The Development, Implementation and Evaluation of an Evidenced Based Education Program to Guide Family Meetings in the Oncology Setting

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FINAL REPORT

SMICS
Southern Melbourne Integrated Cancer Service

A joint initiative of Alfred Health, Cabrini Health, Peninsula Health and Southern Health.
Connecting cancer care, driving best practice and improving patient outcomes.

ORGANISATIONAL DETAILS

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Executive Summary

Should be succinct and only one to two pages. Can contain text lifted from relevant sections, but should avail explanations, unnecessary background and details. As a basic guide:

- What the document covers
- What the text achieves
- An outline of the processes involved in the research, project or initiative (you may include terms of reference)
- Major findings or recommendations from the project

The physical and psychosocial impact of cancer and cancer treatments can adversely affect a patient's relationships with their partner, family, friends and work colleagues. Long term psychological distress has been noted to range from 20% to 66% (1) with clinically significant anxiety issues ranging between 12% to 30% (2).This poses an added burden of difficult communication between the patient, their family and the clinician.
The wide range of interpersonal dynamics and expectations for patient care that families impart indicates a need for explicit communication between health care providers and patients and their families in order to negotiate the expectations and needs of each (3) and to identify the strengths that they already possess.
Communication skills have been linked to patient outcomes, including satisfaction, treatment compliance, and decreased incidence of malpractice (4-6).
Communication is accepted as a core element of patient care, however evidence suggests that communication remains problematic for health professionals (7).Health care professionals receive minimal or no preparation to conduct family meetings. In the oncology setting, multidisciplinary team work and effective communication are crucial not only for patient centred care, but also for clinician competency, confidence and satisfaction.
Family meetings are powerful interdisciplinary clinical tools (8) that can provide effective patient and family centred care as well as communication about the patient's medical condition, current needs, future care options and discharge planning. They are a means of expanding from the traditional clinician-patient paradigm to one of eliciting a partnership of care founded on the understanding that family plays a vital role in the health and well-being of patients.
A communication skills training workshop incorporating interactive role-play using professional actors as simulated patient and family members, feedback and reflection for several clinical scenarios that involve discussing challenging topics and difficult issues that arise in family meetings was developed, piloted and evaluated.
The modular content was based on a review of the literatures' empirical evidence and current best practice methods for communication skills training (9).
Formalised meeting procedures, resources and etiquette to guide clinicians in preparing, conducting and evaluating family meetings were included.
Ten multi-discipline health care providers from Southern Health attended a communications skills training module on how to conduct a family meeting in the oncology setting.
This pilot education module measured change using a retrospective pre-post design and evaluation was restricted to participant self-efficacy and participant satisfaction to training.

The development of this communication skills training module for health care professionals (regardless of discipline or degree of oncology experience) improved clinician's knowledge in family meeting clinical practice guidelines and clinician confidence in participating in family meetings.
Workshop discussion and evaluation indicated that education of health care professionals with the use of simulation techniques enables learners to practice and hone in on necessary skills required in complex family meeting environments, and allows for errors and professional growth without risking patient or clinician safety. Role play in a realistic setting achieved fidelity to a real life clinical scenario and enabled the clinicians to see the patient's point of view, and to empathise more effectively. Small group teaching with role play was a highly effective means of communication skills training.
Participants also indicated that this training will enable them to provide better patient care.

This project addressed all five domains of supportive care (physical, psychological, social, information and spiritual needs), and aligns with the strategic directions for supportive care for optimizing patient care by improving clinician communication skills to competently conduct family meetings (10).
This workshop can potentially be translated into a training module road show for multidisciplinary oncology units to conduct an evidence based model that effectively addresses patient supportive care needs by promoting clinician confidence, and competency in patient centred communication skills.

The workshop has now been incorporated into the series of Southern Health Communication Skills Workshops 2012 for health care professionals.

Introduction

Sets out the background to a project and outlines how the text was prepared

Many clinicians are uncomfortable with their level of communication skills (11). Poor communication often results from a lack of confidence, or a perceived lack of knowledge (12). Studies indicate that interpersonal skills of experienced clinicians can be similarly poor to those less experienced clinicians (13,14). Communication skills training is imperative as these skills do not simply improve with either age or experience (15, 16), however they can be learnt and be highly effective (17).Training can assist clinicians to improve their level of communication skills(18, 19).

Good clinician communication promotes a patient-centred approach (17, 20) by recognising and responding to patient cues, soliciting patient agendas and eliciting empathic responses.

