THE COLOUR OF COMMUNICATION: A UNIQUE BLENDED LEARNING MODEL

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IDENTIFICATION OF AN EDUCATIONAL NEED

2008 National IRB-approved needs assessment:

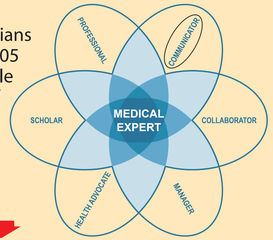
- Rheumatologists (n:56), Nurses (n:29), Patients (n:8)
- Mixed-methods approach (focus groups, interviews and survey)
- Identification of unperceived gaps in patient-provider communication leading to patients':
  - Misunderstanding of disease and treatment
  - Non-adherence

Current literature:

- Efficient patient-provider communication is associated with increased patient satisfaction[1]
- More patient-centric communication has been related to increased patient adherence[2], to increased patients' trust in their physician[3], and to improved patient outcomes[4]
- Patients would like to be more involved in the selection of their treatment plan[5]

Canadian context:

- The Royal College of Physicians and Surgeons CanMEDS 2005 framework identifies the role of Communicator as one of the seven key medical competencies



Need for an educational program to enhance healthcare provider communication skills and competencies

Design and deployment of **The Colour of Communication**

PRIMARY LEARNING OBJECTIVE:

To enhance provider communication skills and competencies by adapting and connecting to the communication and learning styles of their patients and respective family members

Target audience:

Rheumatologists (RHs) and Allied Healthcare Professionals (AHPs) which included nurses, physiotherapists and occupational therapists working in the area of rheumatology.

DESIGN OF PROGRAM

Theoretical framework:

This CHE platform was largely built around the pioneering personality theories of Swiss psychologist Dr Carl G Jung using Insights Discovery®. It provides participants with a simple framework for understanding their own, and others' personality preferences: Extroversion versus Introversion, Thinking versus Feeling, Sensing versus Intuition. These preferences are introduced through a four-colour energy model which allows program participants to better understand their personality preferences, their communication style, their approach to decision making, and their learning style.

Other communication materials (probing, negotiation, contracting and assertiveness) were introduced as the program progressed.

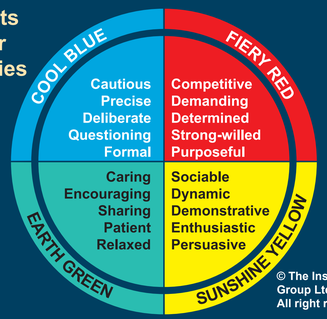
Program rationale:

Increase participants' self-understanding of communication and train participants on how to identify patients' colour energy preferences, and adapt their style to that of their patients to connect more effectively with them more specifically, with the goal of

1- Uncovering patients' needs and concerns

2- Actively engaging them in the design of their treatment plan to improve adherence

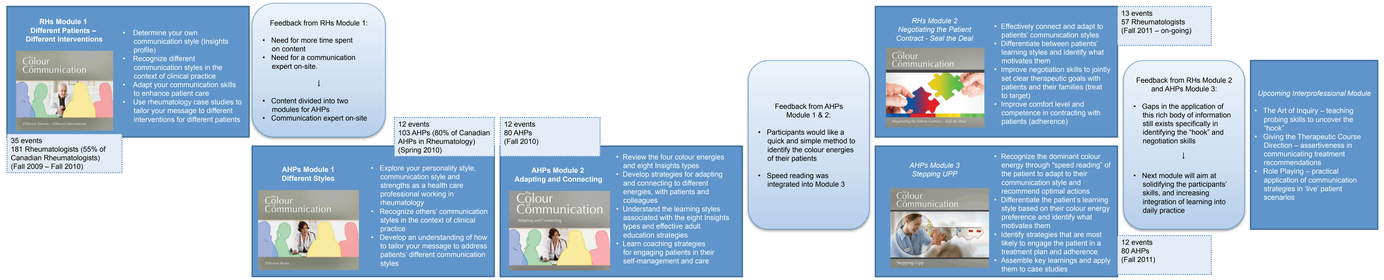
3- Providing education which is adapted to the patient's learning style



DEPLOYMENT OF PROGRAM

Program characteristics:

- A targeted series of blended learning strategies around understanding & identifying communication & learning styles, adapting & connecting, finding the "hook", and negotiation & contracting
- 2 modules for RHs; 3 for AHPs; upcoming module for both groups
- Recognizing that in-depth learning is best delivered in increments, this CHE platform included numerous modules
- 3 hour face to face workshop sessions with "Real world" case-based discussions and interactions:
- Deployed in twenty-five locations across Canada between October 2009 and December 2011, with groups ranging between 3 and 12 participants
- Program has been adopted by four universities (McGill, Montreal, Sherbrooke, Western) and is under consideration by a fifth (University of Toronto)



EVALUATION OF PROGRAM:

Pre, immediate post and delayed post evaluation model

Measuring intention to change in using acquired skills, enhanced patient therapeutic relationship, communication, and shared responsibility in the process.

Results of each module's evaluations, fed into the "Needs Assessment" of the next modules.

Some results:

RHs Module 1 + AHPs Module 2 (2009 and 2010)

- 88% of participants agreed or strongly agreed that the activity would impact their practice and benefit their patients

RHs Module 2 + AHPs Module 3 (2011)

- 59% of participants have seen an improvement in patient adherence
- 91% found the program helped them to set therapeutic goals and treat optimally (Treat-to-Target)
- 70% found it was easier to encourage patients to follow the therapeutic recommendations

Feedback summary verbatim from rheumatologists includes:

"Unique subject with major impact on our practice but also in everyday life "Social skills'. An absolutely wonderful gem!"
– Rheumatologist

"Excellent CME! Real introspective reflection."
– Rheumatologist

"Very relevant to practice. Unique! Have applied it successfully with my patients."
– Nurse

CONCLUSIONS

If you want to move towards a change in behaviour, in-depth learning and understanding is best delivered in increments. Acknowledging also that different learning styles exist within the participants of the workshops, various teaching methods were used: didactic presentation, self-reflection, case discussions, and coaching. Excellence in communication is more than simply listening and responding. It requires an understanding of different communication and learning styles and the ability to adapt, connect, and inquire so as to understand the patient's perspective.

Although directed towards healthcare professionals in rheumatology, the program would also be relevant for undergraduate training, trainees, practicing physicians and allied healthcare professionals in other domains, if modified appropriately, as it allows for a formal proactive approach to this important clinical skill.

Acknowledgements: the needs assessment was conducted by AXDEV Group and was financially supported with unrestricted educational research funds from Abbott Canada. The Colour of Communication program was developed by a faculty of rheumatologists for the RH modules (Dr. Paul Davis, Dr. Louis Bessette, Dr. Michael Starr, Dr. Andrew Thompson and Dr. Jean-Pierre Raynauld), by a Faculty of nurses and occupational therapist for the AHPs modules (Kathryn Drouin RN, Kim Lambert OT, Terri Lupton RN, Michèle Ouellet, RN, Jane Prince RN) and a communications expert & Insights Coach (Betty Healey), in collaboration with Abbott Canada. The program's development and deployment was financially supported with educational funds from Abbott Canada.

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