

# Effectiveness of the AAA-Training Programme on GP resident-Patient Communication in Palliative care; a Controlled Clinical Trial (COMPACT in GP vocational training).

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Based on the literature and preliminary studies three key elements for GP-patient communication in PC were identified: Availability, Active listening, and Anticipating (AAA). Existing GP residency training programmes on communication in PC are in...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON27162

### Bron

NTR

### Verkorte titel

COMPACT in GP vocational training

### Aandoening

palliative care, general practitioner, doctor-patient communication  
(Ned: palliatieve zorg, huisarts, arts-patiënt communicatie)

### Ondersteuning

**Primaire sponsor:** Department of General Practice, EMGO-institute, VU University Medical Centre, Postbus 7057, 1007 MB Amsterdam,

**Overige ondersteuning:** CASH, fonds van de SBOH, Mercatorlaan 1200, 3528 BL Utrecht

# Onderzoeksproduct en/of interventie

## Uitkomstmaten

### Primaire uitkomstmaten

The first research question, on effectiveness of the AAA assessment tool, will be measured by analysis of video-recorded consultations with simulated patients: the GP resident-patient communication in PC will be determined by the Roter Interaction Analysis System (RIAS), to which a study-specific 'AAA' rating subscale will be added. All participating GP residents will be video-taped (consultation with a simulated patient) at the start of the course (before the start of the intervention) and at the end of the course (6 months later).

## Toelichting onderzoek

### Achtergrond van het onderzoek

The aim of the proposed study is to improve palliative care (PC) in general practice, by improving general practitioner (GP)-patient communication in PC. GPs play a central role in providing PC in the Netherlands. Good GP-patient communication is essential for the delivery of high quality care. Communication in PC is difficult, involving a mix of physical, psychosocial, and spiritual issues. Because of barriers in communication, not all of the patient's problems are clarified.

Consequently, GPs will not take subsequent actions, and the quality of life of the patient may be unnecessarily impaired. Our literature review and our preliminary studies yielded three key elements for GP-patient communication in PC: Availability, Active listening, and Anticipating (AAA). Existing PC training courses for GP residents are too much generalized, lacking tools for GPs to detect their personal gaps. We developed the AAA assessment tool, that enables GP residents to identify the gaps in their PC communication skills and to formulate learning goals. Tailored communication exercises are offered, and finally the tool is used for self-evaluation of learned AAA skills. The effectiveness of this tool will be evaluated in a controlled clinical trial. Study questions are:

1. what are the effects of implementing the AAA assessment tool on communication skills of GP residents?
2. Do GPs experience the newly acquired skills in their palliative practice as useful?
3. How can the AAA training be implemented in the vocational GP training?

A control group of 60 GP residents (= five groups of 12 GP residents) will attend the usual third year programme. An intervention group of 60 GP residents will attend a similar programme, in which the AAA tool is implemented.

Outcomes are

1. GP residents' performance on PC communication skills, assessed by video-recorded consultations with simulated patients;
2. Perceived PC competence and applicability of learned skills, measured by GP-resident questionnaires;
3. Feasibility of the AAA training in the GP vocational training. If demonstrated to be effective, the AAA assessment tool will be implemented in the vocational GP training programme, also in other institutes.

## **Doel van het onderzoek**

Based on the literature and preliminary studies three key elements for GP-patient communication in PC were identified:

Availability, Active listening, and Anticipating (AAA). Existing GP residency training programmes on communication in PC are in need of a tool for identifying GP residents' individual learning goals. The AAA assessment tool will enable GP residents to gain insight in the quality of their communication skills in PC; this will increase the effectiveness of the learning process by helping to focus on the aspects GP residents want to improve. All participating GP residents are in the last year of their vocational GP training, only the intervention groups will attend the training with the AAA assessment tool integrated in the programme.

## **Onderzoeksopzet**

- Months 1-6: Preparation of Controlled Clinical Trial and AAA assessment tool;
- Months 6-24: Pre-measurement, intervention/control, post-measurement in 10 groups of 12 GP residents;
- Months 18-36: Assessments of videotaped simulated patient consultations, analyses and report.

## **Onderzoeksproduct en/of interventie**

120 GP residents will be recruited.

No patients will be included in this study.

## **Contactpersonen**

## **Publiek**

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## **Wetenschappelijk**

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## **Deelname eisen**

### **Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)**

1. Participants in this study are GP-residents.
2. No patients will be included in this study.

### **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

1. Participants in this study are GP-residents.
2. No patients will be included in this study.

## **Onderzoekopzet**

## Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Niet-gerandomiseerd
Blinding:	Enkelblind
Controle:	Geneesmiddel

## Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-01-2006
Aantal proefpersonen:	120
Type:	Verwachte startdatum

## Ethische beoordeling

Positief advies	
Datum:	09-04-2008
Soort:	Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

### In overige registers

Register	ID
NTR-new	NL1226

**Register**

NTR-old

Ander register

ISRCTN

**ID**

NTR1271

: WC2006-066

ISRCTN wordt niet meer aangevraagd

## Resultaten

**Samenvatting resultaten**

N/A