This project builds on another project initiated in 2009 by Monash Medical Centre's, Moorabbin medical oncology multidisciplinary team. Their family meetings were often reactive rather than proactive models of care with some meetings being conducted under crisis situations. As a result the team developed formalised guidelines and etiquette for conducting family meetings. The next step was to incorporate communication and psychosocial support competencies as core skill components.

The project objectives were therefore to promote efficient, effective and collaborative communication and decision making between patients, their caregivers and clinicians through the development and evaluation of a communication skills training workshop to promote treating team competencies in conducting family meetings.

The emphasis was on

- Communication skills training rather than the clinical management of cancer patients
- Resourcing clinicians with key communication skills and evidence based guidelines in order to confidently converse in a sensitive and productive manner when dealing with patients , particularly when discussing challenging and difficult issues
- Increasing participating clinicians self- efficacy and satisfaction in conducting family meetings

The workshop followed the best practice principle in adult learning: learner centred; experiential involving targeted feedback (21).

Small group teaching with role play using professional actors as simulated patient and family provided opportunities to

- Learn, practice and receive feedback on communication skills from peers, the "patient "and their "family" and facilitators
- Practice using new skills in a confidential and safe environment without the unease of interacting with actual patients and family members
- Observe peers and provide feedback
- Observe patient and family dynamics and verbal and non- verbal cues
- Self- reflect and critically evaluate own communication skills

Project methodology

The method section should utilise subheading to divide up different subsections.

These subsections typically include: Participants, Materials, Design and Procedure.

Here's How:

- **Participants:** Describe the participants in your project, including who they were, how many there were and how they were selected.
- **Materials:** Describe the materials, measures, equipment or stimuli used in the project. This may include testing instruments, technical equipments, books, images or other materials used in the course of research.
- **Design:** Describe the type of design used in the project. Specify the variables as well as the levels of these variables.
- **Procedure:** The next part of your method section should detail the procedures used in your project. Explain what you had participants do, how you collected data, and the order in which steps occurred.

Participants:

The workshop was advertised with participant selection based on discipline mix, varying degrees of oncology experience (less than 1 year to 17 years) and communication skills training (70% reported no previous specific communication skills training) , and an even mix of clinicians who had a personal motivation to attend while other clinicians were recommended to attend by their managers. The workshop was attended by 10 clinicians working within Southern Health (8 female, 2 male) comprising 3 doctors, 2 ward nurses, 2 nurse consultants including palliative care experience and 3 allied health workers.

Materials:

The workshops didactic presentation and modular content was based on a summary of the current literature on communication skills and family meetings with current best practice methods for communication skills training and also included exemplary video clips demonstrating recommended strategies for achieving the modules goals.

A clinician's family meeting toolkit was also developed from the literature review and with supporting evidenced based material including

- Clinical practice guidelines and etiquette to guide clinicians for preparing, conducting and evaluating family meetings
- Core communication skills
- Patient emotional cues and communication strategies
- DHS supportive care needs for people with cancer & their families
- Clinical practice guidelines for the Psychosocial Care of Adults with cancer.
- Information on the Victorian Cancer Clinicians Communication Program

Interactive role-play was incorporated using professional actors from the Victorian Cancer Clinicians Communications Program (VCCCP) as simulated patient and family members Clinical scenarios and patient and family background information was developed in collaboration with the Cancer Services Coordinator (VCCCP) and actors.

Several documents were developed based on the literature to collect data and feedback from clinicians. This included training needs assessment surveys and participant evaluation and workshop satisfaction surveys. Workshop evaluations were paper based anonymous surveys of a pre training & post training design using opportunities for open ended comments as well as Likert scale measures to determine the degree of change resulting from the intervention of training

Project Design:
Project design was the development and piloting of a communication skills training workshop for health care professionals about how to conduct family meetings in the oncology setting and to evaluate the module in terms of self-efficacy and satisfaction.

Education program/workshop outline: the modular content was designed for all disciplines and at all career levels

The workshop was a 3 ½ hour interactive divided into 2 parts: didactic teaching presentation; role play using professional actors as simulated patient and family

It was recognised that this project design had some limitations as

- The study/funding period was limited to only 22 weeks
- There was no control group
- It was difficult to double blind participants for behavioural interventions/communication skills training

If the study period was longer, behavioural outcomes data pre and post training could be evaluated through observed interaction with simulated patient and family using

- Standardized checklists ,
- Video recording or direct observation.
- Written examinations.

