

# EVALUATION OF THE COMMUNICATION AND COUNSELLING COURSE 2004

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## ABSTRACT

**Aim:** To evaluate the relevance and usefulness of the Communication and Counselling (C&C) course, and the effectiveness of the short practical modules.

**Method:** Forty eight trainees attended the course. After exclusion of non-responders and improperly completed forms, 31 (61.4%) self-administered questionnaires were analysed.

**Results:** Almost all of the trainees found the selected topics relevant or useful in their practice. 74.2% to 90.3% also felt that the course modules helped them learn about the selected topics. However, a sizeable proportion rated the less didactic modules as being less helpful. There was an overall positive but modest change in the confidence levels of the trainees after the practical session.

**Conclusion:** The C&C 2004 course fared favourably in terms of relevance and helpfulness. The short practical modules appeared able to consolidate learning. More importantly, the evaluation identified areas for further exploration to improve the teaching model.

## INTRODUCTION

The Communications and Counselling Course was organised by the College of Family Physicians as an integral part of the Graduate Diploma of Family Medicine. Over the years, the course has evolved in various ways to meet the needs and demands of the family physician. The emphasis of the course has been moving towards skills practice modules, although under much constraints in time and manpower. This year, in a move to free up time which would otherwise be used in didactic lectures, most of the theoretical materials are provided in e-learning modules. To evaluate the usefulness of the course, particularly the effectiveness of such short 'one-timed' practical programme, a simple survey was administered to the trainees before the commencement and at the end of the practical course. The intention of the survey was to answer specifically the following questions:

1. Were the selected topics perceived as useful or relevant to the trainees?
2. How helpful were the modules in learning about the topics?
3. Given the time and manpower constraints, were the role plays useful as a learning device?

## The course

The practical module of the Communication and Counselling Course 2004 was held on 18 April 2004. This preceding e-learning course covered the following aspects:

1. Case Exercise 1: Depression With Suicidal Thoughts
2. Case Exercise 2: Asthma And Smoking - Applying The Motivational Interview Technique
3. CME Test
4. Communication & Counselling Role Playing Exercise (Breaking bad news about cancer)
5. Multimedia: Communication & Counselling (Smoking Cessation)
6. Therapeutic Notes (on Stages of Change Model for Behaviour Change).

The practical module comprised two 15-minute didactic lectures, a 15-minute video presentation, and followed by two 45-minute role play exercises. Forty eight trainees attended. They were divided into 4 groups of 12 for the role play exercises. In each group, 4 trainees were pre-assigned patient and doctor roles and were given adequate time and instructions to prepare for the roles. They were given the choice to reject the roles – only 2 trainees did and other trainees were assigned. Due to manpower reasons, only 5 facilitators were available; the facilitators comprise senior family physicians, three of whom were fellows and two had prior training in psychotherapy.

## METHOD

The survey form consisted of a self-administered questionnaire. The first part collected some basic demographic data, followed by 4 questions. The first three questions asked the trainees to rate their response to the specific topics or modules in the course, and were presented to the trainees just prior to the start of the course:

- Q1. From your perspective, how useful/relevant are ideas/skills taught in the C&C course?
- Q2. How confident are you in applying the following in your practice at this moment?
- Q3. How helpful are the modules in helping you learn about the following?

The last question required the trainees to re-rate the specific modules presented, and this was administered only at the end of the course:

- Q4. How confident are you in applying the following in your practice now (post)?

The pre and post confidence levels of the trainees were compared. For comparison purposes, the number of trainees who were not confident was defined as those who rated their confidence either as “not at all” or “a little confident”. Those who rated “quite confident” or “extremely confident” were considered as very confident and probably achieved a sense of mastery. The numbers of trainees in each new category before and after the practical session were compared statistically using chi-square tables generated using SPSS 9.0.

## RESULTS

The response rate of the survey was 91.7% (44 out of 48). However, 5 subjects were excluded because of grossly incomplete forms, and 8 did not submit the post-role play assessment (e.g. left before course debrief). The total number of trainees studied was 31 (64.6%).

The majority of the trainees who attended the course were younger than 40 years old (83.8%). The median age group was 31-39 years (67.7%). Female doctors marginally out-number male doctors (17 females: 14 males). Most of the trainees came from the private group practices (38.7%) or the polyclinics (35.5%). As a result, it is not surprising that a significant proportion of the trainees see more than 40 patients in each weekday<sup>(1)</sup>.

