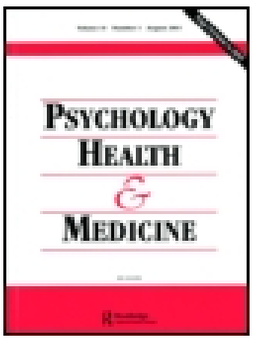

Psychology, Health & Medicine

ISSN: 1354-8506 (Print) 1465-3966 (Online) Journal homepage: http://www.tandfonline.com/loi/cphm20

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To cite this article: Helena García-Llana, Maria-Auxiliadora Bajo, Javier Barbero, Rafael Selgas & Gloria Del Peso (2016): The Communication and Bioethical Training (CoBiT) Program for assisting dialysis decision-making in Spanish ACKD units, Psychology, Health & Medicine, DOI: 10.1080/13548506.2016.1199888

To link to this article: http://dx.doi.org/10.1080/13548506.2016.1199888

Published online: 23 Jun 2016.

PSYCHOLOGY, HEALTH & MEDICINE, 2016
http://dx.doi.org/10.1080/13548506.2016.1199888

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The Communication and Bioethical Training (CoBiT) Program for assisting dialysis decision-making in Spanish ACKD units

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ABSTRACT

Healthcare professionals currently working in Advanced Chronic Kidney Disease (ACKD) units must cope with difficult situations regarding assisting patients with the dialysis decision-making process, and they are often untrained for these conversations. Although we have evidence from the literature that these skills can be learned, few professionals feel confident in this area. A Communication and Bioethical Training (CoBiT) Program for ACKD staff (physicians, nurses and allied health professionals) was developed to improve their ability and self-confidence in conducting these conversations. A four-stage study was conducted: (1) development of the CoBiT program, beginning with the creation of an interdisciplinary focus group ($N = 10$); (2) design of a questionnaire to assess self-confidence based on the areas identified by the focus group. The face validity of the instrument was tested using an inter-judge methodology ($N = 6$); (3) design of the format and contents of the program; (4) piloting the program. Thirty-six health professionals took an 8-h workshop based on role-playing methodology. Participants assessed their self-confidence in their communication skills before and after the program using self-report measures. The results show that after the program, participants reported significantly higher levels of self-confidence measured with a five-point Likert scale ($p < 0.001$). Participants felt that communication with colleagues of other professions significantly increased after the workshop ($p = 0.004$). The CoBiT program improves ACKD Unit healthcare professionals' self-confidence in their ability to perform a specific communication task.

ARTICLE HISTORY
Received 8 March 2016
Accepted 1 June 2016

KEYWORDS
Communication; bioethics; ACKD units; training program

Introduction

Current care in Advanced Chronic Kidney Disease (ACKD) advocates three fundamental and complementary practices that comprise quality care: early referral, patient-centered education and interdisciplinary teams (Covic et al., 2010; Orte & Barril, 2008; Powe, 2003). A shared-decision-making process is an important ideal for physician-patient interactions

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and is central to improving care for people with ACKD, particularly regarding treatment burdens (Bristowe, Horsley, et al., 2014; Weisbord et al., 2003), satisfaction with care (Wright-Nunes et al., 2011) and adaptation to the disease (Davison & Simpson, 2006). Guidelines on the management of kidney disease suggest that pre-dialysis educational programs should include preventing uremic disease progression, lifestyle modifications and medication management, as well as addressing concerns related to treatment options (Levin et al., 2008). These conversations are especially challenging in ACKD units, where important decisions need to be made in advance. Helping patients with these decisions requires fundamental communication and bioethics skills. The literature reveals that many renal professionals feel unprepared for discussions regarding treatment options in advanced stages of the disease, and there is a demand for systematic training in communication skills (Holley, 2007; Holley et al., 2003).

In our literature review, we identified only three research groups working on training in communication skills for the nephrology community (Bristowe, Shepherd, et al., 2014; García-Llana et al., 2011, 2012; García-Llana, Rodríguez-Rey, & Selgas, 2014; Schell, Green, Tulsky, & Arnold, 2013). None of the teaching experiences were specifically conducted for ACKD Unit staff. However, renal professionals working in ACKD units need specific training to address the needs of their patients, particularly due to the unique complexities of the treatment choices and the challenges of prognostication in a chronic disease.