Real life patient and family outcome data could also be evaluated by measuring

- Satisfaction pre and post participants training ;measuring patient and family sense of being well supported by the treating health care team and…..
- Looking at the optimizing of care

The strengths of this workshop were that the focus was not teacher and curriculum but learner and evaluation of educational outcomes.

- Participants were a heterogeneous sample as they varied in disciplines/degrees of experience/personal motivation to attend the workshop
- Self-efficacy data ideally should be measured at several time points and this was planned
- We have measured not only change in clinician’s attitudes/knowledge but also change in behaviour pre/post training.
- Attitudes, knowledge and skills have been measured through self-assessment and feedback assessments, and paper based assessment of knowledge and skills.

A 2002 Cochrane review of communication skills training for clinicians working with cancer patients and their families found most studies measured changes in clinician's attitudes and/or knowledge/skills rather than actual behaviour.

Our project design provided the following

- Assessments that yielded information that was useful to not only the participants but to the program as a whole.
- Efficacy of both the training program and learners was achieved by participants knowing how well they performed and also what they needed to do to improve their communication skills and hence their patient care
- Facilitator's from the participant's evaluation and from their own facilitator evaluation knew what they needed to do to improve the module and training

Procedure:

Firstly a Project Focus Group was established followed by a training needs assessment

Project Focus Group:

The Project Focus Group comprised in addition to the project worker and team leader, staff from the Quality Unit (n=1), Nursing (n=1), Allied Health (n=2) and an Oncology Registrar (n=1). Terms of reference for team meetings were developed and regular focus group meetings were scheduled throughout the allocated time frame.

Training Needs Assessment:

Training needs assessment was determined by the development and distribution of needs assessment surveys to clinicians of all disciplines working in oncology to identify knowledge and service gaps as well as assessing the degree of confidence that clinicians had in discussing difficult and sensitive issues.

Training curriculum priorities: core communication skills /strategies were developed from the results of these surveys in order to fit the needs assessment of clinicians (family meeting treating team)

Additional consumer involvement:

At ward level consumers (clinician, patient and their family) were involved in the evaluation of the current family meeting process via the completion of patient, carer and clinician pre and post family meeting satisfaction surveys. This information was used to develop clinical case scenarios

Pre meeting questionnaires identified priority concerns for both patient and carer. Post meeting evaluation questionnaires determined whether key concerns were addressed, the perceived benefits of such meetings and any areas that could be improved. Respondents were asked to complete twenty six directed questions (yes /no options) in order to ascertain demographic data, an understanding of the patient's medical condition and degree of satisfaction with family meeting processes. Health care provider surveys were distributed to all medical oncology ward staff to identify team member's satisfaction with components of family meetings. Questions related to pre-meeting preparation, meeting direction, etiquette and post meeting documentation were also applied. Consumers have therefore taken an active role in developing the family meeting education program through their involvement in consumer satisfaction surveys. These surveys identify areas for

process change, measure effectiveness, and, identify enablers and barriers to the ongoing provision of a successful supportive care practice.

Evaluation

Workshop evaluations were paper based and anonymous. We included a pre training design and post training design to determine the degree of change post training.

We included Likert scale measures and opportunities for open ended comments. Using a 5 point Likert scale (22) to rate items: written educational material on clinical practice guidelines for conducting family meetings; didactic teaching; exemplary video. Items were rated using a scale of "agree" or higher "strongly agree" indicating satisfaction/effectiveness in teaching and open ended questions asking for comments and what if anything could improve the workshop.

Evaluation Pre Workshop**:**

Behavioral outcomes data pre training measured the clinician's

- Knowledge of family meeting process steps and clinical practice guidelines
- Communication skill level: self-efficacy/confidence in communication strategies prior to skills training

Communication Skills Training Workshop:

The workshop was conducted on the 9^{the} June 2011.

The first part, a didactic presentation involved theory, observation and discussion including

- Family meeting process steps
- Core communication skills and strategies
- DVD observation of a family meeting
- Workshop toolkit: detailing clinical practice guidelines for conducting family meetings and incorporating therapeutic communication and psychosocial care of adults with cancer. This also helped to promote workshop discussion and interaction by excluding the necessity for writing information down.

