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EMPATHIC COMMUNICATIONS SKILLS TRAINING : A PROVIDER-FACING STRATEGY TO REDUCE LUNG CANCER STIGMA

Jamie Ostroff, PhD and Smita Banerjee, PhD

Memorial Sloan Kettering Cancer Center

EMPATHIC COMMUNICATION SKILLS TRAINING

A Trial to Reduce Lung Cancer Stigma

Conflict of Interest

- No relevant financial conflicts of interest

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REVIEW ARTICLE

Multilevel Opportunities to Address Lung Cancer Stigma across the Cancer Control Continuum

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Hamann et al 2018, JTO

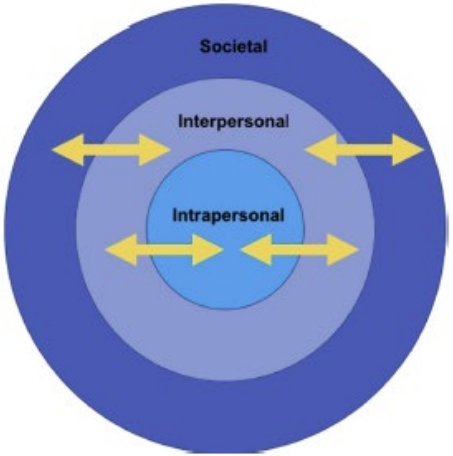

Table 1. Key interventional needs to address lung cancer stigma across socioecological levels and the cancer care continuum

Interventional Need	Intrapersonal (Individual/Patient)	Interpersonal (Clinician/Family)	Societal (Social Attitudes/Policy)
Prevention	Tailor smoking cessation interventions for stigmatized smokers Acknowledge youth experimentation and nicotine addiction as drivers of persistent smoking	Address social support techniques for family/friends to adaptively encourage smoking cessation Improve strategies for clinician communication and patient engagement in tobacco treatment	Consider lung cancer stigma in the development of messaging for antitobacco media campaigns
Screening	Address stigma in developing patient decision aids for lung cancer screening Consider messaging in screening decision aids and tailor by smoking status in efforts to decrease stigma	Expand clinician-level information about lung cancer screening Overtly discuss stigma and nihilism with clinicians in training and practice	Consider addressing stigma in development of public campaigns and materials focused on lung cancer screening Work with advocacy groups to change the public conversation about stigma related to those at risk for lung cancer
Diagnosis/ treatment	Develop patient-focused stigma reduction modules/interventions to facilitate timely diagnosis, treatment adherence, and other positive health behaviors (e.g., smoking cessation)	Directly address clinician nihilism in education that promotes evidence-based referral and treatment information	Promote societal understanding of lung cancer by highlighting diagnosis and treatment options, including the benefits of tobacco cessation on cancer treatment outcomes
Survivorship	Continue establishing the effectiveness of patient-focused education and counseling on reducing stigma, psychosocial distress, and adherence to survivorship guidelines	Continue training focused on clinician empathy and communication with patients with lung cancer Expand efforts to support caregivers of patients with lung cancer	Expand advocacy efforts that highlight experiences of lung cancer survivors and promote policy change

Background & Rationale

Among lung cancer patients (n=231), good patient-provider communication (measured by CAHPS, Consumer Assessment of Healthcare Providers and Systems) was associated with lower levels of stigma ($r = -.18$, $p < .05$) (Shen, M et al 2018)

Can we target empathic communication as a way to reduce levels of experienced lung cancer stigma?

Develop, evaluate and disseminate ECS Training for oncology care providers (OCPs) treating patients with lung cancer.

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Empathic Communication Skills Training

The MSK Comskil Lab

9:00am-9:15am	**Introduction to the Comskil Conceptual Model**
9:15am-9:45am	Empathic Communication Skills Didactic Presentation
9:45am-11:00am	Empathic Communication Skills Small Group Role Play

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Strategies	Skills	Process Tasks
1. Agenda setting	- Declare agenda - Normalize routine assessment of smoking - Provide clinical rationale - Invite agenda - Negotiate agenda	- Greet patient appropriately - Make introductions - Sit at eye-level
2. Questioning and history taking	- Ask open questions - Clarify - Restate	- Follow the list of questions for taking smoking history
3. Recognize or elicit a patient's empathic opportunity	- Ask open questions (about smoking) - Acknowledge - Encourage expression of feelings	- Notice patient's nonverbal communication
4. Work towards a shared understanding of the patient's emotion/experience	- Ask open questions - Check patient understanding - Clarify - Restate	- Avoid leading questions/blaming statements - Avoid giving premature reassurance
5. Empathically respond to patient concerns	- Acknowledge addiction - Validate - Normalize - Praise patient efforts	- Identify patient's strengths and sources of support - Provide recommendations for quitting - Emphasize benefits of quitting
6. Facilitate coping and connect to social support	- Prepare patient for recurring smoking assessment - Suggest counterarguments (by smoking status) - Invite questions	- Make referrals - Express a willingness to help - Make partnership statements
7. Close the conversation	- Praise patient efforts - Endorse question asking - Review next steps	- Reinforce autonomy and shared decision making

