about one's own emotions and the skills required in dealing with them was also emphasized as an important aspect of the course.

### Discussion

We feel that our course achieved its pre-set goals. The participants increased their capacity for emphatic understanding. It is interesting to note that those with the lowest pre-course scores improved the most. However, attitudes as measured by the DP-scale did not change. The participants had a highly patient-oriented attitude from the start and this did not change during the course. There was also a general increase in psychological knowledge. Change of conduct began rapidly. One-third of the participants stated it took place soon after the three preliminary seminars.

Most courses of this kind are concentrated into five days, which is a disadvantage in that it takes some time to form group cohesion before skills training really can begin. It is well known that the retention of cognitive matter increases when teaching is extended over time. Also, learning in a clinical context leads to more efficient transfer to the real situation. Our course was designed with this in mind. Thus, we began the boarding part of the course with groups that had already worked together. Also, by reducing the boarding part to three instead of the more conventional five days, money was saved which could be used for more seminars, six in all for each group. These seminars proved to be effective in many ways. The three preliminary ones served as a work-up period for each group. The cognitive content and teacher-led structure made for a safe climate for the group members. Following the boarding course, the seminars were useful in processing the experience from the boarding course, gave feedback on acquired knowledge and skills and also brought the group work to a natural close.

The role-play worked very well with the experienced cancer doctors. Each participant had a wealth of clinical experience to draw from and they contributed lavishly. This is, from the personal experience of some of the teachers/tutors, in contrast to similar work with medical students who are more reluctant to venture into role-play and seem to prefer a more pragmatic approach.

We are convinced that we have found an effective model for teaching psychosocial skills to senior doctors with no previous formal psychological training. Work is now in progress, sponsored by the Nordic Cancer Union, to create a key groups of Nordic teachers who can further implement the course in their home countries.

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KNUT ASPEGREN<sup>1</sup>  
 GUNNAR BIRGEGÅRD<sup>2</sup>  
 ÖYVIND EKEBERG<sup>3</sup>  
 PÄIVI HIETANEN<sup>4</sup>  
 ULLA HOLM<sup>5</sup>  
 ANDERS BONDE JENSEN<sup>6</sup>  
 OLAVI LINDFORS<sup>7</sup>  
 HÖGNI OSKARSSON<sup>8</sup>

<sup>1</sup>Office of Medical Education,  
 University of Lund, Sweden

<sup>2</sup>Department of Medicine,  
 Uppsala University Hospital,  
 Sweden

<sup>3</sup>Department of Medicine,  
 Ullevaal University Hospital,  
 Oslo, Norway

<sup>4</sup>Department of Oncology,  
 Helsinki University Hospital,  
 Finland

<sup>5</sup>Department of Education,  
 University of Uppsala,  
 Sweden

<sup>6</sup>Department of Oncology,  
 Odense University Hospital,  
 Denmark

<sup>7</sup>Department of Psychiatry,  
 University of Helsinki,  
 Finland

<sup>8</sup>Icelandic Cancer Society,  
 Reykjavik, Iceland

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Correspondence to: K. Aspegren, Office of Medical Education,  
 Faculty of Medicine, Lund University, P.O. Box 117, S-221 00  
 Lund, Sweden.

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