### Usefulness or relevance

Most trainees (>90%) agreed that all chosen topics were probably useful to them (Tables 2 and 3). Analysis of ratings of “frequently useful” or better however revealed that topics such as “Active Listening Skills” and “BATHE technique” were felt to be more useful and relevant (83.9% and 77.4% respectively) as compared to the rest (Table 3). In contrast, the topic rated lowest was “Breaking bad news about cancer” (48.8%).

**Table 1. Demographics**

Age							
Age(yrs)	<30	31-39	40-49	>=50	TOTAL		
Number	5	21	4	1	31		
%	16.1	67.7	12.9	3.2			
Sex							
Sex	Male		Female		TOTAL		
Number	14		17		31		
%	45.2		54.8				
Years of practice							
Years	(blank)	=<5	6-10	11-15	16-20	>20	TOTAL
Number	(3)	13	9	4	1	1	31
%	(9.7)	41.9	29.0	12.9	3.2	3.2	
Type of practice							
Type of practice	(blank)	Solo practice	Group practice	Hospital	Polyclinics		
Number	(1)	5	12	2	11		
%	(3.2)	16.1	38.7	6.5	35.5		
Estimated number of patients per weekday							
Number of patients per day	(blank)	=<20	21-40	41-60	>61		
Number	(7)	1	5	9	9		
%	(22.6)	3.2	16.1	29.0	29.0		

### Perceived helpfulness of the modules

Most of the trainees rated the modules favourably in terms of the perceived helpfulness of the module in helping them learn the topics (74.2% to 90.3%) (Table 4). However, there was still a minority though sizeable number (up to 1 in 4-5) who felt that the following modules had only been “a little helpful” or less:

- κ Use of motivational interviewing for asthmatic patients (e-learning)
- κ Use of motivational interviewing for smoking cessation (e-learning)
- κ Smoking cessation (e-learning video)
- κ Breaking bad news about cancer (e-learning)
- κ BATHE technique (role-play)
- κ Approach to change (lecture)
- κ Approach to Change (role play).

**Table 2. Q1 - From your perspective, how useful/relevant are ideas/skills taught in the C&C course?**

Topics	Blank	Not useful	Infrequently useful	Probably useful	Frequently useful	Very useful
1 Communicating with and counselling depressed patients	0	0	0	11(35.5)	16(41.6)	4(12.9)
2 Use of motivational interviewing for asthmatic patients	0	0	3(9.7)	9(29.0)	18(58.1)	1(3.2)
3 Use of motivational interviewing for smoking cessation	0	1(3.2)	1(3.2)	9(29.0)	18(58.1)	2(6.5)
4 Breaking bad news about cancer	0	0	2(6.5)	14(45.1)	13(41.9)	2(6.5)
5 Stages of change model in behaviour modification	0	0	0	13(41.9)	17(54.9)	1(3.2)
6 Active listening skills	0	0	0	5(16.1)	21(67.8)	5(16.1)
7 BATHE technique	1(3.2)	0	1(3.2)	5(16.1)	19(61.3)	5(16.1)
8 Approach to Change	0	0	1(3.2)	13(41.9)	14(45.1)	3(9.7)

Percentage in parenthesis

**Table 3. Usefulness or relevance of the selected topics**

Topics	Rated "probably useful" or better	Rated "frequently useful" or better
1. Communicating with and counselling depressed patients	100%	64.5%
2. Use of motivational interviewing for asthmatic patients	90.3%	61.3%
3. Use of motivational interviewing for smoking cessation	93.6%	64.5%
4. Breaking bad news about cancer	93.5%	48.4%
5. Stages of change model in behaviour modification	100%	58.1%
6. Active listening skills	100%	83.9%
7. BATHE technique	93.5%	77.4%
8. Approach to Change	96.8%	58.8%

### Confidence levels

Prior to the start of the practical session, the topics that the trainees felt least confident in were "Communicating with and counselling depressed patients", "Approach to Change", "Breaking Bad News About Cancer", and "Stages of Change model in behaviour modification" (All 35.5%). On the other hand, a large proportion of the trainees were already very confident in applying "Active listening skills" (41.9%) and "Motivational interviewing for asthmatic patients" (35.4%) (Tables 5 & 6).

The ratings at the end of the course are tabulated in Table 7. No one rated themselves in the "not at all" confident category at the end of the course.

