

## Communication Training For Medical Professionals: Proof Of Concept

Authors

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### Introduction:

Physicians, medical students, and other medical professionals receive little or no dementia-specific training to help them communicate effectively with older adults living with cognitive change.

Connecting and communicating with this population requires specific skills: emotive empathy, identifying coping mechanisms, symbols, and specific communication skills. All these skills were included in the Validation for Medical Professionals training pilot testing, based on Naomi Feil's evidence-based Validation method.

### The Intervention/training:

- 5 Lessons: all online
- Approximately 1 hour every week
- Asynchronous videos, quizzes and case studies
- Coaching: Live 30–60-minute zoom webinars led by a Certified Validation Teacher after each lesson

#### Lesson topics

#### Lesson 1:

- What is Validation and its 3 elements; Basic Attitude, Theory, Techniques
- Practical relevance to working with older adults

#### Lesson 2:

- Age-related losses (physical, social, psychological) and disease-related losses
- Identify coping mechanisms both positive & negative that people use to handle those losses
- Recognize symbols used by patients (including yourself)
- Integrate & understand the concept of the resolution stage of life

#### Lesson 3: Validation Principles

- Recognize that when painful emotions are expressed, they lessen
- Recognize that there is a reason behind the behavior of older adults
- Recognize the basic human needs and how they can be expressed
- Recognize the four Rs (relieve, relive, resolve and retreat) which are often what older adults living with cognitive decline are doing
- Never lie to a patient because of their various levels of consciousness
- Understand that eidetic images are different from hallucinations.

#### Lesson 4: Techniques that lead to a 'validating basic attitude'

Each technique is practiced both as a homework assignment as well as online in the webinar which includes coaching

- centering,
- observing & calibrating,
- finding appropriate distance,
- using an adult-to-adult voice tone,
- respectful eye contact

#### Lesson 5:

Practice the following techniques In role plays:

- Open questions,
- Rephrasing,
- Asking the opposite and the extreme,
- How and when to use touch

#### Methods:

Pre- and post-surveys: (1) Knowledge scale; (2) Self-Efficacy to Respond to Disruptive Behaviors (SRDB) ranked on a Likert scale of 1 to 5 and analyzed using SPSS.

Post-training individual interviews concluded the beta-testing.

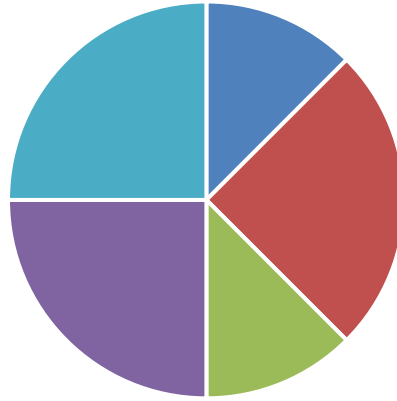
#### Result:

Despite the small sample size (8 of 30 completed all parts of the beta testing), the validated measurements showed trends approaching significance in knowledge and self-efficacy. Participants highly valued the training's content and pedagogy.

<b>Significant results: Paired Samples Test</b>	<b>Significance</b>
<b>Self-Efficacy to Respond to Disruptive Behaviors</b>	<b>One-sided p</b>
<b>T1.401 T1: I am confident in my ability to respond effectively to disruptive behaviors among older adults experiencing memory loss.</b>	.018
<b>T1.404 T1: I know how to respond to disruptive behaviors effectively.</b>	.010
<b>T1.406 T1: In stressful situations, I would be able to respond effectively to disruptive behaviors.</b>	.010
<b>T1.407 T1: In normal situations, I would be able to respond effectively to disruptive behaviors.</b>	.010

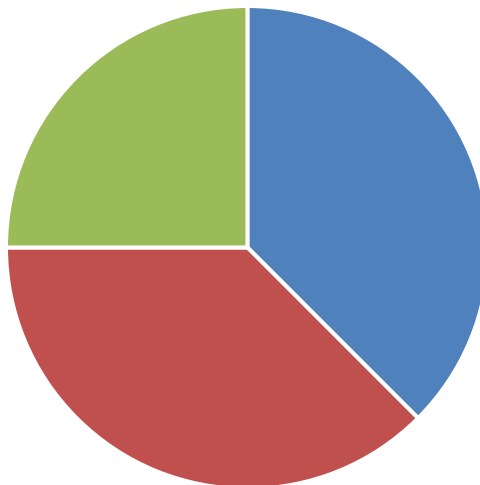
Analysis of Individual Interviews:

Q 1: How have you used this training?



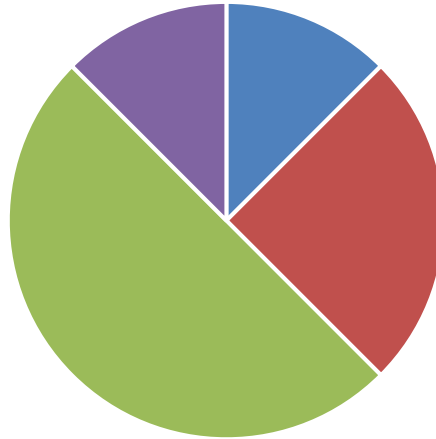
- patient doctor interactions are important
- Phases of Resolution,view of aging
- Led to more training
- Attitude
- n/a

Q 2: What was the most important thing you learned?



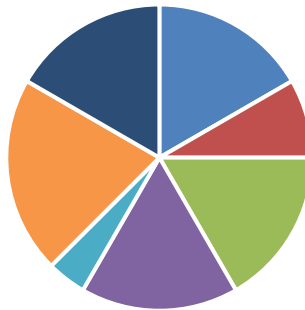
- Attitude related
- Techniques related
- Everything
-

Q 3: What blocked you from completing all parts of the training?



■ Difficulty with quizzes ■ Scheduling issues ■ N/A ■ Personal family problems

Q4: Suggestions for Improvement/which sections were particularly useful



■ Webinars great- could be longer ■ Case Study should be used more  
 ■ Interaction among other participants import. ■ Clear line of progression  
 ■ More diversity ■ Role plays with teacher  
 ■ More video examples

**Conclusions:**

Technical problems were the main reason for attrition. Overall, the Validation method was found useful in practice and improved confidence, knowledge, and communication behaviors. Improvements are needed in the choices for validated measures and the online platform.



“Validation has made me a better doctor. It has changed my perspective on aging” (participant).

Vicki de Klerk revised the training based on the feedback. An upgraded online learning system was installed, reference materials were added to each lesson, webinars were extended to 1 hour, a certificate was added after completion of all lessons and participation in each webinar. Further, pre-webinar reminders were added and participants are now prevented from advancement to the next lesson until they have completed the prior lesson.

This revised edition of the course will be delivered from 3 September to 5 October 2024. Revised surveys will be used and the results published thereafter.