The second part linked theory learnt in the first part of the workshop with role play. This involved

- Interactive role-play using professional actors from the Victorian Cancer Clinicians Communications Program (VCCCP) as simulated patient and family members
- Clinical scenarios for clinicians to enact communication tasks. These scenarios were developed beforehand and clinicians were asked to, or they could themselves request to enact a particular communication task such as defining goals of care and discharge planning. Pre workshop clinician questionnaires provided information based on clinician personal experience with difficult/confronting discussions and these were incorporated into the scenario. Hence this provided the opportunity for participants to practice communication skills based on actual situations.
- Feedback and reflection for several scenarios were provided not only by the facilitators but also the clinicians, the simulated patient and their family. The actors remained in their roles throughout the course of the workshop.
- Careful facilitation (with facilitators having psychosocial and clinical backgrounds) guided discussions and challenges

Role play debriefing and discussion was provided as a whole group using the "fish bowl" technique (21). This allowed

- Observation, insight, and analysis of the group's thought process and can also be used as a consensus building technique for problem solving
- The multiple feedback approach (17, 20) from facilitators, the group, the clinicians themselves the patient & family increases the validity of evaluation
- Clinicians could practice using new skills in a confidential and safe environment without the unease of interacting with actual patients and family members
- Opportunities to observe peers and provide feedback
- Opportunities to observe patient and family dynamics; verbal and non-verbal cues
- Self-reflect and critically evaluate own communication skills

Evaluation:

Evaluation post workshop:

Post workshop evaluation involved examining the clinician's perception of the learning experience including overall workshop presentation, its content, training method used and quality of instruction given.

We also comparing behavioural outcomes data as part of the pre/post training evaluation Clinicians were given opportunities to reflect on their learning: what needed to be worked on: what were the take home messages: the do's and don'ts for family meetings and communication. These surveys identified areas for process change, measured effectiveness, and, identified enablers and barriers to the ongoing provision of a successful supportive care practice

Post workshop evaluations involved 3 time points, immediately and 3 and 6 months post workshop. A separate evaluation was also completed by the facilitators to determine what aspects of the workshop worked well and what needed improvement.

Findings & Discussion

Present your results and discuss these results in relation to your project objectives.

Demographics

The workshop was advertised with participant selection based on discipline mix, varying degrees of oncology experience and communication skills training, and an even mix of clinicians who had a personal motivation to attend while other clinicians were recommended to attend by their managers

The workshop was attended by 10 clinicians working within Southern Health (8 female, 2 male), 3 doctors (2 oncology registrars, 1 surgical night cover) , 2 ward nurses, 2 nurse consultants including palliative care experience and 3 allied health clinicians.

Years of experience in clinical oncology ranged from 0 -17 years (average: 4.4 years).

Family Meetings attended /month on average

- 70% attended less than 4/month
- 10% 5-8 /month
- 20% 9 or more/month

Previous specific communication skills training:

- 30% Yes
- 70% No

Evaluation:

The workshop was conducted on the 9th June 2011. Evaluation at the first time point June 2011 indicated that 6 clinicians (range 2-9) correctly identified 21 clinical practice guidelines. This was significantly greater post workshop with an average of 9 (range 7-10) (paired t test $P < 0.001$). Qualitative data was grouped into various themes and measured Likert ratings of agree or higher indicating satisfaction with modules and their effectiveness in teaching. Post training all themes rated 60% to100% satisfaction/effectiveness.

Because most of the data was qualitative it has been grouped into various themes containing a number of modules. Evaluation was based on the participants' ratings of the communication skills training workshop.

The evaluations were mostly rated on a level of agreement /disagreement using a 5point Likert Scale. In order to interpret the results of module evaluation a rating of "agree" or higher ie "strongly agree" is considered to be an indication of satisfaction with the workshop and its effectiveness.

Post workshop evaluations were planned for 3 time points, immediately and 3 and 6 months post workshop. The 6 month time point (December 2011) to date has had a poor response with only 1 participant from the original 10 participants returning the evaluation forms. The poor response may be attributed to the holiday period. Of the 10 participants 2 have left Southern Health (SH) however they remain contactable with non SH email addresses.

Satisfaction with the workshop

Satisfaction with the workshop incorporated the theme of satisfaction/effectiveness of role play and the use of a DVD observation of a family meeting as a means of learning communication skills
There were 16 module evaluation items. The results could be interpreted by saying that clinicians agreed or strongly agreed 60 to 100% for all 16 items for this theme. Hence this indicated 60-100% satisfaction/effectiveness with the teaching method of role play and DVD observation of a family meeting. The lowest score for role play of 70% was attributed to not enough opportunities to practice in role play and this was due to limited time because of restricted room availability. By excluding this module, there was 90-100% satisfaction/effectiveness of role play as a means of learning communication skills.