The changes in the ratings were shown in Table 8. The module "Communicating with and counselling

depressed patients" resulted in the most prominent decrease in the number who are not confident (16.1%), followed by "Active listening skill" (12.9%). The number of trainees who were not confident decreased in all the modules except for "Use of motivational interviewing for asthmatic patient" where there was one more trainee in that category after the course.

The number who achieved a sense of mastery was increased in all the modules. The modules that recorded the highest increases were "Communicating with and counselling depressed patients" and "Breaking bad news about cancer"; (16.1% for both).

However, chi-square analysis did not demonstrate statistical significance in any of the changes.

## DISCUSSION

### Relevance

Generally, the course contents were well accepted as relevant or useful topics to the trainees. The consideration of what constituted usefulness or relevance was left open but might probably include issues such as importance and practicality. This may provide some explanation as to why the topic "breaking bad news about cancer" was rated as least useful or relevant by almost half the trainees. The process of breaking bad news about cancer is generally acknowledged to be very emotionally and professionally challenging<sup>2</sup> such that having the skill to do it right is usually considered 'important'; but it also requires time which the trainee may ill-afford. Such cases also tend to be diagnosed by the oncologists at tertiary centres. In other words, what may be important may not be practicable or frequently encountered by the trainees. But it is also possible that

**Table 4. Q3 - How helpful are the modules in helping you learn about the following?**

Topics	(Blank)	Not helpful	A little Helpful	Helpful	Quite helpful	Very helpful
1. Communicating with and counselling depressed patients (e-learning)	0	0	7(22.6)	11(35.5)	8(25.8)	5(16.1)
2. Use of motivational interviewing for asthmatic patients (e-learning)	0	1(3.2)	5(16.1)	12(38.7)	9(29.0)	4(12.9)
3. Use of motivational interviewing for smoking cessation (e-learning)	0	0	8(25.8)	10(32.3)	9(29.0)	4(12.9)
4. Smoking cessation (e-learning video)	2(6.5)	0	6(19.4)	9(29.0)	10(32.3)	4(12.9)
5. Breaking bad news about cancer (e-learning)	1(3.2)	0	6(19.4)	12(38.7)	9(29.0)	3(9.7)
6. Stages of change model in behaviour modification (e-learning therapeutic notes)	0	0	3(9.7)	17(54.8)	8(25.8)	3(9.7)
7. Active listening (lecture)	0	0	3(9.7)	15(48.4)	12(38.7)	1(3.2)
8. Active listening skills (role-play)	0	0	4(12.9)	11(35.5)	10(32.3)	6(19.6)
9. BATHE technique (video)	0	0	4(12.9)	14(45.1)	9(29.0)	4(12.9)
10. BATHE technique (role-play)	1(3.2)	1(3.2)	6(19.4)	9(29.0)	10(32.3)	4(12.9)
11. Approach to change (lecture)	0	1(3.2)	6(19.4)	12(38.7)	9(29.0)	3(9.7)
12. Approach to change (role play)	0	2(6.5)	5(16.1)	9(29.0)	12(38.7)	3(9.7)

Percentage in parenthesis

Table 5. Q2 - How confident are you in applying the following in your practice at this moment?

Topics	Not at all	A little confident	Confident	Quite confident	Extremely confident
1. Communicating with and counselling depressed patients	1(3.2)	10(32.3)	13(41.9)	7(22.6)	0
2. Use of motivational interviewing for asthmatic patients	0	5(16.1)	15(48.4)	11(35.4)	0
3. Use of motivational interviewing for smoking cessation	1(3.2)	7(22.6)	14(45.2)	8(25.8)	1(3.2)
4. Breaking bad news about cancer	3(9.7)	8(25.8)	16(51.6)	3(9.7)	1(3.2)
5. Stages of change model in behaviour modification	1(3.2)	10(32.3)	14(45.2)	6(19.3)	0
6. Active listening skills	0	5(16.1)	13(41.9)	12(38.7)	1(3.2)
7. BATHE technique	1(3.2)	6(19.4)	16(51.6)	8(25.8)	0
8. Approach to Change	1(3.2)	10(32.3)	15(48.4)	5(16.1)	0

*Percentage in parenthesis*

Table 6. Confidence levels before the practical session

Topics	Rated as "a little confident" or worse(%)	Rated as "quite confident" or better(%)
1 Communicating with and counselling depressed patients	35.5	22.6
2 Use of motivational interviewing for asthmatic patients	16.1	35.4
3 Use of motivational interviewing for smoking cessation	25.8	29.0
4 Breaking bad news about cancer	35.5	12.9
5 Stages of change model in behaviour modification	35.5	19.3
6 Active listening skills	16.1	41.9
7 BATHE technique	22.5	25.8
8 Approach to Change	35.5	16.1

Table 7. Q4 - How confident are you in applying the following in your practice now (post)?