Contents lists available at ScienceDirect

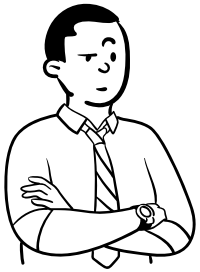
PEC Innovation

journal homepage: www.elsevier.com/locate/pecinn

Ostroff et al, 2022

Reducing stigma triggered by assessing smoking status among patients diagnosed with lung cancer: De-stigmatizing do and don't lessons learned from qualitative interviews

Jamie S. Ostroff [a,*], Smita C. Banerjee [a], Kathleen Lynch [a], Megan J. Shen [b,c], Timothy J. Williamson [a], Noshin Haque [a], Kristen Riley [d], Heidi A. Hamann [e], Maureen Rigney [f], Bernard Park [g]



I said, I have lung cancer. He said, 'Did you smoke?' And I said, 'Yes, I did." And he said, 'Well, what did you expect?' Folks react the same way. It is always the same, that same conversation.

She stood there and talked with us for a few minutes, and then all of a sudden it was just, 'Well, you wouldn't get lung cancer if you didn't smoke. Every time I have one of these conversations, I feel like I did it to myself.

- *How come there is no ribbon for lung cancer? They've got these pretty [pink] ribbons for breast cancer everywhere. Even football players wear pink socks! How come we don't have a pretty little ribbon?"*

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TBM

BRIEF REPORT

Responding empathically to patients: a communication skills training module to reduce lung cancer stigma

Smita C. Banerjee,[1,e] Noshin Haque,[1] Carma L. Bylund,[2] Megan J. Shen,[3] Maureen Rigney,[4] Heidi A. Hamann,[5] Patricia A. Parker,[1] Jamie S. Ostroff[1]

Banerjee, et al 2020

Items from ECS Module Evaluation	M (SD)	Agree or Strongly Agree
1. I feel confident that I will use the skills I learned in this module.	4.70 (.47)	100%
2. The skills I learned in this module will allow me to provide better patient care.	4.73 (.45)	100%
3. The module prompted me to critically evaluate my own communication skills.	4.73 (.45)	100%
4. The skills I learned were reinforced through the feedback I received in the small group.	4.77 (.43)	100%
5. The small group facilitators were effective.	4.90 (.31)	100%
6. The information in the module related closely to me.	4.46 (.65)	92.3%
7. I identified with the lung cancer clinician-patient interactions that were discussed in the module.	4.54 (.76)	92.3%
8. The module contained a lot of information about communication skills and empathy that was new to me.	3.81 (.98)	65.4%
9. The module taught me something new about using empathy to reduce lung cancer patients experience of stigma.	4.65 (.56)	96.1%
10. The module taught me something new about discussing smoking with my patients with empathy and sensitivity.	4.54 (.58)	96.2%
11. The information in the module was hard to understand. (R)	4.27 (.83)	96.2%
12. The didactic was easy to follow.	4.46 (.58)	96.2%

ECS Training and Standardized Patient Assessments

[Thoracic Oncology Original Research]

CHEST

Oncology Care Provider Training in Empathic Communication Skills to Reduce Lung Cancer Stigma

Smita C. Banerjee, PhD; Noshin Haque, BA; Elizabeth A. Schofield, MPH; Timothy J. Williamson, PhD, MPH; Chloe M. Martin, PhD; Carma L. Bylund, PhD; Megan J. Shen, PhD; Maureen Rigney, LCSW; Heidi A. Hamann, PhD; Patricia A. Parker, PhD; Daniel C. McFarland, DO; Bernard J. Park, MD; Daniela Molena, MD; Aimee Moreno, BA; and Jamie S. Ostroff, PhD