This article describes the design, content, and pilot testing of the CoBiT program, a communication skills workshop developed to assist ACKD Unit staff with difficult conversations about starting and electing dialysis options or a conservative renal pathway.

Materials and methods

Program principles and setting

The program was designed as a one-day intensive course for nephrology specialists, renal nurses and allied health professionals all over Spain working in ACKD units. The first and second editions were hosted by professionals from 'University Hospital La Paz' (December 2013 and January 2014). The goal of the program was to increase participant's self-confidence with difficult communication skills and bioethical issues regarding the shared decision-making process for treatment options at ACKD clinics. The fields from which our communication skills programs have been developed include: Counseling, bioethics, end-of-life issues and teamwork. Our training sessions begin with a brief theoretical framework on the 'how-to' perform and every didactic unit finishes with a role-play, presenting an opportunity for participants to practice with a focus on observation and feedback. The program was sponsored by the two Spanish scientific societies of the specialty: the *Spanish Society of Nephrology* (*SEN*) *and the Spanish Society or Renal Nurses* (*SEDEN*).

Development process and program contents

Development of the CoBit program

Stage 1: interdisciplinary focus group. A multiprofessional focus group (renal and palliative care consultants and psychologists; $N = 10$) was convened to identify training needs for renal staff regarding discussions held in ACKD units. See Box 1 for the findings of the focus group.

Box 1. Areas of training identified by the interdisciplinary focus group
- Self regulation strategies for professionals dealing with difficult interpersonal situations - Management of the aggressive and over demanding patient - Management of the non-adaptive prognosis denial patient - Management of the young patient with non adherence to medical treatment. - Conduction of a deliberative process to assure shared decision-making process

Box 1. Areas of training identified by the interdisciplinary focus group.

Stage 2: creation of the measurements. The creation of the initial version of the questionnaire was based on the information elicited during the focus group. We identified two relevant areas of interest for conducting a shared decision-making process: communication skills and bioethics procedures. We developed 10 possible items for assessing these two areas. In order to evaluate the validity of the content and face validity of each item, participant comprehension, and the relevance of each item for the training, we sent the questionnaire to a group of expert faculty members ($n = 6$) along with a standardized evaluation form. We established criteria for revising or eliminating each item based on the percentage of agreement between judges (the expert faculty) in the evaluation of each item which is based on previous publications (Remor & The Hemofilia-QoL Group, 2004)

Stage 3: creation of the program. The aim of the program is to improve the communication skills of renal health professionals to support people at ACKD units in making informed choices about their future care. The training program was designed to address the needs identified by the focus group and assessed in the questionnaire. The program was conducted as a workshop and it was divided into two sessions during one intensive training day. The agenda and details of the program are described in Box 2.

Stage 4: piloting the program. In the results section we present the quantitative data regarding the first test of the CoBiT program.

Measurements

Assessments were administered before and after the workshop. They included self-reported questionnaires and satisfaction-related measures. Self-confidence and teamwork difficulties were measured using a five-point Likert scale before and after the workshop.

Statistical analysis

Descriptive statistics were calculated, including means, SD, and ranges for quantitative variables, and frequency tables for qualitative variables. The outcomes of the intervention were assessed at two time points, before and immediately after the program. To compare pre- and post-Wilcoxon Signed Ranks Tests for quantitative variables were conducted. Effect

Box 2. CoBiT Program Agenda.

Facilitators of the program: two psychologists (renal research psychologist and senior psychologist) and the chief of the nephrology department

Morning session (tea included)

First lesson: Welcoming, presentation and detection of threatening situation in daily practice (30 minutes)

- Description: pre-assessment, welcoming of the chief of department, presentation of the program and identification of threatening situations at ACKD Units.

Second lesson: Counselling and basic communication skills (1 ½ hour)

- Description: Overview of the guidelines of therapeutic communication skills.
- Role-playing and feedback: *"Maria, the young mom who comes to your ACKD clinic with loads of erroneous information and wants to bossy you about the election of treatment"*.

Third lesson: exploring and detection of values to initiate shared-decision making process (1 hour)

- Description: what are the values? How do we explore the values in a medical context?
- Role-playing and feedback: *"Javier, the high school teacher who is nearly to initiate dialysis but does want to keep his job and family relationships"*

Fourth lesson: self-regulation strategies (1 hour)

- Description: explanation of the concept of stress and the importance of teamwork as a protective factor to avoid stress suffering
- Practical exercises: one-minute meditation and short mindfulness exercises to apply in medical environments.