	Not at all	A little confident	Confident	Quite confident	Extremely confident
1. Communicating with and counselling depressed patients	0	6(19.4)	13(41.9)	10(32.3)	2(6.5)
2. Use of motivational interviewing for asthmatic patients	0	6(19.4)	13(41.9)	11(35.5)	1(3.2)
3. Use of motivational interviewing for smoking cessation	0	6(19.4)	13(41.9)	11(35.5)	1(3.2)
4. Breaking bad news about cancer	0	9(29.0)	13(41.9)	7(22.6)	2(6.5)
5. Stages of change model in behaviour modification	0	8(25.8)	16(51.6)	5(16.1)	2(6.5)
6. Active listening skills	0	1(3.2)	16(51.6)	11(35.4)	3(9.7)
7. BATHE technique	0	6(19.3)	13(41.9)	10(32.3)	2(6.5)
8. Approach to Change	0	8(25.1)	14(45.1)	8(25.8)	1(3.2)

*Percentage in parenthesis*

Table 8.

Topics	"Not at all" or little confident"		Change (% of trainees)	"Quite confident" or "extremely confident"		Change (% of trainees)
	Pre	Post		Pre	Post	
1. Communicating with and counselling depressed patients	11	6	-5(16.1€)	7	12	+5(16.1")
2. Use of motivational interviewing for asthmatic patients	5	6	+1(3.2")	11	12	+1(3.2")
3. Use of motivational interviewing for smoking cessation	8	6	-2(6.5€)	9	12	+3(9.7")
4. Breaking bad news about cancer	11	9	-2(6.5€)	4	9	+5(16.1")
5. Stages of change model in behaviour modification	11	8	-3(9.7€)	6	7	+1(3.2")
6. Active listening skills	5	1	-4(12.9€)	13	14	+1(3.2")
7. BATHE technique	7	6	-1(3.2€)	8	12	+4(12.9")
8. Approach to Change	11	8	-3(9.7€)	5	9	+4(12.9")

doctors might avoid dealing with such issues by referring away cases so that the diagnosis can be “confirmed and discussed” by the specialist, much like a defensive “blocking behaviour”<sup>3</sup>. This may be a credible explanation as about one third of the trainees surveyed did not feel confident about breaking bad news about cancer before commencing the practical session. Therefore, instead of side-lining the topic, more attention to this topic may be warranted.

### Helpfulness of the modules

Most of the trainees felt that the modules were helpful in learning about the topics. However, it was observed that fewer trainees rated unfavourably the modules that imparted knowledge directly or didactically. These included “Therapeutic Notes on Stages of Change Model for Behaviour Change” and the didactic teaching session on “Active Listening”. The other modules, which involved inductive learning, reflection, extrapolation or inference, were somewhat rated more frequently (by up to a quarter of trainees) as less helpful. One possible explanation could be related to the difference in the competence of the trainees so that those who are not familiar with the subject may prefer a more basic didactic style of teaching. It therefore remains important to continue to provide adequate core knowledge for some of the topics.

### Impact of the practical modules

The ability of the trainee to communicate and counsel patients effectively is the ideal outcome indicator of such a programme. This evaluation however used the trainees’ perceived confidence before and after the course as surrogate indicators. It is known however, that the level of confidence, together with perceived importance, is related to the readiness of person to change or take action<sup>4</sup>.

Comparing the number of trainees in each of the confidence category before and after the practical course can only be a crude gauge of the impact of the practical course. In this evaluation, the small sample size was a further limitation that precluded useful application of statistical analysis. Nevertheless, what was observed was an overall reduction of the number of people who were not confident, and an overall increase in the number of people who felt very confident at the end of the practical course. The change was however notably modest, with the most obvious positive change in the “Communicating with and Counselling Depressed Patients” (16% change at both ends; Figure 1). This topic was incidentally rated by the trainees as one of those that they felt not confident in before the start of the course. The topic being the focus of a role play could be the reason for the positive change.