Banerjee, S. et al 2021

TABLE 2] Pretraining and Posttraining Communication Skills

Skill	Pretraining (n = 29)		Posttraining (n = 30)		Student *t* Test/McNemar χ^2
	Absent	Present	Absent	Present	
Agenda setting	**Mean = 0.46, SD = 0.64**		**Mean = 0.82, SD = 0.67**		***t*(28) = −1.78**
Declare agenda	20 (71.4%)	8 (28.6%)	9 (30%)	21 (70%)	6.37[a]
Invite agenda	25 (86.2%)	4 (13.8%)	26 (86.7%)	4 (13.3%)	0.14
Negotiate agenda	29 (100%)	0 (0%)	29 (100%)	1 (3.3%)	NA
Take stock	28 (96.6%)	1 (3.4%)	28 (93.3%)	2 (6.7%)	0.33
Checking	**Mean = 0.45, SD = 0.63**		**Mean = 0.62, SD = 0.73**		***t*(28) = −1.22**
Check understanding	20 (69%)	9 (31%)	17 (56.7%)	13 (43.3%)	1.33
Check preference	25 (86.2%)	4 (13.8%)	25 (83.3%)	5 (16.7%)	0.33
Questioning	**Mean = 2.38, SD = 0.98**		**Mean = 2.52, SD = 1.15**		***t*(28) = −0.52**
Ask open questions	2 (6.9%)	27 (93.1%)	4 (13.3%)	26 (86.7%)	0.33
Clarify	15 (51.7%)	14 (48.3%)	16 (53.3%)	14 (46.7%)	0.07
Restate	23 (79.3%)	6 (20.7%)	21 (70%)	9 (30%)	0.69
Endorse question asking	24 (82.8%)	5 (17.2%)	23 (76.7%)	7 (23.3%)	0.14
Invite questions	12 (41.4%)	17 (58.6%)	11 (36.7%)	19 (63.3%)	0.29
Information organization	**Mean = 1.10, SD = 0.72**		**Mean = 1.17, SD = 0.80**		***t*(28) = −0.35**
Preview	27 (93.1%)	2 (6.9%)	25 (83.3%)	5 (16.7%)	1.80
Summarize	24 (82.8%)	5 (17.2%)	27 (90%)	3 (10%)	0.67
Transition	18 (62.1%)	11 (37.9%)	17 (56.7%)	13 (43.3%)	0.22
Review next steps	15 (51.7%)	14 (48.3%)	17 (56.7%)	13 (43.3%)	0.08
Empathic communication	**Mean = 1.79, SD = 1.37**		**Mean = 2.55, SD = 1.38**		***t*(28) = −2.37[a]**
Encourage expression of feelings	18 (62.1%)	11 (37.9%)	20 (66.7%)	10 (33.3%)	0.11
Acknowledge	17 (56.7%)	12 (41.4%)	11 (36.7%)	19 (63.3%)	5.44[a]
Validate	15 (51.7%)	14 (48.3%)	14 (46.7%)	16 (53.3%)	0.33
Normalize	22 (75.9%)	7 (24.1%)	19 (63.3%)	11 (36.7%)	1.33
Praise patient efforts	21 (72.4%)	8 (27.6%)	12 (40%)	18 (60%)	6.25[a]
Stigma-mitigating skills	**Mean = 0.55, SD = 0.57**		**Mean = 1.17, SD = 0.76**		***t*(28) = −3.88[b]**
Provide rationale	14 (48.3%)	15 (51.7%)	5 (16.7%)	25 (83.3%)	7.36[c]
Prepare patient for recurring smoking questions	28 (96.6%)	1 (3.4%)	21 (70%)	9 (30%)	6.40[a]
Suggest counterarguments	29 (100%)	0 (0%)	29 (96.7%)	1 (3.3%)	NA
Breadth of skills (total)	**Mean = 6.75, SD = 2.61**		**Mean = 8.93, SD = 3.34**		***t*(28) = −2.91[c]**

ECS Training and Patient-Reported Outcomes

[Thoracic Oncology Original Research]