Break lunch (1 hour)

Afternoon session (tea included)

Fifth lesson: managing the aggressive and over-demanding patient (45 minutes)

- Description: Overview of aggressiveness and its adaptive function in chronic diseases. Adaptive aggressiveness VS. non-adaptive aggressiveness.
- Role playing and feedback: *"Fernando, the patient who is really hostile because he is being waiting for too long at the waiting-room"*

Fifth lesson: managing the denial patient (45 minutes)

- Description: Overview of denial and its adaptive function in chronic diseases. Adaptive denial VS. non-adaptive denial.
- Role playing and feedback: *"Helena, the teenager who does not want to start dialysis because she feels no symptoms and does not have time for that"*

Sixth lesson: managing the non-adherent patient (45 minutes)

- Description: Overview the issue of adherence in renal patients
- Role playing and feedback: *"Ana, the 30 old year patient who does not want to take the phosphate binders nor start with dialysis anyhow until she will present her PhD Thesis after summer"*

Seventh lesson: the four models for physician-patient relationship (30 minutes)

- Description: Overview the four models based on Emmanuel & Emmanuel theory (the informative, the paternalistic, the interpretative and the deliberative model)
- Role-playing and feedback: *"Manuel, the man who clearly wants to bring his living-donor to the consultation"*

Eight lesson: Protocol for shared-decision making at ACKD Units (45 hour)

- Description: presentation of a protocol for shared-decision making at ACKD Units
  Open role-playing depending on participants preferences

Final session: conclusion, commitment agenda, post-assessment and follow-up letter (30 minutes)

- Description: main conclusions of the journey elicited by participants, commitment with the group and post-assessment

Box 2. CoBiT Program. CoBiT: Communication and Bioethical Training Program.

size has been included in the Tables as 'mean of the difference' without being standardized, because every item was measured using a five-point Likert scale. For all analyses, two-tailed tests were used to determine statistical significance. The SPSS/PC statistical package 17.0 version was used.

Results

Piloting the CoBit program

Characteristics at baseline

The baseline characteristics of the participants are provided in Table 1. The survey response rate was 100%. Participants came from 17 ACKD units in Spain (8 units from the first edition and 9 units from second edition. Overall, 97% of participants were women.

Self-confidence before and after the program

Participants were asked to assess their self-confidence in terms of specific communication and bioethical challenges before and after the workshop (Table 2). Teamwork difficulties were also assessed (Table 3). Mean perceptions of self-confidence on a five-point Likert scale significantly increased in all communication and bioethical challenges ($p < 0.001$). Related to teamwork difficulties, participants felt that communication with colleagues of other professions significantly improved after the workshop ($p = 0.004$).

Learner satisfaction

Participant satisfaction rates for the workshop are outlined in Table 4. All participants (36/36) would recommend this training to other colleagues working in ACKD units.

Discussion

The present study reports the effects of the CoBiT program on self-confidence in ACKD health care professionals in terms of the communication and bioethical skills needed to assist in the decision-making process. As previously mentioned, there is a lack of specific studies on this matter. To our knowledge, this is the first study to examine the effects of a highly specific training program tailored to the needs of nephrologists, renal nurses and

Table 1. Baseline characteristics of the participants who completed the course ($N = 36$).

Demographic and clinical characteristics	Data
Age	
26–35 years old	12 (33.3)
36–50 years old	19 (52.8)
Over 50 years old	5 (13.9)
Profession	
Nephrologist	15 (41.7)
Renal Nurse	17 (47.2)
Psychologist	3 (8.3)
Dietician	1 (2.8)
Years of experience in nephrology	
Less than 1 year	1 (2.8)
1–5 years	10 (27.8)
6–10 years	10 (27.8)
More than 10 years	15 (41.7)
Years of experience in the ACKD unit	
Less than 1 year	13 (36.1)
1–5 years	19 (52.8)
6–10 years	2 (5.6)
More than 10 years	2 (5.6)

All data is expressed in numbers of participants (percentage).
The denominator is the total number of respondents.

Table 2. Self-confidence for communication and bioethical tasks before and after the course ($N = 36$).