Item from module evaluation	Agree or Strongly Agree
Overall satisfaction with the workshop	90
Workshop expectations: where they met?	90
Would you recommend this workshop to other colleagues	100
The role plays were believable	100
The actors, as patient and family members, gave constructive feedback	100
The role plays were safe and non-threatening	100
I had opportunities to practice new “lines” and “phrases” that I can use when discussing sensitive or difficult discussions with patients	70
The use of role play is a beneficial and effective means of training communication skills	90
Interacting with the group and sharing own personal experiences was done in a safe and supportive environment	100
The experience of role play feedback was helpful to the development of my skills	100
The skills I learned were reinforced through the feedback I received in a small group	100
The workshop prompted me to critically evaluate my own communication skills	100
Overall the workshop helped me gain new insights into my own knowledge and communication skill level	100
The DVD prompted useful group discussion	90
I was able to observe and learn new things through watching the DVD	60
The DVD added something significant and worthwhile to the workshop	60
Do you think video-recorded role play would enhance the feedback process?	40
Would you participate in the workshop if video recorded role play was included?	90

Communication Skills in Current Practice

Immediately post workshop 90-100% clinicians felt that they had learnt skills that they could apply to their current practice and in doing so provide better patient care.

Item from module evaluation	Agree or Strongly Agree
I feel confident that I will use the skills I learned in this workshop	100
The skills I learned in this workshop will provide me with better patient care	100
I developed skills during role play that I will be able to use in my clinical practice	90

Participant Self Efficacy Change Pre-Post Workshop

Using the pre-post workshop survey methodology there was improvement in self-efficacy with time from initially 40% confidence in discussing difficult and sensitive issues pre training to 80% immediately post training and 90% at 3 months. Qualitative evaluation hence indicated that participants had increased confidence discussing difficult issues post workshop training.

Discussing Difficult and Sensitive Issues: Change over time

Item from module evaluation	**Pre-workshop % (n=10)**	**Immediately Post workshop% (n=10)**	**3 months post workshop% (n=9)**
I feel confident about discussing difficult issues with patients	40	80	90

Communication Skills Strategies: Change over time

Increase confidence was indicated for all items under the theme of communication skills strategies at both post workshop time points with a 3 month 90-100% satisfaction/effectiveness.

Item from module evaluation

I am able to communicate comfortably and confidently with patients and/or their family who are-	**Pre-workshop % (n=10)**	**Immediately post workshop% (n=10)**	**3 months post workshop% (n=9)**
highly anxious	80	90	100
highly distressed	60	90	100
depressed	70	80	90
angry	60	90	90

Clinical Practice Guidelines for Conducting Family Meetings: Change over time

Quantitative analysis of family meeting clinical practice guidelines data involving 21 questions indicated 65% of answers were correct pre training and improved to 88% correct post training and a further increase to 98% in correct answers at 3 months for clinical practice guidelines.

Item from module evaluation	**Pre-workshop % (n=10)**	**Immediately post workshop% (n=10)**	**3 months post workshop% (n=9)**
Knowledge of clinical practice guidelines for conducting family meetings: 21 questions-correct answers	65	88	98

Satisfaction with the workshop: Change over time

Interpreting this theme of satisfaction with the workshop for the 3 modular items of role play effectiveness, critical evaluation of own skills and improved knowledge and communication skill level an overall rating of 90% effectiveness was noted post training. This either improved or was maintained at 3months with a ratings 90-100%. At the 3 month time point, clinicians agreed or strongly agreed that role play effectiveness for teaching communication skills was 100%.

Item from module evaluation	Immediately post workshop% (n=10)	3 months post workshop% (n=9)
The experience of role play feedback has been helpful to the development of my skills	90	100
The workshop prompted me to critically evaluate my own communication skills	90	90
Overall, the workshop has helped me to gain new insights into my own knowledge and communication skill level	90	90

Satisfaction with Workshop: Workshop Characteristics

For this theme of overall satisfaction/effectiveness with the workshop we could interpret the results by indicating that clinicians selected ”excellent” or “good” as satisfaction for 95.2% for all 13 items of the module evaluation data. 4.8% clinicians rated 4 items as “fair” or “poor” hence an unsatisfactory rating. These items were workshop time, location, room comfort and sound level. These items were not related to the actual teaching techniques employed. 80% of clinicians were satisfied with the length of the workshop

n=10 Clinicians

Item	Excellent	Good	Fair	Poor
Time of day for workshop (0930-1300hrs)	6	3	1	
Workshop location	6	3	1	
Comfort level of room	7	2	1	
Size of room	5	5		
Sound level	5	1	2	1
Workshop booklet	7	3		
Slide presentation	6	4		
The DVD	3	3		
The actors	9	1		
Didactic presentation facilitator	6	4		
Role play facilitators	6	4		
The level of clinician participation	5	5		
Catering	6	4		
	Tool long	Adequate	Not long enough	Did not answer
Length of workshop		8	1	1

Evaluation: Facilitators (n=4)

There were 4 facilitators (2 role play, 1 didactic, 1 technical support). They were asked a series of 5 questions based on what aspects of the workshop worked well, what needed improvement and included one open ended question for additional comments.