CHEST

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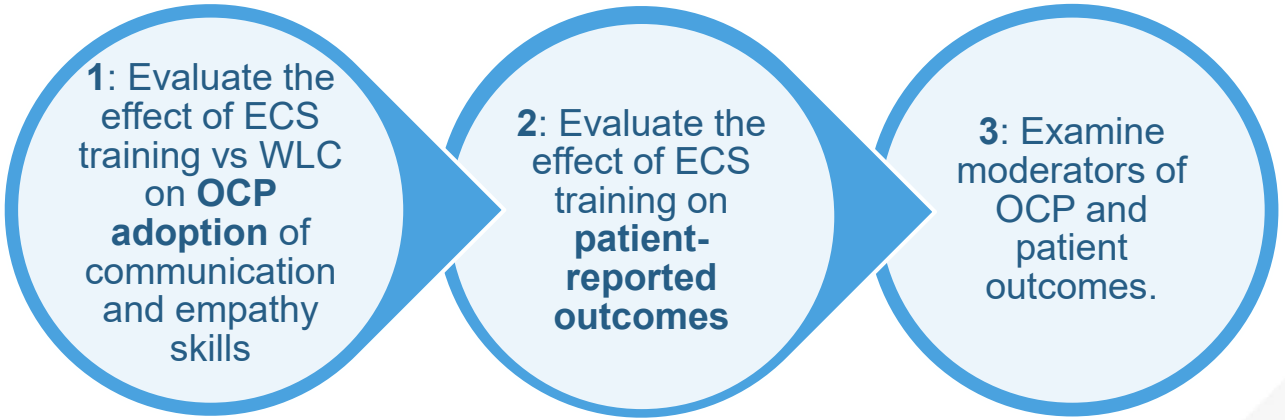
Banerjee, S. et al 2021

TABLE 3] Pre-Post Differences in Patient-Reported Outcomes

Measure	Possible Range	Observed Range	Pretraining: Mean ± SD	Posttraining: Mean ± SD	Effect Size (Cohen *d* [a])	*t* [df]	*P* Value
CARE total	10-50	40-50	49.3 ± 2.0	49.6 ± 1.6	0.17	0.88 [85]	.384
At ease	1-5	3-5	5.0 ± 0.3	5.0 ± 0.2	0.10	0.68 [144]	.500
Tell story	1-5	3-5	5.0 ± 0.2	4.9 ± 0.3	−0.10	−0.60 [136]	.547
Listening	1-5	3-5	4.9 ± 0.3	4.9 ± 0.3	−0.01	−0.05 [144]	.963
Interested	1-5	3-5	4.9 ± 0.5	4.9 ± 0.3	0.09	0.56 [141]	.576
Understanding	1-5	3-5	4.9 ± 0.5	4.9 ± 0.3	0.21	1.38 [138]	.170
Compassion	1-5	3-5	4.9 ± 0.4	5.0 ± 0.2	0.18	1.21 [143]	.230
Positive	1-5	3-5	5.0 ± 0.3	5.0 ± 0.2	−0.01	−0.03 [143]	.979
Explaining	1-5	3-5	4.9 ± 0.4	5.0 ± 0.3	0.20	1.31 [141]	.194
Take control	1-5	3-5	4.9 ± 0.4	4.9 ± 0.3	0.14	0.80 [101]	.425
Plan of action	1-5	2-5	4.9 ± 0.5	4.9 ± 0.3	0.12	0.20 [97]	.843
CAHPS total	6-24	16-24	23.5 ± 1.4	23.9 ± 0.4	0.35	2.15 [121]	.034
Explain	1-4	2-4	3.9 ± 0.4	4.0 ± 0.2	0.37	2.42 [142]	.017
Listen	1-4	3-4	3.9 ± 0.3	4.0 ± 0.2	0.25	1.69 [142]	.093
Understand	1-4	2-4	3.9 ± 0.3	4.0 ± 0.2	0.24	1.49 [128]	.138
Know information	1-4	2-4	3.9 ± 0.4	4.0 ± 0.2	0.34	2.17 [130]	.032
Show respect	1-4	3-4	4.0 ± 0.2	4.0 ± 0.2	0.12	0.80 [143]	.426
Spend time	1-4	2-4	3.9 ± 0.3	4.0 ± 0.2	0.23	1.53 [142]	.129
LCSI total		25-112	51.6 ± 17.1	49.6 ± 16.7	−0.12	−0.78 [144]	.434
LCSI internalized stigma		9-45	24.3 ± 10.5	24.2 ± 11.3	−0.01	−0.04 [133]	.971
LCSI perceived stigma		10-51	16.8 ± 6.6	15.8 ± 5.1	−0.18	−0.98 [107]	.329
LCSI constrained disclosure		6-28	11.6 ± 5.2	10.5 ± 5.4	−0.21	−1.34 [128]	.183

Overall Goal: To conduct a national multi-site trial of ECS training to promote de-stigmatizing interactions with OCPs treating patients diagnosed with lung cancer