'Overall, how competent do you feel in these areas?'	Before course[a]	After course[b]	Mean of the difference	p Value[b]
(1) To explore the values of a renal patient	2.69	3.72	1.03	<0.001
(2) To be aware of my own emotions while being with patients	3.33	3.89	.56	<0.001
(3) To carefully conduct a deliberate decision-making process with patients who do not wish to commence dialysis when it is necessary	2.89	3.72	.83	<0.001
(4) To carefully conduct a shared decision-making process with patients when they need to choose treatment options	2.81	3.83	1.03	<0.001
(5) To cope with patient aggression when they complain about not being treated properly	2.83	3.64	0.81	<.001
(6) To motivate patients who are in maladaptive denial of their disease process	2.36	3.50	1.14	<0.001
(7) To use self-regulation strategies when being in emotionally-charged situations	2.67	3.81	1.14	<0.001
(8) To validate patients' personal decisions when they choose conservative treatment over dialysis, which may contradict medical advice	3.39	4.06	.67	<0.001
(9) To express empathy to patients	3.86	4.31	.44	<0.001
(10) To manage patients' medical and personal needs with flexibility in their health care	3.28	3.83	.56	<0.001

[a]Mean responses are indicated on a Likert scale: 1 = not very competent, 3 = somewhat competent, 5 = very competent.
[b]$p < 0.05$ was considered significant.

Table 3. Teamwork difficulties before and after the course ($N = 36$).

'Currently, to what extent do you have difficulty with the following situations or experiences related to teamwork?'	Before course[a]	After course[a]	Mean of the difference	p Value[b]
Feeling that you belong to a team	1.75	1.02	−0.73	0.256
Communication with colleagues of my profession	2.06	1.75	−0.31	0.053
Communication with colleagues of other professions	2.31	1.72	−0.58	0.004
Feeling excited about the work I do	1.75	1.67	−0.08	0.403

[a]Mean responses are indicated on a Likert scale: 1 = not at all difficult, 3 = somewhat difficult, 5 = very difficult.
[b]$p < 0.05$ was considered significant.

Table 4. Satisfaction with the communication and bioethical skills course for professionals working with ACKD ($N = 36$).

Component	Mean response (SD)[a]
Importance of training	4.58
Relevance of contents	4.86
Utility of role-playing methodology	4.83
Mood of group participants	4.67
Rating of the facilitators	4.97
Overall rating of the workshop	4.83

[a]Likert scale on which 5 = is the highest score.

allied health professionals who must conduct difficult conversations with renal patients during ACKD consultations. In this setting, a wide range of important decisions need to be addressed. It is common that these conversations are held in busy clinics with an intense emotional climate, which can complicate this process.

Our study findings are consistent with other studies that assess the effectiveness of communication training programs specifically designed for the nephrology community (Bristowe, Horsley, et al., 2014; García-Llana et al., 2011, 2012; García-Llana et al., 2014; Schell et al., 2013).

The current study does, however, pose a number of limitations, notably related to the small sample studied, which was recruited by convenience and without a control group or follow-up. Future studies are warranted, to explore the efficacy of this program in a larger population. Second, our primary outcome was based on subjective measures of self-confidence perception, rather than a standardized measure (Carvalho et al., 2011), correlations with training of patients (Cegala, McClure, Marinelli, & Post, 2000) or real observations during clinical practice (Bonvicini, Perlin, Bylund, & Carroll, 2009). Finally, due to time constraints, some participants had more opportunities to practice than others, which led us to consider extending the program to a two-day workshop.

Nevertheless, this is the first study addressing the training needs of ACKD unit staff to take place in Spain. Generalization of the results presented here to other samples is not possible, despite the encouraging results, because interventions are more effective when they are compatible with client cultural patterns and world views (Bernal, Jiménez-Chafey, & Domenech Rodríguez, 2009).

There is a need to address the lack of preparedness for difficult treatment discussions in the nephrology community, and renal professionals need specific training to assist with the shared decision-making process in ACKD units. It is a challenge to continue developing evidence-based programs that facilitate respectful, human encounters between the patient and his or her renal team when dealing with difficult decisions. Updated biomedical knowledge, teamwork, bioethics and communication skills are core ingredients of a successful scenario.

Informed consent

Informed consent to be included in the study was obtained from all patients.

Acknowledgments

We thank the scientific societies S.E.N., SEDEN, SOMANE for their support and our renal administrative assistant Concha Garcia Navarro for her help with logistics in setting up the CoBiT program.

Disclosure statement

The authors declare no financial interest.

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