Overall comments were very positive and that the workshop ran well despite it being a pilot and that the facilitators had not previously worked together as a team in this situation.

It was recommended that

- participant numbers should be reduced to a minimum of 8
- Room should be booked for 4 hours rather than 3hours
- Sound system for the DVD needed improvement: additional speakers

- Ensure that all pre workshop evaluations are completed prior to the day of the workshop as this would save time
- Provide opportunities for facilitators to practice working together

In conclusion, the communication skills training pilot workshop improved confidence in conducting family meetings, knowledge of family meeting clinical practice guidelines and process steps and the belief by the participants that this will allow provision of better patient care. Qualitative data was grouped into various themes and measured and indicated that the workshop incorporating interactive role play was considered to be a satisfactory and effective teaching method for communication skills. Confidence and workshop satisfaction and effectiveness improved or were preserved longitudinally.

Next steps / conclusion / recommendations

Include the outcome of research, guides or instructions that readers should follow and generally sums up the content of the document.

In the recommendations consider future research into any new questions raised though your project, how any of your findings may be embedded in usual practice if appropriate , and any next steps.

The patient's journey of illness is a shared one with family now being recognised as second-line patients through a model of patient and family-centred care.
Family can impart a wide range of interpersonal dynamics and expectations for patient care which poses an added burden of difficult communication. Family meetings when conducted appropriately can be quite powerful clinical tools for explicit communication not only between the clinician and the patient , but also the family.

Family Meetings are underpinned by 3 guiding principles

- The family are experts on themselves and their own unique family situation:
- Clinicians on the treating team are experts in their chosen fields
- The patient and their family deserve respect and it is important to set up opportunities for the family and the patient to show their strengths

The implications for clinical practice of good communication skills include the following potential benefits:

For patients- improves
- Psychosocial adjustment
- Decision making
- Treatment compliance
- Satisfaction with care
- Improved patient understanding and trust
- Reduced physical symptoms and pain

For clinicians- improves
- Confidence
- Self-awareness
- Clinical skills
- Promotes patient centred approach

For clinicians- reduces
- Stress levels
- Burnout
- Incidence of malpractice

One of Victoria's Cancer Action Plan 2008–2011 key priorities "Create better experiences for cancer patients and carers" is aligned with supporting and empowering patients and carers throughout their cancer journey, and, strengthening supportive care services through broader workforce training in core supportive care competencies (10).

The workshop addresses all five domains of supportive care (physical, psychological, social, information and spiritual need by promoting clinician confidence /competency in

patient centred communication skills. This communication skills training workshop aligns with the strategic directions for supportive care for optimizing patient care by improving clinician communication skills to competently conduct family meetings.
Education of health care professionals with the use of simulation techniques enables learners to practice and improve on necessary skills required in complex family meeting environments, and allows for errors and professional growth without risking patient or clinician safety.

Role play using professional actors is important because

- The impact of training is best measured using simulated or actual patient encounter observations (23).
- Best practice principles in adult learning: involves learner centred; experiential (practicing) experience involving targeted feedback (24)

This workshop can be translated into a training module road show to address supportive care needs by promoting clinician confidence and competency in patient centred communication skills.

SMICS has been provided with a

- An electronic copy of the PowerPoint workshop presentation with the embedded observational DVD.
- A hard copy of the Family Meeting Toolkit and copies of the evaluation surveys and other paperwork relevant to this project

The workshop has now been incorporated into the series of Southern Health Communication Skills Workshops 2012 for health care professionals

Appendices

Appendixes provide additional information that supports the text but is too technical or detailed to be contained therein. Can be graphs or tables. If the appendixes contain matter that is important, it is preferable to keep it within the main body of text.

Abbreviations

DHS	Department of Human Services
DVD	Digital versatile disc
SMICS	Southern Melbourne Integrated Cancer Service
VCCCP	Victorian Cancer Clinicians Communications Program

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