Specific Aims



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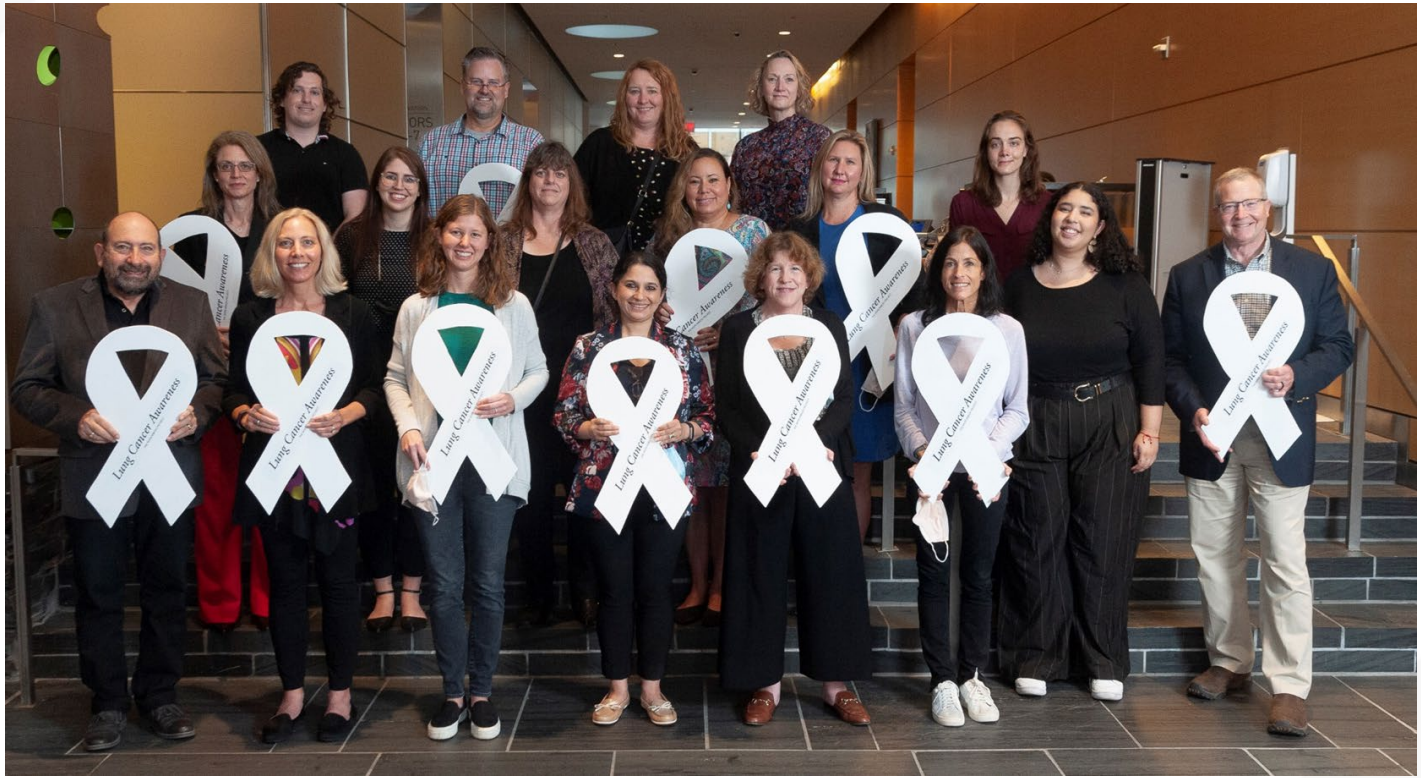
Scientific and Patient Advisory Meeting (Oct, 2021)



Not pictured: Ella Kazerooni, Lauren Rosenthal, Bob Smith, Kelly Durden, Joan Schiller, Andrea Kitt Bondy, Timothy Williamson.

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ECS Trial Start-Up and Next Steps

- ECS content modifications
  - New patient-provider interaction scenarios
  - Smart phrases
  - Demonstration videos
- Revised OCP and PRO evaluation plan
- Site enrollment
  - 5/16 community oncology practices have signed on
  - Data collection to begin Jan, 2023

- Global Lung Cancer Stigma
  - Oncology Care Provider (OCP) Training in Empathic Communication Skills to Reduce Lung Cancer Stigma in Nigeria

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Take Aways

- Clinicians who treat patients with lung cancer can play a critical role in reducing lung cancer stigma.
- Empathic communication skills training is a feasible, acceptable and promising provider-level intervention for reducing stigma.
- Taking a smoking history does NOT need to be a painful medical procedure!
- NEXT STEPS: Examine the effectiveness of a virtually-delivered ECS training of OCPs from community oncology settings.

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Thank you!

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