The motivational interviewing modules seemed to have the least changes (Figure 2) after practical session. There are probably a few reasons to account for this:

- κ this is a relatively new and unfamiliar topic to some of the trainees;

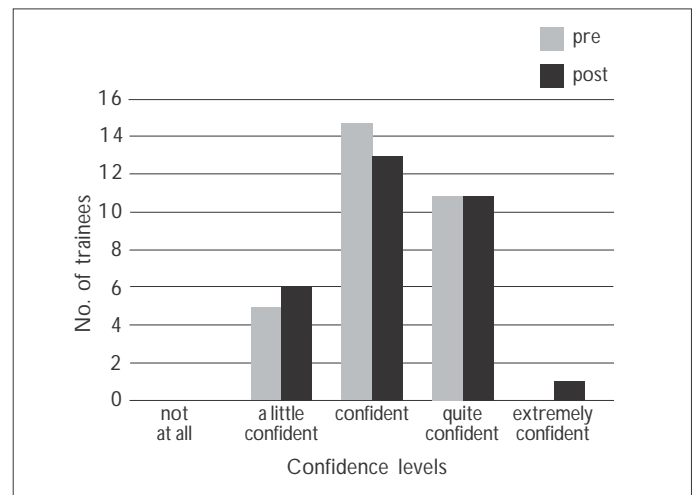


Fig 1. Confidence in counselling depressed patients

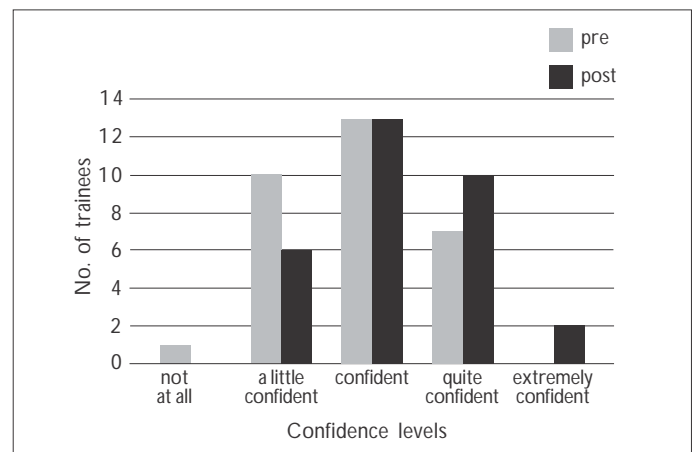


Fig 2. Confidence in motivational interviewing for asthmatic patients

- κ those that are already confident did not gain anything new from the practical session;
- κ it is a large topic, basically dealing with a system of consultation rather than an isolated skill; the allocated time was insufficient to adequately impart a practicable skill; and
- κ the practical session did not specifically focus on the topic in the role plays and so had minimal impact on the trainee’s confidence levels

In view of the growing applications and potential usefulness of motivational interviewing to the general practitioner<sup>(5)</sup>, there is a need to re-examine the delivery methods at the practical sessions. Perhaps a separate course by itself would be more appropriate.

For the other modules, it was also noted that the numbers in the not confident and the very confident categories did not vary in tandem. This may underscore the fact that the trainees may have a diverse background in terms of skills but also



suggested that the programme did not cater to the needs of all the trainees. Practising skills in large groups was a factor as it could not ensure that all of them receive appropriate attention individually.

### Facilitators' comments

The facilitators generally had similar sentiments about the large group sizes. Maguire has suggested half that number (i.e. 4 to 6) as a more desirable group size (3). Some facilitators felt that a formal pre-course briefing of the facilitators would be beneficial. One facilitator felt that his group did not have a location conducive for role play because privacy was not protected. (Trainees' comments, Figure 3)

**Figure 3. Trainees' Comments**

"Maybe video showing poor technique and compare with proper technique. Contrast."

"Should put a chronic case up for model of change. Instead of a clear cut acute change."

"Probably needs more practice. Needs more in-depth knowledge on approach to change."

"In polyclinic, time is the limiting factor. Language may be a problem when you want to apply BATHE on non-English speaking patients."

"More reading material on the different techniques."

"I think more comprehensive program could have been useful."

## CONCLUSION

The C&C course has been evolving over the years to meet the demands and needs of the trainees. As new programmes emerge, it is necessary to evaluate the relevance and effectiveness of such programmes. Despite the time constraints, the results of this evaluation generally suggested that such a course was both relevant and effective in promoting specific skills. The short "one-time" practical session also produce modest but positive improvements to the confidence of the trainees. There are however many limitations in this survey. Nevertheless, the results may already yield clues as to how we can further improve upon the current teaching model.

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